



MassHealth
All Provider Bulletin 364
March 2023

TO: All Providers Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth

RE: Provider-to-Provider E-Consults

Introduction

[All Provider Bulletin 355](#) announced MassHealth's plan to implement a policy for coverage of provider-to-provider e-consults. This bulletin provides additional information regarding the policy and includes the following:

- CPT codes available for billing of e-consult services;
- coverage and billing guidance for e-consults; and
- the effective date of April 1, 2023.

While MassHealth coverage of e-consults will be effective for dates of service beginning April 1, 2023, MassHealth will formalize this policy and any provider-specific rules or service limitations through forthcoming updates to the applicable MassHealth provider manuals and Executive Office of Health and Human Services rate regulations.

Overview

MassHealth's mission is to improve the health outcomes of our diverse members and their families by providing access to integrated health care services that sustainably and equitably promote health, well-being, independence, and quality of life. In support of that mission, MassHealth introduces its policy on provider-to-provider e-consults.

Since the introduction of its telehealth policy, MassHealth has seen robust use of telehealth for delivering medically necessary services. To further improve health outcomes, MassHealth is implementing an e-consult policy for asynchronous provider-to-provider consultation.

E-consultation is a form of asynchronous collaboration between clinicians. E-consults have the potential to:

- improve and expedite patient access to specialized care, through multiple modalities;
- enhance bidirectional communication between specialists and PCPs, resulting in better care coordination, appropriate triage of cases, fewer medical trips for patients, and a more efficient path for PCPs to gain expert advice, which can also result in shared learning for PCPs;
- reduce overall cost of care by reducing unnecessary tests, imaging, and referrals;
- improve patient and clinician experience; and
- achieve comparable quality of care and safety.

Applicability

This bulletin applies to providers serving members enrolled in MassHealth fee-for-service, the Primary Care Clinician (PCC) plan, and Primary Care ACOs (PCACOs). MassHealth Accountable Care Partnership Plans (ACPPs), Managed Care Organizations, Senior Care Organizations (SCOs), One Care plans, and Programs of All-inclusive Care for the Elderly (PACE) must provide plan-covered services to enrollees in an amount, duration, and scope that is no more restrictive than MassHealth fee-for-service coverage for such services, including as set forth in this bulletin.

Coverage and Billing Guidance

In order to bill for the initial provider-to-provider e-consult, CPT code 99452 must be used (both to create the consult and respond to the MassHealth member) for instances requiring at least 30 minutes of the requesting provider's time. Note that 99452 will only be paid one time for each member in a 14-day period even if billed for multiple instances.

MassHealth policy allows providers acting in a primary care capacity or providing evaluation and management (E/M) services to bill 99452. Providers must be seeking specialty guidance from a specialist with whom the member does not already have an established relationship. (For example, a primary care or urgent care provider may initiate an e-consult via 99452 to a pulmonologist when a lung nodule is found on a patient's x-ray and the member has no prior relationship with a pulmonologist. However, if a member is already established with a pulmonologist, e-consultation codes should not be used. Instead, medical record gateway communication and other similar communication channels should be used.)

CPT codes 99451, 99446, 99447, 99448, or 99449 may be used to answer a provider-to-provider e-consult (including to review the request and medical records, make recommendations, and report back to the requester) that requires five minutes or more (as described in Appendix A) of medical consultative time. Note that 99451, 99446, 99447, 99448, or 99449 will only be paid one time for each member in a seven-day period even if billed for multiple instances. 99451, 99446, 99447, 99448, or 99449 will also not be paid if a visit occurs with the same type of provider as that which was e-consulted within 14 days of the e-consult. (For example, if an e-consult is billed by a cardiologist and the member has also seen a cardiologist within the same 14-day period, the e-consult will not be paid.)

MassHealth policy allows providers acting in a specialty care and consultative function to bill codes 99451, 99446, 99447, 99448, or 99449. Providers providing specialty guidance must be from a specialty type with whom the member does not already have an established relationship. (For example, a pulmonologist may answer an e-consult via 99451, 99446, 99447, 99448, or 99449 when a lung nodule is found on a patient's x-ray and the member has no prior relationship with a pulmonologist. However, if a member is already established with a pulmonologist, these e-consultation codes should not be used to provide an answer from another pulmonologist. Instead, medical record gateway communication and other similar communication channels should be used without billing of these codes.)

Parties mutually answering an individual e-consult with a pairing of codes 99451, 99446, 99447, 99448, or 99449 with 99452 need not be part of the same health system but must use secure electronic mediums to discuss and hold patient records.

