

**320-I - TELEHEALTH**

EFFECTIVE DATES: 01/01/01, 07/01/19, 10/01/19

APPROVAL DATES: 10/01/01, 07/01/04, 05/01/06, 10/01/06, 12/01/06, 04/01/12, 10/01/15, 07/01/16, 10/20/16, 08/01/19

**I. PURPOSE**

This Policy applies to ACC, ALTCS E/PD, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Programs including: Tribal ALTCS, TRBHA, the American Indian Health Program (AIHP); and all FFS providers, excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). This Policy establishes requirements for Contractors and FFS Programs regarding Telehealth.

**II. DEFINITIONS**

**ASYNCHRONOUS (STORE AND FORWARD)** Transmission of recorded health history (e.g. pre-recorded videos and digital images, such as x-rays and photos) through a secure electronic communications system to a practitioner, usually a specialist, who uses the information to evaluate the case or render consultative services outside of a synchronous (real-time) interaction. As compared to a real-time visit, this service provides access to data after it has been collected, and involves communication tools such as secure email or telehealth software solutions.

**DISTANT SITE** Site at which the provider is located at the time the service is provided via telehealth.

**ORIGINATING SITE** Location of the AHCCCS member at the time the service is being furnished via telehealth or where the asynchronous service originates.

**TELEDENTISTRY** The acquisition and transmission of all necessary subjective and objective diagnostic data through interactive audio, video or data communications by an AHCCCS registered dental provider to a dentist at a distant site for triage, dental treatment planning, and referral.

**TELEHEALTH** Healthcare services delivered via teledentistry, telemedicine, or asynchronous (store and forward).

**TELEMEDICINE** The practice of health care delivery, diagnosis, consultation, and treatment and the transfer of medical data through interactive

**SECTION 320 – SERVICES WITH SPECIAL CIRCUMSTANCES**

audio, video or data communications that occur in the physical presence of the patient, including audio or video communications sent to a health care provider for diagnostic or treatment consultation. Telemedicine includes:

**Synchronous (real-time):** Two-way interaction between a person (patient, caregiver, or provider) and a provider using interactive audio and video.

**Remote patient monitoring:** Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a data processing service) in a different location for use in providing improved chronic disease management care and related support.

**III. POLICY**

AHCCCS covers medically necessary, non-experimental, and cost-effective telehealth services provided by AHCCCS registered providers. There are no geographic restrictions for telehealth; services delivered via telehealth are covered by AHCCCS in rural and urban regions. The Contractor shall promote the use of telehealth to support an adequate provider network.

**A. USE OF ASYNCHRONOUS (STORE AND FORWARD)**

Asynchronous (store and forward) does not require real-time interaction with the member. Reimbursement for this type of consultation is limited to:

1. Dermatology.
2. Radiology.
3. Ophthalmology.
4. Pathology.
5. Neurology.
6. Cardiology, and
7. Behavioral Health<sup>1</sup>.

**B. USE OF TELEMEDICINE**

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<sup>1</sup> Naturalistic Observation Diagnostic Assessment (NODA)

1. Synchronous (real-time) Telemedicine:
  - a. Shall not replace provider choice for healthcare delivery modality,
  - b. Shall not replace member choice for healthcare delivery modality, and
  - c. Are AHCCCS-covered services that are medically necessary and cost effective.
2. Remote Patient Monitoring  
Remote patient monitoring services are covered when determined to be medically necessary and cost effective.

#### **C. USE OF TELEDENTISTRY**

AHCCCS covers Teledentistry for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) aged members when provided by an AHCCCS registered dental provider. Refer to AMPM Policy 431 for more information on Oral Health Care for EPSDT aged members including covered dental services.

Teledentistry includes the provision of preventative and other approved therapeutic services by the AHCCCS registered Affiliated Practice Dental Hygienist, who provides dental hygiene services under an affiliated practice relationship with a dentist. Refer to AMPM Policy 431 for information on Affiliated Practice Dental Hygienist. Teledentistry does not replace the dental examination by the dentist; limited periodic and comprehensive examinations cannot be billed through the use of Teledentistry alone.

#### **D. CONDITIONS AND LIMITATIONS**

1. All Telehealth reimbursable services shall be provided by an AHCCCS registered provider.
2. Non-emergency transportation (NEMT) is a covered benefit for member transport to and from the Originating Site where applicable.
3. Informed consent standards for Telehealth services should adhere to all applicable statutes and policies governing Telehealth, including A.R.S. §36-3602.
4. Confidentiality standards for Telehealth services should adhere to all applicable statutes and policies governing Telehealth.
5. There are no Place of Service (POS) restrictions for Distant Site.
6. The POS on the service claim is the Originating Site.

