



# Delaware Medicaid: Billing Guide for Providers Treating Pregnant and Parenting People with Substance Use Disorders

## Interprofessional Consultation

This billing guide provides an overview of how to document and bill for time spent by physicians who are seeking advice from a consulting provider who is not in direct contact with the patient at the time of service. Interprofessional consultation is an assessment and management service that can occur by telephone, Internet, and/or electronic health record in which a patient's treating physician or other qualified health practitioner (i.e., the "treating practitioner") requests the opinion and/or treatment advice of another physician or qualified health care practitioner with specific specialty expertise (i.e., the "consulting practitioner") to assist the treating practitioner in the diagnosis and/or management of the patient's condition without patient face-to-face contact with the consulting practitioner.

In a 2023 State Health Official letter,<sup>i</sup> the Centers for Medicare & Medicaid Services (CMS) clarified that Medicaid and CHIP coverage and payment of interprofessional consultation is permissible, even when the patient is not present, as long as the consultation is for the direct benefit of the beneficiary. Medicare has allowed coverage and payment for interprofessional consultations since 2019.

Pregnant and postpartum women with substance use disorder (SUD) are a critical area of concern in Delaware. While access to specialty care has been a challenge across a range of specialties, access to specialty care for substance use disorders has been a particular challenge, especially for pregnant and postpartum people.<sup>ii</sup> Allowing direct payments to consulting practitioners improves access to specialty care that may not otherwise be available, supports patient-centered care and holds the potential to maximize the capacity of the existing workforce. In 2019, more than 20% of pregnant and postpartum women in Delaware (over 1,900 people) enrolled in Medicaid had a SUD diagnosis.<sup>iii</sup>

## Interprofessional Consultation Billing Overview

**The Current Procedural Terminology (CPT®) codes used to cover interprofessional consultation services provided via telephone, internet, and/or electronic health record include 99446, 99447, 99448, 99449, 99451, and 99452. CPT codes 99446 through 99449 and 99451 may be billed by the consulting practitioner.** These different codes vary in the length of medical consultative time required, as well as in the "final product" required for the consultation. More specifically, CPT codes 99446-99449 conclude with both a verbal opinion report and a written report from the consulting practitioner to the treating practitioner, while CPT code 99451 concludes with only a written report. The **treating practitioner** may bill 99452 when they have spent 16-30 minutes in a day preparing for and/or communicating with the consulting practitioner.

Interprofessional consultation is intended to expand access to specialty care and foster interdisciplinary input on patient care. It is not intended to be a replacement for direct specialty care when such care is clinically indicated. Review of pertinent medical records, laboratory studies, imaging studies, medication profile, pathology specimens, etc., are included in the interprofessional consultation services. The patient for whom the interprofessional consultation is requested may be either a new patient to the consultant or an established patient with a new problem or an exacerbation of an existing problem. Since the type or severity of the problem is not defined by the CPT codes, any condition may qualify for consultative services.

In Delaware's Medicaid program, the interprofessional consultation CPT® codes are currently used only within the managed care program; the codes are not currently opened and priced in the fee-for-service program under the Delaware Medicaid Physician Fee schedule.



CPT Code	Description	Who May Bill
99446	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, <b>including a verbal and written report</b> to the patient's treating/requesting physician or other qualified health care professional; <b>5-10 minutes of medical consultative discussion and review</b>	Consulting practitioner
99447	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, <b>including a verbal and written report</b> to the patient's treating/requesting physician or other qualified health care professional; <b>11-20 minutes of medical consultative discussion and review</b>	Consulting practitioner
99448	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, <b>including a verbal and written report</b> to the patient's treating/requesting physician or other qualified health care professional; <b>21-30 minutes of medical consultative discussion and review</b>	Consulting practitioner
99449	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, <b>including a verbal and written report</b> to the patient's treating/requesting physician or other qualified health care professional; <b>31 minutes or more of medical consultative discussion and review</b>	Consulting practitioner
99451	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, <b>including a written report</b> to the patient's treating/requesting physician or other qualified health care professional, <b>5 minutes or more of medical consultative time</b>	Consulting practitioner
99452	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, <b>16-30 minutes</b>	Treating practitioner

