

POLICY STATEMENT: Ocular Telemedicine – Vision Plan Covered Services and Provider Guidelines

The National Association of Vision Care Plans (NAVCP) believes that telemedicine can be an important part in eye care delivery now and in the future. The appropriate use of telemedicine for vision care has the potential to improve access to care, enhance doctor-patient relationships, improve health outcomes and reduce costs. As telemedicine technologies evolve, NAVCP member companies will continue to balance the benefits of ocular telemedicine in vision care covered services with the potential risks for patients.

NAVCP has developed this policy statement to define what the association's members believe is the common denominator for ocular telemedicine that may be covered by vision plans. The organization has sought to achieve consensus from interested parties¹ on the acceptable use of telemedicine for vision plan covered services. We intend this to serve as a guide for working with Managed Vision Care (MVC) plans that offer ocular telemedicine as a covered service. The intent is to simplify planning and participation in delivery of such services by Providers, Clients and the industry, including equipment and technology system manufacturers and suppliers who provide devices, telemedicine platforms and/or systems for use by Providers.

While the approach established in this policy statement is acceptable to all NAVCP member organizations who may choose to offer a Covered Service telemedicine benefit, this policy does not require a member to offer such a benefit, nor does it restrict a member from offering alternative approaches to ocular telemedicine. The NAVCP will review this policy statement annually and update it appropriately from time-to-time as technology advances and as the standard of care evolves.

The NAVCP also does not intend this policy statement to describe the only forms of ocular telemedicine that are legal or that may be beneficial to patients and providers. Rather, the members of NAVCP have designed these policies to indicate what forms of telemedicine seem appropriate for the common forms of vision benefits related to the plans offered by members. Other forms of ocular telemedicine may be covered by government or third-party health plans, or may be available directly to consumers without insurance, health or vision plan benefits.

RATIONALE/PURPOSE

To establish a framework for the use of telemedicine within regularly scheduled vision care.

NAVCP member organizations agree that a vision plan telemedicine benefit that meets the standards set out in this policy statement and complies with all relevant state and federal laws would be an appropriate use of ocular telemedicine. Nothing in this policy statement limits the ability of a MVC plan to offer different ocular telemedicine benefits or from customizing an ocular telemedicine program that departs from these guidelines to meet the needs of patients, providers and clients.

Each MVC plan may waive elements of these standards for an alternative ocular telemedicine benefit that complies with all relevant state and federal laws when, in the MVC plan's sole

¹ The NAVCP has invited comments from a number of industry and professional associations and has considered those comments in finalizing this Policy Statement.

discretion, the alternative benefit adequately addresses any risks that may be associated with eye care when the patient and prescribing Provider are not in the same physical location. In such instances, the MVC plan should make clear to Members, Providers and Clients where the alternative benefit departs from these guidelines. NAVCP member organizations will always expect Providers to meet all relevant standards of care related to vision care and eye health and to comply with all relevant state and federal laws and regulations.

The guidelines deliberately do not address reimbursement issues related to ocular telemedicine benefits. Each MVC plan has sole discretion, within state and federal law, to determine what services will be included in a plan benefit and to set the reimbursement structure for approved services. NAVCP does not dictate to or otherwise involve itself in reimbursement decisions or other telemedicine policies by MVC plans.

Additionally, these guidelines are not intended to address medical eye care delivery via telemedicine for medical necessity decisions or review of claims for vision-related medical/surgical procedures such as glaucoma treatment, cataract surgery and other eye health care issues that may be covered by a health care plan beyond the services offered in the typical vision benefit plan.

DEFINITIONS

- A. Telehealth - the use of telecommunications technologies to deliver health-related services and information that support patient care, administrative activities, and health education including non-clinical services, such as provider training, administrative meetings, and continuing medical education. Telehealth communication encompasses a growing number of applications and technologies including two-way live or streaming video, videoconferencing, store-and-forward imaging along with use of the internet, email, smart phones, wireless tools and other forms of telecommunication.
- B. Telemedicine – a subset of telehealth referring to the remote delivery of clinical health care services using telecommunications technology to improve a patient’s clinical health status. It includes delivery in the following manners:
 - a. Synchronous (aka Real Time Interactive) – Telemedicine services which provide real time interactive health care services between the patient and Provider.
 - b. Asynchronous (aka Store and Forward) – Telemedicine services involving the collection of data which is then transmitted electronically to a Provider at another location for review and assessment without requiring the simultaneous presence of the patient.
 - c. Remote Patient Monitoring – The patient’s health information is collected by the patient, typically in the patient’s home, and transmitted to their health care practitioner for evaluation and stored in the patient’s medical record.
- C. Member –The subscriber, insured, enrollee, covered person, or dependent.
- D. Provider –The credentialed Optometrist, Ophthalmologist or Optician.
- E. Optical Goods Prescription – The specifications for corrective spectacle lenses or contact lenses issued by an Optometrist or Ophthalmologist following completion of an eye examination.
- F. Ocular Pathology – Diseases of the eye and its surrounding structures which affect the ocular tissues and/or ocular function.
- G. Patient – The member receiving health care services.

