

Corporate Medical Policy

E-visits (Online Medical Evaluations)

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Description of Procedure or Service

Telemedicine is generally defined as the exchange of medical information between sites via electronic communication for the purpose of transmitting clinical information. Technologies used for electronic communication include: videoconferencing, store-and-forward imaging, the Internet, streaming media, satellite and wireless communications. Please refer to the medical policy titled "Telemedicine."

E-visits (email, online medical evaluations) refer to the ability for health providers to respond or interact with patients through a secured electronic channel. There has been interest on behalf of patients and providers to use electronic means such as email to manage medical conditions in lieu of a formal office visit. E-visits are typically member-initiated, and used to address non-urgent ongoing or new symptoms, although there may be an evolving role for the use of e-visits in management of chronic health conditions such as diabetes.

The American Medical Association (AMA) issued an opinion and associated guidelines for electronic communications in 2002, focusing on maintaining the physician-patient relationship, ethical responsibilities and notification to patients of the inherent limitations of such communications. As stated in the AMA Guidelines, "New communication technologies must never replace the crucial interpersonal contacts that are the very basis of the patient-physician relations, rather, electronic mail and other forms of Internet communication should be used to enhance such contacts. Patient-physician electronic mail is defined as computer-based communication between physicians and patients within a professional relationship, in which the physician has taken on an explicit measure of responsibility for the patient's care. These guidelines do not address communication between physicians and consumers in which no ongoing professional relationship exists, as in an online discussion group or a public support forum."

Practitioners who use electronic communication systems should be in compliance with online secure transmission of private patient health information (e.g., HIPAA regulations, encryption). The handling of electronic patient information is considered the same as for an in-office environment, and patient privacy must be maintained. Secured electronic channels have been developed commercially to meet AMA guidelines and HIPAA regulations.

*****Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.**

Policy

BCBSNC will provide coverage of E-visits when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.

E-visits (Online Medical Evaluations)

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

When E-visits are covered

E-visits may be covered when **all** of the criteria are met:

- There is an established provider patient relationship based on a previous in-office visit,
- The E-visits are provided by a physician, physician's assistant or nurse practitioner,
- The extent of services provided via the E-visit includes at least a problem focused history and straight forward medical decision making as defined by the CPT manual,
- E-visits should not be billed more than once within 7 days for the same episode of care or be related to an evaluation and management service performed within 7 days. E-visits billed within the post-operative period of a previously completed major or minor surgical procedure will be considered part of the global payment for the procedure and not paid separately.
- Service is conducted over a secured channel with provisions described in Policy Guidelines.

When E-visits are not covered

E-visits are not covered when criteria listed above are not met or for the following situations:

- request for medication refills or referrals,
- reporting of normal test results,
- provision of educational materials,
- scheduling,
- registration or updating billing information,
- reminders.

Policy Guidelines

A secured electronic channel must include and support all of the following:

1. The electronic channel must be secure, with provisions for privacy and security, including encryption, in accordance with HIPAA.
2. A mechanism must be in place to authenticate the identity of correspondent(s) in electronic communication and to ensure that recipients of information are authorized to receive it.

E-visits (Online Medical Evaluations)

3. Patient's informed consent to participate in the consultation must be obtained, including discussing appropriate expectations, disclaimers and service terms, and any fees that may be imposed. Expectations for appropriate use must be specified as part of the consent process including: use of specific written guidelines and protocols, avoiding emergency use, heightened consideration of use for highly sensitive medical topics, relevant privacy issues.
4. Expectations are established for turnaround times for responses from the provider. The system should alert the physician or practice that there is an outstanding request for an e-visit.
5. A structured symptom assessment and risk reduction features (i.e., patients are directed to contact the practice and/or emergency room if certain symptoms are reported) should be included.
6. The electronic communication system generates an automatic reply to acknowledge receipt of messages or indicates that the provider is unable to respond.
7. The name and patient identification number is contained in the body of the message.
8. A standard block of text is contained in the provider's response that contains the physician's full name, contact information, and reminders about security and the importance of alternative forms of communication for emergencies.
9. A permanent record of online communications relevant to the ongoing medical care of the patient should be maintained as part of the patient's medical record.
10. The channel must be free of any third party advertising on its site and must not use the patient's information for marketing.
11. If the system collects payment for patients utilizing a credit card, it should be Payment Card Industry Data Security Standard (PCI-DSS) compliant.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable service codes: 99444, 98969

As of 2008, online medical evaluations have distinct CPT codes. 99444 refers to an online evaluation and management service provided by a physician to an established patient. For an online medical evaluation provided by a qualified nonphysician health care professional, use 98969.

According to the CPT manual (2009 edition), an online electronic medical evaluation is a non-face-to-face evaluation and management (E/M) service by a physician to a patient using Internet resources in response to a patient's online inquiry. Reportable services involve the physician's personal timely response to the patient's inquiry and must involve permanent storage (electronic or hard copy) of the encounter. This service is reported only once for the same episode of care during a seven-day period, although multiple physician could report their exchange with the same patient. If the online medical

E-visits (Online Medical Evaluations)

evaluation refers to an E/M service previously performed and reported by the physician within the previous seven days (either physician requested or unsolicited patient follow-up) or within the postoperative period of the previously completed procedure, then the service(s) are considered covered by the previous E/M service or procedure. A reportable service encompasses the sum of communication (e.g., related telephone calls, prescription provision, laboratory orders) pertaining to the online patient encounter.

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

AMA Guidelines for Physician-Patient Electronic Communications. Retrieved 8/5/2008 from <http://www.ama-assn.org/ama/pub/category/print/2386.html>

The AMA Code of Medical Ethics Opinion 5.026: The Use of Electronic Mail.

Council on Ethical and Judicial Affairs Report 3-1-02: Ethical Guidelines for the Use of Electronic Mail between Patients and Physicians, adopted December 2002.

Hersh WR, Hickam DH, Severance SM, Dana TL, Krages KP, Helfand M. Telemedicine for the Medicare Population: Update. Evidence Report/Technology Assessment No. 131 (Prepared by the Oregon Evidence-based Practice Center under Contract No. 290-02-0024.) AHRQ Publication No. 06-E007. Rockville, MD: Agency for Healthcare Research and Quality. February 2006.

Centers for Medicare and Medicaid Services (CMS). Medicare payment of telemedicine and telehealth services. May 15, 2006. Retrieved 8/5/2008 from <http://www.cms.hhs.gov/Transmittals/Downloads/R1798B3.pdf>

Specialty Matched Consultant Advisory Panel review 3/31/2011.

Policy Implementation/Update Information

- 6/1/09 New policy issued. Coverage will be provided for E-visits when it is determined to be medically necessary because the medical criteria and guidelines outlined in the medical policy are met. (adn)
- 10/26/09 Specialty Matched Consultant Advisory Panel review meeting 9/28/09. Policy accepted as written.
- 6/22/10 Policy Number(s) removed (amw)
- 4/12/11 Specialty Matched Consultant Advisory Panel Review meeting 3/31/2011. No changes to policy statement. (lpr)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.
