FALL 2020

A COMPREHENSIVE SCAN OF THE 50 STATES & THE DISTRICT OF COLUMBIA

Center for Connected Health Policy
The National Telehealth Policy Resource Center

STATE TELEHEALTH LAWS

& REIMBURSEMENT POLICIES

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Vermont
Virginia
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Wisconsin
Wyoming

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State Telehealth Laws and Medicaid Program Policies

INTRODUCTION

The Center for Connected Health Policy's (CCHP) Fall 2020 release of the "State Telehealth Laws and Reimbursement Policies" report highlights the changes that have taken place in state telehealth policy. The report offers policymakers, health advocates, and other interested health care professionals a summary guide of telehealth-related policies, laws, and regulations for all 50 states and the District of Columbia.

While this guide focuses primarily on Medicaid fee-for-service policies, information on managed care is noted in the report if it was available. The report also notes particular areas where we were unable to find information. Every effort was made to capture the most recent policy language in each state as of September 2020. This information also is available electronically in the form of an interactive map and search tool accessible on our website cchpca.org. Consistent with previous editions, the information in the PDF file will be updated biannually, as laws, regulations and administrative policies are constantly changing. The interactive map is updated more frequently.

Please note that for the most part, states continue to keep their temporary telehealth COVID-19 emergency policies siloed from their permanent telehealth policies. These temporary policies are not included in this report. In instances where the state has made policies permanent, CCHP has incorporated those policies into this report. For information on state temporary COVID-19 telehealth policies, visit CCHP's COVID-19 Telehealth Policy tracking webpage.

TELEHEALTH POLICY TRENDS

States continue to refine and expand their telehealth reimbursement policies though they are not treated across the board in the same manner as in-person delivered services. Limitations in regards to reimbursable modality, services and location of the patient continue to be seen. Although each state's laws, regulations, and Medicaid program policies differ significantly, certain trends are evident. Live video Medicaid reimbursement, for example, continues to far exceed reimbursement for store-and-forward and remote patient monitoring (RPM). Reimbursement for RPM and store-and-forward continue to be limited. Although telephone has been allowed as a care delivery method on a temporary basis in most states as a result of the pandemic, very few states have made telephone reimbursement permanent. Other noteworthy trends include either expanding lists of eligible providers or eliminating the list all together and allowing any enrolled Medicaid provider to be reimbursed for telehealth delivered services. Teledentistry and reimbursement for allied professionals, such as physical, occupational and speech therapists were two areas where reimbursement was noticeably expanded since CCHP's Spring 2020 edition. Additionally, some state Medicaid programs have begun incorporating specific documentation and/or confidentiality, privacy and security guidelines within their manuals for telehealth specifically.

One new state (West Virginia), added a private payer law since Spring 2020. In recent years, laws and regulations allowing practitioners to prescribe medications through live video interactions have also increased, as well as a few states even allowing for the prescription of controlled substances over telehealth within federal limits.

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A few additional significant findings include:

- Fifty states and Washington DC provide reimbursement for some form of live video in Medicaid fee-for-service.
- Eighteen state Medicaid programs reimburse for store-and-forward. However, four additional jurisdictions (HI, MS, NH, and NJ) have laws requiring Medicaid reimburse for store-and-forward but as of the creation of this edition, yet to have any official Medicaid policy indicating this is occurring.
- Twenty-one state Medicaid programs provide reimbursement for RPM. This is a decrease of two states since Spring 2020, as we saw both Washington and South Carolina eliminate their remote monitoring programs. As is the case for store-and-forward, two Medicaid programs (HI and NJ) have laws requiring Medicaid reimburse for RPM but at the time this report was written, did not have any official Medicaid policy.
- Ten state Medicaid programs (Alaska, Arizona, Maryland, Maine, Minnesota, Missouri, New York, Oregon, Texas, and Virginia) reimburse for all three, although certain limitations apply.

HOW TO USE THIS REPORT

Telehealth policies are organized into three categories that address Medicaid reimbursement, private payer law and professional regulation/health & safety. Within those category areas, topic focuses include modality of reimbursement (for Medicaid), requirements and parity (for private payer law), licensing, consent and online prescribing (for professional regulation/health & safety). In many instances the specific policy is found in law and/or regulations and administrative policy, but that is not always the case. This report primarily addresses the individual state's policies that govern telehealth use when seeking Medicaid coverage for service. However, we have also included a specific category that describes whether a state has established any specific policies that require private insurers to pay for telehealth services. For summary information, please reference the executive summary of this report, along with a summary chart of some of the key data points and CCHP's factsheet infographic. A glossary is also available at the end of the report.

We hope you find the report useful, and welcome your feedback and questions. You can direct your inquiries to Mei Kwong, CCHP Executive Director or Christine Calouro, Policy Associate, at info@cchpca.org. A special thank you to CCHP Policy Associate Veronica Collins for her contributions to this report. We would also like to thank our colleagues at each of the twelve HRSA-funded Regional Telehealth Resource Centers who contributed to ensuring the accuracy of the information in this document. For further information, visit cchpca.org.

This report is for informational purposes only, and is not intended as a comprehensive statement of the law on this topic, nor to be relied upon as authoritative. Always consult with counsel or appropriate program administrators.

Mei Wa Kwong, JD
Executive Director
October 2020

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A Comprehensive Scan of the 50 States and the District of Columbia: Findings and Highlights

The Fall 2020 release of the Center for Connected Health Policy's (CCHP) report of state telehealth laws and Medicaid reimbursement policies is the twentieth updated version of the report since it was first released in 2013. Like its previous iterations, the report is updated on a biannual basis, in spring and fall. An interactive map version of the report is available on CCHP's website, cchpca.org. Due to constant changes in laws, regulations, and policies, CCHP will continue to update the PDF twice a year. The map format is updated more frequently to keep it as accurate and timely as possible. It should be noted that even if a state has enacted telehealth policies in statute and/or regulation, these policies may not have been incorporated into its Medicaid program. Throughout the report, CCHP has notated changes in law that have not yet been incorporated into the Medicaid program, as well as laws and regulations that have been approved, but not yet taken effect.

Please note that for the most part, states continue to keep their temporary telehealth COVID-19 emergency policies siloed from their permanent telehealth policies. In instances where the state has made policies permanent, CCHP has incorporated those policies into this report, however temporary COVID-19 related policies are not included. For information on state temporary COVID-19 telehealth policies, visit CCHP's COVID-19 Telehealth Policy tracking webpage.

METHODOLOGY

CCHP examined state law, state administrative codes, and Medicaid provider manuals as the report's primary resources. Additionally, other potential sources such as releases from a state's executive office, Medicaid notices, transmittals or Agency newsletters were also examined for relevant information. In some cases, CCHP directly contacted state Medicaid personnel in order to clarify specific policy issues. Most of the information contained in this report specifically focuses on fee-for-service; however, information on managed care plans has also been included if available from the utilized sources. Newly approved regulations related to specific telehealth standards for various professions are noted in the "Miscellaneous" section of the state's Professional Regulation/Health & Safety category area.

The survey focused on three primary areas for telehealth policy including Medicaid reimbursement, private payer laws and professional regulation/health & safety requirements. Within each category, information is organized into various topic and subtopic areas. These topic areas include:

Medicaid Reimbursement:

- Definition of the term telemedicine/telehealth
- Reimbursement for live video
- Reimbursement for store-and-forward
- Reimbursement for remote patient monitoring (RPM)
- Reimbursement for email/phone/fax
- Consent issues
- Out-of-state providers

Private Payer Laws:

- Definitions
- Requirements
- Parity (service and payment)

Professional Regulation:

- Definitions
- Consent
- Online Prescribing
- Cross-State Licensing

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KEY FINDINGS

No two states are alike in how telehealth is defined and regulated. While there are some similarities in language, perhaps indicating states may have utilized existing verbiage from other states, noticeable differences exist. These differences are to be expected, given that each state defines its Medicaid policy parameters, but it also creates a confusing environment for telehealth participants to navigate, particularly when a health system or practitioner provides health care services in multiple states. In most cases, states have moved away from duplicating Medicare's restrictive telehealth policy, with some reimbursing a wide range of practitioners and services, with little to no restrictions.

As noted previously, even if a state has enacted telehealth policies in statute and/or regulation, these policies may not have been incorporated into its Medicaid program. In the findings below, there are a few cases in which a law has passed requiring Medicaid reimbursement of a specific telehealth modality or removal of restrictions, but Medicaid policies have yet to reflect this change. CCHP has based its findings on current Medicaid policy according to those listed in their program regulations, manuals or other official documentation. Requirements in newly passed legislation will be incorporated into the findings section of future editions of CCHP's report once they are implemented in the Medicaid program, and CCHP has located official documentation confirming this.

While this Executive Summary provides an overview of findings, it must be stressed that there are nuances in many of the telehealth policies. To fully understand a specific policy and all its intricacies, the full language of it must be read. Below are summarized key findings in each category area contained in the report.

DEFINITIONS

States alternate between using the term "telemedicine" or "telehealth". In some states both terms are explicitly defined in law and/or policy and regulations. "Telehealth" is sometimes used to reflect a broader definition, while "telemedicine" is used mainly to define the delivery of clinical services. Additional variations of the term, primarily utilizing the "tele" prefix are also becoming more prevalent. For example, the term "telepractice" is being used frequently as it relates to physical and occupational therapy, behavioral therapy, and speech language pathology. "Telepsychiatry" is also a term commonly used as an alternative when referring specifically to psychiatry services.

Some states put specific restrictions within the definitions, which often limit the term to "live" or "interactive", excluding store-and-forward and RPM from the definition and subsequently from reimbursement. The most common restriction states place on the term telemedicine/telehealth is the exclusion of email, phone, and/or fax from the definition. All fifty states and the District of Columbia have a definition in law, regulation, or their Medicaid program for telehealth, telemedicine, or both.

MEDICAID REIMBURSEMENT

What's New

States continue to refine their telehealth reimbursement policies. During this update we saw the biggest change in covered modalities with store-and-forward reimbursement, which jumped from sixteen to eighteen states providing reimbursement. Surprisingly, two states (South Carolina and Washington) eliminated sections of their manuals that provided reimbursement for remote patient monitoring, decreasing the number of states by two.

CCHP has found that most states have kept their COVID telehealth expansions siloed from their permanent telehealth policies. However, a minority of states have made permanent changes to their telehealth policies and most were done through administrative actions and not legislatively. Examples of such expansions include expanding reimbursement

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for remote communication technology codes, such as the virtual check-in (G2012) and e-visits, which is communication through a patient portal. Several states also clarified eligible originating sites to include the patient home, as well as schools. The most common specialties that had expansions in covered services included behavioral health and substance use disorder services, teledentistry, school-based health services and speech therapy. Allowing federally qualified health centers (FQHCs) and rural health clinics (RHCs) to qualify for reimbursement as a distant site was also a common policy change.

Finally, although telephone has been allowed to deliver services in most states on a temporary basis to deliver healthcare due to the PHE, only a few states have taken the step to make it permanent but usually only for a narrow set of services. For example, South Carolina allows for telephone service delivery, but only for dental services, Texas allows for it, but only for supportive encounters for behavioral health and case management, and Tennessee allows for it but only for 'provider-based telemedicine' which it strictly defines and specifies that it must be HIPAA compliant. States such as Utah and New York took the approach of broadening their definition of telehealth to incorporate audio-only telephone, but did not explicitly require reimbursement for the modality. Both Alabama and Alaska took the opposite step, by clarifying that service delivery via telephone is not allowed in their programs.

Modalities: Live Video, Store-and-Forward, Remote Patient Monitoring (RPM), Email/Phone/Fax

All 50 states and the District of Columbia have some form of Medicaid reimbursement for telehealth in their public program. However, the extent of reimbursement for telehealth delivered services is less clear in some states than others.

Live Video

The most predominantly reimbursed form of telehealth modality is live video, with every state offering some type of live video reimbursement in their Medicaid program. However, what and how it is reimbursed varies widely. The spectrum ranges from a Medicaid program in a state like New Jersey, which will only reimburse for mental health services, to states like California, which reimburses for live video across a wide variety of medical specialties. In addition to restrictions on specialty type, many states have restrictions on:

- The type of services that can be reimbursed, e. g. office visit, inpatient consultation, etc.;
- The type of provider that can be reimbursed, e. g. physician, nurse, physician assistant, etc.; and
- The location of the patient, referred to as the originating site.

These restrictions have been noted within the report to the extent possible.

Store-and-Forward

Store-and-forward services are only defined and reimbursed by eighteen state Medicaid Programs. This number does not include states that only reimburse for teleradiology (which is commonly reimbursed, and not always considered 'telehealth'). In many states, the definition of telemedicine and/or telehealth stipulates that the delivery of services must occur in "real time," automatically excluding store-and-forward as a part of telemedicine and/or telehealth altogether in those states. Of those states that do reimburse for store-and-forward services, some have limitations on what will be reimbursed or if they do not reimburse for the modality, they carve out special exceptions. For example, Maryland's Medicaid program specifies that while they don't reimburse for store-and-forward, they do not consider use of the technology in dermatology, ophthalmology and radiology to fit into the definition of store-and-forward.

In addition to the states above, four other states have laws requiring Medicaid reimburse for store-and-forward services, but CCHP has not been able to locate any official Medicaid policy indicating that they are in fact reimbursing. They include Hawaii, Mississippi, New Hampshire, and New Jersey. In some cases, although a definition of telehealth or telemedicine applicable to their Medicaid program included store-and-forward, there was no further indication of the

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modality being reimbursed, or the only specialty referenced was teleradiology which CCHP does not count as store-and-forward reimbursement for purposes of this list.

Remote Patient Monitoring (RPM)

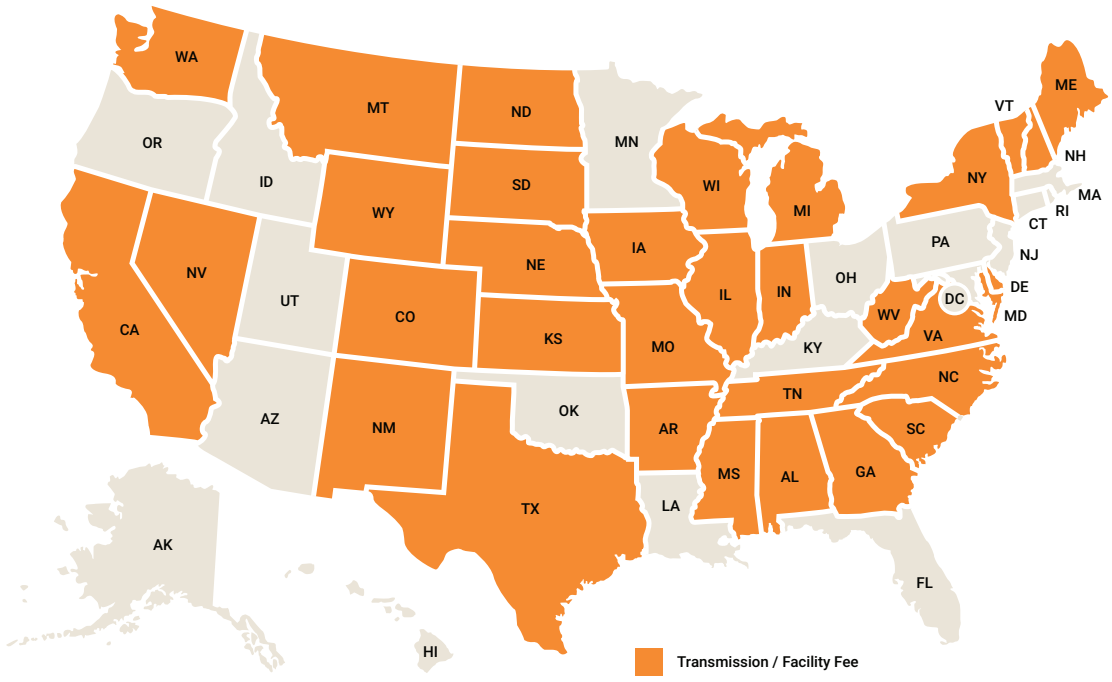
Twenty-one states have some form of reimbursement for RPM in their Medicaid programs. Since Spring 2020, two states (SC and WA) eliminated their reimbursement for remote patient monitoring. As with live video and store-and-forward reimbursement, many of the states that offer RPM reimbursement have a multitude of restrictions associated with its use. The most common of these restrictions include only offering reimbursement to home health agencies, restricting the clinical conditions for which symptoms can be monitored, and limiting the type of monitoring device and information that can be collected. As is the case for store-and-forward, two Medicaid programs (HI and NJ) have laws requiring Medicaid reimburse for RPM but at the time this report was written, did not have any official Medicaid policy regarding RPM reimbursement.

Email/Phone/Fax

Email, telephone, and fax are rarely acceptable forms of delivery unless they are in conjunction with some other type of system. Most states either are silent or explicitly exclude these forms, sometimes even within the definition of telehealth and/or telemedicine. However, as mentioned previously, a few states (including SC, TX, TN, UT, NY) have begun incorporating telephone into their telehealth policies precipitated by the COVID PHE. Two states, both Alabama and Alaska took the opposite step, by clarifying that service delivery via telephone is not allowed in their programs.

Transmission/Facility Fee

Thirty-two states will reimburse either a transmission, facility fee, or both. Of these, the facility fee is the most common. Policies often stipulate a specific list of facilities eligible to receive the facility fee.



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Eligible Providers

While many state Medicaid programs are silent, some states limit the types of providers that can provide services at the distant site through telehealth. These lists vary from being extremely selective in the provider types that are eligible (for example, Pennsylvania which only allows physicians, certified registered nurse practitioners, certified nurse midwives, and select mental health facilities), to more expansive eligible provider lists, such as in Virginia, which includes over sixteen provider types.

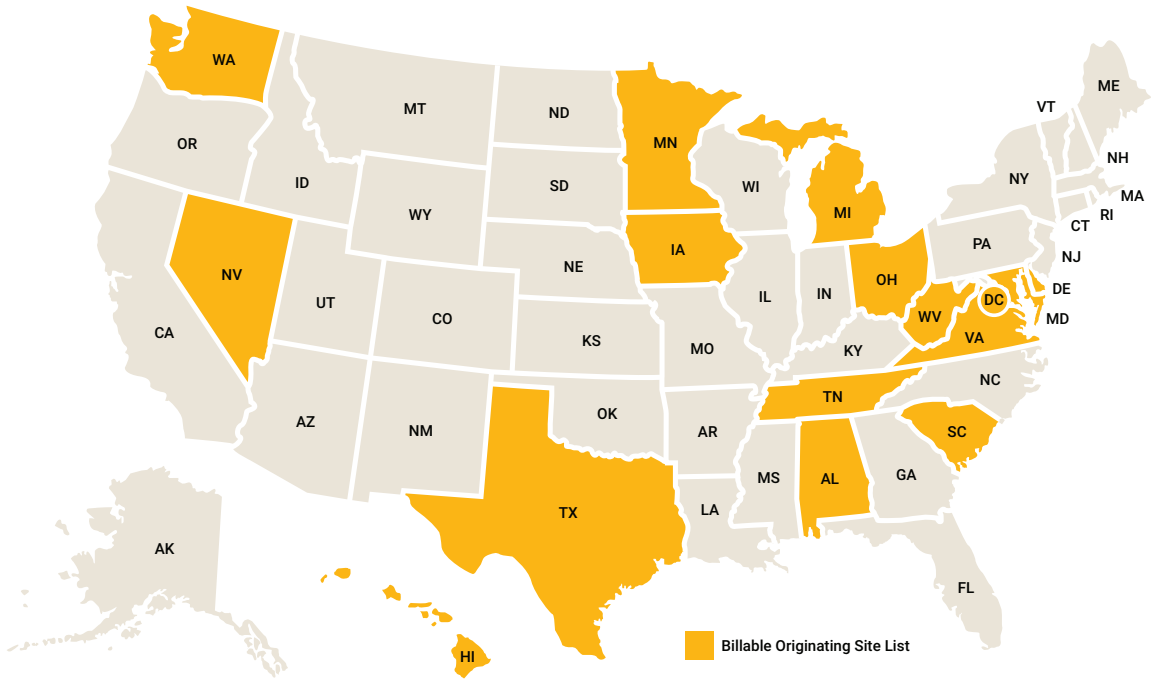
Federally Qualified Health Centers & Rural Health Clinics

Because federally qualified health centers (FQHCs) and rural health centers (RHCs) bill as entities rather than as providers, these lists often exclude them or do not have an explicit mention of these entities. Medicare has also excluded these clinics from billing for telehealth delivered services as distant site providers (although they do qualify for the originating site facility fee). Since Spring 2020, several states have specifically addressed this issue. Hawaii, for example, clarified that FQHCs are eligible providers. West Virginia added FQHCs and RHCs as eligible distant site providers, but only for psychiatrists and psychologists employed by the FQHC/RHC. Wisconsin is also now allowing reimbursement to CHCs for their full PPS rate, rather than the reduced amount they received through the professional claim form previously.

Geographic & Facility Originating Site Restrictions

The practice of restricting reimbursable telehealth services to rural or underserved areas, as is done in the Medicare program, is decreasing. States that continue to have telehealth geographic restrictions are more ambiguous in their policies, making broad statements, such as limiting a distant and originating site provider from being located in the same community. Only five states (HI, MD, MN, NC, SD) currently have these types of restrictions. Some are restricted to only certain specialties, such as Maryland's geographic restriction only applying to mental health, and Minnesota's geographic requirement only applying to Medication Therapy Management Services. Although Hawaii passed a law prohibiting a geographic limitation for telehealth in their Medicaid program, such language is still present in their Medicaid regulation.

A more common practice is for state Medicaid programs to limit the type of facility that may be an originating site, often excluding the home as a reimbursable site, impacting RPM as a result. Currently sixteen jurisdictions have a specific list of sites that can serve as an originating site for a telehealth encounter.



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Twenty-seven state Medicaid programs and DC explicitly allow the home to serve as an originating site, although it's often tied to additional restrictions, and a facility fee would not be billable.

School-Based Health Services

More states are also allowing schools to serve as an originating site, with twenty-seven jurisdictions explicitly allowing schools to be originating sites for telehealth-delivered services, although, as is the case with the home environment, restrictions often apply. The most common modality allowed in schools is live video, and only three states allow a store-and-forward modality to be used (NM, OK and GA). Georgia's allowance for store-and-forward is exclusive to teledentistry in a school-based setting. Eleven of these states require parent informed consent for a minor to participate. Services allowed via telehealth in schools vary from state to state but the most common services allowed are therapy services, such as mental health therapy as well as speech, occupational and physical therapy. Therapy service providers are thus the more common provider types allowed in schools, including occupational therapists, speech language pathologists, physical therapists, mental health counselors, social workers, and behavioral health services.

