

**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 Individual Exchange 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 Individual Exchange’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Individual Exchange 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 Individual Exchange 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 Individual Exchange due to programming or other constraints; however, UnitedHealthcare Individual Exchange strives to minimize these variations.*

*UnitedHealthcare Individual Exchange 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><b>This reimbursement policy applies to UnitedHealthcare Individual Exchange products.</b></p> <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>Applicable States:</b></p> <p>This reimbursement policy applies to Individual Exchange benefit plans in all states except for Massachusetts, Nevada, and New York.</p>

Policy
<p><b>Overview</b></p> <p>This policy addresses the information UnitedHealthcare Individual Exchange 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>UnitedHealthcare Individual Exchange aligns with CMS and does not reimburse consultation services procedure codes 99242-99245, 99252-99255, including when reported with telehealth modifiers for any practice or care provider,</p>

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.

UnitedHealthcare Individual Exchange 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 Individual Exchange 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 Individual Exchange Telehealth/Telemedicine Policy.

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

For the 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.

### 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> 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, will still be eligible</p>



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.
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Resources
American Medical Association, <i>Current Procedural Terminology (CPT®)</i> and associated publications and services
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

History	
6/30/2023	Policy Version Change Logo Updated
1/1/2023	Policy Version Change Reimbursement Guidelines Section Updated
10/17/2022	Policy Version Change Reimbursement Guidelines Section: Revised telehealth consultation guidelines
1/1/2022	Policy Version Change Updated Policy Template
1/1/2021	Policy implemented by UnitedHealthcare Value & Balance Exchange