Telehealth – Commercial

LOB(s):	State(s):
☒ *Commercial* ☐ *Medicare*	☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*
☐ *Medicaid*	☐ *Oregon*

Commercial Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

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 Health Plans in Idaho, Montana, Oregon, and Washington. 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's billing, reimbursement and coverage guidelines for Telehealth services which occur when an eligible provider and member are not at the same site. This policy is meant to outline medical and behavioral health telehealth services. The guidelines and information provided are applicable to the state in which the member's plan originated, not where the member is residing at the time of service.

For information regarding participating provider eligibility, please see the PacificSource Provider Manual.

General Guidelines and Information

PacificSource recognizes federal and state mandates in regard to Telehealth, Telemedicine and Virtual Care. Telehealth services may be rendered by any provider who meets applicable state and federal requirements, eligibility criteria, and licensing standards. Any terms not otherwise defined in this policy are defined according to the applicable federal and state mandates. Provider contracts for telemedicine services will only be offered to providers physically located within Oregon, Montana, or Idaho at the time services are rendered, with few exceptions (i.e., Teladoc and interstate contracts). Providers and facilities outside our service area (Oregon, Montana, and Idaho) will be directed to the external network (i.e., Aetna) for contracting, unless otherwise authorized. Exceptions may be considered, these are

made case-by-case and are considered rare. For consideration, these exceptions are reviewed by Contracting Leadership.

Additionally, services are subject to medical necessity, evidence-based protocols, and member's eligibility and benefit at time of service.

Other factors affecting reimbursement may supplement, modify, or supersede this policy which include, but are not limited to the following:

- Applicable state or federal law
- Provider contracts
- Benefit and coverage documentation
- Other medical, behavioral health, or drug policies

Idaho

- Out-of-state providers providing services for Idaho patients with no patient contact for virtual care must have an active license from an applicable licensing board in Idaho, another state, or other U.S. jurisdiction, be in good standing, and follow all applicable laws, rules, and regulations. Additionally, mental or behavioral health providers who are out-of-state may not have an Idaho license but can choose to obtain a registration that is renewable biennially to provide telehealth services. An active Idaho license is not needed for pathology and teleradiology or for providers impacted by interstate compacts.

Montana

- An active Montana license is needed for out-of-state providers providing services for Montana patients with no patient contact for telemedicine and telemonitoring. It is not needed for pathology and teleradiology.
- Policy may not impose restrictions on site where the patient is located, on site where the provider is located, or distinguish between rural or urban locations.

Oregon

- An active Oregon license is needed for out-of-state providers providing services for Oregon patients with no patient contact for telemedicine and telemonitoring. It is not needed for pathology and teleradiology.
- The Oregon Medical Board requires a 'Telemedicine Active' license to practice medicine across state lines.
- Oregon requires out-of-state providers to acquire active telemonitoring status through the Oregon Medical Board before they can perform intraoperative tele-monitoring on patients during surgery.

Washington (Clark/Cowlitz Counties)

- Providers delivering telehealth and telemedicine services must be licensed to practice in the state of Washington or be licensed in a state with which Washington has a licensure compact for that provider type.
- Established Relationship: the provider must have an established relationship with the patient, satisfied by:

- Having seen the provider or another provider in the same practice or clinic in the last 3 years prior to the telehealth service
- Having received a service either through audio or video telehealth within the last year prior to the telehealth service
- Provider contracts must contain this requirement

- The provider must have access to the patient's medical record to provide the service, either through a physical chart or electronic health record.

Out of Country

Telehealth services are not extended to out of country providers, as telehealth providers must:

- Meet the eligibility definition of originating providers
- Follow federal and state mandates/regulations

Criteria

Commercial

Prior authorization to use a telehealth service is not required unless the service requires prior authorization when performed in-person.

PacificSource considers telehealth (virtual care) services medically necessary when **ALL** of the following conditions to qualify for coverage are met:

- Synchronized video is the preferred telehealth modality when available; however, other telehealth modalities (e.g., audio-only, audio/video, asynchronized, remote monitoring technologies, synchronized video) may be used when permitted by applicable state and/or federal law and when consistent with member benefits
- Services must be medically necessary, and member must be eligible for coverage
- Providers and originating site must be eligible for reimbursement
- Provider compliance with medical records requirements and provisions of HIPAA and HITECH is required for telehealth services

Idaho

- Synchronous or asynchronous telecommunications
- Technology must be capable of assisting a provider to deliver patient health care services, including but not limited to assessment of, diagnosis of, consultation with, treatment of, and remote monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration
- Does not include technology in isolation without access to and review of the patient's medical records, electronic mail messages that are not compliant with the health insurance portability and accountability act (HIPAA), or facsimile transmissions

Montana

- Audio only

- Video
- Other telecommunications technology or media that is:
    - Used by a health care provider to deliver services and is delivered over a secure connection that complies with state and federal privacy laws

Oregon

- Audio only (does not include use of facsimile, email or text message)
- Synchronous or asynchronous using audio only
- Video only
- Audio and video only
- Transmission from remote monitoring devices
- Tele-pharmacy – the pharmacist may use tele-pharmacy for supervision of the dispensation of prescription drugs to a patient

