

Department of Veterans Affairs

Memorandum

Date: January 6, 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Modification to Coding Requirements for Electronic Consults and Asynchronous Teleconsultative (Telehealth) Care (VIEWS 01584958)

To: Veterans Integrated Service Network (VISN) Directors (10N1-23)
Medical Center Directors (00)

1. The purpose of this memorandum is to provide information on workload specification updates for electronic consults and other asynchronous teleconsultative care and rescind the memorandum titled "Update to Workload Specifications for the Electronic Consult (E-Consult) Program" that was distributed on January 10, 2014.
2. In response to the American Medical Association (AMA) Current Procedural Terminology (CPT) as it applies to practices within the Veterans Health Administration (VHA), this memorandum provides guidance for the following modifications to CPT Remote Interprofessional Consultation codes 99446 - 99452 along with their associated Relative Value Units (RVU) in order to better acknowledge the clinical effort associated with electronic consultation and asynchronous teleconsultative care.
3. CPT Remote Interprofessional Consultation codes 99446 - 99449 require both written and verbal provider communication from the specialist to the referring provider. *For VHA, only the written report to the requestor will be required for code assignment and no verbal reporting is needed.* The VHA Electronic Health Record provides a consistent and clear communication platform for requesting and responding providers to exchange clinical information. However, VHA recognizes and encourages all forms of communication between providers to provide the best clinical care for a Veteran. Therefore, providers may verbally communicate as appropriate within a particular clinical context.
4. Codes 99446 - 99449 should be used for electronic consultations. Code 99451 should be used for other forms of asynchronous care including asynchronous teleconsultation (telehealth) e.g. tele dermatology and tele eye screening (formerly teleretinal) documentation by the provider. Asynchronous

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telehealth procedural care (i.e., home sleep apnea testing, electroencephalographic monitoring) should continue to use codes specific for these procedural services. Facilities' local Health Information Management Service (HIMS) can provide more specific guidance.

5. Code 99452 may be used by referring providers to document time spent on follow-up and communication to Veterans regarding recommendations from any electronic consult. VHA will not place limits on how often this code can be used within a 14-day period for an individual Veteran's care.

6. To further incentivize the clinically appropriate utilization of electronic consults and asynchronous care, the Office of Productivity and Staffing (OPES) has increased workload RVUs (wRVU) assigned to new CPT codes to be more equal to RVUs assigned to face-to-face care.

	Current CMS wRVUs	VHA wRVU Modifications
Coding recommended for electronic consultations		
99446 5-10 minutes	0.35	0.64
99447 11-20 minutes	0.7	1.34
99448 21-30 minutes	1.05	1.88
99449 31 or more minutes	1.4	3.02
Coding recommended for consultant or specialist documentation of teleconsultation/teledermatology/tele eye screening		
99451 5 or more minutes	0.7	1.88
Coding recommended for referring provider usage		
99452	0.7	0.7

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7. Should you have any questions or comments regarding this memorandum, please contact: Dr. Lisa Arfons, Office of Veterans Access to Care at Lisa.Arfons@va.gov, Eileen Moran, Office of Productivity and Staffing at Eileen.Moran@va.gov or Lisa Bueter, Health Information Management Service at Lisa.Bueter@va.gov.


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