

Reimbursement	<b>Reimbursement Guide-Consultation Services</b>	Reimbursement	RG-106
Guide Name:		Guide #:	

Reimbursement Guide Information		
<b>Owner Department:</b>	Payment and Revenue Integrity	
Owner:	Code Review Program Manager	
Affected Departments:		
Reimbursement Guide Applies To:	All product lines	
<b>Electronic Signature/Date:</b>	No Users	

## **Purpose of the Reimbursement Guide**

The purpose of this reimbursement guide is to establish clear guidelines for the reimbursement of medical services billed to FirstCarolinaCare. This guide aims to ensure that reimbursements are handled consistently, fairly, and in accordance with regulatory standards.

## Statement of the Reimbursement Guide

Effective January 1, 2025, FirstCarolinaCare will discontinue coverage for consultations billed with codes 99242-99245 or 99252-99255 for all Commercial and Medicare Advantage lines of business.

## Procedure

- 1.1 Any claims for dates of service after January 1, 2025 submitted with the following codes will be denied and returned to the provider:
  - 99242-99245: Office or other outpatient consultation services
  - 99252-99255: Initial inpatient consultation services
- 1.2 Providers should utilize the appropriate evaluation and management codes that reflect the complexity and location of the service provided, whether it be an office visit, hospital care, nursing facility, home service, or domiciliary/rest home. The appropriate codes are as follows:
  - Office or other outpatient visit for a new patient: 99202-99205
  - Office or other outpatient visit for an established patient: 99211-99215
  - Initial hospital inpatient or observation care visit for a new or established patient: 99221-99223
  - Subsequent hospital inpatient or observation visit: 99231-99233
  - Initial nursing facility care visit for a new or established patient: 99305-99306
  - Subsequent nursing facility care visit: 99307-99308
  - Home or residence service visit for a new patient: 99341-99345
  - Home or residence service visit for an established patient: 99347-99350
- 1.3 Providers are advised to review and ensure compliance with this policy to avoid claim denials.

References

- American Medical Association. *Current Procedural Terminology (CPT®) Professional Edition* 2025. American Medical Association; 2025.
- Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

History		
Created Date:	11/15/2024	
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<b>Revision Date:</b>		