

**Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.**

---

## Telehealth

**MP9662**

**Covered Service:** Yes

**Prior Authorization Required:** No

**Additional Information:** \*Note: Some routine outpatient behavioral health services may be covered via **audio only**. See [Virtual Care MP9663](#) for description and coverage of virtual care.

**Telehealth** is the delivery of health care services or consultations while the patient is at an originating site and licensed health care provider is at a distant site.

**Originating site** is the site at which the member is located while receiving health care services via telehealth.

**Distant site** means a site at which a licensed health care provider is located while providing health care services consultations by means of telehealth.

A communication between a licensed health care provider and a patient that consists solely of an email or facsimile transmission does not constitute telehealth consultations or services.

### Prevea360 Health Plan Medical Policy:

1.0 Telehealth, the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site **does not** require prior authorization and is **COVERED**. These medical services do not involve direct, in-person contact and include but are not limited to the following services:

- 1.1 Consultations
- 1.2 Telehealth-consults: emergency department or initial inpatient care
- 1.3 Subsequent hospital care services
- 1.4 Subsequent nursing facility care services
- 1.5 End stage renal disease services
- 1.6 Individual medical nutrition therapy
- 1.7 Individual and group diabetes self-management training
- 1.8 Smoking cessation
- 1.9 Routine outpatient behavioral health services, like individual or family psychotherapy\*

**Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.**

---

- 1.10 Alcohol and substance abuse (other than tobacco) structured assessment and intervention services
- 1.11 Intensive Outpatient and Partial Hospitalization programming provided via telehealth may be covered when clinically appropriate
- 2.0 Telehealth is **NOT COVERED** for **ANY** of the following:
  - 2.1 Electronic connections that are not conducted over a secure encrypted website as specified by the Health Insurance Portability and Accountability Act of 1996 Privacy and Security rules (e.g., Skype)
  - 2.2 Provider initiated e-mail
  - 2.3 Appointment scheduling
  - 2.4 Refilling or renewing existing prescriptions without substantial change in clinical situation
  - 2.5 Scheduling diagnostic tests
  - 2.6 Reporting test results
  - 2.7 Updating patient information
  - 2.8 Providing educational materials
  - 2.9 Brief follow-up of a medical procedure to confirm stability of the patient's condition without indication of complication or new condition including, but not limited to, routine global surgical follow-up
  - 2.10 Brief discussion to confirm stability of the patient's chronic condition without change in current treatment
  - 2.11 When information is exchanged and the patient is subsequently asked to come in for an office visit
  - 2.12 A service that would similarly not be charged for in a regular office visit
  - 2.13 Reminders of scheduled office visits
  - 2.14 Requests for a referral
  - 2.15 Consultative message exchanges with an individual who is seen in the provider's office immediately afterward
  - 2.16 Clarification of simple instructions or issues from a previous visit
  - 2.17 Communication between two licensed health care providers that consists solely of a telephone conversation, email or facsimile
  - 2.18 Communication between a licensed health care provider and a patient that consists solely of an email or facsimile

**Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.**

---

	<b>Committee/Source</b>	<b>Date(s)</b>
<b>Document Created:</b>	Medical Policy Committee/Health Services Division	August 19, 2023
<b>Revised:</b>	Medical Policy Committee/Health Services Division	December 20, 2023
<b>Reviewed:</b>	Medical Policy Committee/Health Services Division	December 20, 2023

Published: 01/01/2024

Effective: 01/01/2024