

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	LICENSURE COMPACTS	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 telephonic or electronic communications of medical information from one site to another regarding a patient’s health status.”</p> <p>Source: <i>OR Div. of Medical Assistance Program, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610, P. 66 (May 1, 2020). (Accessed Sept. 2020).</i></p> <p>“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.”</p> <p>Source: <i>OR Div. of Medical Assistance Program, Dental Services Manual, 410-123-1265, p. 48, (May 1, 2020). (Accessed Sept. 2020).</i></p> <p>Telehealth for School Based Health Services (SBHS) is a real time interactive and synchronous audio/video technology from site to site regarding a Medicaid-eligible child’s health-related service.</p> <p>Source: <i>OR Div. of Medical Assistance Program, School-Based Health Services, Rule 410-133-0080, p. 17, (April 9, 2020). (Accessed Sept. 2020).</i></p> <p>Coordinated Care Organizations</p> <p>“Telemedicine” means the use of telephonic or electronic communications of medical information from one site to another regarding a patient’s health status, including but not limited to Telehealth (synchronous audio/video visits), Patient to Clinician services (electronic/telephonic) and Clinician to Clinician Consultations (electronic/telephonic).</p> <p>Source: <i>OR Administrative Rules. Rule 410-141-3566.</i></p>



Coverage for physical health telemedicine services include Telemedicine (synchronous audio/video visits), Patient to Clinician services (electronic/telephonic) and Clinician to Clinician Consultations (electronic/telephonic).

- Telemedicine patient visits using a synchronous (live two-way interactive) video and audio transmission resulting in real time communication between a licensed health care provider located in a distant site and the recipient being evaluated located in an alternate site, are covered when billed services comply with the guideline notes set forth by the Health Evidence Review Commission (HERC) and correct coding standards.
- Patient to clinician services using electronic and telephone communications are covered when billed services comply with HERC guideline notes and correct coding standards.

Source: *OR Div. of Medical Assistance Program, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610. (May 1, 2020).*

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.

Source: *Behavior Health Services Rulebook, p. 58, Div. 172, 410-172-0850 (July 23, 2020). (Accessed Sept. 2020).*

Telehealth is the equivalent to face-to-face therapy/treatment between a licensed practitioner/clinician or under the supervision of a practitioner/clinician within the scope of practice. Telehealth may include coordinated care defined in Definitions 410-1333-0040(16) using synchronous face-to-face or electronic/telephonic interactive communications such as telephone conversation, video conference, or an internet relay chat session to coordinate and integrate a Medicaid eligible child's health related services required by IDEA.

Source: *OR Div. of Medical Assistance Program, School-Based Health Services, Rule 410-133-0080, p. 17, (April 9, 2020). (Accessed Sept. 2020).*

Coordinated Care Organizations

MCEs shall reimburse contracted physical and behavioral health providers for covered services provided to OHP members by means of telemedicine at the same rate paid when such services are provided in person. MCEs shall reimburse non-contracted providers for telemedicine services at the rates agreed to between the MCE and the provider or at the OHP Fee-For-Service rates consistent with OAR 410-120-1295(2), whichever is greater.

Source: *OR Administrative Rules. Rule 410-141-3566.*

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 Evidence Review Commission (HERC) and the applicable HERC-approved code requirements, delivered consistent with the HERC Evidence Based Guidelines.

Patient consultations using a synchronous (live two-way interactive) video transmission resulting in real time communication between a provider 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.

Behavioral health services specifically identified as allowable for telephonic delivery are listed on the Behavioral Health Fee schedule published by the Authority.

Source: *OR Div. of Medical Assistance Program, Behavioral Health Services, 410-172-0850, p. 57 (July 23, 2020). (Accessed Sept. 2020).*

Telemedicine encompasses different types of programs, services and delivery mechanisms for medically appropriate covered services within the patient's benefit package.



Telemedicine patient visits using a synchronous (live two-way interactive) video and audio transmission resulting in real time communication between a licensed health care provider located in a distant site and the recipient being evaluated located in an alternate site, are covered when billed services comply with the guideline notes set forth by the Health Evidence Review Commission (HERC) and correct coding standards.

For purposes of physical health services, the Authority shall provide coverage for telemedicine services to the same extent that the services would be covered if they were provided in person subject to the requirements outlined in the Prioritized List and associated guideline notes.

