

How to Effectively Utilize Consultation Codes: 2023 Updates

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PRACTICE POINTS

- Updates to the inpatient and outpatient consultation codes went into effect January 1, 2023.
- For inpatient and outpatient consultation codes, level of service is now solely based on either time on the date of encounter or medical decision-making.
- Interprofessional consultation codes can be utilized when assisting in the diagnosis and/or management of a patient without face-to-face contact.

Consultation codes can be utilized by dermatologists in both the inpatient and outpatient setting. Updates to the inpatient and outpatient consultation code families went into effect January 1, 2023. Similar to the outpatient evaluation and management (E/M) codes, level of service is now determined solely based on either time on the date of the encounter or medical decision-making. Additionally, interprofessional consultation codes are time-based codes that can be utilized when assisting in the diagnosis and/or management of a patient without face-to-face contact.

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Consultations and referrals are an important component of many dermatology practices. There are several families of consultation codes that can be

utilized based on the setting and format of the patient encounter. In this article, I describe appropriate use of 3 families of consultation codes and recent updates in these areas.

Consultation Definitions

For all of these code sets, the same definition of *consultation* applies—namely that the encounter is provided at the request of another physician, other qualified health care professional, or other appropriate source (eg, nonclinical social worker, educator, lawyer, insurance company) for a specific condition or problem. Importantly, a consultation initiated by a patient or family, or both, and not requested by one of the professionals listed above is not reported using a consultation code.¹

The consultant's opinion and any services that were ordered or performed also must be communicated to the requesting provider. The type of communication required varies based on the consultation code set in question.

Outpatient Consultation Codes

Outpatient consultation CPT (*Current Procedural Terminology*) codes (99241-99245) are a family of codes that can be utilized for evaluation of a new patient or an existing patient with a new problem in the outpatient setting. These codes are not reimbursed by the Centers for Medicare & Medicaid Services, but some private payers do recognize and reimburse for them.²

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The consultant's opinion and any services that were ordered or performed must be communicated by written report to the requesting physician, other qualified health care professional, or other appropriate source. If a consultation is mandated (eg, by a third-party payer), then modifier -32 also should be reported.¹ Modifier -32 should not be used for a second request by a patient or a patient's family.¹

This family of codes has been revised in tandem with other evaluation and management (E/M) code sets; changes went into effect January 1, 2023. These updates are part of the ongoing effort to update code wording and structures to reflect guiding principles of the American Medical Association when redesigning E/M codes. These principles include decreasing administrative burden and the need for audits, decreasing unnecessary documentation that is not needed for patient care, and ensuring that payment for E/M is resource based.³ Updated code language and payment structure is found in Table 1.^{1,2} The main updates to these codes include:

- Code 99241 was deleted. This was in line with removal of 99201 from the outpatient E/M family set.
- Level of service is now based solely on either time on the date of encounter or medical decision-making.
- Definitions regarding medical decision-making are in line with those utilized for outpatient E/M codes.
- If coding by time and the maximum amount of time has been exceeded by 15 or more minutes, prolonged services code 99417 can be utilized.

Inpatient Consultation Codes

Similar to the outpatient consultation codes, the inpatient consultation codes also have been revised as part of E/M updates; revisions went into effect January 1, 2023.

Also, as with the outpatient consultation codes, the consultant's opinion and any services that were ordered or performed must be communicated by written report to the requesting physician, other qualified health care professional, or other appropriate source. If a consultation is mandated (eg, by a third-party payer), then modifier -32 also should be reported.¹

When inpatient consultations are performed, 2 code families generally are utilized. For initial consultation, initial inpatient consultation codes (99251-99255) are used; for any follow-up encounters performed while the patient is an inpatient, subsequent inpatient consultation codes (99231-99233) are used. The subsequent code family is the same that is utilized for all subsequent care within the inpatient or observation care setting, regardless of how the care was initiated.¹

"Initial service" is when the patient has not received any professional services from either the physician or other qualified health care professional or from another physician or other qualified health care professional of *the exact same specialty and subspecialty* who belongs to the same group practice during the inpatient, observation, or nursing facility admission and stay. "Subsequent service" is when the patient has received professional service(s) from either the physician or other qualified health care professional or from another physician or other qualified health care professional.¹ Updated code language and payment structure is found in Table 2.^{1,2} Major changes include:

- Code 99251 was deleted. This is in line with deletion of a new low-level patient encounter in the outpatient E/M family set and consultation code family set, as noted above.
- Level of service is now based solely on either time on the date of encounter or medical decision-making.