- H. HIPAA – The Health Insurance Portability and Accountability Act of 1996, including related laws and enacting regulations. A primary goal of the law is to protect the confidentiality and security of health care information.
- I. HEDIS – The Healthcare Effectiveness Data and Information Set is a set of performance measures developed and maintained by the National Committee for Quality Assurance which is widely used throughout the managed care industry. HEDIS allows consumers and employers to compare a health plan's performance to national and regional benchmarks.
- J. Originating Site – The location of the patient receiving telemedicine services at the time the services are rendered or medical data is collected.
- K. Distant Site – The remote location of the Provider that is rendering care.
- L. Telemedicine Platform - A technology platform that would allow a participating Provider to collect and transmit patient data to a remote location for interpretation by a licensed Optometrist or Ophthalmologist. The platform may or may not require specific brands or models of diagnostic equipment. Integration of the diagnostic equipment and the EMR with the telemedicine software would be the responsibility of the participating Provider and may include technical support from the vendor. Arranging for technicians, assistants and licensed Optometrists or Ophthalmologists to perform elements of the examination would be the responsibility of the participating Provider. The participating Provider would establish the workflow related to the examination protocol and the related sequence of the elements of the examination.
- M. Telemedicine System - A package including data collection and transmission software and some or all professional and technical services and staff that is supplied by a vendor to a participating Provider. The system may or may not include installation of specific brands or models of diagnostic equipment. In a Telemedicine System, properly licensed Optometrists and/or Ophthalmologists who are contracted with the Telemedicine System vendor will become credentialed Providers, will perform or appropriately supervise elements of the examination and may be assisted by trained and supervised assistants or technicians (where permitted by state law). Additionally, the Telemedicine System vendor may integrate diagnostic equipment with HIPAA compliant telemedicine software and the Electronic Medical Record (EMR). Typically, the Telemedicine System vendor would establish the workflow to complete the examination protocol including the sequence of the elements of the examination.
- N. Covered Service – The professional services addressed in this policy are those ophthalmological services that are typically covered under benefits administered by MVC plans. Those services are self-referred routine (aka “wellness”) examinations performed by participating optometrists and ophthalmologists in the MVC provider networks. Such services are typically billed to the MVC plan using one or more of the following codes (although some plans may also provide coverage for other codes describing additional primary eye care services):
 - 92002 – intermediate ophthalmological services, new patient
 - 92004 – comprehensive ophthalmological services, new patient
 - 92012 – intermediate ophthalmological services, established patient
 - 92014 – comprehensive ophthalmological services, established patient
 - 92015 – determination of refractive state
 - S0620 – routine ophthalmological examination including refraction; new patient
 - S0621 – routine ophthalmological examination including refraction; established patient

BACKGROUND

As telecommunications, information and medical technologies advance, opportunities for patients to access health care services via non-traditional settings continue to develop. In order to establish frameworks to ensure the quality, security and ethical delivery of telemedicine services as they are integrated within health care delivery systems, numerous organizations representing providers, payers and patients have established policies and presented information statements regarding the appropriate use of telemedicine services.

Those organizations include but are not limited to: the American Academy of Ophthalmology (AAO)², American Medical Association (AMA)³; American Optometric Association (AOA)⁴, Centers for Medicare and Medicaid Services (CMS)^{5,6}; the American Telehealth Association (ATA)⁷; ClearHealth Quality Institute (CHQI)⁸, The Joint Commission (TJC)⁹; the Federation of State Medical Boards (FSMB) <https://www.fsmb.org/advocacy/telemedicine/>¹⁰; the American College of Physicians (ACP)¹¹; and URAC¹². In preparing this policy, NAVCP has reviewed those policies and comments as well as state and federal laws and regulations governing the provision of telemedicine services.

