CCHP E-Consult Workgroup Webinar
July 24, 2018

Webinar https://zoom.us/j/489516223
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blue of california foundation

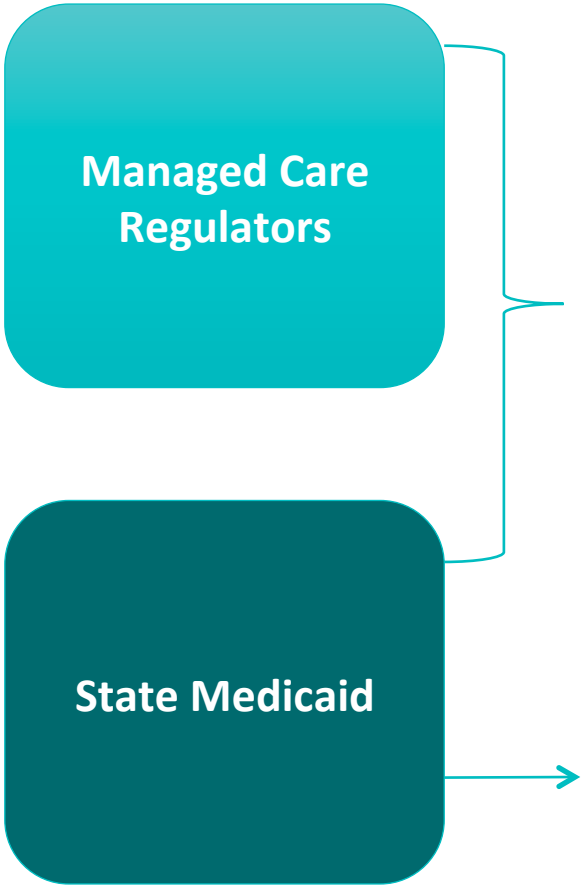
Center for Connected Health Policy
The National Telehealth Policy Resource Center

BluePath HEALTH

Agenda

Agenda Topic	Time (min)
Welcome and Introductions	5 minutes
Overview of CMS Proposed Codes for Interprofessional Internet Consultation	10 minutes
Analysis, Commentary and Discussion	30 minutes
Next Steps with DMHC E-Consult Subgroup	10 minutes
Wrap-up and Upcoming Activities	5 minutes

Framing the options for plan reporting of e-consult



The workgroup is supporting DMHC to determine how MCOs (DMHC) and COHS (DHCS) can include e-consult in provider network reporting to demonstrate how e-consult expands networks and improves access

MCOs have shared how e-consult saves patient and provider time and resources spent on unnecessary specialty care visits; improves system capacity by optimizing specialist time for high-value visits

We will work to encourage Medicaid adoption of nationally accepted CPT codes for interprofessional consultation (e-consult)

States follow CMS proposed payment examining how e-consult increases members' specialty care touches without increasing the number of FTF visits and should be acknowledged in rate setting

CCHP Workgroup E-Consult Definition and CPT Codes

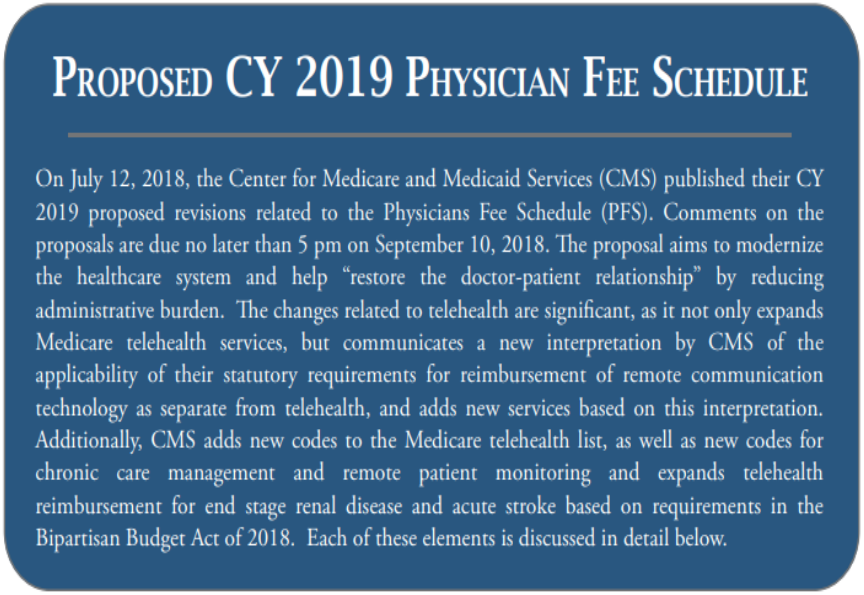
An electronic consultation is an asynchronous dialogue initiated by a physician or other qualified health care professional seeking a specialist consultant's opinion without a face-to-face patient encounter with the consultant.

To capture the service rendered, the specialist will report a code for interprofessional consultation. Electronic consults provided by consultative physicians include a written report to the patient's treating/requesting physician/qualified health care professional.