TABLE 1. Updated Outpatient Consultation Codes^{1,2}

| CPT Code | Descriptor | 2023 wRVU |
|--------------------|--|-----------|
| 99242 ^a | Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision-making; when using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded | 1.08 |
| 99243 | Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision-making; when using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded | 1.80 |
| 99244 | Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision-making; when using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded | 2.69 |
| 99245 | Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision-making; when using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded | 3.75 |

Abbreviations: CPT, Current Procedural Terminology; wRVU, work relative value unit.

^a99241 has been deleted. To report, use 99242.

- Definitions regarding medical decision-making are in line with those utilized for outpatient E/M codes.
- If coding by time and the maximum amount of time has been exceeded by 15 or more minutes, prolonged services code 993X0 can be utilized.

Interprofessional Consultation Codes

An additional code family that can be utilized for consultations is the interprofessional consultation codes. These codes can be utilized when assisting in the diagnosis or management, or both, of a patient without face-to-face contact. These codes are listed in Table 3.^{2,4} For all of these codes, the consultation is performed by telephone,

internet or electronic health record, or a combination of these means. The consultation can be for a new problem or a worsening existing problem. The patient can be a new or established patient to the consultant. Documentation should be performed in the patient’s medical record, including the reason for the request.

To bill for interprofessional consultation, the consultant should not have seen the patient in a face-to-face encounter within the prior 14 days or see them in the following 14 days. The codes should not be reported more than once in a 7-day period or more than once in a 14-day period in the case of code 99452.⁴ For codes 99446 to 99449, more than 50% of the time spent by

TABLE 2. Updated Inpatient Consultation Codes^{1,2}

| CPT Code | Descriptor | 2023 wRVU |
|-----------------------------|--|------------------|
| Initial Consultation | | |
| 99252 ^a | Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision-making; when using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded | 1.50 |
| 99253 | Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision-making; when using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded | 2.00 |
| 99254 | Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision-making; when using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded | 2.72 |
| 99255 | Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision-making; when using total time on the date of the encounter for code selection, 80 minutes must be met or exceeded | 3.86 |
| Subsequent Visit | | |
| 99231 | Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision-making; when using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded | 1.00 |
| 99232 | Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision-making; when using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded | 1.59 |
| 99233 | Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision-making; when using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded | 2.40 |

Abbreviations: CPT, Current Procedural Terminology; wRVU, work relative value unit.

^a99251 has been deleted. To report, use 99252.

TABLE 3. Interprofessional Consultation Codes^{2,4}

| CPT Code | Descriptor | 2023 wRVU |
|----------|---|-----------|
| 99446 | Interprofessional telephone/internet/electronic health 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 | 0.35 |
| 99447 | 11–20 minutes of medical consultative discussion and review | 0.70 |
| 99448 | 21–30 minutes of medical consultative discussion and review | 1.05 |
| 99449 | 31 minutes or more of medical consultative discussion and review | 1.40 |
| 99451 | Interprofessional telephone/internet/electronic health assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional; 5 minutes of medical consultative discussion and review | 0.70 |
| 99452 | Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional; 16–30 minutes of medical consultative discussion and review | 0.70 |

Abbreviations: CPT, *Current Procedural Terminology*; wRVU, work relative value unit.

the consulting physician must be devoted to verbal or internet discussion, or both, with the referring physician. For code 99451, service time is based on total review and interprofessional communication time.⁴ The correct code is chosen based on the following parameters:

- 99446–99449: Describes interprofessional consultation services, which include both a written and a verbal report to the patient's treating or requesting physician or qualified health care professional. These codes can be utilized by a consulting physician. The correct code is chosen based on time spent by the consulting physician.

- 99451: Describes an interprofessional consultation service, which includes a written report to the patient's treating or requesting physician or qualified health care professional. This code can be utilized by a consulting physician once 5 minutes of consultative discussion and review has been performed.

- 99452: Describes an interprofessional consultation service provided by the requesting physician. This code can be utilized when a requesting physician spends 16 to 30 minutes in medical consultative discussion and review.

Final Thoughts

Consultation codes can be an important part of a dermatologist's practice. Differences exist between consultation code sets based on the encounter setting and whether the encounter was performed with or without face-to-face contact. In addition, updates to the E/M inpatient and outpatient consultation codes went into effect January 1, 2023. It is important to understand those changes to correctly bill for these encounters.

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