

1	<b>Clinical Practice Guideline:</b>	<b>Virtual Physical &amp; Occupational Therapy Services</b>
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3		
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1 **PRACTITIONER SCOPE AND TRAINING**.....15

2

3 **DESCRIPTION/BACKGROUND**

4 The Virtual Physical & Occupational Therapy (Virtual PT/OT) program enables the use of  
5 live physical, occupational, and speech therapy with advanced technology to drive patient  
6 recovery that is low-cost, high touch, and convenient for the member. American Specialty  
7 Health – Specialty (ASH) Virtual PT/OT services are provided by ASH employed or  
8 contracted licensed physical, occupational or speech therapists (herein referred to as  
9 Virtual PT/OT providers). The Virtual PT/OT program is designed to promote improved  
10 access to care, cost management, and quality of services by enabling flexible access to  
11 services. Eligible patients (herein referred to as members) are able to receive virtual  
12 physical, occupational, and speech therapy services from an originating site, either their  
13 own home or other remote location, by connecting via an interactive telecommunications  
14 system with a Virtual PT/OT provider located at a distant site.

15

16 **GUIDELINES**

17 American Specialty Health – Specialty (ASH) considers Virtual PT/OT delivered through  
18 a synchronous audio-video platform medically necessary when medical necessity criteria  
19 are met per ASH clinical criteria for corresponding service(s) **and** when virtual  
20 rehabilitation services are carried out in compliance with state and federal regulatory  
21 requirements governing the operational and clinical scope of the service(s) **and** if the  
22 condition and member’s health status is appropriate for delivery of service(s) in the virtual  
23 encounter environment. Virtual PT/OT services may include asynchronous monitoring and  
24 communications between provider and member in addition to real-time synchronous audio-  
25 video.

26

27 In the event that the patient does not have access to synchronous video communication and  
28 only an audio/telephone communication device, the Virtual PT/OT provider will provide a  
29 verbal consultation with the patient to determine the best course of action. If through a (i)  
30 verbal history that includes, at a minimum, duration and mechanism of onset, symptoms,  
31 exacerbating and relieving activities, and (ii) a subjective examination that includes patient  
32 descriptions of functional abilities and other movement related tasks, the provider can  
33 determine if education and advice can be delivered safely and effectively without visually  
34 observing the person. If the provider determines it is safe and appropriate to provide clinical  
35 advice and education, this is considered medically necessary care.

36

37 If the Virtual PT/OT provider determines that an audio only evaluation and treatment  
38 environment is inappropriate for the patient’s descriptions and complaints, they will refer  
39 the patient to a setting that will be safe and effective for the patient (medical physician, in-  
40 person physical therapy and rehabilitation, or other health care provider).

## 1 **Covered Virtual Physical Therapy and Rehabilitation Services**

2 Virtual PT/OT services (technology-enabled encounters between a provider in one location  
3 and a member in another location), may be reimbursed when all the following conditions  
4 are met:

- 5 • Medical information is communicated in real-time using HIPAA compliant  
6 synchronous audio-video communications equipment or other means approved by state  
7 and/or federal regulators. The real-time synchronous communication is between the  
8 member (or the minor-age member with parent/guardian) and the Virtual PT/OT  
9 provider performing the service.
- 10 • The originating site (member location) and the distant site (provider location) are  
11 reported in the medical record. The originating site is considered the place of service  
12 situs. In addition to standard documentation, there are some unique requirements for  
13 telehealth services:
  - 14 ○ Documentation of the originating site (member location) and the distant site are  
15 required if providing telehealth.
  - 16 ○ The member's location and contact information is verified at the start of all  
17 appointments in case of an emergency, or the call is disconnected. Emergency  
18 contact information is also documented.
  - 19 ○ Informed consent must be obtained prior to each telehealth session in  
20 accordance with ASH clinical practice guidelines and all federal and state laws.
  - 21 ○ All relevant asynchronous communications are documented in the medical  
22 record. Copies or email communication, chat communications and phone calls  
23 are well documented in accordance with all applicable state and federal rules  
24 and regulations.
- 25 • All services provided are medically appropriate and necessary.
- 26 • The encounter satisfies the elements of the patient-provider relationship, as determined  
27 by the relevant healthcare regulatory board of the state where the member is physically  
28 located, including the Virtual PT/OT provider is actively licensed in the jurisdiction of  
29 the originating site.
- 30 • The service is provided in accordance with the applicable standards of practice within  
31 the state of licensure of the Virtual PT/OT provider.
- 32 • The service is conducted in a manner that meets current state and federal privacy and  
33 security regulations and compliance expectations, and a permanent record of online  
34 communications relevant to the ongoing medical care and follow-up of the member is  
35 maintained as part of the member's medical record.

