

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**.....16

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 ASH’s Virtual PT/OT program currently serves outpatient populations from pediatric to  
17 geriatric with musculoskeletal, orthopedic, neurological, pelvic health, and autoimmune  
18 disorders. The patient population includes commercial members enrolled in self-funded  
19 and fully-insured health plans, as well as Third-Party Administrators that support self-  
20 funded employer groups.

21  
22 **GUIDELINES**

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

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

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

### 6 **Covered Virtual Physical and Occupational Services**

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

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

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

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

### 10 11 **Medicare Advantage Virtual PT/OT Services**

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

### 18 19 **Medicaid Virtual PT/OT Services**

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

## 26 27 **VIRTUAL PT/OT TECHNOLOGY, TOOLS, AND EQUIPMENT**

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

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

38  
 39 ASH equips Virtual PT/OT network providers with guidelines and information to  
 40 implement the appropriate use of technology, tools, training, and safety guidelines to  
 41 deliver the very best virtual clinical encounter. Tools needed by the Virtual PT/OT provider

1 to deliver Virtual PT/OT services include synchronous video connectivity, microphones  
 2 and cameras, electronic medical records, asynchronous support tools, chat, phone and  
 3 message center communications pathways, and a comprehensive library of Home Exercise  
 4 Program videos. Network Virtual PT/OT providers are supported by an administrative  
 5 management system enabled by the ASH proprietary provider web portal (ASHLink) for  
 6 submission of clinical information, claims, and access to guidelines and training resources.  
 7 ASH, at its discretion, may provide access to information technology resources to support  
 8 the administration of the member benefits and related services.

### 9 **Patient Safety Guidelines**

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

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

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

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

31  
 32  
 33 The device should be placed in a manner that allows both the Virtual PT/OT provider and  
 34 the member the ability to communicate both verbally and visually. This includes:

- 35 • The participants' faces and facial expressions can be seen with an appropriate  
 36 balance of lighting.
- 37 • Lighting and sound devices used by the Virtual PT/OT provider are optimal to  
 38 enable ease of viewing and hearing by the members.
- 39 • Body movements and functional activities for both evaluation and training purposes  
 40 are easily observable.

- The background behind the Virtual PT/OT provider should be professional and not have distractions in the field of view or background noise.

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

### **Asynchronous Communications**

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

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

### **Patient Initiated Requests**

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

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

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

## **THE ROLE OF MEMBER CONCIERGE**

### **Member Concierge Definition**

The Member Concierge is an ASH Group staff member who assists in the administration of benefits and services available to the member. The Member Concierge will assist members seeking Virtual PT/OT services with initial onboarding and education on the Virtual Services Program. Eligibility and benefit verification, Member Cost Share payment determination and collection will be done by the Member Concierge. ASH maintains a system for member eligibility and benefit information, which is updated on a regular basis as new eligibility files are received from clients or changes are made to the members' information. The Member Concierge utilizes this system to support the member seeking Virtual PT/OT services. They can also assist with the coordination or referrals to other contracted Virtual PT/OT providers when necessary and overall member and provider

1 customer service support. A Member Concierge will not provide any medical services or  
2 clinical advice; they do not diagnose or treat members. Member Concierges receive initial  
3 orientation training on the privacy and security of patient information, as well as job-related  
4 education, prior to assuming their roles and responsibilities. Ongoing training is also  
5 provided to support ongoing development and maintain current job knowledge.

6  
7 Contracted Virtual PT/OT providers will be able to communicate with the Member  
8 Concierge via their provided HIPPA compliant email address. Communications with the  
9 Member Concierge should be centered around the role of the concierge in assisting member  
10 access to their benefits.

11  
12 The Member Concierge provides education to the members on the use of Virtual PT/OT  
13 technologies and various platforms during the intake session and within the welcome email.  
14 If the member requests additional training on use of Virtual PT/OT technologies, the  
15 Virtual PT/OT provider can refer them to the Member Concierge for further instruction.

