Medical Policy

BCN Medical Policies are a source for BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information.

BCN Policy Effective Date: 1/1/16
(See policy history boxes for previous effective dates)

Title: eVisits

Description / Background

Telehealth and telemedicine are terms that are frequently used interchangeably. For this policy, Telehealth is an umbrella term used to describe all the possible variations of health care services and health care education using telecommunications. Telehealth allows for health care services such as telemedicine, telemonitoring, store and forward in addition to health care education for patients and professionals, and related administrative services.

Telemedicine, a subset of telehealth, means the use of an electronic media to link patients with health care professionals in different locations. To be considered telemedicine, the health care professional must be able to examine the patient via real-time, interactive audio or video, or both, telecommunications system and the patient must be able to interact with the off-site health care professional at the time the services are provided. Many have advocated the use of telemedicine to improve health care in rural areas, in the home and in other places where medical personnel are not readily available. Telemedicine may substitute for a face-to-face, hands-on encounter between a patient and the health care provider when using the appropriate technology.

The use of telecommunications to support a clinical decision can incorporate patient data collected and reviewed immediately, such as clinician interactive, or reviewed later when the patient is no longer available such as telemonitoring or store and forward.

- **Clinician Interactive** – An electronically based, real-time clinician-patient encounter where the patient and health care provider are in different locations. This virtual encounter can either be audio only or audio visual. The virtual encounter can also be hosted. A hosted visit is a virtual consult with a remote health care provider hosted by a provider who is face-to-

face with the patient. Certain clinical scenarios will dictate the use of a hosted visit, so as to minimize risk to the patient and maximize the clinical outcome. For example, when a patient presents to the emergency room with acute stroke symptoms and the neurology specialist is not on site, the emergency room physician hosts a consult with the remote neurologist in a real-time encounter.

- **Store and Forward** - The asynchronous transmission of medical information to be reviewed at a later time by a physician or practitioner at the distant site. A store and forward process eliminates the need for the patient and clinician to be present at the same time and place. Data that is sent to a remote clinician and interpreted in real time is not store and forward. For example, a radiologist reading a study for the emergency room remotely is not considered store and forward since the clinical decision is occurring in real time.

- **Telemonitoring** - Services that enable providers to monitor test results, images and sounds that are usually obtained in a patient's home or a care facility. Post-acute care patients, patients with chronic illnesses and patients with conditions that limit their mobility often require close monitoring and follow-up. These types of programs use various strategies to monitor patients while reducing the need for face-to-face visits. An example is remote blood pressure monitoring in the home reported electronically to the provider. Telemonitoring is considered an asynchronous encounter.

- **eVisits** (or, "online visits") - Low-complexity clinician-interactive telemedicine visits. An eVisit represents a structured, real-time (synchronous) health encounter using secure online communication technology to virtually connect a physician or other healthcare provider in one location to a patient in another location for the purpose of diagnosing and providing medical or other health treatment. The patient initiates the virtual electronic medical evaluation. The medical information is exchanged via secured servers. Typically, eVisits use straightforward decision making to address urgent but non-emergent conditions that can be appropriately managed with this non face-to-face encounter. These encounters should reflect an algorithmic question and answer approach. At the point of making decisions regarding diagnosis and/or treatment, the provider does not require face-to-face contact to make an optimal decision.

This form of virtual electronic care has been shown to be desired by patients. Studies looking at eVisits and their viability in an ambulatory primary care setting have been limited. However, more data is being gathered that indicates possible effectiveness in reducing costs and improving patient satisfaction.

Practitioners that utilize any form of eVisit must be in compliance with online secure transmission of private patient health information. The handling of electronic patient information is considered the same as an in-office location and patient privacy must be maintained.

Regulatory Status:

N/A

Medical Policy Statement

The safety and effectiveness of eVisits for the evaluation and management of a health condition have been established. It may be considered a useful diagnostic and therapeutic option when indicated.

