Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

This Emergency Policy is effective for claims with dates of service starting March 6, 2020. This Emergency Policy will remain in effect for dates of service through April 30, 2021. Medica will continue to evaluate possible extensions of this Emergency Policy (for some or all products) for the duration of the federally declared Public Health Emergency (PHE). At the expiration of the PHE, this Emergency Policy shall terminate (except to the extent a longer term is required by applicable law, as noted above.)

Coverage Policy

Telemedicine, the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site is COVERED. These medical services do not involve direct, in-person contact and include but are not limited to the following services:

1. Consultations
2. Telemedicine consults: emergency department or initial inpatient care
3. Subsequent hospital care services
4. Subsequent nursing facility care services
5. End state renal disease services
6. Individual medical nutrition therapy
7. Individual and group diabetes self-management training
8. Smoking cessation
9. Alcohol and substance abuse (other than tobacco) structured assessment and intervention services
10. Individual psychotherapy
11. Psychiatric diagnostic interview examinations, and
12. Family psychotherapy with or without patient present.
13. Preventive care services

Telemedicine is NOT COVERED for:

1. Provider initiated e-mail
2. Appointment scheduling
3. Refilling or renewing existing prescriptions without substantial change in clinical situation
4. Scheduling diagnostic tests
5. Reporting test results
6. Updating patient information
7. Providing educational materials
8. Brief follow-up of a medical procedure to confirm stability of the patient’s condition without indication of complication or new condition including, but not limited to, routine global surgical follow-up
9. Brief discussion to confirm stability of the patient’s chronic condition without change in current treatment
10. When information is exchanged and the patient is subsequently asked to come in for an office visit
11. A service that would similarly not be charged for in a regular office visit
12. Reminders of scheduled office visits
13. Requests for a referral
14. Consultative message exchanges with an individual who is seen in the provider’s office immediately afterward
15. Clarification of simple instructions or issues from a previous visit
16. Communication between two licensed health care providers that consists solely of a telephone conversation, email or facsimile
17. Communication between a licensed health care provider and a patient that consists solely of an email or facsimile

Note: See also related Medica coverage policy, Virtual Care and related Medica reimbursement policies, Emergency Telemedicine (Excluding MHCP) and Emergency Telemedicine (Minnesota Health Care Programs).

Description
Telemedicine is the delivery of health care services or consultations while the patient is at an originating site and licensed health care provider is at a distant site.

Originating site includes, but is not limited to, a member’s home or a health care facility at which a patient is located at the time the services are provided by means of telemedicine.

Distant site means a site at which a licensed health care provider is located while providing health care services or consultations by means of telemedicine. A communication between a licensed health care provider and a patient that consists solely of an email or facsimile transmission does not constitute telemedicine consultations or services.

Prior Authorization
Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations
Use the current applicable CPT/HCPCS code(s). To obtain the current code(s) please reference the Medica reimbursement policies Telemedicine (Commercial) and Telemedicine (Minnesota Health Care Programs).

Original Effective Date: 1/1/2017

Re-Review Date(s): 10/16/2019
3/6/2020 – administrative update; format
3/30/2020 – administrative update; temporary policy changes
4/22/2020 – administrative update; temporary effective date change
6/2/2020 – administrative update; temporary effective date change
6/16/2020 – administrative update; addition of preventive care
7/24/2020 – administrative update; temporary effective date change
10/14/2020 – administrative update; temporary effective date change
1/11/2021 – administrative update; temporary effective date change

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