CONSENT

Forty-two jurisdictions include some sort of informed consent requirement in their statutes, administrative code, and/or Medicaid policies. This requirement can sometimes apply to the Medicaid program, a specific specialty or all telehealth encounters that occur in the state, depending on how and where the policy is written.

LICENSURE

Eight state medical (or osteopathic) boards issue special licenses or certificates related to telehealth. The licenses could allow an out-of-state provider to render services via telemedicine in a state where they are not located, or allow a clinician to provide services via telehealth in a state if certain conditions are met (such as agreeing that they will not open an office in that state).

Twenty-eight states, D.C., and Guam have adopted the Federation of State Medical Boards (FSMB)'s Interstate Medical Licensure Compact (IMLC) in its place. Two states that had previously joined the Compact (Arizona and Wisconsin) have conditionally repealed the law and asked to withdraw. For states that are members, the Compact allows for an Interstate Commission to form an expedited licensure process for licensed physicians to apply for licenses in other states.

Besides the IMLC, there are also five additional Compacts to be aware of that are currently active, including:

- The Nurses Licensure Compact which currently has 34 state members.
- The Physical Therapy Compact which currently has 28 state members.
- The Psychology Interjurisdictional Compact which currently has 15 state members.
- The Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC) has 5 state members.
- The Emergency Medical Services Personnel Licensure Interstate Compact (REPLICA) has 20 member states.

Still other states have laws that don't specifically address telehealth and/or telemedicine licensing, but make allowances for practicing in contiguous states, or in certain situations where a temporary license might be issued provided the specific state's licensing conditions are met. During COVID-19 many states have issued temporary waivers of their licensing requirements. Those waivers are not tracked in this report, however the Federation of State Medical Boards is tracking those policies via their chart on State COVID-19 Physician Licensing.

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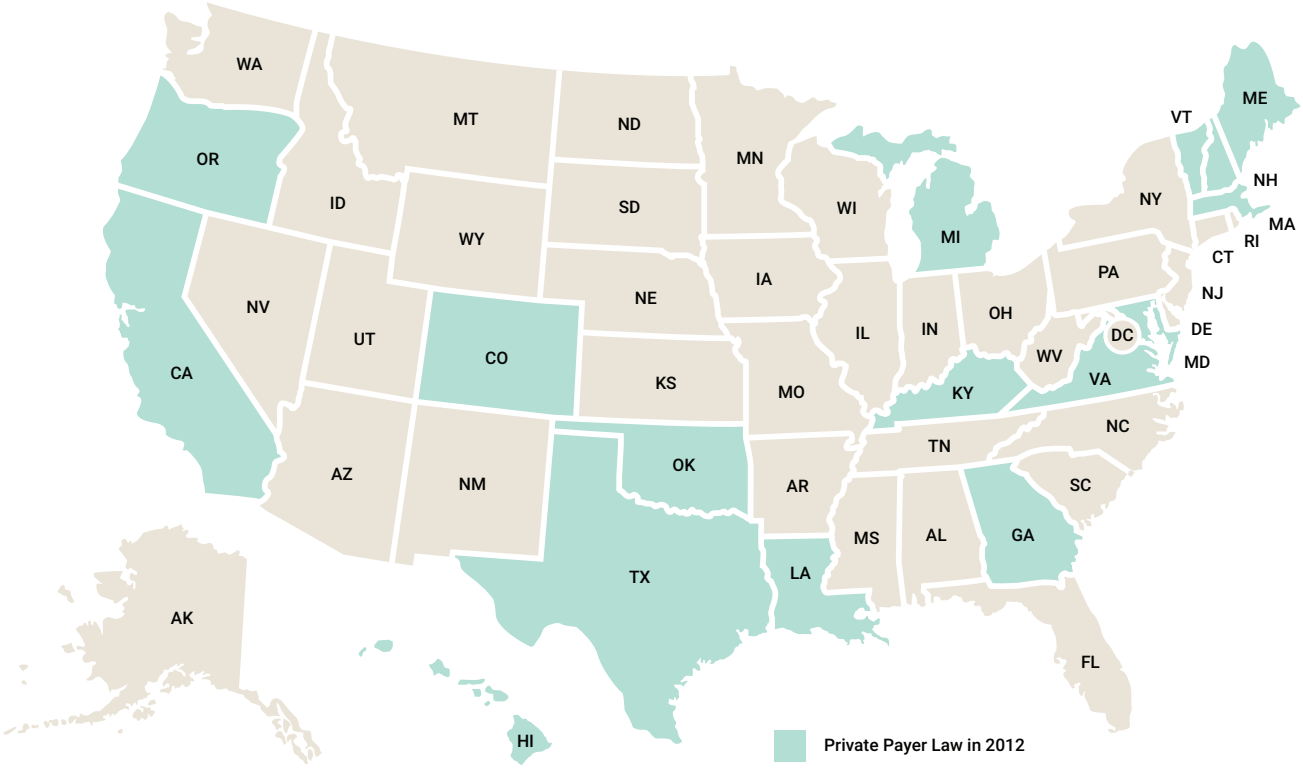
ONLINE PRESCRIBING

There are a number of nuances and differences across the states related to the use of technology and prescribing. However, most states consider using only an internet/online questionnaire to establish a patient-provider relationship (needed to write a prescription in most states) as inadequate. States may also require that a physical exam be administered prior to a prescription being written, but not all states require an in-person examination, and some specifically allow the use of telehealth to conduct the exam. During this update, CCHP noted that a few states that had been silent previously in regards to whether or not a telehealth interaction could establish a provider/patient relationship clarified that it could, and established parameters and requirements for it. This was most likely brought on by the increased use of telehealth due to the COVID-19 pandemic.

PRIVATE PAYERS

Currently, forty-three states and DC have laws that govern private payer telehealth reimbursement policies. West Virginia was the only state to add a private payer law since Spring 2020, however a few other states amended their current private payer laws to be more expansive. For example, Alaska, whose law was narrowly focused on mental health services previously, broadened the scope of their telehealth private payer law to apply to all covered services. While both California and Washington have laws that require payers pay the same rate for telehealth delivered services as they do for in-person, they do not go into effect until Jan. 1, 2021. California and Washington will join only five other states with private payer laws that explicitly require the reimbursement amount for a telehealth-delivered service be equal to the amount that would have been reimbursed had the same service been delivered in-person. Telehealth private payer laws is one of the areas of telehealth policy that has seen the most growth since CCHP's first report in 2012.



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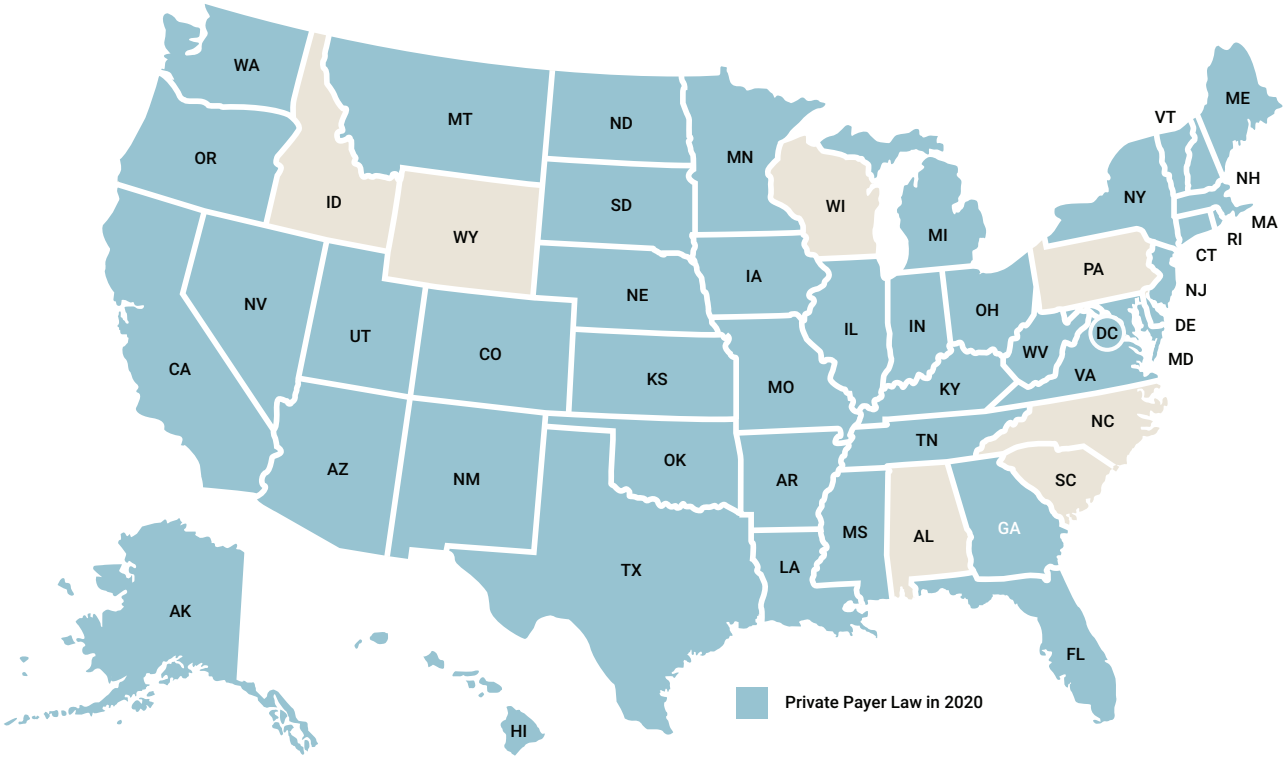
Private Payer Law Map in 2020:



To learn more about state telehealth related legislation, visit CCHP's interactive map at cchpca.org.

This report is for informational purposes only, and is not intended as a comprehensive statement of the law on this topic, nor to be relied upon as authoritative. Always consult with counsel or appropriate program administrators.

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SUMMARY CHART OF KEY TELEHEALTH POLICY AREAS

This chart provides a quick reference summary of each state's telehealth policy on Medicaid reimbursement, private payer reimbursement laws (both if a law exists and whether or not payment parity is required), and professional requirements around interstate compacts and consent. For further details, and additional categories, see each state's section. The information from this chart is also repeated at the heading of each state's section.

STATE	MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
	LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS*	CONSENT REQUIREMENT
ALABAMA	✓	✗	✓	✗	✗	IMLC, NLC, EMS	✓
ALASKA	✓	✓	✓	✓	✗	✗	✓
ARIZONA	✓	✓	✓	✓	✗	PTC, PSY, NLC	✓
ARKANSAS	✓	✗	✓	✓	✗	NLC, PTC	✓
CALIFORNIA	✓	✓	✗	✓	✓[1]	✗	✓
COLORADO	✓	✗	✓	✓	✗	IMLC, PTC, PSY, NLC, EMS	✓
CONNECTICUT	✓	✗	✗	✓	✗	✗	✓
DISTRICT OF COLUMBIA	✓	✗	✗	✓	✗	IMLC	✓
DELAWARE	✓	✗	✗	✓	✓	PTC, PSY, NLC, EMS	✓
FLORIDA	✓	✗	✗	✓	✗	NLC	✗
GEORGIA	✓	✓	✗	✓	✓	IIMLC, PTC, PSY, NLC, EMS	✓
HAWAII	✓	✗	✗	✓	✓	✗	✗
IDAHO	✓	✗	✗	✗	✗	IMLC, NLC, EMS	✓
ILLINOIS	✓	✗	✓	✓	✗	IMLC, PSY	✗
INDIANA	✓	✗	✓	✓	✗	NLC, EMS	✓
IOWA	✓	✗	✗	✓	✗	IMLC, PTC, NLC, EMS	✓
KANSAS	✓	✗	✓	✓	✗	IMLC, NLC, EMS	✓
KENTUCKY	✓	✓	✗	✓	✗	IMLC, PTC, NLC	✓
LOUISIANA	✓	✗	✓	✓	✗	PTC, NLC	✓
MAINE	✓	✓	✓	✓	✗	IMLC, NLC	✓
MARYLAND	✓	✓	✓	✓	✗	IMLC, PTC, NLC	✓
MASSACHUSETTS	✓	✗	✗	✓	✗	✗	✗
MICHIGAN	✓	✗	✗	✓	✗	IMLC	✓
MINNESOTA	✓	✓	✓	✓	✓	IMLC	✓
MISSISSIPPI	✓	✗	✓	✓	✗	IMLC, PTC, NLC, EMS	✓
MISSOURI	✓	✓	✓	✓	✗	PTC, PSY, NLC, EMS	✓
MONTANA	✓	✗	✗	✓	✗	IMLC, PTC, NLC	✗
NEBRASKA	✓	✗	✓	✓	✗	IMLC, PTC, PSY, NLC, EMS	✓
NEVADA	✓	✓	✗	✓	✗	IMLC, PSY	✗

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STATE	MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
	LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS*	CONSENT REQUIREMENT
NEW HAMPSHIRE	✓	✗	✗	✓	✗	IMLC, PTC, PSY, NLC, EMS	✗
NEW JERSEY	✓	✗	✗	✓	✗	PTC, NLC	✓
NEW MEXICO	✓	✓	✗	✓	✓	NLC	✓
NEW YORK	✓	✓	✓	✓	✗	✗	✓
NORTH CAROLINA	✓	✗	✗	✗	✗	PTC, NLC, PSY, ASLP-IC	✗
NORTH DAKOTA	✓	✗	✗	✓	✗	IMLC, PTC, NLC, EMS	✓
OHIO	✓	✗	✗	✓	✗	✗	✓
OKLAHOMA	✓	✗	✗	✓	✗	IMLC, PTC, PSY, NLC, ASLP-IC	✓
OREGON	✓	✓	✓	✓	✗	PTC	✓
PENNSYLVANIA	✓	✗	✗	✗	✗	IMLC, PSY	✓
RHODE ISLAND	✓	✗	✗	✓	✗	✗	✓
SOUTH CAROLINA	✓	✗	✗	✗	✗	NLC, PTC, EMS	✓
SOUTH DAKOTA	✓	✗	✗	✓	✗	IMLC, NLC PTC	✓
TENNESSEE	✓	✓	✗	✓	✗	IMLC, PTC, NLC, EMS	✓
TEXAS	✓	✓	✓	✓	✗	PTC, PSY, NLC, EMS	✓
UTAH	✓	✗	✓	✓	✗	IMLC, PTC, PSY, NLC, ASLP-IC, EMS	✓
VERMONT	✓	✗	✓	✓	✗	IMLC	✓
VIRGINIA	✓	✓	✓	✓	✗	PTC, NLC, EMS, PSY	✓
WASHINGTON	✓	✓	✗	✓	✓[1]	IMLC, PTC	✓
WEST VIRGINIA	✓	✓	✗	✓	✗	IMLC, PTC, NLC, EMS, ASLP-IC	✓
WISCONSIN	✓	✗	✗	✗	✗	NLC, PTC	✓
WYOMING	✓	✗	✗	✗	✗	IMLC, NLC, EMS, ASLP-IC	✓

[1] Law not effective until Jan. 1, 2021.

* Key:

- ✓ = Reimbursement and/or law exists
- ✗ = Reimbursement and/or law does not exist
- ASLP-IC = Audiology & Speech-Language Pathology Interstate Compact
- IMLC = Interstate Medical Licensure Compact
- PTC = Physical Therapy Compact
- PSY = PSYPACT
- NLC = Nurses Licensure Compact

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Center for Connected Health Policy
The National Telehealth Policy Resource Center

State Telehealth Laws and Reimbursement Policies

AT A GLANCE I Fall 2020

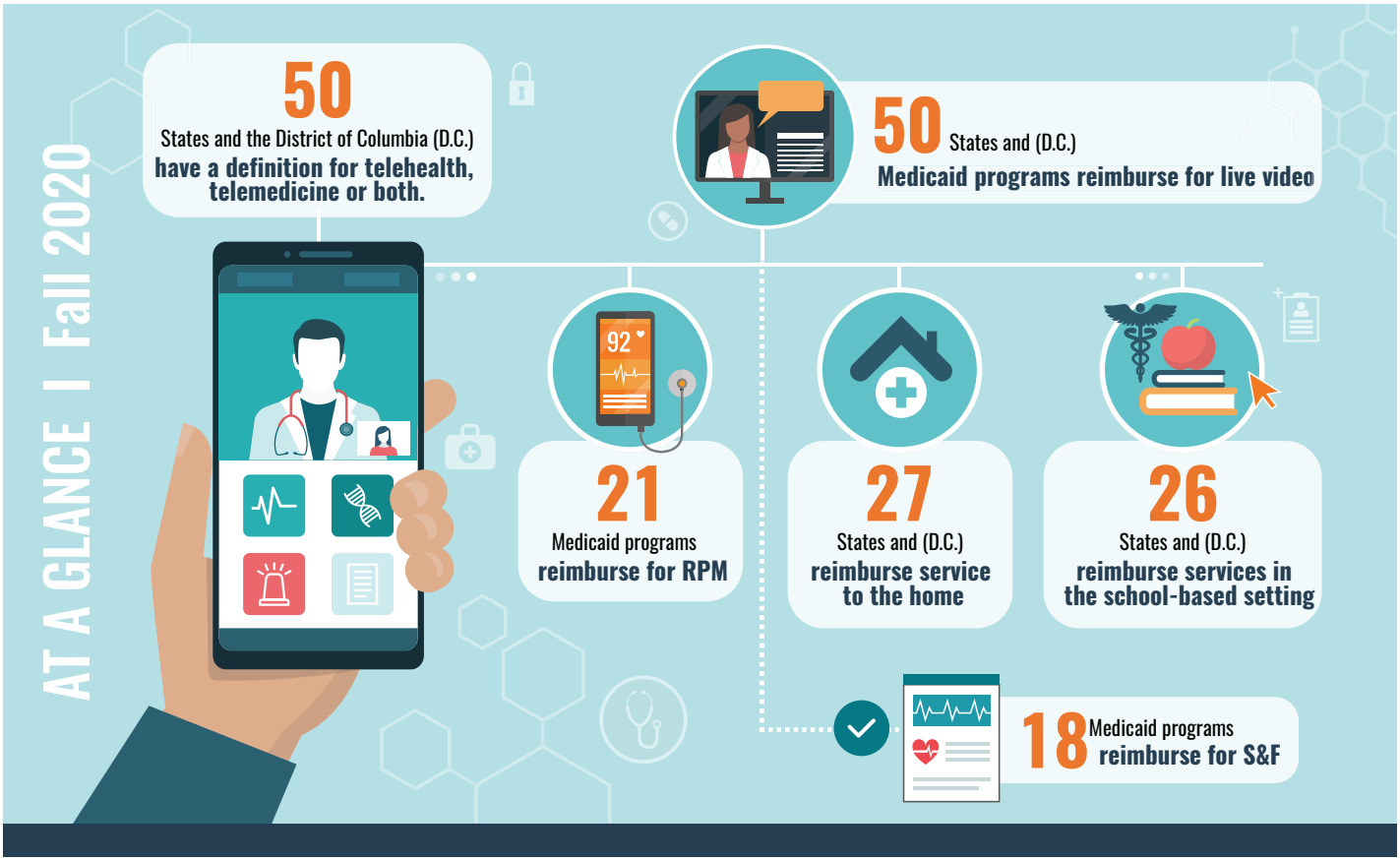
** Please note that for the most part, states continue to keep their temporary telehealth COVID-19 emergency policies siloed from their permanent telehealth policies. In instances where the state has made policies permanent, CCHP has incorporated those policies into this report, however temporary COVID-19 related policies are not included. For information on state temporary COVID-19 telehealth policies, visit CCHP's COVID-19 Telehealth Policy tracking webpage.**

Telehealth policy trends continue to vary from state-to-state, with no two states alike in how telehealth is defined, reimbursed or regulated. A general definition of telehealth used by CCHP is **the use of electronic technology to provide health care and services to a patient when the provider is in a different location.**

Medicaid Policy Trends

All 50 states and D.C. now reimburse for some type of live video telehealth services in Medicaid. Reimbursement for store-and-forward and remote patient monitoring (RPM) continues to lag behind. Eighteen state Medicaid programs reimburse for store-and-forward and twenty-one states reimburse for remote patient monitoring (RPM), with additional states having laws requiring Medicaid reimbursement for store-and-forward or RPM, yet no official written policies indicating that such policy has been implemented.

Many of the reimbursement policies that do exist continue to have restrictions and limitations, creating a barrier to utilizing telehealth to deliver services. One of the most common restrictions is a limitation on where the patient is located, referred to as the originating site. While most states have dropped Medicare's rural geographic requirement, many Medicaid programs have limited the type of facility that can serve as an originating site, often excluding a patient's home from eligibility. However, this is slowly changing, especially in this latest update as a result of the pandemic. Twenty-seven states and D.C. do now explicitly and permanently allow the home to be an eligible originating site under certain circumstances. Additionally, 26 states and DC explicitly note that their Medicaid program will reimburse telehealth delivered services in a school-based setting.



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State Telehealth Laws and Reimbursement Policies

AT A GLANCE I Fall 2020

Other Common Telehealth Restrictions

The specialty that telehealth services can be provided for

The types of services or CPT codes that can be reimbursed (inpatient office, consult, etc.)

The types of providers that can be reimbursed (e.g. physician, nurse, ***etc.***)

Telephone/Audio-Only Service Delivery

5 states have added a permanent allowance for some type of telephone/audio-only delivered health care services since the COVID-19 emergency began. The addition of telephone was one of the most common COVID-19 temporary telehealth policy expansions, however not many states have taken the step to make this permanent.

Private Payer Reimbursement

43 States and the District of Columbia have laws that govern private payer reimbursement of telehealth. Some laws require reimbursement be equal to in-person coverage, however most only require parity in covered services, not reimbursement amount. Not all laws mandate reimbursement.

Consent

41 States and D.C. have a consent requirement in either Medicaid policy, law or regulation. This number has increased by two since Spring 2020.

Online Prescribing

Most states consider an online questionnaire only as insufficient to establish the patient-provider relationship and prescribe medication. Some states allow telehealth to be used to conduct a physical exam, while others do not or are silent. Some states have relaxed requirements for prescribing controlled substances used in medication assisted therapy (MAT) as a result of the opioid epidemic.