Source: *OR Div. of Medical Assistance Program, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610, p. 67-69, (May 1, 2020). (Accessed Sept. 2020).*

Teledentistry is allowed. All billing requirements apply to all modalities (live video, store and forward, remote patient monitoring and mobile communication devices). Payment for dental services may not distinguish between services performed using teledentistry, real time, or store-and-forward and services performed in-person. The dentist who completes diagnosis and treatment planning and the oral evaluation documents these services using the traditional CDT codes, and also reports D9995 or D9996 as appropriate. An assessment is a limited inspection performed to identify possible signs of oral or systemic disease, malformation or injury and the potential need for referral for diagnosis and treatment. The code may be billed using the modality of teledentistry.

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

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

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

Source: *OR Behavior Health Services Rules 410-172-0850 (July 23, 2020). P. 57. (Accessed Sept. 2020).*

Physical and Occupational Therapy Services

The physical and occupational therapy service providers may utilize telemedicine for services that are not required to be provided face-to-face in an in-person setting. The physical and occupational therapy service providers must request prior written agency approval to utilize telemedicine for services that require a face-to-face setting when there is a documented barrier to providing in-person services.

Source: *OR Div. of Medical Assistance Program, Physical and Occupational Therapy for Habilitative and Rehabilitative Services, Rule 410-131-0040, pg. 1, (March 26, 2020). (Accessed Sept. 2020).*

School Based Health Services

All SBHS telehealth services shall be provided to the same extent the services would be covered if they were provided in person and billed to Medicaid using appropriate SBHS procedure codes and modifiers.

The Authority may reimburse telehealth, tele-electronic/telephonic School-Based Health Services (SBHS) provided to the same extent the services would be covered if they were provided in person and billed to Medicaid using appropriate SBHS procedure codes and modifiers.

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. 17, 25 & 33, (April 9, 2020). (Accessed Sept. 2020).*



Telehealth for administrative examination services:

- The administrative examination service providers shall comply with the relevant HERC evidence-based guidelines for telephone and e-mail consultation. Refer to HERC list and guideline notes specified in OAR 410-141-3830;
- The administrative examination service providers may utilize telemedicine for services that are not required to be provided face-to-face in an in-person setting.
- The administrative examination service providers must request prior written agency approval to utilize telemedicine for services that require a face-to-face setting when there is a documented barrier to providing in-person services.

Source: OR Div. of Medical Assistance Program, Administrative Examinations and Reports Rules, 410-150-0040, p. 4. (Accessed Sept. 2020).

Speech Therapy

Telehealth for Speech-Language Pathology, Audiology, and Hearing Aid Services:

- The speech-language pathology, audiology and hearing aid service providers shall comply with the relevant HERC evidence-based guidelines for telephone and e-mail consultation. Refer to HERC list and guideline notes specified in OAR 410- 141-3830.
- The speech-language pathology, audiology and hearing aid service providers may utilize telemedicine for services that are not required to be provided face-to-face in an in-person setting.
- The speech-language pathology, audiology and hearing aid service providers must request prior written agency approval to utilize telemedicine for services that require a face-to-face setting when there is a documented barrier to providing in-person services.

For initial ordering of speech generating devices (SGD), an in-person, face-to-face encounter that is related to the primary reason the client requires the medical equipment or supplies must occur no more than six months prior to the start of services.

Source: OR Div. of Medical Assistance Program, Speech-Language Pathology, Audiology and Hearing Aid Services. 410-129-0075, p. 9-10. (Accessed Sept. 2020).

Visual Services

Telehealth for visual services:

- The visual service providers shall comply with the relevant HERC evidence-based guidelines for telephone and e-mail consultation. Refer to HERC list and guideline notes specified in OAR 410-141-3830;
- The visual service providers may utilize telemedicine for services that are not required to be provided face-to-face in an in-person setting.
- The visual service providers must request prior written agency approval to utilize telemedicine for services that require a face-to-face setting when there is a documented barrier to providing in-person services.

Source: OR Div. of Medical Assistance Program, Visual Services Rules. Sec. 410-140-0020. P. 1. (Accessed Sept. 2020).

Patient to clinician services using electronic and telephone communications are covered when billed services comply with HERC guideline notes and correct coding standards.

Source: Div. of Medical Assistance Programs, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610. P. 68 (May 1, 2020). (Accessed Sept. 2020).