36  
37 Covered services (services that are eligible for reimbursement) may be limited by state  
38 and/or federal regulations and by health plan guidelines and benefit coverage policies.  
39 Refer to the applicable client summary for covered services.

1 Incomplete healthcare services, such as when the service is not fully rendered due to  
 2 technical or other service interruptions, resulting in the partial and inadequate delivery of  
 3 care are not considered covered services. The provider will document in the medical record  
 4 what was not completed during the encounter that occurred and a follow-up encounter will  
 5 be scheduled to provide a completed engagement.

### 7 **Medicare Advantage Virtual PT/OT Services**

8 Under the various Medicare Advantage (MA) plans (Part C Medicare) managed by ASH,  
 9 Health Plans may elect to provide expanded coverage that includes selected Virtual PT/OT  
 10 services provided by ASH employed or contracted providers. These services must be  
 11 within the provider's state scope of practice, able to be performed virtually, and must be  
 12 based on the member's applicable Medicare Advantage benefit. When such coverage is  
 13 available, ASH notifies Virtual PT/OT providers through the applicable client summary.

### 15 **Medicaid Virtual PT/OT Services**

16 Under the various Medicaid plans managed by ASH, Health Plans may elect to provide  
 17 expanded coverage that includes selected Virtual PT/OT services provided by ASH  
 18 employed or contracted providers. These services must be within the provider's state scope  
 19 of practice, able to be performed virtually, and must be based on the member's applicable  
 20 Medicaid benefit. When such coverage is available, ASH notifies Virtual PT/OT providers  
 21 through the applicable client summary.

## 23 **VIRTUAL PT/OT TECHNOLOGY, TOOLS, AND EQUIPMENT**

24 The synchronous audio-video systems used must, at a minimum, have the capability of  
 25 providing the Virtual PT/OT services encounter as defined in the ASH Client Summary  
 26 and, as applicable, the procedural definition of the service rendered. The required  
 27 communication technology and equipment must be of a quality to adequately and safely  
 28 complete all necessary components to document the level of service billed.

30 The technology and equipment utilized in the delivery of Virtual PT/OT services must  
 31 comply with all relevant safety laws, rules, regulations, and codes for technology and  
 32 technical safety for devices that interact with members or are integral to diagnostic and/or  
 33 therapeutic capabilities.

35 ASH equips Virtual PT/OT network providers with guidelines and information to  
 36 implement the appropriate use of technology, tools, training, and safety guidelines to  
 37 deliver the very best virtual clinical encounter. Tools needed by the Virtual PT/OT provider  
 38 to deliver Virtual PT/OT services include synchronous video connectivity, microphones  
 39 and cameras, electronic medical records, asynchronous support tools, chat, phone and  
 40 message center communications pathways, and a comprehensive library of Home Exercise  
 41 Program videos. Network Virtual PT/OT providers are supported by an administrative  
 42 management system enabled by the ASH proprietary provider web portal (ASHLink) for  
 43 submission of clinical information, claims, and access to guidelines and training resources.

1 ASH, at its discretion, may provide access to information technology resources to support  
2 the administration of the member benefits and related services.

### 3 **Patient Safety Guidelines**

4 Virtual PT/OT is not appropriate for all members. Virtual PT/OT providers should use  
5 clinical judgment in determining if members are safe to participate in virtual services.  
6 Mobility limitations and cognitive deficits impacting member safety may render Virtual  
7 PT/OT inappropriate. Steps are taken to protect members during telehealth  
8 communications and during any subsequent intervention or treatment sessions. All  
9 evaluations and interventions should be tailored to member specific needs with safety as a  
10 priority.  
11

12  
13 Patient (member) safety guidelines address steps to avoid injury or damage to patients,  
14 providers, others, and telehealth equipment. Optimally, the member should be in a space  
15 that allows for visualization of movement free of obstacles. Full body motions required to  
16 demonstrate transfers and/or gait may require additional space. The role of the Virtual  
17 PT/OT provider, if needed, is to implement patient safety protocols supporting the nature  
18 and purpose of the telehealth services specific to the patient.  
19