#### **E. OTHER GENERAL INFORMATION**

Refer to the AHCCCS coding webpage for coding requirements for telehealth services, including applicable modifiers and place of service (POS) available:

<https://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html>.

For further information on telehealth services for FFS providers, refer to Chapter 10, Individual Practitioner Services, of the FFS Provider Billing Manual, and Chapter 8, Individual Practitioner Services, of the IHS/Tribal Provider Billing Manual.

For Prior Authorization Requirements for Fee-For-Service Programs refer to AMPM Policy 820.

### **320-I TELEHEALTH AND TELEMEDICINE<sup>2</sup>**

**EFFECTIVE DATE:** ~~01/01/2001, 07/01/16~~

**REVISION DATES:** ~~10/01/01, 07/01/04, 05/01/06, 10/01/06, 12/01/06, 04/01/12, 10/01/15, 10/20/16~~

#### **DESCRIPTION**

~~AHCCCS covers medically necessary consultative and/or treatment telemedicine services for all eligible members within the limitations described in this Policy when provided by an appropriate AHCCCS registered provider.~~

#### **DEFINITIONS**

**ASYNCHRONOUS OR "STORE AND FORWARD"** ~~The transfer of data from one site to another through the use of a camera or similar device that records (stores) an image that is sent (forwarded) via telecommunication to another site for consultation. Asynchronous or "store and forward" applications would not be considered telemedicine but may be utilized to deliver services.~~

**CONSULTING PROVIDER** ~~Any AHCCCS registered provider who is not located at the originating site who provides an expert opinion to assist in the diagnosis or treatment of a member.~~

**DISTANT OR HUB SITE** ~~The site at which the physician or other licensed practitioner delivering the service is located at the time the service is provided via telecommunications system.~~

**ORIGINATING OR SPOKE SITE** ~~The location of the Medicaid member at the time the service being furnished via a telecommunications system occurs. Telepresenters may be needed to facilitate the delivery of this service.~~

<sup>2</sup> [AMPM Policy 320-I as currently published is deleted and replaced with new AMPM 320-I language that precedes this section.](#)

**TELECOMMUNICATIONS  
TECHNOLOGY**

The transfer of medical data from one site to another through the use of a camera, electronic data collection system such as an Electrocardiogram (ECG), or other similar device, that records (stores) an image which is then sent (forwarded) via telecommunication to another site for consultation which includes store and forward. Services delivered using telecommunications technology, but **not** requiring the member to be present during their implementation, are **not** considered telemedicine. For information about coverage of these services, see Section B of the policy.

**TELEDENTISTRY**

The acquisition and transmission of all necessary subjective and objective diagnostic data through interactive audio, video or data communications by an AHCCCS registered dental provider to a distant dentist for triage, dental treatment planning, and referral.

- a. Teledentistry includes the provision of preventive and other approved therapeutic services by the AHCCCS registered Affiliated Practice Dental Hygienist, who provides dental hygiene services under an affiliated practice relationship with a dentist.
- b. Teledentistry does not replace the dental examination by the dentist; limited, periodic, and comprehensive examinations cannot be billed through the use of Teledentistry alone.

**TELEHEALTH (OR  
TELEMONITORING)**

The use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance.

- a. Telehealth includes such technologies as telephones, facsimile machines, electronic mail systems, and remote member monitoring devices, which are used to collect and transmit member data for monitoring and interpretation. While they do not meet the Medicaid definition of telemedicine they are often considered under the broad umbrella of telehealth services. Even though such technologies are not considered "telemedicine," they may nevertheless be covered and reimbursed as part of a Medicaid coverable service, such as laboratory service, x ray service or physician services (under section 1905(a) of the Social Security Act).

**TELEMEDICINE**

The practice of health care delivery, diagnosis, consultation, and treatment, and the transfer of medical data through interactive audio, video or data communications that occur in the physical presence of the member, including audio or video communications sent to a health care provider for diagnostic or treatment consultation. Refer to A.R.S. §36-3601.

