

320-I - TELEHEALTH

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I. PURPOSE

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

II. DEFINITIONS

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy including:

DISTANT SITE	MEMBER	PROVIDER
REMOTE PATIENT MONITORING	TELEDENTISTRY	TELEHEALTH
TELEHEALTH – ASYNCHRONOUS	TELEHEALTH – DISTANT SITE	TELEHEALTH – ORIGINATING SITE
TELEHEALTH – AUDIO ONLY	TELEHEALTH E- CONSULTS	TELEMEDICINE

III. POLICY

The Contractor and Fee-For-Service (FFS) programs shall cover medically necessary, non-experimental, and cost-effective services delivered via telehealth by AHCCCS registered providers for AHCCCS covered services.

There are no geographic restrictions for telehealth; services delivered via telehealth are covered by the Contractor and FFS programs in rural and urban regions. The Contractor and FFS programs may not limit or deny the coverage of services provided through telehealth and may apply only the same limits or exclusions on a service provided through telehealth that are applicable to an in-person encounter for the same service, except for services for which the weight of evidence, based on practice guidelines, peer-reviewed clinical publications or research or recommendations by the Telehealth Advisory Committee on telehealth best practices established by A.R.S. § 36-3607, determines not to be appropriate to be provided through telehealth.

Services delivered via telehealth shall not replace member or provider choice for healthcare delivery modality. As specified in A.R.S. § 36-3605, a provider shall make a good faith effort in determining **both** of the following:

1. Whether a service should be provided through telehealth instead of in-person.
 - a. The provider shall use clinical judgment in considering whether the nature of the services necessitates physical interventions and close observation and the circumstances of the member, including:
 - i. Diagnosis,
 - ii. Symptoms,
 - iii. History,
 - iv. Age, and
 - v. Physical location and access to telehealth.
2. The communication medium of telehealth and, whenever reasonably practicable, the telehealth communication medium that allows the provider to assess, diagnose, and treat the member most effectively. Factors the provider may consider in determining the communication medium include the member's lack of access to or inability to use technology or limits in telecommunication infrastructure necessary to support interactive telehealth encounters.

A provider who is not licensed within the State of Arizona may provide telehealth services to an AHCCCS member located in the state if the provider is an AHCCCS registered provider and complies with all requirements listed within A.R.S. § 36-3606.

A. TELEMEDICINE SERVICES

Telemedicine services include health care delivery, diagnosis, consultation, treatment, and the transfer of medical data through real-time synchronous interactive audio and video communications that occur in the physical presence of the member.

The Contractor and FFS Programs shall reimburse providers at the same level of payment for equivalent services as identified by Healthcare Common Procedure Coding System (HCPCS) whether provided via telemedicine or in-person office/facility setting.

The AHCCCS Telehealth code set defines which codes are billable as a telemedicine service and the applicable modifier(s) and place of service providers shall use when billing for a service provided via telemedicine.

B. ASYNCHRONOUS SERVICES

Asynchronous services are rendered after the initial collection of data from the member and are provided without real-time interaction with the member. Reimbursement for this type of consultation is limited to clinically appropriate services that are provided without real-time interaction and are limited to the following disciplines, with the exception of e-consults:

1. Dermatology.
2. Radiology.
3. Ophthalmology.
4. Pathology.
5. Neurology.
6. Cardiology.
7. Behavioral Health.
8. Infectious Diseases.
9. Allergy/Immunology.

The AHCCCS Telehealth code set defines which codes are billable as an asynchronous service and the applicable modifier(s) and place of service providers shall use when billing for a service provided via asynchronous means.

C. E-CONSULT SERVICES

The Contractor and FFS Programs shall cover medically necessary e-consult visits, to aid in the coordination of care between a Primary Care Provider (PCP) and a specialist, and to improve timely access to specialty providers.

The AHCCCS Telehealth code set defines which codes are billable as an e-consult service and the applicable modifier(s) and place of service providers shall use when billing for a service provided through e-consult.

D. REMOTE PATIENT MONITORING SERVICES

Remote patient monitoring enables the monitoring of members outside of conventional clinical settings, such as in the home. The Contractor and FFS Programs cover both synchronous and asynchronous remote patient monitoring.

Coverage of equipment and/or supplies for remote patient monitoring is limited to when:

1. The service being provided is an AHCCCS covered service eligible for remote monitoring, and
2. The equipment and/or supplies are AHCCCS covered items. For additional information, refer to AMPM Policy 310-P.

The AHCCCS Telehealth code set defines which codes are billable as a remote patient monitoring service and the applicable modifier(s) and place of service providers shall use when billing for a service provided through remote patient monitoring.

E. AUDIO-ONLY SERVICES

The Contractor and FFS Programs shall cover audio-only services if a telemedicine encounter is not reasonably available due to the member's functional status, the member's lack of technology or telecommunications infrastructure limits, as determined by the provider. To submit a claim for an audio-only service, the provider shall make the telehealth services generally available to members through telemedicine.

The Contractor and FFS Programs shall reimburse providers at the same level of payment for equivalent in-person office/facility setting for mental health and substance use disorder services, as identified by HCPCS, if provided through telehealth using an audio-only format.

The AHCCCS Telehealth code set defines which codes are billable as an audio-only service and the applicable modifier(s) and place of service providers shall use when billing for an audio-only service.

F. TELEDENTISTRY SERVICES

The Contractor and FFS Programs shall cover 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 exams may be billed through the use of Teledentistry. Periodic and comprehensive examinations cannot be billed through the use of teledentistry alone.

G. CONDITIONS AND LIMITATIONS

1. All telehealth reimbursable services shall be provided by an AHCCCS registered provider within their scope of practice.
2. Non-Emergency Transportation (NEMT) is a covered benefit for member transport to and from the originating site where applicable.
3. Services provided through telehealth or resulting from a telehealth encounter are subject to all applicable statutes and rules that govern prescribing, dispensing, and administering prescription medications and devices.
4. Informed consent standards for telehealth services shall adhere to all applicable statutes and policies governing informed consent, including A.R.S. § 36-3602.
5. Privacy and confidentiality standards for telehealth services shall adhere to all applicable statutes and policies governing healthcare services, including the Health Insurance Portability and Accountability Act (HIPAA).
6. There are no Place of Service (POS) restrictions for distant site.
7. The POS on the service claim is the originating site; available POS by service code are identified on the AHCCCS telehealth code set.
8. Telehealth may qualify as a Federally Qualified Healthcare Center/Rural Health Clinic (FQHC/RHC) visit if all other applicable conditions in this Policy are met. Refer to AMPM Policy 670.

H. OTHER GENERAL INFORMATION

Refer to the AHCCCS coding webpage for coding requirements for telehealth services, including applicable modifiers and 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 further information on Telehealth applicability for Contractor network standards, refer to ACOM Policy 436.

For Prior Authorization (PA) requirements for FFS Programs refer to AMPM Policy 820.