

Electronic Visits: Coding and Billing Guidance

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Electronic Visits: Coding and Billing Guidance

Introduction

The proliferation of electronic communications is being felt increasingly throughout our society, including physicians’ practices.

Contact between the patient and the physician (and other practitioners), outside of the traditional “*face-to-face encounter*,” is also occurring with increasing frequency, driven in part by the demands of patients who want greater immediacy in addressing health care questions and concerns. Those contacts range from a simple *telephone call* to highly developed Internet based communications such as Group Health’s *My Group Health* model (<http://www.ghc.org/cddemo/member/MyGHTour.jhtml>) which provides for online appointment scheduling, e-mail exchanges between patients and practitioners, electronic access to medical records and test results, and medication management.

This brave new world of patient and physician interaction, however, can result in confusion and errors when applied to the traditional protocols for:

- Coding (i.e., CPT code selection) and
- Billing health insurers and patients, and collecting amounts due for services provided.

This information is provided by the **WSMA Practice Resource Center**. As always, we welcome your feedback and suggestions.

For questions concerning this or any other coding and billing issue, please contact Michelle M. Lott, CPC, CPMA at 206.441.9762 or 1.800.552.0612 or e-mail mml@wsma.org.

Executive Summary

Review of coding rules and payer policies indicates that it is possible for providers to charge patients for telephone and online services as non-covered services and in rare situations practices may be able to receive reimbursement directly from the insurers. The main factor that practices need to consider is the potential risk that can accompany the use of these services.

This guidance document seeks to provide assistance to physicians and practice staff in traversing issues surrounding the use of the AMA Codes for Telephone and Online services We provide here a review of coding protocols for these *electronic visits* with citations and references to specific policies of insurers and entitlement programs, based on our research and direct communications with those organizations, and having solicited their input. We also provide guidance on addressing electronic visits that are deemed “not covered” by insurers.

Electronic Visits

In 2008, the American Medical Association's Current Procedural Terminology (CPT) Editorial Panel and the CPT Advisory Committee added new codes to report evaluations performed during telephone calls and online.

Successful communication between patients and physicians is, of course, an essential element to providing quality care and maintaining patient satisfaction. To help physicians and their practices in understanding these services, the WSMA has communicated with Washington's health insurers to ascertain their policies and to compile their responses in this guidance document.

There are a variety of ways to communicate with patients such as *Telephone calls*, *Faxes*, *E-Mail* and even *Texting (Text messaging)*. This guidance document will focus on *Telephone calls* and *On-line Medical Evaluation services*, referencing the use of the codes created by the AMA for reporting those services.

We will not go into detail on the use of *Faxes* and *Texting* to communicate with patients. *Faxes* are typically included in the pre- and post-service work of other services such as visits. The use of *Texting* has not been established as a standard of care for patients.

It is also very important that physicians and practice staff understand the difference between these services and more definitive services such as *Telemedicine* services. We discuss the difference between these services within this guidance.

Billing a health insurer (claim submission) for these services using an appropriate CPT code does not ensure payment from that insurer. Before reviewing the chart below of compiled responses from health insurers, please note the CPT definitions and rules for these codes and the related issues regarding Privacy, Malpractice Risks, and concerns regarding fraudulent or inaccurate use.

The WSMA encourages physicians and practice staff to be very cautious in offering these services and in conducting the associated coding and billing activities. These services can pose substantial risks to physicians in relation to HIPAA Privacy and Security Rules, malpractice, and potential allegations of fraudulent or inaccurate use.

A primary concern, therefore, is the potential for physicians' inadvertent violation of these guidelines, leaving them vulnerable to allegations of fraud and abuse or for violations of HIPAA regulations. Physicians will need to exercise substantial caution in offering and charging for electronically delivered services to protect themselves against allegations of possible fraud.

Benefits

For busy practices, electronic visits (E-visits) can be more time-efficient than face-to-face office visits or even than returning patients' phone calls. In addition, these services can potentially offer the practice an additional revenue stream. Note that these services are different from Telemedicine services (discussed below) that may be reimbursable by Health Insurers. Here are some benefits:

- Increased convenience in time savings for patients and doctors. Email can be sent and received at any time from almost anywhere—via computer, digital television, personal digital assistant, or mobile phone.
- May reduce the need for face-to-face consultations (time savings).
- Useful in providing information which patients otherwise would have to remember or write down – perhaps inaccurately - if provided verbally (e.g.: addresses and telephone numbers of facilities to which patients are referred; test results with interpretations and clinical advice; instructions on taking medications; preoperative and postoperative instructions).
- Unlimited length (in addition to text, users can send virtually any kind of electronic file as an attachment).

