

# Minnesota

**Medicaid Program:** Medical Assistance (MA)

**Program Administrator:** MN Dept. of Human Services

**Regional Telehealth Resource Center:**

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<b>Definition of telemedicine/telehealth</b>	
<p>"Telemedicine" means the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site. A communication between licensed health care providers that consists solely of a telephone conversation, e-mail, or facsimile transmission does not constitute telemedicine consultations or services. A communication between a licensed health care provider and a patient that consists solely of an e-mail or facsimile transmission does not constitute telemedicine consultations or services. Telemedicine may be provided by means of real-time two-way, interactive audio and visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support health care delivery, which facilitate the assessment, diagnosis, consultation, treatment, education, and care management of a patient's health care.</p> <p><i>Source: MN Senate File 1458 (2015). MN Statute Sec 256B.0622, subdivision 8 &amp; 147.033 (SF 1353).</i></p>	<p>"Telemedicine is defined as the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site."</p> <p><i>Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised Oct. 28, 2017. (Accessed Oct. 2017).</i></p>
<b>Live Video Reimbursement</b>	
<p>Intensive Rehabilitative Mental Health Services Physician services may be billed by a psychiatrist or other health care professional to treat intensive residential treatment services.</p> <p><i>Source: MN Senate File 1458 (2015). MN Statute Sec 256B.0622, subdivision 8.</i></p> <p>(see Medicaid column)</p>	<p>Minnesota's Medical Assistance program reimburses live video for fee-for-service programs.</p> <p>To be eligible for reimbursement, providers must self-attest that they meet the conditions of the MHCP telemedicine policy by completing the Provider Assurance Statement for Telemedicine form.</p> <p>Providers must use the new place of service code 02 beginning Nov. 1, 2017. Modifiers GT and GQ are still also required.</p> <p>Eligible providers:</p>

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	<ul style="list-style-type: none"> <li>• Physician</li> <li>• Nurse practitioner</li> <li>• Physician assistant</li> <li>• Nurse midwife</li> <li>• Clinical nurse specialist</li> <li>• Registered dietitian or nutrition professional</li> <li>• Clinical psychologist</li> <li>• Clinical social worker</li> <li>• Dentist, dental hygienist, dental therapist, advanced dental therapist</li> <li>• Mental health professional, when following requirements and service limitations</li> <li>• Pharmacist</li> <li>• Certified genetic counselor</li> <li>• Podiatrist</li> <li>• Speech therapist</li> <li>• Therapist</li> <li>• Occupational therapist</li> <li>• Audiologist</li> </ul> <p>Examples of eligible services:</p> <ul style="list-style-type: none"> <li>• Consultations</li> <li>• Telehealth consults: emergency department or initial inpatient care</li> <li>• Subsequent hospital care services with the limitation of one telemedicine visit every 30 days per eligible provider</li> <li>• Subsequent nursing facility care services with the limitation of one telemedicine visit every 30 days</li> <li>• End-stage renal disease services</li> <li>• Individual and group medical nutrition therapy</li> <li>• Individual and group diabetes self-management training with a minimum of one hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training</li> <li>• Smoking cessation</li> <li>• Alcohol and substance abuse (other than tobacco) structured assessment and intervention services</li> </ul> <p>Two-way interactive video consultation may be billed when no physician is in the ER and the nursing staff is caring for the patient at the originating site.</p> <p>Telemedicine consults are limited to three per calendar week per patient. Payment is not available for sending materials to a recipient, other provider or facility.</p> <p>Non-covered services:</p> <ul style="list-style-type: none"> <li>• Electronic connections that are not conducted over a secure encrypted website as specified by</li> </ul>

