Title | Consultation Code Services
---|---
Number | CP.PP.377.v1.6
Last Approval Date | 12/04/19
Original Effective Date | 10/07/12
Replaces | N/A
Cross Reference | Medicare Indicator “Status B” Services Reimbursement

Coverage of any service is determined by a member’s eligibility, benefit limits for the service or services rendered and the application of the Plan’s Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the Plan’s professional services claims coding policies. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

**Purpose**

To define the Plan’s limitations for consultation code services.

**Scope**

Applies to all company lines of business and products with the exception of Medicare Advantage.

**Policy**

**Inpatient and Outpatient Consultations:**

Consultation codes listed below are not eligible for reimbursement if the provider is on a 2010 or more current Resource Based Relative Value System (RBRVS) fee schedule.

Consultation codes include the following CPT codes:
- Outpatient: 99241, 99242, 99243, 99244, 99245
- Inpatient: 99251, 99252, 99253, 99254, 99255

Consultation services previously reported by the use of a consultation code should now be reported through the use of an appropriate new or established Evaluation and Management code.

**Interprofessional Telephone/Internet Consultations**

For dates of service through December 31, 2018, interprofessional telephone/internet consultation codes 99446 through 99449 are physician to physician assessment and management services delivered in a consultative exchange over the telephone or internet without direct patient contact or the patient being present. They are Medicare “Status B” indicator codes and as such are not eligible for reimbursement per Plan policy.

For dates of service January 1, 2019 and after, these codes are eligible for reimbursement per the current National Physician Fee Schedule (NPFS) from CMS.

**Codes/Coding Guidelines**

For the purpose of this policy, the codes include:

**Inpatient and Outpatient Consultations:**

Outpatient and Inpatient consultations include the following:
- Outpatient:
  - 99241, - Office consultation for a new or established patient, typically 15
minutes spent face to face with the patient and/or family
  o 99242 - ...... typically 30 minutes spent face to face with the patient and/or family
  o 99243 - ...... typically 40 minutes spent face to face with the patient and/or family
  o 99244 - ...... typically 60 minutes spent face to face with the patient and/or family
  o 99245 - ...... typically 80 minutes spent face to face with the patient and/or family

• Inpatient:
  o 99251 – Inpatient consultation for a new or established patient; typically 20 minutes spent at bedside and on the patient’s hospital floor or unit
  o 99252 - ...... typically 40 minutes spent at bedside and on the patient’s hospital floor or unit
  o 99253 - ...... typically 55 minutes spent at bedside and on the patient’s hospital floor or unit
  o 99254 - ...... typically 80 minutes spent at bedside and on the patient’s hospital floor or unit
  o 99255 - ...... typically 110 minutes spent at bedside and on the patient’s hospital floor or unit

**Interprofessional Telephone/Internet Consultations**

For dates of service through December 31, 2018, interprofessional telephone/internet consultation codes considered to be non-reimbursable Medicare Status B codes include the following:

• 99446 – Interprofessional telephone/internet assessment and management service provided by a consultative physician including a verbal and written report to the patient’s treating/requesting physician or other qualifies healthcare professional; 5-10 minutes or medical consultative discussion and review
• 99447 – 11-20 minutes of medical consultative discussion and review
• 99448 – 21-30 minutes of medical consultative discussion and review
• 99449 - 31 minutes or more of medical consultative discussion and review

For dates of service January 1, 2019 and after, these codes are eligible for reimbursement per the current National Physician Fee Schedule (NPFS) from CMS.

**Violations of Policy**

Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be determined in Plan’s sole discretion.

Violations of this policy may be grounds for corrective action, up to and including termination of employment.

**Exceptions**

• Alaska providers are not subject to consultation codes (99241-99245, 99251-99255) portion of this policy
• Alaska provides are subject to the Interprofessional Consultation Medicare Status B codes above through dates of service December 31, 2018.

**Laws, Regulations & Standards**

2
### References
- Centers for Medicare and Medicaid Services (CMS)
- American Medical Association’s Relative Value Scale Update Committee (AMA RUC)
- National Physician Fee Schedule (NPFS)

<table>
<thead>
<tr>
<th>Policy Owner Review</th>
<th>Provider Integrity Oversight Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contact</strong></td>
<td>Any questions regarding the contents of this policy or its application should be directed to the Payment Policy Department.</td>
</tr>
<tr>
<td><strong>Annual Review Dates</strong></td>
<td>12/04/19; 12/06/18; 08/19/18; 10/19/17; 10/19/16; 11/15/15; 11/23/14; 12/15/13; 09/12/13; 10/07/12</td>
</tr>
<tr>
<td><strong>Version History</strong></td>
<td>08/09/18 Added new section “Code/Coding Guidelines” to the policy and moved the codes and descriptions to this new section</td>
</tr>
<tr>
<td></td>
<td>12/06/18 Effective with dates of service 01/01/2019 and after, Interprofessional Telephone/Internet Consultation codes are removed from Medicare “Status B” classification (per CMS) and are eligible for reimbursement</td>
</tr>
<tr>
<td></td>
<td>12/04/19 Annual review; no changes</td>
</tr>
</tbody>
</table>