Often, internet/online questionnaires are not adequate; states may require a physical exam prior to a prescription.

More and more states are passing legislation directing healthcare professional boards to adopt practice standards for its providers who utilize telehealth. Medical and Osteopathic Boards often address issues of prescribing in such regulatory standards.

Licensure

Eight state boards issue licenses related to telehealth allowing an out-of-state licensed provider to render services via telehealth. Licensure Compacts have become increasingly common. For example:

- **28** States, D.C. & Guam: Interstate Medical Licensure Compact
- **34** States: Nurse Licensure Compact
- **28** States: Physical Therapy Compact
- **15** States: Psychology Interjurisdictional Compact (PSYPACT)
- **5** States: Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC)
- **20** States: Emergency Medical Services Personnel Licensure Interstate Compact (REPLICA)

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Alabama

Medicaid Program: Alabama Medicaid

Program Administrator: Alabama Medicaid Agency

Regional Telehealth Resource Center: Southeast Telehealth Resource Center www.setrc.us

Alabama Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✓	✗	✗	IMLC, NLC, EMS	✓

Alabama Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Live video telemedicine services are covered for limited specialties and under special circumstances. Telephone consultations are not authorized.

Source: *AL Admin. Code r. 560-X-6-.14. (Accessed Sept. 2020).*

Alabama Medicaid reimburses for live video under some circumstances. The Agency also covers an origination site fee. For all telemedicine services, an appropriately trained staff member, or employees familiar with the patient's treatment plan must be immediately available in-person to the patient.

Source: *AL Medicaid Management Information System Provider Manual, (p. 28-17), July 2020. (Accessed Sept. 2020).*

They make no reference to store-and-forward reimbursement, but the program reimburses for In-Home Monitoring through the Alabama Coordinated Health Network program for diabetes and Chronic Heart failure, although it's not considered to fall under the telemedicine program.

Source: *AL Medicaid Management Information System Provider Manual, (40-38), July 2020. (Accessed Sept. 2020).*

Definitions

There is no explicit definition of "telemedicine" given in state Medicaid policy. However, the provider manual states, "Services must be administered via an interactive audio and video telecommunications system which permits two-way communication between the distant site physician and the origination site where the recipient is located (this does not include a telephone conversation, electronic mail message, or facsimile transmission between the physician, recipient, or a consultation between two physicians)."

Source: *AL Medicaid Management Information System Provider Manual, (28-17), July 2020. (Accessed Sept. 2020).*

Live Video

Policy

Alabama Medicaid reimburses for live video for certain services and under certain circumstances.

Source: *AL Medicaid Management Information System Provider Manual, (28-17), July 2020. (Accessed Sept. 2020). & AL Admin. Code r. 560-X-6-.14(f)(5).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Alabama Medicaid reimburses for the following services when billed with a GT modifier:

- Consultations;
- Office or other outpatient visits;
- Individual psychotherapy;
- Psychiatric diagnostic services;
- Neurobehavioral status exams.

Procedure codes for Applied Behavior Analysis therapy is also covered.

Source: *AL Medicaid Management Information System Provider Manual, (28-17), July 2020. (Accessed Sept. 2020).*

Telemedicine services are covered for limited specialties and under special circumstances.

Source: *AL Admin. Code r. 560-X-6-.14(f)(5). (Accessed Sept. 2020).*

Rehabilitation services that are delivered face to face can either be in person or via telemedicine/telehealth, as approved by the Alabama Medicaid Agency. Live video telehealth may also be used to deliver Nursing Assessment and Care and Rehabilitative Services when certain conditions are met.

Source: *AL Medicaid Management Information System Provider Manual, (105-1, 13 & 61), July 2020. (Accessed Sept. 2020).*

Eligible Providers

All physicians with an Alabama license, enrolled as a provider with the Alabama Medicaid Agency, regardless of location, are eligible to participate in the Telemedicine Program to provide medically necessary telemedicine services to Alabama Medicaid eligible recipients. In order to participate in the telemedicine program:

- Physicians must be enrolled with Alabama Medicaid with a specialty type of 931 (Telemedicine Service)
- Physician must submit the telemedicine Service Agreement/Certification form
- Physician must obtain prior consent from the recipient before services are rendered. This will count as part of each recipient's benefit limit of 14 annual physician office visits currently allowed.

Source: *AL Medicaid Management Information System Provider Manual, (28-17) July 2020. (Accessed Sept. 2020).*

For Nursing Assessment and Care services for DMH Mental Illness, and DMH Substance Abuse the following providers are eligible:

- Licensed Registered Nurse
- Licensed Practical Nurse

Source: *AL Medicaid Management Information System Provider Manual, (105-61), July 2020. (Accessed Sept. 2020).*

Rehabilitative services that are delivered face-to-face can either be in person or via telemedicine/telehealth, as approved by the Alabama Medicaid Agency.

Source: *AL Medicaid Management Information System Provider Manual, (105-1), July, 2020. (Accessed Sept. 2020).*

Eligible Sites

For rehabilitative services, the originating site must be at:

- Physician's office;
- Hospital;
- Critical Access Hospital;
- Rural Health Clinic;
- Federally Qualified Health Center;
- Community mental health center (to include co-located sites with partnering agencies);
- Public health department.

Source: *AL Medicaid Management Information System Provider Manual, (105-12), July 2020. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Live Video	Geographic Limits	For rehabilitative services, the distant site may be located outside of Alabama as long as the physician has an Alabama license and is enrolled as an Alabama Medicaid provider. **Source:** *AL Medicaid Management Information System Provider Manual, (105-12), January 2020. (Accessed Sept. 2020).*
		Facility/Transmission Fee	AL Medicaid reimburses providers for origination site fees for covered telemedicine services. The origination fee is limited to one per date of service per recipient. **Source:** *AL Medicaid Management Information System Provider Manual, (28-17), July 2020. (Accessed Sept. 2020).* The Agency will not reimburse providers for origination site or transmission fees. **Source:** *AL Medicaid Management Information System Provider Manual, (105-15), July 2020. (Accessed Sept. 2020).*
	Store-and-Forward	Policy	No reference found.
		Eligible Services/Specialties	No reference found.
		Geographic Limits	No reference found.
		Transmission Fee	No reference found.

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Policy

Alabama Medicaid will reimburse remote patient monitoring for specified conditions through the In-Home Remote Patient Monitoring Program. The program is administered by the Alabama Coordinated Health Network (ACHN). Patients may be referred to the program by any source including a physician, ACHN Care Coordinators, patient or caregiver, the Health Department, hospitals, home health agencies or community-based organizations. Orders for In-Home Monitoring along with the specific parameters for daily monitoring must be obtained from the patient's primary medical provider prior to evaluation and admission.

Source: *AL Medicaid Management Information System Provider Manual, (40-38), July 2020. (Accessed Sept. 2020).*

Conditions

Patients with the following medical conditions may register for the program:

- Diabetes
- Congestive Heart Failure
- Hypertension

Source: *AL Medicaid Management Information System Provider Manual, (40-38), July 2020. (Accessed Sept. 2020).*

Provider Limitations

No reference found.

Other Restrictions

No reference found.

Email / Phone / Fax

No reimbursement for email.
No reimbursement for telephone.
No reimbursement for FAX.

Source: *AL Medicaid Management Information System Provider Manual, (28-17), July 2020. (Accessed Sept. 2020).*

Telephone consultations are not authorized.

Source: *AL Admin. Code r. 560-X-6-.14. (Accessed Sept. 2020).*

Consent

Physician must obtain prior consent from the recipient before services are rendered, this will count as part of each recipient's benefit limit of 14 annual physician office visits currently allowed.

Source: *AL Medicaid Management Information System Provider Manual, (28-17), July 2020. (Accessed Sept. 2020).*

For rehabilitative services, informed consent is required with specific requirements to be included in the consent. See manual for details.

Source: *AL Medicaid Management Information System Provider Manual, (105-14,15), July 2020. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Out of State Providers

Providers must have an Alabama license.

Source: *AL Medicaid Management Information System Provider Manual, (28-17), July 2020. (Accessed Sept. 2020).*

Miscellaneous

All procedure codes billed for telemedicine services must be billed with modifier GT.

Source: *AL Medicaid Management Information System Provider Manual, (28-17), (105-15), July 2020. (Accessed Sept. 2020).*

Private Payer Laws

Definitions

No reference found.

Requirements

No reference found.

Parity

Service Parity

No reference found.

Payment Parity

No reference found.

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Professional Regulation / Health & Safety

Definitions

Board of Nursing
Telehealth Nursing: The practice of distance nursing care using telecommunications technology.

Source: *AL Admin Code 610-X-6-.01(25). (Accessed Sept. 2020).*

Board of Optometry
Telemedicine: As used in these regulations, a health service that is delivered by a licensed optometrist acting within the scope of his or her license and that requires the use of telecommunications technology other than telephone or facsimile. Telecommunications technology as used herein shall include, but not be limited to:

- Compressed digital interactive video, audio, or data transmission;
- Clinical data transmission using computer imaging by way of still image capture and store and forward;
- Other technology that facilitates access to health care services or optometric specialty services.

Source: *AL Admin Code 630-X-13-.01(7). (Accessed Sept. 2020).*

Board of Social Work
Telehealth is a mode of providing social work services through interactive audio, video or electronic communication occurring between a licensed social worker and the client, including any electronic communication for evaluation, assessment, treatment, and management of confidential information and case records in a secure platform.

Source: *AL Admin Code 850-x-2-.01(7). (Accessed Sept. 2020).*

Consent

Board of Social Work
Consent must be obtained and documented from the client upon initiation of telehealth services.

Source: *AL Admin Code 850-x-2-.04(2)(a). (Accessed Sept. 2020).*

Online Prescribing

The Alabama Board of Medical Examiners holds the position that, when prescribing medications to an individual, the prescriber, when possible, should personally examine the patient. Prescribing medications for patients the physician has not personally examined may be suitable for certain circumstances, including telemedicine.

Licensees are expected to adhere to federal and state statute regarding prescribing of controlled substances.

Source: *AL Admin. Code. r. 540-X-9-.11(2) & (3). (Accessed Sept. 2020).*

Board of Optometry
A distant site provider who provides telemedicine services to a patient that is not present at an established treatment site shall ensure that a proper provider-patient relationship is established, which shall include at least the following:

- Having had at least one face-to-face meeting, either in person, or at an established treatment site via telecommunications;
- Confirming the identity of the person requesting treatment by establishing that the person requesting the treatment is in fact whom he or she claims to be.

Evaluation, treatment, and consultation recommendations made via telemedicine, including, but not limited to the issuance of prescriptions, shall be held to the same standards of practice as those in traditional in-person clinical settings. Distant site providers shall obtain an adequate and complete medical history for the patient before providing treatment and shall document the medical history in the patient record.

Source: *AL Admin Code 630-X-13-.02. (Accessed Sept. 2020).*

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Professional Regulation / Health & Safety

Cross-State Licensing

A special purpose license allowing practitioners licensed in other states to practice across state lines may be issued if an applicant's state of principle license allows for reciprocity.

Source: *Code of AL Sec. 34-24-502 – 507. (Accessed Sept. 2020).*

Member of the interstate medical licensing compact.

Source: *Code of AL Sec. 34-24-520 – 543 & Interstate Medical Licensing Compact. (Accessed Sept. 2020).*

Member of the enhanced nurse's licensure compact.

Source: *Code of AL Sec. 34-21-120 – 130 & Nurse Licensure Compact. (Accessed Sept. 2020).*

Member of the Emergency Services Personnel Licensure Interstate Compact

Source: *Code of AL Sec. 22-18-50 & Interstate Commission for EMS Personnel Practice. (Accessed Sept. 2020).*

Miscellaneous

Professional Board Telehealth-Specific Regulations

- AL Board of Optometrists (**Source:** *AL Admin Code 630-X-13-.02). (Accessed Sept. 2020).*
- AL Board of Nursing (**Source:** *AL Admin Code 610-X-6-.16). (Accessed Sept. 2020).*
- AL Board of Social Work (**Source:** *AL Admin Code 850-x-2-.04). (Accessed Sept. 2020).*

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Alaska

Medicaid Program: Alaska Medicaid

Program Administrator: Alaska Dept. of Health and Social Services, Division of Public Assistance

Regional Telehealth Resource Center: Northwest Regional Telehealth Resource Center www.nrtrc.org

Alaska Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✓	✓	✓	✗	✗	✓

Alaska Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Alaska reimburses for Live Video, Store & Forward & Remote Patient Monitoring, although some restrictions apply.

Definitions

"Alaska Medicaid will pay for telemedicine services delivered in the following manner:

- **Interactive method:** Provider and patient interact in 'real-time' using video/camera and/or dedicated audio conference equipment.
- **Store-and-forward method:** The provider sends digital images, sounds, or previously recorded video to a consulting provider at a different location. The consulting provider reviews the information and reports back his or her analysis.
- **Self-monitoring method:** The patient is monitored in his or her home via a telemedicine application, with the provider indirectly involved from another location."

Source: *State of AK Dept. of Health and Social Svcs., Alaska Medical Assistance Provider Billing Manuals for Community Behavioral Health Services; Mental Health Physician Clinic (1/2/2019); Physician Services (5/13). (Accessed Sept. 2020).*

The department will pay a provider for a telemedicine application if the provider provided the medical services through one of the following methods of delivery in the specified manner:

- **Live or interactive:** the service must be provided through the use of camera, video, or dedicated audio conference equipment on a real-time basis; medical services provided by a telephone that is not a part of a dedicated audio conference system or by a facsimile machine are not eligible for payment under this paragraph
- **Store-and-forward:** the service must be provided through the transference of digital images, sounds, or previously recorded video from one location to another to allow a consulting provider to obtain information, analyze it, and report back to the referring provider
- **Self-monitoring or testing:** the services must be provided by a telemedicine application based in the recipient's home, with the provider only indirectly involved in the provision of the service.

Source: *AK Admin. Code, Title 7, 110.625) & Alaska Medicaid Policy Clarification: Medicaid Telehealth Coverage. May 8, 2020. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Definitions

"Telemedicine means the practice of health care delivery, evaluation, diagnosis, consultation, or treatment, using the transfer of medical data through audio, video, or data communications that are performed over two or more locations between providers who are physically separated from the recipient or from each other."

Source: *AK Admin. Code, Title 7, 12.449 & Sec. 110.639 & Alaska Medicaid Policy Clarification: Medicaid Telehealth Coverage. May 8, 2020. (Accessed Sept. 2020).*

Live Video

Policy

Alaska's Medicaid program will reimburse for services "provided through the use of camera, video, or dedicated audio conference equipment on a real-time basis."

Source: *AK Admin. Code, Title 7, 110.625(a)(1). (Accessed Sept. 2020).*

Alaska Medicaid will pay for a covered medical service furnished through telemedicine application if the service is:

- Covered under traditional, non-telemedicine methods;
- Provided by a treating, consulting, presenting or referring provider;
- Appropriate for provision via telemedicine

Source: *State of AK Dept. of Health and Social Svcs., Alaska Medical Assistance Provider Billing Manuals for Community Behavioral Health Services; Mental Health Physician Clinic (1/2/2019); Physician Services (5/13). (Accessed Sept. 2020).*

The department will pay for telemedicine applications provided by a treating, consulting, presenting, or referring provider for a medical service covered by Medicaid and provided within the scope of the provider's license. A presenting provider is only eligible to receive Medicaid payment for a live or interactive telemedicine application.

Source: *AK Admin. Code, Title 7, 110.630. (Accessed Sept. 2020).*

The department will pay for medical services furnished through telemedicine applications as an alternative to traditional methods of delivering services to Medicaid recipients. For the provider to receive payment, the provider's use of telemedicine applications must comply with the standards for services delivered under the Medicaid program and for the medical services provided by the type of provider, including provisions that affect the efficiency, economy and quality of service; and coverage limitations.

Source: *Alaska Admin Code. Title 7, Sec. 110.620. (Accessed Sept. 2020).*

Eligible Services / Specialties

Medically necessary office consultations provided via telemedicine may be covered only when used as a second opinion and the provider is of a different specialty than the requesting provider. Documentation requirements apply.

Source: *Alaska Medicaid Policy Clarification: office Consultations via Telemedicine Applications. March 30, 2017. (Accessed Sept. 2020) Alaska Medicaid Policy Clairification; Medicaid Telehealth Coverage. May 8, 2020. (Accessed Sept. 2020).*

Eligible services:

- Initial or one follow-up office visit;
- Consultation made to confirm diagnosis;
- A diagnostic, therapeutic or interpretive service;
- Psychiatric or substance abuse assessments;
- Psychotherapy; or
- Pharmacological management services on an individual recipient basis.

Source: *State of AK Dept. of Health and Social Svcs., Alaska Medical Assistance Provider Billing Manuals for Community Behavioral Health Services; Mental Health Physician Clinic (1/2/2019); & Physician Services (5/13) & Alaska Medicaid Policy Clarification: Medicaid Telehealth Coverage. May 8, 2020, (Accessed Sept. 2020).*

Family psychotherapy may be provided through telemedicine, with or without recipient involvement, if the services could not be provided in person and the clinician documents the reason for providing the service telephonically in the recipient's treatment notes for each session.

Source: *AK Dept. of Health and Social Svcs. Billing for Telemedicine Services. Community Behavioral Health Clinic Services; Mental Health Physician Clinic (1/2/19). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

The GT or 95 modifier should be used to indicate live interactive mode. Use place of service code 02.

Source: *Alaska Medicaid Policy Clarification: Medicaid Telehealth Coverage. May 8, 2020. (Accessed Sept. 2020).*

Dental services do not require the use of the telemedicine modifier.

Source: *AK Dept. of Health and Social Svcs. Dental Services. Tribal Services Manual (1/3/17). (Accessed Sept. 2020).*

No reimbursement for:

- Direct entry midwife
- Durable medical equipment (DME)
- End-stage renal disease
- Home and community-based waiver
- Personal care assistant
- Pharmacy
- Private duty nursing
- Transportation and accommodation
- Vision (includes visual care, dispensing, or optician services)

Source: *State of AK Dept. of Health and Social Svcs., Alaska Medical Assistance Provider Billing Manuals for Community Behavioral Health Services; Mental Health Physician Clinic (1/2/2019); Physician Services (5/13), & AK Admin. Code, Title 7, 110.635 & Alaska Medicaid Policy Clarification: Medicaid Telehealth Coverage. May 8, 2020. (Accessed Sept. 2020).*

Eligible Providers

Providers fall into three categories:

- **Referring Provider:** Evaluates a patient, determines the need for a consultation, and arranges services of a consulting provider for the purpose of diagnosis and treatment.
- **Presenting Provider:** Introduces a patient to the consulting provider during an interactive telemedicine session (may assist in the telemedicine consultation).
- **Consulting Provider:** Evaluates the patient and/or medical data/images using telemedicine mode of delivery upon recommendation of the referring provider.

Source: *AK Dept. of Health and Social Svcs. Billing for Telemedicine Services. Audiology Services (6/12); Autism Services (6/12); Chiropractic Services (6/12); Community Behavioral Health Clinic Services (6/12); Direct-Entry Midwives Services (6/12); EPSDT (6/12); Family Planning (6/12); FQHC/RHC (6/12); Imaging Services (6/12); Independent Laboratory (6/12); Mental Health Physician Clinic (6/12); Nutrition (6/12); Physician (6/12); Private Duty Nursing (6/12); Psychologist (6/12); Podiatry (6/12); School-Based Services (6/12); Residential Behavioral Rehabilitation Services (6/12); Therapies (6/12); Vision (6/12) & Alaska Admin Code Title 7, Sec. 110.639. (Accessed Sept. 2020).*

Office consultations performed by a provider of the same specialty within the same organization are not covered.

Source: *Alaska Medicaid Policy Clarification: Office Consultations via Telemedicine Applications. March 30, 2017. (Accessed Sept. 2020).*

Eligible Sites

No reference found.

Geographic Limits

No reference found.

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Medicaid Telehealth Reimbursement

Live Video

Facility/Transmission Fee

The department will pay only for professional services for a telemedicine application of service. The department will not pay for the use of technological equipment and systems associated with a telemedicine application to render the service.

Source: *AK Admin. Code, Title 7, 110.635(b). (Accessed Sept. 2020).*

Store-and-Forward

Policy

Alaska Medicaid will reimburse for Store & Forward telehealth, which is defined as the "provider sends digital images, sounds, or previously recorded video to a consulting provider at a different location. The consulting provider reviews the information and reports back his or her analysis."

Source: *State of AK Dept. of Health and Social Svcs., Alaska Medical Assistance Provider Billing Manuals for Community Behavioral Health Services (1/2/19); Mental Health Physician Clinic (1/2/2019); Physician Services (5/13). (Accessed Sept. 2020).*

The department will pay for medical services furnished through telemedicine applications as an alternative to traditional methods of delivering services to Medicaid recipients. For the provider to receive payment, the provider's use of telemedicine applications must comply with the standards for services delivered under the Medicaid program and for the medical services provided by the type of provider, including provisions that affect the efficiency, economy and quality of service; and coverage limitations. Store-and-forward services must be provided through the transference of digital images, sounds, or previously recorded video from one location to another to allow a consulting provider to obtain information, analyze it, and report back to the referring provider.

Source: *Alaska Admin Code. Title 7, Sec. 110.620 & 625. (Accessed Sept. 2020).*

Eligible Services/Specialties

A consulting provider may send data he/she has received during a store-and-forward telemedicine consultation to another consulting provider (with equal or greater scope of practice as determined by his/her occupational license or level of expertise within their field of specialty).

Source: *AK Dept. of Health and Social Svcs. Billing for Telemedicine Services. Audiology Services (6/12); Autism Services (6/12); Chiropractic Services (6/12); Community Behavioral Health Clinic Services (6/12); Direct-Entry Midwives Services (6/12); EPSDT (6/12); Family Planning (6/12); FQHC/RHC (6/12); Imaging Services (6/12); Independent Laboratory (6/12); Mental Health Physician Clinic (6/12); Nutrition (6/12); Physician (6/12); Private Duty Nursing (6/12); Psychologist (6/12); Podiatry (6/12); School-Based Services (6/12); Residential Behavioral Rehabilitation Services (6/12); Therapies (6/12); Vision (6/12). (Accessed Sept. 2020).*

Eligible services:

- Initial or one follow-up office visit;
- Consultation made to confirm diagnosis;
- A diagnostic, therapeutic or interpretive service;
- Psychiatric or substance abuse assessments;
- Psychotherapy; or
- Pharmacological management services on an individual recipient basis.

