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. <u>Commercial Claims</u>

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. <u>Medicare Claims</u>

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:	Approval Date:	Next Review Date:
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Regulatory Body:	**Approving Committee:**	**Policy Entity:**
CMS	Policy Committee	NHIC
Policy Owner:	**Department of Ownership:**	**Revision Number:**
Melissa Anderson	Operations	2
Revision Reason:		
11/8/2021 added updater Jill Stoken 3/7/2022: Existing Policy/Annual Update 3/9/2022: Existing Policy/Annual Update- Removed termed CPT code from table 3/15/2023: Approved at policy committee 3/15/2023.		