

GET REIMBURSED FOR CURBSIDE CONSULT

How to code for interprofessional telephone/internet/electronic health record consultations

DEFINITION

Non-face-to-face codes for consultation between health care professionals.

TIME

A minimum of five minutes is required to bill for 99451 in conjunction with a written response. 99446–99449 are time-based codes and a majority of service time reported (>50%) must be devoted to consultative verbal or internet discussion and NOT review of data and/or analysis per Current Procedural Terminology®* (CPT) 2022.

REQUIREMENTS

- May be used with new or established patient of the consultant.
- Consent of the patient is required to bill codes, and usually is obtained by the requesting provider who has contact with the patient.
- Written or verbal request of the consultation from the treating provider, along with reason/rationale for request, is required.

LIMITATIONS

Codes do not apply if the patient is seen for a face-to-face encounter 14 days before or after consultation. Codes cannot be used for arranging transfer of care or face-to-face services.

What Counts as Time?

Eligible time includes time spent:

- Reviewing the request
- Reviewing the patient's chart
- Determining a response
- Sending or providing a response
- Completing appropriate documentation

If one provides a verbal report to the requesting health care professional by phone, the time duration of the phone call is also counted.

Tips for Success

- Implement workflows that ensure required information (e.g., insurance, consent, etc.) is captured when receiving a request.
- Leverage these codes especially within and between organizations that share electronic health record (EHR) systems.
- Offer these additional neurologic services to an active referral base, even without shared EHR systems, with proper planning.

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Specialist Codes 99446–99449

Definition	Interprofessional telephone/internet/EHR assessment and management service provided by consultative physician, including verbal and written report to patient's treating/requesting physician or other qualified health care professional (CPT 2022)
Time Spent	<50% Reviewing medical records information >50% Medical consultative verbal or internet discussions

Code	2022 Physician Work RVU	Time (minutes)	Verbal Report	Written Report
99446	0.35	5–10	Yes	Yes
99447	0.70	11–20	Yes	Yes
99448	1.05	21–30	Yes	Yes
99449	1.40	31+	Yes	Yes

Specialist Code 99451

Definition	Interprofessional telephone/internet/EHR assessment and management service provided by a consultative physician, including a written report to patient's treating/requesting physician or other qualified health care professional, five minutes or more of medical consultative time (CPT 2022)
Time Spent	<50% Reviewing medical records information >50% Medical consultative verbal or internet discussions

Code	2022 Physician Work RVU	Time (minutes)	Verbal Report	Written Report
99451	0.70	5	No	Yes

Requesting Clinician Code 99452

Definition	Interprofessional telephone/Internet/EHR referral service(s) provided by a treating/requesting physician or other qualified health care professional; 30 minutes (CPT 2022)
Time Spent	Preparing for the consult or communicating with the consultant

Code	2022 Physician Work RVU	Time (minutes)	Verbal Report	Written Report
99452	0.70	30	N/A	N/A

Case study examples

EXAMPLE 1

REQUEST: NEUROLOGIST RECEIVES AN ELECTRONIC HEALTH RECORD CONSULT WITH A QUESTION REGARDING ESSENTIAL TREMOR AS FOLLOWS:

Patient has essential tremor with axial symptoms (head tremor) and does not want to be on clonazepam (prescribed 0.5mg at bedtime) any longer. What are other ideal options for elderly?

DOCUMENTED RESPONSE:

Options that may be considered for essential tremor:

- Propranolol
- Primidone

Options with less evidence for efficacy but may still be considered:

- Topiramate
- Gabapentin

These therapies should work for axial symptoms as well as appendicular symptoms. Start at low doses and titrate to desired effect as tolerated. If control is difficult, please feel free to refer to neurology.

*Time spent on this electronic health record consult:
5–10 minutes*

The recommendations provided in this electronic health record consult are based on the clinical data available to me at the time and are furnished without the benefit of a comprehensive in-person evaluation of the patient. Any new clinical issues or changes in patient status since the filing of this electronic health record consult response will need to be taken into account when assessing these recommendations. Please contact me if you have further questions.

