Medical Necessity Guideline: Therapy Telehealth Guideline	Creation Date: 09/01/2020	Review Date: 05/31/2025	Effective Date: 07/17/2025

PURPOSE:

This document aims to detail therapy guidelines and processes for referrals for Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST) services provided via telehealth.

LINE OF BUSINESS: STAR, STAR Kids, and CHIP

DEFINITIONS:

Asynchronous store-and-forward: 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: 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: 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: 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 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 treating this member's specific deficits/diagnosis, and not primarily for the convenience of the member or provider.

DHP will 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, Telecommunication Services Handbook, and Physical Therapy, Occupational Therapy, and Speech Therapy Services Handbook for additional information about the benefits of Texas Medicaid telehealth 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:

- 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 via telehealth.
- Conducting evaluations via face-to-face contact 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.
- If direct therapist physical interaction with the member is required to complete the evaluation/re-evaluation with an appropriate standard of care, then telehealth is not medically appropriate.

C. Telehealth Therapy Visits:

- Cooperation, attention, and conduct of the member are essential for a 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.
- If the appropriate standard of care is that direct therapist physical interaction with the member is required to safely and effectively perform a therapy visit or procedure, then telehealth PT, OT, and ST visits/sessions are not medically appropriate. 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.
- Therapy documentation should include:
  - A description of the member's behavior and attention in prior therapy visits that facilitates and is sufficient to allow for therapy visits via telehealth.
  - The 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).
  - The medical need for services to be provided via telehealth and reasons why a

face-to-face visit is not possible/desirable
- Therapy treatment codes associated with the services being rendered via telehealth with the 95 modifier and place of service.

BACKGROUND

Therapy telehealth is increasingly used by licensed therapists to provide therapy services remotely to patients in their home environment. 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 member's needs. 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 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, 3, 8]

A systematic review conducted by Camden et al. [3] in Canada in 2019 focused on using 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. [5], the validity and reliability of physical therapy assessment of musculoskeletal disorders completed via telehealth were explored. This review found that using 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 [6] 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.

Zylstra et al. [7], 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 three (3) of the nine (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 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 their clients' best interests, unique needs, culture, age, benefits, and potential challenges before choosing telehealth as a mode of service delivery [8].

The authors of a 2018 systematic review [9] 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 offered 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 [10].

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

INTERNAL CROSS-REFERENCES:
Driscoll Health Plan Requests for Therapy Guideline, Appendix A – Therapy Guide

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11. Texas Board of Occupational Therapy Examiners, Occupational Therapy Rules, Practice Act and Telehealth – General Overview: https://ptot.texas.gov/ot-acts-and-rules/ Accessed 05/19/2025.
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4525 Ayers St.
Corpus Christi, Texas 78415

Telephone (877) 455-1053 Fax (866) 741-5650

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Medical Policy Workgroup	06/07/2022	06/06/2023	06/11/2024	06/10/2025	
Utilization Management & Appeals	06/21/2022	06/20/2023	06/18/2024	06/17/2025	
Provider Advisory Committee (PAC)	06/17/2022	06/09/2023	07/01/2024	06/24/2025	
Clinical Management Committee	06/24/2022 & 08/23/2022	07/20/2023	07/24/2024	07/01/2025	
Executive Quality Committee	06/28/2022	07/25/2023	07/30/2024	07/17/2025	

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

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4525 Ayers St.
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