### 20 **Use of the Synchronous Audio-Visual Platform and Technologies**

21 Delivering quality services through the synchronous audio-visual Virtual PT/OT platform  
22 requires the development of additional skills and practices to provide effective Virtual  
23 PT/OT care experience. The following are the minimum expectations for the Virtual  
24 PT/OT environment in which the provider is engaging the member via synchronous audio-  
25 visual technologies.  
26

27 The device should be placed in a manner that allows both the Virtual PT/OT provider and  
28 the member the ability to communicate both verbally and visually. This includes:

- 29 • The participants' face and facial expressions can be seen with an appropriate  
30 balance of lighting.
- 31 • Lighting and sound devices used by the Virtual PT/OT provider are optimal to  
32 enable ease of viewing and hearing by the member.
- 33 • Body movements and functional activities for both evaluation and training purposes  
34 are easily observable.
- 35 • The background behind the Virtual PT/OT provider should be professional and not  
36 have distractions in the field of view or background noise.  
37

38 Additional requirements and best-practices are provided in the ASH Provider Operations  
39 Manual and Virtual PT/OT Clinical Best Practice Guide.

## 1 **Asynchronous Communications**

2 Virtual PT/OT providers will have the ability to communicate with members outside of  
3 synchronous audio-video sessions via HIPPA compliant asynchronous communication  
4 methods including messaging and phone calls. Virtual PT/OT providers are expected to  
5 maintain documentation of all clinically significant asynchronous communications in the  
6 electronic medical record.

7  
8 Additional details on the asynchronous communication tools can be found in the ASH  
9 Provider Operations Manual.

## 10 **Patient Initiated Requests**

11 ASH Virtual PT/OT provides a clear method for eligible members to inquire about  
12 initiating an encounter with a Virtual PT/OT provider through Virtual PT/OT. Direct access  
13 without a physician referral may be limited by state regulatory requirements or client  
14 benefit design.

15  
16 Eligible members may initiate an encounter or inquire about services via the following  
17 methods:

- 18 • Visiting the Website: <https://www.ashcare.com/>
- 19 • Calling: 888-990-2746
- 20 • Emailing: [Concierge@ashcare.com](mailto:Concierge@ashcare.com)

## 21 **THE ROLE OF MEMBER CONCIERGE**

### 22 **Member Concierge Definition**

23 The Member Concierge is an ASH Group staff member who assists in the administration  
24 of benefits and services available to the member. The Member Concierge will assist  
25 members seeking Virtual PT/OT services with initial onboarding and education on the  
26 Virtual Services Program. Eligibility and benefit verification, Member Cost Share payment  
27 determination and collection will be done by the Member Concierge. ASH maintains a  
28 system for member eligibility and benefit information, which is updated on a regular basis  
29 as new eligibility files are received or changes are made to the members' information. The  
30 Member Concierge utilizes this system to support the member seeking Virtual PT/OT  
31 services. They can also assist with the coordination or referrals to other contracted Virtual  
32 PT/OT providers when necessary and overall member and provider customer service  
33 support. A Member Concierge will not provide any medical services or clinical advice;  
34 they do not diagnose or treat members. Member Concierges receive initial orientation  
35 training on the privacy and security of patient information, as well as job-related education,  
36 prior to assuming their roles and responsibilities. Ongoing training is also provided to  
37 support ongoing development and maintain current job knowledge.

38  
39 Contracted Virtual PT/OT providers will be able to communicate with the Member  
40 Concierge via their provided HIPPA compliant email address. Communications with the  
41  
42

1 Member Concierge should be centered around the role of the concierge in assisting member  
2 access to their benefits.

3  
4 The Member Concierge provides education to the members on the use of Virtual PT/OT  
5 technologies and various platforms during the intake session and within the welcome email.  
6 If the member requests additional training on use of Virtual PT/OT technologies, the  
7 Virtual PT/OT provider can refer them to the Member Concierge for further instruction.

8  
9 The Member Concierge schedules initial member appointments. Members are matched  
10 with a virtual physical, occupational, or speech therapist, based on their location and  
11 available times. The virtual physical, occupational, or speech therapist is assigned to the  
12 member based on the best match by location and member preferred appointment time.  
13 Members have the right to select an alternate Virtual PT/OT provider by contacting the  
14 Member Concierge. The Member Concierge will review the list of providers available with  
15 the member, based on the member location, provider type and Virtual PT/OT service areas.  
16 Virtual PT/OT providers are licensed and perform services based on state licensure.

