Telemedicine, Telehealth and Virtual Care Services

Policy Number: BIP181.K
Effective Date: June 1, 2023

➲ Instructions for Use

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Federal/State Mandated Regulations

Note: The most current federal/state mandated regulations for each state can be found in the links below.

CA California Health and Safety Code § 1348.8, Telephone Medical Advice

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC§ionNum=1348.8.

a) A health care service plan that provides, operates, or contracts for telephone medical advice services to its enrollees and subscribers shall do all of the following:
   1) Ensure that the in-state or out-of-state telephone medical advice service complies with the requirements of Chapter 15 (commencing with Section 4999) of Division 2 of the Business and Professions Code.
   2) Ensure that the staff providing telephone medical advice services for the in-state or out-of-state telephone medical advice service are licensed as follows:
      A. For full service health care service plans, the staff hold a valid California license as a registered nurse or a valid license in the state within which they provide telephone medical advice services as a physician and surgeon or physician assistant, and are operating in compliance with the laws governing their respective scopes of practice.
      B. i. For specialized health care service plans providing, operating, or contracting with a telephone medical advice service in California, the staff shall be appropriately licensed, registered, or certified as a dentist pursuant to Chapter 4 (commencing with Section 1600) of Division 2 of the Business and Professions Code, as a dental hygienist pursuant to Article 7 (commencing with Section 1740) of Chapter 4 of Division 2 of the Business and Professions Code, as a physician and surgeon pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code or the Osteopathic Initiative Act, as a registered nurse pursuant to Chapter 6 (commencing with Section 2700) of Division 2 of the Business and Professions Code, as a psychologist pursuant to Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code, as an optometrist pursuant to Chapter 7 (commencing with Section 3000) of Division 2 of the Business and Professions Code, as a marriage and family therapist pursuant to Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code, as a licensed clinical social worker pursuant to Chapter 14 (commencing with Section 4991) of Division 2 of the Business and Professions Code, as a professional clinical counselor pursuant to Chapter 16 (commencing with Section 4999.10) of Division 2 of the Business and Professions Code, or as a chiropractor pursuant to the Chiropractic Initiative Act, and operating in compliance with the laws governing their respective scopes of practice.
         ii. For specialized health care service plans providing, operating, or contracting with an out-of-state telephone medical advice service, the staff shall be health care professionals, as identified in clause (i), who are licensed, registered, or certified in the state within which they are providing the telephone medical advice services and

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are operating in compliance with the laws governing their respective scopes of practice. All registered nurses providing telephone medical advice services to both in-state and out-of-state business entities registered pursuant to this chapter shall be licensed pursuant to Chapter 6 (commencing with Section 2700) of Division 2 of the Business and Professions Code.

3) Ensure that every full service health care service plan provides for a physician and surgeon who is available on an on-call basis at all times the service is advertised to be available to enrollees and subscribers.
4) Ensure that staff members handling enrollee or subscriber calls, who are not licensed, certified, or registered as required by paragraph (2), do not provide telephone medical advice. Those staff members may ask questions on behalf of a staff member who is licensed, certified, or registered as required by paragraph (2), in order to help ascertain the condition of an enrollee or subscriber so that the enrollee or subscriber can be referred to licensed staff. However, under no circumstances shall those staff members use the answers to those questions in an attempt to assess, evaluate, advise, or make any decision regarding the condition of an enrollee or subscriber or determine when an enrollee or subscriber needs to be seen by a licensed medical professional.
5) Ensure that no staff member uses a title or designation when speaking to an enrollee or subscriber that may cause a reasonable person to believe that the staff member is a licensed, certified, or registered professional described in Section 4999.2 of the Business and Professions Code unless the staff member is a licensed, certified, or registered professional.
6) Ensure that the in-state or out-of-state telephone medical advice service designates an agent for service of process in California and files this designation with the director.
7) Require that the in-state or out-of-state telephone medical advice service makes and maintains records for a period of five years after the telephone medical advice services are provided, including, but not limited to, oral or written transcripts of all medical advice conversations with the health care service plan's enrollees or subscribers in California and copies of all complaints. If the records of telephone medical advice services are kept out of state, the health care service plan shall, upon the request of the director, provide the records to the director within 10 days of the request.
8) Ensure that the telephone medical advice services are provided consistent with good professional practice.
    b) The director shall forward to the Department of Consumer Affairs, within 30 days of the end of each calendar quarter, data regarding complaints filed with the department concerning telephone medical advice services.
    c) For purposes of this section, "telephone medical advice" means a telephonic communication between a patient and a health care professional in which the health care professional's primary function is to provide to the patient a telephonic response to the patient's questions regarding his or her or a family member's medical care or treatment. "Telephone medical advice" includes assessment, evaluation, or advice provided to patients or their family members.

