New Codes for Interprofessional Internet Consults:

- **Consultant Codes**
  - **99446**: Interprofessional telephone/Internet assessment; 5-10 minutes of medical consultative discussion and review
  - **99447**: Interprofessional telephone/Internet assessment; 11-20 minutes of medical consultative discussion and review
  - **99448**: Interprofessional telephone/Internet assessment; 21-30 minutes of medical consultative discussion and review
  - **99449**: Interprofessional telephone/Internet assessment; 31 minutes or more of medical consultative discussion and review
  - **99451**: Interprofessional telephone/Internet/electronic health record assessment, 5 or more minutes of medical consultative time

- **Referring Clinician Code**:
  - **99452**: Interprofessional telephone/Internet/electronic health record referral provided by a treating/requesting clinician, 30 minutes

- Payable effective Jan. 1, 2019
- Meant to improve access & reflect changing practice & technology

**Consultant’s Report & EHR Requirements**:

- Consultant must issue a written report — can be their consult note
- See VUMC HIM policies for required note content in consult reports
- HIPAA-compliant secure communication

**Consent**:

- Treating clinician must obtain patient consent prior to the consult
- Required for each billing instance (can be written or verbal)
- Consent documented in the EHR

**Other Billing Requirements**:

- Time-based coding rules apply.
  - Both referring and consulting clinicians must document personal time in minutes in the encounter note
  - Does not include staff or resident/fellow time
  - Referring clinician must spend at least 15 minutes before billable
- Service can’t be shared between MDs and NPs
- No frequency limitation, will monitor utilization