

Policy

Comments Requested Regarding E-Consult Inclusion in CMS 2019 Physician Fee Schedule

The E-Consult Workgroup, led by the Center for Connected Health Policy (CCHP), includes payers, providers, health policy leaders and patient advocates to support e-consult reimbursement and acknowledgement of e-consult programs in network reporting. As part of this work, the Workgroup is gathering commentary on CMS's proposed Medicare Physician Fee Schedule (PFS) for CY 2019 which includes several new elements addressing e-consult.

The Workgroup plans to include the following themes in its commentary:

- **Adoption of the interprofessional internet consultation codes recognizes current medical practice trends and supports payment accuracy**

We support CMS's proposal to include services delivered through telecommunications technology in the PFS. In particular, we are supportive of reimbursement for written interprofessional internet consultations, e.g. e-consults. We agree with CMS's position that separate payments for interprofessional consultations acknowledge changes in medical practice. We also agree that reimbursement for these services will contribute to payment accuracy for primary care and care management services by reimbursing PCP time devoted to e-consult submission and specialist time devoted to e-consult assessment.

- **CMS should adopt the new code 994X0 to reflect time spent by the treating/requesting provider, with minor changes to the code language**

As the treating/requesting and consulting provider are working together to care for the patient, we would like to see consistent language of "medical consultative discussion and review" in the definition of both PCP and specialist CPT codes to extend beyond the "referral service" currently used in the PCP-related definition. To acknowledge that the time the PCP spends creating the e-consult and exchanging information with the specialist varies, we recommend that the time allotment reflect "up to 30 minutes," allowing a more accurate record of time spent.

- **Interprofessional internet consultations are separately identifiable services from similar services for the benefit of the practitioner**

E-consults are for the primary benefit of the patient, and although they may be educational to the provider, are clearly distinguishable from ECHO or curbside consults that are not documented in the patient's record.

- **Payers and providers have successfully minimized program integrity issues**

Payers are covering interprofessional encounters as services separate from face-to-face visits with reporting controls in place to ensure appropriate billing. E-consults are used for routine, non-urgent requests, are deemed "reasonable and necessary" in these circumstances and consistently result in expedited response to a patient's specialty care needs.

- **CMS should not impose additional beneficiary consent requirements in order to perform an e-consult**

We understand the importance of verbal beneficiary consent, however this consent occurs when the patient is seen by the treating physician and need not be repeatedly obtained or documented upon generating an e-consult. Current proposed codes include a requirement for verbal consent. Considering that these services are electronic and asynchronous, informed consent alone should suffice as compared to face-to-face services that do not require documentation of verbal consent.

- **CMS should allow for flexibility in the specialty to PCP report**

We recommend that the proposed code definitions be amended to read "verbal and/or written report" instead of "verbal and written report," acknowledging that these codes may also cover phone consultation.

- **CMS should amend the valuations of interprofessional internet consultation code 994X6**

We recommend adoption of the RUC's work RVUs for interprofessional consultation codes, including a revision to code 994X6 reflecting .7 RVUs.

We welcome your input on the above themes and commentary. Please send them to electronic_consult@bluepathhealth.com by September 4, 2018.

You may also submit comments directly to CMS [here](#). The deadline for direct commentary to CMS is September 10, 2018.

Efficiency

Community Health Center Network Revamps Referral Process with E-Consult

In 2015, before Community Health Center Network (CHCN) launched its e-consult pilot, a combination of failure to schedule appointments and patient no shows resulted in only 16% of patients getting specialist care. To better understand the nature of its broken referral process, CHCN engaged e-consult provider RubiconMD to analyze its referral process. This analysis, published in [NEJM Catalyst](#), uncovered the following data:

- The referral process from CHCN's FQHCs to specialists at the hospital took as many as **20 steps and up to 5 weeks**
- Each referral **involved up to 8 people**: primary care providers (PCPs), referral coordinators, specialists, medical assistants, medical directors and patients
- Each referral included record-keeping systems: paper, faxes, EHRs, and additional systems

E-consult has enabled CHCN to avoid this complexity and deliver the following benefits:

- Quick e-consult specialist responses provide confirmation of need for face-to-face referral or provide recommended treatments for PCPs to pursue
- Reduction of face-to-face appointments decreased administrative burden for referral staff, in turn reducing wait time for need face-to-face appointments
- Tests and assessments are completed and exchanged before specialist visits, resulting in more efficient patient care by specialists

Today, all 500 primary care providers in CHCN's network have access to e-consult and submit an average of 100 to 125 e-consults per week. As one PCP commented, "It has been pivotal for me. I can't imagine practicing without it."

Adoption

Through E-Consult Dermatologist Extends Reach Beyond Private Practice to More Complex Cases

Dr. Camille Introcaso, a dermatologist with the Pennsylvania Center for Dermatology, joined AristaMD's Smart Care eConsult service a year ago. She typically accesses the system from home in the evenings, responding to an average of three e-consult requests per day from providers working with underserved populations.

The cases that come to Dr. Introcaso through e-consult are more serious than those she sees in her private practice because they involve medical issues that have either been ignored or neglected. "This is a different world. These are often dermatologic conditions that have a higher level of acuity," she explained to [mHealth Intelligence](#). She often needs to conduct research for these cases, which she says results in a "lot more learning on the job."

E-Consult News is edited and produced by [BluePath Health](#).

To submit questions, content or share news updates about e-consult please [contact us](#).

[Opt out](#) of future issues of E-Consult News.

This email was sent to <<Email Address>>
[why did I get this?](#) [unsubscribe from this list](#) [update subscription preferences](#)
BluePath Health · 929 Sir Francis Drake Blvd. · Suite 101C · Kentfield, California 94904 · USA

