

Commercial Reimbursement Policy

Subject: **Consultation Services – Professional**

Policy Number: **C-09010**

Policy Section: **Evaluation and Management**

Last Approval Date: **12/02/2025**

Effective Date: **12/29/2023**

Policy

The health plan does not allow reimbursement for face-to-face medical consultations billed with inpatient or office-and-other-outpatient consultation procedure codes. Consultations should be reported with the appropriate new or established evaluation and management (E/M) CPT® code that describes the services provided.

Related Coding

Code	Description	Comments
99202-99205	Office or other outpatient visit for new patient	Eligible for reimbursement
99212-99215	Office or other outpatient visit for established patient	Eligible for reimbursement
99242-99245	Office and other outpatient consultation services for a new or established patient	Not eligible for reimbursement
99252-99255	Inpatient consultation services for a new or established patient	Not eligible for reimbursement

Definitions

Consultation	The opinion or advice of a specialist requested by another physician or other appropriate source regarding evaluation and/or management of a specific problem
General Reimbursement Policy Definitions	

Related Policies and Materials

Documentation and Reporting Guidelines for Evaluation and Management Services – Professional
Virtual Visits – Professional and Facility

References and Research Materials

This policy has been developed through consideration of the following: <ul style="list-style-type: none"> • CMS • Optum EncoderPro 2025

Policy History

12/02/2025	Review approved: no changes
12/29/2023	Review approved and effective: updated definition of Consultation
03/15/2023	Revised: removed deleted CPT® codes 99241 and 99251

04/30/2021	Review approved 04/30/2021 and effective 10/01/2021: policy title changed from Documentation and Reporting Guidelines for Consultations to Consultation Services; policy language updated to no longer allow reimbursement for inpatient and office-and-other-outpatient CPT® codes 99241-99245 and 99251-99255 for consultations
06/01/2019	New policy template: removed Description section and added Definition section
04/06/2018	Review approved: examples removed
10/04/2016	Review approved: minor language updates without changes to the policy criteria
09/01/2015	Review approved: no changes to the policy language
09/02/2014	Review approved: updated policy language; removed CMS language regarding consultation
06/04/2013	Review approved: updated policy language based on CPT® changes; updated sources; added language for second opinion
06/05/2012	Review approved: minor word changes under “Transfer of Care” to match 2012 CPT®
06/07/2011	Review approved: no changes
02/02/2010	Revised: updated policy language based on new guidelines
09/01/2009	Initial approval and effective

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member’s benefit plan. The determination that a service, procedure, or item is covered under a member’s benefit plan is not a determination that you will be reimbursed. Services must also meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member’s state of residence.

Ensure that you use proper billing and submission guidelines, including industry-standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Use of Reimbursement Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Reimbursement Policy is constantly evolving, and we reserve the right to review and update these policies periodically.

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