

Marketplace National Regional Benefit Interpretation Document

Benefit Name	TELEMEDICINE, TELEHEALTH SERVICES & VIRTUAL VISITS
Applicable State	California, Florida, Idaho, Illinois, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses telemedicine/telehealth services and virtual visits.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.</p> <div style="border: 1px solid black; padding: 2px; margin: 10px 0;"> <p>A. FEDERAL/STATE MANDATED REGULATIONS</p> </div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>CALIFORNIA:</p> <p style="padding-left: 20px;">California Health and Safety Code § 1348.8- Telephone Medical Advice</p> <p style="padding-left: 20px;">CA HSC 1374.13</p> <p style="padding-left: 20px;">CA HSC 1374.14</p> <p style="padding-left: 20px;">CA HSC 1375.1</p> <p style="padding-left: 20px;">CA Business and Professions Code, 2290.5</p> <p>FLORIDA:</p> <p style="padding-left: 20px;">Fl. Stat. § 627.42396: Reimbursement for telehealth services</p> <p style="padding-left: 20px;">Fl. Stat. § 456.47: Use of telehealth to provide services</p> <p>KENTUCKY:</p> <p style="padding-left: 20px;">Ky. Rev. Stat. § 304.17A-005(47): Definition of "Telehealth."</p> <p style="padding-left: 20px;">Ky. Rev. Stat. § 304.17A-138: Telehealth coverage and reimbursement -- Requirements for health benefit plan -- Benefits subject to deductible,</p>

copayment, or coinsurance -- Payment subject to provider network arrangements – Administrative regulations.

MICHIGAN:

https://www.michigan.gov/documents/mdhhs/Telemedicine_2019_671338_7.pdf

[Section 500.3476](#)

MISSISSIPPI:

<https://sos.ms.gov/ACProposed/00021111b.pdf>

NEW MEXICO:

<https://www.nmlegis.gov/sessions/04%20Regular/final/HB0581.html>

OHIO:

[Ohio Rev. Code § 3902.30](#): Coverage for telemedicine services
Ohio Rev. Code § 1751.90: Coverage for tele dentistry

TEXAS:

[CHAPTER 1455](#)- TELEMEDICINE AND TELEHEALTH

Texas Health and Safety Code, Chapter 35. Children with Special Care Needs [§ 35.0041](#)

UTAH:

[Chapter 60](#)- Telehealth Act

WASHINGTON:

[RCW 48.43.735](#) Reimbursement of health care services provided through telemedicine or store and forward technology (Effective January 1, 2018) (change in 2020)

[Senate Bill 5385](#)- Telemedicine Reimbursement Rates

WISCONSIN:

[Chapter Med 24](#)- Telemedicine

B. STATE MARKET PLAN ENHANCEMENTS

CALIFORNIA:

There are Behavioral Telehealth Vendors for California.

C. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

TELEHEALTH AND TELEMEDICINE SERVICES

CALIFORNIA:

Telehealth Services: Molina covers services appropriately delivered through telehealth on the same basis and to the same extent that Molina covers the same service through an in-person provider visit. Telehealth is the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance. 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.

Covered Services are also available through Telehealth, except as specifically stated in this Agreement. Telehealth includes telepsychiatry. In-person contact with a Provider is not required for these services, and the type of setting where these services are provided is not limited.

The following additional provisions apply to the use of Telehealth services:

- Must be obtained from a Participating Provider
- Are meant to be used when care is needed now for non-Emergency medical issues
- Are a method of accessing Covered Services, and not a separate benefit
- Are not permitted when the Member and Participating Provider are in the same physical location
- Do not include texting, facsimile or email only
- Covered Services provided through store and forward technology must include an in-person office visit to determine diagnosis or treatment.

FLORIDA:

Telehealth Services: Telehealth is the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance. 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. Covered

Services are also available through Telehealth, except as specifically stated in this Agreement. In-person contact with a Provider is not required for these services, and the type of setting where these services are provided is not limited. The following additional provisions apply to the use of Telehealth services:

- Must be obtained from a Participating Provider
- Are meant to be used when care is needed now for non-emergency medical issues
- Are a method of accessing Covered Services, and not a separate benefit
- Are not permitted when the Member and Participating Provider are in the same physical location
- Do not include texting, facsimile or email only

IDAHO:

Telehealth Services: Delivery of Covered Services through audio and video conferencing technology that permits communication between a Member at an Originating Site and a provider at a Distant Site, allowing for the diagnosis or treatment of Covered Services. Also, the communication does not involve in-person contact between the Member and a provider. During the virtual visit the Member may receive in-person support at the originating site from other medical personnel to help with technical equipment and communications with the provider.

