



Telehealth and Telemedicine – Oregon Medicaid

State(s): <input type="checkbox"/> Idaho <input type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington <input type="checkbox"/> Other:	LOB(s): <input type="checkbox"/> Commercial <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid
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Medicaid Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Community Solutions (PCS) in Oregon. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

This policy describes PacificSource Community Solutions' (PCS) reimbursement for telehealth and telemedicine services, which occur when a qualified health care professional and member are not at the same site. This policy outlines medical, behavioral health, and oral health telehealth and telemedicine services.

Telehealth or telemedicine services specific to other states or Lines of Business (LOBs) are captured in the related policy section.

General Guidelines and Information

- This is a general reference regarding PCS reimbursement for the services described and is not intended to address every reimbursement situation.
- PCS recognizes federal and state mandates in regards to Telehealth and Telemedicine. Any terms not otherwise defined in this policy are directed by the federal and state mandates.
- In general, providers rendering services via telehealth must be licensed in each state they are providing care.
- This policy may not be implemented exactly the same way as written due to system constraints and limitations; however, PacificSource will attempt to limit these discrepancies.
- Services are subject to applicable Medicaid medical necessity, evidence-based protocols, and member's eligibility and benefit at time of service.

Criteria

Medicaid

Prior authorization to use a telehealth service is not required unless the service requires prior authorization when performed in-person. Providers must comply with all applicable federal and state statutes.

PacificSource Community Solutions (PCS) follows Ancillary Guideline A5 of the OHP Prioritized List of Health Services for coverage of Telehealth and Telemedicine Services.

Eligible Providers

PCS recognizes those provider types that are eligible for services in the healthcare setting, qualified health professionals, and eligible for reimbursement of appropriate services via telehealth.

Eligible Services

Members can choose how services are received except where the Oregon Health Authority (OHA) issues guidance during a declared state of emergency or if a facility has implemented its facility disaster plan. The following health services are recognized as telemedicine or telehealth modalities by the OHA:

- Synchronous video
- Audio-only
- Asynchronous means of delivering data from remote monitoring devices.

Telemedicine and Telehealth Service Requirements

- Must be medically and clinically appropriate for covered conditions within the Health Evidence Review Commission's (HERC) prioritized list and in compliance with relevant guideline notes.
- Are covered for establishing a patient-provider relationship, and when an established relationship exists between a provider and patient as defined by a patient who has received in person professional services from the physician or other qualified health care professional within the same practice within the past three years.
- Providers can deliver telehealth or telemedicine service in any location so long as privacy is ensured.
- Services must comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Authority's Privacy and Confidentiality Rules.
- Telemedicine or telehealth must be delivered in a language the member understands.
- Providers must offer meaningful access to health care services for members and their families who experience LEP or hearing impairments by working with qualified or certified health care interpreters to provide language access services as described in OAR 333-002-0040. Such services shall not be significantly restricted, delayed, or inferior as compared to programs or activities provided to English proficient individuals.
- Services shall be provided to any person 15 years or older without parent or legal guardian consent; birth control information and services shall be provided without consent of parent or legal guardian regardless of age.

Provider Performance Requirements

- Providers can only deliver services via telehealth that are within their respective certification or licensing board's scope of practice and comply with telemedicine or telehealth requirements.
- Provider must document patient and provider agreement of consent to receive services.
- Providers may also provide care in allowed physical locations of provider and patient.
- Providers must establish or maintain an appropriate provider-patient relationship.
- Providers are required to obtain and maintain technology used in telemedicine/telehealth communication that is compliant with privacy and security standards in HIPAA and the Authority's Privacy and Confidentiality Rules unless there is a safe harbor from HIPAA enforcement due to a declared emergency.
- Providers must have policies and procedures in place to prevent a breach in privacy or exposure of member health information or records (whether oral or recorded in any form or medium) to unauthorized persons and timely breach reporting as described in OAR 943-014-0440;
- Providers must maintain clinical and financial documentation related to telemedicine or telehealth services as required in OAR 410-120-1360 and any program specific rules in OAR chapters 309 and 410.