17  
18 If a member is dissatisfied with their experience with their Virtual PT/OT provider for any  
19 reason, the Member Concierge will refer the information to management for review and  
20 the Member Concierge will schedule a new Virtual PT/OT provider.

21  
22 Prior to the initial appointment, the Member Concierge will send the member information  
23 that contains details about the scheduled appointment, the name of the Virtual PT/OT  
24 provider, and instructions on how to access the individualized HIPPA compliant virtual  
25 session.

26  
27 The Member Concierge will qualify (verify eligibility and benefits) the member, continue  
28 to the scheduling process, disclose billing practices (i.e., insurance coverage, billing and  
29 fees) prior to the session(s) as required by applicable laws and regulations in the relevant  
30 jurisdictions, and collect any Cost Share (if applicable).

### 31 **CLINICAL HEALTH COACHING**

32 Clinical health coaching services are available for members as part of the Virtual PT/OT  
33 program. The ASH Virtual PT/OT Program provides physical/occupational/speech therapy  
34 services as a team approach. The patient-Virtual PT/OT provider relationship is at the  
35 center of the engagement and can be supported by a Clinical Health Coach at the referral  
36 of a Virtual PT/OT provider or request/choice of a patient/member.

37  
38  
39 **Clinical Services** are provided only by contracted Virtual PT/OT providers.

40  
41 Clinical Health Coaches only provide **Educational Support Services**.

42

1 The **Clinical Health Coach** is available to support members who need help with the  
2 following:

- 3 1. **Adherence** to the recovery/therapy plan of care that the Virtual PT/OT provider has  
4 recommended. They focus on motivation and teach behavior change and overcoming  
5 fear avoidance behavior using cognitive behavioral techniques and habit science  
6 approaches.
- 7 2. **Chronic pain management** using Acceptance and Commitment Therapy  
8 tools/approaches (ACT) and Cognitive Behavioral approaches to pain reframing and  
9 overcoming fear avoidance behavior.
- 10 3. **Navigating** the recovery continuum and learning how to use available ASHCare  
11 resources and other health care system services that may be helpful for member  
12 recovery.

### 14 **EXPECTATIONS FOR DELIVERY OF VIRTUAL PT/OT**

15 Providers who participate in the delivery of Virtual PT/OT services are expected to deliver  
16 services that meet the same quality and standards of practice as those who deliver face-to-  
17 face services. Virtual PT/OT providers are expected to be aware of and adhere to all  
18 relevant federal, state, and local regulations and guidelines and to provide only services  
19 within the accepted scope of practice.

#### 21 **Delivery Site**

22 Providers are required to have a quiet, professional space to conduct their virtual visits,  
23 equipped with internet access and the necessary technical capabilities, including audio and  
24 video capabilities. There must be enough space to stand, move, and demonstrate exercises  
25 to patients. Devices (such as laptops and tablets) must allow for the camera angle to be  
26 adjusted, enabling viewing from different angles and in various positions throughout the  
27 member experience.

#### 29 **Licensure Guidelines**

30 Because providing rehabilitation using Virtual PT/OT technologies is the practice of  
31 healthcare, the healthcare professional engaged in the provision of these services must be  
32 licensed by or otherwise authorized under the jurisdiction of the appropriate licensing  
33 board in the state where the Virtual PT/OT session originates. The delivery of healthcare  
34 originates where the member is located at the time Virtual PT/OT services are accessed.

#### 36 **Provider Scope and Professional Training**

37 Virtual PT/OT providers should practice in the areas which they are competent based on  
38 their education, training and experience using Virtual PT/OT services to deliver services.  
39 Levels of education, experience, and proficiency may vary among individual providers. It  
40 is ethically and legally incumbent on a provider to determine where they have the  
41 knowledge and skills necessary to perform such services and whether the services are  
42 within their scope of practice.

1 It is best practice for the provider to appropriately render services to a member only if they  
 2 are trained, equally skilled, and adequately competent to deliver a service compared to  
 3 others trained to perform the same procedure. If the service would be most competently  
 4 delivered by another health care practitioner who has more skill and training, it would be  
 5 best practice to refer the member to the more expert practitioner.