Restrictions and Prohibitions

It is important that the physicians, and practice staff review their health insurer contracts regarding charging for *non-covered services* and to determine if the insurer does not cover these services, before providing these services for payment.

Also, physicians and practice staff should institute a policy and procedure that clearly defines the provision of these services and provides information to the patients regarding such services.

Coding Guidance

First, please review the introductory comments in the AMA CPT Manual for:

- Non-Face-to-Face Physician Services for **Telephone Services** (99441 – 99443) and **On-Line Medical Evaluations** (99444) found in the *Evaluation and Management* section, and
- Non-Face-to-Face Nonphysician Services for **Telephone Services** (98966 – 98968) and **On-Line Medical Evaluations** (98969) found in the *Medicine* section.

Telephone Services

Telephone services codes should be used by a physician to report episodes of care *initiated by an established patient* (i.e., someone who has received a face-to-face service from you or another physician of the same specialty in your group in the past three years) *or by the patient's guardian*:

- 99441 - Telephone evaluation and management (E/M) service provided by a physician to an established patient, parent or guardian not originating from a related E/M service provided within the previous seven 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 - Same as 99441 except call includes 11–20 minutes of medical discussion.
- 99443 - Same as 99441 except call includes 21–30 minutes of medical discussion.

These codes come with several caveats:

1. Telephone services that are reported with 99441, 99442 or 99443 must be *personally performed by the physician*.
2. If the telephone service relates to and takes place *within the postoperative period of a procedure provided by the physician*, the service is considered part of the procedure and should not be separately reported.
3. Telephone services should not be reported when the same services are reported as *care plan oversight* or *anticoagulation management* (codes 99339-99340, 99374-99380 or 99363-99364).
4. When a telephone service refers to an Evaluation and Management (E/M) service *performed and reported by the physician within the previous seven days*, it is not separately reportable, regardless of whether it is the result of patient-initiated or physician-requested follow-up.
5. This service should not be reported if the service *results in the patient being seen within 24 hours or the next available appointment*.

On-line Medical Evaluations

Note that the AMA CPT Manual defines an on-line electronic medical evaluation as a “*non-face-to-face*” service provided “*to a patient using Internet resources in response to a patient’s on-line inquiry.*” The definition varies for physicians vs. nonphysicians. (See below for discussion of *Telemedicine* and *Telehealth* services, which are defined differently.)

On-line medical evaluations should be reported with code 99444, which replaced deleted code 0074T. The full description of code 99444 includes limitations similar to those for Telephone services:

- 99444 - Online E/M service provided by a physician to an established patient, guardian or health care provider, not originating from a related E/M service provided within the previous seven days, using the Internet or similar electronic communications network.

Please note these additional caveats related to online E/M services:

1. Reportable services must involve the physician's personal, timely response to the patient's inquiry.
2. If the online service relates to and takes place within the postoperative period of a procedure provided by the physician, the service is considered part of the procedure and not separately reported.
3. Online services should not be reported when the same services are reported as *care plan oversight* or *anticoagulation management* (codes 99339-99340, 99374-99380 or 99363-99364).
4. When an online service refers to an E/M service performed and reported by the physician within the previous seven days, it is not separately reportable, regardless of whether it is the result of patient-initiated or physician-requested follow-up.
5. The service should be reported only once for the same episode of care in a seven-day period and includes all other communications stemming from the online encounter (e.g., follow-up telephone calls, prescription provision, and lab and imaging orders).
6. Either electronic or hard-copy documentation of the encounter must be permanently stored.

It is important to remember that E/M Services include a certain amount of pre-encounter and post encounter work that is considered part of the E/M Service. The codes assign pre- and post-work periods to each service. Information regarding the pre- and post-encounter work can be found in the AMA CPT E/M Guidelines under the definition of Time. This includes faxes especially for prescription refills and other faxes of information that is pertinent to the patient's care.

Here are some key points to remember:

Physicians typically spend time doing work before or after the face-to-face time with the patient, performing such tasks as reviewing records and tests, arranging for further services, and communicating further with other professionals and *the patient through written reports and telephone contact*.

This **non-face-to-face** time for office services - also called pre- and post-encounter time - is not included in the Time component described in the E/M codes. *However, the pre- and post-encounter face-to-face work associated with an encounter is included in calculating the total work of typical services in physician surveys.*

If the physician decides to charge the patient for the telephone E/M service, the mechanism of charging the patient should be done in a timely fashion and not bundled with other patient encounters.