Definitions

Distant Site – The physical location of the eligible health care provider.

- PacificSource Community Solutions (PCS) follows the requirements set forth in OAR 410-120-1990 (January 1, 2022).
- Participating providers must comply with Medicaid network access standards as outlined in OAR 410-141-3515 (January 1, 2022).

Originating Site - The physical location of the patient receiving telemedical health services. Eligible originating sites are limited to:

- Office of a qualified health care professional
- A hospital (Inpatient or Outpatient)
- Critical Access Hospital (CAH)
- Rural Health Clinic (RHC)
- Federal Qualified Health Center (FQHC)
- A hospital based or critical access hospital based renal dialysis center. Independent Renal Dialysis facilities are not eligible originating sites
- Skilled Nursing Facility (SNF)
- Mobile Stroke Unit
- Patient Home (Commercial and Medicaid)

Telehealth - Includes telemedicine and the use of electronic information and telecommunications technologies to support remote clinical healthcare, member and professional health-related education, public health, and health administration.

Telemedicine - The mode of delivering remote clinical health services using information and telecommunication technologies to provide consultation and education or to facilitate diagnosis, treatment, care management or self-management of a member's healthcare.

Coding Information

Reimbursement Information

- Telehealth visits will be subject to retrospective review as appropriate.
- For services that a provider also bills for when done in the office (e.g., office visit E&M code, psychotherapy visit codes), they will be processed under comparable benefits (such as office and home visits or mental health office visits), regardless of whether they were done in the office or over the phone/video.
- Parity extends to health care interpreters provider telemedicine or in-person services.
- The OHA allows for different reimbursement rates for telemedicine or telehealth only in value-based payment arrangements.

Claim Information

- Encounter submissions for telehealth or telemedicine delivered services covered using synchronous audio and video include modifiers GT or 95, and can be billed with either telephone codes (e.g., 99441) or regular in-person codes.
- For all telehealth services including dental, encounter submissions must include Place of Service code 02.
- Physical and behavioral telemedicine and telehealth and oral teledentistry telehealth services except School Based Health Services (SBHS) shall include Place of Service code 02.
- When provision of the same service via synchronous audio and video is not available or feasible, e.g., the member declines to enable video, or necessary consents cannot reasonably be obtained with appropriate documentation in member's medical record, then encounter submissions should not include any modifiers but should continue billing Place of Service as 02.
- Providers must maintain clinical and financial documentation related to telemedicine or telehealth services as required in OAR 410-120-1360 and any program specific rules in OAR chapters 309 and 410.
- Documentation for telehealth services should be the same as if services were rendered face-to-face:
 - Document if the service was provided via technology with synchronous audio/video or audio alone.
 - Document where the patient is located and where the provider is located.

- Document provider is speaking to the correct person (properly identified the person on the call).
 - Consent must also be documented for the visit to be performed via telehealth (can be done annually).
 - Document if the call started out with audio/video but was completed as audio only due to technical issues.
- For COVID-specific reimbursement information, please see the COVID-19 Benefit and Reimbursement FAQ at: <https://medicare.pacificsource.com/Providers/Notice/Index/563>

Related Policies

Telehealth – Idaho, Montana and Oregon Commercial

Telehealth - Medicare

References

Oregon Administrative Rules (OARs): OAR 410-141-3566. Available at: <https://secure.sos.state.or.us/oard/ruleSearch.action>. Accessed on January 1, 2022.

Appendix

Policy Number:

Effective: 5/1/2022

Next review: 5/1/2023

Policy type: Government

Author(s):

Depts.: Health Services, Provider Network; Claims;

Applicable regulation(s): OAR 410-120-1380; 410-141-3566(6); 410-141-3566(7); OAR 410-120-1360; OAR chapter 943 division 14 and 120, OAR 410-120-1360 and 1380, 42 CFR Part 2; ORS 646A.600 to 646A.628; OAR 943-014-0440; OAR 333-002-0040; 45 CFR Part 92 and The Americans with Disabilities Act (ADA).

Government Ops: 8/2022