

INTERPROFESSIONAL CONSULTS



Recorded Jan. 2024

Really? Don't see the patient?

2



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Interprofessional consults

3

- Five codes for us by consulting physicians and other qualified health care professionals*
- One code may be used by physicians/NPs/PAs who are the treating clinician—more about that later

*Other qualified health care professionals in the E/M section = NPs and PAs with E/M in their scope of practice. CMS uses the term non-physician practitioners (NPPs)

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Consent

5

- Patient must give verbal consent per CMS
- Consulting physician not seeing the patient
- So, the requesting physician must obtain consent

“I’d like to have the neurologist look at your record and give you some advice. She doesn’t need to see you, but she’ll charge for a medical record consult. Is that alright with you?”

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99446

6

Code	Description	wRVU	Total non-facility RVUs	Total facility RVUs
99446	Interprofessional telephone/Internet/electronic health assessment and management service provided by a consultative physician or other qualified health care professional, including a <u>verbal and written</u> report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	0.35	.53	.53

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99447-99449

7

Code	Description	wRVU	Total non-facility RVUs	Total facility RVUs
99447	11-20 minutes of medical consultative discussion and review	0.70	1.08	1.08
99448	21-30 minutes of medical consultative discussion and review	1.05	1.60	1.60
99449	31 minutes or more of medical consultative discussion and review	1.40	2.13	2.13

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99451

8

Code	Description	wRVU	Total non-facility RVUs	Total facility RVUs
99451	Interprofessional telephone/Internet/electronic health assessment and management service provided by a consultative physician or other qualified health care professional including a <u>written</u> report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes of medical consultative discussion and review	0.70	1.04	1.04

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9

- A physician or other qualified health care professional may use these codes
- May be a new patient to the consultant, or an established patient with a new problem or exacerbation of existing problem
- Consultant may not have seen the patient in the the last 14 days
- If there is a face-to-face service in the next 14 days or next available appointment, may not bill the interprofessional consult codes

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10

- For 99446, 99447, 99448, 99449, greater than half of the time must be spent in “medical consultative verbal or internet discussion”
- Only 99451 may be billed if more than 50% in data review/analysis
- Do not report more than once in 7 days
- Requires verbal consent per CMS

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11

- Document time in the medical record
- Provide a verbal and written report (99451 written only required)
- May be provided in a facility or non-facility setting

“The written or verbal request for telephone/Internet/electronic health record advice.....should be documented in the medical record”

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99452 Treating clinician

12

Code	Description	wRVU	Total non-facility RVUs	Total facility RVUs
99452	Interprofessional telephone/Internet/electronic health assessment and management service (s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	0.70	1.01	1.01

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Treating physician requesting consult (99452)

13

- May be billed by physician, NP, PA
- 16-30 minutes
- May not be reported more than once in a 14 day period
- Low RVU value for up to 30 minutes of time! Undervalues primary care work

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14

- Consider these codes when physically seeing and examining the patient is not required
- Ask the requesting clinician to obtain verbal consent, or have your office call the patient

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Pitfalls for codes 99446—99449, 99451

15

- Is consent documented?
- Is the request documented?
- Is there a written and verbal report? (99451 requires written only)
- Is time documented?

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Thank you



16

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