

Reimbursement Opportunities for Provider-to-Provider Consultation of Psychiatric Services: A Brief Summary

About this Document

The following document has been prepared for the BeHappy program by the Bowen Center for Health Workforce Research and Policy. The purpose of this document is to explore sustainable funding opportunities for the BeHappy program and similar programs seeking to expand access to psychiatric and specialty services through provider-to-provider consultation. This document is not an exhaustive review and analysis of the topic. Rather, this document lays out preliminary investigative research. Additional policy research is needed to further explore the topic and inform related recommendations.

What is the BeHappy program?

The Indiana Behavioral Health Access Program for Youth, also known as BeHappy, is a program within the Indiana University School of Medicine Department of Psychiatry. It is a provider-to-provider telephonic consultation service that allows community-based providers to consult with board-certified child and adolescent psychiatrists to help with assessments, diagnostic clarification, medication management, and treatment planning services¹ The BeHappy program is dependent on grant funding. It is interested in exploring a sustainable funding mechanism, such as reimbursement of provider-to-provider consultation services.

What does federal guidance say about interprofessional service coverage through federal programs?

Interprofessional consultation is defined by the Centers for Medicaid and Medicare Services (CMS) as a “situation in which the patient’s treating physician or other qualified health care practitioner requests an opinion and/or treatment advice of a physician or other qualified care practitioner with specific specialty expertise to assist the treating practitioner with the patient’s care without face-to-face contact with the consulting physician.”²

To be coverable under Medicaid and the Children’s Health Insurance Program (CHIP), interprofessional consultation must be for the benefit of the beneficiary. The services must be relevant to the individual patient’s diagnosis and treatment, and the consulting practitioner must have specialized expertise in the health concerns of the patient. CMS states that interprofessional consultation services may be covered under a variety of Medicaid state plan benefits, such as physician services, services of other licensed practitioners, and rehabilitative services. The most recent guidance supports payments to the consulting provider (as opposed to requiring the treating practitioner to arrange payments to the consulting provider out of their rate).

How do states access this coverage through Medicaid and CHIP programming?

¹ Indiana Behavioral Health Access Program for Youth. Available at: <https://medicine.iu.edu/psychiatry/clinical-care/integrated/behavioral-health>

² Centers for Medicaid and Medicare Services. 2023. Letter RE: Coverage and Payment of Interprofessional Consultation in Medicaid and the Children’s Health Insurance Program (CHIP). Available at: [Coverage and Payment of Interprofessional Consultation in Medicaid and the Children’s Health Insurance Program \(CHIP\).pdf](#)

Reimbursement Opportunities
for Provider-to-Provider
Consultation of Psychiatric
Services: A Brief Summary

To enable this coverage, states can cover these services through Medicaid state plan benefits or health home state plan option. In order to access reimbursement, the treating practitioner and the consulting practitioner must be enrolled in Medicaid or CHIP. States may need to submit a state plan amendment (SPA) to enact coverage for interprofessional consultation, depending on the benefit. States have flexibility in designing payment methodologies and fee schedules for these services.³

All of Indiana's contiguous states have created provider codes that allow for interprofessional consultation to be reimbursed by Medicaid. Utah, a similar state to Indiana, has also enacted Current Procedural Terminology (CPT) codes that align with the CMS guidance for interprofessional services. A chart of those states and their relevant codes can be found below.

Each of these states have a program similar to BeHappy in Indiana. These psychiatric phone consultation programs are designed to address limited psychiatric services by allowing primary care providers to telephonically consult psychiatrists regarding a patient's care for mild to moderate mental health issues. They are funded by state legislatures, grants awarded by the US Department of Health and Human Services, private funding, or combinations of the above.

The Federal Register defines four codes to describe interprofessional telephone/internet/electronic medical record consultation services. These codes are described below.

Federal Register Medicaid Professional Fee Schedule for Interprofessional Internet Consultation		
CPT Code	Descriptor	Rate*
99446	Interprofessional telephone/internet 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	Could not identify
99447	Interprofessional telephone/internet 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; 11-20 minutes of medical consultative discussion and review	Could not identify
99448	Interprofessional telephone/internet assessment and management services provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care	Could not identify

³ See Medicare rates in the Appendix for more information on federal payment rates.

Reimbursement Opportunities
for Provider-to-Provider
Consultation of Psychiatric
Services: A Brief Summary

	professional; 21-30 minutes of medical consultative discussion and review.	
99449	Interprofessional telephone/internet 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; 31 minutes or more of medical consultative discussion and review	Could not identify
99258	Prolonged evaluation and management service before and/or after direct patient care	Could not identify
Source: Utah Medicaid Provider Manual Division of Integrated Healthcare, 2024. Available at: https://medicaid.utah.gov/Documents/pdfs/SECTION1.pdf		

Reimbursement Opportunities
for Provider-to-Provider
Consultation of Psychiatric
Services: A Brief Summary

Contiguous and Similar States' Medicaid Professional Fee Schedule for Interprofessional Internet Consultation									
Kentucky		Ohio		Illinois		Michigan		Utah	
CPT Code	Descriptor	CPT Code	Descriptor	CPT Code	Descriptor	CPT Code	Descriptor	CPT Code	Descriptor
99446	INTRPROF PH1/NTRNET/EHR 5-10	99446	NTRPROF PH1/NTRNET/EHR 5-10	99446	Interprofessional telephone/Internet/elec tronic 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	99446	NTRPROF PH1/NTRNET/ EHR 5-10	99446	Interprofessional telephone/internet assessment and management services 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	INTRPROF PH1/NTRNET/EHR 11-20	99447	NTRPROF PH1/NTRNET/EHR 11-20	99447	11-20 minutes of medical consultative discussion and review	99447	NTRPROF PH1/NTRNET/ EHR 11-20	99447	Interprofessional telephone/internet assessment and management services provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review.
99448	INTRPROF PH1/NTRNET/EHR 21-30	99448	NTRPROF PH1/NTRNET/EHR 21-30	99448	21-30 minutes of medical consultative discussion and review	99448	NTRPROF PH1/NTRNET/ EHR21-30	99448	Interprofessional telephone/internet assessment and management services

Reimbursement Opportunities
for Provider-to-Provider
Consultation of Psychiatric
Services: A Brief Summary

									provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review.
99449	INTRPROF PH1/NTRNET/EHR 31/>	99449	NTRPROF PH1/NTRNET/EHR 31/>	99449	31 minutes or more or medical consultative discussion and review	99449	NTRPROF PH1/NTRNET/ EHR 31/>	99449	Interprofessional telephone/internet assessment and management services provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes of medical consultative discussion and review.
99451	INTRPROF PH1/NTRNET/EHR 5/>	99451	NTRPROF PH1/NTRNET/EHR 5/>	99451	Interprofessional telephone/Internet/elec tronic 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 discussion and review	99451	Ntrprof PH1/NTRNET/ EHR 5/>	99258	Prolonged evaluation and management service before and/or after direct patient care
99452	INTRPROF PH1/ NTRNET/EHR RFR	99452	NTRPROF PH1/NTRNET/EHR RFRL			99452	NTRPROF PH1/NTRNET/ EHR RFRL		

Reimbursement Opportunities
for Provider-to-Provider
Consultation of Psychiatric
Services: A Brief Summary

Next Steps

A targeted policy study is needed in order to produce recommendations for the state of Indiana. This study should at minimum include analysis, consideration of the above Medicaid codes, and key informant interviews from contiguous states that use interprofessional services in their Medicaid codes.