# Telehealth – Oregon Medicaid

| LOB(s): | State(s): |
|---|---|
| ☐ *Commercial*<br>☐ *Medicare* | ☐ *Idaho* ☐ *Montana* ☐ *Oregon* ☐ *Washington* ☐ *Other:* |
| ☒ *Medicaid* | ☒ *Oregon* |

## Medicaid 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 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 which occurs when a qualified health care professional and member are not at the same location. This policy outlines medical, behavioral health, and oral health telehealth services.

Telehealth 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 PacificSource Community Solutions (PCS) reimbursement for the services described and is not intended to address every reimbursement situation.
- PCS recognizes federal and state mandates in regard to Telehealth. Any terms not otherwise defined in this policy are directed by federal and state mandates.
- In general, providers rendering services via telehealth must be licensed in each state in which the member is located when receiving telehealth services.

Providers who use telehealth technologies to render services must ensure the services are consistent with the provider's scope of practice to include education, training, experience, and ability to provide services via telehealth.

- Providers use of telehealth technologies must meet the same standards of care and professional ethical responsibilities as used in traditional in-person care.
- Services are subject to applicable Medicaid medical necessity, evidence-based protocols, and member's eligibility and benefits at time of service.
- Telehealth providers will follow Drug Enforcement Administration (DEA) requirements for prescribing controlled substances.
- Telehealth-only providers are required to have a referral pathway for members who are unable to receive effective treatment via telehealth and/or for members who request in-person care.
- This policy may not be implemented exactly the same way as written due to system constraints and limitations; however, PCS will attempt to limit these discrepancies.

## 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 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 telehealth modalities by the OHA:

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

#### 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.
- Providers can only deliver services via telehealth that are within their respective certification or licensing board's scope of practice and comply with telehealth requirements.
- Providers must ensure telehealth services delivered via telehealth technologies and modalities are as effective as in-person treatment care.

- Privacy and security standards for telehealth services must be met by satisfying the following:
    - Prior to the delivery of services via a telehealth modality, a member's written, oral, or recorded consent to receive services using a telehealth delivery method in the language the member understands must be obtained and documented by the health system, clinic, or provider in the member's health record.
        - Consent must include an assessment of member readiness to access and participate in telehealth delivered services, including conveying all other options for receiving the health care service to the member.
        - Consent must be updated at least annually thereafter.
        - For members and their families who experience Limited English Proficient (LEP) or hearing impairment, providers must use qualified or certified health care interpreters when obtaining member consent.
    - Consistent with ORS 109.640, provision of birth control information and services using a telehealth modality must be provided to any person regardless of age without consent of parent or legal guardian
    - Consistent with ORS 109.640, provision of any other medical or dental diagnosis and treatment using a telehealth modality must be provided to any person 15 years of age or older without consent of parent or legal guardian
    - Consistent with ORS 109.675, provision of outpatient diagnosis or treatment of a mental or emotional disorder or chemical dependency (excluding methadone) using a telehealth modality must be provided to any person 14 years of age or older without consent of parent or legal guardian
    - Consistent with ORS 109.610, provision of diagnosis or treatment of certain sexually transmitted infections (STIs) using a telehealth modality must be provided to a person regardless of age without consent of parent or legal guardian
    - Services provided using a telehealth platform must comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Oregon Health Authority's (OHA) Privacy and Confidentiality Rules and security protections for the members in connection with the telehealth communications and related records requirements (OAR chapter 943 division 14 and 120, OAR 410-120-1360 and 1380, 42 CFR Part 2, if applicable, and ORS 646A.600 to 646A.628 (Oregon Consumer Identity Theft Protection Act), unless there is a safe harbor from HIPAA enforcement due to a declared emergency
    - There is no limitation on the location of the member.
    - Medicaid enrolled providers may be located in any location where member privacy and confidentiality can be ensured
        - Persons providing interpretive services and supports must be in a location where member privacy and confidentiality can be ensured
    - 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 telehealth services as required in OAR 410-120-1360, and any program specific rules in OAR chapters 309 and 410.
- Providers must comply with all federal and state statutes as required in OAR 410-120-1380