Coordinated Care Organizations

MCEs shall assure that all telemedicine services are delivered consistent with requirements of the rule. MCEs shall ensure that all telemedicine services meet all requirements relating to language access, interpreter, and translation services.

Source: OR Administrative Rules. Rule 410-141-3566.



Provider Requirements:

- Hold a current and valid license without restriction from a state licensing board where the provider is located;
- Have authority to provide physical health telemedicine services for eligible Oregon Medicaid beneficiaries;
- Comply with correct coding standards using the most appropriate Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes.

See rule for telemedicine requirements for providers billing for covered physical health services.

Source: *OR Div. of Medical Assistance Program, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610, p. 70, (May 1, 2020). (Accessed Sept. 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 teledentistry/telehealth services are responsible for complying with specific standards. See rule for teledentistry/telehealth services requirements for providers billing.

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

See rule for requirements for providers billing behavioral health services.

Source: *OR Behavior Health Services Rules 410-172-0850 (July 23, 2020). P. 57. (Accessed Sept. 2020).*

School Based Health Services

Must be provided by a licensed practitioner/clinician employed by or contracted by an Oregon public school district or Education Service District, enrolled with Oregon Health Authority (OHA) as a “school medical (SM)” provider with authority to provide SBHS to Oregon Medicaid beneficiaries). Also must be performed by or under a supervising licensed practitioner/clinician within the scope of practice governed by their licensing board, who meet the federal requirements as described in medically qualified staff in OAR 410-133-0120, and who hold a current and valid license without restriction from a state licensing board where the provider is located. See manual section (g) for provider requirements.

Source: *OR Div. of Medical Assistance Program, School-Based Health Services, Rule 410-133-0080, p. 34, (April 9, 2020). (Accessed Sept. 2020).*

Coordinated Care Organizations

MCEs shall reimburse contracted physical and behavioral health providers for covered services provided to OHP members by means of telemedicine at the same rate paid when such services are provided in person. MCEs shall reimburse non-contracted providers for telemedicine services at the rates agreed to between the MCE and the provider or at the OHP Fee-For-Service rates consistent with OAR 410-120-1295(2), whichever is greater.

Source: *OR Administrative Rules. Rule 410-141-3566.*



Medicaid Telehealth Reimbursement

Live Video	Eligible Sites	<p>Telemedicine patient visits using a synchronous (live two-way interactive) video and audio transmission resulting in real time communication between a licensed health care provider located in a distant site and the recipient being evaluated located in an alternate site, are covered when billed services comply with the guideline notes set forth by the Health Evidence Review Commission (HERC) and correct coding standards. Alternate sites can be a patient's home or other location.</p> <p>Source: <i>OR Div. of Medical Assistance Program, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610, p. 68, (May 1, 2020). (Accessed Sept. 2020).</i></p> <p>Telehealth may occur between two remote sites, an alternate site such as the child/student's home, childcare facility, or other public education programs and settings, and the distant site setting of the practitioner/clinician.</p> <p>Source: <i>OR Div. of Medical Assistance Program, School-Based Health Services, Rule 410-133-0080, p. 17, (April 9, 2020). (Accessed Sept. 2020).</i></p> <p>The originating site may bill a CDT code only if a separately identifiable service is performed within the scope of practice of the practitioner providing the service. The service must meet all criteria of the CDT code billed.</p> <p>Source: <i>OR Div. of Medical Assistance Program, Dental Svcs. Rulebook, Div. 410-123-1265, p. 50, (May 1, 2020). (Accessed Sept. 2020).</i></p>
	Geographic Limits	No reference found.
	Facility/Transmission Fee	No reference found.
Store-and-Forward	Policy	<p>Clinician to clinician consultations using electronic and telephone communications are covered when billed services comply with HERC guideline notes.</p> <p>Unless authorized in OAR 410-120-1200 Exclusions, other types of telecommunications are not covered, such as telephone calls without medical decision making, images transmitted via facsimile machines and electronic mail.</p> <p>Source: <i>Div. of Medical Assistance Programs, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610. P. 68. (May 1, 2020). (Accessed Sept. 2020).</i></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: <i>Div. of Medical Assistance Programs, Behavior Health Services Rulebook, Div. 172, 410-172-0850. P. 56 (July 23, 2020). (Accessed Sept. 2020).</i></p>



