Medical Necessity Guideline: Therapy Telehealth Guideline	**Creation Date:** 09/01/2020	**Review Date:** 05/31/2023	**Effective Date:** 10/20/2020

PURPOSE:

Driscoll Health Plan (DHP) requires the prior authorization of all requests for Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST) services provided via telehealth. This document aims to detail therapy guidelines and processes for referrals for therapy services provided via telehealth.

DEFINITIONS:

Asynchronous store-and-forward is when images or data are captured and transmitted (i.e., stored and forwarded) for viewing and/or interpretation by the therapy provider without real-time interaction with the client.

A distant site provider is defined as a Physical Therapist, Occupational Therapist, Speech-Language Pathologist, or licensed assistant of these disciplines who uses various audiovisual telecommunication technologies to provide therapy services to a client.

Synchronous Audiovisual is defined as a two-way audiovisual link between a client and therapy provider that requires the presence of both parties at the same time and a communication link between them that allows a real-time interaction to take place.

Telehealth (non-physician-delivered) services are defined as health-care services, other than telemedicine medical services, delivered by a health professional licensed, certified, or otherwise entitled to practice in Texas and acting within the scope of the health professional's license, certification, or entitlement to a patient at a different physical location other than the health professional using telecommunications or information technology.

GUIDELINE:

A. General

The following modalities may be used to deliver telehealth services:

1. Synchronous **audiovisua**l interaction between the distant site provider and the client in another location
2. Asynchronous store and forward technology, including asynchronous store and forward technology in conjunction with synchronous audio interaction between the distant site provider and the client in another location. The remote site provider would need to use one of the following:
    a. Clinically relevant photographic or video images, including diagnostic images

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b. The client's relevant medical records, such as medical history, laboratory, and pathology results, and prescriptive histories
c. Other forms of audiovisual telecommunication technologies that allow the distant site provider to meet the in-person visit standard of care

DHP will not authorize nor reimburse for Therapy telehealth services that are provided through **only** synchronous or asynchronous **audio** interactions, including:

a. An audio-only telephone consultation
b. A text-only e-mail message
c. A facsimile transmission

Services provided through telehealth must be performed with the same standard of care as in-person health care. Medical records must be maintained for all telehealth services.

Documentation for a telehealth service must be the same as a comparable in-person service.

The use of telehealth to provide therapy services should be related to the member's medical condition, based on best practice for the treatment of this member's specific deficits/diagnosis, and not primarily for the convenience of the member or provider.

DHP will approve and reimburse for therapy services provided by Physical Therapy (PT), Occupational Therapy (OT), and Speech-Language Pathology (SLP) Assistants and SLP Interns using telehealth as long as the provider is practicing within the scope of the health professional's license. The practice rules for PT Assistants and OT Assistants allow the licensed assistant to provide therapy services via telehealth.

Providers can refer to the Texas Medicaid Provider Procedures Manual and Telecommunication Services Handbook for additional information about the benefits of Texas Medicaid telemedicine services.

Before providing telehealth services, the therapy provider must ensure the following:

1. Caregiver consent for telehealth services.
2. Caregiver understanding and agreement with their role as therapy facilitators.
3. Patient/Family access to working equipment and training related to the use of the equipment during the sessions.
4. Use of a digital platform compliant with Health Insurance Portability and Accountability Act (HIPAA) guidelines for protecting private health information as outlined in the Texas Medicaid Provider Procedures Manual – Telecommunications Handbook section 3.

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B. Telehealth Evaluations/Re-Evaluations:

- It is expected that most evaluations and re-evaluations will be conducted via face-to-face contact. This provides the opportunity to:
  - establish rapport with the member/family
  - determine if the member's attention/behavior is conducive to future telehealth visits
  - allows for more accurate observation of deficits through direct physical contact
  - allows for the correct administration of standardized tests and
  - provides the opportunity for in-person training in the home program.
- **All** evaluations/re-evaluations to be provided by audiovisual telehealth will require **prior authorization**. The 95 modifier should be included on the referral, indicating that the service will be provided via telehealth.
- Initial evaluations should preferentially be done face-to-face unless the following occurs:
  - Member cannot physically access specialized therapy services (e.g., cleft palate specialist).
  - The referring physician/specialist deems it medically necessary to evaluate telehealth.

Exclusions

- Requests for evaluation previously approved for face-to-face contact **cannot be completed** through telehealth. Therefore, these requests should be re-submitted with the 95 modifier added to the referral.
- If direct therapist physical interaction with the member is required in order to complete the evaluation/re-evaluation with an appropriate standard of care, then telehealth is not medically appropriate and will not be approved.