- Provider must collaborate with the member to identify modalities (in-person and/or telehealth) for delivering services which best meet the needs of the member, considers the member's choice, and member's readiness for the selected modality of services.
- Member choice and accommodation for telehealth must encompass the following standards and services:
  - Providers who offer telehealth delivered services must offer meaningful access to services by completing a capacity assessment of the member in the use of specific approved methods of delivery that comply with accessibility standards including alternate formats, and provides the optimal quality of care for the member given considerations of member access to necessary devices, access to private and safe location, adequate internet, digital literacy, cultural appropriateness of services delivered using telehealth, and other considerations of member readiness to use telehealth
  - Providers must offer meaningful access to health care services for members and their families who experience Limited English Proficient (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 must not be significantly restricted, delayed, or inferior as compared to programs or activities provided to English proficient individuals
  - Providers must collaborate with members to identify and offer modalities for delivering health care services which best meet the needs of the member and considers member's choice and readiness for the modality of service selected
  - Providers must offer telehealth services which are consistent with the definition of "meaningful access" as defined in OAR 410-120-0000
- Providers unable to offer in-person services must:
  - Develop, maintain, and carry out policies and procedures to offer local provider options to a member when an in-person visit is clinically indicated or when the member requests in-person services. This may include but is not limited to care coordination or completing referral paperwork.
  - PacificSource Community Solutions (PCS) must ensure that providers unable to offer in-person services have access to PCS' Provider Directory. PCS must include in applicable provider contract language that providers unable to offer in-person services, must, as needed, inform PCS upon referring a member to another provider so PCS can provide any care coordination services necessary to support telehealth services the member in accessing care.

**Telehealth Documentation Requirements**

Documentation for telehealth services must be the same as if services were rendered face-to-face and must include:

- Document if the service was provided via technology with synchronous audio/video or audio alone.
- Document where the member 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 (which can be done annually).
- Document if the call started out with audio/video but was completed as audio only due to technical issues.

**In-Person Referral Pathway**

Providers must ensure Medicaid members are offered a choice of how services are received, including services offered via telehealth modalities and in-person services, except where the OHA issues explicit guidance during a declared state of emergency or if a facility has implemented its facility disaster plan.

- Providers must identify in-person referral pathways to support transitioning members to a qualified, in-person provider.

**Out of State Telehealth Providers**

- Out of state telehealth providers are required to be licensed in the state where the member is located when telehealth services are being provided.
- Providers must verify the physical location of the member during every telehealth encounter.
- Providers are not permitted to provide telehealth services when the member has traveled to a state in which the provider is not licensed to practice.

**Licensing Requirement for Telehealth Only Providers**

Providers must be licensed to practice independently to be paneled for telehealth only services with PCS.

**Emergency Coverage**

Provider shall be responsible for responding to or making arrangements for emergent needs of members with respect to covered services twenty-four (24) hours per day, seven (7) days per week, including holidays. In the event that provider is unable to provide required covered services, provider shall arrange for a covering provider.

## Claim Information

- Telehealth visits will be subject to retrospective review as appropriate.
- Parity extends to health care interpreters' provider telehealth or in-person services.
- PacificSource Community Solutions (PCS) will reimburse telehealth services only when all of the following requirements are met:
    - Services must be covered services according to member's benefit package as described in OAR 410-120-1210 and provided in a manner compliant with relevant guideline notes included in the Health Evidence Review Commission's (HERC) Prioritized Lis of Health Services as described in OAR 410-141-3830

