healthfirst
Health Insurance for New Yorkers

Reimbursement Policy

Subject:	e-Consult Visits		
Policy Number:	PO-RE-106v1		
Effective Date:	6/01/2024	**Last Approval Date:**	5/6/2024

I. Policy Description

This document describes the e-Consult visit policy Healthfirst Utilization Management follows when reimbursing for services provided by contracted providers. This policy is executed pursuant to applicable provisions set forth in the contracts for the products indicated above, Articles 44 and 49 of the New York State (NYS) Public Health Law (PBH), as well as applicable Federal and State statutes and regulations.

e-Consults, also known as electronic consultations or interprofessional consultations between a treating/requesting provider and a consultative provider [physicians (including psychiatrists), physician assistants (PAs), nurse practitioners (NPs), midwives (MWs)], are intended to improve access to specialty expertise by assisting the treating/requesting provider with the care of the patient without patient contact with the consultative provider.

Effective June 1st, 2024, Healthfirst will reimburse for interprofessional consultation or e-Consult (CPT 99451 and 99452) for the following lines of business:

- Child Health Plus
- Medicaid Managed Care
- Managed Long Term Care Partial Capitation Plan (MLTCP – Senior Health Partners)
- Health & Recovery Plan (HARP)
- Medicaid Advantage Plus/MAP (CompleteCare)
- Connection Plan (HMO D-SNP)

Policy Scope

The purpose of an e-Consult visit is to answer patient-specific treatment questions in which a consultative provider can reasonably answer from information in the request for consultation and the electronic health record, without an in-person visit.

Both the treating provider and the consultative provider can bill for an e-Consult through independent claims. e-Consults should be billed using the following CPT codes:

CPT Code	Description	Provider
99451	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	Specialist (Distant site)
99452	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes.	PCP or Primary Provider (Originating site)

Reimbursement Guidelines

1. Provider Requirements:
    a. The Provider requesting reimbursement for e-Consult services rendered must be an approved Healthfirst provider licensed in New York State.

    b. Both the requesting primary provider and consulting provider must have a preexisting arrangement with documented processes for e-Consults. e-Consult programs within health systems that provide services for all providers within that system with supporting documentation is also sufficient.

    c. All providers using e-Consults should have a written policy and procedure governing e-Consults including selection criteria for consultants and method of ensuring closed-loop communication to the patient regarding the results of the consult.

    d. e-Consults should occur within a prescribed and reasonable timeframe, with both the specialist response to the requesting provider as well as the requesting provider's response to the member occurring within this time frame. e-Consults being requested in an emergent or urgent setting and requiring immediate response should have a back-up plan should the e-consult not be available within the needed timeframe.

2. Documentation Requirements:

    The following information **must be** documented in the medical record by the treating/requesting provider:
    a. the written or verbal consent made by the patient for the e-Consult visit.
        i. The consent shall be documented in the patient's medical file.
    b. the request made by the treating/requesting provider; and
    c. the recommendation and rationale from the consultative provider.

3. Billing Requirements:
    a. CPT Billing Code 99451 should be used by the consultant at the distant site. It can be reported for new or established patients with a new or exacerbated problem. The code
        i. is reported only by a consultant when requested by another provider.
        ii. cannot be reported more than once per seven days for the same patient
        iii. is reported based on cumulative time spent, even if that time occurs on subsequent days.
        iv. is not reported if a transfer of care or request for a face-to-face consult occurs as a result of the consultation within the next 14 days.
        v. is not reported if the patient was seen by the consultant within the past 14 days.
        vi. requires that the request and the reason for the request for the consult be documented in the record.
        vii. must result in a written report to the originating provider.
        viii. requires verbal consent for the interprofessional consultation from the patient/family documented in the patient's medical record.

    b. CPT Billing Code 99452 should be used by the Requesting/treating provider who is treating the patient at the originating site and requesting the non-face-to-face consult for medical advice or opinion — and not for a transfer of care or a face-to-face consult. The code:
        i. cannot be reported more than once per 14 days per patient
        ii. includes time preparing for the referral and/or communicating with the consultant
        iii. requires a minimum of 16 minutes
        iv. can be reported with prolonged services, non-direct
        v. requires verbal consent for the interprofessional consultation from the patient/family documented in the patient's medical record.

    c. CPT Billing Codes 99446, 99447, 99448 and 99449 will not be reimbursed by Healthfirst if billed.

    d. Telehealth modifiers are not required and will not be accepted for the following codes: 99451 and 99452.

4. Inappropriate use of e-Consult:
    a. Certain types of benefits or services would not be expected to be appropriately delivered via e-Consult include, but are not limited to:
        i. benefits or services that are performed in an operating room or while the patient is under anesthesia,
        ii. require direct visualization or instrumentation of bodily structures,
        iii. involve sampling of tissue or insertion/removal of medical devices and/or otherwise require the in-person presence of the patient for any reason,
        iv. require provider-to-provider consultation as a matter of standard practice, such as a radiologist providing a reading to another provider.

5. Services codes for eConsult's must be billed on a professional claim form (CMS 1500).

6. Reimbursement for eConsult visit will be made based on the provider's contract with Healthfirst or at the standard Healthfirst fee schedule rate.

Both the treating/requesting provider and the consultative provider are required to follow all state and federal privacy laws regarding the exchange of patient information

II. Applicable Codes

Code	Description	Comment
99451	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time.	Medicaid
99452	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes.	Medicaid

III. Definitions

Term	Meaning
Asynchronous Store and Forward	Transmission of a patient's medical information from an originating site to the health care provider at a distant site. Consultations via asynchronous electronic transmission initiated directly by patients, including through mobile phone applications, are not covered under this policy
Distant Site	A site where a health care provider who provides health care services is located while providing these services via a telecommunications system
E-Consults	E-consults are asynchronous health record consultation services that provide an assessment and management service in which the patient's treating health care practitioner (attending or primary) requests the opinion and/or treatment advice of another health care practitioner (consultant) with specific specialty expertise to assist in the diagnosis and/or management of the patient's health care needs without patient face-to-face contact with the consultant. E-consults must include written report to the patient's treating/requesting physician or other qualified health care professional. E-consults are permissible only between health care providers
E-Visits	Communications between a patient and their provider through an online patient portal. Synchronous Interaction "Synchronous interaction" means a real-time interaction between a patient and a health care provider located at a

	distant site
Originating Site	A site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates
Telehealth	Telehealth" means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management and self-management of a patient's health care

IV. Related Policies

Policy Number	Policy Description
N/A	N/A

Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

New York State Medicaid Update - January 2024 Volume 40 - Number 1 (ny.gov)
2023 CPT E/M descriptors and guidelines (ama-assn.org)

VI. Revision History

Revision Date	Summary of Changes

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York

State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.