



Subject: Payment for Interprofessional Consultation Codes (E-Consults)

Revision Date: 7/24

POLICY

Effective 1/1/2019 new CPT codes have been released that encourage collaboration and communication between primary care providers and specialists. OSU Health Plan considers these covered services when they meet the criteria listed below.

DEFINITIONS

Per CPT 2019: “An interprofessional telephone/internet consultation is an assessment and management service in which a patient’s treating (e.g., attending or primary) physician or 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 or QHP in the diagnosis and/or management of the patient’s problem without patient face-to-face contact with the consultant.”

The Inter-professional Internet Consultation CPT codes and descriptions are as follows:

99446: Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review

99447: Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review

99448: Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's

treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review

99449: Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review

99451: Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 or more minutes of medical consultative time

99452: Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified health care professional, 30 minutes

APPLICABILITY

Benefits will be based on the specialty of the billing provider.

POLICY GUIDELINES

For codes 99446-99449 and 99451:

- For codes 99446 through 99449 a verbal opinion and written report must be provided to the requesting physician.
- For 99451 only a written report is provided.
- Additional guidance:
 - Can be reported for new or established patients
 - Can be reported for a new or exacerbated problem
 - Reported only by a consultant when requested by another physician/QHP
 - Cannot be reported more than once per seven days for the same patient
 - Reported based on cumulative time spent, even if that time occurs on subsequent days

- 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
- 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 inter-professional consultation from the patient/family documented in the patient's medical record
- Services of less than five minutes will not be covered.

For code 99452:

- Reported by the physician/QHP who is treating the patient and requesting the non-face-to-face consult for medical advice or opinion
- Not reported for a transfer of care or a face-to-face consult
- 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
- Not reported on the same service date as other E/M service
- Not reported for communication with family with or without the patient present

RESOURCES

American Medical Association (AMA). (2023). CPT Assistant.