



**Subject: Interprofessional Internet Consultation Codes**

**Effective Date: 1/2019**

## **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 Interprofessional 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:** Same as 99446, but **11-20 minutes** of medical consultative discussion and review

**99448:** Same as 99446, but **21-30 minutes** of medical consultative discussion and review

**99449:** Same as 99446, but **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**

## **COVERAGE**

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

### **For codes 99446-99449 and 99451:**

These services are only covered when requested by another physician or qualified health professional.

The patient cannot have seen the consultant in the prior 14 days and, if a transfer of care is necessitated within 14 days, the above codes will not be covered.

Services of less than five minutes will not be covered.

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.

### **For code 99452:**

This service is not intended for transfer of care or face-to-face consult and requires a minimum of 16 minutes of time to be reported.

This service will not be covered if billed more than once in 14 days per patient.

There is a minimum 16 minutes of time required to report this code.