

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-063  
**Subject:** Consultation Services  
**Effective Date:** January 4, 2021      **End Date:**  
**Issue Date:** January 1, 2023      **Revised Date:** January 2023  
**Date Reviewed:** December 2022  
**Source:** Reimbursement Policy

<b>Applicable Commercial Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Medicare Advantage Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Claim Type</b>	UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## PURPOSE:

Provide direction on the reimbursement of consultation services represented by CPT procedure codes 99242-99245, or, 99252-99255.

## REIMBURSEMENT GUIDELINES:

At the beginning of 2010, CMS no longer recognized the outpatient and inpatient consultation codes as valid codes and therefore, the codes were no longer reimbursed. Following these same CMS guidelines, the Plan will not reimburse these consultation codes.

These services include the following procedure codes:

- Outpatient consultation: 99242, 99243, 99244, 99245
- Inpatient consultations: 99252, 99253, 99254, 99255

Consultation services should be reported with an appropriate Evaluation and Management (E&M) code that represents the location where the visit occurred and the level of complexity of the visit performed. Such locations include, but are not limited to, the office or other outpatient setting, the inpatient hospital setting, or nursing facility setting.

To support proper coordination of care, physicians must follow appropriate medical documentation, based on CPT and Plan guidance, and communicate the results of the patient's evaluation to the requesting

physician. The billed E&M code(s) are required to be fully supported in the medical record and/or office notes. Physicians making a referral and physicians accepting a referral need to document the request and provide an evaluation for the patient.

#### **DEFINITIONS:**

Consultation: A type of service provided by a physician or other qualified healthcare professional whose opinion or advice regarding the evaluation and management (E/M) of a specific clinical problem is requested by another physician or other qualified healthcare professional.

#### **REFERENCES:**

- The American Medical Association (AMA) Current Procedural Terminology (CPT ®) Manual
- Centers For Medicare and Medicaid Services; MLN Matters, MM6740

#### **POLICY UPDATE HISTORY INFORMATION:**

1 / 2021	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy
7 / 2022	Updated Reference link to CMS MM6740.
1 / 2023	Deleted codes 99241 and 99251

# Highmark Reimbursement Policy Bulletin

HISTORY VERSION



**Bulletin Number:** RP-063  
**Subject:** Consultation Services  
**Effective Date:** January 4, 2021      **End Date:**  
**Issue Date:** July 25, 2022      **Revised Date:** July 2022  
**Date Reviewed:** July 2022  
**Source:** Reimbursement Policy

<b>Applicable Commercial Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Medicare Advantage Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Claim Type</b>	UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

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Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## PURPOSE:

Provided direction on the reimbursement of consultation services represented by CPT procedure codes (99241-99245 or 99251-99255).

## REIMBURSEMENT GUIDELINES:

At the beginning of 2010, CMS no longer recognized the outpatient and inpatient consultation codes as valid codes and therefore, the codes were not reimbursed. Following these same CMS guidelines, the Plan will not reimburse these consultation codes.

These services include the following procedure codes:

- Outpatient consultation: 99241, 99242, 99243, 99244, 99245
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- Centers For Medicare and Medicaid Services; MLN Matters, MM6740  
[R1875CP.pdf \(cms.gov\)](#)

#### POLICY UPDATE HISTORY INFORMATION:

1 / 2021	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy
7 / 2022	Updated Reference link to CMS MM6740.

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-063  
**Subject:** Consultation Services  
**Effective Date:** January 4, 2021      **End Date:**  
**Issue Date:** January 3, 2022      **Revised Date:** January 2022  
**Date Reviewed:** October 2021  
**Source:** Reimbursement Policy

<b>Applicable Commercial Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Medicare Advantage Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Claim Type</b>	UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

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Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## PURPOSE:

Provided direction on the reimbursement of consultation services represented by CPT procedure codes (99241-99245 or 99251-99255).

## REIMBURSEMENT GUIDELINES:

At the beginning of 2010, CMS no longer recognized the outpatient and inpatient consultation codes as valid codes and therefore, the codes were not reimbursed. Following these same CMS guidelines, the Plan will not reimburse these consultation codes.

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<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM6740.pdf>

#### POLICY UPDATE HISTORY INFORMATION:

1 / 2021	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-063  
**Subject:** Consultation Services  
**Effective Date:** January 4, 2021  
**Issue Date:** November 1, 2021  
**Date Reviewed:** July 2021  
**Source:** Reimbursement Policy

**End Date:**  
**Revised Date:** July 2021

**Applicable Commercial Market**

PA  WV  DE  NY

**Applicable Medicare Advantage Market**

PA  WV  DE  NY

**Applicable Claim Type**

UB  1500

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

## PURPOSE:

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## REIMBURSEMENT GUIDELINES:

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#### POLICY UPDATE HISTORY INFORMATION:

1 / 2021	Implementation
11 / 2021	Added NY region applicable to the policy



# Highmark Reimbursement Policy Bulletin



**Bulletin Number:** RP-063  
**Subject:** Consultation Services  
**Effective Date:** January 4, 2021  
**Issue Date:** September 28, 2020  
**Date Reviewed:** June 2020  
**Source:** Reimbursement Policy

**End Date:**

**Revised Date:**

**Applicable Commercial Market** PA  WV  DE   
**Applicable Medicare Advantage Market** PA  WV   
**Applicable Claim Type** UB  1500

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

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<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM6740.pdf>

#### POLICY UPDATE HISTORY INFORMATION:

1 / 2021	Implementation
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