Services may include digital transmission and evaluation of patient clinical information when the provider and patient are not both on the network at the same time. The Provider may receive the Member's medical information through telecommunications without live interaction, to be reviewed at a later time (often referred to as "Store and Forward" technology). Applicable Cost Sharing for Covered Services delivered through Telehealth Services will be charged at either the Primary Care or Specialist care Cost Sharing, depending on the Provider type.

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- Are meant to be used when care is needed now for non-emergency medical issues
- Are a method of accessing Covered Services, and not a separate benefit
- Are not permitted when the Member and Provider are in the same physical location
- Do not include texting, facsimile or e-mail only

Covered Services provided through store and forward technology must include an in-person office visit to determine diagnosis or treatment. Please refer to the “Definition” section for explanation.

ILLINOIS:

Telehealth Services: Telehealth is the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, treatment, and information across distance. Covered Services are also available through Telehealth, except as specifically stated in this Agreement. Telehealth includes telepsychiatry. In-person contact with a Provider is not required for these services, and the type of setting where these services are provided is not limited.

The following additional provisions apply to the use of Telehealth services:

- Must be obtained from a Participating Provider licensed
- Are meant to be used when care is needed now for non-Emergency medical issues.
- Are a method of accessing Covered Services, and not a separate benefit.
- Are not permitted when the Member and Participating Provider are in the same physical location.
- Do not include texting, facsimile, or email only

KENTUCKY:

Telehealth Services: Telehealth is a mode of delivering healthcare services through the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, treatment, and information across distance. Telehealth includes real-time interactive audio or video telecommunication technology or store-and-forward services that are provided via synchronous or asynchronous technologies, remote patient monitoring technology, and audio-only encounters, by a health care provider to a patient or to another health care provider at a different location. Covered Services are also available through Telehealth, except as specifically stated in this Agreement. Telehealth includes telepsychiatry. In-person contact with a Provider is not required for these services, and the type of setting where these services are provided is not limited.

Telehealth services:

- Must be obtained from a Participating Provider licensed in Kentucky, or as allowed under the standards and provisions of a recognized interstate compact.
- Are meant to be used when care is needed now for non-Emergency medical issues.
- Are a method of accessing Covered Services, and not a separate benefit.
- Are not permitted when the Member and Participating Provider are in the same physical location.
- Do not include texting, facsimile, or email.

MICHIGAN:

Telehealth Services: Telehealth is the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, and information across distance. 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.

Covered Services are also available through Telehealth, except as specifically stated in this Agreement. In-person contact with a Provider is not required for these services, and the type of setting where these services are provided is not limited.

The following additional provisions apply to the use of Telehealth services:

- Must be obtained from a Participating Provider
- Are meant to be used when care is needed now for non-emergency medical issues
- Are a method of accessing Covered Services, and not a separate benefit
- Are not permitted when the Member and Participating Provider are in the same physical location
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Covered Services provided through store and forward technology must include an in-person office visit to determine diagnosis or treatment.

MISSISSIPPI:

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- Must be obtained from a Participating Provider
- Are meant to be used when care is needed now for non-emergency medical issues
- Are a method of accessing Covered Services, and not a separate benefit
- Are not permitted when the Member and Participating Provider are in the same physical location
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NEW MEXICO:

Telehealth Services: Telehealth is the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance. 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. Covered Services are also available through Telehealth, except as specifically stated in this Agreement. In-person contact with a Provider is not required for these services, and the type of setting where these services are provided is not limited. Molina covers services appropriately delivered through telehealth on the same basis and to the same extent that Molina covers the same service through an in-person provider visit. The following additional provisions apply to the use of Telehealth services:

- Must be obtained from a Participating Provider
- Are a method of accessing Covered Services, and not a separate benefit
- Are meant to be used when care is needed now for non-emergency medical issues
- Are not permitted when the Member and Participating Provider are in the same physical location

OHIO:

Telehealth Services: Telehealth is the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance. Covered Services are available through telehealth, except as specifically stated in this Agreement. In-person contact with a Provider is not required for these services, and the type of setting where these services are provided is not limited. The following additional provisions apply to the use of telehealth services:

- Must be obtained from a Participating Provider
- Are a method of accessing Covered Services, and not a separate benefit
- Are not permitted when the Member and Participating Provider are in the same physical location
- Molina provides coverage for telehealth services on the same basis and to the same extent that the plan provides coverage for the provision of in-person health care services.
- Molina does not exclude coverage for a service solely because it is provided through telehealth.
- Molina does not impose any annual or lifetime benefit maximum in relation to telehealth services other than such a benefit maximum imposed on all benefits offered under the plan.

SOUTH CAROLINA:

Telehealth Services: Telehealth is the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance. 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. Covered Services are also available through Telehealth, except as specifically stated in this Agreement. Telehealth includes telepsychiatry. In-person contact with a Provider is not required for these services, and the type of setting where these services are provided is not limited. The following additional provisions apply to the use of Telehealth services:

- Must be obtained from a Participating Provider
- Are meant to be used when care is needed now for non-Emergency medical issues
- Are a method of accessing Covered Services, and not a separate benefit
- Are not permitted when the Member and Participating Provider are in the same physical location
- Do not include texting, facsimile or email only
- Covered Services provided through store-and-forward technology must include an in-person office visit to determine diagnosis or treatment.

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Agreement. In-person contact with a Provider is not required for these services, and the type of setting where these services are provided is not limited. The following additional provisions apply to the use of Telehealth services:

- Must be obtained from a Participating Provider.
- Are meant to be used when care is needed now for non-emergency medical issues.
- Are a method of accessing Covered Services, and not a separate benefit.
- Are not permitted when the Member and Participating Provider are in the same physical location.
- Do not include texting, facsimile or email only.

Member cost sharing is shown in the Schedule of Benefits

Telemedicine Services: Telemedicine is a method of communication used by our Participating provider network to provide access to consult. It is covered at the same cost share as in person covered services.

UTAH:

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WASHINGTON:

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MORE INFORMATION

For limited, virtual E&M services (online or telephonic) provided.

As a FYI, Teladoc does not provide mental health or substance abuse services.

Please refer to the “Definition” section for explanation.

D. NOT COVERED

Refer to the member’s Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

TELEHEALTH

ALL STATES:

Services do not include texting, facsimile or email only

ALL STATES:

Telehealth Services are not permitted when the Member and Participating Provider are in the same physical location

E. DEFINITIONS

[See Glossary](#)

F. POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
4/15/2021	<ul style="list-style-type: none"> Added KY 2022 Drafted Language
5/14/2021	<ul style="list-style-type: none"> Added IL 2022 EOC
6/30/2021	<ul style="list-style-type: none"> Added ID 2022 EOC

Procedure Codes

[BI Policy Configuration Telemedicine, Telehealth Services and Virtual Visits](#)

	<p>Coding Disclaimer: Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT[®]), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.</p>												
Prior Authorization	<p>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:</p> <ul style="list-style-type: none"> a. Covered and No PA Required b. Not Covered <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p>PA Lookup Tool</p>												
Approval	<table border="1"> <thead> <tr> <th data-bbox="456 989 675 1056">Departments</th> <th data-bbox="675 989 919 1056">Product</th> <th data-bbox="919 989 1154 1056">CIM</th> <th data-bbox="1154 989 1406 1056">Clinical Management</th> </tr> </thead> <tbody> <tr> <td data-bbox="456 1056 675 1094">Date</td> <td data-bbox="675 1056 919 1094">4/9/2021</td> <td data-bbox="919 1056 1154 1094">6/29/2021</td> <td data-bbox="1154 1056 1406 1094">5/12/2021</td> </tr> <tr> <td data-bbox="456 1094 675 1163">Revised (for 1/1/2022)</td> <td data-bbox="675 1094 919 1163">12/7/2021</td> <td data-bbox="919 1094 1154 1163">4/11/2022</td> <td data-bbox="1154 1094 1406 1163">11/30/2021</td> </tr> </tbody> </table>	Departments	Product	CIM	Clinical Management	Date	4/9/2021	6/29/2021	5/12/2021	Revised (for 1/1/2022)	12/7/2021	4/11/2022	11/30/2021
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