16  
17 The Member Concierge schedules initial member appointments. Members are matched  
18 with a virtual physical, occupational, or speech therapist, based on their location and  
19 available times. The virtual physical, occupational, or speech therapist is assigned to the  
20 member based on the best match by location and member preferred appointment time.  
21 Members have the right to select an alternate Virtual PT/OT provider by contacting the  
22 Member Concierge. The Member Concierge will review the list of providers available with  
23 the member, based on the member location, provider type and Virtual PT/OT service areas.  
24 Virtual PT/OT providers are licensed and perform services based on state licensure.

25  
26 If a member is dissatisfied with their experience with their Virtual PT/OT provider for any  
27 reason, the Member Concierge will refer the information to management for review and  
28 the Member Concierge will schedule a new Virtual PT/OT provider.

29  
30 Prior to the initial appointment, the Member Concierge will send the member information  
31 that contains details about the scheduled appointment, the name of the Virtual PT/OT  
32 provider, and instructions on how to access the individualized HIPPA compliant virtual  
33 session.

34  
35 The Member Concierge will qualify (verify eligibility and benefits) the member, continue  
36 to the scheduling process, disclose billing practices (i.e., insurance coverage, billing and  
37 fees) prior to the session(s) as required by applicable laws and regulations in the relevant  
38 jurisdictions, and collect any Cost Share (if applicable).

## 1 **CLINICAL HEALTH COACHING**

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

7  
8 **Clinical Services** are provided only by contracted Virtual PT/OT providers.

9  
10 Clinical Health Coaches only provide **Educational Support Services**.

11  
12 The **Clinical Health Coach** is available to support members who need help with the  
13 following:

- 14 1. **Adherence** to the recovery/therapy plan of care that the Virtual PT/OT provider has  
15 recommended. They focus on motivation and teach behavior change and overcoming  
16 fear avoidance behavior using cognitive behavioral techniques and habit science  
17 approaches.
- 18 2. **Chronic pain management** using Acceptance and Commitment Therapy  
19 tools/approaches (ACT) and Cognitive Behavioral approaches to pain reframing and  
20 overcoming fear avoidance behavior.
- 21 3. **Navigating** the recovery continuum and learning how to use available ASHCare  
22 resources and other health care system services that may be helpful for member  
23 recovery.

## 24 25 **EXPECTATIONS FOR DELIVERY OF VIRTUAL PT/OT**

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

### 31 32 **Delivery Site**

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

## 1 **Licensure Guidelines**

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

## 8 **Provider Scope and Professional Training**

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

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

## 22 **Virtual PT/OT Provider Training and Credentialing**

23 ASH maintains a directory of credentialed network Virtual PT/OT providers. ASH works  
24 with the Virtual PT/OT providers to maintain and ensure the accuracy of the directory  
25 information. The Virtual PT/OT network is comprised of a select group of highly trained  
26 providers capable of providing the highest quality clinical services and member experience.  
27 Virtual PT/OT is provided by live persons who are credentialed by ASH according to  
28 NCQA/URAC credentialing protocols. Virtual PT/OT providers may be contracted  
29 independent physical, occupational or speech therapists or ASH employed physical,  
30 occupational or speech therapists, depending on the requirements of the state statutes and  
31 regulations related to clinical licensure and Corporate Practice of Medicine. Patients will  
32 work with a Virtual PT/OT provider who is licensed in the state the patient identifies as  
33 their place of originating contact.

35 Virtual PT/OT providers are added to the network only after a comprehensive vetting  
36 process that includes:

- 37 • Completion of a comprehensive application
- 38 • Personal interviews with ASH clinical leadership
- 39 • Ability to hold multiple active state licenses in good standing
- 40 • Assessment and validation of essential key skills including:

- 1           ○ Exceptional clinical physical, occupational or speech therapy experience
- 2           and training
- 3           ○ Understanding of how to use the virtual clinical environment to evaluate
- 4           and treat patients
- 5           ○ Commitment to Virtual Physical Therapy and Rehabilitation as an effective
- 6           clinical intervention
- 7           ○ Clear social and communication skills
- 8           ○ Flexible schedule and availability
- 9           ○ Technology-savvy and adept at trouble shooting.

