

Oregon

Medicaid Program: Oregon Medicaid

Program Administrator: Oregon Health Authority

Regional Telehealth Resource Center: Northwest Regional Telehealth Resource Center <https://www.nrtrc.org>

Oregon Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSING COMPACT	CONSENT REQUIREMENT
✓	✓	✓	✓	✗	PTC	✓

Oregon Detailed Policy

Medicaid Telehealth Reimbursement	Summary	<p>Oregon Medicaid provides reimbursement for live video and audio under some circumstances. Store-and-forward and remote patient monitoring are reimbursed for dental services.</p>
	Definitions	<p>“Telemedicine is the use of medical information, exchanged from one site to another, via telephonic or electronic communications, to improve a patient’s health status.”</p> <p>Source: OR Div. of Medical Assistance Program, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610. P. 66 (Nov. 12, 2019). (Accessed Feb. 2020).</p> <p>“Telehealth” means a variety of methods using electronic and telecommunications technologies for the distance delivery of health care services, including dental care services and clinical information designed to improve a patient’s health status and to enhance delivery of the health care services and clinical information.</p> <p>Source: OR Div. of Medical Assistance Program, Dental Services Manual, 410-123-1265, p. 48, (Jan. 1, 2020), (Accessed Feb. 2020).</p>
	Live Video Policy	<p>Oregon Medicaid will reimburse for live video when billed services comply with their billing requirements.</p> <p>The referring provider is not required to be present with the client at the originating site.</p> <p>The referring provider may bill an evaluation and management code for the patient visit only if a separately identifiable visit is performed. The visit must meet all of the criteria of the code billed.</p> <p>Telephonic codes may be used in lieu of videoconferencing codes, if videoconferencing equipment is not available.</p> <p>The evaluating practitioner at the distant site may bill for the evaluation, but not for the transmission.</p> <p>Source: OR Div. of Medical Assistance Program, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610 (Feb. 2020).</p> <p>The authority must provide coverage for behavioral health telemedicine services to the same extent that the service would be covered if they were provided in-person.</p> <p>Source: Behavior Health Services Rulebook, p. 57, Div. 172, 410-172-0850 (Nov. 26, 2019). (Accessed Feb. 2020).</p>



Eligible Services / Specialties

The telemedicine definition encompasses different types of programs, services and delivery mechanisms for medically appropriate covered services within the patient’s benefit package.

Patient consultations using telephone and online or electronic mail (E-mail) are covered when billed services comply with the practice guidelines set forth by the Health Service Commission (HSC) and the applicable HSC-approved CPT code requirements, delivered consistent with the HSC practice guideline.

Patient consultations using videoconferencing, a synchronous (live two-way interactive) video transmission resulting in real time communication between a medical practitioner located in a distant site and the client being evaluated and located in an originating site, is covered when billed services comply with the Billing requirements.

Telephonic codes may be used in lieu of videoconferencing codes, if videoconferencing equipment is not available.

Source: OR Div. of Medical Assistance Program, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610, p. 67-68, (Nov. 12, 2019) & Behavioral Health Services, 410-172-0850, p. 56 (Nov. 26, 2019), (Accessed Feb. 2020).

Teledentistry is allowed. “Teledentistry” means the modalities specified in section (5) of this rule, using electronic and telecommunications technologies for the distance delivery of dental care services and clinical information designed to improve a patient’s health status and to enhance delivery of the health care services and clinical information.

Source: OR Div. of Medical Assistance Program, Dental Services Manual, 410-123-1265, p. 48, (Jan. 1, 2020), (Accessed Feb. 2020).

Behavioral health services identified as allowable for telephonic delivery are listed in the fee schedule.

Source: OR Behavior Health Services Rules 410-172-0850 (Nov. 26, 2019). P. 56 (Accessed Feb. 2020).

The Authority may reimburse physical therapy services provided by: ... A physical therapist assistant providing treatment under the supervision of a physical therapist that is available and readily accessible for consultation with the assistant at all times either in person or by means of telecommunications.

Source: OR Div. of Medical Assistance Program, School-Based Health Services, Rule 410-133-0080, p. 25, (Jul. 1, 2016), (Accessed Feb. 2020).