If a physician decides to begin charging for telephone E/M services, it would be prudent to select a specific start date, and to formally notify patients in advance as to when that new policy would take effect. In establishing the practice's charges for these services, the RVU's assigned to the Medicare program could serve as useful guideposts as to the "relative values" or the different services.

Note that there are separate sets of codes for use by physicians and non-physician practitioners. Physicians will report codes from the Evaluation and Management section of the AMA CPT Manual; non-physician practitioners will report codes from the Medicine section. This guidance document focuses on services performed by physicians and non-physician practitioners.

On-line Consultations: Guidance on Fee-Based Services

Definition: A "fee-based online consultation" is a clinical consultation provided by a physician to a patient using the Internet or other electronic communications network in which the physician expects payment for the service.

An online consultation that is given in exchange for payment introduces additional risks. In a fee-based online consultation, the physician has the same obligations for patient care and follow up as in face-to-face, written, and telephone consultations.

1. **Pre-existing relationship.** Online consultations should occur only within the context of a previously established doctor-patient relationship.
2. **Informed consent.** Prior to the online consultation, the physician must obtain the patient's informed consent to participate in the consultation for a fee. The consent should include explicitly stated disclaimers and service terms pertaining to online consultations. The consent should establish appropriate expectations between physician and patient.
3. **Medical records.** Records pertinent to the online consultation must be maintained as part of, and integrated into, the patient's medical record. All contacts with the patient should be documented in the medical record to ensure an accurate clinical record.
4. **Fee disclosure.** From the outset of the online consultation, the patient must be clearly informed about charges that will be incurred, and that the charges may not be reimbursed by the patient's health insurance. If the patient chooses not to participate in the fee-based consultation, the patient should be encouraged to contact the physician's office by phone or other means.
5. **Appropriate charges.** An online consultation should be substantive and clinical in nature and be specific to the patient's personal health status. There should be no charge for online administrative or routine communications as these are typically bundled services.
6. **Identity disclosure.** Clinical information that is provided to the patient during the course of an online consultation should come from, or be reviewed in detail by, the consulting physician whose identity should be made clear to the patient.
7. **Available information.** Physicians should state, within the context of the consultation, that it is based only upon information made available by the patient to the physician during, or prior to, the online consultation, including referral to the patient's chart when appropriate, and therefore may not be an adequate substitute for an office visit. Remember if the patient comes in at the next available appointment you should not charge for the online or telephone consultation.

8. **Online consultation vs. online diagnosis and treatment.** Physicians should attempt to distinguish between online consultation related to pre-existing conditions, ongoing treatment, follow-up questions related to previously-discussed conditions, etc., and new diagnosis and treatment. New diagnosis and treatment of conditions, solely online, may increase liability exposure.

Telemedicine vs. Telephone/On-line Services

Telemedicine is defined as the exchange of medical information between sites via electronic communication for the purpose of transmitting clinical information. The terms "telemedicine" and "telehealth" are often used interchangeably, although "telehealth" is intended to include a broader range of services such as videoconferencing and transmission of still images. The main proposed advantage of telehealth is the capability of delivering medical services to distant areas with low access to medical specialists.

Some systems allow remote assessment and monitoring of patient status. The devices collect physiological data through medical peripherals (blood pressure/pulse meter, ECG lead, thermometer, weight scale, pulse oximeter, glucose meter and PT/INR device) and transmit the information to an agency over telephone lines or wireless computer networks. These medical services do not involve direct, in-person patient contact.

Telehealth services are live, interactive audio and visual transmissions of a physician-patient encounter from one site to another site using telecommunication technologies. This may include transmissions of real-time telecommunications or those transmitted by store-and-forward technology.

E-visits (email, online medical evaluations) and telephone services refer to the ability for health providers to interact with patients through a secured electronic channel and are typically considered separate from TeleMedicine or TeleHealth services. This is specifically addressed in a separate policy "E-visits (Online Medical Evaluation)".

The Medicare program does not provide reimbursement for CPT 99441-99444 and Medicare will only pay for Telehealth services under following criteria:

1. If the beneficiaries are presented from an originating site located either in a rural HPSA (health professional shortage areas) or in a county outside of an MSA (metropolitan statistical area).
2. Entities participating in a Federal telemedicine demonstration project that were approved by or were receiving funding from the Secretary of Health and Human Services as of December 31, 2000, qualify as originating sites regardless of geographic location. Such entities are not required to be in a rural HPSA or non-MSA.

