

Reimbursement/Billing Policy

Consultation Codes

Policy Number: RM040

Initial Effective Date: 03/01/2026

Last Reviewed Date: 03/01/2026

GUIDELINES:

- Paramount Reimbursement Policies have been developed to assist in administering proper payment under benefit contracts.
- Reimbursement policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements.
- Paramount utilizes industry standard coding methodology and claims editing in the development of reimbursement policies. Industry standard resources include, but are not limited to, CMS National Correct Coding Initiative (NCCI), Medically Unlikely Edits (MUEs), Integrated Outpatient Code Editor (I/OCE) Clinical edits, Medical Policies, Reimbursement Policies, and Administrative/Provider Manuals. Paramount will not reimburse services determined to be Incidental, Mutually Exclusive, or Unbundled.
- All health care services, devices, and pharmaceuticals must be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes and modifiers, which most accurately represent the services rendered, unless otherwise directed by the Paramount. All billed codes must be fully supported in the member's legal medical record.
- Paramount utilizes CMS pricing algorithms where appropriate based on, National Physician Fee Schedule Relative Value File (NPFSSRVF) pricing rules, Inpatient Prospective Payment Systems (MS-DRG, LTC, IPF, IRF & IPSNF) and Outpatient Prospective Payment Systems (OPPS, HHA, ASC, ESRD & OPSNF).
- Paramount liability will be determined after coordination of benefits (COB) and third-party liability (TPL) is applied to the claim. Member liability may include, but is not limited to, co-payments, deductibles, and coinsurance. Members' costs depend on member benefits.
- Paramount routinely reviews reimbursement policies. Updates are published on Paramount's website <https://www.paramounthealthcare.com>. The information presented in this reimbursement policy is accurate and current as of the date of publication. Paramount communicates policy updates to providers via Paramount's monthly bulletin.

SCOPE:

- Professional
- Facility

Applicability:

- Commercial and Marketplace (Fully Insured and Self-Funded)
- Medicare Advantage

Background:

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 care or for the care of a specific condition or problem. Consultation codes are professional services billed with the range of 99242-99245 for outpatient services and 99252- 99255 for inpatient services.

Effective January 1, 2010, the Centers for Medicare & Medicaid Services (CMS) discontinued reimbursement for CPT consultation codes 99241–99245 and 99251–99255.

Reimbursement Policy:

Paramount does not allow reimbursement for consultation codes, in alignment with CMS guidance. Providers must instead report the appropriate Evaluation and Management (E/M) service code that is payable under the CMS fee schedule. The selected E/M code should accurately reflect the site of service and the complexity of the visit, including services that may have previously been described by consultation codes. All physicians and qualified non-physician practitioners (NPPs) are required to follow standard E/M documentation guidelines.

Consultation codes should be cross walked to the corresponding E/M code in accordance with the tables provided below. Reimbursement will follow the applicable rate for the corresponding E/M code.

If there was prior claim experience within the past two years, the outpatient consultation code should be mapped to the corresponding **established patient** evaluation and management code.

If there is no prior claim experience in the past two years, the outpatient consultation code should be mapped to the corresponding **new patient** evaluation and management code.

Paramount continues to consider initial inpatient, follow-up inpatient, critical care, and emergency department consultations performed via telehealth for reimbursement. These services are described by HCPCS codes G0406–G0408, G0425–G0427, and G0508–G0509.

Table 1.0 Consultation Code Cross-walked to Outpatient Evaluation and Management Codes

| Consult Code – Outpatient | Key Components | E&M Code – MDM |
|---------------------------|--------------------------------|--|
| 99242 | Straightforward MDM 20 minutes | 99202 (New Patient) 99212 (Est Patient) |
| 99243 | Low MDM 30 minutes | 99203 (New Patient) 99213 (Est Patient) |
| 99244 | Moderate MDM 40 minutes | 99204 (New Patient) 99214 (Est Patient) |
| 99245 | High MDM 55 minutes | 99205 (New Patient) 99215 (Est Patient) |

Table 1.1 Consultation Code Cross-walked to Inpatient Evaluation and Management Codes

| Consult Code – Inpatient | Key Components | E&M Code – Key Components |
|--------------------------|--------------------------------|---|
| 99252 | Straightforward MDM 35 minutes | 99221 (40 min – straightforward or low level) |
| 99253 | Low MDM 45 minutes | 99221 (40 min – straightforward or low level) |
| 99254 | Moderate MDM 60 minutes | 99222 (55 min must be met/moderate level) |
| 99255 | High MDM 80 minutes | 99223 (75 min must be met or exceeded/high level) |

Sources of Information:

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and

services <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>
Industry Standard Review

Hayes, Inc., Lansdale, PA: Author. Health Technology Assessments. <https://www.hayesinc.com/>

Industry Standard Review

REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 3/1/2026

| Date | Explanation & Changes |
|-------------------|---|
| 03/01/2026 | <ul style="list-style-type: none">• Policy Created• RM040 to replace Medical Policy PG0291 Consultation Services |