MassHealth will continue to monitor the impact of e-consults on quality of care, cost of care, patient and provider experience, and health equity to inform the continued development of its telehealth

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policy. Based on the results of this monitoring and analysis of relevant data and information, MassHealth may further modify its e-consult policies at a later date.

E-consult codes are to be billed on professional claims only. Providers may not bill MassHealth a facility claim for these e-consult codes.

Modifiers for POS 02, POS 10, or modifier 95 are not required and will not be accepted for e-consult codes 99446, 99447, 99448, 99449, 99451, or 99452.

E-consults may be billed for the same date of service as an office (e.g., E/M) visit.

MassHealth will pay the rates set forth in 101 CMR 317.00: *Rates for Medicine Services* for e-consult services.

Guidance Regarding Telephone and Internet Connectivity

Some MassHealth members may want to receive telehealth services but have concerns about limited phone and/or internet access. Provider guidance is available at www.mass.gov/doc/masshealth-provider-resource-telephone-and-internet-connectivity-for-telehealth. This resource includes information about:

- the federal Lifeline program, which provides free or low-cost phone service to low-income households; and
- the Affordable Connectivity Program (ACP), a federal benefit program that helps ensure households can afford broadband internet. The ACP covers a monthly service discount and one device discount per household with broad eligibility criteria. You can find more information at www.affordableconnectivity.gov.

Through a separate initiative, additional no cost plans may be available to ACP enrollees. Please go to www.getinternet.gov for more information.

MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](#) web page.

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Questions

Dental Services

Phone: (800) 207-5019; TDD/TTY: (800) 466-7566

Long-Term Services and Supports

Phone: (844) 368-5184 (toll free)

Email: support@masshealthtss.com

Portal: MassHealthLTSS.com

Mail: MassHealth LTSS, PO Box 159108, Boston, MA 02215

Fax: (888) 832-3006

All Other Provider Types

Phone: (800) 841-2900, TDD/TTY: 711

Email: provider@masshealthquestions.com

Appendix A

Applicable CPT Codes

The following CPT codes may be billed for provider-to-provider e-consultations provided via telehealth (and in the case of 99446-99449, for live consultations as well):

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 minutes or more of medical consultative time

99452: Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional; 30 minutes

99446: Interprofessional telephone/Internet/electronic health 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: Interprofessional telephone/Internet/electronic health 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; 11-20 minutes of medical consultative discussion and review

99448: Interprofessional telephone/Internet/electronic health 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; 21-30 minutes of medical consultative discussion and review

99449: Interprofessional telephone/Internet/electronic health 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; 31 minutes or more of medical consultative discussion and review

Requirements for Telehealth Encounters

As a reminder to providers, when rendering services via telehealth, providers must comply with all applicable laws and regulations, including M.G.L. c. 118E, § 79.

Providers must adhere to the following best practices when delivering services via telehealth. Providers are encouraged to have documented policies and procedures that incorporate these best practices.

1. Providers must properly identify the patient using, at a minimum, the patient's name, date of birth, and MassHealth ID.
2. Providers must disclose and validate the provider's identity and credentials, such as the provider's license, title, and, if applicable, specialty and board certifications.

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3. For an initial appointment with a new patient, the provider must review the patient's relevant medical history and any available medical records with the patient before initiating the delivery of the service.
4. For existing provider-patient relationships, the provider must review the patient's medical history and any available medical records with the patient during the service.
5. Prior to each patient appointment, the provider must ensure that the provider is able to deliver the service to the same standard of care and in compliance with licensure regulations and requirements, programmatic regulations, and performance specifications related to the service (e.g., accessibility and communication access) using telehealth as is applicable to the delivery of the services in person. If the provider cannot meet this standard of care or other requirements, the provider must direct the patient to seek in-person care.
6. To the extent feasible, providers must ensure the same rights to confidentiality and security as provided in face-to-face services.
7. Providers must follow consent and patient information protocol consistent with those followed during in person visits.
8. Providers must obtain the member's consent to receive services via telehealth and inform the member (1) of any relevant privacy considerations and (2) that the member may revoke their consent to receive services via telehealth at any time.
9. Providers must inform patients of the location of the provider rendering services via telehealth (i.e., distant site) and obtain the location of the patient (i.e., originating site).
10. The provider must inform the patient of how the patient can see a clinician in-person in the event of an emergency or as otherwise needed.

Documentation and Recordkeeping

Providers delivering services via telehealth must meet all health records standards required by the applicable licensing body, as well as any applicable regulatory and program specifications required by MassHealth. This includes storage, access, and disposal of records.

Providers must comply with all applicable MassHealth regulations pertaining to documentation of services. MassHealth may audit provider records for compliance with all regulatory requirements, including recordkeeping and documentation requirements, and may apply appropriate sanctions to providers who fail to comply.