
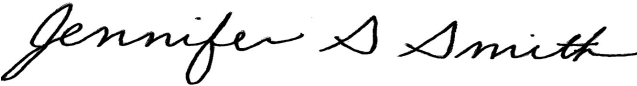


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| ISSUE DATE December 27, 2023 | EFFECTIVE DATE January 1, 2024 | NUMBER 08-24-01, 09-24-01, 10-24-01, 14-24-01, 19-24-01, 27-24-01, 31-24-01, 33-24-01 |
| SUBJECT Interprofessional Consultation Services | | |
| BY  Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs | BY  Jennifer S. Smith, Deputy Secretary Office of Mental Health and Substance Abuse Services | |

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISE to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.dhs.pa.gov/providers/Providers/Pages/PROMISE-Enrollment.aspx>.

PURPOSE:

The purpose of this bulletin is to advise providers that the Department of Human Services (Department) is providing coverage and payment for interprofessional consultation services in the Medical Assistance (MA) Program, beginning January 1, 2024.

SCOPE:

This bulletin applies to MA enrolled independent medical/surgical clinics, physicians, certified nurse midwives, certified nurse practitioners, physician assistants, podiatrists, certain dentist specialties, and psychologists. Providers rendering services to beneficiaries in the managed care delivery system should address any coding or billing questions to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

On January 5, 2023, the Centers for Medicare & Medicaid Services (CMS) issued State Health Official (SHO) Letter #23-001 "Coverage and Payment of Interprofessional Consultation in Medicaid and the Children's Health Insurance Program." In this letter CMS issued guidance to allow for coverage and payment of interprofessional consultation services

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs Website at:

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx>

when the beneficiary is not present, and the consultation is for the direct benefit of the beneficiary. CMS's previous policy prohibited coverage and payment of provider-to-provider consultation as a distinct service.

Interprofessional consultations are encounters in which the beneficiary's treating physician or other qualified health care practitioner requests the opinion and/or treatment advice of a physician or other qualified health care practitioner with specific specialty expertise to assist the treating provider with the beneficiary's care without face-to-face contact between the consulting practitioner and the beneficiary.

In response to CMS's change in policy, the Department is providing coverage and payment for interprofessional consultation services in the MA Program. Allowing direct payments for interprofessional consultations between providers enrolled in the MA Program improves access to specialty care, supports patient-centered care, and maximizes the capacity of the existing workforce by supporting the focus of medical practice towards managing a beneficiary's chronic conditions. Services must be directly relevant to the beneficiary's diagnosis and treatment, and the consulting practitioner must have specialized expertise in the particular health concerns of the beneficiary. Interprofessional consultation services are intended to expand access to specialty care and foster interdisciplinary input on beneficiary care. They are not intended to be a replacement for direct specialty care when such care is clinically indicated.

PROCEDURE:

The MA Program will pay for interprofessional consultation services provided on behalf of a beneficiary between licensed and enrolled MA providers when clinically appropriate. Interprofessional consultations occur between an initiating treating provider and a consulting provider to benefit the treatment of the beneficiary but without the beneficiary present. Providers are to obtain consent from the beneficiary or the beneficiary's legal guardian prior to rendering interprofessional consultation services on behalf of the beneficiary receiving services.

Procedure Codes Being Added

The Department is adding the following procedure codes to the MA Program Fee Schedule for interprofessional consultation services:

| Procedure Code | Description | MA Fee |
|-----------------------|---|---------------|
| 99446 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care | \$14.01 |

| | | |
|-------|--|---------|
| | professional, 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 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review | \$27.78 |
| 99448 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review | \$42.30 |
| 99449 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review | \$42.30 |
| 99451 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative discussion and review | \$42.30 |
| 99452 | Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/ requesting physician or other qualified health care professional, 30 minutes | \$26.03 |

NOTE: Provider type 10, specialty 100 (physician assistant) is included because physician assistants can be listed as the rendering provider pursuant to MA Bulletin 01-22-05, 08-22-05, 09-22-04, 10-22-01, 31-22-05, entitled "Billing Procedure Update for Certified Registered Nurse Practitioners and Physician Assistants."

<https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/MAB2022010701.pdf>.