### 6 7 **Virtual PT/OT Provider Training and Credentialing**

8 ASH maintains a directory of credentialed network Virtual PT/OT providers. ASH works  
 9 with the Virtual PT/OT providers to maintain and ensure the accuracy of the directory  
 10 information. The Virtual PT/OT network is comprised of a select group of highly trained  
 11 providers capable of providing the highest quality clinical services and member experience.  
 12 Virtual PT/OT is provided by live persons who are credentialed by ASH according to  
 13 NCQA/URAC credentialing protocols. Virtual PT/OT providers may be contracted  
 14 independent physical, occupational or speech therapists or ASH employed physical,  
 15 occupational or speech therapists, depending on the requirements of the state statutes and  
 16 regulations related to clinical licensure and Corporate Practice of Medicine. Patients will  
 17 work with a Virtual PT/OT provider who is licensed in the state the patient identifies as  
 18 their place of originating contact.

19  
20 Virtual PT/OT providers are added to the network only after a comprehensive vetting  
 21 process that includes:

- 22 • Completion of a comprehensive application
- 23 • Personal interviews with ASH clinical leadership
- 24 • Ability to hold multiple active state licenses in good standing
- 25 • Assessment and validation of essential key skills including:
  - 26 ○ Exceptional clinical physical, occupational or speech therapy experience  
27 and training
  - 28 ○ Understanding of how to use the virtual clinical environment to evaluate  
29 and treat patients
  - 30 ○ Commitment to Virtual Physical Therapy and Rehabilitation as an effective  
31 clinical intervention
  - 32 ○ Clear social and communication skills
  - 33 ○ Flexible schedule and availability
  - 34 ○ Technology-savvy and adept at trouble shooting.

35  
36 Virtual PT/OT training is developed and delivered by expert and experienced physical,  
 37 occupational, or speech therapists, medical physicians, and other healthcare professionals.  
 38 Virtual PT/OT providers receive initial onboarding training by one-on-one and group live  
 39 sessions and webinars specific to industry best practices for telehealth delivery, including  
 40 synchronous, asynchronous, and audio only formats). Additionally, Virtual PT/OT staff  
 41 who are employed by ASH receive the mandatory Human Resources all staff regulatory  
 42 training upon hire and ongoing training, at least annually. Additionally, they receive initial

1 and ongoing training in the current accreditation standards (URAC and NCQA), and  
 2 additional training when there are changes to operations or policies. Virtual PT/OT  
 3 providers must complete training and competency assessment before beginning patient  
 4 care.

5  
 6 Following completion of network participation training during the onboarding process,  
 7 Virtual PT/OT providers receive ongoing training at least annually.

8  
 9 Network providers receive education on the application of clinical guidelines and  
 10 administrative skills including the following:

- 11 • Electronic Medical Record (EMR) and clinical documentation
- 12 • Referral management
- 13 • Expectations for availability and accessibility
- 14 • Quality and Outcomes data collection
- 15 • Process for Medical Necessity Review (MNR)
- 16 • Language aid and accessibility support
- 17 • Use of ASHLink for viewing eligibility and health plan specific benefits and  
 18 performing transactions such as MNR and claims submission
- 19 • Current accreditation standards related to job duties and responsibilities (URAC  
 20 and NCQA), updates to the standards or policies
- 21 • Federal and State regulatory requirements
- 22 • Effective communication and specialty telehealth care delivery
- 23 • Diversity, Inclusion, and Cultural Sensitivity
- 24 • Health equity and literacy
- 25 • Available resources for guided self-care, Home Exercise Program (HEP), and home  
 26 equipment
- 27 • Care coordination and escalation process
- 28 • Availability and value of educational support from Clinical Health Coaches and  
 29 Well-Being Coaches

### 30 31 **Provider-Patient Relationship**

32 The Provider-patient (member) relationship is fundamental to the provision of effective  
 33 health care. It is ASH's expectation that Virtual PT/OT providers recognize the obligations,  
 34 responsibilities, and member rights associated with establishing and maintaining a  
 35 provider-patient relationship. The provider-patient relationship is typically considered to  
 36 have been established when the Virtual PT/OT provider identify themselves as a licensed  
 37 clinician, agrees to undertake evaluation, diagnosis, and/or treatment of the patient, and the  
 38 patient agrees to be treated, whether or not there has been an in-person encounter between  
 39 the Virtual PT/OT provider and patient. However, the elements of establishing a provider-  
 40 patient relationship are determined by the relevant healthcare regulatory board of the state  
 41 where the member is physically located.