10  
 11 Virtual PT/OT training is developed and delivered by expert and experienced physical,  
 12 occupational, or speech therapists, medical physicians, and other healthcare professionals.  
 13 Virtual PT/OT providers receive initial onboarding training by one-on-one and group live  
 14 sessions and webinars specific to industry best practices for telehealth delivery, including  
 15 synchronous, asynchronous, and audio only formats). Additionally, Virtual PT/OT staff  
 16 who are employed by ASH receive the mandatory Human Resources all staff regulatory  
 17 training upon hire and ongoing training, at least annually. Additionally, they receive initial  
 18 and ongoing training in the current accreditation standards (URAC and NCQA), and  
 19 additional training when there are changes to operations or policies. Virtual PT/OT  
 20 providers must complete training and competency assessment before beginning patient  
 21 care.

22  
 23 Following completion of network participation training during the onboarding process,  
 24 Virtual PT/OT providers receive ongoing training at least annually.

25  
 26 Network providers receive education on the application of clinical guidelines and  
 27 administrative skills including the following:

- 28       • Electronic Medical Record (EMR) and clinical documentation
- 29       • Referral management
- 30       • Expectations for availability and accessibility
- 31       • Quality and Outcomes data collection
- 32       • Process for Medical Necessity Review (MNR)
- 33       • Language aid and accessibility support
- 34       • Use of ASHLink for viewing eligibility and health plan specific benefits and
- 35       performing transactions such as MNR and claims submission
- 36       • Current accreditation standards related to job duties and responsibilities (URAC
- 37       and NCQA), updates to the standards or policies
- 38       • Federal and State regulatory requirements
- 39       • Effective communication and specialty telehealth care delivery
- 40       • Diversity, Inclusion, and Cultural Sensitivity

- 1 • Health equity and literacy
- 2 • Available resources for guided self-care, Home Exercise Program (HEP), and home
- 3 equipment
- 4 • Care coordination and escalation process
- 5 • Availability and value of educational support from Clinical Health Coaches and
- 6 Well-Being Coaches

### 7 **Provider-Patient Relationship**

8 The provider-patient (member) relationship is fundamental to the provision of effective  
 9 health care. It is ASH's expectation that Virtual PT/OT providers recognize the obligations,  
 10 responsibilities, and member rights associated with establishing and maintaining a  
 11 provider-patient relationship. The provider-patient relationship is typically considered to  
 12 have been established when the Virtual PT/OT provider identify themselves as a licensed  
 13 clinician, agrees to undertake evaluation, diagnosis, and/or treatment of the patient, and the  
 14 patient agrees to be treated, whether or not there has been an in-person encounter between  
 15 the Virtual PT/OT provider and patient. However, the elements of establishing a provider-  
 16 patient relationship are determined by the relevant healthcare regulatory board of the state  
 17 where the member is physically located.

18  
 19  
 20 The Virtual PT/OT provider should interact with the member in a culturally competent way  
 21 and in the language familiar to that member. Virtual PT/OT providers are trained initially  
 22 and ongoing, at least annually regarding diversity, inclusion, and cultural sensitivity. If the  
 23 member cannot understand the Virtual PT/OT provider because of a language barrier, ASH  
 24 may provide language assistance, and if a language assistance line is not acceptable for the  
 25 encounter(s), then Virtual PT/OT services should not be rendered, and the member should  
 26 be referred to an in-person provider or a another Virtual PT/OT provider delivering virtual  
 27 services who can communicate in the language preferred by the member. It is up to the  
 28 Virtual PT/OT provider to use professional judgment to determine when the delivery of  
 29 Virtual PT/OT services is appropriate for the patient case, and when it is not.

30  
 31 Virtual PT/OT providers are required to provide or arrange for auxiliary aids and services  
 32 that are necessary to ensure equal access to services. Auxiliary aids and services include  
 33 but are not limited to computer-aided transcription services, written materials, captioning,  
 34 or other effective methods of making aural information and communication accessible.

