

Policy/Procedure Title: 1163-300 Provider Payment - Telehealth and Telemedicine	
Policy/Procedure Number: 1163-300	Primary Department: Network Management
Effective Date: 5/1/2018	Policy Category: Network Management
Last Review Date: 05/01/2018 Last Revision Date: 05/01/2018 Next Review Date: 05/01/2019	Replaces Policy: N/A
Internal References: <i>(Related Policies/Desktops)</i> Sendero Health Plans Evidence of Coverage Sendero Health Plans Schedule of Benefits	External References: <i>(Regulatory/Accreditation)</i> Texas Insurance Code Chapter 1455 Medicare Claims Processing Manual

Policy: Sendero Health Plans will comply with coverage requirements and proper payment practices for telemedicine medical services and telehealth services.
Policy Purpose: To outline guidelines for telemedicine medical services and telehealth services payments.
Scope: This policy applies to the IdealCare product.

Procedure: *(Outline of activities and steps used to implement the policy)*

- A. Sendero will pay for all medically necessary telemedicine and telehealth Covered Services provided to all active IdealCare Members in compliance with the requirements of Texas Insurance Code Chapter 1455 as outlined in Attachment A. Providers should refer to the member's Evidence of Coverage (EOC)/Summary of Benefits and Coverage (SBC) to determine coverage eligibility.
- B. Sendero follows standard coding and billing guidelines for telehealth and telemedicine services as promulgated by the Centers for Medicare and Medicaid Services (CMS). Providers should refer to the most recent edition of the [Medicare Claims Processing Manual](#) for billing guidance.

Attachments: *(List of any attached forms and information related to this policy)*

Attachment A - Texas Insurance Code Chapter 1455

Definitions: *(List of any important terms and definitions related to this policy)*

Telehealth: means a health service, other than a telemedicine medical service, delivered by a health professional licensed, certified, or otherwise entitled to practice in this state and acting within the scope of the health professional's license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology.



Telemedicine: means a health care service delivered by a physician licensed in this state, or a health professional acting under the delegation and supervision of a physician licensed in this state, and acting within the scope of the physician's or health professional's license to a patient at a different physical location than the physician or health professional using telecommunications or information technology.

Policy History: *(List of dates and major changes to this document)*
5/1/2018 Created policy.

Approval Signature(s):

Director, Provider Network

5/16/2018
Date

Chief Executive Officer

5/16/2018
Date

ATTACHMENT A

TEXAS INSURANCE CODE CHAPTER 1455. TELEMEDICINE AND TELEHEALTH

Sec. 1455.001. DEFINITIONS. In this chapter:

1. "Health professional" means:
 - a. a physician;
 - b. an individual who is:
 1. licensed or certified in this state to perform health care services; and
 2. authorized to assist a physician in providing telemedicine medical services that are delegated and supervised by the physician; or
 - c. a licensed or certified health professional acting within the scope of the license or certification who does not perform a telemedicine medical service.
2. "Physician" means a person licensed to practice medicine in this state under Subtitle B, Title 3, Occupations Code.
3. "Telehealth service" means a health service, other than a telemedicine medical service, delivered by a health professional licensed, certified, or otherwise entitled to practice in this state and acting within the scope of the health professional's license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology.
4. "Telemedicine medical service" means a health care service delivered by a physician licensed in this state, or a health professional acting under the delegation and supervision of a physician licensed in this state, and acting within the scope of the physician's or health professional's license to a patient at a different physical location than the physician or health professional using telecommunications or information technology.

Sec. 1455.002. APPLICABILITY OF CHAPTER. This chapter applies only to a health benefit plan that:

1. provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including:
 - a. an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage that is offered by:
 - (1) an insurance company;
 - (2) a group hospital service corporation operating under Chapter 842;
 - (3) a fraternal benefit society operating under Chapter 885;
 - (4) a stipulated premium company operating under Chapter 884;
 - (5) a health maintenance organization operating under Chapter 843; and
 - b. to the extent permitted by the Employee Retirement Income Security Act of 1974 (29 U.S.C. Section 1001 et seq.), a health benefit plan that is offered by:
 - (1) a multiple employer welfare arrangement as defined by Section 3 of that Act; or
 - (2) another analogous benefit arrangement; or
2. is offered by an approved nonprofit health corporation that holds a certificate of authority under Chapter 844.

Sec. 1455.003. EXCEPTION. This chapter does not apply to:

1. a plan that provides coverage:
 - a. only for a specified disease;
 - b. only for accidental death or dismemberment;
 - c. for wages or payments in lieu of wages for a period during which an employee is absent from work because of sickness or injury; or

- d. as a supplement to a liability insurance policy;
2. a small employer health benefit plan written under Chapter 1501;
3. a Medicare supplemental policy as defined by Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss);
4. a workers' compensation insurance policy;
5. medical payment insurance coverage provided under a motor vehicle insurance policy; or
6. a long-term care insurance policy, including a nursing home fixed indemnity policy, unless the commissioner determines that the policy provides benefit coverage so comprehensive that the policy is a health benefit plan as described by Section 1455.002.

Sec. 1455.004. COVERAGE FOR TELEMEDICINE MEDICAL SERVICES AND TELEHEALTH SERVICES.

- a) A health benefit plan may not exclude from coverage a covered health care service or procedure delivered by a preferred or contracted health professional to a covered patient as a telemedicine medical service or a telehealth service solely because the covered health care service or procedure is not provided through an in-person consultation.
- b) A health benefit plan may require a deductible, a copayment, or coinsurance for a covered health care service or procedure delivered by a preferred or contracted health professional to a covered patient as a telemedicine medical service or a telehealth service. The amount of the deductible, copayment, or coinsurance may not exceed the amount of the deductible, copayment, or coinsurance required for the covered health care service or procedure provided through an in-person consultation.
- c) Notwithstanding Subsection (a), a health benefit plan is not required to provide coverage for a telemedicine medical service or a telehealth service provided by only synchronous or asynchronous audio interaction, including:
 - (1) an audio-only telephone consultation;
 - (2) a text-only e-mail message; or
 - (3) a facsimile transmission.

Sec. 1455.006. TELEMEDICINE MEDICAL SERVICES AND TELEHEALTH SERVICES STATEMENT.

- a) Each issuer of a health benefit plan shall adopt and display in a conspicuous manner on the health benefit plan issuer's Internet website the issuer's policies and payment practices for telemedicine medical services and telehealth services.
- b) This section does not require an issuer of a health benefit plan to display negotiated contract payment rates for health professionals who contract with the issuer to provide telemedicine medical services or telehealth services.