



ARIZONA

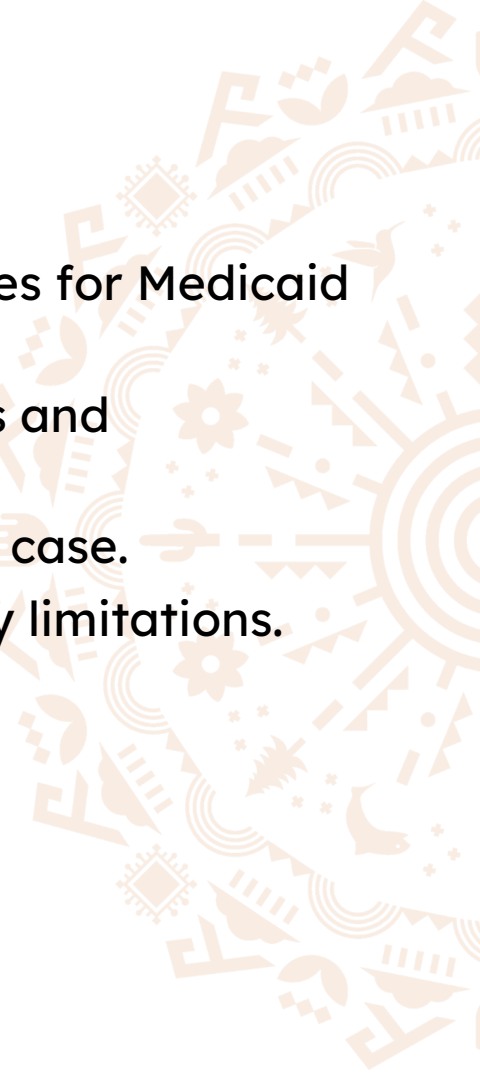
HEALTH CARE COST CONTAINMENT SYSTEM

Telehealth Advisory Biannual Committee Meeting Minutes

November 18, 2025

Overview

- Reviewed telehealth coverage policies and best practices for Medicaid and commercial insurers.
- Discussed audio-only telehealth code recommendations and reimbursement challenges.
- Highlighted behavioral health as a major telehealth use case.
- Addressed access barriers in rural areas and technology limitations.
- Shared telehealth utilization trends and data insights.



Committee Purpose, Membership, and Introductions

- Telehealth Advisory Committee created by House Bill 2454 in response to pandemic.
- Committee tasked to identify telehealth best practices, monitor interstate provider registration until January 2026, and recommend audio-only telehealth coverage for commercial insurers.
- Committee meets at least annually; aims for bi-annual meetings; terminates July 2029.
- Unfilled committee roles include naturopathic physicians, occupational medicine, developmental specialists, and psychologists.
- Leadership transitions to Dr. Roger Wilcox in 2026.

Telehealth Policy, Coverage, and Best Practices Discussion

- CMS telehealth flexibilities expired 10/1; certain services no longer allowed outside specific areas.
- Behavioral and mental health telehealth services remain exempt from geographic restrictions.
- Medicare telehealth changes do not impact Medicaid; AHCCCS maintains independent coverage policies.
- Best practice guidelines for telehealth updated regularly; emphasis on asynchronous care and e-consults.
- Telehealth can expand access to nutrition care; providers should consider individual patient needs.

Audio-Only Telehealth Codes: Recommendations and Debate

- Certain codes with 'face-to-face' in description require audio-visual, not audio-only, interaction.
- Behavioral health codes generally maintain audio-only telehealth coverage.
- New AMA CPT audio-only E/M codes effective 1-1-25 improve billing flexibility; do not require modifiers.
- T1015 code for rural/federally qualified health centers requires additional eligible telehealth codes for reimbursement.
- State law (HB 2454) mandates private insurers cover recommended audio-only telehealth codes; enforcement relies on awareness, not audits.

Speech, Occupational Therapy, and Clinical Appropriateness

- Concerns raised about quality of speech/language pathology treatment via audio-only telehealth, especially for auditory processing disorders and evaluations.
- Medicaid data from past year showed 0% audio-only utilization for relevant speech codes.
- Consensus to remove audio-only recommendations for most speech codes; exception for code 97535 as a last-resort (plan C) option via audio-only.
- Audio-visual telehealth preferred; in-person visits are recommended for initial evaluations when possible.
- Audio-only telehealth may remain necessary for rural/remote patients with technology or access barriers, with safeguards suggested.

Telehealth Utilization Data, Trends, and Closing Remarks

- Medicaid telehealth visits declined from 13-14% to 10% of total visits in last 6 months (as of Feb 2025).
- Both audio-visual and audio-only telehealth visits showed decline; audio-only decline began around fall 2024, before new billing codes were introduced in Jan 2025.
- Telehealth use highest in Maricopa and Pima counties; lowest in Apache, La Paz, Navajo; rural areas face broadband/cell access challenges.
- Telehealth most used for the following primary diagnoses: mental health (anxiety, autism, PTSD, depression) and chronic physical conditions (type 2 diabetes, hypertension, substance use disorder).
- Audio-only telehealth visits used more for primary diagnoses of anxiety, bipolar, adjustment, schizoaffective disorders, and test result explanations.



Meeting Attendance

- Anna Morenz - Chair
- Roger Wilcox
- Amy Enriquez
- Bryan Davey
- Charles Carpenter
- Jeanette Datcher
- Diane Martin
- Jonathan Sorry
- Kimberley Egan
- Manny Romo
- Shannon Scott
- William Thompson
- Sue Dahl Popolizio
- Joel E. Barthelemy



Next Meeting

- May 2026