Comment

The request came through an electronic health record which had a template which emphasized the need for a question to be posed. Some templates or requests can include information assuring the receiving neurologist that patient consent was obtained.

Coding

1. Can use 99451 given >5 minutes of response time (0.7 wRVU). Although 99446 could be used, the neurologist must have spent >50% time in discussing the response with the requestor and would be 0.35 wRVU.
2. A response template was used to provide a documented written response and documentation of time provided.
3. The response template included a disclaimer at the bottom of the documented response approved by local compliance office for the practice.

EXAMPLE 2

REQUEST: NEUROLOGIST RECEIVES AN ELECTRONIC HEALTH RECORD CONSULT WITH A QUESTION REGARDING SEIZURE AS FOLLOWS:

Patient is 50 years old with severe developmental delay (remains dependent for all activities of daily living; does not drive). She had two seizure-like episodes as a child with no further seizure episodes. She was advised by her pediatric neurologist that she could discontinue the carbamazepine when she was 12 years old. Because of concern of possible seizure, it was decided to keep her on that medication ever since. Her family would now like to minimize medications as much as possible. How fast can carbamazepine be discontinued or tapered? Should rectal diazepam be provided in case of breakthrough seizure? Any other recommendations?

The most current assessment of this problem can be found in my EHR note(s) dated on or around 5/28/2022.

DOCUMENTED RESPONSE:

Upon review, I believe this clinical question is too complex for a non-face-to-face consult. Please order a formal referral for this patient. Thank you.

Comment

1. The requesting template prompted for a category of disorder (e.g., seizure). This is sometimes helpful with electronic health record consults that may be responded to by various subspecialty groups within neurology.
 - a. Consider AAN-approved *ACP Pertinent Data Sets* as a starting point to design templates for neurologic disorder categories.
2. The template also prompted for a location of most relevant notes from the referring clinician.

Coding

1. There is no response, so no charge can be submitted for reimbursement.
2. If a written response with medical advice was provided and included the same recommendation for a neurology referral, since the electronic health record consult was used to arrange a follow-up visit within 14 days of the response—one would not be able to bill for the electronic health record consult response.

EXAMPLE 3

REQUEST: NEUROLOGIST RECEIVES AN ELECTRONIC HEALTH RECORD CONSULT WITH A QUESTION REGARDING TRIGEMINAL NEURALGIA AS FOLLOWS:

Patient with trigeminal neuralgia who has been treated for trigeminal neuralgia for many years with carbamazepine at unchanged doses. Has had essential tremor untreated for years and is now getting worse; was diagnosed and treated by a previous neurologist, but is transferring care here. What medications would be reasonable to use.

Recent imaging results: <MRI report results provided within EHR>

Recent relevant labs: carbamazepine level, thyroid function tests, and liver function tests <results provided within EHR>

DOCUMENTED RESPONSE:

Since carbamazepine level is low normal and other labs are normal, there is no need to change carbamazepine as long as trigeminal neuralgia itself is under control.

Can consider propranolol or primidone as first line options for essential tremor.

*Time spent on this electronic health record consult:
11–16 minutes*

The recommendations provided in this electronic health record consult are based on the clinical data available to me at the time and are furnished without the benefit of a comprehensive in-person evaluation of the patient. Any new clinical issues or changes in patient status since the filing of this electronic health record consult response will need to be taken into account when assessing these recommendations. Please contact me if you have further questions.

Comment

1. Templates can guide requesting providers to include results of recent studies or auto-pull in relevant studies. The template also prompted for a location of most relevant notes from the referring clinician.
2. Templates should be thoughtfully designed with requesting providers in mind to ensure they can provide the relevant information while avoiding perception of excess burden for asking the non-face-to-face consult.

Coding

1. Can use 99451 given 11–16 minutes of response time (0.7 wRVU).
2. If the neurologist spent >50% of the 1–16 minutes of response time in consultation or internet discussions, then 99447 could be used (0.7 wRVU).