



2019 CODING FACT SHEET FOR CARE MANAGEMENT, TELEPHONE, EMAIL, AND OTHER NON-FACE-TO-FACE SERVICES

Prolonged Non-Direct Services

These codes are reported when a minimum of 30 minutes is spent performing non-direct (ie, non-face-to-face) services for a patient on a single calendar date.

99358 Prolonged services without direct patient contact; first hour

+**99359** each additional 30 minutes
(+Designated add-on code, use in conjunction with 99358)

Telephone Services (Physician)

Telephone services are non-face-to-face evaluation and management (E/M) services provided to a patient using the telephone by a physician or other qualified health care professional, who may report evaluation and management services. These codes are used to report episodes of patient care initiated by an established patient or guardian of an established patient.

99441 Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

99442 11-20 minutes of medical discussion

99443 21-30 minutes of medical discussion

Medical Team Conference

This code is reported when a minimum of 3 qualified health care professionals meet without the patient or family present in any setting.

99367 Medical team conference by physician with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more

Care Plan Oversight Services

Care plan oversight services are reported separately from codes for office/outpatient, hospital, home, nursing facility or domiciliary, or non-face-to-face services. The work involved in providing very low intensity or infrequent supervision services is included in the pre- and post-encounter work for home, office/outpatient and nursing facility or domiciliary visit codes.

99374 Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and

multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes

99375 30 minutes or more

99377 Supervision of a hospice patient (patient not present) [Requires same as 99374-99375]; 15-29 minutes

99378 30 minutes or more

Domiciliary, Rest Home (eg, Assisted Living Facility), or Home Care Plan Oversight Services

99339 Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes

99340 30 minutes or more

Chronic Care Management Services

Chronic care management services are patient centered management and support services provided by physicians, other qualified health care professionals, and clinical staff to an individual who resides at home or in a domiciliary, rest home, or assisted living facility. These services involve clinical staff implementing a care plan directed by the physician/other qualified health care professional (ie, codes 99487, 99488, and 99490) or personally provided by the physician/other qualified health care professional (ie, code 99491). These services address the coordination of care by multiple disciplines and community service agencies. The reporting individual provides or oversees the management and/or coordination of services, as needed, for all medical conditions, psychosocial needs and activities of daily living.

99487 Complex chronic care management services, with the following required elements:

- Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;
- Chronic conditions place the patient at significant risk of death, acute exacerbation or decompensation, or functional decline;
- Establishment or substantial revision of a comprehensive care plan;
- Moderate or high complexity medical decision making;
- 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.

+99489 each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month
(+Designated add on code, use in conjunction with 99487)

99490 Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements:

- Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;
- Chronic conditions place the patient at significant risk of death, acute exacerbation or decompensation, or functional decline;
- Comprehensive care plan established, implemented, revised, or monitored.

99491 Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements:

- Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;
- Chronic conditions place the patient at significant risk of death, acute exacerbation or decompensation, or functional decline;
- Comprehensive care plan established, implemented, revised, or monitored.

Transitional Care Management Services

These services are for a new or established patient whose medical and/or psychosocial problems require moderate or high complexity medical decision making during transitions in care from an inpatient hospital setting (including acute hospital, rehabilitation hospital, long-term acute care hospital), partial hospital, observation status in a hospital, or skilled nursing facility/nursing facility, to the patient's community setting (home, domiciliary, rest home, or assisted living). These codes do not include "discharge" from emergency departments. May include newborn discharges if patient meets criteria. TCM commences upon the date of discharge and continues for the next 29 days. TCM is comprised of one face-to-face visit within the specified timeframes, in combination with non-face-to-face services that may be performed by the physician or other qualified health care professional.

99495 Transitional Care Management Services with the following required elements:

- Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge;
- Medical decision making of at least moderate complexity during the service period;
- Face-to-face visit, within 14 calendar days of discharge.

99496 Transitional Care Management Services with the following required elements:

- Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge;
- Medical decision making of high complexity during the service period;
- Face-to-face visit, within 7 calendar days of discharge.

Telephone Services (Non-Physician)

Telephone services are non-face-to-face assessment and management services provided by a qualified health care professional to a patient using the telephone. These codes are used to report episodes of care by the qualified health care professional initiated by an established patient or guardian of an established patient.

98966 Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

98967 11-20 minutes of medical discussion

98968 21-30 minutes of medical discussion

The term “qualified health care professional” is defined as providers who can independently report services (eg, physician therapists, speech therapists, occupational therapists, chiropractors, registered dietitians). It excludes clinical staff (eg, RNs, LPNs) who provide care under the direct supervision of a physician or other qualified health care professional and cannot bill on their own.

Medical Team Conference (Non-Physician)

This code is reported when a minimum of 3 qualified health care professionals meet with or without the patient or family present in any setting. These codes cannot be reported by a physician.

99366 Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by a nonphysician qualified health care professional

99368 Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more, participation by a nonphysician qualified health care professional

Interprofessional Telephone/Internet/Electronic Health Record Consultations

Interprofessional Telephone/Internet/Electronic Health Record Consultations (ITC) are services requested by telephone or Internet by a physician or other qualified health care professional (ie, treating/requesting physician or other qualified health care professional) seeking a consultant’s expert opinion without a face-to-face patient encounter with the consultant.

99446 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; 5-10 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

99451 Interprofessional telephone/Internet/electronic health record 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 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

CPT Code	Reported by	Concluded with	Time Required	Time is spent
99446	Consultant	Verbal and written report to requestor	5-10 mins	Review pertinent medical records, lab/imaging studies, medication profile, etc and medical consultative verbal or internet discussion ^a
99447	Consultant	Verbal and written report to requestor	11-20 mins	Review pertinent medical records, lab/imaging studies, medication profile, etc and medical consultative verbal or internet discussion ^a
99448	Consultant	Verbal and written report to requestor	21-30 mins	Review pertinent medical records, lab/imaging studies, medication profile, etc and medical consultative verbal or internet discussion ^a
99449	Consultant	Verbal and written report to requestor	≥ 31 mins	Review pertinent medical records, lab/imaging studies, medication profile, etc and medical consultative verbal or internet discussion ^a
99451	Consultant	Written report to treating/requesting physician/QHP	≥ 5 mins	Review pertinent medical records, lab/imaging studies, medication profile, etc and medical consultative verbal or internet discussion
99452	Treating/Requesting Physician/Other Qualified Health Care Professional	N/A	≥ 16mins ^b	Preparing for the consult and/or the actual time spent communicating with the consultant

^a Codes **99446-99449** require that the majority of service time (ie, greater than 50%) is consultative time and not time used to review data. Do not report codes **99446-99449** if data review time is greater than 50% of the total service time.

^b Code **99452** can be reported in addition to non-direct prolonged services (**99358-99359**) if appropriate (see *CPT* manual)

On-Line Medical Evaluation

An on-line electronic medical evaluation is a non-face-to-face E/M service by a physician to a patient using Internet resources in response to a patient's on-line inquiry. Reportable services involve the physician's personal timely response to the patient's inquiry and must involve permanent storage (electronic or hard copy) of the encounter. A reportable service encompasses the sum of communication (eg, related telephone calls, prescription provision, laboratory orders) pertaining to the on-line patient encounter.

99444 Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network