**TELEPRESENTER**

A designated individual who is familiar with the member's case and has been asked to present the member's case at the time of telehealth service delivery if the member's originating site provider is not

~~present. The telepresenter must be familiar, but not necessarily medically expert, with the member's medical condition in order to present the case accurately.~~

**~~A. USE OF TELEMEDICINE~~**

~~Contractors shall develop and maintain a network of providers that utilizes telemedicine to support an adequate provider network.~~

~~Telemedicine shall not replace provider choice and/or member preference for physical delivery. AHCCCS covered medically necessary services that can be provided via telemedicine are listed below. Services must be real-time visits otherwise reimbursed by AHCCCS.~~

~~The following medical services are covered:~~

- ~~1. Cardiology~~
- ~~2. Dermatology~~
- ~~3. Endocrinology~~
- ~~4. Hematology/oncology~~
- ~~5. Infectious diseases~~
- ~~6. Neurology~~
- ~~7. Obstetrics/gynecology~~
- ~~8. Oncology/radiation~~
- ~~9. Ophthalmology~~
- ~~10. Orthopedics~~
- ~~11. Pain clinic~~
- ~~12. Pathology~~
- ~~13. Pediatrics and pediatric subspecialties~~
- ~~14. Radiology~~
- ~~15. Rheumatology~~
- ~~16. Surgery follow-up and consultations~~
- ~~17. Behavioral Health~~

**INFORMED CONSENT**

~~If a recording of the interactive video service is to be made, a separate consent to record shall be obtained. The responsibility of ensuring the informed consent is completed lies with the provider delivering the service. Items to be included in the consent are:~~

- ~~1. Identifying information,~~
- ~~2. A statement of understanding that participation in telemedicine is voluntary,~~
- ~~3. A statement of understanding that a recording of information and images from the interactive video service will be made, and likely viewed by other persons for a specific clinical or educational purpose.~~
- ~~4. A description of the purpose(s) for the recording,~~
- ~~5. A statement of the person's right to rescind the use of the recording at any time,~~
- ~~6. A date upon which permission to use the recording will be void unless otherwise renewed by signature of the person receiving the recorded service,~~
- ~~7. A statement of understanding that the person has the right to inspect all information obtained and recorded in the course of a telemedicine interaction, and may receive copies of the information for a reasonable fee,~~
- ~~8. A statement of understanding that providers will have access to any relevant medical information about the person, including psychiatric and/or psychological information, alcohol and/or drug use, and mental health records. However, if the person is receiving services related to alcohol and other drugs or HIV status, no material, including video recordings, may be re-disclosed unless further disclosure is expressly permitted by the person under 42 CFR Part 2 or A.R.S. 36-664, and~~
- ~~9. A statement of understanding that the Informed Consent document will become a part of the person's medical record.~~

~~If a telemedicine session is recorded, the recording must be maintained as a component on the member's medical record, in accordance with 45 CFR Part 164.524 and AMPM Policy 940. The Contractors and TRBHAs will establish a process that allows members to attain telemedicine information in their medical records.~~

**CONFIDENTIALITY**

~~At the time services are being delivered through interactive video equipment, no person, other than those agreed to by the person receiving services will observe or monitor the service either electronically or from “off camera.” To ensure confidentiality of telemedicine sessions providers must do the following when providing services via telemedicine:~~

- ~~1. The videoconferencing room door must remain closed at all times,~~
- ~~2. If the room is used for other purposes, a sign must be posted on the door, stating that a clinical session is in progress, and~~
- ~~3. Implement any additional safeguards to ensure confidentiality in accordance with AMPM Policy 550. See this policy for more information on disclosure of behavioral health information and telemedicine.~~

**~~B. USE OF TELECOMMUNICATIONS~~**

~~Services delivered using telecommunications are generally not covered by AHCCCS as a telemedicine service. The exceptions to this are described below:~~

- ~~1. A provider in the role of telepresenter may be providing a separately billable service under their scope of practice such as performing an ECG or an x-ray. In this case, that separately billable service would be covered, but the specific act of telepresenting would not be covered.~~
- ~~2. A consulting provider at the distant site may offer a service that does not require real time interaction with the member. Reimbursement for this type of consultation is limited to dermatology, radiology, ophthalmology, and pathology and is subject to review by AHCCCS Medical Management.~~
- ~~3. In the special circumstance of the onset of acute stroke symptoms within three hours of presentation, AHCCCS recognizes the critical need for a neurology consultation in rural areas to aid in the determination of suitability for thrombolytic administration. Therefore, when a member presents within three hours of onset of stroke symptoms, AHCCCS will reimburse the consulting neurologist if the consult is placed for assistance in determining appropriateness of thrombolytic therapy even when the members’ condition is such that real time video interaction cannot be achieved due to an effort to expedite care.~~
- ~~4. The following are additional exceptions, as noted in the AHCCCS Covered Behavioral Services Guide:
  - ~~a. Home Care Training Family Services (Family support)~~
  - ~~b. Self Help/Peer Services (Peer Support)~~
  - ~~c. Skills Training and Development,~~~~