(Amended by Stats. 2016, Ch. 799, Sec. 42. Effective January 1, 2017.)

1374.13

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB744
https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC§ionNum=1374.13.

a. For the purposes of this section, the definitions in subdivision (a) of Section 2290.5 of the Business and Professions Code shall apply.
b. It is the intent of the Legislature to recognize the practice of telehealth as a legitimate means by which an individual may receive health care services from a health care provider without in-person contact with the health care provider.
c. A health care service plan shall not require that in-person contact occur between a health care provider and a patient before payment is made for the covered services appropriately provided through telehealth, subject to the terms and conditions of the contract entered into between the enrollee or subscriber and the health care service plan, and between the health care service plan and its participating providers or provider groups, and pursuant to Section 1374.14.
d. A health care service plan shall not limit the type of setting where services are provided for the patient or by the health care provider before payment is made for the covered services appropriately provided through telehealth, subject to the terms and conditions of the contract entered into between the enrollee or subscriber and the health care service plan, and between the health care service plan and its participating providers or provider groups, and pursuant to Section 1374.14.
e. This section shall also apply to health care service plan contracts and Medi-Cal managed care plan contracts with the State Department of Health Care Services pursuant to Chapter 7 (commencing with Section 14000) or Chapter 8 (commencing with Section 14200) of Part 3 of Division 9 of the Welfare and Institutions Code.
f. Notwithstanding any other law, this section does not authorize a health care service plan to require the use of telehealth if the health care provider has determined that it is not appropriate.

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CA HSC 1374.14

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB744

(a) (1) A contract between a health care service plan and a health care provider for the provision of health care services to an enrollee or subscriber shall specify that the health care service plan shall reimburse the treating or consulting health care provider for the diagnosis, consultation, or treatment of an enrollee or subscriber appropriately delivered through telehealth services on the same basis and to the same extent that the health care service plan is responsible for reimbursement for the same service through in-person diagnosis, consultation, or treatment.
(2) This section does not limit the ability of a health care service plan and a health care provider to negotiate the rate of reimbursement for a health care service provided pursuant to a contract subject to this section. Services that are the same, as determined by the provider's description of the service on the claim, shall be reimbursed at the same rate whether provided in person or through telehealth. When negotiating a rate of reimbursement for telehealth services for which no in-person equivalent exists, a health care service plan and the provider shall ensure the rate is consistent with subdivision (h) of Section 1367.
(3) This section does not require telehealth reimbursement to be unbundled from other capitated or bundled, risk-based payments.

(b) (1) A health care service plan contract shall specify that the health care service plan shall provide coverage for health care services appropriately delivered through telehealth services on the same basis and to the same extent that the health care service plan is responsible for coverage for the same service through in-person diagnosis, consultation, or treatment. Coverage shall not be limited only to services delivered by select third-party corporate telehealth providers.
(2) This section does not alter the obligation of a health care service plan to ensure that enrollees have access to all covered services through an adequate network of contracted providers, as required under Sections 1367, 1367.03, and 1367.035, and the regulations promulgated thereunder.
(3) This section does not require a health care service plan to cover telehealth services provided by an out-of-network provider, unless coverage is required under other law.

(c) A health care service plan may offer a contract containing a copayment or coinsurance requirement for a health care service delivered through telehealth services, provided that the copayment or coinsurance does not exceed the copayment or coinsurance applicable if the same services were delivered through in-person diagnosis, consultation, or treatment. This subdivision does not require cost sharing for services provided through telehealth.