Source: *State of AK Dept. of Health and Social Svcs., Alaska Medical Assistance Provider Billing Manuals for Community Behavioral Health Services; Mental Health Physician Clinic (1/2/2019); & Physician Services (5/13) & Alaska Medicaid Policy Clarification: Medicaid Telehealth Coverage. May 8, 2020, (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Store-and-Forward	Geographic Limits	No reference found.
		Transmission Fee	The department will pay only for professional services for a telemedicine application of service. The department will not pay for the use of technological equipment and systems associated with a telemedicine application to render the service. **Source:** *AK Admin. Code, Title 7, 110.635(b). (Accessed Sept. 2020).*
	Remote Patient Monitoring	Policy	Alaska Medicaid will reimburse for services delivered through self-monitoring, where the patient is monitored in their home via a telemedicine application, with the provider indirectly involved from another location. **Source:** *State of AK Dept. of Health and Social Svcs., Alaska Medical Assistance Provider Billing Manuals for Community Behavioral Health Services; Mental Health Physician Clinic (1/2/2019); Physician Services (5/13), & Alaska Medicaid Policy Clarification: Medicaid Telehealth Coverage. May 8, 2020. (Accessed Sept. 2020).* To be eligible for payment under self-monitoring or testing, "the services must be provided by a telemedicine application based in the recipient's home, with the provider only indirectly involved in the provision of the service." **Source:** *AK Admin. Code, Title 7, 110.625(a). (Accessed Sept. 2020).*
		Conditions	No reference found.
		Provider Limitations	No reference found.
		Other Restrictions	No reference found.

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Medicaid Telehealth Reimbursement

Email / Phone / Fax

No reimbursement for telephone when not part of a dedicated audio conference system.
No reimbursement for FAX.

The department will pay only for professional services for a telemedicine application of service. The department will not pay for the use of technological equipment and systems associated with a telemedicine application to render the service.

Source: *State of AK Dept. of Health and Social Svcs., Alaska Medical Assistance Provider Billing Manuals for Community Behavioral Health Services; Mental Health Physician Clinic (1/2/2019); Physician Services (5/13), & AK Admin Code, Title 7, 110.625 & 635. (Accessed Sept. 2020).*

Consent

No reference found.

Out of State Providers

No reference found.

Miscellaneous

Documentation requirements for telemedicine consultations include:

- Statement that the service was provided using telemedicine
- The address location of the patient
- The address location of the provider
- The method of telemedicine used
- The names of all persons participating in the telemedicine service and their role in the encounter
- The inquiry from the requesting provider
- The consulting provider's report back to the requesting provider (see policy for more details).

Source: *Alaska Medicaid Policy Clarification: Office Consultations via Telemedicine Applications. March 30, 2017. (Accessed Sept. 2020).*

Payment to the presenting provider is limited to the rate established for brief evaluation and management of an established patient.

Receiving providers will be reimbursed in the same manner as reimbursement is made for the same service provided through traditional modes of delivery, not to exceed 100 percent of the rate established in state law.

Source: *AK Admin Code, Title 7, 145.270. (Accessed Sept. 2020).*

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Private Payer Laws

Definitions

No reference found.

Requirements

Recently Amended through Legislation (Now Effective)
A health care insurer that offers, issues for delivery, or renews in the state a health care insurance plan in the group or individual market shall provide coverage for benefits provided through telehealth by a health care provider licensed in this state and may not require that prior in-person contact between a health care provider and a patient before payment is made for covered services.

Source: *AK Statute, Sec. 21.42.422 (HB 29 – 2020 Session). (Accessed Sept. 2020).*

Parity

Service Parity

Recently Amended through Legislation (Now Effective)
Health care insurers shall provide coverage for benefits provided through telehealth by a health care provider and may not require that prior in-person contact between a health care provider and a patient before payment is made for covered services.

Source: *AK Statute, Sec. 21.42.422 (HB 29 – 2020 Session). (Accessed Sept. 2020).*

Payment Parity

None.

Professional Regulation/Health & Safety

Definitions

Speech-Language Pathology
Telemedicine services means the delivery of health care services using the transfer of medical data through audio, visual, or data communications that are performed over two or more locations by a provider who is physically separated from the recipient of the health care services.

Source: *AK Statute, Sec. 44.33.381(c) & AK Admin. Code, Title 12, Sec. 07.090(4). (Accessed Sept. 2020).*

Consent

Speech-Language Pathology
Providers who provides telemedicine services must document the efforts to obtain the client's consent to send all records to a client's primary care provider. The consent must be obtained in writing and be signed by the client or client's legal guardian.

Source: *AK Admin. Code, Title 12, Sec. 07.030. (Accessed. Sept. 2020).*

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Professional Regulation/Health & Safety

Online Prescribing

The guiding principles for telemedicine practice in the American Medical Association (AMA), Report 7 of the Council on Medical Service (A-14), Coverage of and Payment for Telemedicine, dated 2014, and the Federation of State Medical Boards (FSMB), Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine, dated April 2014, are adopted by reference as the standards of practice when providing treatment, rendering a diagnosis, prescribing, dispensing, or administering a prescription or controlled substance without first conducting an in-person physical examination.

During a disaster emergency declared by the Governor, an appropriate licensed health care provider need not be present with the patient to assist a physician or physician assistant with examination, diagnosis, and treatment if the physician or physician assistant is prescribing, dispensing or administering buprenorphine to initiate treatment for opioid use disorder and the physician or physician assistant:

- Is a Drug Addiction Treatment Act (DATA) waivered practitioner;
- Documents all attempts to conduct a physical examination and the reason why the examination cannot be performed; and
- Requires urine or oral toxicology screening as part of the patient's medication adherence plan.

Source: *AK Admin. Code, Title 12, Sec. 40.943 & Emergency Regulations made permanent. (Accessed Sept. 2020).*

A physician is not subject to disciplinary sanctions for rendering a diagnosis, treatment or prescribing a prescription drug (except a controlled substance) without a physical examination if the physician or another health care provider or physician in the physician's group practice is available for follow up care and the physician requests that the person consent to sending a copy of all records of the encounter to the person's primary care provider.

If the above requirements are met, a physician may also prescribe a controlled substance or botulinum toxin when an appropriate licensed health care provider is present with the patient to assist the physician with examination, diagnosis and treatment.

Source: *Alaska Department of Commerce, Medical Statutes and Regulations March 2020. (Accessed Sept. 2020).*

Physicians are prohibited from prescribing medications based solely on a patient-supplied history received by telephone, FAX, or electronic format.

Source: *AK Admin. Code, Title 12, Sec. 40.967(27). (Accessed Sept. 2020).*

Cross-State Licensing

No reference found.

Miscellaneous

The Department of Commerce, Community and Economic Development has adopted regulations for establishing and maintaining a registry of businesses performing telemedicine in the state.

See business registry regulations for more details.

Source: *AK Admin Code. Sec. 600 (Accessed Sept. 2020) & AK Dept. of Commerce, Community, and Economic Development, Occupational Licensing Centralized Regulations, Article 5. Aug. 2020. (Accessed Sept. 2020).*

Professional Board Telehealth-Specific Regulations

- Medical Board (**Source:** *AK Admin. Code, Title 12, Sec. 40.943). (Accessed Sept. 2020).*
- Speech-Language Pathology (**Source:** *AK Admin. Code, Title 12, Sec. 07.020). (Accessed Sept. 2020).*

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Arizona

Medicaid Program: Arizona Health Care Cost Containment System (AHCCCS)

Program Administrator: Arizona Health Care Cost Containment System Administration

Regional Telehealth Resource Center: Southwest Telehealth Resource Center www.southwesttrc.org

Arizona Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✓	✓	✓	✗	NLC, PSYPACT, PTC	✓

Arizona Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Arizona Health Care Cost Containment System (AHCCCS) reimburses for live video for certain services delivered at specific originating sites by specific providers. They reimburse for store-and-forward for specific specialties and for remote patient monitoring, although restrictions apply.

All services provided via telehealth must be medically necessary, non-experimental and cost-effective services. Services are billed by the individual provider (located at the distant site). Tele-presenter services are not billable.

Source: *AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Manual, Ch. 10: Individual Practitioner Services, (10-46 & 48), (07/01/2020) & IHS/Tribal Provider Billing Manual (8/48 & 50), (07/01/2020). (Accessed Sept. 2020).*

Definitions

Teledentistry is "the acquisition and transmission of all necessary subjective and objective diagnostic data through interactive audio, video or data communications by an AHCCCS registered dental provider to a dentist at a distant site for triage, dental treatment planning, and referral."

Telemedicine is "the practice of synchronous (real-time) health care delivery, diagnosis, consultation and treatment and the transfer of medical data through interactive audio, video or data communications that occur in the physical presence of the patient.

Source: *AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Manual, Ch. 10: Individual Practitioner Services, (10/47-48), (07/01/2020) & IHS/Tribal Provider Billing Manual, (8/49-50), (07/01/2020). (Accessed Sept. 2020).*

Teledentistry is "the acquisition and transmission of all necessary subjective and objective diagnostic data through interactive audio, video or data communications by an AHCCCS registered dental provider to a dentist at a distant site for triage, dental treatment planning, and referral.

Telemedicine is "the practice of synchronous (real-time) health care delivery, diagnosis, consultation, and treatment and the transfer of medical data through interactive audio and video communications that occur in the physical presence of the patient."

Telehealth is "healthcare services delivered via asynchronous (store-and-forward), remote patient monitoring, teledentistry, or telemedicine (interactive audio and video).

Source: *AZ Health Care Cost Containment System, AHCCCS Medical Policy for AHCCCS Covered Services, Ch. 300, (320-I pg. 1-2). Oct. 2019. (Accessed Sept. 2020).*

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Live Video

Policy

Fee-for Service-Provider Manual
AHCCCS will reimburse for medically necessary, non-experimental and cost-effective services provided via telehealth in their fee for service program.

Telehealth may include healthcare services delivered via teledentistry, telemedicine, or asynchronous (store-and-forward).

Source: *AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Manual, Ch. 10: Individual Practitioner Services, (10/47-48), (07/01/2020) & IHS/Tribal Provider Billing Manual, (8/49-50), (07/01/2020). (Accessed Sept. 2020).*

Eligible Services / Specialties

Some of the services that can be covered via real-time telehealth include, but are not limited to:

- Behavioral Health
- Cardiology
- Dentistry
- Dermatology
- Endocrinology
- Hematology/Oncology
- Home Health
- Infectious Diseases
- Inpatient Consultations
- Medical Nutrition Therapy (MNT)
- Neurology
- Obstetrics/Gynecology
- Oncology/Radiation
- Ophthalmology
- Orthopedics
- Office Visits (adult and pediatric)
- Outpatient Consultations
- Pain Clinic
- Pathology & Radiology
- Pediatrics and Pediatric Subspecialties
- Pharmacy Management
- Rheumatology
- Surgery Follow-Up and Consultations

Behavioral health services are covered for AHCCS and KidsCare members.

Covered behavioral health services can include, but are not limited to:

- Diagnostic consultation and evaluation,
- Psychotropic medication adjustment and monitoring,
- Individual and family counseling, and
- Case management.

For a complete code set of services, along with their eligible place of service and modifiers, that can be billed as telehealth please visit the AHCCCS Medical Coding Resources webpage.

Source: *AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Manual, Ch. 10: Individual Practitioner Services, (10/46-49), (07/01/2020); IHS/Tribal Provider Billing Manual, Ch. 8 Individual Practitioner Services (8/48 & 50), (07/01/2020). (Accessed Sept. 2020).*

Prolonged preventive services, beyond the typical service of the primary procedure, that require direct patient contact and occur in either the office or another outpatient setting are covered under telehealth.

Source: *AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Manual, Ch. 10: Individual Practitioner Services, (10/49), (07/01/2020). (Accessed Sept. 2020).*

AHCCCS Policy Manual
AHCCCS covers medically necessary, non-experimental, and cost-effective Telehealth services provided by AHCCCS registered providers.

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Synchronous (real-time) Telemedicine:

- Shall not replace provider choice for healthcare delivery modality.
- Shall not replace member choice for healthcare delivery modality.
- Shall be AHCCCS-covered services that are medically necessary and cost effective.

AHCCCS covers Teledentistry for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) aged members when provided by an AHCCCS registered dental provider. Teledentistry includes the provision of preventative and other approved therapeutic services by the AHCCCS registered Affiliated Practice Dental Hygienist, who provides dental hygiene services under an affiliated practice relationship with a dentist. Teledentistry does not replace the dental examination by the dentist, limited periodic and comprehensive examinations cannot be billed through the use of Teledentistry alone.

Non-emergency transportation (NEMT) is a covered benefit for member transport to and from the Originating Site where applicable.

Source: *AZ Medical Policy for AHCCCS Covered Services. Telehealth and Telemedicine Ch 300, (320-I pg. 2-3), Oct. 2019. (Accessed Sept. 2020).*

Teledentistry services will be reimbursed for enrollees under the age of 21.

Source: *AZ Statute, Sec. 36-2907.13. (Accessed Sept. 2020).*

Eligible Providers

Fee-for-Service Provider Manual & IHS/Tribal Provider Billing Manual
Telehealth, including Teledentistry services, may be provided by AHCCCS registered providers, within their scope of practice.

Source: *AZ Health Care Cost Containment System, AHCCCS Fee-For- Service Provider Manual, Ch. 10: Individual Practitioner Services, (10-49), (07/01/2020) & IHS/Tribal Provider Billing Manual (8/51), (07/01/2020). (Accessed Sept. 2020).*

Telehealth and telemedicine may qualify as a FQHC/RHC visit if it meets the requirements as specified in AMPM Policy 320-I.

Source: *AZ Health Care Cost Containment System, AHCCCS. Provider Qualifications and Provider Requirements. Ch. 600, (670 Pg. 3). Oct. 2015 (Accessed Jul. 2020) & AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Manual, Ch. 10 Addendum: FQHC/RHC, (10-3), (7/26/2019). (Accessed Sept. 2020).*

Eligible Sites

Fee-for-service manual definitions:
Distant site means "the site at which the provider delivering the service is located at the time the service is provided via telehealth (formerly hub site)."

Originating site means "the location of the AHCCCS member at the service is being furnished via telehealth or where the asynchronous service originates (formerly spoke site). This is considered the place of service."

Source: *AZ Health Care Cost Containment System, AHCCCS Fee-For- Service Provider Manual, Ch. 10: Individual Practitioner Services, (10-48), (07/01/2020) & IHS/Tribal Provider Billing Manual, (8/50), (07/01/2020). (Accessed Sept. 2020).*

Geographic Limits

There are no geographic restrictions for telehealth. Services delivered via telehealth are covered by AHCCCS in rural and urban regions.

Source: *AZ Medical Policy for AHCCCS Covered Services. Telehealth and Telemedicine Ch 300, (320-I pg. 2), Oct. 2019, AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Manual, Ch. 10: Individual Practitioner Services, (10-46), & IHS/Tribal Provider Billing Manual, (8/50), (07/01/2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Facility/Transmission Fee

No reference found.

Store-and-Forward

Policy

Asynchronous (store-and-forward) is "transmission of recorded health history (e.g. pre-recorded videos, digital data, or digital images, such as x-rays and photos) through a secure electronic communications system between a practitioner, usually a specialist, and a member or other practitioner, in order to evaluate the case or to render consultative and/or therapeutic services outside of a synchronous (real-time) interaction. As compared to a real-time member care, synchronous care allows practitioners to assess, evaluate, consult, or treat conditions using secure digital transmission services, data storage services, and software solutions."

Source: *AZ Health Care Cost Containment System, AHCCCS Medical Policy for AHCCCS Covered Services, Ch. 300, (320-I pg. 1-2). Oct. 2019 & AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Manual, Ch. 10: Individual Practitioner Services, (10/47-48), (07/01/2020). (Accessed Sept. 2020).*

AHCCCS will reimburse for store-and-forward in their fee-for-service program for certain services.

Source: *AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Manual, Ch. 10: Professional and Technical Services, (10-46), (07/01/2020) & IHS/Tribal Provider Billing Manual, (8/48), (07/01/2020). (Accessed Sept. 2020).*

Eligible Services/Specialties

The following services are covered via asynchronous telehealth (store-and-forward):

- Behavioral Health
- Cardiology
- Dermatology
- Infectious Disease
- Neurology
- Ophthalmology
- Pathology
- Radiology

Covered behavioral health services can include, but are not limited to:

- Diagnostic consultation and evaluation,
- Psychotropic medication adjustment and monitoring,
- Individual and family counseling, and
- Case management.

Covered behavioral health services via asynchronous telehealth can include Naturalistic Observation Diagnostic Assessment (NODA).

Source: *AZ Health Care Cost Containment System, AHCCCS Fee-For- Service Provider Manual, Ch. 10: Professional and Technical Services, (10/47-49), (07/01/2020) & IHS/Tribal Provider Billing Manual, (8/49-50), (07/01/2020).(Accessed Sept. 2020).*

AHCCS Medical Policy Manual

AHCCCS only covers store-and-forward for the following:

- Dermatology
- Radiology
- Ophthalmology
- Pathology
- Neurology
- Cardiology
- Behavioral Health
- Infectious Disease
- Allergy/Immunology

Source: *AZ Medical Policy for AHCCCS Covered Services. Telehealth and Telemedicine Ch 300, (320-I pg. 2), Oct. 2019. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Store-and-Forward	Geographic Limits	There are no geographic restrictions for telehealth. Services delivered via telehealth are covered by AHCCCS in rural and urban regions. **Source:** *AZ Medical Policy for AHCCCS Covered Services. Telehealth and Telemedicine Ch 300, (320-I pg. 2), Oct. 2019. & AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Manual, Ch. 10: Individual Practitioner Services, (10-46). (Accessed Sept. 2020).*
		Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	Remote Patient Monitoring is "personal health and medical data collection from a member in one location via electronic communication technologies, which is transmitted to a provider in a different location for use in providing improved chronic disease management, care, and related support. Such monitoring may be either synchronous (real-time) or asynchronous (store-and-forward). **Source:** *AZ Health Care Cost Containment System, AHCCCS Medical Policy for AHCCCS Covered Services, Ch. 300, (320-I pg. 1-2). Oct. 2019. (Accessed Sept. 2020).* AHCCCS will reimburse for remote patient monitoring in their fee-for-service program. **Source:** *AZ Medical Policy for AHCCCS Covered Services. Telehealth and Telemedicine Ch 300, (320-I pg. 1), Oct. 2019. (Accessed Sept. 2020).*
		Conditions	No reference found.
		Provider Limitations	No reference found.
		Other Restrictions	Remote patient monitoring: 1. Shall not replace provider choice for healthcare delivery modality. 2. Shall not replace member choice for healthcare delivery modality. 3. Shall be AHCCCS-covered services that are medically necessary and cost effective. **Source:** *AZ Medical Policy for AHCCCS Covered Services. Telehealth and Telemedicine Ch 300, (320-I pg. 3), Oct. 2019. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Email / Phone / Fax

No reference found.

Consent

Informed consent standards for telehealth services should adhere to all applicable statutes and policies governing telehealth.

Source: *AZ Health Care Cost Containment System. Telehealth and Telemedicine Ch 300, (320-I pg. 3), Oct. 2019. (Accessed Sept. 2020).*

Before a provider delivers health care via telehealth, informed consent, written or verbal, is required to be obtained from a member or the member's Health Care Decision Maker. Exceptions to this consent requirement include:

- If the telehealth interaction does not take place in the physical presence of the member,
- In an emergency situation in which the member, or when applicable, the member's Health Care Decision Maker is unable to give Informed Consent, or
- Transmission of diagnostic images to a health care provider serving as a consultant or the reporting of diagnostic test results by that consultant.

Source: *AZ Health Care Cost Containment System. AHCCCS General and Informed Consent, Ch. 320-Q. pg. 4. 07/01/20. (Accessed Sept. 2020).*

Out of State Providers

No reference found.

Miscellaneous

Contractors shall promote the use of telehealth to support an adequate provider network.

Source: *AZ Medical Policy for AHCCCS Covered Services. Telehealth and Telemedicine Ch 300, (320-I pg. 2), Oct. 2019. (Accessed Sept. 2020).*

Behavioral Health Medical Record Requirements include the requirement for members receiving services via telemedicine, to have copies of electronically recorded information of direct, consultative or collateral clinical interviews.

Source: *AZ Medical Policy for AHCCCS. Ch. 940: Quality Management and Performance Improvement Program. Pg. 5 & 6. (9/01/2020). (Accessed Sept. 2020).*

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Private Payer Laws

Definitions

Effective Until January 1, 2021
"Telemedicine means the interactive use of audio, video or other electronic media for the purpose of diagnosis, consultation or treatment. Does not include the sole use of an audio-only telephone, a video-only system, a facsimile machine, instant messages or electronic mail."

Source: *AZ Rev. Statutes. Sec. 20-841.09 & AZ Rev. Statute Sec. 20-1057.13 & 20-1376.05 & 20-1406.05. (Accessed Sept. 2020).*

Effective After January 1, 2021
[Telemedicine] means the interactive use of audio, video or other electronic media, including asynchronous store-and-forward technologies and remote patient monitoring technologies, for the purpose of diagnosis, consultation or treatment. [Telemedicine] does not include the sole use of an audio-only telephone, a video-only system, a facsimile machine, instant messages or electronic mail.

Source: *AZ Senate Bill 1089 (2019). & AZ Rev. Statutes. Sec. 20-841.09 & 20-1057.13 & 20-1376.05 & 20-1406.05. (Accessed Sept. 2020).*

Under Arizona Administrative Code, Department of Insurance, Health Care Services Organizations Oversight, "telemedicine means diagnostic, consultation, and treatment services that occur in the physical presence of an enrollee on a real-time basis through interactive audio, video, or data communication."

Source: *AZ Admin. Code Sec. R20-6-1902. Pg. 127. (Accessed Sept. 2020).*

Requirements

Effective Until January 1, 2021
All contracts (Health Care Service Organizations and policies) must provide coverage for specified health care services that are provided through telemedicine if the health care service would be covered were it provided through in-person consultation between the subscriber and a health care provider and provided to a subscriber receiving the service in Arizona. Only applies to specific conditions and settings. A contract may limit the coverage to those health care providers who are members of the corporation's provider network.

Services provided through telemedicine or resulting from a telemedicine consultation shall comply with Arizona licensure requirements, accreditation standards and any practice guidelines of a national association of medical professionals promoting access to medical care for consumers via telecommunications technology or other qualified medical professional societies to ensure quality of care.