### 35 **Informed Consent**

36 The member will receive a written informed consent form before the initial appointment.  
 37 The informed consent form includes information on the member's right to ask questions  
 38 about any aspect of the virtual visit/encounter, diagnosis, treatment plan, potential risks  
 39 from the therapeutic services to be provided, and the right to decline any part of the  
 40 treatment. Patients may request and obtain information on the structure of services,  
 41

1 scheduling, privacy policies, emergency plans, contact protocols, provider discretion, and  
 2 the scope of services. The consent must be obtained prior to treatment and is consistent  
 3 with the consent process for onsite care. A copy of the signed informed consent form will  
 4 be provided to the Virtual PT/OT provider and become a permanent part of the medical  
 5 record. The member has the right to repeal the consent at any time. If a consent is repealed,  
 6 it is clearly documented in the medical record. Treatment will not begin until a signed  
 7 informed consent form is received by the Virtual PT/OT provider and the provider has  
 8 reviewed this information with the member.

9  
 10 The Informed Consent process must meet all federal and state laws and regulations and  
 11 any applicable state board requirements in the state in which the patient is physically  
 12 located.

### 13 14 **Commercial Disclosures**

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

18  
 19 ASH does not have any commercial affiliations as part of the Virtual PT/OT program;  
 20 therefore, commercial affiliations are not applicable.

21  
 22 If a member has a question regarding the legal identity of the entity or operator(s) providing  
 23 telehealth services, they will be referred to the member concierge for further information.

### 24 25 **Evaluation and Treatment of the Patient**

26 A documented clinical evaluation (examination) and collection and confirmation of  
 27 relevant clinical history commensurate with the presentation of the patient is required to  
 28 establish a diagnosis(es) and identify underlying conditions and/or contraindications to the  
 29 treatment recommended/provided. Evaluation, treatment, and consultation  
 30 recommendations made in a virtual synchronous video setting will be held to the same  
 31 standards of appropriate practice as those in traditional in-person settings. This also holds  
 32 true in audio only Virtual PT/OT provider and patient interactions. Subjective evaluations  
 33 do not change based on whether in person, video, or audio only. Objective evaluations are  
 34 tailored to the type of interaction and are required to be as comprehensive as necessary and  
 35 professionally possible given the specific environment and clinical judgment of the Virtual  
 36 PT/OT provider. Following the initial Virtual PT/OT visit, the Virtual PT/OT provider will  
 37 determine whether ongoing Virtual PT/OT services are warranted, safe, and possible in the  
 38 given setting (video or audio only). Virtual PT/OT providers will refer members to an in-  
 39 person setting and/or a medical physician for examination if required by the member’s  
 40 presenting findings and/or in accordance with state regulations regarding medical  
 41 physician oversight of physical, occupational or speech therapy services. The Virtual

1 PT/OT provider will follow up with the member's ongoing medical physician by phone or  
2 secure HIPAA compliant messaging when needed.

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

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

11  
12 Referrals may include a recommendation to seek care from one or more of the following:  
13 the referring health care practitioner, other appropriate health care practitioner/specialist,  
14 or care in an in-person physical/occupational/speech therapy environment. When a need  
15 for referral is identified, the recommendation will be communicated to the member and/or  
16 other providers with the measure of urgency warranted by the history and clinical findings  
17 through standardized communication methods (video encounter, phone call, or via  
18 messaging). Referrals to other providers or levels of care are documented in the medical  
19 record.

20  
21 An emergency plan is required and must be provided by the Virtual PT/OT provider to the  
22 patient when the care provided using Virtual PT/OT technologies indicates that a referral  
23 to an acute care facility or emergency room for medical or mental health intervention is  
24 necessary for the safety of the member. The emergency plan should include a formal,  
25 written protocol appropriate to the services being rendered via Virtual PT/OT encounters.

26  
27 If the patient was referred to Virtual PT/OT services by a physician or other provider, the  
28 Virtual PT/OT provider will communicate with the referring physician(s) and provide  
29 appropriate reports as necessary to ensure the patient is managed appropriately and given  
30 consistent medical advice. Virtual PT/OT providers must obtain any necessary consent or  
31 authorization from the patient for the release of the patient's protected health information  
32 to the patient's primary treating physician or other appropriate health care professional in  
33 accordance with applicable local, state, and federal laws and regulations.

34  
35 For more information, refer to the Virtual PT/OT Clinical Best Practice Guide available on  
36 ASHLink.

