**Virtual Care**

**Effective Date:** 1/20/2020

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### 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.

### Coverage Policy

Virtual care, sometimes called Virtual Check-Ins or E-visits, is **COVERED** when used to address non-urgent medical symptoms for new or ongoing symptoms to which providers respond with substantive medical advice.

Virtual care is **NOT COVERED** for:

1. Provider initiated email
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

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

### Description

Professional evaluation and medical management services provided to patients through email, telephone or webcam.
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). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes
- **98966** – Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
- **98967** – 11-20 minutes of medical discussion
- **98968** – 21-30 minutes of medical discussion
- **98970** – qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
- **98971** – qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
- **98972** – qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes
- **99421** – online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
- **99422** – online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
- **99423** – online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes
- **99441** – Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
- **99442** – 11-20 minutes of medical discussion
- **99443** – 21-30 minutes of medical discussion

HCPC Codes
- **G0071** - Payment for communication technology-based services for 5 minutes or more of a virtual (nonface-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only
- **G2010** - Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward) including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days not leading to an E/M service or procedure within the next 24 hours or soonest available appointment
- **G2012** - Brief communication technology-based service, e.g., virtual check-in by a physician or other qualified health care professional who can report E/M services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days not leading to an E/M service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion
- **G2061** - Qualified non-physician care professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
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- **G2062** – Qualified non-physician care professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
- **G2063** - Qualified non-physician qualified health care professional online assessment and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

Original Effective Date: 1/1/2017

Re-Review Date(s): 10/16/2019

- 3/12/2020 – administrative update; codes
- 3/30/2020 – administrative update; G codes
- 4/1/2020 – administrative update; revision to G2063
- 4/2/2020 – administrative update; addition of code G0071

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