An originating site is the location of an eligible Medicare beneficiary at the time the service being furnished via telecommunications system occurs. Originating sites authorized by law are listed below.

The office of a physician or practitioner;

- A hospital;
- A critical access hospital (CAH);
- A rural health clinic (RHC);

- A federally qualified health center (FQHC);
- A hospital-based or critical access hospital-based renal dialysis center (including satellites)(Effective January 1, 2009.);
- A skilled nursing facility (SNF) (Effective January 1, 2009.);
- A community mental health center (CMHC) (Effective January 1, 2009.).

For more information on how to bill Medicare for Telehealth services please refer to the CMS Fact Sheet reference below.

Telehealth: Medicare References:

Medicare Benefit Policy Manual – Chapter 15: Covered Medical and Other Health Services
<https://www.cms.gov/manuals/Downloads/bp102c15.pdf>

CMS Fact Sheet - <http://www.cms.gov/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf>

CMS Manual System - Publication 100-04: Medicare Claims Processing – Charge Request 5895
(February 1, 2008) - Telehealth
<https://www.cms.gov/transmittals/downloads/R1423CP.pdf>

Related Issues on Providing Services Electronically

Privacy

While many practices are well versed in the HIPAA Privacy Rules and have implemented policies and procedures to address these regulations, issues remain due to the inherent complexity of the HIPAA Security Rules.

The Health Insurance Portability and Accountability Act (HIPAA) regulations on privacy and security apply to e-mail communications that contain a patient's protected health information (PHI), as defined in HIPAA privacy regulations. Those regulations also require the ability to provide for authentication of the identities of the author and the user in e-mail transmissions. HIPAA also requires the encryption of messages when sending PHI over the Internet to prevent unauthorized individuals from gaining access to clinical data found in e-mail or medical records, and to have appropriate safeguards to prevent the loss or unauthorized access to or distribution of PHI.

Below are some of the security and privacy risks that can significantly impact physicians' practices:

- An e-mail message may be intercepted and threaten patient privacy.
- E-mail message content can be altered and/or forwarded to unintended recipients.
- Numbers and letters in an e-mail address can be easily transposed, and e-mail may be delivered to the wrong person or not delivered at all.
- Difficulty can arise in establishing or confirming the identity of the patient in an e-mail request. A patient name without other identifiers may be insufficient to establish the identity of the patient. Accepting e-mail messages containing only the patient name and/or e-mail address without other identifiers can result in confusion with other patients with like names and e-mail addresses. The individual sending the e-mail may not be the patient, but an imposter using the patient's e-mail.
- Group e-mail messages present a risk for loss of confidentiality. Individual confidentiality is not protected when recipients are able to see the names and/or e-mail addresses of other group e-mail recipients.
- Clinicians answering patient e-mail messages from an unsecured location such as home computers could present a problem. Protected health information would be retained on private personal computers and in files maintained by Internet service providers.
- These concerns would also apply to other electronic communications such as texting or using other devices.

Malpractice Risks

Another area of concern is related there can also be medical liability risks related to providing "medical care" by e-mail or Internet communication. There are potential drawbacks to the use of e-mail, specifically when exchanging sensitive information such as personal health information and the establishment of the patient-physician relationship.

The risk in online and telephone communication is limited in its clinical usefulness since the appearance and voice of the patient are absent. There is no opportunity for a physical examination and no assurance when the physician will receive the message and when the patient will receive the physician's response.

From a medical malpractice standpoint, one of the biggest concerns is being sued under state law for missing a symptom or diagnosis based on e-mail interactions – or missing an urgent e-mail message altogether. In addition to these concerns there are major concerns regarding accurately documenting the services and guidance provided as they relate to potential lawsuits and clinical care issues.

Another area of risk is the failure to meet patients' service expectations or follow one's own office policies and procedures can result in liability. The situation in which a physician fails to respond in an appropriate time frame to a patient e-mail, resulting in an adverse outcome, for example, might present a liability risk, emphasizing the need to educate patients about the appropriate use of e-mail and about appropriate response time expectations. Although e-mail is widely used, neither the legal nor medical liability communities have significant precedents for dealing with potential e-mail communication risks.

Fraudulent or Inaccurate Use

Another major area of concern is in regards to fraudulent or inaccurate usage of online and telephone services. These areas can range in an inaccurate application of the established AMA CPT Guidelines for non-face to face services to issues regarding medical licensing and who is actually performing the services rendered.