Eligible Providers

Provider Requirements: The referring and evaluating practitioner must be licensed to practice medicine within the state of Oregon or within the contiguous area of Oregon and must be enrolled as a Division of Medical Assistance Programs (Division) provider. Providers billing covered telemedicine services are responsible for complying with specific standards. See Misc. section.

Source: OR Div. of Medical Assistance Program, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610, p. 67, (Nov. 12, 2019), (Accessed Feb. 2020).

Dentists providing Medicaid services must be licensed to practice dentistry within the State of Oregon or within the contiguous area of Oregon and must be enrolled as a Health Systems Division (Division) provider. Providers billing covered telemedicine services are responsible for complying with specific standards. See Misc. section.

Source: OR Div. of Medical Assistance Program, Dental Svcs. Rulebook, Div. 410-123-1265, p. 49, (Jan. 1, 2020), (Accessed Feb. 2020).



Medicaid Telehealth Reimbursement

Live Video	Eligible Sites	No reference found.
	Geographic Limits	No reference found.
	Facility/Transmission Fee	<p>Only the transmission site (where the patient is located) may bill for the transmission. The evaluating practitioner at the distant site may bill for the evaluation, but not for the transmission.</p> <p>Oregon Medicaid will provide transmission fees for originating sites, when billed with code Q3014.</p> <p>Source: Div. of Medical Assistance Programs, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610. P. 68 (Sept. 9, 2018). (Accessed Feb. 2020).</p>
Store-and-Forward	Policy	<p>Certain e-mail requirements apply. The rulebook instructs providers to use the evaluation and management codes authorized in practice guidelines. Other forms of telecommunications, such as telephone calls, images transmitted via facsimile machines and electronic mail are services not covered:</p> <ul style="list-style-type: none"> • When those forms are not being used in lieu of videoconferencing, due to limited videoconferencing equipment access; or • When those forms and specific services are not specifically allowed per the Health Service Prioritized List and Practice Guideline. <p>Source: Div. of Medical Assistance Programs, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610. P. 68 (Nov. 12, 2018). (Accessed Feb. 2020).</p> <p>Behavioral Health Services Manual: Unless specifically authorized by OAR 410-120-1200 other types of telecommunication are not covered such as images transmitted via facsimile machines and electronic mail when:</p> <ul style="list-style-type: none"> • Those methods are not being used in lieu of videoconferencing, due to limited video conferencing equipment access; or • Those methods and specific services are not specifically allowed pursuant to the Oregon Health Evidence Review Commission’s Prioritized List of Health Services and Evidence Based Guidelines. <p>Source: Div. of Medical Assistance Programs, Behavior Health Services Rulebook, Div. 172, 410-172-0850. P. 56 (Nov. 26, 2019). (Accessed Feb. 2020).</p> <p>Teledentistry Teledentistry can take multiple forms, including ‘store and forward’, defined as “an asynchronous transmission of recorded health information such as radiographs, photographs, video, digital impressions, or photomicrographs transmitted through a secure electronic communication system to a dentist, and it is reviewed at a later point in time by a dentist. The dentist at a distant site reviews the information without the patient being present in real time.”</p> <p>Source: OR Div. of Medical Assistance Program, Dental Services Manual, 410-123-1265, p. 48, (Jan. 1, 2020), (Accessed Feb. 2020).</p>



Medicaid Telehealth Reimbursement

Store-and-Forward	
Eligible Services/Specialties	<p>A dentist may collect the transmission of recorded health information such as radiographs, photographs, video, digital impressions, or photomicrographs transmitted through a secure electronic communication system. See rulebook for specific codes.</p> <p>Source: OR Div. of Medical Assistance Program, Dental Services Rulebook, OR Admin. Rules 410-123-1265, p. 50, (Jan. 1, 2020), (Accessed Feb. 2020).</p>
Geographic Limits	No reference found.
Transmission Fee	No reference found.
Remote Patient Monitoring	
Policy	<p>Oregon will reimburse “dental care providers” for ‘remote patient monitoring’, which is defined as “personal health and dental information is collected by dental care providers in one location then transmitted electronically to a dentist in a distant site location for use in care.”</p> <p>Source: OR Div. of Medical Assistance Program, Dental Services Rulebook, OR Admin. Rules 410-123-1265, p. 48 (Jan. 1, 2020), (Accessed Feb. 2020).</p>
Conditions	No reference found.
Provider Limitations	No reference found.
Other Restrictions	No reference found.



