

ADMINISTRATIVE POLICY STATEMENT

Arkansas PASSE

Policy Name & Number	Date Effective
Telemedicine Services AR-PASSE-AD-1309	06/01/2023-05/31/2024
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

Table of Contents

A. Subject	2
B. Background	2
C. Definitions.....	2
D. Policy	2
E. Conditions of Coverage	4
F. Related Policies/Rules	4
G. Review/Revision History	4
H. References	4

A. Subject

Telemedicine Services

B. Background

Telemedicine is the use of electronic information and communication technology to deliver healthcare services, including without limitation the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a member. Telemedicine includes store-and-forward technology and remote patient monitoring.

Store-and-forward technology involves the transmission of a member's medical information from a healthcare provider at an originating site, which includes the home of a member, to a healthcare provider at a distant site. Remote client monitoring uses electronic information and communication technology to collect personal health information and medical data from a member at an originating site that is transmitted to a healthcare provider at a distant site for use in the treatment and management of medical conditions that require frequent monitoring.

CareSource will reimburse providers for telemedicine healthcare services to licensed or certified healthcare professionals or entities who are authorized to bill Arkansas Medicaid directly for healthcare services. Coverage and reimbursement for healthcare services provided through telemedicine will be reimbursed on the same basis as healthcare services provided in person.

C. Definitions

- **Distant Site** – The physical location of the healthcare professional delivering services through telemedicine at the time the services are provided.
- **Healthcare Professional** – A person who is licensed, certified, or otherwise authorized by the laws of Arkansas to administer health care in the ordinary course of the practice of his/her profession.
- **National Place of Service (POS) Code 02** – Telehealth services provided other than in member home.
- **National Place of Services (POS) Code 10** – Telehealth services provided in member home.
- **Modifier 95** – Synchronous telemedicine services via real-time audio and video telecommunications system.
- **Online Visit** – A real-time (synchronous) two-way communication initiated by the member to virtually connect a physician or other health care provider for low complexity health care services.
- **Originating Site** – The physical location of a member at the time healthcare services are provided by means of telemedicine.

D. Policy

- I. CareSource PASSE will provide payment to a licensed or certified healthcare professional or entity for services provided through telemedicine, if the service provided through telemedicine is comparable to the same service provided in person.

- A. Payment will include a reasonable facility fee to the originating site operated by a licensed or certified healthcare professional or entity, if the professional or entity is authorized to bill Arkansas Medicaid directly for healthcare services.
 - B. There is no facility fee for the distant site.
 - C. The professional or entity at the distant site must be an enrolled Arkansas Medicaid Provider. Any other originating sites are not eligible to bill a facility fee.
 - D. Reimbursement is dependent on, but not limited to, submitting approved Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes along with appropriate modifiers, if applicable.
 - E. The modality of telemedicine/telehealth services must be documented in the applicable medical record in order to be reimbursed.
- II. The distant site healthcare provider will not utilize telemedicine services with a member unless a documented professional relationship exists between the provider and the member. A professional relationship does not include a relationship between a healthcare provider and a member established only by any of the exclusions to telemedicine listed below. A professional relationship exists when:
- A. The healthcare provider has previously conducted an in-person examination of the member and is available to provide appropriate follow-up care;
 - B. The healthcare provider personally knows the member and the member's health status through an ongoing relationship and is available to provide follow-up care;
 - C. The treatment is provided by a healthcare provider in consultation with, or upon referral by, another healthcare provider who has an ongoing professional relationship with the member and who has agreed to supervise the member's treatment, including follow-up care;
 - D. An on-call or cross-coverage arrangement exists with the member's regular treating healthcare provider or another healthcare provider who has established a professional relationship with the member, and
 - E. The healthcare professional, who is licensed in Arkansas, has access to a member's personal health record maintained by a healthcare professional and uses any technology deemed appropriate by the healthcare professional, including the telephone, with a member located in Arkansas to diagnose, treat, and if clinically appropriate, prescribe a noncontrolled drug to the member.
- III. Medically necessary telehealth services are subject to the same clinical and utilization review criteria, plan requirements, limitations and cost sharing as the same health care services when delivered to a member in person. A healthcare provider providing telemedicine services within Arkansas shall follow applicable state and federal laws, rules and regulations regarding:
- A. Informed consent,
 - B. Privacy of individually identifiable health information,
 - C. Medical record keeping and confidentiality, and
 - D. Fraud, waste and abuse.

IV. Non-covered Services Under Telemedicine

- A. Audio-only communication, unless the audio-only communication is in real-time, is interactive, and substantially meets the requirements for a health care service that would otherwise be covered by the health benefit plan:
 1. Documentation of the engagement between member and provider via audio-only communication will be maintained in the medical record addressing the problem, content of the conversation, medical decision-making, and plan of care after the contact
 2. Medical documentation is subject to the same audit and review process required by payers and governmental agencies when requesting documentation of other care delivery, such as in-office or face-to-face visits
- B. An internet questionnaire
- C. An email message
- D. A client-generated medical history
- E. Text messaging
- F. A facsimile machine (fax) and E-fax
- G. Any combination of the above, or
- H. Any future technology that does not meet the criteria outlined in this section.

E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Please refer to the individual fee schedule for appropriate codes.

F. Related Policies/Rules

Medical Necessity Determinations
Nonmedical Community Supports and Services

G. Review/Revision History

DATE		ACTION
Date Issued	03/01/2023	New Policy
Date Revised		
Date Effective	06/01/2023	
Date Archived	05/31/2024	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. Arkansas Code § 17-80-401 through 407 (2020) – Telemedicine Act. Retrieved February 24, 2023 from www.humanservices.arkansas.gov.
2. Arkansas Medicaid Notice ON-007-22. Telehealth – GT Modifier and POS Changes. Retrieved February 24, 2023 from www.humanservices.arkansas.gov.

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3. Arkansas PASSE Provider Manual Section I, Part 105.190. Telemedicine (2022, January 1). Retrieved February 24, 2023 from www.humanservices.arkansas.gov.
4. Arkansas PASSE Provider Manual Section III, Part 305.00. Telemedicine Billing Guidelines. (2022, January 1). Retrieved February 24, 2023 from www.humanservices.arkansas.gov.
5. CareSource PASSE Provider Manual. (2023). Retrieved February 24, 2023 from www.caresource.com.
6. Centers for Medicare and Medicaid Services (CMS). Medicare Telemedicine Health Care Provider Fact Sheet. (2020, March 17). Retrieved February 24, 2023 from www.cms.gov.
7. Centers for Medicare and Medicaid Services (CMS). MLNConnects. Permanent Telehealth Proposal. (2020, August 4). Retrieved February 24, 2023 from www.cms.gov.
8. National Committee for Quality Assurance. Taskforce on Telehealth Policy (TPP) Findings and Recommendations (September 2020). Retrieved January 24, 2023 from www.ncqa.org.