GUIDELINES

Ocular Telemedicine for Vision Care – Vision Plan Covered Services:

- A. May be effective as an intermittent alternative to a member's primary eye care provider as a component of a member's longitudinal care. Ocular telemedicine today should not be considered a complete replacement for in-person care.
- B. May be helpful to provide access to care for under-served populations, specifically Members who live in geographies without reasonable access to conventional eye care practices or home- or institution-bound Members.
- C. In appropriate circumstances and pursuant to state and federal law, ocular telemedicine may be used to establish a provider-patient relationship that leads to an ongoing relationship with a Provider that includes in-person care as appropriate under the standard of care. Typically, ocular telemedicine for vision care, including the prescribing of corrective eyewear, may be more effective between a Provider and Member with an established, ongoing relationship.

² <https://www.aao.org/clinical-statement/telemedicine-ophthalmology-information-statement>

³ <https://www.ama-assn.org/delivering-care/ethics/ethical-practice-telemedicine>

⁴ <https://www.aoa.org/Documents/Legal/Position%20Statement%20Regarding%20Eye%20and%20Vision%20Telehealth%20Services%20-%20Referenced%20in%20HOD%20Resolution%201989.pdf>

⁵ <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsh.pdf>

⁶ <https://www.cms.gov/newsroom/press-releases/cms-finalizes-policies-bring-innovative-telehealth-benefit-medicare-advantage>

⁷ <https://www.americantelemed.org/press-releases/ata-seeks-public-comment-on-its-ocular-telehealth-diabetic-retinopathy-practice-guidelines/>

⁸ <https://www.chqi.com>

⁹ https://www.jointcommission.org/about_us/about_the_joint_commission_main.aspx

¹⁰ <https://www.fsmb.org/advocacy/telemedicine/>

¹¹ <https://annals.org/aim/fullarticle/2434625/policy-recommendations-guide-use-telemedicine-primary-care-settings-american-college>

¹² <https://www.urac.org/programs/telehealth-accreditation>

- D. Treatment and consultation recommendations must be held to the same standards of appropriate care as if the Provider were treating the Member in person.
- E. Should not rely solely on collection of objective refraction data for the issuance of an ophthalmic prescription.
- F. Should not be utilized for the initial examination for Members presenting with complaints or symptoms suggestive of active ocular pathology, unless authorized by the MVC or health plan responsible for the Member's benefit. MVC plans may require prior authorization for the use of telemedicine in such instances, and also have the discretion to allow the use of telemedicine without prior authorization when, in the eye care provider's professional judgment as documented in a contemporaneous written record, an initial examination by telemedicine would best serve the patient.

Providers:

- A. Must not compromise their ethical obligation to provide the most clinically appropriate care regardless of the availability of new technologies.
- B. Must use their professional judgment to determine whether telemedicine is appropriate for a Member.
- C. Must comply with state law regarding the need for licensure or registration in the state where the Originating Site is located as well as the Distant Site.
- D. Must initiate personal in-person care or prompt referral for local, in-person care for a Member if collected data indicates the possibility of active ocular pathology.

REQUIREMENTS FOR CONSIDERATION AS A TELEMEDICINE PROVIDER

- A. A MVC plan should require Providers (including Providers in any existing network who are not currently offering telemedicine services) to apply for participation in the MVC lan network(s) offering telemedicine services by clearly identifying to the MVC plan whether s/he is applying to provide covered services remotely via telemedicine technology as well as in-person.
- B. A Provider applying for participation as a telemedicine Provider must identify both the Originating and Distant Sites. Each Originating and Distant Site must be approved pursuant to the MVC plan process and policies as a location where covered services may be provided.
- C. A MVC plan should require Providers to get its approval for the use of a Telemedicine System or Telemedicine Platform to confirm that such System or Platform meets these guides; the MVC plan should use published standards that are consistent with this policy. As part of the approval process, MVC plans may choose to use a nationally recognized independent third-party telemedicine certification and credentialing body to help determine whether a Telemedicine System or Platform should be approved.
 - When a Provider will be using an approved Telemedicine System, compliance with requirements D, H, J, K, L, M, N and O in this section should be demonstrated in the MVC plan approval process by the Telemedicine System vendor.
 - When a Provider is using an approved Telemedicine Platform, compliance with all requirements in this section will be the responsibility of the participating Provider responsible for the Originating Site.