1 The Virtual PT/OT provider should interact with the member in a culturally competent way  
2 and in the language familiar to that member. Virtual PT/OT providers are trained initially  
3 and ongoing, at least annually regarding diversity, inclusion, and cultural sensitivity. If the  
4 member cannot understand the Virtual PT/OT provider because of a language barrier, ASH  
5 may provide language assistance, and if a language assistance line is not acceptable for the  
6 encounter(s), then Virtual PT/OT services should not be rendered, and the member should  
7 be referred to an in-person provider or a another Virtual PT/OT provider delivering virtual  
8 services who can communicate in the language preferred by the member. It is up to the  
9 Virtual PT/OT provider to use professional judgment to determine when the delivery of  
10 Virtual PT/OT services is appropriate for the patient case, and when it is not.

11  
12 Virtual PT/OT providers are required to provide or arrange for auxiliary aids and services  
13 that are necessary to ensure equal access to services. Auxiliary aids and services include  
14 but are not limited to computer-aided transcription services, written materials, captioning,  
15 or other effective methods of making aural information and communication accessible.

### 16 17 **Informed Consent**

18 The member will receive a written informed consent form before the initial appointment.  
19 The informed consent form includes information on the member’s right to ask questions  
20 about any aspect of the virtual visit/encounter, diagnosis, treatment plan, potential risks  
21 from the therapeutic services to be provided, and the right to decline any part of the  
22 treatment. Patients may request and obtain information on the structure of services,  
23 scheduling, privacy policies, emergency plans, contact protocols, provider discretion, and  
24 the scope of services. The consent must be obtained prior to treatment and is consistent  
25 with the consent process for onsite care. A copy of the signed informed consent form will  
26 be provided to the Virtual PT/OT provider and become a permanent part of the medical  
27 record. The member has the right to repeal the consent at any time. If a consent is repealed,  
28 it is clearly documented in the medical record. Treatment will not begin until a signed  
29 informed consent form is received by the Virtual PT/OT provider and the provider has  
30 reviewed this information with the member.

31  
32 The Informed Consent process must meet all federal and state laws and regulations and  
33 any applicable state board requirements in the state in which the patient is physically  
34 located.

### 35 36 **Commercial Disclosures**

37 ASH does not have a relationship with “white label providers” to provide third-party  
38 telehealth services under the brand name of ASHCare Virtual PT/OT; therefore, this is not  
39 applicable to the Virtual PT/OT program.

40  
41 ASH does not have any commercial affiliations as part of the Virtual Physical Therapy and  
42 Rehabilitation program; therefore, commercial affiliations are not applicable.

1 If a member has a question regarding the legal identity of the entity or operator(s) providing  
 2 telehealth services, they will be referred to the member concierge for further information.  
 3

#### 4 **Evaluation and Treatment of the Patient**

5 A documented clinical evaluation (examination) and collection and confirmation of  
 6 relevant clinical history commensurate with the presentation of the patient is required to  
 7 establish a diagnosis(es) and identify underlying conditions and/or contraindications to the  
 8 treatment recommended/provided. Evaluation, treatment, and consultation  
 9 recommendations made in a virtual synchronous video setting will be held to the same  
 10 standards of appropriate practice as those in traditional in-person settings. This also holds  
 11 true in audio only Virtual PT/OT provider and patient interactions. Subjective evaluations  
 12 do not change based on whether in person, video, or audio only. Objective evaluations are  
 13 tailored to the type of interaction and are required to be as comprehensive as necessary and  
 14 professionally possible given the specific environment and clinical judgment of the Virtual  
 15 PT/OT provider. Following the initial Virtual PT/OT visit, the Virtual PT/OT provider will  
 16 determine whether ongoing Virtual PT/OT services are warranted, safe, and possible in the  
 17 given setting (video or audio only). Virtual PT/OT providers will refer members to an in-  
 18 person setting and/or a medical physician for examination if required by the member's  
 19 presenting findings and/or in accordance with state regulations regarding medical  
 20 physician oversight of physical, occupational or speech therapy services. The Virtual  
 21 PT/OT provider will follow up with the member's ongoing medical physician by phone or  
 22 secure HIPAA compliant messaging when needed.  
 23

#### 24 **Referrals for Emergency or Other Medical Services**

25 A member's condition and/or symptoms during evaluation or the course of treatment may  
 26 indicate the need for referrals to another practitioner or even emergency care. In such cases  
 27 it is prudent for the Virtual PT/OT provider, in accordance with their scope of practice,  
 28 training, and experience, to refer the member for appropriate co-management (e.g., to their  
 29 primary care physician) or if immediate emergency care is warranted, to contact emergency  
 30 care services as appropriate.  
 31

