

## 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 Community Plan reimbursement policies 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 Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan 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 Community Plan enrollees.

**Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, 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 Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan 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 UnitedHealthcare Community Plan Medicaid products.**

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 and 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 discusses how UnitedHealthcare evaluates CPT (®) consultation codes 99241-99245 and 99251-99255 and HCPCS codes G0406-G0408 and G0425-G0427 for reimbursement.

#### Reimbursement Guidelines

##### Consultation Services

The American Medical Association (AMA) Current Procedural Terminology (CPT ®) book describes a consultation as 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.

Services initiated by a patient and/or family and not requested by a physician or other appropriate source should not be reported using CPT consultation codes 99241-99245 or 99251-99255 or HCPCS consultation codes G0406-G0408 or G0425-G0427, but may be reported using appropriate office visit, hospital care, home service or domiciliary/rest home care codes.

##### UnitedHealthcare Community Plan Medicaid:

UnitedHealthcare Community Plan will consider a claim for a consultation service for reimbursement for Medicaid members if the requesting or referring provider or other appropriate source is identified on the claim. If the requesting or referring entity is not identified on the claim, the consultation service will be denied because it does not meet basic AMA requirements for reporting such a code.

Note: AMA guidelines state that only one inpatient consultation (99251-99255) should be reported by a consultant per admission. Evaluation and Management (EM) services after the initial consultation during a single admission should be reported using non-consultation EM codes.

### State Exceptions

<b>Arizona</b>	AZ Medicaid is exempt from the referring provider requirement.
<b>Virginia</b>	VA have aligned with CMS, and do not reimburse E/M consultation codes 99241-99245 or 99251-99255 and HCPCS codes G0406-G0408 and G0425-G0427
<b>Kansas</b>	Per state regulations, AMA CPT consultation codes (99241-99245 and 99251-99255) are not reimbursable

### Definitions

Consultation Service	<p>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. The following criteria also apply:</p> <p>A written or verbal request for consult must be made by an appropriate source</p> <ul style="list-style-type: none"> <li>• The request must be documented in the patient's medical record</li> <li>• The consultant's opinion must be documented in the patient's medical record</li> <li>• The consultant's opinion must be communicated by written report to the requesting physician or other appropriate source</li> </ul>
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### Questions and Answers

<b>1</b>	<p><b>Q:</b> Who are considered "appropriate sources" for a consultation service reported with a consultation code?</p> <p><b>A:</b> Per the AMA, examples of appropriate sources for a consultation request may include a physician, physician assistant, nurse practitioner, psychologist, social worker, etc.</p>
<b>2</b>	<p><b>Q:</b> What are examples of sources when it is not appropriate for a physician or other health care professional to report a consultation service code?</p> <p><b>A:</b> The patient and the patient's family are not considered appropriate sources for reporting a consultation code.</p>
<b>3</b>	<p><b>Q:</b> If a consultation code is not appropriate to report, or a claim for a consultation code has been denied because an appropriate referring entity has not been identified on the claim, how should the evaluation and management services be reported?</p> <p><b>A:</b> A claim for evaluation and management services that does not meet the criteria as a consultation may be submitted (or resubmitted) with an appropriate non-consultation evaluation and management code and it will be considered for reimbursement.</p>

<b>4</b>	<p><b>Q:</b> Where on the claim form or claim submission should the requesting entity be reported? What type of identification is necessary?</p> <p><b>A:</b> 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.</p>
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### Resources

Individual state Medicaid contracts, regulations, manuals & fee schedules

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>7/13/2020</b>	Policy Version Change State exceptions section: Removed reference to Iowa
<b>3/12/2020</b>	State exceptions section: Removed reference to Louisiana Removed all files and references to Louisiana contained in the body of the policy, information has been moved to the "Louisiana Only" policy
<b>1/3/2020</b>	Annual Version Update History prior to 1/1/2018 archived
<b>10/16/2019</b>	State Exceptions: Removed Delaware, Hawaii. Added Kansas specific exception and updated previous exception to include HCPCS codes
<b>3/21/2019</b>	Updated word version (no new version)
<b>1/29/2019</b>	Policy Change: Removed Annual Approval Date and Approved by Reimbursement Policy Oversight Committee from title Policy Reimbursement Guidelines: removed UnitedHealthcare Community Plan Medicare guideline
<b>1/1/2019</b>	Annual Policy Version Change Policy Change: Updated title adding 'Professional' to the policy title; removed reference to Commercial and Medicare and Retirement in the Application section. History/Updates section: Entries prior to 1/1/2016 archived
<b>3/14/2018</b>	Annual Approval Date change (no new version)
<b>1/1/2018</b>	Annual Version Update
<b>9/1/2016</b>	Policy implemented by UnitedHealthcare Community Plan
<b>1/13/2016</b>	Policy approved by the Payment Policy Oversight Committee