This is a new opportunity to capture
INTERPROFESSIONAL “CURBSIDE” CONSULT REQUESTS FOR
MANAGEMENT SERVICES

Example of “curbside" consult: You’re walking down the hall and Dr. Smith pulls you aside to ask a patient-specific question. You then pull up the patient’s chart, do some research and get back to the requesting provider with your recommendations. You do not see or talk to the patient. You do document your work.

We can now capture time & work of both the provider requesting a “curbside” consult and time & work for a consultant providing a “curbside” consultation. We will use the term “curbside” consult interchangeably with NF2F consult.

Billing for these services is not dependent on BOTH providers documenting.

CONSULTING PROVIDER: GIVING “CURBSIDE” ADVICE
CPT 99451 - Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician:

- 5+ min of time required on that DOS (includes consultation time and all other activities related to care of the patient: chart, lab, lit review; documentation, etc.)
- Must be the time of the ATTENDING
- No patient interaction
- No required patient relationship
- The “consult” can’t be for the sole purpose to arrange transfer of care
- Requires a written report back to the requesting provider (use the NF2F note type & template in iCentra or EPIC)
- Charge: $85.70 | RVUs: 0.7

REQUESTING PROVIDER: ASKING FOR “CURBSIDE” ADVICE
CPT 99452 - Interprofessional telephone/internet/electronic health record referral service provided by a treating/requesting physician or APP:

- 16+ min of time required by ATTENDING and/or APP (includes all activities preparing for the referral and/or communicating with the consultant)
- Requires documentation of request (use the NF2F note type & template in iCentra or EPIC)
- Charge: $85.70 | RVUs: 0.7
ICENTRA DOCUMENTATION PROCESS:

Use the NF2F Note Type & Template
(the note template now has italicized documentation tips for traditional NF2F and curbside consults that will not publish in your documentation)

- DATE of NF2F work
- DATE of Companion E&M: leave blank
- ACTIVITIES performed:
  - describe all discussions
  - chart review
  - literature review
  - and recommendations
- Medical NECESSITY
- TIME Spent:
  - Consulting “curbside” NF2F providers - Attending time only
  - Requesting providers - time of Attending and/or APP

Use these AUTOTEXTS to capture remaining required documentation elements
  Requesting Provider ;pedcurbsideconsultrequest
  Consulting provider ;pedcurbsideconsultingprovider

- Sign & Submit Note

GLOBAL AUTOTEXTS

Requesting Provider ;pedcurbsideconsultrequest

I am requesting an interprofessional consult/management services from _,
DROP DOWN: via in-person conversation. via telephone. via other. Time spent on all related activities was _ minutes.

Consulting Provider ;pedcurbsideconsultingprovider

This is an interprofessional consult for patient care management requested by _,
DROP DOWN: via in-person conversation. via telephone. via other. Time spent on all related activities was _ minutes. I provided
DROP DOWN: a verbal report the above written report to the requesting physician.

ADDITIONAL NOTES:

- Both services are receiving good reimbursement from most 3rd party payors (including UT Medicaid)
- “Balance billing” is currently in place (we do not bill patient for what 3rd party payor doesn’t cover)
- Documenting these consults works most easily for patients already registered in iCentra & EPIC – UMB will already have patient demographic info for billing
  - For patients outside of our EMR, it’s up to the consulting provider to decide if they will obtain demographic information - and to find a workflow to get the patient registered in iCentra - in order to document the curbside consult.

Questions:
Laurie.Beckstrom@hsc.utah.edu | Director Clinical Revenue Integrity
Emily.Hardy@hsc.utah.edu | Informatics Nurse