

# Coding Policy

## Online Digital Evaluation and Management Services

CODING POLICY NUMBER: 53

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**SCOPE:** Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”). **The full Company portfolio of current coding policies is available online and can be [accessed here](#).**

### POLICY APPLICATION

- Providence Health Plan Participating Providers       Non-Participating Practitioners  
 Commercial       Medicaid/Oregon Health Plan       Medicare

**POLICY STATEMENT**

I. Online digital evaluation and management services are asynchronous (i.e., not live in real-time), **patient-initiated** services. Patients initiate these services through Health Insurance Portability and Accountability Act (HIPAA)-compliant secure platforms, such as electronic health record (EHR) portals, secure email, or other digital applications which allow digital communication with the provider. Company allows these services to be paid for new or established patients if all other criteria listed on the policy are met.

### PROCEDURE

## GENERAL

CPT codes 99421-99423 may be billed only by physicians or non-physician practitioners (NPP) who may report E/M codes. These codes require physician or NPP evaluation, assessment, and management of the patient.

CPT codes 98970-98972 may be billed by qualified non-physician health care professionals who are credentialed with Company and who bill Company directly. These codes may not be reported as “incident to” services under a different provider’s name.

CPT codes 99421-99423 and CPT codes 98970-98972 may NOT be used to report non-evaluative electronic services such as communication of test results, scheduling of appointments, or other communication that does not include evaluation and/or assessment. Online digital services are not covered for patients who are hospitalized, including inpatient, outpatient, or observation status.

### Criteria for Payment

1. The digital online service must be provided in response to the patient’s online inquiry.
2. Online digital services may be billed by qualified healthcare professionals who are performing services within their scope of license. Only providers who are credentialed with Company and who are billing Company directly may report these services. The services may not be billed as “incident-to” under another provider’s name.
3. Documentation should model SOAP charting; must include patient history, provider assessment, treatment plan, and follow-up instructions; must be adequate so the information provided supports the assessment and plan; must be retained in the patient’s medical record and be retrievable.
4. The provider’s response must be by end of next business day following the patient’s inquiry.
5. Clinical responses must be clearly identified by the provider of service, including the provider’s credentials.
6. The provider must confirm member eligibility.
7. Online digital services must involve permanent storage (electronic or hard copy) of the encounter.

### Billing Guidelines

Only providers who may report E/M services may bill CPT codes 99421, 99422, and 99423. CPT codes 98970, 98971, and 98972 may be reported for online digital assessments performed by qualified health care providers who may not report E/M services if the providers are credentialed with Company and are billing Company directly, i.e., not “incident-to.” **Despite the reference to “established patient” in the code descriptions, Company allows CPT codes 99421-99423 and 98970-98972 for both new and established patients if all other criteria listed in the policy are met.**

CPT code 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

CPT code 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

CPT code 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

CPT code 98970: Qualified nonphysician health care professional online digital assessment and management, for an established\*\* patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes

CPT code 98971: Qualified nonphysician health care professional online digital assessment and management, for an established\*\* patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes

CPT code 98972: Qualified nonphysician health care professional online digital assessment and management, for an established\*\* patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

**\*\* NOTE: Company allows these visits for both new and established patients, despite the code descriptions.**

#### **CPT guidelines for use of CPT Codes 99421-99423 and CPT Codes 98970-98972**

Company follows CPT guidelines for use of CPT codes 99421-99423 and CPT codes 98970-98972, including the following:

1. Online digital services are reported once for the provider's cumulative time devoted to the service during a seven-day period. The seven-day period begins with the provider's personal review of the patient-generated inquiry. All professional decision making, assessment, and subsequent management by other providers in the same group practice contribute to the cumulative service time of the patient's online digital E/M service.
2. If a separately reported E/M visit occurs within the seven days of initiation of an online digital E/M service, the provider's work devoted to the online digital E/M service is incorporated into the separately reported E/M visit. The online digital E/M visit may not be reported separately with the face-to-face E/M visit.
3. If the patient initiates an online digital inquiry for the same or related problem within seven days of a previous E/M service, the online digital visit is not reported.
4. If the online digital inquiry is related to a surgical procedure and occurs during the postoperative period of a previously completed procedure, the online digital E/M service is not reported separately.
5. If the patient presents with a new, unrelated problem during the seven-day period of an online digital E/M service, the provider's time spent on evaluation, assessment, and management of the additional problem is added to the cumulative service time of the original online digital E/M service for that seven-day period.

Company allows location codes 10, 11, 12, or 99 for reporting online digital E/M services. The same payment rate applies to all location codes. Modifiers GT and 95 are not required but will not affect payment if used.

### Medicolegal and Administrative Guidelines

1. To ensure information security procedures are followed, Company requires use of a Secure Messaging System, either through a vendor-supported system or an EMR-embedded system.
2. Online digital services must meet HIPAA standards for privacy.
3. Online digital services must require member-specific login.
4. The patient and provider must use the secure messaging portal to communicate, as this ensures that safety and security procedures are followed.
5. Online digital services require patient-clinician agreement of informed consent for online digital services. The agreement must be signed by the patient and documented in the medical record.
6. Privacy statements must be visible or accessible to the member.
7. Directions must be user-friendly and easy to follow.
8. Access for online digital service must be member-specific, i.e., health information available to the member only, with exceptions for children.
9. Provider of service must be clearly identified so that the member knows who they are contacting with health information.
10. Expected provider response time must be stated prior to member obtaining access to online digital service.
11. Directions for emergency care must be stated prior to member obtaining access to online digital service.
12. Provider must confirm member information prior to responding to patient inquiry.
13. The administration of online digital services must meet the criteria contained in this payment policy. Company may perform an audit of online digital services to ensure the service meets the intent of this policy. Providers will receive advance notice of any such audit.

### REFERENCES

1. Current Procedural Terminology (CPT)
2. CMS/Medicare Rules and Regulations
3. HIPAA Rules and Regulations
4. Company Coding Policies

### POLICY REVISION HISTORY

Date	Revision Summary
3/2020	Original policy effective date
1/2023	Annual review. Converted to new template 5/2023.

1/2024	Annual review. Removed references to temporary emergency provisions for COVID-19. Changes made for the PHE will be permanent.
1/2025	Annual review. No changes to policy.