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2 new codes developed for interprofessional consultation

by from the AAP Division of Health Care Finance

Current Procedural Terminology (CPT) codes 99446-99449 were created in 2014 to capture the time spent by a consultant who is not in direct contact with the patient at the time of service.

An interprofessional telephone/internet consultation (ITC) is defined as an assessment and management service in which a patient's treating (e.g., attending or primary) physician/other qualified health care professional (QHP) requests the opinion and/or treatment advice of a consultant with specific specialty expertise to assist the treating physician/QHP in the diagnosis and/or management of the patient's problem without the need for the patient's face-to-face contact with the consultant.

Since the type or severity of the problem is not defined, any condition may qualify for consultative services. However, the codes typically are reported when a new problem arises or a chronic issue is not well-managed or exacerbates.

Only the consultant can report these codes. In addition, these codes require both a verbal and written follow-up report.

Some changes are in store for ITC this year. The American Medical Association Digital Medicine Payment Advisory Group developed two new ITC codes:

- Code 99451 is reported by the consultant, allowing him/her to access data/information through the electronic health record (EHR), in addition to telephone or internet.
- Code 99452 is reported by the requesting/treating physician/QHP (e.g., the primary care physician).

The table outlines distinctions between consultant codes 99446-99449 and the new consultant code 99451 as well as distinct features of code 99452.

Consultant codes 99446-99449 and 99451:

- can be reported for new or established patients
- can be reported for a new or exacerbated problem
- are reported only by a consultant when requested by another physician/QHP
- cannot be reported more than once per seven days for the same patient
- are reported based on cumulative time spent, even if that time occurs on subsequent days
- are not reported if a transfer of care or request for a face-to-face consult occurs as a result of the consultation within the next 14 days
- are not reported if the patient was seen by the consultant within the past 14 days
- require that the request and the reason for the request for the consult be documented in the record
- require verbal consent for the interprofessional consultation from the patient/family documented in the patient's medical record

Requesting/treating physician/QHP code 99452:

- is reported by the physician/QHP who is treating the patient and requesting the non-face-to-face consult for medical advice or opinion - and not for a transfer of care or a face-to-face consult



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- is reported only when the patient is not on-site and with the physician/QHP at the time of the consultation
- cannot be reported more than once per 14 days per patient
- includes time preparing for the referral and/or communicating with the consultant
- requires a minimum of 16 minutes
- can be reported with prolonged services, non-direct

CPT code	Reported by	Concluded with	Time required	How time is spent	2019 wRVUs	2019 RVUs ^a
▲99446	Consultant	Verbal and written report to requestor	5-10 mins	Review pertinent medical records, lab/imaging studies, medication profile, etc. and medical consultative verbal or internet discussion ^b	0.35	0.51
▲99447	Consultant	Verbal and written report to requestor	11-20 mins	Review pertinent medical records, lab/imaging studies, medication profile, etc. and medical consultative verbal or internet discussion ^b	0.70	1.01
▲99448	Consultant	Verbal and written report to requestor	21-30 mins	Review pertinent medical records, lab/imaging studies, medication profile, etc. and medical consultative verbal or internet discussion ^b	1.05	1.52
▲99449	Consultant	Verbal and written report to requestor	≥ 31 mins	Review pertinent medical records, lab/imaging studies, medication profile, etc. and medical consultative verbal or internet discussion ^b	1.40	2.02
●99451	Consultant	Written report to treating/requesting physician/QHP	≥ 5 mins	Review pertinent medical records, lab/imaging studies, medication profile, etc. and medical consultative verbal or internet discussion	0.70	1.04
●99452	Treating/requesting physician/QHP	N/A	≥ 16mins ^c	Preparing for the consult and/or the actual time spent communicating with the consultant	0.70	1.04

^aThe facility and non-facility relative value units (RVUs) are identical

^bFor codes 99446-99449, more than 50% of the service time must be consultative time and not time used to review data. Do not report codes 99446-99449 if data review time is greater than 50% of the total service time.

^cCode 99452 can be reported in addition to non-direct prolonged services (99358-99359) if appropriate (see *CPT* manual)

• new code

▲ code with a revised descriptor

Shaded boxes note some major differences.

wRVU: work relative value unit

Q. A physician was asked to consult on a pediatric patient. The progress notes and lab studies were sent electronically for review. The patient is established to the consulting physician's practice but is being managed primarily by her primary care physician for a condition that is not improving as expected. The consulting physician reviews the notes and documents time as follows:



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- five minutes on Tuesday (chart notes and data review)
- 15 minutes on Thursday (phone consult with primary care physician) and three additional minutes writing up discussion

How is this reported?

- Report based on the total time spent. In total, the consultant spent 20 minutes, and more than 50% was spent on the consultative discussion. Because the criteria for reporting code 99448 or 99451 are met, the consulting physician should report code 99448.

Q. A school counselor asked a physician in our practice to review some records and call her to discuss the patient's behavioral issues. In total, the physician spent 15 minutes. What ITC code can we report?

A. The ITC codes are not applicable because the school counselor does not meet the criteria of a QHP.

Q. A physician (consultant) performs an ITC where she spent 15 minutes total. She drafted the written report and sent it back. Should I submit the claim right away since there is a 14-day window for a service, which will bundle the ITC codes?

A. Hold all claims until 14 days have passed. Even if the initial consult did not result in a transfer of care, the ITC codes are not separately payable if another service is performed within 14 days of the consult, including an evaluation and management (E/M) service or procedure/surgery.

Q. What written documentation and patient information are needed to file with insurers?

A. For codes 99446-99449, written documentation can include date of call; patient name, insurance information and date of birth; brief statement of the problem; pertinent physical exam findings reported by the requesting/treating physician/QHP; labs/X-ray findings; differential diagnosis (if applicable) and focused recommendations.

Documentation for codes 99451-99452 most likely will occur through each organization's EHR. Over time, code 99452 may be used for telephone and internet consults as well. Each institution may develop a template for the requesting/treating physician/QHP and the consulting physician for documentation and billing.

Note: Billing for interprofessional services is limited to practitioners who can independently bill Medicare for E/M services. Though the descriptors for codes 99446-99449 and 99451 only include "assessment and management service provided by a consultative physician," the text in the rule includes consultative QHPs, as long as the consulting QHP is eligible to independently bill Medicare for E/M services. CPT code 99452 applies to the treating/referring physician/QHP, and the rest of the codes apply to the consultative physician or QHP. Most importantly, the Centers for Medicare & Medicaid Services requires documentation of the patient's/family's verbal consent in the medical record for each interprofessional consultation service.

Dennis L. Murray, M.D., FAAP, contributed to this article.

Resources

- [For more information on the interprofessional telephone/internet consultation codes, see AAP News article](#)



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