

Reimbursement Policy

Title: Consultations	
Policy Number: 11	Applies to: <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Level Funded <input checked="" type="checkbox"/> Medicare Advantage <input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> Medicare Select <input checked="" type="checkbox"/> Medicare Supplement
Effective Date: *7/1/26	
Last Updated: *	

Disclaimer

These coding and reimbursement policies serve as a guide to assist providers in accurate claims submissions and to outline the basis for reimbursement. The determination that a service, procedure, item, etc., is covered under a member's benefit plan is not a determination that the provider will be reimbursed. Services and items must also meet Quartz provider and billing guidelines appropriate to the procedure and diagnosis.

Providers must follow proper billing and submission guidelines, including the use of industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the clinical documentation.

Quartz coding and reimbursement policies apply to both participating and non-participating providers and facilities unless a specific exception is stated in the policy.

If proper coding/billing guidelines or current reimbursement policies are not followed, Quartz may:

- Reject or deny the claim
- Recover and/or recoup claim payment
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

Quartz utilizes claim editing software to assess coding and billing accuracy on claims.

From time to time, Quartz may, in its sole discretion, revise these policies. When there is an update, Quartz will publish the most current policy to Quartz's Provider Manual.

Definitions

A consultation is a type of evaluation and management service provided at the request of another physician, other qualified healthcare professional, or appropriate source to recommend care for a specific condition or problem.

Policy

Quartz does not reimburse office or other outpatient consultations CPT (99242-99245) or inpatient/observation consultations CPT (99252-99255) in accordance with CMS. Providers should submit an appropriate E/M code when applicable using the E/M Coding Guidelines.

Related Policies

Resources

Compliance

Quartz conducts post-payment reviews and audits to ensure policy compliance. Misuse of codes, modifiers, or exceeding service limits may lead to provider education, recoupment, or other corrective action. Providers must submit supporting documentation, if requested, as part of claim review processes.

Document History

2/12/2026	Document created	Payment Integrity Department