(d) Services provided through telehealth and covered pursuant to this chapter shall be subject to the same deductible and annual or lifetime dollar maximum as equivalent services that are not provided through telehealth.

(e) The definitions in subdivision (a) of Section 2290.5 of the Business and Professions Code apply to this section.

(f) This section shall not apply to Medi-Cal managed care plans that contract with the State Department of Health Care Services pursuant to Chapter 7 (commencing with Section 14000) of, Chapter 8 (commencing with Section 14200) of, or Chapter 8.75 (commencing with Section 14591) of, Part 3 of Division 9 of the Welfare and Institutions Code.

(Amended by Stats. 2021, Ch. 439, Sec. 4. (AB 457) Effective January 1, 2022.)

CA HSC 1375.1

http://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=2.&title=&part=&chapter=2.2.&article=6.
https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC§ionNum=1375.1.

(3) A procedure for prompt payment or denial of provider and subscriber or enrollee claims, including those telehealth services, as defined in subdivision (a) of Section 2290.5 of the Business and Professions Code, covered by the plan. Except as provided in Section 1371, a procedure meeting the requirements of Subchapter G of the regulations (29 C.F.R. Part 2560) under Public Law 93-406 (88 Stats. 829-1035, 29 U.S.C. Secs. 1001 et seq.) shall satisfy this requirement.

CA Business and Professions Code, 2290.5

http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB744&search_keywords=telemedicine
https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=BPC§ionNum=2290.5.

(a) For purposes of this division, the following definitions shall apply:
(1) "Asynchronous store and forward" means the transmission of a patient's medical information from an originating site to the health care provider at a distant site.
(2) "Distant site" means a site where a health care provider who provides health care services is located while providing these services via a telecommunications system.

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(3) “Health care provider” means any of the following:
   (A) A person who is licensed under this division.
   (B) An associate marriage and family therapist or marriage and family therapist trainee functioning pursuant to Section 4980.43.3.
   (C) A qualified autism service provider or qualified autism service professional certified by a national entity pursuant to Section 1374.73 of the Health and Safety Code and Section 10144.51 of the Insurance Code.
   (D) An associate clinical social worker functioning pursuant to Section 4996.23.2.
   (E) An associate professional clinical counselor functioning pursuant to Section 4999.46.3.

(4) “Originating site” means a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.

(5) “Synchronous interaction” means a real-time interaction between a patient and a health care provider located at a distant site.

(6) “Telehealth” means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

(b) Before the delivery of health care via telehealth, the health care provider initiating the use of telehealth shall inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health. The consent shall be documented.

(c) This section does not preclude a patient from receiving in-person health care delivery services during a specified course of health care and treatment after agreeing to receive services via telehealth.

(d) The failure of a health care provider to comply with this section shall constitute unprofessional conduct. Section 2314 shall not apply to this section.

(e) This section shall not be construed to alter the scope of practice of a health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

(f) All laws regarding the confidentiality of health care information and a patient’s rights to the patient’s medical information shall apply to telehealth interactions.

(g) All laws and regulations governing professional responsibility, unprofessional conduct, and standards of practice that apply to a health care provider under the health care provider’s license shall apply to that health care provider while providing telehealth services.

(h) This section shall not apply to a patient under the jurisdiction of the Department of Corrections and Rehabilitation or any other correctional facility.

(i) (1) Notwithstanding any other law and for purposes of this section, the governing body of the hospital whose patients are receiving the telehealth services may grant privileges to, and verify and approve credentials for, providers of telehealth services based on its medical staff recommendations that rely on information provided by the distant-site hospital or telehealth entity, as described in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.
   (2) By enacting this subdivision, it is the intent of the Legislature to authorize a hospital to grant privileges to, and verify and approve credentials for, providers of telehealth services as described in paragraph (1).
   (3) For the purposes of this subdivision, “telehealth” shall include “telemedicine” as the term is referenced in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

(Amended by Stats. 2021, Ch. 647, Sec. 2. (SB 801) Effective January 1, 2022.)