Required Documentation

- Documentation of the medical need for the evaluation/re-evaluation via telehealth and reasons why a face-to-face evaluation is not possible/desirable will need to be submitted by the **referring physician** along with all other required clinical documentation for referral for evaluation/re-evaluation. (reference DHP Therapy Guide)
- Documentation of the member's behavior and attention in prior therapy visits that facilitates and is sufficient to allow for re-evaluation via telehealth.
- Documentation of reasons why telehealth re-evaluation is being incorporated into the plan of care (e.g., following home education program, distant site, transportation issues, barriers to physical face-to-face visits)
- Evaluation codes associated with the services being rendered via telehealth with the 95 modifier and place of service.

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C. Telehealth Therapy Visits:

- Requests for PT, OT, and ST to be provided by audiovisual telehealth will require prior authorization and indication that some of the visits will be provided by telehealth.
- If a referral is approved with the 95 modifier, therapy visits can and should continue to be completed through face-to-face contact as well, based on DHP policy (see below), the medical needs of the member, and best practice.
- Cooperation, attention, and conduct of the member is essential for successful therapy telehealth interaction and visit. The member's attention and behavior should be conducive to a successful telehealth visit, and this can only be determined from a prior face-to-face visit.
    - To determine the appropriateness of using telehealth to deliver therapy services, the first 3-8 therapy visits should be provided via face-to-face contact.
- Therapy is not designed to be provided solely via telehealth, but this delivery platform can be beneficial as part of the total plan of care. It is the expectation that the frequency of telehealth sessions might slowly increase (with face-to-face concomitantly decreasing) in situations where: (1) the member's deficits become less severe, (2) the need for skilled services decreases, and/or (3) in preparation for discharge. This is especially true in implementing and monitoring a home education plan, addressing barriers to care, and in specialized requests.
    - After determining that telehealth is appropriate, telehealth therapy sessions should not constitute greater than 75% of all remaining ongoing therapy sessions/visits.

Exclusions

- If the appropriate standard of care is that direct therapist physical interaction with the member is required to perform therapy visits/sessions, then telehealth PT, OT, and ST visits/sessions are not medically appropriate in these situations and will not be approved. Examples include (but are not limited to) massage, wheelchair management, electrical stimulation, wound care, hand rehabilitation, and treatment for pharyngeal dysphagia requiring hands-on therapy.

Required Documentation

- Documentation of the medical need for services to be provided via telehealth and reasons why a face-to-face visit is not possible/desirable will need to be submitted by the referring physician along with all other required clinical documentation for referral for the visit. (reference DHP Therapy Guide)
- Documentation of the member's behavior and attention in prior therapy visits that facilitates and is sufficient to allow for therapy visits via telehealth.
- Documentation of reasons why and how telehealth visits are being incorporated into the plan of care (e.g. following home education program, distant site, transportation issues, and barriers to physical face-to-face visits).

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- Therapy treatment codes associated with the services being rendered via telehealth with the 95 modifier and place of service.

BACKGROUND

Therapy telehealth is increasingly being used to provide therapy services remotely to patients in their home environment by a licensed therapist. The use of telehealth can play a role in the overall therapy plan of care across all therapy disciplines and for an increasing number of medical and surgical conditions. There is, however, a lack of research studying the use of telehealth to provide PT, OT, and ST in pediatric populations. A review of the current literature indicates that research is of variable quality; however, evidence shows that telehealth is a "promising" method for delivering therapy services in the pediatric population.

Telehealth is not appropriate or intended to replace available face-to-face services but can be used in conjunction with traditional therapy for specific purposes to meet the needs of the member. Traditional clinic-based/home health visits remain necessary for most standardized testing, for building rapport with the member/family, establishing if telehealth is appropriate, for initial home program training, and for any therapy requiring hands-on techniques. Telehealth can play an important role in a treatment plan through: (1) increasing access to care; (2) maximizing caregiver involvement in treatment; (3) improving home program follow-up in the natural environment, and (4) as a part of discharge planning. [1, 2, 7]

A systematic review conducted by Camden et al. [3] in Canada in 2019 focused on the use of telehealth for PT, OT, ST, and Psychology services in the pediatric population. In their review, the authors found that the evidence for improved motor skills via telehealth was weaker than for other treatment outcomes. In addition, the studies showed that using a coaching approach resulted in more remarkable outcome improvement.

