Telehealth – Oregon Medicaid

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

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 which occur 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 use of telehealth technologies to render services should 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 benefit 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.
- Oregon Health Plan (OHP) enrolled providers may be located in any location where member privacy and confidentiality can be ensured.
- There is no limitation on the location of the member.
- Provider must collaborate with the member to identify modalities (in-person and/or telehealth) for delivering services which best meets the needs of the member, considers the member's choice, and member's readiness for the selected modality of services.
- Provider must complete a capacity assessment of member's ability to access and effectively utilize telehealth technology, to include:

- Identification and use of alternate formats based on the individual needs of the member
    - Optimal quality of care provided via use of telehealth platform or evidence of treatment alternatives provided
    - Access to private and safe location for member to participate in telehealth services
    - Adequate member access to internet services
    - Assessment of member digital literacy and documentation of efforts to overcome limitations in member's digital literacy
    - Culturally appropriateness of telehealth services
    - Consideration of member readiness to use telehealth services
    - Assessment of language barriers or hearing impairments
- 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 who experience Limited English Proficient (LEP) or hearing impairment, providers must use qualified or certified health care interpreters when obtaining member consent.
- Providers shall develop and maintain care coordination policies and procedures that require the provider to refer members within ten (10) business days to a different local provider offering in-person services when in-person services are clinically indicated, when requested by the member, and/or the provider does not offer these services.
- Providers unable to offer in-person services inform the Coordinated Care Organization (CCO) upon referring a member to another provider in accordance with the requirements set forth in OAR 410-120-1990, to allow the CCO can provide care coordination services necessary to support the member in accessing care.
- Providers must ensure telehealth services delivered via telehealth technologies and modalities are as effective as in-person treatment care.
- 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.
- Member choice and accommodation for telehealth shall encompass the following standards and services:
    - Providers shall 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 shall not be significantly restricted, delayed, or inferior as compared to programs or activities provided to English proficient individuals.

- Providers shall collaborate with members to identify and offer modalities for delivering health care services which best meet the needs of the member and consider member choice and readiness for the modality of service selected.
- Providers shall offer telehealth services which are culturally and linguistically responsive as described in the relevant standards.

- 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; and services shall be provided to a minor 14 years or older without consent of parent or legal guardian for mental health and chemical dependency (excluding methadone).
- Provider must document efforts to help member find an in-person provider when the member chooses, when telehealth is not clinically appropriate, or when the member lacks meaningful access to telehealth services (i.e., when they lack the technology or when a safe and private location is unavailable).
- Provider must ensure telehealth services are culturally and linguistically appropriate as described by:
    - National Culturally and Linguistically Appropriate Services (CLAS) standards
    - Tribal based practice standards
    - Trauma-informed approach to care
- Providers are required to obtain and maintain technology used in telehealth communication that is compliant with privacy and security standards in the Health Insurance Portability and Accountability Act (HIPAA) and the Oregon Health Authority's (OHA) 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 telehealth services as required in OAR 410-120-1360, and any program specific rules in OAR chapters 309 and 410.

In-Person Referral Pathway

Providers shall ensure Oregon Health Plan (OHP) 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.
- Providers are expected to establish agreement(s) with in-person providers to enable collaboration between providers during member transitions to/from in-person or telehealth services.

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.

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 via telehealth.
- Parity extends to health care interpreters' provider telehealth or in-person services.

Claim Information

- All claim types except Dental services, shall 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 encounter submissions all include modifier 93.
- All physical and behavioral telehealth and oral tele-dentistry services except School Based Health Services (SBHS) shall 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 shall include Place of Service code 10.
- 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.
- 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 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 (can be done annually).
- Document if the call started out with audio/video but was completed as audio only due to technical issues.

Definitions

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

Oregon Administrative Rules (OARs): OAR 410-141-3566, OAR 333-002-0040, OAR 410-120-1360, OAR 410-120-1990. Available at: https://secure.sos.state.or.us/oard/ruleSearch.action. Accessed on October 1, 2023.

Appendix

Policy Number:

Effective: 5/1/2022 **Next review:** 6/1/2024

Policy type: Government

Author(s):

Depts.: Health Services, Provider Network; Claims;

Applicable regulation(s): OAR 410-120-1380; 410-141-3566; 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: 11/2023