Washington (Clark/Cowlitz Counties)

- Audio only (does not include use of facsimile or email but may include text messaging)
- Synchronized video
- Synchronous or asynchronous using audio only
- Video only
- Audio and video only
- Transmission from remote monitoring devices
- Tele-pharmacy – the pharmacist may use tele-pharmacy for supervision of the dispensation of prescription drugs to a patient

Coding Information

Reimbursement Information

- Telehealth visits will be subject to retrospective review as appropriate
    - **Services Comparable to In-Person Care -** Telehealth services that correspond to procedures commonly furnished in a face-to-face setting (e.g., office/outpatient Evaluation & Management (E/M) services, psychotherapy visits) shall be processed under the **same benefit category** as their in-person equivalents. Examples include the following:
        - Office or other outpatient E/M visits
        - Behavioral health/mental health office visits

    Note: These services will be adjudicated under applicable **office visit or home visit benefits**, regardless of whether the service is delivered in person, via video, or via audio-only modality (if permitted).

    - **Telehealth-Only Services -** Services that are **inherently telehealth-specific** and do not have a direct in-person equivalent (e.g., telephone-only evaluation and management

codes) shall be processed under the plan's **telehealth/telemedicine benefit**, when such benefit is available. Examples include the following:

- Telephone E/M services (audio-only CPT codes)

Note: These services will apply to the **Telehealth/Telemedicine benefit category** as defined in the member's benefit summary.

- **Washington (Clark/Cowlitz Counties):** Telehealth services are reimbursed at in-person rates unless there is a negotiated contract. Other factors affecting reimbursement may supplement, modify or supersede this policy which include, but are not limited to the following:
  - Provider contracts negotiated with practice groups of 11 or more providers
  - Benefit and coverage documentation
  - Other medical, behavioral health, or drug policies

- Fees for originating site are ineligible for reimbursement
- Facility fees are ineligible for reimbursement for any modality of telehealth
- Providers may not bill a service as telehealth if it is a notification to a member that typically is done by telephone and is not considered a medical service

Claim Information

- Place of Service (POS) code 02 or 10 on CMS HCFA 1500 form will calculate using the facility RVU for the applicable CPT code. Telehealth performed in the urgent care setting should be billed with POS location 02, not 20
- Place of Service code 11 for telehealth claims is allowed but must be billed with either the -GT or -95 modifier
- Modifier -GT, -GQ, -93, or -95 and additional modifiers may be appended when appropriate to the CPT or HCPCS for telemedicine consultations
- 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 and provider are 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

Definitions

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

Eligible Providers - Provider types recognized by PacificSource who are eligible for services in the healthcare setting, are qualified health professionals, who are licensed, and are eligible for reimbursement of appropriate services via telehealth.

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

Telehealth - The use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health care administration. Telehealth includes:

- Clinical services (e.g., evaluation and management [E/M] visits, psychotherapy)
- Non-clinical services (e.g., patient education, care coordination, health care administration)
- Technologies such as synchronous video, audio-only, remote patient monitoring, and store-and-forward (asynchronous) modalities

Telehealth services must be delivered in accordance with applicable state and federal law and consistent with member benefit definitions. Telehealth does not include communications that do not involve clinical evaluation or management (e.g., administrative notifications).

Telemedicine - The delivery of clinical health care services at a distance using telecommunications technology, typically involving direct interaction between a provider and a patient for diagnosis, treatment, or consultation. Telemedicine:

- Focuses on diagnosis and treatment
- Involves provider-to-patient clinical encounters
- Is considered a subset of telehealth

Virtual Care – an umbrella term that encompasses terms associated with a wide variety of synchronous and asynchronous care delivery modalities enabled by technology, such as telemedicine, telehealth, m-health, e-consults, e-visits, video visits, remote patient monitoring, and similar technologies. Virtual care is technology-enabled health care services in which the patient and provider are not in the same location but are rendered at the physical location of the patient.

Related Policies

Telehealth and Telemedicine – Oregon Medicaid

Telehealth - Medicare

References

National Cancer Institute. (n.d.). Telemedicine. https://www.cancer.gov/publications/dictionaries/cancer-terms/def/telemedicine

U.S. Department of Health and Human Services. (n.d.). What is telehealth? Health Resources and Services Administration. https://www.hrsa.gov/rural-health/telehealth

U.S. Department of Health and Human Services. (n.d.). Telehealth programs. https://www.hhs.gov/hipaa/for-professionals/special-topics/telehealth/index.html

Appendix

Policy Number:

Effective: 5/1/2022 **Next review:** 8/1/2027

Policy type: Commercial

Author(s):

Depts.: Health Services, Provider Network; Claims;

Applicable regulation(s): 45 CFR Part 92 and The Americans with Disabilities Act (ADA), RCW 48.43.735, RCW 48.43.790, WAC 284-43-5960, WAC 284-43-5963, 284-43-5622, WAC 284-43-2050, MCA 33-22-138, State of Oregon Permanent Administrative Order. DMAP 62-2020, Chapter 410: Semi-Annual CCO Rule Updates & Telehealth Service and Reimbursement Requirements, Idaho House Bill 61 and 162.

OPs Approval: 7/2026