

CCHP E-Consult Workgroup Webinar

August 28, 2018, 12 PM

Webinar - <https://zoom.us/j/817815796>
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Agenda

Agenda Topic	Time (min)
Welcome and Introductions	5 minutes
Review of CMS Proposed Codes for Interprofessional Internet Consultation	5 minutes
Draft Workgroup Comments and Discussion	40 minutes
Next Steps and Upcoming Activities	10 minutes

CMS Proposed Payment for Interprofessional Consultation

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

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.

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

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

Workgroup Discussion – Codes and Time Allotments

CMS proposes use of code sets 994X0, 994X6 and 99446-99449.

RESPONSE:

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 shifting medical practice and 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.

Workgroup Discussion: E-Consult Definition and Integrity

CMS expresses concerns about how e-consults can be distinguished from activities for the benefit of the practitioner, such as information shared as a professional courtesy or as continuing education. 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 the controls or limitations that are put into place to ensure the services are billed appropriately.

RESPONSE:

- **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. As e-consults are used for routine, non-urgent requests, they are deemed "reasonable and necessary" in these circumstances and consistently result in expedited response to a patient's specialty care needs.

Workgroup Discussion – Verbal and Written Report

CMS includes a requirement for e-consult to be documented by the treating practitioner in the medical record.

RESPONSE:

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.

Workgroup Discussion – Verbal Consent

CMS proposes to require the treating practitioner obtain verbal beneficiary consent in advance of these services.

RESPONSE:

CMS should require verbal beneficiary consent but not documentation.

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.

Workgroup Discussion – RVU Calculation

CMS proposes the RUC re-affirmed work RVUs of:

- 0.35 for CPT code 99446
- 0.70 for CPT code 99447
- 1.05 for CPT code 99448
- 1.40 for CPT code 99449

RESPONSE:

We recommend full adoption of the RUC's work RVUs for interprofessional consultation codes.

Workgroup Comments

Setting

CMS language is unclear as to whether federally qualified health centers (FQHCs) and rural health centers (RHCs) will be allowed to bill for these codes. CCHP and members recommend that CMS allow for these organizations to bill for e-consult services.

PCP and Specialist Time Allotment

- We support the use of the 99446-99449 methodology for specialist billing as it allows us to titrate the payment proportional to the effort expended by the specialist...I do like the concept of reimbursement for PCP time that's enabled by the 994X0 code. (Recommend allowing) for both coding approaches so that both PCP and specialist time are reimbursable.
- 99446-99449 allows for distinction between the level of service provided to some degree...
- It appears that...there is a PCP time requirement of 30 minutes...Hopefully the language allows the referring provider to use the code with a 5 minute requirement. If not, then the recommendation should include amending the language of that code to allow it to be submitted by the referring provider.

Verbal Report

The codes required a verbal report to the referring provider which makes those codes impractical to use for e-consult...*(workgroup note - consider that this may apply to phone consults)*

Patient Consent

...concerns about obtaining and documenting verbal patient consent before every consult, at least with a hospitalized patient (it appears these codes may be used for remote specialists who can't come to see the patient)...it's not practical to re-consent the patient every time the clinical situation changes and warrants a consult...sometimes we inform them of the consult and results after, since it is more efficient to explain the plan when it is defined, than to explain all possible plans prior to consult.

Next Steps

- BluePath Health will present a draft response to CMS for Workgroup member review and signature request this week in order to prepare for comment letter submission on September 7, 2018
- DMHC is revising the Annual Network filing form for plans – comments requested in fall for submission end of 2018
- Looking at November dates for next E-Consult Workshop (in person meeting in Sacramento) – any conflicts?

Appendix

Framing the options for payer and provider documentation and reporting of e-consult

Managed Care Regulators

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

State Medicaid

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

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](#)