State Market Plan Enhancements

Virtual Care Services (Commercial HMO Plans – CA only)

For additional information providers refer to Page 195 in the *2023 Provider Administrative Guide*. Members can view additional information by searching for Virtual Visits on myUHC.com > *Find Care & Costs*

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

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Telemedicine/Telehealth

- Benefits are available for applicable Covered Health Care Services received through Telemedicine/Telehealth.
- Benefits are also provided for Remote Physiologic Monitoring.
- No in-person contact is required between a licensed health care provider and a member for Covered Health Care.
- Prior to the delivery of Covered Health Care Services via Telemedicine/Telehealth, the health care provider at the originating site shall verbally inform the member that Telemedicine/Telehealth may be used and obtain verbal consent from the member for this use. The verbal consent shall be documented in the member's medical record.
- The appropriate use of Telemedicine/Telehealth services is determined by the treating Physician pursuant to his or her agreement with UnitedHealthcare.
- Telemedicine/Telehealth will be covered on the same basis and to the same extent as Covered Health Care Services delivered in-person.

Note: Telemedicine/Telehealth does not replace the in-person diagnosis, consultation or treatment with your Primary Care Physician, treating Specialist or other health care Provider.

Virtual Care Services

- Virtual Care Services are provided for the diagnosis and treatment of less serious medical conditions; Examples include, but are not limited to:
  - Bronchitis
  - Seasonal Flu
  - Pink Eye
  - Sore Throat
  - Sinus Problems
- The diagnosis and treatment is provided through the use of interactive audio and visual telecommunication, and transmissions and audio visual communication technology.
- Provides communication of medical information in real-time between the member and a distant physician or health specialist outside of a medical facility (for example, from home or from work)
- Must be provided by a Designated Virtual Network Provider
- Urgent, on-demand health care delivered through live audio with video conferencing or audio only technology for treatment of acute but non-emergency medical needs.
- Covered on the same basis and to the same extent as Covered Health Care Services delivered in-person.
- Prior to the delivery of Virtual Care Services, the Designated Virtual Network Provider shall verbally inform the member that Virtual Care Services may be used and obtain verbal consent from the member for this use. The verbal consent shall be documented in the member’s medical record.
- The member has the right to access their medical records, and the record of any Virtual Care.
- Services provided by a Designated Virtual Network Provider shall be shared with the member’s Primary Care Physician unless the member prohibits sharing his or her medical records.
- Not all medical conditions can be appropriately treated through Virtual Care. The Designated Virtual Network Provider will identify any condition for which treatment by in-person Physician contact is needed.

Refer to the Benefit Interpretation Policy titled Physician Services: Primary Care and Specialist Visits.

Not Covered

- Telemedicine/Telehealth Services when criteria in the Covered Benefits section are not met, unless required by State Mandate.
- Telemedicine/Telehealth Services when the health care provider has determined that they are not appropriate. Virtual Care Services are not covered for services that would not otherwise be considered a covered benefit.
- Virtual Care Services are not covered when they are deemed inappropriate services by the Designated Virtual Network Provider.
- The Virtual Care Services benefit does not include email, fax, telephone calls or telehealth/telemedicine visits that occur within medical facilities (CMS defined originating facilities).

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Definitions

Designated Virtual Network Provider: A Provider or facility that has entered into an agreement with us, or with an organization contracting on our behalf, to deliver Covered Health Care Services through live audio with video technology or audio only.

Remote Physiologic Monitoring: The automatic collection and electronic transmission of patient physiologic data that are analyzed and used by a licensed Physician or other qualified health care professional to develop and manage a treatment plan related to a chronic and/or acute health illness or condition. The treatment plan will provide milestones for which progress will be tracked by one or more Remote Physiologic Monitoring devices. Remote Physiologic Monitoring must be ordered by a licensed Physician or other qualified health care professional who has examined the patient and with whom the patient has an established, documented, and ongoing relationship. Remote Physiologic Monitoring may not be used while the patient is inpatient at a Hospital or other facility. Use of multiple devices must be coordinated by one Physician.

