



**TO:** Federally Qualified Health Centers  
**RE:** Clarifying the Guidance for Electronic Consultations Performed by Federally Qualified Health Centers

The purpose of this provider bulletin is to provide guidance for federally qualified health centers (FQHCs) when billing for electronic consultations (e-consults), as part of their scope of services approved by the Department of Social Services (DSS) pursuant to section 17b-262-1001 (Change in Scope of Services) of the Regulations of Connecticut State Agencies.

DSS does not have a specific template/request form for changes in scope, rate adjustments, or volume utilization. In support of all change-in-scope applications related to e-consults, FQHCs are requested to provide an estimate of the volume of e-consults that will be submitted to DSS during the first twelve (12) months of implementation. DSS will use the estimated volume of e-consults to adjust the FQHC's medical encounter rates.

This provider bulletin does not supersede or replace Provider Bulletin (PB) 19-12 Updating the Guidance for Electronic Consultations. The information and guidance found within this provider bulletin supplements PB 19-12.

FQHCs can perform e-consults (as defined in PB 19-12) as either the primary care or treating practitioner who requests the opinion and/or treatment advice of a physician/psychiatrist, advanced practice registered nurse, certified nurse mid-wife or physician assistant with a specific specialty located within a separate office setting that is not an FQHC.

**Eligible Specialists:**

DSS has compiled the following list of select medical and behavioral health provider specialties that are eligible to receive reimbursement for e-consults.

<b>Specialties Eligible to Render E-Consults</b>
Allergy
Geriatric Nurse Practitioner
Cardiology
APRN-Psychiatry
Dermatology
General Surgery
Geriatric Practitioner
Neurology
Oncology-Adult
Ophthalmology
Orthopedic Surgery
Pain Medicine
Medical Genetics
Cardiology
Dermatology
Gastroenterology
General Surgery
Geriatric Medicine
Nephrology
Neurology
Orthopedic Surgery
Endocrinology, Diabetes and Metabolism
Hematology
Infectious Diseases
Rheumatology
Developmental-Behavioral Pediatrics
Pediatric Neurodevelopmental Disabilities
Pediatric Cardiology
Pediatric Endocrinology
Pediatric Gastroenterology
Pediatric Hospice and Palliative Medicine
Pediatric Infectious Diseases
Pediatric Nephrology
Pediatric Medical Toxicology
Pediatric Rheumatology
Pediatric Dermatology



<b>Specialties Eligible to Render E-Consults</b>
Pediatric Orthopedic Surgery
Pediatric Oncology
Urology
Neurology with Special Qualifications in Child Neurology
Child & Adolescent Psychiatry
Psychiatry
Pediatric Surgery

must be in compliance with Section 17b-262-349 and Section 17b-262-1004 of the Regulations of Connecticut State Agencies. The documentation should include the medical/behavioral health reasoning for the e-consult along with any documentation of medical/behavioral health conclusions and any recommendations for treatment written by the specialist. Also, as defined in Section 17b-262-349 and Section 17b-262-1004(a) of the Regulations of Connecticut State Agencies, all required documentation for these visits and the e-consults must be retained in the member’s medical and/or behavioral health file and must be available to DSS, upon request.

**Guidance for E-Consults Procedure Codes-Referring Provider:**

Current Procedural Terminology (CPT) 99452-Interprofessional telephone/Internet/EHR referral service(s) provided by a treating/requesting physician, 30 mins, must be listed on the claim along with Healthcare Common Procedure Coding System (HCPCS) T1015-Clinic visit/encounter, all-inclusive.

For questions about billing or if further assistance is needed to access a fee schedule on the CMAP Web site, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

The primary care or treating practitioner/FQHC should report CPT code 99452, if 16-30 minutes in the service day is spent preparing for the referral and/or communicating with the specialist performing the e-consult. The primary care or treating practitioner may not report this CPT code more than once in a 14-day period for each individual patient per specialty.

**Billing Requirements:**

In addition to the HCPCS code for the clinic visit/encounter, FQHCs are required to list all appropriate procedure code(s) that accurately detail all medical/behavioral health services performed during the visit, for informational purposes only. Further, FQHCs can only bill for services that are approved by Health Resources & Services Administration (HRSA) under their scope of services and that are reimbursable under the Connecticut Medical Assistance Program (CMAP) as defined by Section 17b-262-995(48) of the Regulations of Connecticut State Agencies. Scope of services should be in compliance with Section 17b-262-1001 of the Regulations of Connecticut State Agencies.

**Documentation Requirements:**

All documentation for medical and/or behavioral health visits and the corresponding e-consults



Questions? Need assistance? Call the Provider Assistance Center Mon–Fri 8:00 am – 5:00 pm  
Toll free 1-800-842-8440 or write to DXC Technology, PO Box 2991, Hartford, CT 06104  
Program information is available at [www.ctdssmap.com](http://www.ctdssmap.com)