



Connecticut Medical Assistance Program
 Policy Transmittal 2019-04

Provider Bulletin 2019-12
 March 1, 2019

Roderick L. Bremby, Commissioner

Effective Date: January 1, 2019

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TO: Physicians, Physician Assistants, Advanced Practice Registered Nurses, Certified Nurse Mid-wives, Psychiatrists, Psychologists, Behavioral Health Clinicians, and Federally Qualified Health Centers

RE: Updating the Guidance for Electronic Consultations

This policy transmittal supersedes and replaces Provider Bulletin (PB) 18-77 Changes to the Billing Guidance for Electronic Consultations.

Effective for dates of service January 1, 2019 and forward, the Department of Social Services (DSS) expanded electronic consultations (e-consults) adding Advanced Practice Registered Nurses (APRN)-Psychiatry, psychiatrist (child & adolescent and adult) to the list of eligible specialists who can provide e-consults. DSS expects that these practitioners are likely to perform e-consults related to medication management. In addition, the medical specialties of allergy, oncology (pediatric and adult) and urology were also added to this list.

In addition, as part of the Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to the physician office and outpatient fee schedule, DSS revised the coding used for e-consults by adding the following procedure codes effective for dates of service January 1, 2019 and forward:

CPT Code	Description	New Rates
99451	Interprofessional telephone/Internet/EHR assessment and mgt by consultative physician, 5 mins or more	\$34.28
99452	Interprofessional telephone/Internet/EHR referral service(s) provided by a treating/requesting physician, 30 mins	\$17.34

As a result of the addition of the new procedure codes for e-consults, DSS further revised the physician office and outpatient fee schedule by end-dating the following codes as of December 31, 2018:

CPT Code	Description
99446	Interprofessional telephone/internet assessment, 5-10 mins
99447	Interprofessional telephone/internet assessment, 11-20 mins
99448	Interprofessional telephone/internet assessment, 21-30 mins
99449	Interprofessional telephone/internet assessment, 31+ mins

These procedure codes **are no longer payable** under the Connecticut Medical Assistance Program (CMAP) for dates of service January 1, 2019 and forward.

Based on the 2019 Current Procedural Terminology (CPT) manual, DSS defines an e-consult as a consultation service through which a member's primary care practitioner or treating practitioner (defined as a physician, APRN, certified nurse mid-wife (CNM), physician assistant (PA), psychologist or behavioral health clinician) requests the opinion and/or treatment advice of a physician/psychiatrist, APRN, CNM or PA with a specific specialty, to assist the primary

care or treating practitioner in the diagnosis and/or management of the member's presenting complaint. These services are typically provided in cases where a timely face-to-face (F2F) visit with a specialist is not necessary or may not be feasible due to factors including, but not limited to, time and distance. DSS expanded this measure as part of an effort to increase access to medically necessary specialist services covered under CMAP.

Guidance for E-Consults Procedure Codes-Referring Provider:

CPT code 99452 should be reported by the primary care or treating practitioner within an office setting, 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.

Guidance for E-Consults Procedure Codes-Consulting Provider:

CPT code 99451 should be coded when an e-consult for an evaluation/management (E/M) visit performed by a specialist occurs in place of a (F2F) visit with that same specialist. The code guidance further specifies that the e-consult codes are not reimbursable if there has been a F2F visit with the specialist during the time period of 14 days prior to or 14 days after the e-consult occurs (or at the next available appointment date with the specialist if that date is greater than 14 days);

- if the F2F visit was/is related to the original complaint; and,
- if the F2F visit is with the same specialist (or specialist group) and was completed in addition to the e-consult.

In this circumstance, the e-consult codes should not be billed when the specialist will bill for a F2F visit.

The primary care or treating practitioner and the specialist should be aware that rules within the claims processing system will deny these claims or money may be recouped upon post-audit review

by DSS' Quality Assurance division if the F2F and the e-consult are billed by the specialist.

This guidance doesn't apply to e-consults generated by FQHCs. FQHCs are reimbursed by a different mechanism and they are encouraged to seek payment as stated in Section 17b-262-1003.

Requirements of the Specialists:

As is required for all services reimbursed under the CMAP, all providers, including the specialist performing the e-consult, must be enrolled in the CMAP provider network. Providers must enroll as the provider type and specialty that they are licensed/certified with through the Department of Public Health.

Please Note: Specialists who prefer to limit their patient panel to e-consults only should request that their contact information not be added to the enrolled provider list available to the general public. Interested providers should contact the Provider Call Center at 1-800-440-5071 for more information.

Eligible Specialists:

DSS compiled a list of select medical and behavioral health provider specialties that are eligible to receive reimbursement for e-consults. Select medical and behavioral health specialists have been added to the list of eligible specialists that can render e-consult services, effective dates of service January 1, 2019 and forward. Newly added specialists are indicated by an asterisk (*) below.

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

In addition to this policy transmittal, specialty providers should refer to the CPT manual (corresponding to the date of service) for additional guidance for these CPT codes.

Any case management or follow-up services performed by FQHCs will be considered part of the initial visit. No additional payments will be made to the FQHCs for medically necessary follow-up care related to the e-consult rendered on the same date of service.

Please note: An “e-consult” is not eligible for reimbursement under CMAP if the “e-consult” is performed as a split or shared medical or behavioral health visit (see PB 16-68 *Split/Shared Medical Visits* for more information). It is DSS’ expectation that the appropriate level of specialist performs the e-consult and bills accordingly.

Requirements of E-consult’s Electronic System:

All consults must be conducted through a secure internet exchange between the primary care or treating practitioner and the specialist. **Telephonic consultations are not reimbursable under CMAP.**

The system used to complete the e-consult must, at a minimum, comply with the following requirements. The system must:

- be in compliance with Health Insurance Portability and Accountability Act (HIPAA) and other applicable security and privacy requirements;
- enable transmission through electronic communication systems to a specialist who uses the information to evaluate the cases for the type of e-consults for which it is used; and
- be compatible with the primary care or treating practitioners’ electronic health records (EHR) system.

One option for providers is to transmit e-consults through DIRECT Secure Messaging. As previously outlined in PB 16-77, Direct Secure Messaging is a secure, encrypted, standards-based method for exchanging Protected Health Information (PHI) that functions similar to email. In order to participate and utilize DIRECT, both the sender and recipient users must have a specific DIRECT email address. DIRECT Secure Messaging can be obtained either through your current EHR system, or through a **free** stand-alone account offered by a DSS partner, Secure Exchange Solutions (SES).

For further information regarding DIRECT Secure Messaging enrollment, integrating your EHR system, or other system-related questions, please

contact SES at: 1-888-470-9913 ext. 1 Monday-Friday from 8:00 AM to 8:00 PM.

Documentation Requirements:

All documentation for encounters and the corresponding e-consults 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 of the required documentation for encounters and the e-consults must be retained in the member's medical and/or behavioral health file and it must be available to DSS upon request.

Posting Instructions: Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by DXC Technology.

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