Inclusionary and Exclusionary Guidelines (Clinically based guidelines that may support individual consideration and pre-authorization decisions)

Inclusions:

- The eVisit must be initiated by the patient.
- The eVisit must be real-time (synchronous) between the patient and healthcare professional.
- The eVisit should reflect an algorithmic question and answer approach. At the points of making decisions regarding diagnosis and/or treatment, the provider does not require face-to-face contact to make an optimal decision.
- The eVisit is a low complexity, straightforward decision-making encounter that addresses urgent but not emergent clinical conditions; it is not anticipated that a follow-up encounter is required.
- The eVisit is conducted over a secured channel with provisions described in Policy Guidelines.
- Eligible providers may include:
  - MD/DO
  - Certified nurse midwife
  - Clinical nurse practitioner
  - Clinical psychologist
  - Clinical social worker
  - Physician Assistant
  - Licensed Professional Counselor

Exclusions:

- Store and Forward
- Telemonitoring
- Email only communication*
- Telephone only communication*
- Text only communication*
- Facsimile transmission
- Request for medication refills
- Reporting of normal test results
- Provision of educational materials
- Scheduling of appointments and other healthcare related issues
- Registration or updating billing information
- Reminders for healthcare related issues

- Referrals to other providers
- Any eVisit encounter resulting in an office visit, urgent care or emergency care encounter on the same day for the same condition
- Any eVisit encounter for the same condition originating from an office visit, urgent care or emergency care encounter within the previous seven days
- Any eVisit encounter occurring during the post-operative period
- Ongoing treatment (typically requiring more than 3-5 visits) without the expectation of a face-to face visit with the same treating clinician/provider group.

*Telephone, text and email communication can be considered an enhancement to the eVisit, but if done independently is not considered as meeting criteria for an eVisit.

Policy Guidelines:

A secured electronic channel must include and support all of the following for online encounters:

1. The electronic channel must be secure, with provisions for privacy and security, including encryption, in accordance with HIPAA guidelines.
2. A mechanism must be in place to authenticate the identity of correspondent(s) in electronic communication and to ensure that recipients of information are authorized to receive it.
3. The patient's informed consent to participate in the consultation must be obtained, including discussing appropriate expectations, disclaimers and service terms, and any fees that may be imposed. Expectations for appropriate use must be specified as part of the consent process including: use of specific written guidelines and protocols, avoiding emergency use, heightened consideration of use for highly sensitive medical topics, relevant privacy issues.
4. Expectations are established for turnaround times for responses from the provider.
5. The name and patient identification number is contained in the body of the message, when applicable.
6. A standard block of text is contained in the provider's response that contains the physician's full name, contact information, and reminders about security and the importance of alternative forms of communication for emergencies, when applicable.
7. A record of online communications descriptive of the eVisit should be made available to the patient if requested.
8. The channel must be free of any third party advertising on its site and must not use the patient's information for marketing.
9. If the system collects payment for patients utilizing a credit card, it should be Payment Card Industry Data Security Standard (PCI-DSS) compliant.

Benefit Considerations:

eVisit services are subject to all terms and conditions of the policy, certificate or contract agreed upon between the policy, certificate or contract holder and the insurer, including, but not limited to required copayments, coinsurances and deductibles.

CPT / HCPCS Level II Codes

(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure)

Established codes:

99444*

*Not covered for Medicare

Other codes (investigational, not medically necessary, not a benefit, etc.):

98969*

*Not covered for Medicare

Rationale

Using telemedicine technologies in the delivery of medical services offers potential benefits in the provision of medical care. The appropriate application of these technologies can enhance medical care by facilitating communication with physicians and their patients or other health care providers.

The physician-patient relationship is fundamental to the provision of acceptable medical care. It is the expectation that physicians recognize the obligations, responsibilities, and patient rights associated with establishing and maintaining a physician-patient relationship. A physician is discouraged from rendering medical advice and/or care using telemedicine technologies without (1) fully verifying and authenticating the location and, to the extent possible, identifying the requesting patient; (2) disclosing and validating the provider's identity and applicable credential(s); and (3) obtaining appropriate consents from requesting patients after disclosures regarding the delivery models and treatment methods or limitations, including any special informed consents regarding the use of telemedicine technologies. An appropriate physician-patient relationship has not been established when the identity of the physician may be unknown to the patient. Where appropriate, a patient must be able to select an identified physician for telemedicine services and not be assigned to a physician at random.

There is evidence that telemedicine technology can be used beneficially from a clinical and economic standpoint. While there are many promising initiatives underway, there are few mature telemedicine programs and few good scientific evaluations. There is still some need to work collaboratively to identify best practices. For example, telemedicine services for ongoing treatments or treatments of chronic conditions are feasible, but not demonstrated as best practice.

