



Medica Central Coverage Policy

Policy Name: Virtual Care MP9663

Effective Date: 07/01/2024

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other 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, Medicaid, and other government programs, this policy will apply unless these 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 may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central 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 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



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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



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