

**Consultation Services Policy, Professional**

**IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to legislative mandates, the physician or other provider contracts, the enrollee’s benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application
<p>This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.</p> <p><b>United Healthcare Commercial</b>            This Reimbursement Policy applies to all UnitedHealthcare Commercial benefit plans.</p> <p><b>UnitedHealthcare Individual Exchange</b>            This Reimbursement Policy applies to all Individual Exchange benefit plans.</p>

Policy
<p><b>Overview</b></p> <p>This policy addresses the information UnitedHealthcare requires to be submitted with reimbursable consultation services codes and how services rendered at the request of another physician or appropriate source may be reported in lieu of CPT (®) consultation services codes 99242-99245 and 99252-99255.</p>
<p><b>Reimbursement Guidelines</b></p> <p><b>Consultation Services for Dates of Service Through 5/31/2019</b>            For dates of service 5/31/2019 and prior, UnitedHealthcare reimbursed consultation services in alignment with the consultation services coding guidelines published within the American Medical Association (AMA) Current Procedural Terminology (CPT ®) book. That description states a consultation is a type of evaluation and management service provided at the request of another physician or appropriate source to either recommend care for a specific condition or</p>

problem or to determine whether to accept responsibility for ongoing management of the patient's entire care or for the care of a specific condition or problem.

**Dates of Service 6/1/2019 and After**

**Reimbursement for Consultation Services for Providers with a Primary Payment Methodology based on (1) CMS Relative Value Units 2010 or later, (2) a Percent of Charge Rate; and (3) Non-Network Providers:**

Effective for claims with dates of service on or after June 1, 2019, UnitedHealthcare aligns with the Centers for Medicare and Medicaid Services (CMS) and does not reimburse consultation service codes 99242-99245, 99252-99255, including when reported with telehealth modifiers. The codes eligible for reimbursement are those that identify the appropriate Evaluation and Management (E/M) procedure code which describes the office visit, hospital care, nursing facility care, home service or domiciliary/rest home care service provided to the patient.

**Dates of Service Beginning 10/1/2019**  
**Consultation Services for all Providers:**

Effective for claims with dates of service on or after Oct. 1, 2019, UnitedHealthcare aligns with CMS and does not reimburse consultation service codes 99242-99245, 99252-99255, including when reported with telehealth modifiers for any practice or care provider, regardless of the fee schedule or payment methodology applied. The codes eligible for reimbursement are those that identify the appropriate Evaluation and Management (E/M) code which describes the office visit, hospital care, nursing facility care, home service or domiciliary/rest home care service provided to the patient.

<u>Primary Fee Source</u>	<u>Date of Service 99242-99245, 99252-99255 are not reimbursed</u>
CMS RVUs 2010 and after	6/1/2019
Percent of Charge	6/1/2019
Non-network provider	6/1/2019
All Other Payment Methodologies	10/1/2019

UnitedHealthcare continues to consider initial inpatient, follow-up inpatient, critical care and emergency department consultations performed via telehealth for reimbursement. These services are represented by HCPCS codes G0406-G0408, G0425-G0427, and G0508-G0509. UnitedHealthcare will consider a claim for a telehealth consultation service for reimbursement if the requesting physician or other qualified source is identified on the claim. If the requesting entity has a National Provider Identification (NPI) number, that number should be in field 17B of the CMS-1500 form (also known as the 1500 claim form) or its electronic equivalent. If the requesting entity does not have an NPI number, his or her name should be in field 17 of the claim form. As with all claim submissions, all fields should be completed with valid and accurate information.

Telehealth consultation services must also be billed with a telehealth place of service. For more information regarding reimbursement of telemedicine services, refer to the UnitedHealthcare Telehealth/Telemedicine Policy.

UnitedHealthcare aligns with CMS and considers interprofessional consultation codes 99451-99452, 99446-99449 and G9037 for reimbursement.

