

Interprofessional Consultation¹ Billing Reference Sheet

**Codes in this handout are current as of 2025. This handout was developed in connection to the webinar titled "Integrated Care Billing: Bidirectional Care Coordination and Integration Strategies" held on September 29, 2025.*

99446-99449/G0456-G0459: Interprofessional consultation services provided by <i>consulting provider</i> , 5 to 31+ minutes	
Time of service spent as defined by codes below:	
99446 (G0456 for mental health practitioners): 5-10 minutes 99447 (G0457 for mental health practitioners): 11-20 minutes 99448 (G0458 for mental health practitioners): 21-30 minutes 99449 (G0459 for mental health practitioners): 31+ minutes	
Request/reason documented	
No face-to-face encounter with consultant in past 14 days	
No face-to-face follow-up (e.g., surgery, hospital visit, office visit) within next 14 days	
Code not reported more than once in a 7-day period	
Greater than 50% spent in verbal or internet discussion, not data review and/or analysis (Do not report these codes if greater than 50% of consultant time is spent in data analysis.)	
Verbal and written report required	
Patient consent documented	

99451/G0550 (for mental health practitioners): Interprofessional consultation services provided by <i>consulting provider</i> , at least 5 minutes	
At least 5 minutes of service	
Request/reason documented	

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No face-to-face encounter with consultant in past 14 days	
No face-to-face follow-up (e.g., surgery, hospital visit, office visit) within next 14 days	
Code not reported more than once in a 7-day period	
Time based on total review and interprofessional communication time	
Written report required	
Patient consent documented	

99452/G0551 (for mental health practitioners): Interprofessional consultation services provided by <i>treating/requesting provider</i> , 16 to 30 minutes	Check
At least 16 minutes but no more than 30 minutes of service	
Request/reason documented	
No face-to-face encounter with consultant in past 14 days	
No face-to-face follow-up (e.g., surgery, hospital visit, office visit) within next 14 days	
Code not reported more than once in a 14-day period	
Time based on total review and interprofessional communication time	
Patient consent documented	