Relevant CPT Codes

- PCP - 994X0 interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified health care professional, 30 minutes
- Specialist - 994X6 interprofessional telephone/internet/electronic 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 or more minutes of medical consultative time
- Specialist - 99446-99449 - 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; (5+) minutes of medical consultative discussion and review

CMS Proposed Payment for Interprofessional Consultation



Proposed CY 2019 Physician Fee Schedule

On July 12, 2018, the Center for Medicare and Medicaid Services (CMS) published their CY 2019 proposed revisions related to the Physicians Fee Schedule (PFS). Comments on the proposals are due no later than 5 pm on September 10, 2018. The proposal aims to modernize the healthcare system and help "restore the doctor-patient relationship" by reducing administrative burden. The changes related to telehealth are significant, as it not only expands Medicare telehealth services, but communicates a new interpretation by CMS of the applicability of their statutory requirements for reimbursement of remote communication technology as separate from telehealth, and adds new services based on this interpretation. Additionally, CMS adds new codes to the Medicare telehealth list, as well as new codes for chronic care management and remote patient monitoring and expands telehealth reimbursement for end stage renal disease and acute stroke based on requirements in the Bipartisan Budget Act of 2018. Each of these elements is discussed in detail below.

If this proposal is finalized, e-consults could be reported using the following two new CPT codes:

- 994X0 - Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified health care professional, 30 minutes
- 994X6 - Interprofessional telephone/Internet/electronic 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 or more minutes of medical consultative time

CCHP Analysis - http://www.cchpca.org/sites/default/files/resources/PROPOSED%20PFS%20CY%202019%20FINAL.pdf

https://www.regulations.gov/document?D=CMS-2018-0076-0001

Revised Codes for Interprofessional Internet Consultation

In addition to the two new codes, the CPT Editorial Panel also revised four codes that describe interprofessional consults and will allow payment for them in 2019.

CPT Code	Description
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
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

With these codes:

- There is a requirement for a verbal report to the physician
- Only the consulting physician is the one who bills for this service, not the physician who requested the consult

Concerns and Request for Comment

- CMS proposes to make separate payment for these 6 CPT codes for interprofessional consultations, yet expresses concerns about how these services can be distinguished from activities undertaken for the benefit of the practitioner, such as information shared as a professional courtesy or as continuing education.
- They seek comment on their assumption that these are separately identifiable patient-oriented services and can be distinguished from services that are primarily for the benefit of the practitioner.
- CMS also notes concerns around making separate payment for interprofessional consultation and seeks comment on the best way to minimize program integrity issues.
- They are also interested in whether these types of services are paid separately by private payers and if so, what controls or limitations are put into place to ensure the services are billed appropriately.
- CMS proposes to require the treating practitioner obtain verbal beneficiary consent in advance of these services, documented by the treating practitioner in the medical record.

Public comment is requested by 5 PM ET, September 10, 2018

Discussion

We endorse the adoption of these codes in the Medicare PFS and welcome the opportunity to provide comments on behalf of the workgroup. We ask that State Medicaid programs also consider applying these standard code sets. Questions for consideration in the workgroup's response include:

- Are there concerns with PCP and/or specialist billing?
- What evidence is available to demonstrate improved management of chronic conditions and patient centered care?
- How can e-consult billing codes contribute to payment accuracy for primary care and care management services?
- How should we clarify that e-consult is distinct and separate from provider education?
- How are systems evaluating whether e-consults are reasonable and necessary given the circumstances? How are payers addressing this question?
- Are there concerns regarding patient/member verbal consent?
- Have payer and provider organizations examined proposed RVU changes?

AAMC Association of American Medical Colleges

Center for Connected Health Policy
The National Telehealth Policy Resource Center

CeCN
Community eConsult Network, Inc.

Upcoming Activities

- Workgroup will present a draft response to CMS proposed payments for review in August and submission in September 2018
- MCOs are interested in presenting sample filings to demonstrate the impact of their e-consult programs on timely access to specialty care and network adequacy for their members.
- DMHC and BluePath Health are working with plans on the best format for the sample or “mock” filing, in alignment with an amendment to the plan’s application*
- This will be done in tandem with Annual Network filing submission of e-consult providers to be revised in fall for submission end of 2018

*Application for License as a Health Care Service Plan or Specialized Health Care Service Plan “amendments will be required…to update the information contained in the application”

Instructions for Workgroup Member Organizations to Submit Comments

In commenting, please refer to file code CMS-1693-P. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission. Comments, including mass comment submissions, must be submitted in one of the following three ways (please choose only one of the ways listed):

Electronically. You may submit electronic comments on this regulation to http://www.regulations.gov. Follow the "Submit a comment" instructions.

By regular mail. You may mail written comments to the following address ONLY:
Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
Attention: CMS-1693-P,
P.O. Box 8016,
Baltimore, MD 21244-8016.
Please allow sufficient time for mailed comments to be received before the close of the comment period.

By express or overnight mail. You may send written comments to the following address ONLY:
Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
Attention: CMS-1693-P,
Mail Stop C4-26-05,
7500 Security Boulevard,
Baltimore, MD 21244-1850