

### **What has changed?**

- State Medicaid programs can now pay doctors for consulting with other doctors if they take affirmative action.
- Earlier this year, the Centers for Medicare and Medicaid Services (CMS) released guidance announcing the option for states to cover and reimburse for interprofessional consultations under Medicaid and the Children's Health Insurance Program (CHIP), aligning Medicaid and CHIP with existing Medicare policy.
- This is a positive policy change that could facilitate access to expert care for children with neurologic conditions and potentially assist with transition of care from pediatric to adult care.

### **On what is this change based?**

- Since 2019, Medicare policy has allowed for coverage and payment for interprofessional consultations where a consulting physician can use codes to report interprofessional telephone/Internet/electronic health record consultation. This is a service in which a patient's treating physician requests the opinion and/or treatment advice of a physician or other qualified health care professional with specific specialty expertise to assist him or her in the diagnosis and/or management of the patient without patient face-to-face contact with the consultant.

### **What must a state do to make this Medicaid payment a reality?**

- To allow for payment for interprofessional consultation services in Medicaid, a State must submit a Medicaid state plan amendment (SPA) to CMS.
- The CMS guidance encourages states to cover these services and to eliminate (or modify) prohibitions on same day billing that may impede such consultations.

### **What about consultations occurring across state lines?**

- For consultations that cross state lines, consulting practitioners must be an enrolled Medicaid or CHIP provider in the state in which they are practicing.
- Both the treating and consulting practitioner will be required to follow all state and federal privacy laws regarding the exchange of patient information.

