



Consultation Services Policy					
<b>Policy Number</b>	2019RP505A	<b>Annual Approval Date</b>	9/30/19	<b>Approved By</b>	Optum Behavioral Reimbursement Committee

**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 procedure code or codes that correctly describe the health care services provided to individuals whose behavioral health benefits are administered by Optum, including but not limited to UnitedHealthcare members. This reimbursement policy is also applicable to behavioral health benefit plans administered by OptumHealth Behavioral Solutions of California.

Our behavioral health reimbursement policies may use Current Procedural Terminology (CPT<sup>®\*</sup>), Centers for Medicare and Medicaid Services (CMS) or other procedure 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 services billed on the UB-04 claim form and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. Coding methodology, clinical rationale, industry standard reimbursement logic, regulatory issues, business issues and other input in developing reimbursement policy may apply.

This information is intended to serve only as a general reference resource regarding our reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, Optum may use reasonable discretion in interpreting and applying this policy to behavioral health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for behavioral health care services provided to members. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: member’s benefit coverage, provider contracts and/or legislative mandates. Finally, this policy may not be implemented exactly the same way on the different electronic claim processing systems used by Optum due to programming or other constraints; however, Optum strives to minimize these variations.

Optum 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.

*\*CPT<sup>®</sup> is a registered trademark of the American Medical Association*

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Applicability
This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to services billed on the UB-04 claim form and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. This policy applies to Commercial and Medicare, 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 addresses the information Optum requires to be submitted with reimbursable consultation services codes and how services rendered at the request of another physician or appropriate source may be reported in lieu of CPT(®) consultation services codes 99241-99245 and 99251-99255.

**Reimbursement Guidelines**

Optum reimbursed consultation services in alignment with the consultation services coding guidelines published within the American Medical Association (AMA) Current Procedural Terminology (CPT ®) book. That description states a consultation is 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.

For dates of service prior to 3/1/2020, Optum will reimburse consultation services in alignment with the consultation services coding guidelines published within the American Medical Association (AMA) Current Procedural Terminology (CPT ®) book. That description states a consultation is 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.

Effective for claims with dates of service on or after 3/1/2020. Optum aligns with the Centers for Medicare and Medicaid Services (CMS) and does not reimburse consultation services procedure codes 99241-99245, 99251-99255, including when performed via telehealth. The codes eligible for reimbursement are those that identify the appropriate Evaluation and Management(E/M) procedure code which describes the office visit, hospital care, nursing facility care, home service or domiciliary/rest home care service provided to the patient.

**Questions and Answers**

<b>1</b>	<p><b>Q:</b> What happens after 3/1/2020 if the care provider's claim for service is denied?</p> <p><b>A:</b> When consultation services codes 99241-99245 and/or 99251-99255 are denied for dates of service on or after 3/1/2020, care providers should submit an appropriate E/M service in alignment with either the 1995 or 1997 E/M Coding Guidelines.</p>
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**Resources**

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**

September, 2019	New policy
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