

VUMC COMPLIANCE OFFICE
2019 MPFS FINAL RULE BRIEFING: INTERPROFESSIONAL INTERNET CONSULTS
November 2018

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