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	<p>the Health Insurance Portability &amp; Accountability Act of 1996 Privacy &amp; Security rules (e.g., Skype)</p> <ul style="list-style-type: none"> <li>• Prescription renewals</li> <li>• Scheduling a test or appointment</li> <li>• Clarification of issues from a previous visit</li> <li>• Reporting test results</li> <li>• Non-clinical communication</li> <li>• Communication via telephone, email or facsimile</li> <li>• Day treatment</li> <li>• Partial hospitalization programs</li> <li>• Residential treatment services</li> <li>• Case management face-to-face contact</li> </ul> <p><i>Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised Oct. 28, 2017. (Accessed Oct. 2017).</i></p> <p>Some mental health services may be covered by telemedicine.</p> <p><i>Source: MN Dept. of Human Svcs., Provider Manual, Telemedicine Delivery of Mental Health Services, Dec. 15, 2015 (accessed Oct. 2017).</i></p> <p><b><u>Individualized Education Program (IEP)</u></b></p> <p>Eligible originating sites:</p> <ul style="list-style-type: none"> <li>• Home</li> <li>• School</li> </ul> <p>Telemedicine coverage applies to a child or youth who is MA eligible, has an IEP and the service provided is identified in the IEP.</p> <p>To be eligible for reimbursement, the school or school district must self-attest that the telemedicine services provided by the professional provider either employed by or contracted by the school meet all of the conditions of the MHCP telemedicine policy by completing the Provider Assurance Statement for Telemedicine (DHS-6806) (PDF).</p> <p>Eligible providers include the following:</p> <ul style="list-style-type: none"> <li>• Charter schools</li> <li>• Education districts</li> <li>• Intermediate districts</li> <li>• Public school districts</li> <li>• Tribal schools (schools that receive funding from the Bureau of Indian Affairs-BIA)</li> <li>• Service cooperatives</li> <li>• Special education cooperatives</li> <li>• State academies</li> </ul> <p>Non-Covered Services</p> <ul style="list-style-type: none"> <li>• Services that are less effective than if provided</li> </ul>

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	<p>in person, face-to-face</p> <ul style="list-style-type: none"> <li>• Supervision evaluations or visits</li> <li>• Evaluations or assessments</li> <li>• Personal care assistants</li> <li>• Nursing services</li> <li>• Transportation services</li> <li>• Electronic connections that are conducted over a website that is not secure and encrypted as specified by the Health Insurance Portability &amp; Accountability Act of 1996 Privacy &amp; Security rules (for example, Skype)</li> <li>• Prescription renewals</li> <li>• Scheduling a test or appointment</li> <li>• Clarification of issues from a previous visit</li> <li>• Reporting test results</li> <li>• Non-clinical communication</li> <li>• Communication via telephone, email or fax</li> </ul> <p>See IEP manual for specific documentation and billing requirements.</p> <p><i>Source: MN Dept. of Human Svcs., Provider Manual, Individualized Education Program, May 23, 2016 (accessed Oct. 2017).</i></p> <p>Telemedicine consults shall be paid at the same rate as in-person services.</p> <p><i>Minnesota Source: MN Statute Sec. 256B.0625</i></p> <p>Non-covered Services</p> <ul style="list-style-type: none"> <li>• Telemedicine for alcohol and drug abuse services</li> </ul> <p><i>Source (Alcohol and drug abuse): MN Dept. of Human Svcs., Provider Manual, Alcohol and Drug Abuse Svcs. Jul. 10, 2017 (Accessed Oct. 2017).</i></p> <p>Teledentistry services through real time audio and video is allowed.</p> <p><i>Source (dental): MN Dept. of Human Svcs., Provider Manual, Dental Svcs. May 25, 2017 (Accessed Oct. 2017).</i></p> <p>Telemedicine is an option for Early Intensive Developmental and Behavioral Intervention (EIDBI) EIDBI services.</p> <p>Limited to three telemedicine services per person per calendar week.</p> <p><i>Source (dental): MN Dept. of Human Svcs., Provider Manual, EIDBI Svcs. Jun. 14, 2017 (Accessed Oct. 2017) &amp; MN Statute 256B.0949.</i></p> <p>MHCP allows payment for some rehabilitation services through telemedicine. Providers must self-attest that they meet all of the conditions of MHCP telemedicine</p>

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	<p>policy by completing the “Provider Assurance Statement for Telemedicine”.</p> <p><i>Source: MN Dept. of Human Svcs., Provider Manual, Rehabilitation Svcs. Aug. 3, 2016 (Accessed Oct. 2017).</i></p>
<b>Store and Forward Reimbursement</b>	
<p>(see Medicaid column)</p>	<p>Minnesota’s Medical Assistance program reimburses for services delivered through store and forward technology.</p> <p>Payment will be made for only one reading or interpretation of diagnostic tests such as x-rays, lab tests, and diagnostic assessments.</p> <p>Payment is not available to providers for sending materials to recipients, other providers or facilities.</p> <p><i>Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised Oct. 28, 2017. (Accessed Oct. 2017).</i></p> <p>Store and forward technology includes telemedicine consults that do not occur in real time, and that do not require a face-to-face encounter with the patient for all or any part of the consult.</p> <p><i>Source: MN Statute Sec. 256B.0625 (2012).</i></p> <p>Teledentistry services through store and forward is allowed.</p> <p><i>Source (dental): MN Dept. of Human Svcs., Provider Manual, Dental Svcs. May 25, 2017 (Accessed Oct. 2017).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
<p>No reference found.</p>	<p>There is reimbursement for “telehomecare” under Elderly Waiver (EW) and Alternative Care (AC) programs.</p> <p>Not covered under PERS</p> <p><i>Source: MN Dept. of Human Svcs., Provider Manual, Elderly Waiver (EW) and Alternative Care (AC) Program, As revised Jul. 7, 2016, (Accessed Oct. 2017).</i></p> <p>Prior authorization for home care services is required for all tele-home-care visits.</p> <p><i>Source: MN Dept. of Human Svcs., Provider Manual, Home Care Svcs., As revised Jan. 23, 2015 (Accessed Oct. 2017).</i></p>
<b>Email/Phone/FAX</b>	
<p>No reference found.</p>	<p>No reimbursement for email No reimbursement for phone No reimbursement for fax</p> <p><i>Source: MN Dept. of Human Services, Provider Manual, Physician</i></p>

