Payment Policy | E-Consults
Interprofessional Consults/Electronic Consults

EFFECTIVE DATE: 10|01|2023
POLICY LAST UPDATED: 10|04|2023

OVERVIEW

E-consults, also known as electronic consultations or interprofessional consults, are communications between health care providers. Providers can use e-consults in many specialty fields for example, the emergency department may obtain recommendations for complicated conditions from providers in other locations with additional expertise, areas like acute care for stroke, trauma, ICU, or behavioral health.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

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Interprofessional telephone/Internet/electronic health assessment and management service given by the provider, a treating or requesting physician or other qualified healthcare professional (QHP), that spends time providing healthcare information about a patient to a consultant via various electronic media.

The majority of the service time reported (greater than 50%) must be devoted to the medical consultative verbal or Internet discussion. E-consults are communications between providers only. (*The patient is not present.*) Providers can interact with each other by using phone, video, or a HIPPA-compliant platform that allows two-way communication and can securely share patient records.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for the applicable doctors' hospital visits and office visits benefits/coverage.

Since the patient is not present during the e-consult encounter, no co-pay and/or cost share related to the e-consult services will be applied.

BACKGROUND

Blue Cross & Blue Shield of Rhode Island (BCBSRI) has created this policy to document the coding guidelines for reimbursement of interprofessional consults often referred to as "EConsults". The patient is not present during the service.

BCBSRI's objective is to allow provider access to specialty experts for better patient outcomes by increasing care coordination, increasing access to high-quality, specialty care, accelerating consultation response time, reducing the need for unnecessary referrals, and increasing provider knowledge by learning from specialty experts.

BCBSRI expects supporting documentation in medical records to contain all applicable information required for review as defined above and reserves the right to audit all supporting documentation to ensure policy adherence.

CODING

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E-consult service CPT codes may only be billed on a HCFA 1500.
These are all time-based codes.
The first five are for use by the *consulting* physician or QHP.
The sixth is for the use of the *treating/requesting* physician or QHP.

The codes in this policy should **not** be billed with telemedicine place of service codes (02 or 10), as they are not included in the telemedicine policies (see Related Policies below).

The following codes are covered **and separately reimbursed** when documentation requirements are met:

BCBSRI will allow a Physician and/or Qualified Healthcare Professional (QHP)* to provide the services described by these five e-consult codes:

99446 Interprofessional telephone/Internet/electronic health 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
99447 11-20 minutes of medical consultative discussion and review
99448 21-30 minutes of medical consultative discussion and review
99449 31 minutes or more of medical consultative discussion and review
99451 Interprofessional telephone/Internet/electronic health assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified healthcare professional, 5 minutes of medical consultative discussion and review

Note: When a specialist's (ex: Radiology) services include a written report, this specialist would not bill the e-consult codes. However, should a consultative discussion and review occur between this specialist and another physician/QHP, this specialist must include an additional written report documenting the e-consult discussion/advice given to bill the e-consult codes.

When calculating the time spent for the above services, document time involved in prep work, reviewing the specialist's recommendation and any follow-up.

*The e-consult codes may be billed by a physician, or the following QHP:

- Advanced Practice Registered Nurses (APRN)
- Anesthesiologist Assistant (AA)
- Certified Nurse Mid-wife (CNM)
- Certified Nurse Specialist (CNS)
- Certified Registered Nurse Anesthetist (CRNA)
- Certified Registered Nurse Practitioner (CRNP)
- Clinical Psychologist (PhD/PsyD)
- Fellow
- Independent Clinical Social Worker (LICSW)
- Nurse Practitioner (NP)
- Physical Therapist (PT)
- Physician Assistant (PA)

The supporting documentation is reviewed to determine that all the following criteria are met:

- Consultant may not have seen the patient in the last 7 days
- If there is a face-to-face service in the next 7 days or next available appointment, the physician may not bill the interprofessional /e-consult codes
- Provide a verbal and written report (99451 only requires written report)
- Document total time in the medical record
- "The written or verbal request for telephone/Internet/electronic health record advice is to be documented in the medical record". **Note**: A verbal and written report are required for CPT Codes: 99446, 99447, 99448, 99449
  A written report only is required for CPT Code: 99451

Only the requesting Physician/QHP may provide services describe by this code:

99452 Interprofessional telephone/Internet/electronic health assessment and management service (s) provided by a treating/requesting physician or other qualified health care professional.

The supporting documentation is reviewed to determine that all the following criteria are met:

- May not be reported more than once in a 14-day period -per patient, per specialty
- Document total time in the medical record
- Provide a verbal report
- Requires verbal consent. The Requesting Physician/QHP must obtain consent, for example *"I'd like to have the neurologist look at your record and give you some advice. She doesn't need to see you, but she'll charge for a medical record consult. Is that alright with you?"*

RELATED POLICIES

Telemedicine/Telephone Services for Commercial Products
Telemedicine for Medicare Advantage Plans

PUBLISHED

Provider Update, November 2023
Provider Update, September 2023

REFERENCES

None

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