

Interprofessional Telephone, Internet, or EHR Consultations

Verbal Opinion & Written Report		Consultative Provider to Provider Communications on Patient Treatment	
Who Can Bill?	CPT Code	Time	Documentation Criteria
<p>Consultative Physician</p> <p>Billing for their medical consultative discussion and review of the patient's records and/or reports.</p> <p>Requested by a patient's treating physician or other qualified health care provider (QHCP).</p>	99446	5-10 minutes	<ul style="list-style-type: none"> Greater than 50% of the services must be devoted to the medical consultative verbal or internet discussion* with the treating/requesting physician or other QHCP Document total time Includes review of medical records, lab and/or imaging studies, medication profile, path specimens, etc. (not reported separately) Never report more than once in a 7-day interval If more than one contact is required to complete the consultation request, the entirety of the service and the cumulative discussion and information review should be reported with a single code The service concludes with a verbal opinion <u>and</u> a written report by the consultative physician <u>to the treating/requesting physician or QHCP</u>
	99447	11-20 minutes	
	99448	21-30 minutes	
	99449	31 minutes or more	
<p><i>*If greater than 50% of the time for the service is devoted to data review and/or analysis, the service should <u>not</u> be reported</i></p>			

Written Report Only		Consultative Provider to Provider Communications on Patient Treatment	
Who Can Bill?	CPT Code	Documentation Criteria	
<p>Consultative Physician</p> <p>Billing for their written assessment and management service (no face-to-face with the patient) provided to the patient's treating physician or other QHCP.</p>	99451	<ul style="list-style-type: none"> No differentiation of new vs established codes The consultative physician should not have seen the patient within the last 14 days 5 minutes or more of medical consultative time (less than 5 minutes is not billable) May <u>not</u> report with prolonged service 99358 or 99359 (non-face-to-face prolonged care) The service concludes with only a <u>written report</u> to the patient's treating/requesting physician or other qualified healthcare professional (QHCP) If the consultative service leads to a transfer of care (or other face-to-face service) within the next 14 days (or next available appointment date), this service is not to be reported (there must be no intent to arrange a face-to-face visit) Never report more than once in a 7-day interval 	

Referral Service for Treating Provider Request for Consultative Service

Who Can Bill?	CPT Code	Documentation Criteria
<p>Treating/Requesting Physician or QHCP</p> <p>Billing for their time spent preparing for the referral to the consulting physician and/or communicating with the consultant</p>	<p>99452</p>	<ul style="list-style-type: none"> • Written or verbal request for advice by the treating/requesting physician or other QHCP • 16-30 minutes of service for time spent preparing for the referral and/or communicating with the consultant • Do not report 99452 more than once in a 14-day period • May report prolonged services (99354-99357/with direct patient contact) if: <ul style="list-style-type: none"> ➤ the time exceeds 30 minutes beyond the reportable maximum of 30 minutes for 99452 ➤ additional time is used in discussion with the consultant (specialist) ➤ the patient is present (on site) and accessible to the treating/requesting physician or other QHCP • May report prolonged services (99358, 99359/non-face-to-face) only if: <ul style="list-style-type: none"> ➤ the time exceeds 30 minutes beyond the reportable maximum of 30 minutes for 99452 the patient is not present (on site)