Medicaid Telehealth Reimbursement

Store-and-Forward	Policy	<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: <i>OR Div. of Medical Assistance Program, Dental Services Manual, 410-123-1265, p. 48, (May 1, 2020). (Accessed Sept. 2020).</i></p>
	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>Payment for dental services may not distinguish between services performed using teledentistry, real time, or store-and-forward and services performed in-person</p> <p>Source: <i>OR Div. of Medical Assistance Program, Dental Services Rulebook, OR Admin. Rules 410-123-1265, p. 50. (May 1, 2020), (Accessed Sept. 2020).</i></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: <i>OR Div. of Medical Assistance Program, Dental Services Rulebook, OR Admin. Rules 410-123-1265, p. 48 (May 1, 2020). (Accessed Sept. 2020).</i></p>
	Conditions	No reference found.



Remote Patient Monitoring	Provider Limitations	No reference found.
	Other Restrictions	No reference found.
Email / Phone / Fax	<p>Patient to clinician services using electronic and telephone communications are covered when billed services comply with HERC guideline notes and correct coding standards.</p> <p>Unless authorized in OAR 410-120-1200 Exclusions, other types of telecommunications are not covered, such as telephone calls without medical decision making, images transmitted via facsimile machines and electronic mail.</p> <p>Source: <i>OR Div. of Medical Assistance Programs, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610, p. 68, (May 1, 2020). (Accessed Sept. 2020).</i></p> <p>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.</p> <p>Unless expressly authorized in OAR 410-120-1200 (Exclusions), other types of telecommunications 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 videoconferencing 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: <i>OR Div. of Medical Assistance Programs, Behavior Health Services Rules 410-172-0850, p. 56, (July 23, 2020). (Accessed Sept. 2020).</i></p> <p>Patient to clinician services using electronic and telephone communications are covered when billed services comply with HERC guideline notes and correct coding standards.</p> <p>Source: <i>Div. of Medical Assistance Programs, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610. P. 68 (May 1, 2020). (Accessed Sept. 2020).</i></p> <p>Teledentistry</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>Source: <i>OR Div. of Medical Assistance Program, Dental Services Rulebook, OR Admin. Rules 410-123-1265, p. 48-50, (May 1, 2020). (Accessed Sept. 2020).</i></p>	



School Based Health Services

Use synchronous audio and visual interactive technologies, as defined in OAR 410-133-0040 (98); may include electronic or telephonic communications such as telephone conversation, video conference, or an internet relay chat session for care coordination defined in OAR 410-133-0040 (16); and shall assist the licensed practitioner/clinician with oversight of a Medicaid eligible child/student’s covered health related services provided in support of a child/student’s education program required by the Individuals with Disabilities Education Act (IDEA).

Source: *OR Div. of Medical Assistance Program, School-Based Health Services, Rule 410-133-0080, p. 34, (April 9, 2020). (Accessed Sept. 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, (March 20, 2020). (Accessed Sept. 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, (March 20, 2020). (Accessed Sept. 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, (May 1, 2020), (Accessed Sept. 2020).*

School Based Health Services

Billing providers must obtain the patient/client and if applicable, the patient’s/client’s parent or guardian’s consent to receive the services via telehealth, prior to the initiation of telehealth services.

Source: *OR Div. of Medical Assistance Program, School-Based Health Services, Rule 410-133-0080, p. 34, (April 9, 2020). (Accessed Sept. 2020).*

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 Sept. 2020).*



- 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. 69-70 (May 1, 2020); Dental Services Rulebook, OR Admin. Rules 410-123-1265, p. 49, (May 1, 2020); & Div. of Medical Assistance Programs, Behavior Health Services Rulebook, Div. 172, 410-172-0850. P. 57-58 (July 23,2020). (Accessed Sept. 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(e). (Accessed Sept. 2020).*

The manual also provides rules that apply during the COVID-19 outbreak, as well as rules that apply for an outbreak or epidemic in general.

Source: *OR Div. of Medical Assistance Program, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610. P. 69 (May 1, 2020). (Accessed Sept. 2020).*

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 Sept. 2020).*

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 Sept. 2020).*



Parity

Service Parity

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 Sept. 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 Sept. 2020).*

Payment Parity

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 Sept. 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 Sept. 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 Sept. 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 Sept. 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 Sept. 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 Sept. 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 Sept. 2020).*

Online Prescribing

No reference found.



Member of the Physical Therapy Compact.

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

Professional Board Telehealth-Specific Regulations

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

