

MEDICAL ASSOCIATES HEALTH PLANS/HEALTH CHOICES OPERATIONS POLICY AND PROCEDURES MANUAL

POLICY NUMBER: 83

POLICY TITLE: Consultation Reimbursement

POLICY STATEMENT: Reimbursement guidelines for consultation codes

In compliance with CMS Guidelines, MAHP stopped paying for consultation codes in 2010 relating to Medicare beneficiaries. Effective for commercial claims with dates of service on or after January 1, 2024, Medical Associates Health Plan (MAHP) and Health Choices will align with CMS and will not reimburse consultation service codes 99242-99245, 99252-99255, 99451-99452, and 99446-99449, including when reported with telehealth modifiers for any practice of care provider, 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) code which describes the office visit, hospital care, nursing facility care, home service or domiciliary/rest home care service provided to the patient.

MAHP and Health Choices continue 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. MAHP and Health Choices will consider a claim for telehealth consultation service for reimbursement if the requesting physician or other qualified source is identified on the claim. If the requested entity has a National Provider Identification (NPI) number, that number should be in field 17B of the CMS-1500 form or its electronic equivalent. If the requesting entity does not have an NPI their 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.

Original Effective Date: 12/2023

Revised: 10/2024

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