

Managing patients sometimes requires consultation from specialty providers. The time spent by the Requesting Provider and the Consultant is valuable and helps create the right care management plan for the patient. It's also a billable Medicare service.

E-Consult Requirements:

- Requestor services (**99452**) may be billed by physicians, non-physician providers (NPP), and qualified healthcare professionals (QHP) who are eligible to bill E/M services
- Consultant services may only be billed by physicians; NPP and QHP are not eligible to report these services
- Patient consent for each consultation must be documented in the chart
- Consults may not be used by providers in the same specialty (e.g. cardiologist to cardiologist)
- E-Consults cannot be used for services that require a face-to-face exam (e.g. pre-op)
- Rural Health Centers and Federally Qualified Health Centers may not separately bill these services
- May be reported by the consultant for new or established patients
- There are no face-to-face requirements for these services
- Both Requesting Providers and Consultants must report the appropriate codes to be reimbursed for the service
- The service period is 14 days

Requesting and Documenting Consultation

Initiating a request for consultation may occur via telephone, internet or electronic health record (EHR)

At least 15 minutes of time must be spent by the Requesting Provider

- Time is cumulative over 14 day service period
- Discussion or information-sharing with the consultant may be counted towards time

The Requesting Provider should document:

- Patient consent
- Time spent on initial communication with the Consulting Provider
- Time spent on subsequent communication with the Consulting Provider

99446 - Consultative Discussion & Review, 5-10 min

99447 - Consultative Discussion & Review, 11-20 min

99448 - Consultative Discussion & Review, 21-30 min

99449 - Consultative Discussion & Review, 31 or more min

99451 - Written Consultative Report, 5 or more min

99452 - Consultative Request, 30 min

Did you know?

E-Consults may be termed "Internet Consults" or Interprofessional Internet Consultations

Providing and Documenting Consults

Consulting physicians should review the relevant medical records, discuss with the Requesting Provider, and provide a report of recommendations to the Requesting Provider.

E-Consults are a time-based service, and the appropriate time-based code should be selected by the Consultant.

All E-consults must include a discussion and written report by the Consultant physician, except **99451**, which includes only a written report.

More than 50% of Consultant time must be spent in verbal or Internet communication, except **99451**, where more than 50% of the time may be data review.

Consultant physicians must maintain the patient record by documenting:

- Request or initial contact from the Requesting Provider
- The topic of the request
- A summary of the recommendations and time spent

Billing Tips

- Requestor services cannot be billed the same day as a face-to-face E/M visit or if the Consultant has seen the patient for a face-to-face service in the 14 days to the consultant request
- E-Consults may not be billed if the patient has been seen by the Consultant in the past 14 days, or if a transfer of care to the Consultant is expected in the next 14 days
- Do not report Consultant codes more than once in a 7 day period

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