Source: *AZ Rev. Statues. Sec. 20-841.09 & AZ Rev. Statute Sec. 20-1057.13 & 20-1376.05 & 20-1406.05. (Accessed Sept. 2020).*

Effective After January 1, 2021
All contracts (Health Care Service Organizations and policies) issued, delivered or renewed on or after January 1, 2018 must provide coverage for health care services that are provided through telemedicine if the health care service would be covered were it provided through in-person consultation between the subscriber and a health care provider and provided to a subscriber receiving the service in this state. A corporation may not limit or deny coverage of health care services provided through telemedicine and may apply only the same limits or exclusions on a health care service provided through telemedicine that are applicable to an in-person consultation for the same health care service. The contract may limit the coverage to those health care providers who are members of the corporation's provider network.

Source: *AZ Senate Bill 1089 (2019). & AZ Rev. Statutes. Sec. 20-841.09 & 20-1057.13 & 20-1376.05 & 20-1406.05. (Accessed Sept. 2020).*

Health Care Service Organizations (HCSO) are allowed, but not mandated, to provide access to covered services through telemedicine, telephone, and email.

Source: *AZ Admin. Code Sec. R20-6-1915. Pg. 130. (Accessed Sept. 2020).*

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Parity

Service Parity

Effective Until January 1, 2021
No parity. Requirement for telehealth coverage only applies to the following conditions and settings:

- Trauma
- Burn
- Cardiology
- Infectious diseases
- Mental health disorders
- Neurologic diseases including strokes
- Dermatology
- Pulmonology
- Urology
- Pain Medicine
- Substance Abuse

Source: *AZ Senate Bill 1089 (2019) & AZ Rev. Statues. Sec. 20-841.09 & AZ Rev. Statute Sec. 20-1057.13 & 20-1376.05 & 20-1406.05. (Accessed Sept. 2020).*

Effective After January 1, 2021
Health care services must be covered through telemedicine if the health care service would be covered when delivered in-person. Services provided through telemedicine or resulting from a telemedicine consultation are subject to all of Arizona's laws and rules governing prescribing, dispensing and administering prescription pharmaceuticals and devices and shall comply with Arizona licensure requirements, and any practice guidelines of a national association of medical professionals promoting access to medical care for consumers via telecommunications technology or other qualified medical professional societies to ensure quality of care. This section does not apply to limited benefit coverage as defined in section 20-1137.

Source: *AZ Senate Bill 1089 (2019). & AZ Rev. Statutes. Sec. 20-841.09 & 20-1057.13 & 20-1376.05 & 20-1406.05. (Accessed Sept. 2020).*

Payment Parity

No explicit payment parity.

Professional Regulation/Health & Safety

Definitions

Under Arizona Statute, Public Health & Safety, "telemedicine means the practice of health care delivery, diagnosis, consultation and treatment and the transfer of medical data through interactive audio, video or data communications that occur in the physical presence of the patient, including audio or video communications sent to a health care provider for diagnostic or treatment consultation."

Source: *AZ Revised Statute Sec. 36-3601. (Accessed Sept. 2020).*

Under the Board of Behavioral health, "telepractice" means providing behavioral health services through interactive audio, video or electronic communication that occurs between the behavioral health professional and the client, including any electronic communication for evaluation, diagnosis and treatment, including distance counseling, in a secure platform, and that meets the requirements of telemedicine pursuant to section 36-3602.

Source: *AZ Revised Statute Sec. 32-3251(15). (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Consent

Providers must obtain and document verbal or written consent before delivery of services. Verbal consent should be documented on the patient's medical record.

The consent requirement does not apply in the following circumstances:

- If the telemedicine interaction does not take place in the physical presence of the patient.
- In an emergency situation in which the patient or the patient's health care decision maker is unable to give informed consent.
- To the transmission of diagnostic images to a health care provider serving as a consultant or the reporting of diagnostic test results by that consultant.

Source: *AZ Revised Statute Sec. 36-3602. (Accessed Sept. 2020).*

Online Prescribing

Physicians are prohibited from issuing a prescription to patients without having a physical or mental health status examination to establish a provider-patient relationship.

The physical or mental health status examination can be conducting during a real-time telemedicine encounter, unless the examination is for purpose of obtaining a written certification from the physician for medical marijuana.

Source: *Arizona Revised Statute Sec. 32-1401(tt). (Accessed Sept. 2020).*

Cross State Licensing

An out-of-state doctor may engage in a single or infrequent consultation with an Arizona physician if the consultation regards a specific patient or patients.

Source: *AZ Revised Statute Sec. 32-1421. (Accessed Sept. 2020).*

Arizona has conditionally repealed and asked to withdraw from the Interstate Medical Licensure Compact.

Source: *AZ Revised Statute Sec. 32-3241. (Accessed Sept. 2020).*

Member of Nurse Licensure Compact.

Source: *AZ Revised Statute Sec. 32-1660 & Nurse Licensure Compact. (Accessed Sept. 2020).*

Member of Physical Therapy Compact.

Source: *AZ Revised Statute Sec. 32-2053 & Physical Therapy Compact. (Accessed Sept. 2020).*

Member of Psychology Interjurisdictional Compact.

Source: *PSYPACT. (Accessed Sept. 2020).*

Miscellaneous

Arizona explicitly prohibits the use of telemedicine to provide an abortion.

Source: *AZ Revised Statute Sec. 36-3604. (Accessed Sept. 2020).*

Professional regulation with telehealth specific standards

- Board of Psychologist Examiners (**Source:** *AZ Reg. Sec. R4-26-109). (Accessed Sept. 2020).*
- Board of Behavioral Health Examiners (**Source:** *AZ Reg. Sec. R4-6-1106). (Accessed Sept. 2020).*

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Arkansas

Medicaid Program: Arkansas Medicaid

Program Administrator: Arkansas Department of Human Services

Regional Telehealth Resource Center: South Central Telehealth Resource Center www.learntelehealth.org

Arkansas Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✓	✓	✗	NLC, PTC	✓

Arkansas Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Arkansas Medicaid reimburses for live video when the telemedicine service is comparable to an in-person service. Store-and-forward and remote patient monitoring is included in Medicaid's definition of telemedicine, but there was no specific information found regarding reimbursement of the modalities.

Definitions

Telemedicine is defined as the use of electronic information and communication technology to deliver healthcare services including without limitation, the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient. Telemedicine includes store-and-forward technology and remote patient monitoring.

> **Source:** *AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated Aug. 1, 2018. (Accessed Sept. 2020) & Section III Billing Documentation. Rule 305.000. Updated Aug. 1, 2018 & PASSE Program (3/1/19) & AR Admin. Rule 016.06.18. (Accessed Sept. 2020).*

Provider-Led Arkansas Shared Savings Entity (PASSE) Program
The following activities will not be considered a reportable encounter when delivered to a member of the PASSE:

- Audio-only communication including without-limitation, interactive audio;
- A facsimile machine;
- Text messaging; or
- Electronic mail systems

Virtual services are telemedicine, telehealth, e-consulting, and provider home visits that are part of a patient care treatment plan and are provided at the individual's home or in a community setting. These services are provided using mobile secure telecommunication devices, electronic monitoring equipment, and include clinical provider care, behavioral health therapies, speech, occupational and physical therapy services, and treatment provided to an individual at their residence.

> **Source:** *PASSE Program, Sec. II, p. 8-9, (3/1/19). (Accessed Sept. 2020).*

Arkansas Medicaid defines telemedicine services as medical services performed as electronic transactions in real time.

> **Source:** *AR Medicaid Provider Manual. Section II Rural Health. Rule 211.300. Updated Oct. 13, 2003. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Definitions

Telemedicine means the use of electronic information and communication technology to deliver healthcare services, including without limitation the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient. Telemedicine includes store-and-forward and remote patient monitoring. Telemedicine does not include the use of audio-only communication including without limitation interactive audio; a facsimile machine; text messaging; or electronic mail systems.

Source: *AR Code 23-79-1601(7). (Accessed Sept. 2020).*

Live Video

Policy

Arkansas Medicaid provides payment to a licensed or certified healthcare professional or a licensed or certified entity for services provided through telemedicine if the service provided through telemedicine is comparable to the same service provided in-person.

Coverage and reimbursement for services provided through telemedicine will be on the same basis as for services provided in-person. While a distant site facility fee is not authorized under the Telemedicine Act, if reimbursement includes payment to an originating site (as outlined in the above paragraph), the combined amount of reimbursement to the originating and distant sites may not be less than the total amount allowed for healthcare services provided in-person.

Source: *AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated Aug. 1, 2018. & AR Admin. Rule 016.06.18. (Accessed Sept. 2020).*

Arkansas Medicaid shall provide payment for telemedicine healthcare services to licensed or certified healthcare professionals or entities that are authorized to bill Arkansas Medicaid directly for healthcare services. Coverage and reimbursement for healthcare services provided through telemedicine shall be reimbursed on the same basis as healthcare services provided in-person.

Source: *Section III Billing Documentation. Rule 305.000. Updated Aug. 1, 2018. (Accessed Sept. 2020).*

Rural Health Centers
In order for a telemedicine encounter to be covered by Medicaid, the practitioner and the patient must be able to see and hear each other in real time.

Source: *AR Medicaid Provider Manual. Section II Rural Health. Rule 211.300. Updated Oct. 13, 2003. (Accessed Sept. 2020).*

Eligible Services / Specialties

Arkansas Medicaid must provide coverage and reimbursement for healthcare services provided through telemedicine on the same basis as they provide coverage and reimbursement for health services provided in-person.

Source: *AR Code 23-79-1602(c). (Accessed Sept. 2020).*

Telemedicine is listed as an allowed delivery mode under the Outpatient Behavioral Health Services manual to inpatient hospital patients and to nursing home residents. Certain services can only be provided via telemedicine to patients 21 and above or 18 and above. See the manual for more information.

Source: *AR Medicaid Provider Manual. Section II OBHS. Rule 252.100 & 111. Updated Mar. 1, 2019. (Accessed Sept. 2020).*

Rural Health Centers
Arkansas Medicaid covers RHC encounters and two ancillary services (fetal echography and echocardiology) as “telemedicine services”. Physician interpretation of fetal ultrasound is covered as a telemedicine service if the physician views the echography or echocardiography output in real time while the patient is undergoing the procedure.

Source: *AR Medicaid Provider Manual. Section II Rural Health. Rule 211.300. Updated Oct. 13, 2003. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Patient-Led Arkansas Shared Savings Entity (PASSE) Program
Virtual services can be provided using mobile secure telecommunication devices, electronic monitoring equipment and include clinical provider care, behavioral health therapies, speech, occupational and physical therapy services, and treatment provided to an individual at their residence. They may include the provision of on-going care management, remote telehealth monitoring and consultation, face to face or through the use secure web-based communication and mobile telemonitoring technologies to remotely monitor and evaluate the patient's functional and health status.

Source: *PASSE Program, p. II-9, (3/1/19). (Accessed Sept. 2020).*

Eligible Providers

The professional or entity at the distant site must be an enrolled Arkansas Medicaid Provider.

Source: *AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated Aug. 1, 2018. (Accessed Sept. 2020) & Section III Billing Documentation. Rule 305.000. Updated Aug. 1, 2018. (Accessed Sept. 2020) & AR Admin. Rule 016.06.18. (Accessed Sept. 2020).*

The distant site provider should use the GT modifier and Place of Service 02 when billing CPT or HCPCS codes.

Source: *AR Medicaid Provider Manual. Section III Billing Documentation. Rule 305.000. Updated Aug. 1, 2018. (Accessed Sept. 2020) & AR Admin. Rule 016.06.18. (Accessed Sept. 2020).*

Patient-Led Arkansas Shared Savings Entity (PASSE) Program
The provision of virtual care can include an interdisciplinary care team or be provided by individual clinical service provider.

Source: *PASSE Program, p. II-9 (3/1/19). (Accessed Sept. 2020).*

Medication-Assisted Treatment for Opioid Use Disorder
Providers are encouraged to use telemedicine services when in-person treatment is not readily accessible.

Source: *AR Admin. Rule 230.000 (9/1/2020). (Accessed Sept. 2020).*

Eligible Sites

Patient-Led Arkansas Shared Savings Entity (PASSE) Program
Virtual and telehealth services can be provided at the individual's home or in a community setting.

Source: *PASSE Program, II-9 (3/1/19). (Accessed Sept. 2020).*

Geographic Limits

No reference found.

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Medicaid Telehealth Reimbursement

Live Video

Facility/Transmission Fee

Payment will include a reasonable facility fee to the originating site operated by a licensed or certified healthcare professional or licensed or certified healthcare entity if the professional or entity is authorized to bill Arkansas Medicaid directly for healthcare services. There is no facility fee for the distant site.

> **Source:** *AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated Aug. 1, 2018. & Section III Billing Documentation. Rule 305.000. Updated Aug. 1, 2018. (Accessed Sept. 2020). & AR Admin. Rule 016.06.18. (Accessed Sept. 2020).*

The originating site submits a telemedicine claim under the billing providers "pay to" information using HCPCS code Q3014. For outpatient services, the distant provider must also use Place of Service code 22 with the originating site billing Q3014. In the case of in-patient services, HCPCS code Q3014 is not separately reimbursable because it is included in the hospital per diem. See manual for further instructions.

> **Source:** *AR Medicaid Provider Manual. Section III Billing Documentation. Rule 305.000. Updated Aug. 1, 2018. (Accessed Sept. 2020) & AR Admin. Rule 016.06.18. (Accessed Sept. 2020).*

Federally Qualified Health Centers
Use procedure code T1014 and type of service code Y (paper claims only) to indicate telemedicine charges. The charge associated with the procedure code should be an amount attributable to the telemedicine service, such as line (or wireless) charges. Medicaid will deny the charge and capture it in the same manner as with ancillary charges.

> **Source:** *AR Medicaid Provider Manual. Section II FQHC. Rule 262.120. Updated Nov. 1, 2017. (Accessed Sept. 2020).*

Arkansas Medicaid must provide a reasonable facility fee to an originating site operated by a licensed healthcare entity or healthcare professional.

> **Source:** *AR Code 23-79-1602(d) (1). (Accessed Sept. 2020).*

Store-and-Forward

Policy

Store-and-forward technology is the transmission of a patient's medical information from a healthcare provider at an originating site to a healthcare provider at a distant site.

> **Source:** *AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated Aug. 1, 2018. & AR Admin. Rule 016.06.18. (Accessed Sept. 2020).*

Although store-and-forward is included in Medicaid's definition of telemedicine, no information was found regarding reimbursement of store-and-forward.

Patient-Led Arkansas Shared Savings Entity (PASSE) Program
Virtual providers can use secure web-based communication to remotely monitor and evaluate the patient's functional and health status.

> **Source:** *PASSE Program. P. II-9, (3/1/19). (Accessed Sept. 2020).*

Eligible Services/Specialties

No reference found.

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Medicaid Telehealth Reimbursement	Store-and-Forward	Geographic Limits	No reference found.
		Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	Remote patient monitoring means the use of electronic information and communication technology to collect personal health information and medical data from a patient at an originating site that is transmitted to a healthcare provider at a distant site for use in the treatment and management of medical conditions that require frequent monitoring. **Source:** *AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated Aug. 1, 2018. & AR Admin. Rule 016.06.18. (Accessed Sept. 2020).* Although remote patient monitoring is included in Medicaid's definition of telemedicine, no information was found regarding reimbursement of store-and-forward. **Patient-Led Arkansas Shared Savings Entity (PASSE) Program** Virtual providers can use mobile telemonitoring technologies to remotely monitor and evaluate the patient's functional and health status. **Source:** *PASSE Program, p. II-9 (3/1/19). (Accessed Sept. 2020).*
		Conditions	No reference found.
		Provider Limitations	No reference found.
		Other Restrictions	No reference found.

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Medicaid Telehealth Reimbursement

Email / Phone / Fax

Once a professional relationship is established, the healthcare provider may provide healthcare services through telemedicine, including interactive audio, if the healthcare services are within the scope of practice for which the healthcare provider is licensed or certified and in accordance with the safeguards established by the healthcare professionals licensing board. The use of interactive audio is not reimbursable under Arkansas Medicaid.

Source: *AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. p. I-14 Updated Aug. 1, 2018. (Accessed Sept. 2020) & AR Admin. Rule 016.06.18. (Accessed Sept. 2020).*

Provider-Led Arkansas Shared Savings Entity (PASSE) Program
The following activities will not be considered a reportable encounter when delivered to a member of the PASSE:

- Audio-only communication including without-limitation, interactive audio;
- A facsimile machine;
- Text messaging; or
- Electronic mail systems

Source: *PASSE Program, p. II-8, (3/1/19). (Accessed Sept. 2020).*

Consent

A provider must obtain informed consent, as required by applicable state and federal laws, rules and regulations.

Source: *AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated Aug. 1, 2018. (Accessed Sept. 2020) & AR Admin. Rule 016.06.18. (Accessed Sept. 2020).*

Provider-Led Arkansas Shared Savings Entity (PASSE) Program
Virtual and telehealth services are provided in lieu of providing the same services at a practice site or provided at the individual's place of residence. Therefore, these services must have patient consent, documented in the patient integrated medical records, and submitted as a claims or encounter from a contracted provider as medically necessary service.

Source: *: PASSE Program, p. II-9, (3/1/19). (Accessed Sept. 2020).*

Out of State Providers

A healthcare provider treating patients in Arkansas through telemedicine shall be fully licensed or certified to practice in Arkansas and is subject to the rules of the appropriate state licensing or certification board. This requirement does not apply to the acts of a healthcare provider located in another jurisdiction who provides only episodic consultation services.

Source: *AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated Aug. 1, 2018. (Accessed Sept. 2020) & AR Admin. Rule 016.06.18. (Accessed Sept. 2020).*

Miscellaneous

The distant site provider is prohibited from utilizing telemedicine with a patient unless a professional relationship exists between the provider and patient. See manual for ways to establish the relationship. A professional relationship is established if the provider performs a face-to-face examination using real time audio and visual telemedicine technology that provides information at least equal to such information as would have been obtained by an in-person examination; or if the establishment of a professional relationship is permitted via telemedicine under the guidelines outlined in ASMB regulations. Telemedicine may be used to establish the professional relationship only for situations in which the standard of care does not require an in-person encounter and only under the safeguards established by the healthcare professional's licensing board (See ASMB Regulation 38 for these safeguards including the standards of care). See manual for full list of requirements on establishing a professional relationship. Special requirements also exist for providing telemedicine services to a minor in a school setting (see manual).

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Medicaid Telehealth Reimbursement

Miscellaneous

A healthcare provider providing telemedicine services within Arkansas shall follow applicable state and federal laws, rules and regulations regarding:

1. Informed consent;
2. Privacy of individually identifiable health information;
3. Medical record keeping and confidentiality, and
4. Fraud and abuse.

Source: *AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated Aug. 1, 2018. (Accessed Sept. 2020).*

Patient-Led Arkansas Shared Savings Entity (PASSE) Program
If the PASSE allows the use of telemedicine, the PASSE must document what services the PASSE allows, the settings allowed, and the qualifications for individuals to perform services via telemedicine.

Source: *PASSE Program, II-26, (3/1/19). (Accessed Sept. 2020).*

Private Payer Laws

Definitions

Telemedicine means the use of electronic information and communication technology to deliver healthcare services, including without limitation the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient. Telemedicine includes store-and-forward and remote patient monitoring. Telemedicine does not include the use of audio-only communication including without limitation interactive audio; a facsimile machine; text messaging; or electronic mail systems.

Source: *AR Code 23-79-1601(7). (Accessed Sept. 2020).*

Requirements

A health plan shall cover the telehealth-delivered healthcare services on the same basis it would if the services were delivered in-person. A health benefit plan is not required to reimburse for a healthcare service provided through telemedicine that is not comparable to the same service provided in-person. A health benefit plan may voluntarily reimburse for healthcare services provided through means of telephone, facsimile, text message or electronic mail.

A healthcare plan must provide a reasonable facility fee to an originating site operated by a healthcare professional or licensed healthcare entity if licensed to bill the health benefit plan.

A health benefit plan cannot prohibit its providers from charging patients directly for services provided by audio-only communication that aren't reimbursed by the plan.

A health plan may not impose:

- An annual or lifetime dollar maximum on coverage for services provided through telemedicine unless it applies to the aggregate of all items and services covered
- A deductible, copayment, coinsurance, benefit limitation or maximum benefit that is not equally imposed upon other healthcare services; or
- A prior authorization requirement that exceeds the requirements for in-person healthcare services.

Source: *AR Code Sec. 23-79-1602. (Accessed Sept. 2020).*

Parity

Service Parity

Health plans must reimburse "on the same basis" if the service were delivered in-person. A health benefit plan is not required to reimburse for a healthcare service provided through telemedicine that is not comparable to the same service provided in-person.

Source: *AR Code 23-79-1602(c). (Accessed Sept. 2020).*

Payment Parity

The combined amount of reimbursement that a health benefit plan allows for the compensation to the distant site and the originating site shall not be less than the total amount allowed for healthcare services provided in-person.

Source: *AR Code 23-79-1602(d)(2). (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Definitions

"Telemedicine means the use of electronic information and communication technology to deliver healthcare services, including without limitation the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient. Telemedicine includes store-and-forward technology and remote patient monitoring."

Source: *AR Code Sec. 17-80-402. (Accessed Sept. 2020).*

The Board of Examiners in Speech-Language Pathology and Audiology defines "telepractice" as tele-speech, teleaudiology, teleSLP, telehealth or telerehabilitation when used separately or together.

It defines "telepractice service" as the application of telecommunication technology equivalent in quality to services delivered face-to-face to deliver speech-language pathology or audiology services, or both, at a distance for assessment, intervention or consultation, or both.

Source: *AR Code Sec. 17-100-103. (Accessed Sept. 2020).*

Consent

The healthcare professional shall follow applicable state and federal laws, rules and regulations for informed consent.

Source: *AR Code 17-80-404. (Accessed Sept. 2020).*

Online Prescribing

A distant site provider will not utilize telemedicine to treat a patient located in Arkansas unless a professional relationship exists between the healthcare provider and the patient or as otherwise meets the definition of a professional relationship as defined in Section 17-80-402. Existence of a professional relationship is not required in the following circumstances:

- Emergency situations where life or health of the patient is in danger or imminent danger or
- Simply providing information in a generic nature not meant to be specific to an individual patient.

Source: *AR Code 17-80-403. (Accessed Sept. 2020).*

A proper physician or physician assistant/patient relationship can be established via real time audio and video telemedicine if it provides information at least equal to such information as would have been obtained by an in-person examination.

