

# network

## RAPID UPDATE



March 15, 2010

### **Elimination of Fee Reimbursement for CPT® Consultation Codes**

Effective January 1, 2010, the Centers for Medicare & Medicaid Services (CMS) eliminated the Current Procedural Terminology (CPT) consultation codes (ranges 99241-99245 and 99251-99255) and corresponding fee amounts for Medicare Part B payment.

CMS CR6740 final rule on the elimination of consult codes was posted on the CMS website in January. This final rule does away with the use of all inpatient and office/outpatient consultation codes for all places of service except for Telehealth consultation G-codes. Instead, providers may code a patient evaluation and management visit with E/M codes that represent where the visit occurs and identify the complexity of the visit performed.

Anthem will follow the CMS recommendations and reimburse for the applicable E/M codes (and not the consultation codes) in the following circumstances:

- Providers participating in Anthem Medicare Advantage products or networks
- As a general rule, for Commercial products, billing should follow Medicare

For further questions, please contact your local Network Relations Consultant.

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