Certain health services, eg. behavioral health, neurology or endocrinology services, often rely upon more subtle and detailed observations of speech, behavior and affect. Therefore, these services require the most advanced communications and internet technologies for the delivery

of telemedical care and may not always be well-suited to a telemedicine approach. By using advanced communication technologies, health professionals are able to widen their reach to patients in a cost effective manner, ameliorating the maldistribution of specialty care.

Government Regulations

National:

There is no national coverage determination specific to eVisits.

CPT codes 99444 and 98969 are not covered by Medicare.

Local:

There is no local coverage determination specific to eVisits.

CPT codes 99444 and 98969 are not covered by Medicare.

Michigan Department of Community Health:

CPT codes 99444 and 98969 are not found on the MDCH database.

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

Related Policies

Telemedicine

References

1. American College of Physicians “e- Health and its Impact on Medical Practice - A Position Paper” 2008
2. Clancy, Carolyn, MD, Director AHRQ, “Telemedicine Activities at the Department of Health and Human Services,” Before the Subcommittee on Health Committee on Veterans Affairs, May 18, 2005, < http://www.ahrq.gov/news/test51805.htm > (December 7, 2009).
3. CMS, 42CFR, Supplementary Medical Insurance Benefits, 410.78 Telehealth Services, 11/1/2001, last update 11/25/09.
4. CMS, 42CFR, Payment for Part B Medical and Other Health Services, 414.65Payment for Telehealth Services, 11/1/01, last update 11/25/09.
5. CMS Manual System, List of Medicare Telehealth Services, Pub. 100-04, Medicare Claims Processing, Transmittal 517, April 1, 2005, change request 3747.
6. Evidence Report/ Technology Assessment, Telemedicine for the Medicare Population, Number 24, AHRQ Publication Number 01-E011, February 2001. http://www.ahrq.gov/clinic/epcsums/telemedsum.htm > (December 7, 2009)
7. HAYES Medical Technology Directory, “Telephone intervention for depression,” Lansdale, PA: HAYES, Inc., September 3, 2008.

8. HAYES Medical Technology Brief, “Electronic intensive care unit (ICU) use and patient outcomes," Lansdale, PA: HAYES, Inc., August 21, 2008.
9. HAYES Search and Summary, "Telephone intervention for depression," Lansdale, PA: HAYES, Inc., August 17, 2009.
10. HAYES Search and Summary, "Electronic intensive care unit (ICU) use and patient outcomes," Lansdale, PA: HAYES, Inc., September 15, 2009.
11. American Telemedicine Association “Practice Guidelines for Videoconferencing-Based Telemental Health” October 2009
12. Michigan Common Law-500-3476 - THE INSURANCE CODE OF 1956 (EXCERPT)
13. American Telemedicine Association “State Telemedicine Gaps Analysis, Coverage and Reimbursement” - September 2014, page 4
14. Federation of State Medical Boards “Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine” – April 2014, page 3
15. Medicare Managed Care Manual Chapter 4 - Benefits and Beneficiary Protections 30.3 – Examples of Eligible Supplemental Benefits

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through 10/29/15, the date the research was completed.

BCN Medical Policy History

Date	Rationale
11/18/15	BCN policy established – Effective date 1/1/16

Next Review: 4th Quarter 2016

MEDICAL POLICY TITLE: EVISITS
BCN BENEFIT ADMINISTRATION

I. Coverage Determination

Commercial HMO (includes Self-Funded groups unless otherwise specified)	Covered; criteria apply
BCNA (Medicare Advantage)	Not Covered; see Government Regulations Section
BCN65 (Medicare Complementary)	Coinsurance covered if primary Medicare covers the service.
Blue Cross Complete	See Government Regulations section of policy.

II. Administrative Guidelines

- The member's contract must be active at the time the service is rendered.
- Coverage is based on each member's certificate and is not guaranteed. Please consult the member's certificate for details. Additional information regarding coverage or benefits may also be obtained through customer or provider inquiry services at BCN.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Payment is based on BCN payment rules, individual certificate and certificate riders.
- Appropriate copayments will apply. Refer to certificate and applicable riders for detailed information.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.