### General Billing Limitations

- To be covered under Medicaid or CHIP, both the treating practitioner and the consulting practitioner must be enrolled in Medicaid or CHIP.
- For consultations that cross state lines, consulting practitioners must be enrolled in Medicaid or CHIP in the state in which the beneficiary resides, though they need only be licensed/credentialed in the state in which they are practicing.
- The majority of the consulting practitioners' time for CPT codes 99446-99449 must be medical consultative verbal or internet discussion (greater than 50%) and appropriately documented.
- Codes 99446, 99447, 99448, 99449, 99451 should not be reported more than once per beneficiary within a seven-day interval.
- Code 99452 should not be reported more than once per beneficiary in a 14-day period.
- Consultant communications with the patient and/or family may be reported using 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 99421, 99422, 99423, and the time related to these services is not used in reporting 99446, 99447, 99448, 99449.



## Do Not Bill Interprofessional Consultation Codes When:

- The sole purpose of the telephone/Internet/electronic health record communication is to arrange a transfer of care or other face-to-face service.
- The consulting provider has seen the patient in a face-to-face encounter within the last 14 days.
- The telephone/Internet/electronic health record consultation leads to a transfer of care or other face-to-face service (e.g., a surgery, a hospital visit, or a scheduled office evaluation of the patient) within the next 14 days.
- Interprofessional consultation services take less than five minutes in total.
- More than 50% of the consulting practitioner's time is spent in data review and/or analysis for CPT codes 99446-99449. [Note: CPT code 99451 may be billed if more than 50% of the 5-minute time is data review and/or analysis. No verbal report is required for the consulting practitioner to bill 99451.]
- Do not report 99358, 99359 for any time within the service period, if reporting 99446, 99447, 99448, 99449, 99451. ◀

## Example: OB-GYN coordinating with SUD provider

Dr. John Smith, an OB-GYN, sees a patient who is 32 weeks pregnant and is taking buprenorphine for opioid use disorder. He notices some abnormalities in the most recent laboratory tests that he would like to discuss with an addiction medicine physician. Dr. Smith contacts Dr. Jane Doe, the addiction medicine physician, by phone to request assistance with the case. Dr. Smith spends 8 minutes preparing necessary patient records and progress notes for Dr. Doe's review. Dr. Doe spends 8 minutes reviewing the patient data, 15 minutes on the phone with Dr. Smith discussing the plan of care, providing a verbal opinion report, and offering suggested changes to the buprenorphine prescription, and 5 minutes typing up a written report for Dr. Smith.

### How is this reported?

- Dr. Smith may bill 99452, as he spent at least 16 minutes (23 minutes in total) preparing data for Dr. Doe and communicating with her via telephone.
- Dr. Doe may bill 99448, as she spent between 21 and 30 minutes of time (28 minutes in total), more than 50% of which was consultative discussion.

## Interprofessional Consultation Documentation

As an interprofessional consultation service is provided without the Medicaid or CHIP beneficiary present, providers must document that the service was provided for the direct benefit of the Medicaid or CHIP beneficiary.

- CMS does not dictate the method of documentation; however, Section 2500.2 of the [State Medicaid Manual](#) indicates that, at a minimum, documentation for Medicaid claims for services must include:
  - Date of service;
  - Name of recipient;
  - Medicaid identification number;
  - Name of provider agency or person providing the service;
  - Nature, extent, or units of service; and
  - Place of service.
- Both the treating and consulting practitioner will be required to follow all state and federal privacy laws regarding the exchange of patient information.
- Written or verbal requests should be documented in the patient's medical record, including the reason for the consultation.



- Treating practitioners must obtain and document patient permission for interprofessional consultation services (consent may be verbal), as well as specific consent to share information about the patient's SUD treatment.
- Additional practitioner billing and documentation requirements for Delaware Medicaid providers can be found in DMMA's "[Practitioner Provider Specific Policy Manual](#)" and may be required for MCO network participation.

