

Service Code	Service Code	Service Code	Service Code	Refractive Diagnosis
92352	V2201	V2311		H52203
92353	V2202	V2312		H52209
92370	V2203	V2313		H52211
92371	V2204	V2314		H52212
G0117	V2205	V2315		H52213
G0118	V2206	V2320		H52219
S0580	V2207	V2321		H52221
S0620	V2208	V2500		H52222
S0621	V2209	V2501		H52223
V2020	V2210	V2502		H52229
V2025	V2211	V2503		H5231
V2100	V2212	V2510		H5232
V2101	V2213	V2511		H524
V2102	V2214	V2512		H526
V2103	V2215	V2513		H527
V2104	V2218	V2520		Z0100
V2105	V2219	V2521		Z0101

#### D. Telehealth and Telemedicine Services

Provider shall comply with all operating policies and procedures adopted by Molina both for providing telehealth services, as described below, as well as taking into account all other areas of this manual that have implications for telehealth.

##### Definitions Per [OAC 5160-1-18 Telemedicine](#)

**Telemedicine** is the direct delivery of services to a patient via synchronous, interactive, real-time electronic communication that comprises both audio and video elements. The following activities are not telemedicine:

- The delivery of service by electronic mail, telephone or facsimile transmission
- Conversations between practitioners regarding the patient without the patient present either physically or via synchronous, interactive, real-time electronic communication
- Audio-video communication related to the delivery of service in an intensive care unit

The following terms are used for the locations utilized for real-time service via telecommunications.

**Originating Site** is the physical location of the patient at the time a health care service is provided through the use of telemedicine. The originating site may be one of five places:

- The office of a medical doctor, doctor of osteopathic medicine, optometrist or podiatrist

- A federally qualified health center (FQHC), as defined in chapter 5160-28 of the Administrative Code, rural health center, or primary care clinic
- An outpatient hospital
- An inpatient hospital
- A nursing facility

**Distant Site** is the physical location of the treating practitioner at the time a health care service is provided through the use of telemedicine.

**Note:** The rendering practitioner at the distant site must be a medical doctor, doctor of osteopathic medicine, licensed psychologist or a FQHC, as defined in Chapter 5160-28 of the Administrative Code. When the rendering Provider is a FQHC, the rendering practitioner must be a medical doctor, doctor of osteopathic medicine or licensed psychologist.

### **Benefits**

Payment may be made for the following health care services delivered at the distant site:

- Evaluation and management services characterized as "office or other outpatient services"
- Evaluation and management services characterized as either "office or other outpatient consultations" or "inpatient consultations"
- Psychiatry services characterized as "psychiatric diagnostic procedures", "psychotherapy," "pharmacologic management," or "interactive complexity."

Benefits are not provided for any technical equipment or costs for the provision of telemedicine services. The following additional provisions that apply to the use of Telehealth and Telemedicine services:

- Services are a method of accessing Covered Services, and not a separate benefit
- Services are not permitted when the Member and participating Provider are in the same physical location (i.e. room or building)
- Services do not include texting, facsimile or email only

### **Member Eligibility and Consent for Telehealth Services**

Molina allows any Member to access telehealth services. There are not criteria for Member geography or physical proximity to Providers. Molina acknowledges that depending on a Member's situation, a Member may find additional convenience through telemedicine even if they live in area with many Providers located a short distance from their home.

Organizations and health professionals providing telehealth services shall ensure compliance with relevant legislation, regulations and accreditation requirements for supporting Member decision-making and consent.

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### Special Populations:

1. English as a second language – Provide and document use of interpreter.
2. Comply with the Americans with Disabilities Act of 1990 (ADA) and other legal and ethical requirements.
3. Pediatric – Encounters require the presence and/or active participation of a caregiver or facilitator, including the parent, guardian, nurse, and/or childcare worker. The practitioner shall obtain consent from the parent or legal representative of the child as required by law in the respective jurisdiction. With parental consent, it is acceptable for a minor to have a telehealth session alone without a caregiver or facilitator present in the same room.
  - a. Abuse: In the evaluation of child abuse and/or sexual abuse, state child protective rules supersede individual Privacy and Family Educational Rights and Privacy Act (FERPA) regulations for consent.
    - i. Images captured for the evaluation of child abuse and/or sexual abuse shall follow Store-and-Forward guidance for safety, security, privacy, storage and transmissions as well as institutional policies.
4. Homebound/Geriatric – Providers should have the patient affirm consent to family members, caregivers and nurses that would facilitate the visit and decision-making. If the patient is in a care facility or senior living community, a trained technician may assist in collecting relevant clinical information, including medical records, lab or diagnostic testing, and access to caregivers and staff. Providers should take into account the special needs of the elderly; and take these into account when designing and choosing technology configuration for telehealth equipment and systems.

The Member, or their guardian, need to have the option to consent to the use of telehealth for services, instead of in-person delivered care. This consent shall be documented and include:

- a. Description so Member understands how telehealth service compares to in-person delivered care. Appraise Member of their rights when receiving telemedicine, including the right to suspend or refuse treatment.
- b. Appraise Member of their own responsibilities when participating in telehealth.
- c. Inform Member of a formal complaint or grievance process used to resolve ethical concerns or issues that might arise as a result of participating in telehealth.
- d. Record keeping, the process by which Member information will be documented and stored.
- e. Discuss the limits to confidentiality in electronic communication. Discuss the potential benefits, constraints and risks (e.g., privacy and security) of telehealth.
- f. Go over potential risks, include an explicit emergency plan (particularly for Members in settings without access to clinical staff). The plan should include calling the Member via telephone and attempting to troubleshoot the issue together. It may also include referring the Member to another Provider or completing the encounter by voice only.

- g. Credentials of the distant site Provider and billing arrangements. Information provided shall be in simple language that can easily be understood by the Member. This is particularly important when discussing technical issues like encryption or the potential for technical failure.
- h. When going over potential for technical failure, a contingency plan is communicated to the Member in advance of the telehealth encounter.
- i. Procedures for coordination of care with other professionals.
- j. A protocol for contact between visits.
- k. Prescribing policies including local and federal regulations and limitations.
- l. Conditions under which telehealth services may be terminated and a referral made to in-person care.
- m. Description of appropriate physical environment free from distractions, conducive for privacy and proper lighting and background noise.
- n. Inform Members and obtain the Member's consent when students or trainees observe the encounter.
- o. Member shall consent in writing prior to any recording of the encounter.

### **Privacy and Security**

Molina expects that our contracted Providers will respect the privacy of Molina Members (including Molina Members who are not patients of the Provider) and comply with all applicable laws and regulations regarding the privacy of patient and Member Protected Health Information (PHI). Please refer to the [Compliance](#) section of this Provider Manual for more information.

### **Provider Directory Listing**

Molina offers a visual icon in our Provider Online Directory (POD) that indicates whether a Provider offers any telehealth services. Please notify your Provider Services representative as soon as possible if your organization adds telehealth capabilities, so we can update this data field and identify this option appropriately.

### **Claims and Billing**

Providers must follow CMS guidelines as well as state level requirements.

All telehealth Claims for Medicaid Members must be submitted to Molina with correct codes for the plan type. Use the Telehealth Place of Service (POS) Code 02, which certifies that the service meets the telehealth requirements.

Upon at least 10 days prior notice to Provider, Molina shall further have the right to a demonstration and testing of Provider telehealth service platform and operations. This demonstration may be conducted either virtually or face-to-face, as appropriate for telehealth capabilities and according to the preference of Molina. Provider shall make its personnel reasonably available to answer questions from Molina regarding telehealth operations.