E-mail and telephone is reimbursed when used for patient consulting and “when billed services comply with the practice guidelines set forth by the Health Service Commission (HSC), applicable HSC approved CPT code requirements and are delivered consistent with the HSC practice guideline.” Telephonic codes may be used in lieu of videoconferencing codes, if videoconferencing equipment is not available.

Telephone and E-mail billing requirements: Use the evaluation and management codes authorized in the HSC practice guideline.

Source: *OR Div. of Medical Assistance Programs, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610, p. 68, (Nov. 12, 2019), (Accessed Feb. 2020).*

Patient consultations using telephone and online or electronic mail (e-mail) are covered when billed services comply with the practice guidelines set forth by the Health Evidence Review Commission and the applicable HERC-approved code requirements, delivered consistent with the HERC Evidence-Based Guidelines.

Source: *OR Div. of Medical Assistance Programs, Behavior Health Services Rules 410-172-0850, p. 56, (Nov. 26, 2019). (Accessed Feb. 2020).*

Teledentistry

Mobile communication devices such as cell phones, tablet computers, or personal digital assistants may support mobile dentistry and health care and public health practices and education.

Unless authorized in OAR 410-120-1200 Exclusions or OAR 410-130-0610 Telemedicine, other types of telecommunications such as telephone calls, images transmitted via facsimile machines, and electronic mail are not covered:

- When those types are not being used in lieu of teledentistry, due to limited teledentistry equipment access; or
- When those types and specific services are not specifically allowed in this rule per the Oregon Health Evidence Review Commission’s Prioritized List of Health Services.

Source: *OR Div. of Medical Assistance Program, Dental Services Rulebook, OR Admin. Rules 410-123-1265, p. 49-50, (Jan. 1, 2020), (Accessed Feb. 2020).*

Indian Health Services

Telephone encounters qualify as a valid encounter for specific services. Telephone encounters must include all the same components of the service when provided face-to-face. Providers may not make telephone contacts at the exclusion of face-to-face visits.

Source: *OR Div. of Medical Assistance Program, American Indian/Alaska Native Services Rulebook, 410-146-0085, p. 14, (Oct. 3, 2017), (Accessed Feb. 2020).*

Federally Qualified Health Center and Rural Health Clinics

For the provision of services defined in Titles XIX and XXI and provided through an FQHC or RHC, an “encounter” is defined as a face-to-face or telephone contact between a health care professional and an eligible OHP client within a 24-hour period ending at midnight, as documented in the client’s medical record. Section (4) of this rule outlines limitations for telephone contacts that qualify as encounters. Telephone encounters qualify as a valid encounter for specific services.

Source: *OR Div. of Medical Assistance Program, Federally Qualified Health Center and Rural Health Clinics Services Rulebook, 410-147-0120, p. 11-12, (Oct. 1, 2015), (Accessed Feb. 2020).*

Teledentistry

A patient receiving services through teledentistry shall be notified of the right to receive interactive communication with the distant dentist and shall receive an interactive communication with the distant dentist upon request. This must be reflected in the patient’s chart documentation.

Source: *OR Div. of Medical Assistance Program, Dental Services Rulebook, OR Admin. Rules 410-123-1265(7)(c), p. 49, (Jan. 1, 2020), (Accessed Feb. 2020)*



Out of State Providers

A provider located in a state other than Oregon whose services are rendered in that state shall be licensed and otherwise certified by the proper agencies in the state of residence as qualified to render the services. Certain cities within 75 miles of the Oregon border may be closer for Oregon residents than major cities in Oregon, and therefore, these areas are considered contiguous areas, and providers are treated as providing in-state services. See rule for additional requirements.

Source: *OR Admin Rules 410-120-1180 (Accessed Feb. 2020).*

The referring and evaluating practitioner must be licensed to practice medicine within the state of Oregon or within the contiguous area of Oregon and must be enrolled as a Division of Medical Assistance Programs (Division) provider.

