

Consultations

Benefit Coverage

Consultations with physicians or other qualified licensed health care professionals on an telehealth, inpatient, and outpatient basis for the additional evaluation of a medical condition or for the initial consultation to establish diagnosis are covered.

Copayment

See the member's *Evidence of Coverage* (EOC) and *Summary of Benefits and Coverage* for member copayments for:

Physician-Outpatient

Office Visits/Consultations/Surgery

Physician-Inpatient

Visits/Consultations

Benefit Exclusion

Consultations for infertility are excluded for HMO Individual and Family Plan (IFP) members.

Consultations for in vitro fertilization, GIFT, artificial insemination, or any other form of induced fertilization are excluded. (They may be covered under Optional Benefits for Infertility for group members whose employers have purchased this option.)

Benefit Limitations

Services must be referred by the member's Primary Care Physician (PCP) and authorized by the IPA/medical group. Consultations are not limited as long as they are determined to be medically necessary by the PCP and appropriately referred and authorized, except as excluded.

Exceptions

- See the *HMO Benefit Guideline on Second Opinion Consultations*.
- For Access+ consultations, see the *HMO Benefit Guideline on Physician Services*.

Consultations

References

Evidence of Coverage

IFP Evidence of Coverage and Health Service Agreement

HMO Benefit Guidelines for:

Physician Services

Second Opinion Consultations