

GUIDELINES AND
CODE
COMPONENTS
JANUARY 2019

COMMUNICATIONS- BASED SERVICES

COMMUNICATIONS-BASED SERVICES WHY DO WE REPORT IT?

The overall purpose for communications-based services is to allow doctors and NPPs to get paid for work that is currently bundled into E&M services.

COMMUNICATIONS-BASED SERVICES

WHAT TYPES OF COMMUNICATIONS ARE COVERED?

- ❖ Interprofessional consultations that do not include a face-to-face encounter with the patient
 - ❖ With a written report to the patient's treating/requesting physician
 - ❖ Not including a written report
 - ❖ Written report only
- ❖ Evaluations of established patients that do not include a face-to-face encounter intended to determine whether a patient needs to come in for a visit
 - ❖ Telephone discussion
 - ❖ Evaluation of video/picture with discussion

COMMUNICATIONS-BASED SERVICES

WHAT ARE THE CODES FOR INTERPROFESSIONAL CONSULTATIONS?

Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional:

99446: 5-10 minutes of medical consultative discussion and review

99447: 11-20 minutes of medical consultative discussion and review

99448: 21-30 minutes of medical consultative discussion and review

99449: 31 minutes or more of medical consultative discussion and review

COMMUNICATIONS-BASED SERVICES

WHAT ARE THE CODES FOR INTERPROFESSIONAL CONSULTATIONS?

99451: Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician including a ~~verbal~~ and written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time

99452: Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes

COMMUNICATIONS-BASED SERVICES

WHAT ARE THE CODES FOR NON FACE-TO-FACE EVALUATIONS?

G2010: Remote evaluation of recorded video and/or images submitted by an established patient, including interpretation with follow-up with the patient within 24 business hours, not originating from a related E&M provided within the previous 7 days or leading to an E&M within the next 24 hours or soonest available appointment

G2012: Brief communication technology-based service, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E&M service provided within the previous 7 days or leading to an E&M or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion

COMMUNICATIONS-BASED SERVICES WHAT NEEDS TO BE DOCUMENTED?

Minimum Documentation Needed for Interprofessional Consultations:

- Request and reason for opinion/treatment advice
- Time spent on the service – and more than 50% must be devoted to the verbal or internet discussion
- Written report to the requesting provider – including medical decision making components and treatment recommendations
- Consent (!)

COMMUNICATIONS-BASED SERVICES WHAT NEEDS TO BE DOCUMENTED?

Minimum Documentation Needed for Non Face-to-Face Evaluations:

- G2010:
 - Picture or video stored in EHR with date of receipt
 - Date/time (w/in 24 bus hrs) of discussion with content and recommendations
- G2012:
 - Initiator of service and date/time of discussion with content and recommendations
 - Length of discussion (min of 5 min)
- Both: **Consent**

Who can bill for these services?

What if the consultant sees the patient in follow up two weeks later?

Can the requesting physician be compensated for the consultation?

What if the consultant provides a report, but there's no discussion?

COMMUNICATIONS-BASED SERVICES BILLING CONSIDERATIONS

Who can bill for
these services?

The physician or
non-physician
practitioner

COMMUNICATIONS-BASED SERVICES
BILLING CONSIDERATIONS

What if the consultant sees the patient in follow up two weeks later?

The consultant has seen the patient within the last OR next 14 days, these services are not separately reportable

COMMUNICATIONS-BASED SERVICES
BILLING CONSIDERATIONS

Can the requesting (treating) physician be compensated at all for the consult?

CPT 99452 is for 16 to 30 minutes of the requesting/treating physician's time preparing for or communicating during the consultation

COMMUNICATIONS-BASED SERVICES
BILLING CONSIDERATIONS

What if the consultant reviews the records and provides written recommendations, but there's no discussion?

CPT 99451 is for a written report only to the requesting physician (5 minutes or more)

COMMUNICATIONS-BASED SERVICES
BILLING CONSIDERATIONS

Who can bill for these services?

What if the patient is advised to watch for certain symptoms and comes in a week later?

What if the picture is reviewed and the MA calls the patient back?

What if the patient is seen on Monday for wrist sprain but calls on Friday for headache?

NON FACE-TO-FACE EVALUATIONS
BILLING CONSIDERATIONS

Who can bill for
these services?

The physician or
non-physician
practitioner

NON FACE-TO-FACE EVALUATIONS
BILLING CONSIDERATIONS

What if the patient is advised to watch for certain symptoms and comes in a week later?

G2012 can not be billed if related to an E&M within the previous 7 days or if told to come in for the next available appointment or appointment within 24 hours

NON FACE-TO-FACE EVALUATIONS
BILLING CONSIDERATIONS

What if the doctor reviews the picture and asks the MA to call the patient back?

This service requires the physician or NPP to contact the patient, either via telephone, portal or other secure messaging

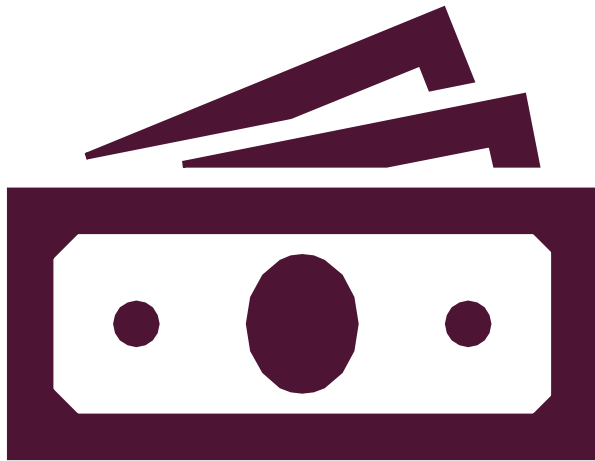
NON FACE-TO-FACE EVALUATIONS
BILLING CONSIDERATIONS

What if the patient is seen on Monday but calls on Friday with a new headache?

This could be separately reportable because it is not related to the E&M that took place

NON FACE-TO-FACE EVALUATIONS
BILLING CONSIDERATIONS

COMMUNICATIONS-BASED SERVICES WHAT ARE THE MEDICARE ALLOWABLE AMOUNTS?



- 99446 → \$19.39
- 99447 → \$38.39
- 99448 → \$57.78
- 99449 → \$76.77
- 99451 → \$39.64
- 99452 → \$39.64
- G2010 → \$13.49
- G2012 → \$15.71

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Compliance Department

