Medica Coverage Policy

Policy Name:	**Telemedicine**
Effective Date:	**1/16/2023**

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

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.

Telemedicine is **NOT COVERED** for:

1. Electronic connections that are not conducted over a secure encrypted website as specified by the Health Insurance Portability & Accountability Act of 1996 Privacy & Security rules (e.g., Skype)
2. Provider initiated e-mail
3. Appointment scheduling
4. Refilling or renewing existing prescriptions without substantial change in clinical situation
5. Scheduling diagnostic tests
6. Reporting test results
7. Updating patient information
8. Providing educational materials
9. 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
10. Brief discussion to confirm stability of the patient's chronic condition without change in current treatment
11. When information is exchanged and the patient is subsequently asked to come in for an office visit
12. A service that would similarly not be charged for in a regular office visit

13. Reminders of scheduled office visits
14. Requests for a referral
15. Consultative message exchanges with an individual who is seen in the provider's office immediately afterward
16. Clarification of simple instructions or issues from a previous visit
17. Communication between two licensed health care providers that consists solely of a telephone conversation, email or facsimile
18. 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, *Telemedicine (Commercial)* and *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 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
10/19/2022

© 2017- 2022 Medica