

n05693

**Consultation Code Policy (Professional Billing)**

*Values*

Accountability • Integrity • Service Excellence • Innovation • Collaboration

**Abstract Purpose:**

This reimbursement policy outlines Network Health’s process, for all lines of business, when claims are submitted for consultation services in a professional setting.

**Policy Detail:**

- I. Effective January 1, 2010, consultation codes are no longer recognized for Medicare Part B payment. Physicians shall code patient evaluation and management visits with E&M codes that represent where the visit occurs and that identify the complexity of the visit performed.

Claims should be submitted to Network Health based on the following table:

Setting	Initial Visit - E & M Codes	Subsequent Visit - E & M Codes
Inpatient/Nursing Setting	99221-99223	99231-99233
Outpatient/Other Setting	99201-99205	99211-99215

*\*CPT codes are subject to change as codes are retired or new ones developed.*

**II. Commercial Claims**

If a claim is received for one of the consultation codes no longer recognized by Medicare for Part B payment (99242-99245 or 99252-99255); the claim will be denied with the following reason/remark codes:

- A. Claim Adjustment Reason Code (CARC) Code 16 “*Claim/service lacks information or has submission/billing error(s).*”
- B. Remittance Advice Remark Code (RARC) Code N657 “*This should be billed with the appropriate code for these services.*”

**III. Medicare Claims**

If a claim is received for one of the consultation codes no longer recognized by Medicare for Part B payment (99242-99245 or 99252-99255); the claim will be denied with the following reason code:

- A. (CARC) Code 223 “*Adjustment code for mandated federal, state or local law/regulation that is not already covered by another code and is mandated*

*before a new code can be created.”*

**IV. Consultation Codes 99241 and 99251**

If a claim is received with CPT code(s) 99241 or 99251 after January 1, 2023, it will be denied with the following reason/remark code:

A. (CARC) Code 181 *“Procedure code was invalid on the date of service.”*

**Regulatory Citations:**

Medicare Claims Processing Manual, Chapter 12; 30.6.10

**Related Policies:**

Claim Submission Policy

**Origination Date: 6/1/2021**

**Update Date: 3/15/2023**

**Next Review Date: 3/15/2024**