Consultation Services Policy

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 exactly 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

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.

Policy

Overview

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 99241-99245 and 99251-99255.

Reimbursement Guidelines

Consultation Services for Dates of Service Through 5/31/2019

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 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.

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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 services procedure codes 99241-99245, 99251-99255, 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 services procedure codes 99241-99245, 99251-99255, 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) procedure code which describes the office visit, hospital care, nursing facility care, home service or domiciliary/rest home care service provided to the patient.

Primary Fee Source	Date of Service 99241-99254, 99251-99255 are not reimbursed
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 either the -GT or -GQ modifier to identify the telehealth technology used to provide the service. For more information regarding reimbursement of telemedicine services, refer to the UnitedHealthcare Telemedicine Policy.

HCPCS CODE	DESCRIPTION
G0406	Follow-up inpatient telehealth consultation, limited, typically 15 minutes
G0407	Follow-up inpatient telehealth consultation, limited, typically 25 minutes
G0408	Follow-up inpatient telehealth consultation, limited, typically 35 minutes
G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes
G0426	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes
G0427	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes
G0508	Telehealth consultation, critical care, initial, typically 60 minutes
G0509	Telehealth consultation, critical care, subsequent, typically 50 minutes

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UnitedHealthcare aligns with CMS and considers interprofessional consultation codes 99451-99452, 99446-99449 for reimbursement. The –GT or –GQ modifiers are not required for these services due to the fact there is no face-to-face contact with the patient.

CPT CODE	DESCRIPTION
99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes
99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of 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 the above 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

1	**Q:** Who are considered "appropriate sources" for requesting a telehealth consultation service? **A:** 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.
2	**Q:** 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? **A:** 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.
3	**Q:** What happens after June 1, 2019 or October 1, 2019 if the care provider's claim for service is denied? **A:** When consultation services codes 99241-99245 and/or 99251-99255 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

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	appropriate E/M service in alignment with either the 1995 or 1997 E/M Coding Guidelines.
4	**Q:** Which consultation services codes will continue to be reimbursable? **A:** 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, 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.

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

6/1/2019	Policy Version Change Title section: Logo, Preamble and Footer have been updated, Removed Annual Approval information & moved policy # to the header Reimbursement Guidelines Section: Added information regarding the type of payment methodology and the effective date 99241-99255 are no longer recognized Policy Verbiage Changes, Q&A #3 and #4 revised
10/1/2017	Policy Verbiage Changes, Codes, Logo, Preamble and Footer have been updated.
3/8/2017	Policy Approval Date Change. No new version.
1/1/2017 – 9/30/2017	Annual Policy Version Change Policy Section: codes added
7/1/2016 – 12/31/2016	Policy implemented for UnitedHealthcare Employer & Individual
3/9/2016	Policy changes approved by the Payment Policy Oversight Committee
1/13/2016	Policy approved by the Payment Policy Oversight Committee

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