

Reimbursement Policy Statement Illinois Medicaid

Effective Date	Next Annual Review	Policy Number	
12/01/2020	12/30/2026	ABHIL-RP-0005	
Policy Name		Department	
Outpatient Consultations		Claims Operations Medical Payment	
Policy Type			
Medical	Administrative	Pharmacy	Reimbursement

Aetna Better Health of Illinois (ABH IL) implements comprehensive and robust policies and procedures to ensure alignment with Illinois Department of Health Care and Family Services (HFS) and to warrant that regulatory standards are met.

ABH IL reimbursement policies are intended to provide a general reference for claims filing, coding, documentation guidelines and administrative functions. Providers are ultimately responsible for submission of accurate reporting of services provided.

Reimbursement of reported services is subject to member benefit, eligibility on date of service, medical necessity, related plan policies and procedures, correct coding and clinical editing logic, provider contracts and all applicable plan documentation and guidelines set forth by Illinois Department of Health Care and Family Services (HFS). Coding methodology, regulatory requirements, industry standard claims logic, guidance from specialty organizations and other factors are considered in the development of plan policies. ABH IL retains the right to change, amend or withdraw this policy as needed, at any time.

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A. Policy

This policy is provided as a guide to medical coding and editing guidelines for the appropriate reporting of Evaluation and Management Services- Outpatient Consultations. This guidance aligns with AMA CPT Coding Guidelines for coding and reporting evaluation and management – outpatient consultations as well as Illinois Department of Healthcare and Family Services provider policies.

B. Overview

This policy outlines the coding, documentation and editing guidelines for reporting evaluation and management- outpatient consultations. A consultation service is a type of evaluation and management service that requires the following:

- The consultation service is provided at the request of another physician or qualified healthcare provider.
- The consultation is requested to recommend care for a specific condition or problem.
- The patient’s medical record is documented with a written request for consultation
- The consultant’s opinion and any services ordered or performed in relation to the consultation is documented in a written report.

The guidance in this policy applies to all professional claim types.

C. Definitions

Term	Definition
Aetna Better Health of Illinois (ABHIL)	A subsidiary of CVS Health Corporation, Medicaid subsidiary that provides plan management and other administrative services for the Illinois Medicaid program.
American Medical Association (AMA)	A professional group that publishes research to advance public health and advocates for the interests of registered physician-members.
Centers for Medicare & Medicaid Services (CMS)	The federal agency that administers the Medicare program as well as works with the individual states to administer state Medicaid and Children’s Health Insurance Programs.
Current Procedural Terminology (CPT)	A medical code set maintained by the American Medical Association through the CPT Editorial Panel. The CPT code set (copyright protected by the AMA) describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.



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Illinois Department of Health Care and Family Services (HFS)	The Department of Healthcare and Family Services administers health insurance programs for children, pregnant women, and adults who are residents of Illinois.
Medicaid	The state administered program that provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities, according to federal requirements. The program is funded jointly by states and the federal government.
Medicare	Medicare is a health insurance program for: people aged sixty-five (65) or older, people under age sixty-five (65) with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

D. Reimbursement Guidelines

ABH IL will only reimburse for evaluation and management- outpatient consultations when appropriately provided which includes

- The consultation service is reported as occurring in the office place of service.
- The consulting provider has not submitted a claim for any other evaluation and management service (using the same tax id number and specialty designation) for the same date of service or within a six- month period.

Claims that are submitted will be denied when

- There is a claim for any evaluation and management face- to- face service reported by the same provider (using the same tax id number and specialty designation) for the same date of service or within a six- month period.

The medical record documentation is expected to support the specific CPT code(s) and diagnosis codes reported.



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E. Codes/Condition of Coverage

Consultation- CPT Codes

99242	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
99243	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99244	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
99245	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.

F. Frequently Asked Questions

N/A

G. Review/Revision Date

Action	Date	Comments
Revision	12/30/2025	Update to policy template, addition of state resource
Effective Date	12/01/2020	

H. Resources

- American Medical Association. *CPT Professional Edition 2025*, AMA; 2024.
- Illinois Department of Healthcare and Family Services. *Handbook for Practitioners Rendering Medical Services* [PDF]. Springfield, IL; June 16, 2021.