Telehealth: The mode of delivering Covered Health Care Services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the licensed health care Provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.
In applying the above definition, "asynchronous store and forward," "distant site," "originating site," and "synchronous interaction" shall have the following meanings:

- Asynchronous store and forward: the transmission of a patient's medical information from an originating site to the licensed health care Provider at a distant site without the presence of the patient.
- Distant site: a site where a licensed health care Provider who provides Covered Health Care Services is located while providing these services via a telecommunications system.
- Originating site: a site where a patient is located at the time Covered Health Care Services are provided via a telecommunications system or where the asynchronous store and forward service originates.
- Synchronous interaction: a real-time interaction between a patient and a licensed health care Provider located at a distant site.

Telemedicine: The use of interactive audio, video or other electronic media to deliver health care. This includes the use of electronic media for diagnosis, consultation, treatment, transfer of medical data, and medical education and Remote Physiological Monitoring. This term does not include services performed using a telephone or facsimile machine.

Policy History/Revision Information

Date	Summary of Changes
06/01/2023	**Title Change** • Previously titled *Telemedicine/Telehealth Services/Virtual Visits* **State Market Plan Enhancements** • Removed language pertaining to designated virtual network provider ***Virtual Care Services (Commercial HMO Plans – CA Only)*** • Added instruction for providers to refer to the *Virtual Care Services (Commercial HMO plans – CA only)* section of the *2023 UnitedHealthcare Care Provider Administrative Guide for Commercial and Medicare Advantage* for addition information ○ Members can view additional information by searching for virtual visits on myUHC.com > *Find Care & Costs* **Covered Benefits** ***Telehealth*** • Revised language to indicate: ○ Benefits are available for applicable covered health care services received through Telehealth ○ Benefits are also provided for Remote Physiologic Monitoring ○ No in-person contact is required between a licensed health care provider and a member for covered health care

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Date	Summary of Changes
	○ Prior to the delivery of covered health care services via Telehealth, the health care provider at the originating site shall verbally inform the member that Telehealth may be used and obtain verbal consent from the member for this use; the verbal consent shall be documented in the member's medical record ○ The appropriate use of Telehealth services is determined by the treating physician pursuant to his or her agreement with UnitedHealthcare ○ Telehealth will be covered on the same basis and to the same extent as covered health care services delivered in-person ○ Telehealth does not replace the in-person diagnosis, consultation or treatment with your primary care physician, treating specialist, or other health care provider *Virtual Care Services* • Replaced reference to "virtual *visit(s)*" with "virtual *care services*" • Replaced language indicating: ○ "The virtual *visit is* provided for the diagnosis and treatment of *low acuity* medical conditions" with "virtual *care services are* provided for the diagnosis and treatment of *less serious* medical conditions" ○ "The virtual *visit* must provide communication of medical information in real-time between the member and a distant physician or health specialist *through the use of interactive audio and video communications equipment* outside of a medical facility" with "[the virtual *care service*] provides communication of medical information in real-time between the member and a distant physician or health specialist outside of a medical facility" • Added language to indicate: ○ Urgent, on-demand health care delivered through live audio with video conferencing or audio only technology for treatment of acute but non-emergency medical needs [are covered] ○ [Virtual care services are] covered on the same basis and to the same extent as covered health care services delivered in-person ○ Prior to the delivery of virtual care services, the Designated Virtual Network Provider shall verbally inform the member that virtual care services may be used and obtain verbal consent from the member for this use; the verbal consent shall be documented in the member's medical record ○ The member has the right to access their medical records and the record of any virtual care ○ Services provided by a Designated Virtual Network Provider shall be shared with the member's primary care physician unless the member prohibits sharing his or her medical records • Removed language indicating the virtual visit benefit is designed to reimburse for Telemedicine services rendered to a member who is located at a location that is not an originating site, (i.e. their home or workplace): ○ Such services would not normally be covered under the existing Telemedicine benefit ○ However, the addition of the virtual visit benefit provides coverage for those services when the member is not at an originating site and uses a designated virtual visit provider Not Covered • Replaced reference to "virtual *visits*" with "virtual *care services*" • Added language to indicate Telemedicine/Telehealth services [are not covered] when the health care provider has determined that they are not appropriate Definitions • Added definition of "Remote Physiologic Monitoring" • Updated definition of: ○ Designated Virtual Network Provider ○ Telehealth ○ Telemedicine Supporting Information • Archived previous policy version BIP181.J

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Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.

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