



### What is E-Consult?

An electronic consultation or “e-consult” involves a treating provider, usually a primary care provider, sending a request for consultation and information regarding a patient to a consultative provider, usually a specialist. There are various ways the consultant might respond to the e-consult including providing the requested feedback, asking for additional information, recommending specific tests or examinations or by scheduling a live appointment with the patient. These provider-to-provider communications occur through secure asynchronous electronic messaging and may be integrated into an EHR system.

E-consult formalizes “curbside consultations,” informal, often audio-based consultations with colleagues. These are a well-accepted part of medical practice<sup>1</sup> but are not done regularly as they are uncompensated and rely on personal relationships between providers. Compared to the traditional curbside consultation, e-consult allows for integration, documentation, and care coordination because the treating provider is able to send the consultant notes and images, and the communications are captured in the electronic health record, enabling a reimbursable service.

### The Benefits of E-Consult and the Importance of Reimbursement Policy

Studies consistently show that e-consults improve access to specialty care. Not only do e-consults have a one- to six-day response time<sup>2,3,4</sup> compared to the 25.5 days<sup>5</sup> it typically takes to see a specialist in-person, but e-consults also have been shown to reduce wait times for in-person appointments by 29 to 68%<sup>6,7,8,9</sup>. According to recent research patients can also expect significant savings in avoided copays, transportation costs, and missed work for every specialty visit averted.<sup>10</sup> Additionally, studies show that 78 to 96% of patients report being satisfied on dimensions such as care quality, timeliness, improved access, and safety.<sup>11</sup>



E-consult allows the primary care provider (PCP) to maintain the patient relationship and reinforce a patient’s medical home while expanding the provider’s medical knowledge.<sup>12</sup> E-consult has also

been shown to improve provider satisfaction, with 70 to 100% of PCPs satisfied on dimensions such as timely specialist advice, improved patient care, and educational value.<sup>13</sup> Additionally, 50% to 95% of specialists report satisfaction with e-consults and that the use of e-consult encourages more comprehensive evaluations and fewer inappropriate clinical visits.<sup>14</sup> Providers also benefit from reduced no-show rates, quick turnaround and reduced specialty wait times.<sup>15</sup>

These benefits are particularly important for safety net providers where demand outpaces the ability to meet the needs of a growing patient population. E-consult is a proven way to address many of the challenges California’s patients face in accessing specialty care.

## E-Consult Reimbursement Policy

While e-consult provide significant benefits to patients and providers, their use often limited in California because Medi-Cal limits reimbursement to remote, consulting providers. The American Medical Association's Common Procedural Terminology (CPT) has

adopted billing codes to recognize both the treating provider and consulting provider's time spent on e-consult. The provider's role (treating or requesting), the patient's coverage (Medicare or Medi-Cal) and the care setting (e.g., FQHC, inpatient or other) will determine which CPT code is billable. Below is a table explaining reimbursement:

| CPT CODE(S)                            | MEDICARE PHYSICIAN FEE SCHEDULE* | MEDI-CAL FEE SCHEDULE** |
|--|----------------------------------|-------------------------|
| 99446-9: Reimburse consulting provider | Yes                              | No                      |
| 99451: Reimburses consulting provider  | Yes                              | Yes                     |
| 99452: Reimburses treating provider    | Yes                              | No                      |

\* Note that in Medicare, a patient co-pay is associated with an e-consult

\*\* Note that FQHCs and RHCs cannot bill for 99451

## Endnotes

- 1 Curbside consultations. *Psychiatry (Edgmont)*. 2010;7(5):51-53.
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- 11 Thielke A, King V. Electronic Consultations: A Triple Win for Patients, Clinicians, and Payers. *Milbank Memorial Fund*. June 2020.
- 12 Gleason N, Prasad PA, Ackerman S, et al. Adoption and impact of an eConsult system in a fee-forservice setting. *Healthcare (Basel)*. 2017;5(1-2):40-45. doi: 10.1016/j.hjdsi.2016.05.005
- 13 Thielke A, King V. Electronic Consultations: A Triple Win for Patients, Clinicians, and Payers. *Milbank Memorial Fund*. June 2020.
- 14 Ibid.
- 15 Reines C, Miller L, Olayiwola JN, Li C, Schwartz E. Can eConsults save Medicaid? *NEJM Catal*. 2018. doi: 10.1056/CAT.18.0122.

### The California Telehealth Policy Coalition

The coalition is the collaborative effort of over 80 statewide organizations and individuals who work collaboratively to advance California telehealth policy. The group was established in 2011 when AB 415 (The Telehealth Advancement Act) was introduced and continues as telehealth becomes integral in the delivery of health services in California. Convened by the Center for Connected Health Policy, the coalition aims to create a better landscape for health care access, care coordination, and reimbursement through and for telehealth.

Visit the coalition online at [www.cchpca.org/about/projects/california-telehealth-policy-coalition](http://www.cchpca.org/about/projects/california-telehealth-policy-coalition).