In a systematic review by Mani et al. [4], the validity and reliability of physical therapy assessment of musculoskeletal disorders completed via telehealth were explored. This review found that the use of telehealth to assess pain, swelling, range of motion, muscle strength, balance, gait, and functional outcomes was possible and resulted in overall good validity and reliability compared to an in-person evaluation. However, there were low to moderate levels of concurrent validity for lumbar spine posture assessment, special orthopedic tests, neurodynamic tests, and scar assessments.

The authors of a systematic review and meta-analysis conducted in Amsterdam in 2018 [5] focused on telehealth physical therapy outcomes for post-surgical patients of all ages. This review found that physical therapy provided via telehealth resulted in increased quality of life and showed that therapy outcomes were equal compared to a traditional service delivery model.

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Zylstra et al. [6], in a systematic review of the occupational therapy literature, concluded that when used in conjunction with face-to-face services, current research supports the "cautious use" of telehealth for OT services in the pediatric population. Only 3 of the 9 studies included in this review looked at physical outcomes (e.g., improved handwriting, fine motor skills, or sensory processing), but all had small sample sizes. The remaining studies addressed parental satisfaction with telehealth services. The authors noted that there is a need for more large-scale studies focusing on therapy outcomes.

The American Speech-Language-Hearing Association code of ethics states that telehealth services may not be appropriate for all clients. Therefore, therapists should use their evidence-based clinical judgment and consider the best interests of their clients, their unique needs, culture, age, benefits, and potential challenges before choosing telehealth as a mode of service delivery [7].

The authors of a 2018 systematic review [8] completed in Australia report that the studies investigating telehealth to treat speech/language disorders associated with Autism are of varying quality. However, results indicated that speech therapy services delivered via telehealth showed comparable results to services delivered through in-person sessions and better results than those with comparison groups receiving no telehealth sessions.

A systematic review of the research focusing on telehealth for Speech Therapy in the pediatric population found that studies were "limited and of variable quality"; however, results did show that Speech Therapy services provided via telehealth are as effective as face-to-face therapy [9].

PROVIDER CLAIMS CODES

Claims for PT, OT, and ST evaluations, re-evaluations, and therapy visits completed via telehealth should be submitted with the 95 modifier and with the place of service 02, indicating the visit was conducted via telehealth.

Evaluation Procedure (CPT) Codes Authorized
97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 92610, 92521, 92522, 92523, 92524, S9152

Claims for PT, OT and ST Telehealth therapy visits should also be submitted with the U5 or UB modifier to indicate if the services were provided by the licensed therapist or therapy assistant.

Therapy Visit Procedure (CPT) Codes Authorized
92507, 92508, 92526, 97110, 97112, 97116, 97150, 97530, 97535, 97537, 97750

The following Procedure (CPT) Codes will not be Authorized/Reimbursed if delivered via telehealth
97542, 97760, 97761, 97763, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97113, 97124, 97140, 97799

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INTERNAL CROSS-REFERENCES:

Driscoll Health Plan Requests for Therapy Guideline, Appendix A – Therapy Guide

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DOCUMENT HISTORY:

DHP Committee that Approved	*Review Approval Date (last 5 years)*				
Medical Director	09/09/2020	06/10/2021	05/24/2022	05/31/2023	
CMO	09/09/2020	06/10/2021	06/07/2022	06/06/2023	
Medical Policy Workgroup *Effective 2022*			06/07/2022	06/06/2023	
Medical Management *Retired December 2020*	09/09/2020				
Utilization Management & Appeals *Effective January 2021*		06/10/2021	06/21/2022	06/20/2023	
Utilization Management Behavioral Health *Retired December 2020*	09/16/2020				
Provider Advisory Committee (PAC) *Effective 2022*			06/17/2022	06/09/2023	
Clinical Management Committee *Effective March 2021*		06/17/2021	06/24/2022 & 08/23/2022	07/20/2023	
Quality Management *Retired 2020*	10/20/2020				
Executive Quality Committee		08/04/2021	06/28/2022	07/25/2023	

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Document Owner	*Organization*	*Department*
Dr. Fred McCurdy	Driscoll Health Plan	Utilization Management

Review/Revision Date	*Review/Revision Information, etc.*
05/20/2021	Asynchronous Review to Synchronize Annual Review with other guidelines. Updated TMPPM – Paige Tietze
05/13/2022	Review and updated by Dr. Dan Doucet
05/24/2022	Final review and editing by Dr. Fred McCurdy
6/13/2022	Addition of CPT codes by Paige Tietze, SLP
05/31/2023	Reviewed by Drs. Dan Doucet and Fred McCurdy; no changes

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