Coding Policy **Policy and Procedure**		
SUBJECT: Coding Policy 65.0 Guidelines for Billing Consultations	DEPARTMENT: **Health Care Services**	
ORIGINAL EFFECTIVE DATE: 03/1991	DATE(S) REVIEWED/REVISED: 01/10, 01/11, 01/12, 01/13, 04/13, 01/14, 01/15, 01/16, 01/17, 01/18, 01/19, 01/20, 01/21, 01/22, 01/23	
APPROVED BY: Coding Policy Review Committee	NUMBER: **MC 65.0**	PAGE: **1 of 2**

SCOPE:
Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as "Company" and collectively as "Companies").

APPLIES TO:
Health Plan Providers
Non-Participating Providers
All Lines of Business

POLICY:
Company does not recognize CPT consultation codes 99242-99245 or 99252-99255. Providers performing Evaluation and Management (E/M) consultation services may report the E/M code appropriate for the place of service and level of service performed. Claims billed with CPT codes 99242-99245 or 99252-99255 will be denied as provider responsibility with instructions to rebill with the appropriate HCPCS/CPT code.

PROCEDURE:
Inpatient, Observation, and Nursing Facility Services:

- In the inpatient/observation hospital setting and nursing facility setting, all physicians and qualified non-physician practitioners who perform an initial evaluation may bill the initial hospital/observation care codes (99221-99223) or initial nursing facility care codes (99304-99306). (See Coding Policy 52.0 (Medical Visits) for information about reporting initial evaluation codes.)
- When an inpatient or observation hospital service performed by a physician other than the admitting physician of record is necessary, with all the required components performed and appropriately documented, the appropriate level of service (99221-99223) may be billed by the second or subsequent physicians. The principal physician of record shall append modifier "AI" (Principal Physician of Record) to the E/M code for initial hospital care or initial nursing facility care. Modifier AI is not required for care in the observation setting or for follow-up visits in a facility but will not affect payment if used.
- If criteria for 99221 (Initial Hospital/Observation Care) are not met by the second or subsequent physicians, but a service was necessary and all the required components performed and appropriately documented meet the criteria for "Subsequent Hospital/Observation Care," use CPT codes 99231-99232 for billing.
- When an initial nursing home service performed by a physician other than the admitting physician of record is necessary, with all required components performed and appropriately documented, the appropriate level of service (99304-99306) may be billed by the second or subsequent physicians.

- If criteria for 99304 "Initial Nursing Facility Care" are not met by the second or subsequent physicians but a service was necessary and all the required components performed and appropriately documented meet criteria for a "Subsequent Nursing Facility Care," use CPT codes 99307-99310 for billing.
- If, in what should be a very **rare** circumstance, an E/M service is necessary, performed and documented that does not meet even the criteria for CPT code 99231 or 99307, then CPT code 99499 may be billed and paid subject to individual adjudication and pricing based on the submitted documentation. In these cases, it is the responsibility of the provider to ensure all necessary information has been documented in the medical record. The service must meet medical necessity standards. Documentation must include the place of service and a brief statement explaining why another E/M code does not apply.

Office or Other Outpatient Setting:
In the office or other outpatient setting where an E/M service is performed, physicians and qualified non-physician practitioners shall use the CPT codes for outpatient E/M visits. For example, a code from the range 99202-99215 may be used for consultations performed in the physician's office.

Documentation Guidelines:
All physicians and qualified non-physician practitioners shall follow E/M documentation guidelines for E/M services. See Coding Policy 52.0 (Medical Visits) for documentation guidelines for E/M services and for appropriate use of codes for new patient visits or initial visits. This policy also has information about billing prolonged services.

REFERENCE:
CMS/Medicare Rules and Regulations
Current Procedural Terminology (CPT)
Providence Health Plan Coding Policies