Interprofessional Consultation[1] Billing Reference Sheet

99446 – 99449: Interprofessional consultation services provided by consulting provider, 5 – 31 minutes+	Check
Minimum time of service spent as defined by codes below: • 99446: 5-10 minutes • 99447: 11-20 minutes • 99448: 21-30 minutes • 99449: 31+ minutes	
Request/reason documented	
No face-to-face encounter with consultant in past 14 days	
No face-to-face follow-up (e.g., surgery, hospital visit, office visit) within the next 14 days	
Code not reported more than once in a 7-day period	
Greater than 50% spent in verbal or internet discussion, not data review and/or analysis. Do not report these codes if greater than 50% of consultant time is spent in data analysis	
Verbal & written report required	
Patient consent documented	

99451: Interprofessional consultation services provided by consulting provider, at least 5 minutes	Check
At least 5 minutes of service or more	
Request/reason documented	
No face-to-face encounter with consultant in past 14 days	
No face-to-face follow-up (e.g., surgery, hospital visit, office visit) within the next 14 days	
Code not reported more than once in a 7-day period	
Time based on total review and interprofessional communication time	
Written report required	
Patient consent documented	

99452: Interprofessional consultation services provided by treating/requesting provider, 16– 30 minutes	Check
At least 16-30 minutes of service	
Request/reason documented	
No face-to-face encounter with consultant in past 14 days	
No face-to-face follow-up (e.g., surgery, hospital visit, office visit) within the next 14 days	
Code not reported more than once in a 14-day period	
Time based on total review and interprofessional communication time	
Patient consent documented	

[1]Note: The CPT® codes 99446-99449, 99451, and 99452 are designed for use by providers who can independently bill for evaluation & management (E/M) services, including physicians and qualified health practitioners such as physician assistants and nurse practitioners.