Per the AMA *CPT Manual* guidelines, codes for *non-face-to-face* evaluation and management (E/M) services, as provided by a physician, are used to report episodes of care by the physician, when that service is initiated by an established patient or the guardian of an established patient. If the service ends with a decision to see the patient within 24 hours or at the next available urgent visit appointment, the code is not reported; rather the encounter is considered part of the pre-service work of the subsequent E/M service, procedure, and visit. Likewise if the service refers to an E/M service performed and reported by the physician within the previous seven days (either physician requested or unsolicited patient follow-up) or within the postoperative period of the previously completed procedure, then the service(s) are considered part of that previous E/M service or procedure.

With the recent focus of governmental agencies such as the Office of the Inspector General and the increased auditing by the Medicare program and insurers it is vital that physicians. Recently legal cases have determined that physicians and their employees have a duty to understand Medicare and Medicaid billing requirements and to apply them scrupulously to the claims that are submitted for reimbursement.

Failure to comply with general coding rules or specific coverage policies can have damaging effects such as exclusion for participation in federal programs', recoupment of claims submitted inaccurately, cancellation of contractual agreements, and fines. In some cases inaccurate submission of claims can result in other legal problems such as civil penalties and jail time.

Payment Policies: Health Insurers and Entitlement Programs

Medicare

Under the Medicare program, Relative Value Units (RVUs) and pricing are assigned to these telephone and online service codes. However, these services are considered to be non-covered services under the Medicare program; the rationale is that the service is not performed face-to-face by the practitioner with the Medicare beneficiary. As a result, physicians can choose to bill the patient directly, seeking payment for the services described by these codes, presuming that the patient is well informed of the policies, costs, and requirements before the service is provided. It is recommended that practices establish policies and guidelines for these services which would include a notice that the patient has signed acknowledging and consenting to these services and charges.

While the Medicare program does provide coverage for telemedicine services, the CPT codes 99441 - 99444 have been designated as non-covered services. For more information on non-covered services, refer to CMS Internet Only Manuals. Links to these manuals are listed in the *References* section of this guidance.

Washington State Medicaid

Under the Washington State Medicaid program, physicians and other practitioners should pay very close attention to regulations regarding billing Medicaid Clients for non-covered services or allowing a Medicaid patient to self-pay (pay the practitioner directly) for services that may be payable by the Medicaid Program.

In 2010, the regulations were changed relating to billing patients covered under the Washington State Medicaid Program; those changes are found in Washington Administrative Code (WAC) 182-502-0160, available online at <http://apps.leg.wa.gov/wac/>

Physicians and practice staff also should review carefully the information found in Medicaid Provider Memo # 10-25, issued June 24, 2010, which can be found online at <http://hrsa.dshs.wa.gov/download/memos/2010Memos/10-25.pdf>.

Commercial Insurers

Commercial health insurers are free to develop their own coverage and reimbursement policies. Most commercial insurers follow Medicare's lead by not providing coverage for these services. So if a physician has a Provider Contract with a health insurer, it would be necessary to follow the policies established by that insurer, or risk violating that contractual agreement. This means that the physician may be able to charge a patient directly for these services if the health insurer considers the service to not be covered by the patient's benefit plan. Alternatively, the physician or practice may wish to pursue negotiations with the health insurer to arrange for such services to be paid under the insurer's contracts.

This chart provides information on Washington health insurers' policies regarding charging for *Telephone* and *On-line* services. The information was solicited by the WSMA directly from the insurers listed. Before providing these services, please review carefully this chart and the insurers' respective policies.

Health Insurer	Policy on Electronic Visits	Comments
Aetna	<p>Aetna does not pay for medical services without direct patient contact, unless those services have been 1) mandated or 2) preauthorized by Patient Management. Payment for these services is included in the payment for direct face-to-face services that physicians bill.</p> <p>Exception: Charges for an online medical evaluation (for example, an eHealth visit) are eligible for payment when the care is rendered by an Aetna participating physician specifically contracted to provide Internet-based services to Aetna members.</p> <p>Allow electronic visits through Relay Health (secure web-portal service to protect PHI and document activity) but no current compensation for telephone calls or email.</p>	
CIGNA	<p>*Cigna currently offers an electronic visit benefit for self funded employers on our Proclaim Platform (this currently does not include former Great West platforms) through our preferred relationship with a vendor, RelayHealth.</p> <p>*CIGNA's medical coverage policy covers ANY telemedicine service deemed medically necessary* between a Health Care Professional & customer, for diagnosis & treatment of individuals either located in geographically remote areas, or who cannot access direct patient-provider healthcare. (NOTE - This policy applies If telemedicine services are not expressly covered nor specifically excluded under the applicable benefit plan).</p> <p>*Telemedicine services (other than those expressly covered by a benefit plan) provided solely for the convenience of the individual or the provider, are not considered medically necessary.</p>	<p>The client must elect to include the benefit and there is no additional charge assessed for this service. RelayHealth technology enables CIGNA customers to access secure online healthcare communication services that link patient, healthcare professionals, the payor and pharmacies.</p>

