healthfirst
Health Insurance for New Yorkers

Reimbursement Policy

Subject:	Interprofessional Consultation for Behavioral Health Services		
Policy Number:	PO-RE-141v1		
Effective Date:	1/01/2025	**Last Approval Date:**	04/21/2025

I. Policy Description

This reimbursement policy outlines the guidelines for billing and reimbursement of interprofessional consultations in behavioral health services as established by the Centers for Medicare & Medicaid Services (CMS) starting in 2025. The policy is designed to facilitate collaboration between mental health practitioners, including clinic psychologists, clinical social workers, marriage and family therapists, and mental health counselors, and other healthcare professionals through the use of designated CPT codes. These consultations are conducted without the patient's direct involvement and are aimed at improving the quality of care provided to patients with mental health conditions.

The information below applies to the following lines of business:

- Medicare Advantage
- Medicare PPO
- Medicaid Advantage Plus/MAP (CompleteCare)

Reimbursement Guidelines

1. The following practitioners are eligible to bill for interprofessional consultations:
    - Clinical Psychologists
    - Clinical Social Workers
    - Marriage and Family Therapists
    - Mental Health Counselors
    - Physicians and other practitioners who can bill for Evaluation and Management (E/M) services. Please refer to Healthfirst eConsult Visits reimbursement policy.

2. The consultations must be related to the diagnosis and treatment of mental illness and/or substance use disorders conducted between the treating/requesting practitioner and the consultant practitioner.

3. Documentation Requirements:

The treating/requesting practitioner must obtain the patient's consent prior to the consultation. This consent must be documented in the patient's medical record. The documentation should confirm that:

- The patient is aware of the consultation.
- The patient understands that Medicare cost-sharing applies to these services.
- Patients must be informed that they may incur cost-sharing for both the treating/requesting practitioner's service and the consultant practitioner's service.

4. Billing Codes for Behavioral Health Services:
   The following codes are to be utilized for interprofessional consultations:

CPT Code	Description
G0546	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 5-10 minutes of medical consultative discussion and review
G0547	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 11-20 minutes of medical consultative discussion and review
G0548	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 21-30 minutes of medical consultative discussion and review
G0549	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 31 or more minutes of medical consultative discussion and review
G0550	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a written report to the patient's treating/requesting practitioner, 5 minutes or more of medical consultative time
G0551	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, 30 minutes

5. Claims Submission: Claims for interprofessional consultations must be submitted using the appropriate CPT codes listed above. Claims should include:
    - Date of service
    - Duration of consultation
    - Detailed documentation of the consultation process and patient consent.

Adjudication and Appeal Process

1. Reimbursement for Interprofessional Consultation services will be determined based on the provider's scope of services and the reimbursement rates outlined in the provider's contract with Healthfirst.

2. Claims submitted by providers that do not adhere to this policy will be denied or rejected. It is the responsibility of the provider to ensure claims are coded accurately.

3. Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. *Refer to: Healthfirst Provider Manual Subsection 17.6, "Claims Inquiries, Corrected Claims, Claim Reconsideration, and Appeal Process" in this section.*

4. Please be advised that all services provided are subject to the member's individual benefit coverage

5. All claims are subject to audit and review. Practitioners must maintain comprehensive documentation to support the services billed and ensure compliance with all CMS regulations.

Both the treating/requesting provider and the consultative provider are required to follow all state and federal privacy laws regarding the exchange of patient information

II. Applicable Codes

Code	Description	Comment
G0546	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 5-10 minutes of medical consultative discussion and review	
G0547	Interprofessional telephone/Internet/electronic health record assessment and management service provided	

	by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 11-20 minutes of medical consultative discussion and review	
G0548	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 21-30 minutes of medical consultative discussion and review	
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III. Definitions

Term	Meaning
Asynchronous Store and Forward	Transmission of a patient's medical information from an originating site to the health care provider at a distant site. Consultations via asynchronous electronic transmission initiated directly by patients, including through mobile phone applications, are not covered under this policy

Distant Site	A site where a health care provider provides health care services is located while providing these services via a telecommunications system
eConsults	E-consults are asynchronous health record consultation services that provide an assessment and management service in which the patient's treating health care practitioner (attending or primary) requests the opinion and/or treatment advice of another health care practitioner (consultant) with specific specialty expertise to assist in the diagnosis and/or management of the patient's health care needs without patient face-to-face contact with the consultant. E-consults must include a written report to the patient's treating/requesting physician or other qualified health care professional. E-consults are permissible only between health care providers
eVisits	Communications between a patient and their provider through an online patient portal. Synchronous Interaction "Synchronous interaction" means a real-time interaction between a patient and a health care provider located at a distant site
Originating Site	A site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates
Telehealth	Telehealth" means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management and self-management of a patient's health care

IV. Related Policies

Policy Number	Policy Description
PO-RE-106	eConsult Visits

Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

New York State Medicaid Update - January 2024 Volume 40 - Number 1 (ny.gov)
2023 CPT E/M descriptors and guidelines (ama-assn.org)
Calendar Year (CY) 2025 Medicare Physician Fee Schedule Final Rule | CMS

SHO 23-001 - Interprofessional Consultation

VI. Revision History

Revision Date	Summary of Changes
02/20/2025	Added new guidelines for 2025 for interprofessional consultation for behavioral health services

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.