

Overview: Electronic Consultations (eConsults) Definitions, Use Cases, Benefits and Challenges Identified

Language/Definitions:

Electronic Consultations (eConsults):

- 1) An asynchronous, non-face-to-face **consultation** between a primary care clinician and a specialist using a secure **electronic** communication platform. Olayiwola JN, Anderson D. et al. [Electronic Consultations to Improve the Primary Care-Specialty Care Interface for Cardiology in the Medically Underserved: A Cluster-Randomized Controlled Trial](#); Ann Fam Med March/April 2016 vol. 14 no. 2 133-140.
- 2) Asynchronous, consultative, provider-to-provider communications within a shared electronic health record (EHR) or web-based platform. Vimalananda V, Gupte G. et al. [Electronic consultations \(e-consults\) to improve access to specialty care: A systematic review and narrative synthesis](#); J Telemed Telecare. 2015 Sep; 21(6): 323–330.
- 3) Enables primary care providers (PCPs) to consult remotely and conveniently with specialists through store and forward telehealth. [Center for Connected Health Policy, 2017 eConsult Infographic](#)
- 4) eConsults offer ambulatory providers an electronic, asynchronous alternative for specialist input (peer-to-peer “advice”) – to free up clinic time for more complex/urgent care needs. eConsults are intended for non-urgent questions about a patient without established care, and not medically complicated such that a visit is required to provide input. [Blog Post](#) - Jason Wasfy, MD, Medical Director for Population Health Management at the Massachusetts General Physicians Organization

Interprofessional Internet Consultations:

- 1) CMS began recognizing six codes for interprofessional consults in January, 2019. Four of these were existing codes that previously had a status indicator of bundled and now have a status indicator of active, indicating payment by Medicare. Two are new CPT codes, also with an active status indicator. The codes describe assessment and management consultative service provided by phone, internet or electronic health record when the patient’s treating physician or non-physician practitioner (NPP) requests an opinion or treatment advice of a consulting physician or NPP.
- 2) Interprofessional consultation codes (99446-99451) are reported by consulting providers who communicate with treating providers regarding a diagnosis or management of a patient’s problem. These services support a team-based approach to care and don’t include physician interaction with the patient. [Revenue Cycle Advisor Q&A](#)

Most Common Use Cases:

- 1) primary care-to-specialty e-consults
- 2) inter-specialty
- 3) surgical
- 4) intra-specialty

Current Reimbursement

Medicare:

CMS believes that “Remote Communication Technology”, including Interprofessional Internet Consultations, fall outside the scope of Medicare telehealth services, defined in statute by 1834(m) of the Social Security Act, which restricts the use of telehealth to certain services, providers, technology (mainly live video) and patient locations, and created the following new CPT codes covered by Medicare as of January 1, 2019:

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; **5-31 minutes** of medical consultative discussion and review (depending on code).

99452 - Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified health care professional, **30 minutes**.

99451 - 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.

Considerations:

- Providers are required to obtain verbal consent, including making the patient aware of any cost sharing that may be applicable (since the patient would not be present while the service is taking place), in advance of the services and document the consent in the patient medical record
- Codes are limited to practitioners that can independently bill Medicare for E/M visits

Medicaid:

As with all reimbursement policy, there is significant variation in coverage of telehealth and telecommunications services from state to state. Currently, there are two state Medicaid programs which specifically reimburse for electronic consultations: California and Connecticut.

- Medi-Cal incorporated remote communications technology codes into their existing telehealth rules in 2019, including coverage of interprofessional internet consultations. Electronic consultations (e-consults) are permissible using CPT-4 code 99451, modifier(s), and medical record documentation as defined in the Medi-Cal Provider Manual. E-consults are permissible only between health care providers.

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-009.pdf>

- Connecticut DSS provides reimbursement for electronic consults (store-and-forward) between providers under certain circumstances. Federally Qualified Health Centers, outpatient office settings, outpatient hospital settings and clinic settings can be reimbursed for electronic consults (e-consults) for specialty care (provider to provider communication). <http://ctbhp.com/providers/bulletins/2017/PB2017-47.pdf>
- MaineCare is reimbursing for interprofessional internet consultations, per existing E&M codes (99446 – 99449), and added the two new codes (99451 and 99452) in Summer, 2019.