- D. When the Distant Site Provider is not available for in-person care either at the Originating Site or within a 30-minute drive from the Originating Site at least one day (8 or more business hours) per week for in-person care, another credentialed Optometrist or Ophthalmologist should be available in that time frame and distance, unless a different distance and/or schedule is authorized by the MVC plan. The locations and days of in-person care availability should be clearly disclosed to Members prior to delivery of a telemedicine eye examination.
- E. Diagnostic Services and Equipment
MVC plans should require that:
- Providers must provide a comprehensive telemedicine eye examination that includes a refraction, complies with state and federal law and includes the use of interactive audio and video telecommunications systems that permits real-time synchronous interaction between the Patient at the Originating Site and the Provider at the Distant Site.
 - A comprehensive telemedicine eye examination includes at least the following procedures when professionally indicated, and Providers must use equipment and data collection techniques consistent with or exceeding the accepted standards of care for in-person eye care services.
 - i. Detailed case history
 - ii. Lensometry
 - iii. Autorefraction
 - iv. Keratometry
 - v. Tonometry
 - vi. Visual field screening
 - vii. Anterior segment/external ocular video imaging
 - viii. Wide field retinal imaging
 - ix. Subjective refraction
 - x. Near refraction
 - xi. Binocular testing
 - xii. Ocular motility assessment
 - xiii. Neurological/emotional status
 - xiv. Pupillary function assessment
 - Additional testing typically available with an in-person eye examination, including but not limited to color vision, stereopsis, tear function/stability, etc. be available from the Provider, and performed and documented in the medical record whenever indicated.
 - A Dilated Fundus Evaluation (DFE) performed in-person by a Provider who is an Optometrist or Ophthalmologist be available whenever professionally indicated or when requested by the patient at or within a reasonable distance from the Originating Site within seven days.
 - Providers requesting to provide telemedicine services at a new Originating Site or Distant Site as a covered service to either use
 - i. An approved Telemedicine System or Platform or
 - ii. Request approval of the technology platform that the Provider will use to collect and transmit patient data to a remote location for interpretation by a licensed Optometrist or Ophthalmologist, including a detailed list of all diagnostic equipment to be used at the Site in the examination process, including manufacturer, model and date of origin.

- MVC plans may determine that an initial contact lens fitting, prescribing and evaluation of a first-time contact lens wearer may not be performed via telemedicine.

F. Remote Patient Monitoring

- When remote patient monitoring is offered as a covered service by a MVC plan, it may be synchronous or asynchronous.

G. Provider/Member Relationship

A MVC plan offering a covered telemedicine service should require that:

- Before performing any telemedicine service, the Provider performing the service must establish a doctor-patient relationship via one of the following methods:
 - i. A prior in-person examination; or
 - ii. An examination using synchronous telemedicine incorporating both audio and visual connections between the Provider and Member;¹³ or
 - iii. Consultation with or referral from another MVC plan participating provider who has established or will establish a doctor-patient relationship and who intends to manage the patient's care. If the Provider is rarely or never personally at or near the Originating Site, s/he may establish a relationship with one or more participating Providers near the Originating Site who are willing to manage the patient's in-person care needs. The selection of such a Provider shall remain the choice of the Member.
- Details regarding the availability of local, in-person, participating Provider(s), including contact information and hours of operation, will be available to the Member at the time of service.
- When the MVC plan requires that there be no charge for a Member seeking re-evaluation of an ophthalmic prescription following an in-person exam, there should be no additional charge or other impediment to care for a Member seeking re-evaluation following a telemedicine exam leading to receipt of an ophthalmic prescription or materials, whether seeking re-evaluation via telemedicine or in person. This does not limit the ability of any MVC plan to require an additional co-pay if a subsequent office visit/exam is necessary to check the status of an ocular condition.
- When ophthalmic or pharmaceutical prescriptions are issued as a result of a telemedicine service, the prescription must comply with the law of the state of the Originating Site.

H. Patient Selection

MVC plans should require:

- Providers, when applying to become a telemedicine provider, to either agree to use a patient screening questionnaire approved by the MVC plan or submit a copy of their entering patient questionnaire to the MVC plan reviewing body.
- Providers to use criteria for patient eligibility for telemedicine that are set at the sole discretion of the MVC plan. MVC plans should disclose to Members and Clients the eligibility criteria for telemedicine services. Eligibility criteria should include a description of conditions that would keep a Member from receiving telemedicine services.

¹³ <https://www.ama-assn.org/system/files/2018-10/ama-chart-telemedicine-patient-physician-relationship.pdf>

I. Patient Education

MVC plans should require that:

- Prior to initiation of the examination service, the Provider must inform the Member that the service will be conducted without the Optometrist or Ophthalmologist Provider being physically present (in-person) and must consent to receiving care via telemedicine. Appropriate informed consent should include at least the following:
 - i. Identification to the Member of the Provider and the Provider's credentials, upon request of the Member;
 - ii. A description of security measures taken to protect the privacy of personal data;
 - iii. An acknowledgement that the Provider will determine whether the condition diagnosed or treated is appropriate for a telemedicine encounter;
 - iv. A "Hold-harmless" clause for information lost due to technical failures beyond the control of the Provider; and
 - v. Documentation of the patient's grant of authority to share the patient's protected health information or other personal and financial data when appropriate to do so.
- If requested by a Member, the Provider be available for at least 30 days for either in-person or interactive consultation via telephone or audio/visual technology following completion of a telemedicine service, unless a different availability requirement is established by the MVC plan for in-person care providers, in which case the requirements for telemedicine Providers may be the same.