Source: *OR Div. of Medical Assistance Program, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610. P. 67 (Nov. 12, 2019). (Accessed Feb. 2020).*

Miscellaneous

Providers billing for covered telemedicine services are responsible for the following:

- Complying with HIPAA and/or Oregon Health Authority (Authority) (OHA) Confidentiality and Privacy Rules and security protections for the patient in connection with the telemedicine communication and related records requirements.
- Obtaining and maintaining technology used in the telemedicine communication that is compliant with privacy and security standards in HIPAA and/or Department Privacy and Confidentiality Rules.
- Ensuring policies and procedures are in place to prevent a breach in privacy or exposure of patient health information or records (whether oral or recorded in any form or medium) to unauthorized persons.
- Complying with the relevant Health Service Commission (HSC) practice guideline for telephone and email consultation.
- Maintaining clinical and financial documentation related to telemedicine services.

Source: *OR Div. of Medical Assistance Program, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610. P. 67 (Nov. 12, 2019); Dental Services Rulebook, OR Admin. Rules 410-123-1265, p. 49-50, (Jan. 1, 2020); & Div. of Medical Assistance Programs, Behavior Health Services Rulebook, Div. 172, 410-172-0850. P. 56 (Nov. 26, 2019). (Accessed Feb. 2020).*

Teledentistry

A patient may request to have real time communication with the distant dentist at the time of the visit or within 30 days of the original visit.

Source: *OR Admin. Rules 410-123-1265 (Accessed Feb. 2020).*

Definitions

Treatment of Diabetes

“Telemedical means delivered through a two-way electronic communication, including but not limited to video, audio, Voice over Internet Protocol or transmission of telemetry that allows a health professional to interact with a patient, a parent or guardian of a patient or another health professional on a patient’s behalf, who is at an originating site.”

Source: *OR Revised Statutes Sec. 743A.185(1)(c). (Accessed Feb. 2020).*

Requirements

Health plans must provide coverage of a health service that is provided using synchronous two-way interactive video if the service would be covered when provided in-person, it is a medically necessary service, the service is determined to be safely and effectively provided using live video according to generally accepted health care practices and standards and the technology and application to provide the service meets all standards required by state and federal laws governing privacy and security of protected health information. Plans are not required to reimburse a health professional for a service that is not a covered benefit under the plan or who has not contracted with the plan.

Source: *OR Revised Statutes Sec. 743A.058. (Accessed Feb. 2020).*



Oregon requires a health benefit plan to provide coverage of a health service that is provided using synchronous two-way interactive video conferencing if:

- The plan provides coverage of the health service when provided in-person by a health professional;
- The health service is medically necessary;
- The health service is determined to be safely and effectively provided using synchronous two-way interactive video conferencing according to generally accepted health care practices and standards; and
- The application and technology used to provide the health service meet all standards required by state and federal laws governing the privacy and security of protected health information.

Plans may not distinguish between originating sites that are rural and urban in providing coverage.

Coverage is subject to the terms and conditions of the health benefit plan and the reimbursement specified in the contract between the plan and the health professional.

Source: *OR Revised Statutes Sec. 743A.058. (Accessed Feb. 2020).*

A health benefit plan must provide coverage of a telemedical health services provided in connection with the treatment of diabetes if:

- The plan provides coverage of the health service when provided in-person by the health professional;
- The service is medically necessary;
- The telemedical health service relates to a specific patient; and
- One of the participants in the telemedical health service is a representative of an academic health center.

A health benefit plan may subject coverage of a telemedical health service to all terms and conditions of the plan, including but not limited to deductible, copayment or coinsurance requirements that are applicable to coverage of a comparable health service when provided in-person.

Source: *OR Revised Statutes Sec. 743A.185. (Accessed Feb. 2020).*

No explicit payment parity.



Definitions

Health Care Provider Incentive Program

“Telehealth” means the provision of health services from a distance using electronic communications.

Source: *OR Admin. Rules 409-036-0010(26). (Accessed Feb. 2020).*

Community Treatment and Support Services

Telehealth means a technological solution that provides two-way, video-like communication on a secure line.

Source: *OR Admin. Rules. 309-032-0860(28). (Accessed Feb. 2020).*

Health Planning

“Telemedicine means the provision of health services to patients by physicians and health care practitioners from a distance using electronic communications.”