Private Payers:

Private payer reimbursement policy also varies state to state, and there are currently no state laws which explicitly require coverage of eConsultations. That said, private payers are often open to negotiating coverage of services which are shown to have an impact on cost, efficiency and/or quality, and may be more likely to include eConsults and other remote communications codes now that Medicare is doing so.

| Benefits | | | Challenges | |
|--|---|---|---|--|
| Primary Care | | | Primary Care | |
| Ease/convenience of requesting remote consult | Improved communications with Specialist | Increased care coordination | Increased workload: Receipt of specialist's response generates additional work that was previously carried out at specialty site. | Workflow: Can be inefficient in cases where providers don't share the same EHR, equipment and/or connectivity is limited, or if multiple log-ins are required. |
| Extended scope of practice for PCP | Increased knowledge; more rapid uptake of new medical knowledge | Shorter wait times for patients requiring face-to-face referral | Inability to select specific consultant (in some cases) | Dissatisfaction with the technology (in some cases) |
| Rapid turnaround; time between placing referral and receipt of specialist input considerably decreased | Improved patient satisfaction | High provider satisfaction (generally between 75-90%) | Perceived impact on quality of care without face-to-face evaluation by specialists | |
| Specialists | | | Specialists | |
| Ease/convenience of remote consult | Improved communications with PCPs | Increased care coordination | Increased workload: Some e-consults may result in new work, such as consultations that would not have occurred formally or informally in the absence of e-consults. | Workflow: many e-consults require 15 minutes or less, however much more time is required in some cases. |
| Decreased low-value specialty visits; fewer inappropriate clinic visits | Reduced no-shows | Improved clarity of clinical questions | Workflow: Can be inefficient in cases where providers don't share the same EHR, equipment and/or connectivity is limited, or if multiple log-ins are required. | Satisfaction rates lower among Specialists than with PCPs, particularly among those requiring >15 minutes for consults |

| Benefits | | | Challenges |
|--|---|---|--|
| Increased efficiency when initial diagnostics and/or treatment completed before clinic visit | Shorter wait times for patients requiring face-to-face referral | Reduced disruption compared to phone or page | Concerns include: medico-legal liability due to risks of providing advice for patients never evaluated in person; need for adequate protected time and credit |
| Patients | | | Patients |
| Cost savings: decreased travel and less time off work for specialty visits | Cost savings: avoidance of unnecessary testing/procedures | Consistently high levels of patient satisfaction | There is very little information/data available regarding challenges or negative impacts of eConsults on patients. There could be a perception of lower quality of care without face-to-face evaluation by a specialist. |
| Increased care coordination | Reduced wait times for specialty services | Improved access to specialty care | |
| General Clinical Outcomes (see highlighted studies for disease specific outcomes) | | | General Clinical Outcomes (see highlighted studies for disease specific outcomes) |
| Reduced days to completion of clinical workups | Increased rates of evidence-based treatment | Perceived improved quality of care; Most providers report equal or better clinical outcomes compared to face-to-face referral | In one Mayo study, 43% of PCPs reported e-consults had no effect on quality of care and a similar percent of specialists reported e-consults actually decreased the quality of care. |

Davis A Gilchrist V Grumbach K James P Kallenberg R Shipman SA. Advancing the primary/specialty care interface through econsults and enhanced referrals. *Annals Fam. Med.* 13(4):387-388 2015 [Link](#)

Keely E Li J Magner P Afkham A Liddy C. Nephrology eConsults for primary care providers: original investigation. *Can. J. Kidney Health Dis.* 5:2054358117753619 2018 [Link](#)

UConn Health. The use of eConsults for specialty referrals: A policy report for the University of Connecticut-Medicaid Partnership. University of Connecticut Center for Public Health and Health Policy 2014 [Link](#)

National TRC Webinar Series – June, 2017: [Moving Knowledge Not Patients](#); Daren Anderson, MD – Community Health Center, Inc. and Libby Sagara, Consultant – BluePath Health

Typical eConsult Process/Workflow

