

**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, digital data, or digital images, such as x-rays and photos) through a secure electronic communications system between a practitioner, usually a specialist, and a member or other practitioner, in order to evaluate the case or to render consultative and/or therapeutic services outside of a synchronous (real-time) interaction. As compared to a real-time member care, asynchronous care allows practitioners to assess, evaluate, consult, or treat conditions using secure digital transmission services, data storage services, and 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.

**REMOTE PATIENT MONITORING**

Personal health and medical data collection from a member in one location via electronic communication technologies, which is transmitted to a provider in a different location for use in providing improved chronic disease management, care, and related support. Such monitoring may be either synchronous (real-time) or asynchronous (store and forward).

**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 asynchronous (store and forward), remote patient monitoring, teledentistry, or telemedicine (interactive audio and video).

**TELEMEDICINE**

The practice of synchronous (real-time) health care delivery, diagnosis, consultation, and treatment and the transfer of medical data through interactive audio and video communications that occur in the physical presence of the patient.

**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.
7. Behavioral Health.
8. Infectious Disease.
9. Allergy/Immunology.

**B. USE OF TELEMEDICINE AND REMOTE PATIENT MONITORING**

Synchronous (real-time) Telemedicine and Remote Patient Monitoring:

1. Shall not replace provider choice for healthcare delivery modality.
2. Shall not replace member choice for healthcare delivery modality.
3. Shall be AHCCCS-covered services that are 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.