- 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 via telehealth.
    - As a condition of reimbursement, Fee-For-Service (FFS_ providers must agree to reimburse Certified and Qualified Health Care Interpreters (HCIs) as defined in OAR 333-002-0010 for interpretation services provided using telehealth at the same rate, excluding travel expenses, as if interpretation services were provided in-person
    - PCS must reimburse Certified and Qualified HCIs for interpretation services provided using telehealth at the same reimbursement rate, excluding travel expenses, as if it were provided in person. These requirements do not supersede PCS' direct agreement(s) with providers, including but not limited to, alternative payment methodologies, quality and performance measures or Value Based Payment methods described in the PCS contract. Administrative rules and PCS' Direct Agreements do not supersede any federal or state requirements with regard to the provision and coverage of health care interpreter services
- When allowed by individual certification or licensing board's scope of practice standards, qualifying telehealth delivered services are covered:
    - When provided to established members
    - When provided to new members
    - When consistent with appliable program specific OARs within chapter 410
- All physical, behavioral, and dental telehealth services except School Based Health Services (SBHS) must include Place of Service code 02 when the member is located in a place other than their home. When the member is located in their home, the claim must include Place of Service code 10.
- All claim types except dental services must include modifier 95 when the telehealth delivered service utilizes a real-time interactive audio and video telecommunication system. When provision of the service is delivered using real-time interactive audio only telecommunication system, the claim must include modifier 93.

## Definitions

**Asynchronous** - Not simultaneous or concurrent in time, which includes audio and video, audio without video, or member portal and may include transmission of data from remote monitoring. Asynchronous does not include voice messages, facsimile, electronic mail or text messages.

**Audio only** - The use of audio technology permitting real-time communication between a health care provider and a member for the purpose of diagnosis, consultation or treatment. Audio only does not include the delivery of health services that are normally delivered by audio telephone technology and normally not billed as separate services by a health care provider, such as the sharing of laboratory results.

**Meaningful Access** – Member-centered access reflecting the following statutes and standards:

- Title VI of the Civil Rights Act of 1964, Section 1557 of the Affordable Care Act, 45 CFR Part 92, The Americans with Disabilities Act (ADA), providers' telehealth services must accommodate the needs of the members who have difficulty communication as a result of a medical condition, disability, advanced age, or Limited English Proficiency (LEP) including access to auxiliary aids and services
- National Culturally and Linguistically Appropriate Services (CLAS) Standards
- Tribal based practice standards.

**Synchronous** - An interaction between a provider and a member that occurs at the same time using an interactive technology. This may include audio only, video only, or audio and video and may include transmission of data from remote monitoring. Synchronous encounters are considered to meet face-to-face requirements.

**Telecommunication Technologies** – The use of devices and services to deliver telehealth services, which includes video conferencing, store-and-forward imaging, streaming media (information transmitted using landlines and wirelines (internet and telephone networks) communications).

**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.

## Related Policies

Telehealth – Idaho, Montana and Oregon Commercial

Telehealth - Medicare

## References

National Culturally and Linguistically Appropriate Services (CLAS) Standards. U.S. Department of Health & Human Services. (Accessed 5/2/2025) https://thinkculturalhealth.hhs.gov/clas/standards

Tribal based practice standards. Oregon Health Authority (OHA). Evidence-Based Practices (EBP). (Accessed 5/2/2025). https://www.oregon.gov/OHA/HSD/AMH/Pages/EBP.aspx?wp8894=l:100

Oregon Administrative Rules (OARs). Oregon Administrative Rules Database. https://secure.sos.state.or.us/oard/ruleSearch.action

## Appendix

**Policy Number:**

**Effective:** 5/1/2022 **Next review:** 8/1/2026

**Policy type:** Government

**Author(s):**

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**Applicable regulation(s):** OARs 410-120-000, 410-120-1990, 410-120-1380, 410-120-1360; 410-141-3820, 410-141-3830, 943-014-0440, 950-050-0040; OAR chapter 943 division 14 and 120; 42 CFR Part 2; ORS 646A.600 to 646A.628; 45 CFR Part 92; and The Americans with Disabilities Act (ADA).