Source: *AR Rules and Regulation. Sec. 060.00.16. (Accessed Sept. 2020).*

A patient completing a medical history online and forwarding it to a physician is not sufficient to establish the relationship, nor does it qualify as store-and-forward technology.

A physician may not use telemedicine to issue a prescription for a controlled substance under schedules II through V unless they have seen the patient in-person or a relationship exists through consultation or referral; on-call or cross coverage situations; or through an ongoing personal or professional relationship.

Source: *AR Rules and Regulation. Sec. 060.00.16. Reg. 38. (Accessed Sept. 2020).*

When abortion inducing drugs are used, the initial administration must occur in the same room and in the physical presence of the prescribing physician.

Source: *AR Code Annotated Section 20-16-603(b)(1). (Accessed Sept. 2020).*

Without a prior and proper patient-provider relationship, providers are prohibited from issuing prescriptions solely in response to an Internet questionnaire, an Internet consultation, or a telephone consultation.

Source: *AR Code Annotated Sec. 17-92-1003(14)(B). (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Online Prescribing

A professional relationship cannot be established only through:

- An internet questionnaire
- Email message
- Patient generated medical history
- Audio only communication, including without limitation interactive audio
- Text messaging
- Facsimile machine
- Any combination thereof

Source: *AR Code 17-80-403(c). (Accessed Sept. 2020).*

A written medical marijuana certification is not allowed when an assessment is performed through telemedicine.

Source: *AR Constitution, Amendment 98 Sec. 2(19)(c). (Accessed Sept. 2020).*

Cross-State Licensing

An out-of-state physician utilizing an electronic medium who performs an act that is part of a patient care service that was initiated in Arkansas, including interpretation of an X-ray, that would affect the diagnosis or treatment, is engaged in the practice of medicine and subject to regulation by the Arkansas State Medical Board. This section does not apply to:

- The acts of a medical specialist located in another jurisdiction who provides only episodic consultation services;
- The acts of a physician located in another jurisdiction who is providing consultation services to a medical school;
- Decisions regarding the approval of coverage under any insurance or health maintenance organization plan;
- A service to be performed which is not available in the state;
- A physician physically seeing a patient in person in another jurisdiction; or
- Other acts exempted by the board by rule.

Source: *AR Code Revised 17-95-206. (Accessed Sept. 2020).*

Healthcare providers must be fully licensed or certified in Arkansas to provide services in the state unless the out-of-state provider is only providing episodic consultation services.

Source: *AR Code 17-80-404(d). (Accessed Sept. 2020).*

Member of Nurse Licensure Compact.

Source: *Nurse Licensure Compact. Current NLC States and Status. (Accessed Sept. 2020).*

Member of Physical Therapy Licensure Compact.

Source: *PT Compact. Compact Map. HB 1421 (2019). (Accessed Sept. 2020).*

Miscellaneous

Professional Telehealth-Specific Regulations

- AR Board of Examiners in Speech-Language Pathology and Audiology
  Source: *Rules and Regulations Board of Examiners in Speech-Language Pathology and Audiology, Sec. 12. (Accessed Sept. 2020).*
- AR Board of Physical Therapy
  Source: *Rule 007.36.20. (Accessed Sept. 2020).*
- AR Board of Nursing: Advanced Practice Registered Nurse
  Source: *Rule 67.00.17-005, Sec 14. (Accessed Sept. 2020).*

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California

Medicaid Program: Medi-Cal

Program Administrator: California Dept. of Health Care Services (DHCS)

Regional Telehealth Resource Center: California Telehealth Resource Center www.caltrc.org

California At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✓	✗	✓	✓[1]	✗	✓

California Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Medi-Cal allows providers to decide what modality, live video or store-and-forward, will be used to deliver eligible services to a Medi-Cal enrollee as long as the service is covered by Medi-Cal and meets all other Medi-Cal guidelines, policies, can be properly provided via telehealth, and meets the procedural and definition components of the appropriate CPT or HCPCS code. Additional requirements apply for specific programs (such as FQHCs/RHCS and Indian Health Services). Medi-Cal also reimburses for one specific e-consult code.

Definitions

"Telehealth" means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management and self-management of a patient's health care. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store-and-forward transfers.

Source: *CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth (Aug. 2020). Pg. 1. (Accessed Sept. 2020).*

Live Video

Policy

Synchronous Interaction
"Synchronous interaction" means a real-time interaction between a patient and a health care provider located at a distant site.

Source: *CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth (Aug. 2020). Pg. 2. (Accessed Sept. 2020).*

Medi-Cal covered benefits or services, identified by CPT or HCPCS codes and subject to all existing Medi-Cal coverage and reimbursement policies, including any treatment authorization request requirements, may be provided via a telehealth modality if all of the following are satisfied:

[1]Payment parity legislation goes into effect Jan. 1, 2021.

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- The treating health care provider at the distant site believes that the benefits or services being provided are clinically appropriate based upon evidence-based medicine and/or best practices to be delivered via telehealth;
- The benefits or services delivered via telehealth meet the procedural definition and components of the CPT or HCPCS code(s), as defined by the American Medical Association, associated with the Medi-Cal covered service or benefit, as well as any extended guidelines as described in this section of the Medi-Cal provider manual; and
- The benefits or services provided via telehealth meet all laws regarding confidentiality of health care information and a patient's right to his or her medical information.

Source: *CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth (Aug. 2020). Pg. 6. (Accessed Sept. 2020).*

Family PACT
Family PACT telehealth policy mirrors the fee-for-service policy.

Source: *CA Department of Health Care Services. Family Planning, Access, Care and Treatment Program. Benefits Manual. Aug. 2020, Pg. 6. (Accessed. Sept. 2020).*

Managed Care
Existing Medi-Cal covered services may be provided via a telehealth modality (includes live video) if certain conditions are met (as outlined in fee-for-service manual).

Source: *CA Department of Health Care Services (DHCS). All Plan Letter 19-009: Telehealth Services Policy. Oct. 16, 2019. (Accessed Sept. 2020).*

Federally Qualified Health Center (FQHC) & Rural Health Clinic (RHC)
Services rendered via telehealth must be FQHC or RHC covered services. Services provided through synchronous telehealth for an established patient are subject to the same program restrictions, limitations and coverage that exist when the service is provided in-person.

Source: *CA Department of Health Care Services (DHCS). Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHC) Outpatient Services Manual. Aug. 2020. Pg. 12. (Accessed Aug. 2020).*

Indian Health Services, Memorandum of Understanding Agreement (IHS-MOA)
Services rendered via telehealth must be IHS-MOA covered services.

Services provided through synchronous telehealth for an established patient are subject to the same program restrictions, limitations and coverage that exist when the service is provided in-person.

Source: *CA Department of Health Care Services (DHCS). Indian Health Services, Memorandum of Agreement (MOA) 638, Clinics Manual. Aug. 2020. Pg. 8. (Accessed Sept. 2020).*

Local Education Agency: Speech Therapy
Speech therapy services are reimbursable when performed according to telemedicine guidelines and billed with modifier 95 and the appropriate CPT code.

A telemedicine service must use interactive audio, video or data communication to qualify for reimbursement. The qualified service must be in real-time or near real-time (delay in seconds or minutes) to qualify as an interactive two-way transfer of medical data and information between the student and health care provider.

Source: *CA Department of Health Care Services (DHCS). Local Education Agency (LEA)Telehealth. Aug. 2020. Pg. 2-3. (Accessed Sept. 2020).*

Dental Services
The Department of Health Care Services has opted to permit the use of teledentistry (including live video) as an alternative modality for the provision of select dental services when the beneficiary requests it or if the health care provider believes the service is clinically appropriate.

Source: *CA Department of Health Care Services (DHCS). Denti-Cal Manual. Aug. 2020. Pg. 4-15 & 4-16. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

In-person contact between a health care provider and a patient shall not be required under the Medi-Cal program for services appropriately provided through telehealth, subject to reimbursement policies adopted by the department to compensate a licensed health care provider who provides health care services through telehealth that are otherwise reimbursed pursuant to the Medi-Cal program.

Source: *Sec. 14132.72 of the Welfare and Institutions Code. (Accessed Sept. 2020).*

Eligible Services / Specialties

Medi-Cal covered benefits or services, identified by CPT or HCPCS codes and subject to all existing Medi-Cal coverage and reimbursement policies, including any treatment authorization request requirements, may be provided via a telehealth modality if all of the following are satisfied:

- The treating health care provider at the distant site believes that the benefits or services being provided are clinically appropriate based upon evidence-based medicine and/or best practices to be delivered via telehealth;
- The benefits or services delivered via telehealth meet the procedural definition and components of the CPT or HCPCS code(s), as defined by the American Medical Association, associated with the Medi-Cal covered service or benefit, as well as any extended guidelines as described in this section of the Medi-Cal provider manual; and
- The benefits or services provided via telehealth meet all laws regarding confidentiality of health care information and a patient's right to his or her medical information.

Certain types of benefits or services that would not be expected to be appropriately delivered via telehealth include, but are not limited to, benefits or services that are performed in an operating room or while the patient is under anesthesia, require direct visualization or instrumentation of bodily structures, involve sampling of tissue or insertion/removal of medical devices and/or otherwise require the in-person presence of the patient for any reason.

Source: *CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth (Aug. 2020). Pg. 6. (Accessed Sept. 2020).*

Medi-Cal covers an 'e-visit' which are communications between a patient and their provider through an online patient portal. A Treatment Authorization Request is required. See manual for applicable codes.

Source: *CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth (Aug. 2020). Pg. 2 & 10. (Accessed Sept. 2020).*

Federally Qualified Health Center (FQHC) & Rural Health Clinic (RHC)
Services provided through synchronous telehealth for an established patient are subject to the same program restrictions, limitations and coverage that exist when the service is provided in-person.

Source: *CA Department of Health Care Services (DHCS). Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHC) Outpatient Services Manual. Aug. 2020. Pg. 12. (Accessed Sept. 2020).*

Indian Health Services, Memorandum of Understanding Agreement (IHS-MOA)
Services provided through synchronous telehealth for an established patient are subject to the same program restrictions, limitations and coverage that exist when the service is provided in-person.

Source: *CA Department of Health Care Services (DHCS). Indian Health Services, Memorandum of Agreement (MOA) 638, Clinics Manual. Aug. 2020. Pg. 8. (Accessed Sept. 2020).*

Dental Services
Synchronous live transmissions are covered. Live transmissions are limited to 90 minutes per beneficiary per provider, per day. They may be provided at the beneficiary's request or if the health care provider believes the service is clinically appropriate. All dental information transmitted during the delivery of services become part of the patient's dental record maintained by the Medi-Cal provider at the distant site.

Source: *CA Department of Health Care Services (DHCS). Denti-Cal Manual. Aug. 2020. Pg. 4-16 & 4-17. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Home Health & Durable Medical Equipment
Live video telehealth may be used to deliver a face-to-face encounter related to the primary reason a recipient requires home health services or a durable medical equipment item.

> **Source:** *Department of Health Care Services. Home Health Agencies (HHA) Provider Handbook. (Aug. 2020), Pg. 3. & Department of Health Care Services. Durable Medical Equipment (DME): An Overview. (Sept. 2020), Pg. 6. (Accessed Sept. 2020).*

CA Children's Services (CCS)
CA Children's Services Program lists eligible CPT/HCPCS codes in Numbered Letters 16-1217 & 09-0718. Codes specifically include tele-speech, tele-auditory verbal therapy, tele-auditory habilitation and tele-auditory rehabilitation services in the home, with the parent or guardian working with the speech therapist at the distant site.

> **Source:** *Department of Health Care Services. Numbered letter 16-1217 to the CA Children's Services Program and Genetically Handicapped Persons Program (GHPP). Dec. 22, 2017. & Number Letter 09-0718 to CA Children's Services Program. Jul. 10, 2018. (Accessed Sept. 2020).*

Drug Medi-Cal certified providers may receive reimbursement for individual counseling provided through telehealth. However, implementation is dependent on the extent of federal participation and federal approval. The Department of Health Care Services must adopt regulations by July 1, 2022 to implement this section in accordance with the Administrative Procedure Act.

> **Source:** *Sec. 14132.731 of the Welfare and Institutions Code. (Accessed Sept. 2020).*

Eligible Providers

Providers must meet all of the following criteria:

- The provider rendering covered benefits or services must meet the requirements of B&P 2290.5(a)(3) or equivalent requirements under California law in which the provider is considered licensed (ex: Behavior Analyst Certification Board).
- Provider must be licensed in California, enrolled as a Medi-Cal rendering provider or non-physician medical practitioner (NMP) and affiliated with an enrolled Medi-Cal provider group.
- The enrolled Medi-Cal provider group for which the health care provider renders services via telehealth must meet all Medi-Cal program enrollment requirements and must be located in California or a border community.

For purposes of telehealth [the distant site] can be different from the administrative location.

> **Source:** *CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth (Aug. 2020). Pg. 2-3. (Accessed Sept. 2020).*

Federally Qualified Health Center (FQHC) & Rural Health Clinic (RHC)
Billable providers are eligible to deliver covered FQHC/RHC services.

> **Source:** *CA Department of Health Care Services (DHCS). Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHC) Outpatient Services Manual. Aug. 2020. Pg. 11. (Accessed Sept. 2020).*

Indian Health Services, Memorandum of Understanding Agreement (IHS-MOA)
Billable providers eligible to deliver available services offered under IHS-MOA services.

> **Source:** *CA Department of Health Care Services (DHCS). Indian Health Services, Memorandum of Agreement (MOA) 638, Clinics Manual. Aug. 2019. Pg. 8. (Accessed Sept. 2020).*

Dental Services
Enrolled Denti-Cal billing providers may submit documents for services rendered utilizing teledentistry. Allied dental professionals may render limited services via teledentistry so long as such services are within their scope of practice, and are rendered under the general supervision of a licensed dentist.

> **Source:** *CA Department of Health Care Services (DHCS). Denti-Cal Manual. Aug. 2020. Pg. 4-15. (Accessed Sept. 2020).*

Psychiatrists may bill for services delivered through telehealth in accordance with the Medicaid state plan.

> **Source:** *Sec. 14132.73 of the Welfare and Institutions Code. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Sites

For purposes of reimbursement for covered treatment or services provided through telehealth, the type of setting where services are provided for the patient or by the health care provider is not limited (Welfare and Institutions Code [WIC] Section 14132.72(e)). This may include, but is not limited to, a hospital, medical office, community clinic, or the patient's home.

Source: *CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth (Aug. 2020). Pg. 2. (Accessed Sept. 2020).*

Federally Qualified Health Center (FQHC) & Rural Health Clinic (RHC)
Refers to fee-for-service policy for the definition of an 'originating site'. See manual for examples.

Source: *CA Department of Health Care Services (DHCS). Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHC) Outpatient Services Manual. Aug. 2020. Pg. 13. (Accessed Sept. 2020).*

Indian Health Services, Memorandum of Understanding Agreement (IHS-MOA)
Refers to fee-for-service policy for the definition of an 'originating site'.

Source: *CA Department of Health Care Services (DHCS). Indian Health Services, Memorandum of Agreement (MOA) 638, Clinics Manual. Aug. 2020. Pg. 10. (Accessed Sept. 2020).*

Geographic Limits

No reference found.

Facility/Transmission Fee

The originating site facility fee is reimbursable only to the originating site when billed with HCPCS code Q3014 (telehealth originating site facility fee). Transmission costs incurred from providing telehealth services via audio/video communication is reimbursable when billed with HCPCS code T1014 (telehealth transmission, per minute, professional services bill separately).

Source: *CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth (Aug. 2020). Pg. 11. (Accessed Sept. 2020).*

FQHC & RHC/IHS-MOA
These sites are not eligible for the facility or transmission fee.

Source: *CA Department of Health Care Services (DHCS). Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHC) Outpatient Services Manual. Aug. 2020. Pg. 12. (Accessed Sept. 2020).*

Local Education Agency: Speech Therapy
The facility and transmission fee are not covered.

Source: *CA Department of Health Care Services (DHCS). Local Education Agency (LEA) Telehealth. Aug. 2020. Pg. 3. (Accessed Sept. 2020).*

Store-and-Forward

Policy

"Asynchronous store-and-forward" means the transmission of a patient's medical information from an originating site to the health care provider at a distant site. Consultations via asynchronous electronic transmission initiated directly by patients, including through mobile phone applications, are not covered under this policy.

"E-consults" fall under the auspice of store-and-forward. E-consults are asynchronous health record consultation services that provide an assessment and management service in which the patient's treating health care practitioner (attending or primary) requests the opinion and/or treatment advice of another health care practitioner (consultant) with specific specialty expertise to assist in the diagnosis and/or management of the patient's health care needs without patient face-to-face contact with the consultant. E-consults between health care providers are designed to offer coordinated multidisciplinary case reviews, advisory opinions and recommendations of care. E-consults are permissible only between health care providers.

Source: *CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth (Aug. 2020). Pg. 1. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Store-and-Forward

Policy

Family PACT
Family PACT telehealth policy mirrors the fee-for-service policy.

> **Source:** *CA Department of Health Care Services. Family Planning, Access, Care and Treatment Program. Benefits Manual. Aug. 2020, Pg. 6. (Accessed. Sept. 2020).*

Managed Care
Existing Medi-Cal covered services may be provided via a telehealth modality (includes store-and-forward) if certain conditions are met (as outlined in fee-for-service manual).

> **Source:** *CA Department of Health Care Services (DHCS). All Plan Letter 19-009: Telehealth Services Policy. Oct. 16, 2019. (Accessed Sept. 2020).*

Federally Qualified Health Center (FQHC) & Rural Health Clinic (RHC)
Store-and-forward covered for specific specialties for established patients, with the exception of a homeless, homebound or a migratory or seasonal worker (HHMS). E-consult is not covered.

> **Source:** *CA Department of Health Care Services (DHCS). Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHC) Outpatient Services Manual. Aug. 2020. Pg. 12. (Accessed Sept. 2020).*

Indian Health Services, Memorandum of Understanding Agreement (IHS-MOA)
Store-and-forward covered for specific specialties for established patients, with the exception of a homeless patient. E-consult is not covered.

> **Source:** *CA Department of Health Care Services (DHCS). Indian Health Services, Memorandum of Agreement (MOA) 638, Clinics Manual. Aug. 2020. Pg. 9. (Accessed Sept. 2020).*

Local Education Agency: Speech Therapy
Only interactive telehealth can be billed with modifier 95.

> **Source:** *CA Department of Health Care Services (DHCS). Local Education Agency (LEA) Telehealth. Aug. 2020. Pg. 3. (Accessed Sept. 2020).*

Dental Services
The Department of Health Care Services has opted to permit the use of teledentistry (includes store-and-forward) as an alternative modality for the provision of select dental services.

> **Source:** *CA Department of Health Care Services (DHCS). Denti-Cal Manual. Aug. 2020. Pg. 4-15 & 4-16. (Accessed Sept. 2020).*

Eligible Services/Specialties

Modifier GQ must be used for Medi-Cal covered benefits or services, including, but not limited to, teleophthalmology, teledermatology, teledentistry and teleradiology, delivered via asynchronous store and forward telecommunications systems, including through e-consult. Only the service(s) rendered from the distant site must be billed with modifier GQ.

Medi-Cal covered benefits or services, identified by CPT or HCPCS codes and subject to all existing Medi-Cal coverage and reimbursement policies, including any treatment authorization request requirements, may be provided via a telehealth modality if all of the following are satisfied:

- The treating health care provider at the distant site believes that the benefits or services being provided are clinically appropriate based upon evidence-based medicine and/or best practices to be delivered via telehealth;
- The benefits or services delivered via telehealth meet the procedural definition and components of the CPT or HCPCS code(s), as defined by the American Medical Association, associated with the Medi-Cal covered service or benefit, as well as any extended guidelines as described in this section of the Medi-Cal provider manual; and
- The benefits or services provided via telehealth meet all laws regarding confidentiality of health care information and a patient's right to his or her medical information.

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Certain types of benefits or services that would not be expected to be appropriately delivered via telehealth include, but are not limited to, benefits or services that are performed in an operating room or while the patient is under anesthesia, require direct visualization or instrumentation of bodily structures, involve sampling of tissue or insertion/removal of medical devices and/or otherwise require the in-person presence of the patient for any reason.

E-consult code 99451 in conjunction with the GQ modifier (indicating store-and-forward) is reimbursed. For e-consult the following requirements must be met for distant and originating site providers:

- Originating Site Providers must create and maintain the following:
  - A record that the e-consult is the result of patient care that has occurred or will occur and relates to ongoing patient management; and
  - A record of a request for an e-consult by the health care provider at the originating site
- Distant Site providers must create and maintain the following:
  - A record of the review and analysis of the transmitted medical information with written documentation of the date of service and time spent; and
  - A written report of case findings and recommendations with conveyance to the originating site.

See manual for instances when e-consult is not reimbursable.

If more than one contact or encounter is required to complete the e-consult request, the entirety of the service and cumulative discussion and review time should be reported only once using CPT code 99451. E-consults are not applicable for FQHCs, RHCs, or IHS-MOA clinics.

Source: *CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth (Aug. 2020), Pg. 6, 9-10. (Accessed Sept. 2020).*

Medi-Cal covers an 'e-visit' which are communications between a patient and their provider through an online patient portal. A Treatment Authorization Request is required. See manual for applicable codes.

Source: *CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth (Aug. 2020). Pg. 2 & 10. (Accessed Sept. 2020).*

Managed Care

Electronic consultations (e-consults) are permissible using CPT-4 code 99451, modifier(s), and medical record documentation as defined in the Medi-Cal Provider Manual. E-consults are permissible only between health care providers.

Source: *CA Department of Health Care Services (DHCS). All Plan Letter 19-009: Telehealth Services Policy. Oct. 16, 2019. (Accessed Sept. 2020).*

Federally Qualified Health Center (FQHC) & Rural Health Clinic (RHC)

Reimbursement is permitted for established patients for teleophthalmology, teledermatology and teledentistry, when it is furnished by a billable provider at the distant site.

Asynchronous store-and-forward reimbursement may not be used to "establish" a patient, with the exception of a homeless, homebound or a migratory or seasonal worker (HHMS). E-consult is not a reimbursable telehealth service of FQHCs/RHCs.