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	<p><i>and Professional Services, As revised Oct. 28, 2017. (Accessed Oct. 2017).</i></p> <p>“A communication between two physicians that consists solely of a telephone conversation is not a telemedicine consultation.”</p> <p><i>Source: MN Statute Sec. 256B.0625 (2012).</i></p> <p>Case management for Child Welfare Case Management services is covered through telephone.</p> <p><i>Source: MN Dept. of Human Svcs., Provider Manual, Child Welfare Case Management Services, As revised Jul. 17, 2017. (Accessed Oct. 2017).</i></p>
<b>Online Prescribing</b>	
<p><b>Recently Passed Legislation (Now Effective)</b> A physician patient relationship may be established through telemedicine.</p> <p><i>Source: MN Statute 147.033 (SF 1353).</i></p> <p>A prescription or drug order is not valid unless it can be established that the prescription or order was based on a documented patient evaluation, including an examination, adequate to establish a diagnosis and identify underlying conditions and contraindications to treatment.</p> <p>This includes the referring provider performing an in-person examination and a consultant issuing the prescription when providing services by telemedicine.</p> <p><i>Source: MN Statute Sec. 151.37(2012).</i></p>	No reference found.
<b>Consent</b>	
No reference found.	No reference found.
<b>Location</b>	
No reference found.	<p>Authorized originating sites include:</p> <ul style="list-style-type: none"> <li>• Office of physician or practitioner</li> <li>• Hospital (inpatient or outpatient)</li> <li>• Critical access hospital (CAH)</li> <li>• Rural health clinic (RHC) and Federally Qualified Health Center (FQHC)</li> <li>• Hospital-based or CAH-based renal dialysis center (including satellites)</li> <li>• Skilled nursing facility (SNF)</li> <li>• End-stage renal disease (ESRD) facilities</li> <li>• Community mental health center</li> <li>• Dental clinic</li> <li>• Residential facilities, such as a group home and assisted living, shelter or group housing</li> <li>• Home (a licensed or certified health care provider may need to be present to facilitate the</li> </ul>

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	<p>delivery of telemedicine services provided in a private home)</p> <ul style="list-style-type: none"> <li>• School</li> </ul> <p>Out-of-state coverage policy applies to services provided via telemedicine. Consultations performed by providers who are not located in Minnesota and contiguous counties, require authorization prior to the service being provided</p> <p><i>Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised Oct. 28, 2017. (Accessed Oct. 2017).</i></p>
<b>Cross-State Licensing</b>	
<p>A physician licensed in another state can provide telemedicine services to a patient in Minnesota if their license has never been revoked or restricted in any state, they agree to not open an office in Minnesota and they register with the state's board.</p> <p><i>Source: MN Statute Sec. 147.032(1)</i></p> <p>Minnesota adopted the Federation of State Medical Board (FSMB)'s model language for an interstate medical licensure compact.</p> <p><i>Source: MN Senate File 253 (2015). MN Statute Sec. 147.38.</i></p>	No reference found.
<b>Private Payers</b>	
<p>Private payers are required to provide coverage for telemedicine in the same manner, and at the same reimbursement rate, as other services provided in person. (Applies to plans that begin on or after Jan. 1, 2017).</p> <p>A health carrier can establish criteria that a health care provider must meet to demonstrate the safety or efficacy of delivering a service via telemedicine. They can also require a health care provider to agree to certain documentation or billing practices to protect against fraud.</p> <p><i>Source: MN Senate File 1458 (2015). MN Statute Sec. 62A.672.</i></p>	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	No reference found.
<b>Miscellaneous</b>	
	<p>The Chemical Dependency Continuum of Care Pilot Project is to include telehealth services to address barriers to services.</p> <p><i>Source: MN Statute 254B.14 Sec. 13</i></p>