

## 320-I TELEHEALTH AND TELEMEDICINE

EFFECTIVE DATE: October 1, 2019

REFERENCES: AMPM Policy 431; Social Security Act, Section 1905(a)

The Division of Developmental Disabilities (Division) covers medically necessary consultative and/or treatment telemedicine services for all members eligible for AHCCCS, when these services are provided by an appropriate AHCCCS-registered provider.

### **Definitions**

- A. 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.
- B. 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.
- C. 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.
- D. Originating or Spoke Site - the location of the patient at the time the service being furnished via a telecommunications system occurs. Telepresenters may be needed to facilitate the delivery of this service.
- E. Telecommunications Technology (which includes store and forward) - 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. 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 titled Use of Telecommunications in this policy.
- F. 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.
  - 1. 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

2. Teledentistry does not replace the dental examination by the dentist; limited, periodic, and comprehensive examinations cannot be billed through the use of Teledentistry alone.
- G. Telehealth (or Telemonitoring) - use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance.
1. Telehealth includes such technologies as telephones, facsimile machines, electronic mail systems, and remote patient monitoring devices, which are used to collect and transmit patient 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).
- H. Telemedicine - the practice of health care delivery, diagnosis, consultation and treatment and the transfer of medical data between the originating and distant sites through real time interactive audio, video or data communications that occur in the physical presence of the member.
- I. 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 the medical expert, with the member's medical condition in order to present the case accurately.

### **Use of Telemedicine**

The Division covers the following medically necessary services provided via telemedicine. These services must be provided in real-time visits, the cost of which would otherwise be reimbursed by the Division.

- A. Cardiology
- B. Dermatology
- C. Endocrinology
- D. Hematology/oncology
- E. Infectious diseases
- F. Neurology
- G. Obstetrics/gynecology
- H. Oncology/radiation

- I. Ophthalmology
- J. Orthopedics
- K. Pain clinic
- L. Pathology
- M. Pediatrics and pediatric subspecialties
- N. Radiology
- O. Rheumatology
- P. Surgery follow-up and consultations
- Q. Behavioral Health
- R. Diagnostic consultation and evaluation, including:
  - 1. Psychotropic medication adjustment and monitoring
  - 2. Individual and family counseling
  - 3. Case management

### **Use of Telecommunications**

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

- A. 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 tele-presenting would not be covered.
- B. 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 the Division.
- C. In the special circumstance of the onset of acute stroke symptoms within three hours of presentation, the Division and AHCCCS recognize 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, the Division will reimburse the consulting neurologist if the consult is placed for assistance in determining appropriateness of thrombolytic therapy even when the patients' condition is such that real-time video interaction cannot be achieved due to an effort to expedite care.

### **Use of Teledentistry Services**

The Division covers teledentistry for members eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) when provided by an AHCCCS-registered dental provider. Refer to Division Policy 431 for more information on "Oral Health Care for EPSDT Aged Members."

### **Conditions, Limitations and Exclusions**

- A. Both the referring and consulting providers must be registered with AHCCCS.
- B. A consulting service delivered via telemedicine by other than an Arizona-licensed provider must be provided by an AHCCCS-registered provider licensed to practice in the state or jurisdiction from which the consultation is provided. Consulting providers employed by an Indian Health Services (IHS), Tribal or Urban Indian Health Program, must be appropriately licensed based on IHS and 638 Tribal Facility requirements.
- C. At the time of service delivery via real time telemedicine, the member's health care provider may designate a trained telepresenter to present the case to the consulting provider if the member's primary care provider or attending physician, or other medical professional who is familiar with the member's medical condition, is not present. The telepresenter must be familiar with the member's medical condition in order to present the case accurately. Medical questions may be submitted to the referring provider when necessary but no payment is made for such questions.
- D. Nonemergency transportation to and from the telemedicine originating site to receive a medically necessary consultation or treatment service is covered.