INTERPROFESSIONAL CONSULTS
Really? Don’t see the patient?

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Interprofessional consults

- Five codes for us by physicians

- One code may be used by physicians/NPs/PAs who are the treating clinician—more about that later

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Consent

- Patient must give verbal consent
- Consulting physician not seeing the patient
- 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?”
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>wRVU</th>
<th>National non-facility fee</th>
<th>National facility fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>99446</td>
<td>Interprofessional telephone/Internet/electronic health assessment and management service provided by a consultative physician, including a <strong>verbal and written</strong> report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review</td>
<td>0.35</td>
<td>$18.41</td>
<td>$18.41</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>wRVU</td>
<td>National non-facility fee</td>
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</tr>
<tr>
<td>99447</td>
<td>11-20 minutes of medical consultative discussion and review</td>
<td>0.70</td>
<td>$37.17</td>
<td>$37.17</td>
</tr>
<tr>
<td>99448</td>
<td>21-30 minutes of medical consultative discussion and review</td>
<td>1.05</td>
<td>$55.58</td>
<td>$55.58</td>
</tr>
<tr>
<td>99449</td>
<td>31 minutes or more of medical consultative discussion and review</td>
<td>1.40</td>
<td>$73.98</td>
<td>$73.98</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>99451</td>
<td>Interprofessional telephone/Internet/electronic health 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 minutes of medical consultative discussion and review</td>
<td>0.70</td>
<td>$37.53</td>
<td>$37.53</td>
</tr>
</tbody>
</table>
Interprofessional consults

- Only a physician may provide the services described by these five codes
- New or established patient to the consultant, new or established problem
- Consultant may not have seen the patient in the last 14 days
- If there is a face-to-face service in the next 14 days, may not bill the interprofessional consult codes
Interprofessional consults

• For 99446, 99447, 99448, 99449, greater than half of the time must be spent in “medical consultative verbal or internet discussion”

• 99451 may be billed if more than 50% in data review/analysis

• Do not report more than once in 7 days

• Requires verbal consent
Interprofessional consults

- 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
## 99452 Treating clinician

<table>
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<th>National facility fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>99452</td>
<td>Interprofessional telephone/Internet/electronic health assessment and management service (s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes</td>
<td>0.70</td>
<td>$37.53</td>
<td>$37.53</td>
</tr>
</tbody>
</table>
Treating physician requesting consult (99452)

- 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
- Consider the non-face-to-face prolonged care codes 99358, +99359
Interprofessional consults

- 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
- Another option available before the pandemic, but perhaps especially helpful during the pandemic
Thank you

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