

Dermatology Coding Alert

CPT® 2014: 99446-99449: New E/M Codes Capture Doc Discussions

Make sure to include a written report.

Who knows if Medicare will pay, but you should be able to bill some payers for your dermatologist's interprofessional consultation services beginning Jan. 1, 2014.

That's because CPT® 2014 introduces four new codes that describe the work of two medical professionals who discuss a patient's condition via phone or Internet, as follows:

- 99446 □ Interprofessional telephone/Internet 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; 5-10 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.

These codes make sense as more and more health plans allow for communication between physicians and patients via the internet. "Codes 99446-99449 appear to be in recognition of these situations. It affords the physician the ability to forward patient information (securely) to another physician for opinion and insight without having the patient come to all the different appointments," says **Suzan Berman, MPM, CPC, CEMC, CEDC**, manager of physician compliance auditing for West Penn Allegheny Health Systems, Pittsburgh, Pa.

Check Who Reports and How

"These new codes are intended to be used only by the consultant physician," notes **Kent Moore**, senior manager for physician payment at the **American Academy of Family Physicians**. "The patient's treating physician, which is typically the attending or primary care physician, who is seeking the consultant's opinion or advice with respect to diagnosis and/or management of the patient will not be able to use these codes for his or her portion of the conversation," Moore adds.

"The physicians will want to know if the codes are something they might be able to utilize," says **Chandra L. Hines**, practice supervisor of **Wake Specialty Physicians** in Raleigh, N.C. And it looks like the answer is "yes" when a primary care physician consults with a general surgeon in your practice, because the surgeon is the "consultant."

Write report: These new codes are effectively "consultations," which means you must provide a written report to the requesting physician to qualify for the code. You'll see that requirement right in the code definitions, which state "including a verbal and written report."

Tick tock: Time distinguishes the four codes. "I am a bit curious about why they are broken into time and how that time will be measured (reading, discussing, interpreting, further research, etc.). How will the time be documented?" Berman asks. For any time-based codes, it would be expected that documentation includes the time component.

Watch for Payment

Medicare stopped paying for consultations in 2010, and much discussion followed about CPT® eventually eliminating

consultation codes. But here we are with four new consultation codes in 2014. Now the question becomes whether Medicare will recognize these codes.