Attached is the “MA Program Fee Schedule Updates for Interprofessional Consultation Services, Effective January 1, 2024.” The attachment identifies the procedure code, national code description, provider type, provider specialty, place of service (POS), effective date, pricing and/or informational modifiers if applicable, and MA fee for the procedure code for providers submitting MA Fee-For-Service (FFS) claims.

Billing Instructions

The treating provider enrolled in the MA Program who participates in an interprofessional consultation performed at the same time as an office visit is to bill using office visit procedure codes. The treating provider is to bill using procedure code 99452 when participating in a medical consultative discussion outside of an evaluation and management service, which can only be billed once every 14 days.

Consulting providers enrolled in the MA Program are to bill using procedure codes 99446, 99447, 99448, 99449, and 99451 when participating in a medical consultative discussion as the consulting provider. Consulting providers are not to bill for interprofessional consultation services if they have seen the beneficiary in the previous 14 days or if they plan to see the beneficiary in the next 14 days.

Providers who participate in an interprofessional consultation should bill with the POS codes identified in the attachment. Providers should not bill with POS 02 (telehealth provided other than in patient’s home) or POS 10 (telehealth provided in patient’s home) because these POS codes can only be utilized when the MA beneficiary is present.

Providers may access the on-line version of the MA Program Fee Schedule at the Department’s website at:
<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/MA-Fee-Schedule.aspx>.

Documentation

Providers should fully document the services rendered and the telecommunication technology used to render the service in the beneficiary’s medical record. Providers are to document the assessment and management in the medical record in accordance with the description of the procedure code being billed and the consultative provider must provide a verbal and written report to the treating practitioner.

Technology Guidelines

Technology used for interprofessional consultation services must be real-time interactive telecommunication technology. Asynchronous communication and applications,

such as store and forward, may be utilized as a part of the synchronous interprofessional consultation, but by themselves do not meet the requirements for interprofessional consultations. Providers must remain informed on federal and state statutes, regulations, and guidance regarding use of technology to render services.

Out-of-State Practitioners Rendering Services to Individuals in Pennsylvania

Out-of-state licensed practitioners who participate in an interprofessional consultation service for a beneficiary must meet the licensing requirements established by the Pennsylvania Department of State. Providers must be enrolled in the MA Program to receive payment for services to beneficiaries in the FFS delivery system.

RESOURCE:

Additional information regarding SHO #23-001 is available at the link below:
<https://www.medicaid.gov/federal-policy-guidance/downloads/sho23001.pdf>.

ATTACHMENT:

MA Program Fee Schedule Updates for Interprofessional Consultation Services, Effective January 1, 2024

MA Program Fee Schedule Update for the Addition of Interprofessional Consultation Services, Effective January 1, 2024

| Procedure Codes | Description | Provider Type | Specialty | Place of Service | Pricing Modifier | Info Modifier | MA Fee | Prior Auth | MA Units | Limits | Post op Days |
|-----------------|--|---------------|-----------|------------------|------------------|---------------|---------|------------|---------------|--------------|--------------|
| 99446 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, 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 | 09 | ALL | 11 | | | \$14.01 | N | per procedure | once per day | N/A |
| 99446 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, 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 | 10 | 100 | 11 | | | \$14.01 | N | per procedure | once per day | N/A |
| 99446 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, 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 | 14 | 140 | 11 | | | \$14.01 | N | per procedure | once per day | N/A |
| 99446 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, 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 | 19 | 190 | 11 | | | \$14.01 | N | per procedure | once per day | N/A |
| 99446 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, 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 | 27 | 272 | 11 | | | \$14.01 | N | per procedure | once per day | N/A |

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| 99446 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, 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 | 33 | 335 | 11 | | | \$14.01 | N | per procedure | once per day | N/A |
| 99447 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review | 09 | ALL | 11 | | | \$27.78 | N | per procedure | once per day | N/A |
| 99447 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review | 10 | 100 | 11 | | | \$27.78 | N | per procedure | once per day | N/A |
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| 99448 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review | 09 | ALL | 11 | | | \$42.30 | N | per procedure | once per day | N/A |

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| 99452 | Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/ requesting physician or other qualified health care professional, 30 minutes | 01 | 183 | 22 | | | \$26.03 | N | per procedure | once per day | N/A |
| 99452 | Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/ requesting physician or other qualified health care professional, 30 minutes | 08 | 082 | 49 | | | \$26.03 | N | per procedure | once per day | N/A |
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