

Reimbursement Policy	
Title: Telephone and Virtual Care Services	
Policy Number: RP-P-410X	Application: All Medica Members
Last Reviewed: 06/28/2023	Effective Date: 01/01/1999
Related Policies: Virtual Care Coverage Policy ; Telehealth Services Coverage Policy ; Telemedicine (Emergency) for Minnesota Health Care Program Members ; Telemedicine (Emergency) excluding Minnesota Health Care Program Members	

Disclaimer: *This reimbursement policy is intended to provide general guidance regarding Medica’s policy for the services described, and does not constitute a guarantee of payment. You are responsible for submitting accurate claims. Factors affecting claims reimbursement may include, but are not limited to, state and federal laws, regulations and accreditation requirements, along with administrative services agreements, provider contracts, and benefit coverage documents. Coding methodology and industry standards are also considered in developing reimbursement policy.*

Medica routinely updates reimbursement policies, and new versions are published on this website. If you print a copy of this policy, please be aware that the policy may be updated later, and you are responsible for the information contained in the most recent online version. Medica communicates policy updates to providers via Medica’s monthly e-newsletter, Medica Connections®, as well as through Medica Provider Alerts.

All content included on the provider portion of medica.com is an extension of providers’ administrative requirements, which all Medica network providers are contractually obligated to follow.

Summary:
Medica reimburses telephone services (Current Procedural Terminology [CPT®] codes 99441-99443 and 98966-98968) when used to report a non-face-to-face evaluation and management (E/M) service that is initiated by an established patient, or guardian of an established patient, via the telephone. Virtual Care is covered when used to address non-urgent medical symptoms for new or ongoing symptoms to which providers respond with substantive medical advice.

Policy Statement:

Telephone Services:

If the telephone service ends with a decision to see the patient within 24 hours or at the next available urgent visit appointment, it should not be reported. The service is considered part of the pre-service work of the subsequent visit.

Telephone services should not be reported when the call refers to an E/M service performed and reported by the physician or other qualified health care professional within the previous 7 days or within the postoperative period of a previously completed procedure.

When provided by therapists in private practice or therapists in institutional providers of therapy services, the telephone service codes are always provided under a physical therapy, occupational therapy or speech-language pathology plan of care and must be reported with the associated GP, GO or GN therapy modifier.



Virtual Care Services:

Virtual care services are professional evaluation and medical management services provided to new or existing patients through email, telephone or webcam to address non-urgent new or ongoing medical symptoms to which providers respond with substantive medical advice.

Virtual Care is NOT COVERED for:

- Provider initiated emails
- Appointment scheduling
- Refilling or renewing existing prescriptions without substantial change in clinical situation
- Scheduling diagnostic tests
- Reporting test results
- Updating patient information
- Providing educational materials
- 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
- Brief discussion to confirm stability of the patient’s chronic condition without change in current treatment
- When information is exchanged, and the patient is subsequently asked to come in for an office visit
- A service that would similarly not be charged for in a regular office visit
- Reminders of scheduled office visits
- Consultative message exchanges with an individual who is seen in the provider’s office immediately afterward
- Clarification of simple instructions or issues from a previous visit

Product and State Specific Rules:	
North Dakota	See North Dakota Executive Order 2020-05.1 for Special Rules (Commercial and IFB only, not Medicare)
Oklahoma	See the Oklahoma LH Bulletin NO. 2020-02 (Amended) for specific coverage criteria regarding Telemedicine

Modifiers:	
GN	Services delivered under an outpatient speech language pathology plan of care
GO	Services delivered under an outpatient occupational therapy plan of care
GP	Services delivered under an outpatient physical therapy plan of care

Code Lists:
Telephone and Virtual Care Services Code List

Resources:
Centers for Medicare and Medicaid Services (CMS)
Current Procedural Terminology (CPT®)
Healthcare Common Procedure Coding System (HCPCS)
National Physician Fee Schedule (NPFS)

Effective Date:	01/01/1999
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Revision Updates:	
06/28/2023	Template and Link Updates
04/14/2021	Code List Update
05/22/2020	Added Therapy Modifier Language
04/23/2020	Added the OK Bulletin Information
04/08/2020	Removed Status N Verbiage
04/02/2020	Code List Update
03/26/2020	Addition of Virtual Care Guidelines & Coverage