J. Risk management

- MVC plans should require Providers to have professional liability insurance that specifically includes coverage for the provision of telemedicine services and that meets the MVC plan's requirements for professional liability coverage related to in-person care.

K. Regulatory Compliance

- MVC plans should require telemedicine Providers to comply with all federal, state and local laws and regulations regarding the provision of telemedicine services.

L. Information systems

MVC plans should require Providers to:

- Create and maintain complete examination records and to store them either in an approved EHR system or other manner that allows the Provider to collect and transmit patient data securely and privately to a remote location for interpretation by a licensed Optometrist or Ophthalmologist. MVC plans will approve as acceptable an EHR system that has been certified under the guidelines of CMS and the [Office of the National Coordinator for Health Information Technology \(ONC\)](https://www.onc.gov), using the standards and other criteria for structured data that EHRs must meet in order to qualify for use in the Promoting Interoperability Programs.¹⁴ If the Provider is not using an EHR system or is using an EHR System that is not certified, the Provider must be able to demonstrate the security and privacy of the

¹⁴ <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Certification.html>

record-keeping, data collection and transmittal process to the satisfaction of the MVC plan.

- Submit for approval either their Notice of Privacy Practices or a Confidentiality and Security Policy demonstrating HIPAA, HITECH and related compliance.
- Be able to create and deliver reports required to satisfy the MVC plan or clients' HEDIS data collection needs.

MVC plans should have a process (including but not limited to use of coding modifiers) to identify, monitor and track utilization of telehealth services for reporting and audit purposes.

M. Clinical guidelines

- When a MVC plan requires Providers to have a Clinical Oversight Program for in-person care, the plan should require telemedicine Providers also to use a Clinical Oversight Program.
- The Clinical Oversight Program should include processes for care coordination, including referrals for in-person specialty care, urgent care and availability for consultation with other professionals involved in the management of a member's health.

N. Credentialing, contracting and network adequacy

MVC plans should require telemedicine Providers to:

- Be subject to all credentialing requirements and determinations of network adequacy of the MVC plan. Determinations of network adequacy will be at the sole discretion of the MVC plan.
- Comply with all contractual obligations as described in the Eye Care Professional Agreement and the Professional Provider Manuals set by each MVC plan for in-person Providers.
- Be credentialed and comply with the laws relating to licensing or registration at both the Originating and the Distant Site.

O. Quality Assurance

- All Providers approved to provide telemedicine examinations as covered services should be subject to quarterly audits by the MVC plan of a sample of up to ten (10) telemedicine examination records per Originating Site during the first year following approval as a telemedicine Provider.
- If a Provider successfully completes the telemedicine audits in the first year, the audit schedule for telemedicine examinations should move to the same process as the audits for in-person examinations. Should any deficiencies be noted at any time, the MVC plan may require more frequent audits.
- MVC plans, in their sole discretion, may require a Provider who fails an audit to reimburse the MVC plan for the costs incurred to conduct follow-up audits at a rate determined by the MVC plan per audit.
- MVC plans, in their sole discretion, may determine that the cost of a follow-up audit of telemedicine services may differ from the cost of auditing in-person examinations.
- Failure to achieve a passing score (defined by each MVC plan) on audits may result in disciplinary action taken by the MVC plan, pursuant to each plan's Provider Agreements. Disciplinary actions may include but not be limited to Provider education, implementation of a corrective action plan or probation,

suspension or termination of the Provider's participation in the MVC plan's network.

TELEMEDICINE SYSTEMS AND PLATFORMS

Approved Telemedicine Systems:

- To be defined by each Managed Vision Care Plan

Approved Telemedicine Platforms

- To be defined by each Managed Vision Care Plan

ANNUAL REVIEW OF TELEMEDICINE POLICY

The NAVCP will review the Telemedicine Policy at least annually and adjust the Policy as well as all related documents as appropriate

RELATED DOCUMENTS

Mobile Provider Policy
Credentialing Policy
Certification of Telemedicine Systems and Platforms

AFFECTED PARTIES

Member
Network Provider
Provider Relations Representatives
Medical Director