32 Referrals may include a recommendation to seek care from one or more of the following:  
 33 the referring health care practitioner, other appropriate health care practitioner/specialist,  
 34 or care in an in-person physical/occupational/speech therapy environment. When a need  
 35 for referral is identified, the recommendation will be communicated to the member and/or  
 36 other providers with the measure of urgency warranted by the history and clinical findings  
 37 through standardized communication methods (video encounter, phone call, or via  
 38 messaging). Referrals to other providers or levels of care are documented in the medical  
 39 record.  
 40

41 An emergency plan is required and must be provided by the Virtual PT/OT provider to the  
 42 patient when the care provided using Virtual PT/OT technologies indicates that a referral  
 43 to an acute care facility or emergency room for medical or mental health intervention is

1 necessary for the safety of the member. The emergency plan should include a formal,  
2 written protocol appropriate to the services being rendered via Virtual PT/OT encounters.

3  
4 If the patient was referred to VPT/OT services by a physician or other provider, the  
5 VPT/OT provider will communicate with the referring physician(s) and provide  
6 appropriate reports as necessary to ensure the patient is managed appropriately and given  
7 consistent medical advice. Virtual PT/OT providers must obtain any necessary consent or  
8 authorization from the patient for the release of the patient's protected health information  
9 to the patient's primary treating physician or other appropriate health care professional in  
10 accordance with applicable local, state, and federal laws and regulations.

11  
12 For more information, refer to the Virtual PT/OT Clinical Best Practice Guide available on  
13 ASHLink.

### 14 15 **Medical Records**

16 Providers are required to create a full record of the patient encounter appropriate to the  
17 provider's scope of practice. The medical record should include the diagnosis, procedure,  
18 treatment, follow-ups required, and education provided. The member's medical history  
19 relevant to the condition being treated and medical records are established during the use  
20 of Virtual PT/OT services and must be accessible and documented for both the Virtual  
21 PT/OT provider and the member, consistent with all established federal and state laws and  
22 regulations governing patient medical records; as well as standards for medical  
23 documentation established by ASH.

24  
25 Prior to the initial encounter, medical history is obtained by questionnaires and verified  
26 during intake by the Virtual PT/OT provider and the member as appropriate. Medical  
27 history relevant to the condition being treated is documented in the electronic medical  
28 record for qualified personnel to access.

29  
30 Providers engaging in Virtual PT/OT services must comply with all laws, rules and  
31 regulations governing the maintenance of patient records, including patient confidentiality  
32 requirements and duration of retention, regardless of the state where the records of any  
33 patient within this state are maintained. Referral documentation and informed consents  
34 obtained in connection with an encounter involving Virtual PT/OT services should also be  
35 filed in the medical record. Members may request, and Virtual PT/OT providers must  
36 supply copies of medical records related to Virtual PT/OT services according to state and  
37 federal medical documentation regulations. Any requests by members to amend the  
38 medical record should be submitted to the treating Virtual PT/OT provider. Coaches and  
39 ASHD do not have access to the medical records without explicit request from ASH for  
40 the purpose of quality assurance related to benefit administration.

41  
42 The member will receive a copy of the Virtual PT/OT Program Participating Provider  
43 Notice of Privacy Practices to Patients during the intake process. This notice outlines:

- 1 • How members may request copies of medical records related from the Virtual  
2 PT/OT service(s) according to state and federal medical documentation regulations.  
3 It is the member's right to get a copy of paper or electronic medical record to use  
4 accordingly (e.g., provide to ongoing provider(s) after telehealth encounter, or as  
5 needed).
- 6 • The member's right to request changes, updates, and/or correct the paper or  
7 electronic medical record(s) (any requests by members to amend the medical record  
8 should be submitted to the treating Virtual PT/OT provider).