For the above consultation codes to be considered for reimbursement, the following documentation requirements must be met:

- A written or verbal request for consult must be made by an appropriate source
- The request must be documented in the patient's medical record
- The consultant's opinion must be documented in the patient's medical record
- The consultant's opinion must be communicated by written report to the requesting physician or other appropriate source

The requesting physician or other appropriate source must be identified on the claim. If the requesting entity is not identified on the claim, the consultation service will be denied because it does not meet requirements for reporting such a code.

CPT consultation services provided prior to 6/1/19 and HCPCS telehealth consultation services should only be reported when a transfer of care has not occurred. A transfer of care occurs when a physician or qualified health care professional requests that another physician or qualified health care professional take over the responsibility for managing the patient's complete care for the condition and does not expect to continue treating or caring for the patient for that condition.

### Questions and Answers

<b>1</b>	<p><b>Q:</b> Who are considered “appropriate sources” for requesting a telehealth consultation service?</p> <p><b>A:</b> CMS states requests for telehealth consultation services must come from an appropriate source. For the purpose of this policy, “appropriate source” includes but is not limited to a physician, physician assistant, nurse practitioner, psychologist, and social worker.</p>
<b>2</b>	<p><b>Q:</b> If a telehealth services consultation code is not appropriate to report, or a claim for a telehealth consultation code has been denied because an appropriate referring source has not been identified on the claim, how should the evaluation and management service be reported?</p> <p><b>A:</b> A claim for telehealth services that does not meet the criteria as a consultation may be submitted (or resubmitted) with an appropriate non-consultation telehealth services code and it will be considered for reimbursement.</p>
<b>3</b>	<p><b>Q:</b> What happens after June 1, 2019, or October 1, 2019, if the care provider's claim for service is denied?</p> <p><b>A:</b> When consultation service codes 99242-99245 and/or 99252-99255 are denied for dates of service on or after June 1, 2019, or October 1, 2019 (according to the providers payment methodology), care providers should submit an appropriate E/M service in alignment with either the 1995 or 1997 E/M Coding Guidelines.</p>
<b>4</b>	<p><b>Q:</b> Which consultation services codes will continue to be reimbursable?</p> <p><b>A:</b> Telehealth Consultation services represented by procedure codes G0406-G0408, G0508, G0509 and G0425-G0427 as well as Interprofessional consultations represented by 99451-99452, 99446-99449 and G9037 will still be eligible for reimbursement if reported with the referring entity's name and/or National Provider Identifier (NPI) number. This information should be reported in field 17 or 17b on the CMS 1500 form or its electronic equivalent.</p>

### Resources

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services  
 Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

### History

<b>7/10/2024</b>	<p>Policy Version Change          Reimbursement Guidelines Section Updated to correct code range.</p>
<b>6/30/2024</b>	<p>Policy Version Change          Reimbursement Guidelines Section Updated          Questions and Answers Section: Q&amp;A #4 Updated</p>
<b>4/1/2024</b>	<p><b>Template Update</b></p> <ul style="list-style-type: none"> <li>• Transferred content to shared policy template that applies to both UnitedHealthcare Commercial and Individual Exchange benefit plans.</li> <li>• Updated Application section to indicate this Reimbursement Policy applies to:             <ul style="list-style-type: none"> <li>○ All UnitedHealthcare Commercial benefit plans</li> <li>○ All Individual Exchange benefit plans</li> </ul> </li> </ul>
<b>6/30/2023</b>	<p>Policy Version Change          Logo Updated</p>



	Entries prior to 6/30/2021 archived
<b>1/1/2023</b>	Policy Version Change Reimbursement Guidelines Section Updated Questions and Answers Section: Q&A #3 Updated
<b>10/17/2022</b>	Policy Version Change Reimbursement Guidelines Section: Revised telehealth consultation guidelines Entries prior to 10/17/2020 archived
<b>7/1/2016</b>	Policy implemented for UnitedHealthcare Employer & Individual
<b>3/9/2016</b>	Policy changes approved by the Payment Policy Oversight Committee
<b>1/13/2016</b>	Policy approved by the Payment Policy Oversight Committee