



UPDATED PREFERRED ADMINISTRATORS TELEHEALTH SERVICES FOR OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPY

In this document, "TELEHEALTH" 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.

Service Delivery Model for Telehealth for Preferred Administrators Providers:

Telehealth may be delivered in the following format:

- Clinician interactive model is a synchronous, real time interaction between the provider and member via a live transmission.

Note: CANNOT be provided by telephone or live chat.

All confidentiality and Health Insurance Portability and Accountability Act (HIPAA) standards apply to Telehealth transmissions. However, a HIPAA Temporary Waiver from the Office of Civil Rights has been issued, temporarily waiving HIPAA compliant software/product(s).

Preferred Administrators Requirements for the Use of Telehealth by OT, PT, and ST

1. Telehealth is a covered benefit for ST, and OT providers. However, **Preferred Administrators** has temporarily approved PT service in response to the national emergency for COVID -19 via Telehealth from **March 20, 2020 to December 31, 2020**.
Note: Decisions to extend this period will be based on further review.
2. **Preferred Administrators** providers should obtain consent from the client/parent for Telehealth services. The consent can be obtained via fax, email, or verbal with documentation. A verbal consent will be allowed temporarily due to COVID-19. Provider should request written consent, as is required, for their medical record after the COVID-19 situation has resolved.
3. **Preferred Administrators** will temporarily honor existing authorizations for OT/PT/ST services with a prior authorization on file. Providers **do not** need to request amendments (changes) to existing authorizations to be able to provide Telehealth services.
4. A provider may submit an amend request to an existing prior authorization and Preferred Administrators will process the request to extend for 90-days from the date of the current prior authorization's last certification (approval)date. Please provide Preferred Administrators with the Member ID and current prior authorization number as a reference. No other documentation will be required. Requests for new PA's will be processed according to current guidelines and will not be subject to the 90-day extension at

this time. When necessary, you may submit an amendment request to **Preferred Administrators** UM department via fax at (915) 298-7866 or the provider portal.

5. **Preferred Administrators** will reimburse Telehealth services according to provider's contract.
6. **Preferred Administrators** providers must submit claim forms using standard billing procedures for Telehealth services using the modifier 95 in Box 24D, in addition to any other required modifiers; and 02 in Box 24B for "place of service (POS)". Providers should continue to utilize modifier UB, for Physical Therapy Assistants, Certified Occupational Therapy Assistants, and Speech Therapy Assistants.
7. Copayments will not be required for any covered service delivered via Telemedicine or Telehealth for **Preferred Administrators Members if billed accordingly.**
8. Evaluations, Re-evaluations, and Physician Referrals: Providers should continue to perform evaluations, re-evaluations, and obtain referrals from ordering providers.
9. **Preferred Administrators** will allow Physical Therapy Assistants, Occupational Therapy Assistants, Speech Therapy Assistants and Speech Language Pathology Interns to provide services remotely using telehealth, as directed by their supervisor, according to the assistant's practice and duties. The same code of ethics and professional standards apply whether a client is seen via Telehealth or an in-person visit. The utilization of assistants will remain in effect until terminated by the Office of the Governor or March 13, 2020 disaster declaration is lifted or expires.

Additional requirements:

A provider shall comply with the Texas Administrative Commission's Code of Ethics and Scope of Practice requirements when providing Telehealth services (TAC111.212).

- A. The scope, nature, and quality of services provided via Telehealth are the same as that provided during in-person sessions by the provider.
- B. A provider shall consider relevant factors including the client's behavioral, physical, and cognitive abilities in determining the appropriateness of providing services via Telehealth.
- C. A provider shall contemplate time considerations and a decrease in units per session if deemed appropriate for providing services via Telehealth.
- D. As pertaining to liability and malpractice issues, a provider shall be held to the same standards of practice as if the Telehealth services were provided face-to-face.
- E. Telehealth providers shall comply with all laws, rules, and regulations governing the maintenance of client records, including the specific Telehealth program that was utilized and the materials utilized in the Telehealth session.