### 10 **Privacy and Security of Patient Records and Exchange of Information**

11 Virtual PT/OT providers should meet or exceed applicable federal and state legal  
12 requirements of health information privacy, including compliance with the Health  
13 Insurance Portability and Accountability Act (HIPAA) and state privacy, confidentiality,  
14 security, and healthcare record retention rules. Sufficient privacy and security measures  
15 must be in place and documented to assure confidentiality and integrity of patient-  
16 identifiable information. Transmissions, including patient e-mail, prescriptions, and  
17 laboratory results must be secure within existing technology (e.g., password protected,  
18 encrypted electronic prescriptions, or other reliable authentication techniques) unless such  
19 compliance with such privacy and security measures has been waived by federal or state  
20 regulators in response to national or local disasters, public health emergencies or other  
21 situations wherein the ability to access timely Virtual PT/OT services needs to be enhanced  
22 or intensified.

### 24 **Healthcare Ethics and Integrity**

25 The following basic principles describe the code of ethical conduct for the practice of

26  
27 Virtual PT/OT services. Virtual PT/OT providers will:

- 28 • Obtain informed consent from the member as required by law.
- 29 • Protect the public and the profession by reporting any conduct that they consider  
30 unethical, illegal, or incompetent.
- 31 • Respect the rights, responsibilities, welfare, and dignity of all patients.
- 32 • Provide care based on medically necessary needs of the member.
- 33 • Be committed to providing competent care consistent with both the requirements  
34 and limitations of their profession.
- 35 • Refer members to other facility locations or providers if Virtual PT/OT services  
36 may not be appropriate or adequate for the member's health care needs.
- 37 • Comply with the laws and regulations governing the practice of their healthcare  
38 profession and Virtual PT/OT services.

39  
40 Virtual PT/OT providers will not:

- 41 • Engage in practices that may pose a conflict of interest.

- 1 • Engage in conduct that constitutes harassment, verbal or physical abuse, or  
2 unlawful discrimination.
- 3 • Pursue or allow a non-clinical personal relationship with a member pursuant to all  
4 state regulations.
- 5 • Practice while impaired such that the Virtual PT/OT provider cannot practice with  
6 reasonable skill.
- 7 • Misrepresent in any manner, either directly or indirectly, their skills, training,  
8 professional credentials, title, identity, or services.

### 9 **Confidentiality**

10 All federal and state laws regarding the confidentiality of health care information and a  
11 patient's (member's) rights to their medical information are applicable to Virtual PT/OT  
12 services in the same manner as in-person services.  
13

### 14 **Non-Discrimination**

15 ASH does not and ASH Providers shall not discriminate against a member, provider, or  
16 practitioner for any reason and does not support any discrimination against members for  
17 any reason, including but not limited to age, sex, gender, gender identification (e.g.,  
18 transgender), gender dysphoria, marital status, religion, ethnic background, national origin,  
19 ancestry, race, color, sexual orientation, patient type (e.g., Medicaid), mental or physical  
20 disability, health status, claims experience, medical history, genetic information, evidence  
21 of insurability, source of payment, geographic location within the service area or based on  
22 political affiliation. ASH renders credentialing, clinical performance, and medical  
23 necessity decisions in the same manner, in accordance with the same standards, and within  
24 the same time availability to all members, providers, practitioners, and applicants.  
25

### 26 **PRACTITIONER SCOPE AND TRAINING**

27 Practitioners should practice only in the areas in which they are competent based on their  
28 education, training, and experience. Levels of education, experience, and proficiency may  
29 vary among individual practitioners. It is ethically and legally incumbent on a practitioner  
30 to determine where they have the knowledge and skills necessary to perform such services  
31 and whether the services are within their scope of practice.  
32

33 It is best practice for the practitioner to appropriately render services to a member only if  
34 they are trained, equally skilled, and adequately competent to deliver a service compared  
35 to others trained to perform the same procedure. If the service would be most competently  
36 delivered by another health care practitioner who has more skill and training, it would be  
37 best practice to refer the member to the more expert practitioner.  
38

39 Best practice can be defined as a clinical, scientific, or professional technique, method, or  
40 process that is typically evidence-based and consensus driven and is recognized by a  
41 majority of professionals in a particular field as more effective at delivering a particular  
42

1 outcome than any other practice (Joint Commission International Accreditation Standards  
2 for Hospitals, 2017).

3

4 Depending on the practitioner's scope of practice, training, and experience, a member's  
5 condition and/or symptoms during examination or the course of treatment may indicate the  
6 need for referral to another practitioner or even emergency care. In such cases it is prudent  
7 for the practitioner to refer the member for appropriate co-management (e.g., to their  
8 primary care physician) or if immediate emergency care is warranted, to contact 911 as  
9 appropriate. See the *Managing Medical Emergencies (CPG 159 – S)* policy for  
10 information.