



Telehealth – Commercial

LOB(s): <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other: <input type="checkbox"/> Oregon <input type="checkbox"/> Washington
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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. Any terms not otherwise defined in this policy are directed by the federal and state mandates. Provider contracts for telemedicine services must apply only to providers physically located within Oregon, Montana, Idaho or Washington, with few exceptions (i.e., Teladoc and interstate compacts). Providers and facilities outside our service area shall otherwise be referred to the external network (i.e., Aetna) for contracting.

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 physician is located, or distinguish between rural or urban locations
- Other factors affecting reimbursement may supplement, modify, or supersede this policy which include, but are not limited to the following:
 - Provider contracts
 - Benefit and coverage documentation
 - Other medical, behavioral health, or drug policies
- Services are subject to medical necessity, evidence-based protocols, and member's eligibility and benefit at time of service

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 physicians to acquire active telemonitoring status through the Oregon Medical Board before they can perform intraoperative tele-monitoring on patients during surgery

Washington

- 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-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 services medically necessary when **ALL** of the following conditions to qualify for coverage are met:

- Synchronized video; except where otherwise mandated by state and/or federal law
- 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
- Telepharmacy – the pharmacist may use telepharmacy for supervision of the dispensation of prescription drugs to a patient

Washington

- 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
- Telepharmacy – the pharmacist may use telepharmacy 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
- For services that a provider also bills for when done in the office (e.g., office visit E&M codes, 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. For services that a provider would only bill as telehealth (i.e., specific telephone-visit-only codes), those would fall under the telehealth/telemedicine benefit and apply the lower copay (shown as telemedicine visits on benefit summary), if applicable for the plan
 - **Washington:** 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

PacificSource recognizes federal and state mandates in regard to Telehealth and Telemedicine. Any terms not otherwise defined in this policy are directed by the federal and state mandates.

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 or Telemedicine - Consultations with a qualified healthcare professional provided in real-time over an electronic mechanism. These services are rendered to patients using electronic communications such as secure email, patient portals, and online audio and/or video conferencing.

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

Appendix

Policy Number:

Effective: 5/1/2022

Next review: 8/1/2025

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, 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.

Commercial Ops: 5/2024