### Resource Alert: Maintaining Confidentiality<sup>iv</sup>

Providers who treat patients with addiction must know substance use-related disclosure rules and confidentiality requirements. The Substance Abuse and Mental Health Services Administration (SAMHSA) lists frequently asked questions on substance use confidentiality and summarizes federal regulations about disclosure and patient records that federal programs maintain on addiction treatment (<https://www.samhsa.gov/about/faqs/confidentiality-regulations>). Key points include:

- Confidentiality regulations prohibit specialty SUD treatment programs from sharing information with healthcare professionals about patients' SUD treatment without specific consent from patients.
- Referrals to other behavioral health services require consent for sharing information on treatment progress.
- Healthcare professionals should discuss confidentiality and consent with patients during the referral process.
- Substance use disorder (SUD) medication prescribers may consider requiring patient consent for communicating with treatment programs as a condition of receiving SUD treatment.

In February 2024, the U.S. Department of Health & Human Services modified select provisions of 42 CFR Part 2, which is the federal statute that protects SUD patient records. A summary of major changes can be found at: <https://www.hhs.gov/hipaa/for-professionals/regulatory-initiatives/fact-sheet-42-cfr-part-2-final-rule/index.html>.

### Qualified Providers

Delaware Medicaid allows physicians and other qualified health care professionals (e.g., nurse practitioners, physician assistants) acting within their scope of practice and licensure to provide interprofessional consultation services in accordance with CPT coding descriptions and specifications. For interprofessional consultation CPT® codes (99446 – 99449, 99451 and 99452), the consulting practitioner and the treating practitioner must be able to independently bill for evaluation and management (E/M) services to bill these codes. Examples of these provider types include physicians, nurse practitioners, clinical nurse specialists, and physician assistants.

### Co-Pays

Pregnant and postpartum women are exempt from Delaware Medicaid copayment requirements and are not responsible to pay for medically necessary, covered services provided by Delaware Medicaid providers. No co-payments are required for interprofessional consultation services.

### Medicaid Coverage of Related CPT Codes

To request coverage of related billing codes through Delaware's Medicaid managed care program, providers may contact their Provider Network Specialist or outreach to provider relations via the email addresses listed below.

- **AmeriHealth Caritas Delaware:** [delawareprovidernetwork@amerihealthcaritas.com](mailto:delawareprovidernetwork@amerihealthcaritas.com)
- **Centene Delaware First Health:** [DE\\_ProviderEngagement@delawarefirstthehealth.com](mailto:DE_ProviderEngagement@delawarefirstthehealth.com)
- **Highmark Blue Cross Blue Shield Delaware:** [HHOProviderRelations@highmark.com](mailto:HHOProviderRelations@highmark.com)

If you have questions about this guidance, please contact Dr. Sherry Nykiel, Behavioral Health Medical Director, at [Sherry.Nykiel@delaware.gov](mailto:Sherry.Nykiel@delaware.gov).



## Resources

### Delaware Medicaid:

- DMMA interprofessional consultation “checklist” to help with on-the-ground implementation and use of these billing codes.

### CPT Coding:

- American Medical Association. (2024). *CPT® 2025: Current Procedural Terminology (Professional ed.)*. American Medical Association.

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<sup>i</sup> <https://www.medicaid.gov/federal-policy-guidance/downloads/sho23001.pdf>

<sup>ii</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC8828806/>

<sup>iii</sup> Gifford, K., McDuffie, M. J., Turkel, E., & Lynch, E. (2022, February 2). Substance Use Disorder Among Delaware Medicaid Clients: Annual Prevalence Report 2014–2019. University of Delaware Center for Community Research & Service. Delaware Department of Health and Social Services. [https://dhss.delaware.gov/wp-content/uploads/sites/9/dmma/pdf/sud\\_prevalence\\_study\\_final\\_report\\_20220208.pdf](https://dhss.delaware.gov/wp-content/uploads/sites/9/dmma/pdf/sud_prevalence_study_final_report_20220208.pdf)

<sup>iv</sup> <https://store.samhsa.gov/sites/default/files/pep21-02-01-002.pdf>