### 38 **Medical Records**

39 Providers are required to create a full record of the patient encounter appropriate to the  
40 provider's scope of practice. The medical record should include the diagnosis, procedure,  
41 treatment, follow-ups required, and education provided. The member's medical history

1 relevant to the condition being treated and medical records are established during the use  
 2 of Virtual PT/OT services and must be accessible and documented for both the Virtual  
 3 PT/OT provider and the member, consistent with all established federal and state laws and  
 4 regulations governing patient medical records; as well as standards for medical  
 5 documentation established by ASH.

6  
 7 Prior to the initial encounter, medical history is obtained by questionnaires and verified  
 8 during intake by the Virtual PT/OT provider and the member as appropriate. Medical  
 9 history relevant to the condition being treated is documented in the electronic medical  
 10 record for qualified personnel to access.

11  
 12 Providers engaging in Virtual PT/OT services must comply with all laws, rules and  
 13 regulations governing the maintenance of patient records, including patient confidentiality  
 14 requirements and duration of retention, regardless of the state where the records of any  
 15 patient within this state are maintained. Referral documentation and informed consents  
 16 obtained in connection with an encounter involving Virtual PT/OT services should also be  
 17 filed in the medical record. Members may request, and Virtual PT/OT providers must  
 18 supply copies of medical records related to Virtual PT/OT services according to state and  
 19 federal medical documentation regulations. Any requests by members to amend the  
 20 medical record should be submitted to the treating Virtual PT/OT provider. Coaches and  
 21 ASHD do not have access to the medical records without explicit request from ASH for  
 22 the purpose of quality assurance related to benefit administration.

23  
 24 The member will receive a copy of the Virtual PT/OT Program Participating Provider  
 25 Notice of Privacy Practices to Patients during the intake process. This notice outlines:

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

### 34 35 **Privacy and Security of Patient Records and Exchange of Information**

36 Virtual PT/OT providers should meet or exceed applicable federal and state legal  
 37 requirements of health information privacy, including compliance with the Health  
 38 Insurance Portability and Accountability Act (HIPAA) and state privacy, confidentiality,  
 39 security, and healthcare record retention rules. Sufficient privacy and security measures  
 40 must be in place and documented to assure confidentiality and integrity of patient-  
 41 identifiable information. Transmissions, including patient e-mail, prescriptions, and

laboratory results must be secure within existing technology (e.g., password protected, encrypted electronic prescriptions, or other reliable authentication techniques) unless such compliance with such privacy and security measures has been waived by federal or state regulators in response to national or local disasters, public health emergencies or other situations wherein the ability to access timely Virtual PT/OT services needs to be enhanced or intensified.

### Healthcare Ethics and Integrity

The following basic principles describe the code of ethical conduct for the practice of Virtual PT/OT services.

Virtual PT/OT providers will:

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

Virtual PT/OT providers will not:

- Engage in practices that may pose a conflict of interest.
- Engage in conduct that constitutes harassment, verbal or physical abuse, or unlawful discrimination.
- Pursue or allow a non-clinical personal relationship with a member pursuant to all state regulations.
- Practice while impaired such that the Virtual PT/OT provider cannot practice with reasonable skill.
- Misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, title, identity, or services.

### Confidentiality

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

## 1 **Non-Discrimination**

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

## 12 **PRACTITIONER SCOPE AND TRAINING**

13 Practitioners should practice only in the areas in which they are competent based on their  
14 education, training, and experience. Levels of education, experience, and proficiency may  
15 vary among individual practitioners. It is ethically and legally incumbent on a practitioner  
16 to determine where they have the knowledge and skills necessary to perform such services  
17 and whether the services are within their scope of practice.  
18

19  
20 It is best practice for the practitioner to appropriately render services to a member only if  
21 they are trained, equally skilled, and adequately competent to deliver a service compared  
22 to others trained to perform the same procedure. If the service would be most competently  
23 delivered by another health care practitioner who has more skill and training, it would be  
24 best practice to refer the member to the more expert practitioner.  
25

26 Best practice can be defined as a clinical, scientific, or professional technique, method, or  
27 process that is typically evidence-based and consensus driven and is recognized by a  
28 majority of professionals in a particular field as more effective at delivering a particular  
29 outcome than any other practice (Joint Commission International Accreditation Standards  
30 for Hospitals, 2017).  
31

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