

# MedStar Health, Inc.

## POLICY AND PROCEDURE MANUAL

Policy Number: MP.075.MH  
Last Review Date: 02/21/2019  
Effective Date: 04/01/2019

### MP.075.MH – E-visits

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar CareFirst PPO

MedStar Health considers E-visits medically necessary for the following indications:

E-visit services are covered for any of the following reasons:

- a) Non-urgent needs such as allergies or cough/cold symptoms
- b) Managing a patient's chronic condition
- c) Recurring acute conditions (ie sinusitis or ear infections)

E-visit services are limited to one billable E-visit per specific medical condition over a seven day period (global time frame includes all replies related to the patient's or guardian's initial question/query)

The E-visit benefit is applicable to this list of clinical conditions only:

- Back Pain
- Bronchitis
- Burns
- Conjunctivitis
- Cough
- Diarrhea
- Earache
- Emergency Department F/U
- Flu
- Herpes – male
- Herpes – female
- Menorrhagia
- Poison Ivy
- Rash
- Red Eye
- Scabies
- Shingles

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- Sinus/Cold Symptoms
- Sore Throat
- Strep throat
- Sunburn
- Urinary Symptoms
- Vaginitis

**Based on the specific benefit plan, copayments may apply.**

### Limitations

- Any E-visit resulting in an office, urgent care, or emergency care visit on the same day for the same condition
- Administrative functions including but not limited to:
  - Appointment scheduling, including the scheduling of diagnostic tests
  - Renewing or refilling existing prescriptions
  - Reporting normal test results
  - Updating patient information
  - Providing educational materials
  - Reminders of scheduled office visits
  - Clarification of simple instructions
  - A services that would similarly not be charged in a regular office visit
- All transmissions must be made in keeping with the originating site's privacy, security, and technology standards.

### Background

The American Academy of Family Physicians (AAFP) defines e-visit as an evaluation and management service provided by a physician or other qualified health professional to an established patient using a web-based or similar electronic-based communication network for a single patient encounter. The electronic-based communication must occur over a HIPAA-compliant online connection. The American Medical Association (AMA) recommends informing patients about privacy issues and establishing a turnaround time for messages.

E-visits can save patients and providers time, compared with traditional office visits. Studies hint at their potential to help patients in rural areas or those who don't have accessible transportation.

### Codes:

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CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT Codes	
99444	<i>Online evaluation and management service provided by physician to an established patient, guardian, or healthcare provider not originating from a related E/M service provided within the previous 7 days, using the internet or similar electronic communications network</i>

### References

1. Albert, S.M., Shevich, G.J., Paone, S., & Martich, G.D.: Internet-based medical visit and diagnosis for common medical problems: Experience of first user cohort, *Telemedicine and e-Health*, May 2011, 17(4), 304-308.  
<http://www.ncbi.nlm.nih.gov/pubmed/21457013>
2. American Academy of Family Physicians. Guidelines for e-visits. Developed 2008. Last reviewed: 2018. <https://www.aafp.org/about/policies/all/virtual-visits.html>American Medical Association: AMA Principles of Medical Ethics. I, IV, VI, VII Electronic Communication with Patients, Reviewed 2019.  
<https://www.ama-assn.org/delivering-care/ethics/electronic-communication-patients>
3. Mayo Clinic: Telehealth, When technology meets health care. May 24, 2014.  
<http://www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/telehealth/art-20044878>

### Disclaimer:

MedStar Health medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of MedStar Health and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

MedStar Health reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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