Source: *CA Department of Health Care Services (DHCS). Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHC) Outpatient Services Manual. Aug. 2020. Pg. 12. (Accessed Sept. 2020).*

Indian Health Services, Memorandum of Understanding Agreement (IHS-MOA)

Reimbursement is permitted for established patients for teleophthalmology, teledermatology and teledentistry, when it is furnished by a billable provider at the distant site.

Asynchronous store-and-forward reimbursement may not be used to "establish" a patient, with the exception of a homeless patient. E-consult is not a reimbursable telehealth service of IHS-MOA clinics.

Source: *CA Department of Health Care Services (DHCS). Indian Health Services, Memorandum of Agreement (MOA) 638, Clinics Manual. Aug. 2020. Pg. 9. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Store-and-Forward

Eligible Services/Specialties

Vision Care
Teleophthalmology by store-and-forward is covered for three specific CPT codes. Information can be reviewed by a physician or optometrist at a distant site. If the reviewing optometrist identifies a disease or condition requiring consultation or referral pursuant to Section 3041 of the Business and Professions Code, a referral must be made with an appropriate physician and surgeon or ophthalmologist, as required.

Source: *CA Department of Health Care Services, Vision Care: Professional Services Manual. (Aug. 2020), Pg. 5-6. (Accessed Sept. 2020).*

Dental Services
Reimburses for specific teledentistry codes via store-and-forward (see manual).

Source: *CA Department of Health Care Services (DHCS). Denti-Cal Manual. Aug. 2020. Pg. 4-16 & 4-17. (Accessed Sept. 2020).*

Geographic Limits

No reference found.

Transmission Fee

The originating site is eligible for a facility fee with HCPCS code Q3014. A transmission fee is only reimbursed for live video; therefore, store-and-forward is not eligible.

Source: *CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth. (Aug. 2020), Pg. 11. (Accessed Sept. 2020).*

FQHC & RHC/IHS-MOA
These sites are not eligible for the facility or transmission fee.

Source: *CA Department of Health Care Services (DHCS). Indian Health Services, Memorandum of Agreement (MOA) 638, Clinics Manual. Aug. 2020. Pg. 8 & Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHC) Outpatient Services Manual. Aug. 2020. Pg. 12. (Accessed Sept. 2020).*

Vision Care
The facility fee is reimbursable to the originating site when billed with HCPCS code Q3014. Transmission costs incurred from providing telehealth services via audio/video communication is also reimbursable for the original site and the consulting provider when billed with HCPCS code T1014. Expenses involving telehealth equipment and telecommunications and transmission costs by Internet service providers will not be reimbursed by Medi-Cal.

Source: *CA Department of Health Care Services, Vision Care: Professional Services Manual. (Aug. 2020), Pg. 5. (Accessed Sept. 2020).*

Dental Care
Transmission costs associated with store-and-forward are not reimbursable.

Source: *CA Department of Health Care Services (DHCS). Denti-Cal Manual. Aug. 2020. Pg.4-16. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Policy

No reference found.

Conditions

No reference found.

Provider Limitations

No reference found.

Other Restrictions

No reference found.

Email / Phone / Fax

E-Consult includes interprofessional telephone/internet/electronic health record assessment and management services.

Source: *CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth. (Aug. 2020), Pg. 9. (Accessed Sept. 2020).*

Consent

Providers must inform the patient about the use of telehealth and obtain verbal or written consent from patients before utilizing telehealth. If a healthcare provider at the originating or distant site maintains a general consent agreement that addresses the use of telehealth that is sufficient for documentation of patient consent and must be kept in the patient's medical file.

Source: *CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth. (Aug. 2020), Pg. 5. (Accessed Sept. 2020).*

Federally Qualified Health Center (FQHC) & Rural Health Clinic (RHC)
Refer to fee-for-service policy. All consent for homeless, homebound or migratory or seasonal workers (HHMS) must be documented.

Source: *CA Department of Health Care Services (DHCS). Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHC) Outpatient Services Manual. Aug. 2020. Pg. 11. (Accessed Sept. 2020).*

Indian Health Services, Memorandum of Understanding Agreement (IHS-MOA)
Refer to fee-for-service policy. All consent for homeless patients must be documented.

Source: *CA Department of Health Care Services (DHCS). Indian Health Services, Memorandum of Agreement (MOA) 638, Clinics Manual. Aug. 2020. Pg. 8. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Consent

Vision Care
Providers must include a record of the written or verbal request for the consultation by the referring provider or other source in the medical record. Verbal **and** written informed consent from the patient or the patient's legal representative is required if the consulting provider has ultimate authority over the care or primary diagnosis of the patient.

Source: *CA Department of Health Care Services, Vision Care: Professional Services Manual. (Aug. 2020), Pg. 5. (Accessed Sept. 2020).*

Local Education Agency: Speech Therapy
Oral consent must be obtained for the student's parent or guardian. The student's written consent to telehealth is not required.

Source: *CA Department of Health Care Services (DHCS). Local Education Agency (LEA) Telehealth. Aug. 2020. Pg. 2. (Accessed Sept. 2020).*

Out of State Providers

Provider must be licensed in CA, enrolled as a Medi-Cal rendering provider or non-physician medical practitioner (NMP) and affiliated with an enrolled Medi-Cal provider group. The enrolled Medi-Cal provider group for which the health care provider renders services via telehealth must meet all Medi-Cal program enrollment requirements and must be located in California or a border community.

Source: *CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth. (Aug. 2020), Pg. 3. (Accessed Sept. 2020).*

Miscellaneous

Specific documentation requirements apply to substantiate the corresponding technical and professional components of billed CPT or HCPCS codes. Providers are not required to document a barrier to in-person visit for Med-Cal coverage or to document the cost effectiveness of telehealth or store-and-forward. Providers at the distant site are not required to document cost effectiveness of telehealth to be reimbursed for telehealth or store-and-forward services. The distant site provider is, however, responsible for billing Medi-Cal for the covered services and supplying the appropriate supporting documentation.

Source: *CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth. (Aug. 2020), Pg. 4. (Accessed Sept. 2020).*

Telehealth services and supports are among the services and supports authorized to be included by individual program plans developed for disabled individuals by regional centers that contract with the State Department of Developmental Disabilities.

Source: *Welfare and Institutions Code Sec. 4512. (Accessed Sept. 2020).*

Medicaid must ensure that all managed care covered services are available and accessible to enrollees of Medicaid managed care plans in a timely manner. Telecommunications technologies can be used as a means to meet time and distance standards in some circumstances. See statute for details.

Source: *CA Welfare and Institutions Code Sec. 14197. (Accessed Sept. 2020).*
Source: *CA Department of Health Care Services (DHCS). All Plan Letter 20-003: Telehealth Services Policy. Feb. 27, 2020. (Accessed Sept. 2020).*

Telehealth services, telephonic services and other specified services must be reimbursed when provided by specific entities during or immediately following an emergency, subject to the Department obtaining federal approval and matching funds. The Department is required to issue guidance for entities to facilitate reimbursement for telehealth or telephonic services in emergency situations by July 1, 2020.

Source: *Welfare and Institutions Code Sec. 14132.723 & 724 (AB 1494 – 2019 Legislative Session). (Accessed Sept. 2020).*

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Private Payer Laws

Definitions

"Telehealth means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store-and-forward transfers."

Source: *CA Business & Professions Code Sec. 2290.5. (Accessed Sept. 2020).*

Requirements

A health care service plan shall not require that in-person contact occur between a health care provider and a patient before payment is made for the covered services appropriately provided through telehealth, subject to the terms and conditions of the contract entered into between the enrollee or subscriber and the health care service plan, and between the health care service plan and its participating providers or provider groups.

A health care service plan shall not limit the type of setting where services are provided for the patient or by the health care provider before payment is made for the covered services appropriately provided through telehealth, subject to the terms and conditions of the contract entered into between the enrollee or subscriber and the health care service plan, and between the health care service plan and its participating providers or provider groups.

Applies to Medi-Cal Managed Care.

Source: *CA Health & Safety Code Sec. 1374.13 (AB 744 - 2019 Legislative Session). (Accessed Sept. 2020).*

Recently Passed Legislation (Effective Jan. 1, 2021)
Coverage shall not be limited only to services delivered by select third-party corporate telehealth providers. Insurers are not required to cover telehealth services provided by an out-of-network provider, unless coverage is required under other provisions of law. Does not apply to Medi-Cal managed care.

Source: *CA Health & Safety Code Sec. 1374.14 & Insurance Code 10123.855 (AB 744, 2019 - Legislative Session). (Accessed Sept. 2020).*

Parity

Service Parity

Private payers cannot require that in-person contact occur before covering a telehealth delivered service, but it is subject to the terms and conditions of the contract.

Source: *CA Health & Safety Code Sec. 1374.13. (Accessed Sept. 2020).*

Recently Passed Legislation (Effective Jan. 1, 2021)
A contract issued, amended, or renewed on or after January 1, 2021, between a health care service plan and a health care provider for the provision of health care services to an enrollee or subscriber shall specify that the health care service plan shall reimburse the treating or consulting health care provider for the diagnosis, consultation, or treatment of an enrollee or subscriber appropriately delivered through telehealth services on the same basis and to the same extent that the health care service plan is responsible for reimbursement for the same service through in-person diagnosis, consultation, or treatment. Does not apply to Medi-Cal managed care.

Source: *CA Health & Safety Code Sec. 1374.14 & Insurance Code 10123.855 (AB 744 - 2019 Legislative Session). (Accessed Sept. 2020).*

Payment Parity

Recently Passed Legislation (Effective Jan. 1, 2021)
Services that are the same, as determined by the provider's description of the service on the claim, shall be reimbursed at the same rate whether provided in person or through telehealth. When negotiating a rate of reimbursement for telehealth services for which no in-person equivalent exists, a health care service plan and the provider shall ensure the rate is consistent with subdivision (h) of Section 1367. Does not apply to Medi-Cal managed care.

Source: *CA Health & Safety Code Sec. 1374.14 & Insurance Code 10123.855 (AB 744 - 2019 Legislative Session). (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Definitions

"Telehealth means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers."

Source: *CA Business & Professions Code Sec. 2290.5. (Accessed Sept. 2020).*

Consent

Before the delivery of health care via telehealth, the health care provider initiating the use of telehealth shall inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health. The consent shall be documented.

Source: *CA Business & Professions Code Sec. 2290.5. (Accessed Sept. 2020).*

Occupational Therapy
An occupational therapist must obtain patient's consent prior to providing services via telehealth.

Source: *CA Code of Regulations, Title 16, Div. 39, Art. 8, Sec. 4172(b). (Accessed Sept. 2020).*

Behavioral Sciences
A licensee must obtain informed consent from a client upon initiation of telehealth services.

Source: *CA Code of Regulations, Title 16, Div. 18, Art. 1, Sec. 1815.5(c). (Accessed Sept. 2020).*

Online Prescribing

Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct. An appropriate prior examination does not require a synchronous interaction between the patient and the licensee and can be achieved through the use of telehealth, including, but not limited to, a self-screening tool or a questionnaire, provided that the licensee complies with the appropriate standard of care.

Source: *CA Business & Professions Code Sec. 2242.1(a). (Accessed Sept. 2020).*

Remote Dispensing Site Pharmacies
Remote dispensing site pharmacies are permitted to dispense or provide pharmaceutical care services in medically underserved areas. A supervising pharmacy must provide telepharmacy services to the remote dispensing site pharmacy and shall not be located greater than 150 road miles from the remote dispensing site pharmacy.

Source: *CA Business & Professionals Code Sec. 4130-4135. (Accessed Sept. 2020).*

Cross-State Licensing

No reference found.

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Recently Passed Legislation
Any individual, partnership, corporation or other entity that provides dental services through telehealth shall make available the name, telephone number, practice address and California state license number of any dentist who will be involved in the provision of services to a patient prior to the rendering of services and when requested by a patient.

Source: *CA Business and Professions Code, Sec. 1683.1 (AB 1519 - 2019 Legislative Session). (Accessed Sept. 2020).*

Recently Passed Legislation
All laws and regulations governing professional responsibility, unprofessional conduct, and standards of practice that apply to a health care provider under the health care provider's license shall apply to that health care provider while providing telehealth services.

Source: *CA Business and Professions Code, Sec. 2290.5 (AB 1519 - 2019 Legislative Session). (Accessed Sept. 2020).*

Professional regulation with telehealth specific standards

- CA Board of Occupational Therapy (Source: *Title 16, Div. 39, Sec. 4172) (Accessed Sept. 2020).*
- CA Board of Behavioral Sciences (Source: *Title 16, Div. 18, Art. 1, Sec. 1815.5) (Accessed Sept. 2020).*

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Colorado

Medicaid Program: Colorado Medicaid

Program Administrator: Colorado Dept. of Health Care Policy and Financing

Regional Telehealth Resource Center: Southwest Telehealth Resource Center www.southwesttrc.org

Colorado Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✓	✓	✗	IMLC, NLC, PTC, PSYPACT, EMS	✓

Colorado Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Colorado Medicaid reimburses for live video for medical and mental health services. They also provide reimbursement for remote patient monitoring for patients with certain chronic conditions. Colorado Medicaid requires a member to be present and participating in a telemedicine service, excluding the possibility of utilizing store-and-forward, except in the case of teledentistry for an interim therapeutic restoration.

Definitions

Telemedicine is not a unique service, but a means of providing services approved by Health First Colorado through live interactive audio and video telecommunications equipment.

Source: *CO Department of Health Care Policy and Financing. "Telemedicine Billing Manual," 5/20. (Accessed Sept. 2020).*

Telemedicine is the delivery of medical services and any diagnosis, consultation, treatment, transfer of medical data or education related to health care services using interactive audio or interactive video communication instead of in-person contact.

Source: *"Telemedicine – Provider Information", CO Department of Health Care Policy and Financing. (Accessed Sept. 2020).*

Telehealth services include the installation and on-going remote monitoring of clinical data through technologic equipment in order to detect minute changes in the client's clinical status that will allow Home Health agencies to intercede before a chronic illness exacerbates requiring emergency intervention or inpatient hospitalization.

Source: *CO Medical Assistance Program, Home Health Billing Manual, (8/20). (Accessed Sept. 2020).*

Telehealth allows for the monitoring of a member's health status remotely via equipment, which transmits data from the member's home to the member's home health agency. The purpose of providing telehealth services is to assist in the effective management and monitoring of members whose medical needs can be appropriately and cost-effectively met at home through the frequent monitoring of data and early intervention.

Source: *CO Department of Health Care Policy and Financing. "Home Health Telehealth". (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

CO Medicaid will cover medically necessary medical and surgical services furnished to eligible members.

Telemedicine services may be provided under two arrangements.

- The first arrangement is when a member receives services via a live audio/visual connection from a single provider. This is the predominant arrangement for telemedicine.
- The second arrangement is when a member and a provider are physically in the same location and additional services are provided by a second (distant) provider via a live audio/visual connection. In this arrangement the provider who is present with the member is called the "originating provider", and the provider located at a different site, acting as a consultant, is called the "distant provider".

The member must be present during any Telemedicine visit.

It is acceptable to use Telemedicine to facilitate live contact directly between a member and a provider.

Source: *CO Department of Health Care Policy and Financing. "Telemedicine Billing Manual," 5/20. (Accessed Sept. 2020).*

In-person contact between a health care or mental health care provider and a patient is not required under the state's medical assistance program for health care or mental health care services delivered through telemedicine that are otherwise eligible for reimbursement under the program. Any health care or mental health care service delivered through telemedicine must meet the same standard of care as an in-person visit. Telemedicine may be provided through interactive audio, interactive video, or interactive data communication, including but not limited to telephone, relay calls, interactive audiovisual modalities, and live chat as long as the technologies are compliant with HIPAA. The health care or mental health care services are subject to reimbursement policies developed pursuant to the medical assistance program. This section also applies to managed care organizations that contract with the state department pursuant to the statewide managed care system only to the extent that:

- Health care or mental health care services delivered through telemedicine are covered by and reimbursed under the Medicaid per diem payment program; and
- Managed care contracts with managed care organizations are amended to add coverage of health care or mental health care services delivered through telemedicine and any appropriate per diem rate adjustments are incorporated.

Reimbursement rate must be, at minimum, the same as a comparable in-person services.

Source: *CO Revised Statutes 25.5-5-320 & HB 20-1230. (Accessed Sept. 2020).*

Interim Therapeutic Restorations

In-person contact between a health care provider and a recipient is not required under the state's medical assistance program for the diagnosis, development of a treatment plan, instruction to perform an interim therapeutic restoration procedure, or supervision of a dental hygienist performing an interim therapeutic restoration procedure. A health care provider may provide these services through telehealth, including store-and-forward, and is entitled to reimbursement for the delivery of those services via telehealth to the extent the services are otherwise eligible for reimbursement under the program when provided in person. The services are subject to the reimbursement policies developed pursuant to the state medical assistance program.

Source: *CO Revised Statutes 25.5-5-321.5. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

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Eligible Services / Specialties

Colorado Medicaid will reimburse for medical and mental health services delivered through telemedicine that are otherwise eligible for reimbursement under the program.

Health care or mental health care services includes speech therapy, physical therapy, occupational therapy, hospice care, home health care and pediatric behavioral health care.

Source: *CO Revised Statutes 25.5-5-320 & SB 20-212 (2020 Session). (Accessed Sept. 2020).*

Services may be rendered via telemedicine when the service is:

- A covered Health First Colorado benefit,
- Within the scope and training of an enrolled provider's license, and
- Appropriate to be rendered via telemedicine.

All services provided through telemedicine shall meet the same standard of care as in-person care.

Refer to 'Telemedicine Website' for list of billing codes.

The reimbursement rate for a telemedicine service shall, as a minimum, be set at the same rate as the medical assistance program rate for a comparable in-person service.

Providers may only bill procedure codes which they are already eligible to bill.

Health First Colorado does not pay for provider education via telemedicine.

Source: *CO Department of Health Care Policy and Financing. "Telemedicine Billing Manual", 5/20, & "Telemedicine – Provider Information". (Accessed Sept. 2020).*

The following are listed under the covered services heading in the Telemedicine Manual:

- Physician services may be provided as telemedicine
- Providers may only bill procedure codes which they are already eligible to bill
- Any health benefits provided through telemedicine shall meet the same standard of care as in-person care.

Place of Service 02 should be used to report services delivered via telecommunication, where the member may be in their home and the provider may be at their office. See webpage for list of codes.

Source: *CO Department of Health Care Policy and Financing. "Telemedicine – Provider Information", CO Department of Health Care Policy and Financing. (Accessed Sept. 2020).*

Procedure codes listed below under "Telemedicine Modifier GT" will receive an additional $5.00 to the fee listed on the most recent Health First Colorado Fee Schedule when billed using modifier GT.

Source: *CO Department of Health Care Policy and Financing. "Telemedicine Billing Manual" 5/20. (Accessed Sept. 2020).*

Durable Medical Equipment Encounters

Face-to-face encounters for durable medical equipment, prosthetics, orthotics, and supplies may be performed via telehealth if available.

Source: *CO Department of Health Care Policy and Financing. "Durable Medical Equipment, Prosthetics, Orthotics, and Supplies", 7/19. (Accessed Sept. 2020).*

Pediatric Behavioral Therapy

Pediatric Behavioral Therapists are not listed as a provider type that can bill the facility fee (Q3014) or GT modifier. However, if the provider believes that providing behavioral therapy via telemedicine is medically appropriate in the situation and within the scope of their license/training, then doing so is allowed. In this case, the provider will not be paid the fee associated with Q3014 or GT modifier.

Source: *CO Department of Health Care Policy and Financing. "Pediatric Behavioral Therapies Billing Manual", 3/19. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

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Eligible Services / Specialties

Screening Brief Intervention Treatment
Screening Brief Intervention Treatment may be provided via simultaneous audio and video transmission with a member.

> **Source:** *CO Department of Health Care Policy and Financing. "Screening, Brief Intervention and Referral to Treatment", 3/19. (Accessed Sept. 2020).*

Education-Only Services
Colorado Medicaid provides reimbursement for education-only services provided through telemedicine. This includes services such as Diabetes Self-Management Education and Support (DSMES) and tobacco cessation counseling.

> **Source:** *CO Department of Health Care Policy and Financing. Provider Bulletin B1900434. Aug. 2019. (Accessed Sept. 2020).*

Education-only services was removed from the list of "Not Covered Services" section in the provider manual in June 2019.

> **Source:** *CO Department of Health Care Policy and Financing. "Telemedicine Billing Manual" 5/20. (Accessed Sept. 2020).*

Eligible Providers

The following provider types may bill using modifier GT:

- Physician
- Clinic
- Osteopath
- Doctorate Psychologist
- MA Psychologist
- Physician Assistant
- Nurse Practitioner

A primary care provider (PCP) is eligible to be reimbursed as the 'originating provider' when present with the patient. In order for a PCP to be reimbursed as a distant provider, the PCP must be able to facilitate an in-person visit in the state of CO if necessary for treatment of the member's condition.

A specialist is eligible to be an originating provider (if present with the patient) or distant provider.

The distant provider may participate in the telemedicine interaction from any appropriate location.

> **Source:** *CO Department of Health Care Policy and Financing. "Telemedicine Billing Manual" 5/20. (Accessed Sept. 2020).*

A telemedicine service meets the definition of a face-to-face encounter for a rural health clinic, Indian health service, or federally qualified health center. The reimbursement rate for a telemedicine service provided by a rural health clinic or federal Indian health service or federally qualified health center must be set at a rate that is no less than the medical assistance program rate for a comparable face-to-face encounter or visit.

> **Source:** *CO Statute, Sec. 25.5-5-320 & Senate Bill 20-212 (2020 Session). (Accessed Sept. 2020).*

Eligible Sites

If no originating provider is present during a Telemedicine Services appointment, then the location of the originating site is at the member's discretion and can include the member's home. However, members can be required to choose a location suitable to delivery of telemedicine services that may include adequate lighting and environmental noise levels suitable for easy conversation with a provider.

Services can be provided via telemedicine between a member and a distant provider when a member is located in their home or other location of their choice.

> **Source:** *CO Department of Health Care Policy and Financing. "Telemedicine Billing Manual" 5/20. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

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Eligible Sites

A primary care provider (PCP) is eligible to be reimbursed as the 'originating provider' when present with the patient. In order for a PCP to be reimbursed as a distant provider, the PCP must be able to facilitate an in-person visit in the state of CO if necessary for treatment of the member's condition.

A specialist is eligible to be an originating provider (if present with the patient) or distant provider.