Community Health Plan of Washington	Same policy as WA State Medicaid	
First Choice Health Network	<p>Payment for services provided by phone or fax are dependent upon each employer's benefit plan.</p> <p>First Choice Health will price and forward claims with valid electronic visit CPT codes to payers for processing.</p>	The payer should be contacted directly to determine benefit coverage of electronic visits. For payer contact information, please refer to the patient's ID card or the First Choice Health website (www.FCHN.com).
WA State Medicaid	The department pays for CPT codes 99441, 99442, and 99443. The department does NOT pay for 99444 – the on-line medical evaluation	The department's fee schedule can be found at http://hrsa.dshs.wa.gov/RBRVS/Index.html
Molina Healthcare	<p>Molina reimburses for phone consultation E&M codes as these are reimbursable services per the DSHS Medicaid fee schedule.</p> <p>Molina does not provide reimbursement for CPT 99444 – Online E/M by Physician as this is not a reimbursable code per the DSHS Medicaid fee schedule.</p>	
Premera Blue Cross	<p>Our payment policy allows for a payment via interactive audio and video communication, but does not include correspondence via email, phone or fax. Therefore Codes 99441-99443 are not covered. Code 99444 may be covered if included in the member benefits.</p> <p>This allowance is subject to member benefits and therefore not all our members may have this benefit.</p>	More specifically, our policy states: The Plan allows asynchronous communications substituted for a face-to-face, hands-on encounter for consultation services, office visits, individual psychotherapy services and pharmacologic management services. This does not include telephone calls, images transmitted via facsimile and text message without visualization of the patient (email).

Health Insurer	Policy on Electronic Visits	Comments
Regence BlueShield	<p>When benefits allow, Regence reimburses telemedicine services when:</p> <ul style="list-style-type: none"> • The service provided is medically necessary, and • The service does not duplicate or supplant a health service that is available in person. <p>There are additional requirements for the “originating site” and the “distant site” as well as a “scope of services within telemedicine” within the policy which I’ve attached for your interest.</p> <p>Note: e-mail, telephone, facsimile transmission (among other things), are not covered telemedicine services under the policy.</p>	
United Healthcare	<p>UnitedHealthcare follows CMS guidelines and does not reimburse for telephone charges submitted with CPT codes 98966-98968 or 99441-99443 because they do not involve direct, in-person patient contact.</p>	<p>UnitedHealthcare follows CMS guidelines and does not reimburse for CPT codes 98969 and 99444 (Online Medical Evaluation), because these services do not involve direct, in person patient contact.</p>

Resources

American Medical Association (AMA)

- *AMA Guidelines for Physician-Patient Electronic Communications*
<http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/young-physicians-section/advocacy-resources/guidelines-physician-patient-electronic-communications.shtml>
- *AMA Practice Management Center - Online Medical Consultations: Connecting Physicians with Patients (AMA Members Only access)*
<http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/practice-management-center.page?>

American Academy of Family Physicians (AAFP)

- *Communicating with Your Patients Online*
<http://www.aafp.org/fpm/2004/0300/p93.html>

American Academy of Pediatrics (AAP)

- *Payment for Telephone Care: A Toolkit (Members Only access)*
<http://practice.aap.org/telecarepmt.aspx>

American College of Physicians (ACP)

- *Communicating with Patients Electronically - via telephone, email & websites*
http://www.acponline.org/running_practice/technology/comm_electronic.pdf

American Health Information Management Association (AHIMA)

- *Email as a Provider-Patient Electronic Communication Medium and its Impact on the Electronic Health Record*
http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_022164.hcsp?dDocName=bok1_022164

American Medical Informatics Association (AMIA)

- *Guidelines for the Clinical Use of Electronic Mail with Patients*
Journal of the American Medical Informatics Association
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC61279/>