

Payment Policy

Consultation Services	
Original effect date:	Revision date:
07/14/2024	

IMPORTANT INFORMATION

Blue Shield of California payment policy may follow industry standard recommendations from various sources such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), Current Procedural Terminology (CPT) and/or other professional organizations and societies for individual provider scope of practice or other coding guidelines. The above referenced payment policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms or their electronic equivalent. This payment policy is intended to serve as a general overview and does not address every aspect of the claims reimbursement methodology. This information is intended to serve only as a general reference regarding Blue Shield’s payment policy and is not intended to address every facet of a reimbursement situation. Blue Shield of California may use sound discretion in interpreting and applying this policy to health care services provided in a particular case. Furthermore, the policy does not address all payment attributes related to reimbursement for health care services provided to a member. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy such as coding methodology, industry-standard reimbursement logic, regulatory/legislative requirements, benefit design, medical and drug policies. Coverage is subject to the terms, conditions and limitation of an individual member’s programs benefits.

Application

Blue Shield of California’s Consultation Services payment policy applies to the hospital outpatient and professional claims billed for Evaluation & Management Consultation Services.

Policy

Effective date of service on or after 07/14/2024, Blue Shield of California aligns with the Centers for Medicare and Medicaid Services (CMS) and does not allow reimbursement for face-to-face medical consultations billed with inpatient (99252-99255) or office-and-other-outpatient consultation procedure codes (99242-99245).

Instead, physicians and practitioners should report consultations with the new or established patient evaluation and management CPT code (99202-99215; 99221-99223; 99231-99233; 99304-99310) as appropriate to the patient, including consultations furnished via telehealth.

Telehealth consultation services must be billed in accordance with the Telehealth reimbursement policy.

Rationale

Effective date of service on or after 07/14/2024, Blue Shield of California aligns with the Centers for Medicare and Medicaid Services (CMS) and does not allow reimbursement for face-to-face medical consultations billed with inpatient (99252-99255) or office-and-other-outpatient consultation procedure codes (99242-99245).

Reimbursement Guideline

Blue Shield of California will reference national or regional industry standards, such as Centers for Medicare & Medicaid Services' (CMS) National Correct Coding Initiative (NCCI) and MUE (Medically Unlikely Edits) rules, and American Medical Association's (AMA) CPT guidelines, as coding standards and as guidance for payment policy. In claims payment scenarios where CMS and/or CPT reference is lacking or insufficient, the Payment Policy Committee (PPC) may develop customized payment policies that are based on other accepted or analogous industry payment standards and or expert input.

Resources
<ul style="list-style-type: none">American Medical Association https://www.ama-assn.org/amaCenters for Medicare & Medicaid Services R118BP.pdf (cms.gov) R2282CP.pdf (cms.gov)

Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Payment Policy.

Effective Date	Action	Reason
07/14/2024	New Policy Adoption	Payment Policy Committee

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under an enrollee's contract.

These Policies are subject to change as new information becomes available.