Source: *OR Revised Statutes 442.015(26). (Accessed Feb. 2020).*

Board of Chiropractic Examiners

“Telehealth’ means a variety of methods, through the use of electronic and telecommunications technologies, for the distance delivery of health care services, including chiropractic services, excluding in-person services, and clinical information designed to improve the health status of a patient, and to enhance delivery of the health care services and clinical information.”

Source: *OR Admin. Rules 811-015-0066. (Accessed Feb. 2020).*

Physical Therapy:

“Telehealth service’ means a physical therapy intervention, including assessment or consultation that can be safely and effectively provided using synchronous two-way interactive video conferencing, or asynchronous video communication, in accordance with generally accepted healthcare practices and standards. For purposes of these rules, ‘telehealth service’ also means, or may be referred to, as ‘telepractice, teletherapy, or telerehab’.”

Source: *OR Administrative Rule, Sec. 848-040-0100(13). (Accessed Feb. 2020).*

Occupational Therapy:

“Telehealth” is defined as the use of interactive audio and video, in real time telecommunication technology or store-and-forward technology, to deliver health care services when the occupational therapist and patient/client are not at the same physical location. Its uses include diagnosis, consultation, treatment, prevention, transfer of health or medical data, and continuing education.

Source: *OR Admin. Code 339-010-0006(1) (Accessed Feb. 2020).*

Consent

Physical Therapy

Prior to the initiation of telehealth services, a Licensee shall obtain the patient’s consent to receive the services via telehealth. The consent may be verbal, written, or recorded and must be documented in the patient’s permanent record.

Source: *OR Administrative Rules, Sec. 848-040-0180(3). (Accessed Feb. 2020).*

Online Prescribing

No reference found.



Member of the Physical Therapy Compact.

Source: Compact Map. Physical Therapy Compact. (Accessed Feb. 2020).

Out-of-state physicians may receive a license to practice across state lines in Oregon, as long as they are fully licensed in another state and meet certain requirements.

Source: OR Revised Statutes Annotated Sec. 677.139. (Accessed Feb. 2020).

A physician granted a license to practice medicine across state lines has the same duties and responsibilities and is subject to the same penalties and sanctions as any other provider licensed in Oregon, including but not limited to:

- A physician shall establish a physician-patient relationship;
- Make a judgment based on some type of objective criteria upon which to diagnose, treat, correct or prescribe;
- Engage in all necessary practices that are in the best interest of the patient; and
- Refrain from writing prescriptions based only on an Internet sale or consults.

Source: OR Admin. Rules, 847-025-0000. (Accessed Feb. 2020).

Oregon requires out-of-state physicians to acquire active telemonitoring status through the Oregon Medical Board before they can perform intraoperative tele-monitoring on patients during surgery.

The Administrative Code defines “telemonitoring” as the “intraoperative monitoring of data collected during surgery and electronically transmitted to a physician who practices in a location outside of Oregon via a telemedicine link for the purpose of allowing the monitoring physician to notify the operating team of changes that may have a serious effect on the outcome or survival of the patient. The monitoring physician is in communication with the operation team through a technician in the operating room.”

Requirements:

- The facility where the surgery is performed must be a licensed hospital or ambulatory surgical center;
- The facility must grant medical staff membership and/or clinical privileges to the monitoring physician;
- The facility must request the Board grant Telemonitoring active status to the monitoring physician.

Physicians granted Telemonitoring active status must register and pay a biennial active registration fee.

The physician with Telemonitoring active status desiring to have active status to practice in Oregon must submit the reactivation application and fee and satisfactorily complete the reactivation process before beginning active practice in Oregon.

Source: OR Admin. Rules. 847-008-0023. (Accessed Feb. 2020).

Professional Board Telehealth-Specific Regulations

- Occupational Therapy (**Source:** OR Admin. Code 339-010-0006) (Accessed Feb. 2020)
- Physical Therapy (**Source:** OR Admin. Code 848-040-0180) (Accessed Feb. 2020)
- Board of Chiropractic Examiners (**Source:** OAR 811-015-0066) (Accessed Feb. 2020).

