



Document ID: CSNT-115	Title: UM Approval of Telehealth
Revision: 2.0	Effective Date:

I. PURPOSE

To outline coverage of telehealth services.

II. DEFINITIONS

Medical Necessity Criteria:

Telehealth services must meet the same Medical Necessity criteria as face-to-face encounters for the type of service being provided. A service is “medically necessary” if it is reasonably clinically thought to prevent, diagnose, correct, cure, alleviate or prevent the worsening of conditions that endanger life, cause suffering or pain, result in illness or injury, threaten to cause or aggravate a handicap or cause physical deformity or malfunction and if there is no other equally effective (although more conservative or less costly) course of treatment available or suitable for the beneficiary requesting the service.

HIPAA:

The provider who offers telehealth services should take care to ensure that the technology they are using is sufficiently secure that it protects the patients’ rights for confidentiality and privacy and is in compliance with the Privacy and Security Rules of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and its implementing regulations (45 C.F.R. Parts 160- 164) and applicable state laws.

Telehealth

The use of electronic information and communication technology to deliver healthcare services including without limitation, the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient.

III. POLICY

It is the policy of Empower Healthcare Solution (Empower) that:

- Members are provided with access to telehealth services when clinically appropriate in terms of type, frequency, extent, site and duration of treatment and is considered effective and medically necessary for the member.
- Authorizations for telehealth services are in line with AR Act 887.
- Telehealth services are subject to retrospective review.
- Providers of telehealth services must ensure they can demonstrate competency to provide services via telehealth and are practicing within the scope of their licensure.

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- Technology utilized by telehealth service providers is HIPAA compliant.
- Services provided must be covered services and are allowable via telehealth under the Division of Medical Services policy.

IV. **PROCEDURE:**

A. Empower Utilization Management (UM) department will:

1. Follow standard triage and referral protocols of checking benefits and eligibility.
2. Ensure authorization guidelines in place will continue to be utilized for telehealth.
3. Require that providers follow authorization guidelines regarding submissions for services that require prior authorization or an extension of benefit if a limit is reached.
4. Notify Care Coordination staff when Members assessed as needing emergent or urgent services are referred for telehealth services in order to ensure that members are referred to a licensed staff person for further assessment.

B. Telehealth is not appropriate for:

- Members in crisis
- Members looking for more care than traditional outpatient services
- Member is looking for medication management of controlled substances

V. **REFERENCES**

Arkansas Medicaid Provider Manual Section 105.190; Arkansas Act 887

VI. **ATTACHMENTS**

None

VII. **RESPONSIBILITY FOR IMPLEMENTATION:**

Empower Healthcare Solutions Utilization Management Department.

VIII. **RESPONSIBILITY FOR MONITORING POLICY COMPLIANCE:**

Empower Healthcare Solutions Director of Clinical Services or Designee

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