- d. ~~Psychosocial Rehabilitation Services (Living Skills Training)~~
- e. ~~Case Management~~

**C. USE OF TELEDENTISTRY SERVICES**

~~AHCCCS covers Teledentistry for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) aged members when provided by an AHCCCS registered dental provider. Refer to AMPM Policy 431 for more information on Oral Health Care for EPSDT aged members including covered dental services.~~

**Conditions, Limitations and Exclusions**

- 1. ~~Both the referring and consulting providers must be registered with AHCCCS.~~
- 2. ~~A consulting service delivered via teledentistry by other than an Arizona licensed provider must be provided to a specific member by an AHCCCS registered provider licensed to practice in the state or jurisdiction from which the consultation is provided or, if employed by an Indian Health Services (IHS), Tribal or Urban Indian health program, be appropriately licensed based on IHS and 638 Tribal facility requirements.~~
- 3. ~~At the time of service delivery via real time teledentistry, the member's dental provider may designate a trained telepresenter to present the case to the consulting dentist if the member's primary dentist or other dental professional who is familiar with the member's dental condition, is not present. The telepresenter must be familiar with the member's dental condition in order to present the case accurately. Dental questions may be submitted to the referring dentist when necessary but no payment is made for such questions.~~

**D. TELEMONTORING**

~~Telemonitoring services are considered medically necessary for members with Congestive Heart Failure (CHF) when the following conditions are met:~~

- 1. ~~Observation/inpatient Utilization~~
  - a. ~~Observation/inpatient admission with primary or secondary discharge diagnosis of CHF within the past two months;~~

~~OR~~

- b. ~~Readmission to observation/inpatient with primary or secondary discharge diagnosis of CHF within the past six months.~~

~~AND~~

- 2. ~~Symptom Level~~  
~~New York Heart Association (NYHA) class II or greater~~
- 3. ~~CHF is identified by one of the following ICD-10 diagnostic codes:~~
  - ~~Congestive Heart Failure (I50.20 to I50.9); or~~
  - ~~Cardiomyopathy (I42.0 to I43); or~~
  - ~~Fluid overload (E8770; E8779; E877)~~

**LIMITATIONS**

~~Telemonitoring for CHF is not covered under the following conditions:~~

- ~~1. Member does not wish to participate~~
- ~~2. Inability to participate in biometrics~~
- ~~3. Member has elected hospice care.~~
- ~~4. Members with planned readmission for definitive treatment of CHF (e.g., Invasive therapies for heart failure include electrophysiologic intervention such as Cardiac Resynchronization Therapy (CRT), pacemakers, and implantable cardioverter defibrillators; revascularization procedures such as Coronary Artery Bypass Grafting (CABG) and Percutaneous Coronary Intervention (PCI); valve replacement or repair; and ventricular restoration, etc.)~~
- ~~5. Members whose hospitalization in the past six months has principally been for:
  - ~~a. Device implant malfunction (e.g. pacemaker, VAD, etc.);~~
  - ~~b. Presence of severe aortic stenosis and no surgical option;~~
  - ~~c. Severe pulmonary disease;~~
  - ~~d. Chronic hemodialysis;~~
  - ~~e. End stage liver disease.~~~~
- ~~6. Member has daily visiting nurse for other than CHF indication.~~

**~~E. ADDITIONAL INFORMATION~~**

~~Refer to AMPM Policy 310 and to the AHCCCS Covered Behavioral Health Services Guide for complete information regarding covered behavioral health services for Title XIX and Title XXI members.~~

~~AHCCCS Division of Fee for Service Management does not require Prior Authorization (PA) for medically necessary telemedicine services performed by Fee For Service (FFS) providers. Refer to AMPM Chapter 800 for complete information regarding PA requirements. Refer to the AHCCCS FFS Provider Billing Manual, the IHS/Tribal Provider Billing Manual and the AHCCCS Telehealth Training Manual for complete information regarding billing procedures. These manuals are available on the AHCCCS website.~~