Source: *CO Department of Health Care Policy and Financing. "Telemedicine Billing Manual" 5/20. (Accessed Sept. 2020).*

Telemedicine can work:

- From a provider office: You can connect through video with a provider in another office. Both offices must have telemedicine equipment.
- From your home or other location like a library: You may be able to use your mobile phone, tablet or desktop computer to connect to a provider. Health First Colorado will not pay for the equipment.

Source: *CO Department of Health Care Policy and Financing. "Telemedicine". (Accessed Sept. 2020).*

Speech Therapy
Telemedicine POS (02) is an allowed place of service code.

Source: *CO Department of Health Care Policy and Financing. "Speech Therapy", 7/20. (Accessed Sept. 2020).*

Geographic Limits

No reference found.

Facility/Transmission Fee

In some cases, the originating provider site will not be providing clinical services, but only providing a site and telecommunications equipment. In this situation, the telemedicine originating site facility fee is billed using procedure code Q3014.

Originating providers bill as follows:

- If the originating provider is making a room and telecommunications equipment available but is not providing clinical services, the originating provider bills Q3014 (the procedure code for the telemedicine originating site facility fee).
- If the originating provider also provides clinical services to the member, the provider bills the rendering provider's appropriate procedure code and bills Q3014.
- The originating provider may also bill, as appropriate, on the UB-04 paper claim form or as an 837I transaction for any clinical services provided on-site on the same day that a telemedicine originating site claim is made. The originating provider must submit two separate claims for the member's two separate services.

Providers eligible for the originating site facility fee include:

- Physician
- Clinic
- Osteopath
- Doctorate Psychologist
- MA Psychologist
- Physician Assistant
- Nurse Practitioner

Provider types not listed above may facilitate Telemedicine Services with a distant provider but may not bill procedure code Q3014. Examples include Nursing Facilities, Intermediate Care Facilities, Assisted Living Facilities, etc.

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Medicaid Telehealth Reimbursement

Live Video

Facility/Transmission Fee

Using modifier GT with specific codes adds $5.00 to the fee listed for the service. A specific list of eligible codes is provided in the manual. Other codes can be billed, but don't pay the telemedicine transmission fee.

Source: *CO Department of Health Care Policy and Financing. "Telemedicine Billing Manual" 5/20. (Accessed Sept. 2020).*

The state department shall establish rates for transmission cost reimbursement for telemedicine services, considering, to the extent applicable, reductions in travel costs by health care or mental health care providers and patients to deliver or to access such services and such other factors as the state department deems relevant.

Source: *CO Revised Statutes 25.5-5-320(3). (Accessed Sept. 2020).*

Pediatric Behavioral Therapy
Pediatric Behavioral Therapists are not listed as a provider type that can bill the facility fee or GT modifier. However, if the provider believes that providing behavioral therapy via telemedicine is medically appropriate in the situation and within the scope of their license/training, then doing so is allowed. In this case, the provider will not be paid the fee associated with Q3014 or GT modifier.

Source: *CO Department of Health Care Policy and Financing. "Pediatric Behavioral Therapies Billing Manual" 3/19. (Accessed Sept. 2020).*

Store-and-Forward

Policy

The member must be present during any Telemedicine visit.

Source: *CO Department of Health Care Policy and Financing. "Telemedicine Billing Manual" 5/20. (Accessed Sept. 2020).*

In-person contact between a health care provider and a recipient is not required under the state's medical assistance program for the diagnosis, development of a treatment plan, instruction to perform an interim therapeutic restoration procedure, or supervision of a dental hygienist performing an interim therapeutic restoration procedure. A health care provider may provide these services through store-and-forward transfer and is entitled to reimbursement for the delivery of those services via telehealth to the extent the services are otherwise eligible for reimbursement under the program when provided in-person. The services are subject to the reimbursement policies developed pursuant to the state medical assistance program.

Source: *CO Revised Statutes 25.5-5-321.5. (Accessed Sept. 2020).*

Eligible Services/Specialties

Limited reimbursement allowed for an interim therapeutic restoration in teledentistry.

Source: *CO Revised Statutes 25.5-5-321.5. (Accessed Sept. 2020).*

Geographic Limits

No reference found.

Transmission Fee

No reference found.

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Policy

Telehealth monitoring is available for members who are eligible through the Home Health benefit and should not be billed as telemedicine.

Source: *CO Department of Health Care Policy and Financing. "Telemedicine Billing Manual" 5/20. (Accessed Sept. 2020).*

The CO Medical Assistance Program will reimburse for home health care or home and community-based services through telemedicine at a flat fee set by the state board.

Source: *CO Revised Statutes 25.5-5-321 (Accessed Sept. 2020).*

Home care agencies and home care placement agencies must allow for supervision in person or be telemedicine or telehealth. Any rules adopted by the board shall be in conformity with applicable federal law and must take into consideration the appropriateness, suitability and necessity of the method of supervision permitted.

Source: *CO Revised Statutes 25.5-5-321-104 & SB 20-212 (2020 Session). (Accessed Sept. 2020).*

The Home Health Agency shall create policies and procedures for the use and maintenance of the monitoring equipment and the process of telehealth monitoring. The Home Health Agency shall provide monitoring equipment that possess the capability to measure any changes in the monitored diagnoses and meets all the safety requirements in the regulation. Home Health Telehealth services are covered for clients receiving Home Health Services for telehealth monitoring.

Source: *10 CO Code of Regulation 2505-10 8.520.5.D. (Accessed Sept. 2020).*

CO Medicaid reimburses telehealth services including installation and on-going remote monitoring of clinical data through technologic equipment in order to detect minute changes in the member's clinical status that will allow Home Health agencies to intercede before a chronic illness exacerbates requiring emergency intervention or inpatient hospitalization.

Source: *CO Medical Assistance Program, Home Health Billing Manual, (5/20). (Accessed Sept 2020).*

CCO Medicaid covers home health telehealth, which includes frequent and ongoing self-monitoring of members through equipment left in the member's home which is designed to measure the common signs and symptoms of disease exacerbation before a crisis occurs allowing for timely intervention and symptom management.

Source: *CO Medical Assistance Program, Home Health Billing Manual, (5/20). (Accessed Sept 2020).*

Conditions

A member is eligible only if they meet the following criteria:

- Member must receive Home Health services from provider who has opted to provide telehealth services
- Member must require frequent and on-going monitoring/management of their disease or condition
- Member's home environment must be compatible with the use of the equipment
- Member or caregiver must be willing and able to comply with vital sign self-monitoring
- Member must have one or more of the following diagnoses:
    1. Congestive Heart Failure
    2. Chronic Obstructive Pulmonary Disease
    3. Asthma
    4. Diabetes
    5. Other diagnosis or condition deemed appropriate by the Department or its designee

Source: *CO Department of Health Care Policy and Financing. "Home Health Telehealth". (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Conditions

The following requirements must be met:

- Client is receiving services from a home health provider for at least one of the following: congestive heart failure, chronic obstructive pulmonary disease, asthma, or diabetes, pneumonia; or other diagnosis or medical condition deemed eligible by the Department or its Designee.
- Client requires ongoing and frequent, minimum of 5 times weekly, monitoring to manage their qualifying diagnosis, as defined and ordered by a physician or podiatrist;
- Client has demonstrated a need for ongoing monitoring as evidenced by having been hospitalized two or more times in the last twelve months for conditions related to the qualifying diagnosis; or, if the client has received home health services for less than six months, the client was hospitalized at least once in the last three months, an acute exacerbation of a qualifying diagnosis that requires telehealth monitoring, or new onset of a qualifying disease that requires ongoing monitoring to manage the client in their residence;
- Client or caregiver misses no more than 5 transmissions of the provider and agency prescribed monitoring events in a thirty-day period; and
- Client's home environment has the necessary connections to transmit the telehealth data to the agency and has space to set up and use the equipment as prescribed.

Source: *10 CO Code of Regulation 2505-10 8.520.5.D Page 322-323. (Accessed Sept. 2020).*

Provider Limitations

Any home health agency is eligible to provide services. A specific list of agencies is provided.

Source: *CO Department of Health Care Policy and Financing. "Home Health Telehealth". (Accessed Sept. 2020).*

Acute home health agencies and long-term home health agencies are reimbursed for the initial installation and education of telehealth monitoring equipment and can be billed once per client per agency. The agency can also bill for every day they receive and review the client's clinical information.

No prior authorization needed, but agencies should notify the Department or its designee when a client is enrolled in the service.

Source: *CO Medical Assistance Program, Home Health Billing Manual, (8/20). (Accessed Sept. 2020).*

Other Restrictions

Home Health services are covered under Medicaid only when all of the following are met:

1. Services are provided for the treatment of an illness, injury, or disability which may include mental disorders.
2. Services are medically necessary as defined in Section 8.076.1.8.
3. Services are provided under a plan of care as defined at Section 8.524 DEFINITIONS.
4. Services are provided on an intermittent basis, as defined at Section 8.524, DEFINITIONS.
5. The client meets the following:
   a. The only alternative to Home Health services is hospitalization or emergency room care; or the client's medical records indicate that medically necessary services should be provided in the client's home instead other out-patient setting, according to one or more listed guidelines.

i) The client, due to illness, injury or disability, is unable to travel to an outpatient setting for the needed service;
ii) Based on the client's illness, injury, or disability, travel to an outpatient setting for the needed service would create a medical hardship for the client;
iii) Travel to an outpatient setting for the needed service is contraindicated by a documented medical diagnosis;
iv) Travel to an outpatient setting for the needed service would interfere with the effectiveness of the service; or
v) The client's medical diagnosis requires teaching which is most effectively accomplished in the client's place of residence on a short-term basis.

Source: *10 CO Code of Regulation 2505-10 8.523. Pg. 216. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Email / Phone / Fax

No reimbursement for telephone.
No reimbursement for FAX.
No reimbursement for email.

Source: *CO Department of Health Care Policy and Financing. "Telemedicine Billing Manual" 5/20. (Accessed Sept. 2020).*

Recently adopted Rule-Behavioral Health

"Face-to-Face clinical assessment" means a formal and continuous process of collecting and evaluating information about an individual for service planning, treatment, referral, and funding eligibility as outlined in 21.190, and takes place at a minimum upon a request from the responsible person for funded services through the Children and Youth Mental Health Treatment Act. This information establishes justification for services and Children and Youth Mental Health Treatment Act funding. The child or youth must be physically in the same room as the professional person during the Face-to-Face clinical assessment. If the child is out of state or otherwise unable to participate in a Face-to-Face assessment, video technology may be used. If the Governor or local government declares an emergency or disaster, telephone may be used. Telephone shall only be used as necessary because of circumstances related to the disaster or emergency.

Source: *2 CO Code of Regulation 520-1, 21.200.41. pg. 37 (Accessed Sept. 2020).*

Consent

Providers shall give all first-time patients a written statement that includes the following:

- The patient may refuse telemedicine services at any time without affecting the patient's right to future care or treatment and without risking the loss or withdrawal of any program benefits to which the patient would otherwise be entitled;
- All applicable confidentiality protections shall apply to the services;
- The patient shall have access to all medical information resulting from the services, under state law.

Source: *CO Revised Statutes 25.5-5-320. (Accessed Sept. 2020).*

Providers must document the member's consent, either verbal or written, to receive telemedicine services.

The Medicaid requirement for face-to-face contact between provider and member may be waived when treating the member through telemedicine. In-person contact between a health care provider and a member is not required for services delivered through telemedicine that are otherwise eligible for reimbursement. Prior to treating the member through telemedicine for the first time, the provider must furnish each member with all of the following written statements, which must be signed (electronic signatures will be accepted) by the member or the member's legal representative:

- The member retains the option to refuse the delivery of health care services via telemedicine at any time without affecting the member's right to future care or treatment and without risking the loss or withdrawal of any program benefits to which the member would otherwise be entitled.
- All applicable confidentiality protections shall apply to the services.
- The member shall have access to all medical information resulting from the telemedicine services as provided by applicable law for client access to his or her medical records.

These requirements do not apply in an emergency.

Source: *CO Department of Health Care Policy and Financing. "Telemedicine Billing Manual" 5/20. (Accessed Sept. 2020).*

Out of State Providers

No reference found.

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Medicaid Telehealth Reimbursement

Miscellaneous

Services appropriately billed to managed care should continue to be billed to managed care. All managed care requirements must be met for services billed to managed care. Managed care may or may not reimburse telemedicine costs.

Source: *CO Department of Health Care Policy and Financing. "Telemedicine Billing Manual" 5/20. (Accessed Sept. 2020).*

Transmissions must be performed on dedicated secure lines or must utilize an acceptable method of encryption adequate to protect the confidentiality and integrity of the transmission. Transmissions must employ acceptable authentication and identification procedures by both the sender and the receiver. Providers of telemedicine services must implement confidentiality procedures that include, but are not limited to:

- Specifying the individuals who have access to electronic records.
- Using unique passwords or identifiers for each employee or other person with access to the member records.
- Ensuring a system to routinely track and permanently record such electronic medical information.
- Members must be advised of their right to privacy and that their selection of a location to receive telemedicine services in private or public environments is at the member's discretion.

Source: *CO Department of Health Care Policy and Financing. "Telemedicine Billing Manual" 5/20. (Accessed Sept. 2020).*

The State Department shall post telemedicine utilization data of the state's Department website no later than 30 days after the effective date and shall update the data every other month through the state fiscal year 2021-22.

Source: *CO Statute, Sec. 25.5-5-320 & Senate Bill 20-212 (2020 Session). (Accessed Sept. 2020).*

For Colorado Medicaid a billable encounter at an FQHC is an in-person face to face visit with a Health First Colorado member. There is no carve out paying fee schedule for telemedicine services. The costs and salaries associated with a telemedicine visit are appropriately included in the cost report, but the service is not a billable encounter. The services are appropriately reimbursed through the prospective payment system by including the costs in the reimbursement calculation.

Source: *CO Department of Health Care Policy and Financing. "Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)" 8/20. (Accessed Sept. 2020).*

Private Payer Laws

Definitions

Telehealth means a mode of delivery of healthcare services through HIPAA compliant telecommunications systems, including information, electronic, and communication technologies, remote monitoring technologies, and store-and-forward transfers, to facilitate the assessment, diagnosis, consultation, treatment, education, care management, or self-management of a covered person's health care while the covered person is located at an originating site and the provider is located at a distant site.

Source: *CO Revised Statutes 10-16-123(4)(e) (I & II) & Senate Bill 20-212 (2020 Session). (Accessed Sept. 2020).*

Requirements

A health benefit plan that is issued, amended or renewed shall not require in-person contact between a provider and a covered person for services appropriately provided through telehealth, subject to all terms and conditions of the health plan.

Subject to all terms and conditions of the health benefit plan, a carrier shall reimburse the treating participating provider or the consulting participating provider for the diagnosis, consultation, or treatment of the covered person delivered through telehealth on the same basis that the carrier is responsible for reimbursing that provider for the provision of the same service through in-person consultation or contact by the provider.

A carrier shall not restrict or deny coverage solely because the service is provided through telehealth or based on the communication technology or application used to deliver the telehealth services, subject to the terms and conditions of the plan.

A health plan is not required to pay for consultation provided by a provider by telephone or facsimile unless the consultation is provided through HIPAA compliant interactive audio-visual communication or the use of a HIPAA compliant application via a cellular telephone.

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Private Payer Laws

Requirements

A carrier shall include in the payment for telehealth interactions reasonable compensation to the originating site for the transmission cost incurred during the delivery of health care services through telehealth except for when the originating site is a private residence.

Source: *CO Revised Statutes 10-16-123. (Accessed Sept. 2020).*

A carrier shall not:

(I) Impose an annual dollar maximum on coverage for health care services covered under the health benefit plan that are delivered through telehealth, other than an annual dollar maximum that applies to the same services when performed by the same provider through in-person care;
(II) Impose specific requirements or limitations on the HIPAA-Compliant technologies that a provider uses to deliver telehealth services, including limitations on audio or live video technologies;
(III) Require a covered person to have a previously established patient-provider relationship with a specific provider in order for the covered person to receive medically necessary telehealth services from the provider; or
(IV) Impose additional certification, location, or training requirements on a provider as a condition of reimbursing the provider for providing health care services through telehealth.

Source: *CO Statute 10-16-123 & SB 20-212 (2020 Session). (Accessed Sept. 2020).*

Parity

Service Parity

CO insurers cannot deny coverage solely because the service is provided through telehealth rather than in-person consultation or contact between the participating provider or, subject to section 10-16-704, the nonparticipating provider and the covered person where the health care service is appropriately provided through telehealth; or based on the communication technology or application used to deliver the telehealth services pursuant to this section. However, use of the word solely, may mean they can find other reasons, such as the service doesn't meet the appropriate standard of care in the insurer's view.

Source: *: CO Revised Statutes 10-16-123(2)(b)(II). (Accessed Sept. 2020).*

Payment Parity

Subject to all terms and conditions of the health benefit plan, a carrier shall reimburse the treating participating provider or the consulting participating provider for the diagnosis, consultation, or treatment of the covered person delivered through telehealth on the same basis that the carrier is responsible for reimbursing that provider for the provision of the same service through in-person consultation or contact by that provider.

Source: *CO Revised Statutes 10-16-123(2)(b)(I). (Accessed Sept. 2020).*

Professional Regulation/Health & Safety

Definitions

"Telehealth" means a mode of delivery of health care services through telecommunication systems, including information, electronic, and communication technologies, to facilitate the assessment, diagnosis, consultation, treatment, education and care management of a resident's health care when the resident and practitioner are located at different sites. Telehealth includes 'telemedicine' as defined in Section 12-36-102.5(8), C.R.S."

Source: *6 CO Regs. Rule 1011-1. Ch. 5, Sec. 2. (Accessed Sept. 2020).*

"Telemedicine means the delivery of medical services and any diagnosis, consultation, or treatment using interactive audio, interactive video, or interactive data communication."

Source: *CO Revised Statutes 12-240-104(6). (Accessed Sept. 2020).*

Recently Passed Legislation
Occupational Therapy: Telehealth means the use of electronic information and telecommunications technology to support and promote access to clinical health care, client and professional health-related education, public health and health administration.

Source: *CO Revised Statute 12-270-104. (HB 20-1230). (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Consent

See Medicaid section for Consent requirements.

Workers' Compensation
The patient is required to provide the appropriate consent for treatment.

Source: *7 CO Regs. Rule 1101-3, 18-5(I)(3)(b), p. 34. (Accessed Sept. 2020).*

Online Prescribing

A pharmacist shall not dispense a prescription drug if the pharmacist knows or should know that the order for such drug was issued without a valid preexisting patient-practitioner relationship. Such relationship need not involve an in-person encounter between the patient and practitioner if otherwise permissible under Colorado law. A pharmacist may, in good faith, dispense an opiate antagonist pursuant to an order that was issued without a valid preexisting patient-practitioner relationship under the following conditions:

a. The opiate antagonist is not a controlled substance; and
b. The opiate antagonist is approved by the Federal Food and Drug Administration for the treatment of a drug overdose.

Source: *3 CO Code of Regulation 719-1. 3.00.21, p. 7. (Accessed Sept. 2020).*

Workers' Compensation
The physician-patient relationship/psychologist-patient relationship can be established through live audio/video services.

Source: *7 CO Regs. Rule 1101-3, 18-5(I)(3)(a), p. 34. (Accessed Sept. 2020).*

"Bona fide physician-patient relationship", for purposes of the medical marijuana program, means: A physician and a patient have a treatment or counseling relationship, in the course of which the physician has completed a full assessment of the patient's medical history, including reviewing a previous diagnosis for a debilitating or disabling medical condition, and current medical condition, including an appropriate personal physical examination. "Appropriate personal physical examination" may not be performed by remote means, including telemedicine.

Source: *5 CO Regs. Rule 1006-2. (Accessed Sept. 2020).*

Cross State Licensing

Member of the Interstate Medical Licensure Compact.

Source: *Interstate Medical Licensure Compact. The IMLC. (Accessed Sept. 2020).*

Member of the Interjurisdictional Psychology Compact.

Source: *Compact of the Association of State and Provincial Psychology Boards. Legislative Updates. (Accessed Sept. 2020).*

Member of Emergency Medical Technician Services Compact (REPLICA).

Source: *National Registry of Emergency Medical Technicians. The EMS Compact States. (Accessed Sept. 2020).*

Member of the Physical Therapy Compact.

Source: *Physical Therapy Compact. Compact Map. (Accessed Sept. 2020).*

Member of the Nurses Licensure Compact.

Source: *Current NLC States & Status. Nurse Licensure Compact. (Accessed Sept. 2020).*

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Colorado law includes in its definition of "health care services" the rendering of services via telehealth.

Source: *CO Revised Statutes 10-16-102(33). (Accessed Sept. 2020).*

Providers are encouraged to utilize telehealth whenever medically appropriate under the Division of Worker's Compensation.

Source: *7 CCR 1101-3, Rules 16-2. Page 3. (Accessed Sept. 2020).*

Recently Passed Legislation
HB 20-1230 Sunset Occupational Therapy Practice Act
Telehealth, telerehabilitation, and teletherapy are included within the practice of occupational therapy.

Source: *Sunset Occupational Therapy Practice Act HB 20-1230 co. (Accessed Sept. 2020).*

Recently Adopted Rule
Worker's Compensation rule encourages the utilization of telehealth wherever medically appropriate.

Specifies certain CPT codes that may be provided via telemedicine for Worker's Compensation. It also sets reimbursement requirements for distant site and originating site providers.

Source: *7 CCR 1101-3, Rule 18-4. (Accessed Sept. 2020).*

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Connecticut

Medicaid Program: Medical Assistance Program

Program Administrator: Connecticut Department of Social Services

Regional Telehealth Resource Center: Northeast Telehealth Resource Center www.netrc.org

Connecticut Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✗	✓	✗	✗	✓

Connecticut Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Connecticut Medicaid is required to cover telemedicine services for categories of health care that the commissioner determines are appropriate, cost effective and likely to expand access to medically necessary services where there is a clinical need for those services to be provided by telehealth or for Medicaid recipients for whom accessing appropriate health care services poses an undue hardship. The CT Medicaid Program manuals do not mention reimbursement for telemedicine but does indicate that while they do not provide reimbursement for behavioral health services provided electronically or over the phone, there is an exception for case management behavioral health services for clients age eighteen and under.

There is no reference to remote patient monitoring.

* A temporary law was passed applicable to Medicaid and private payer reimbursement that expires March 15, 2021. Because the law is temporary and associated with policies related to the COVID-19 public health emergency, it has not been incorporated into this report.

Source: *HB 6001 (2020 Session). (Accessed Sept. 2020).*

Definitions

Synchronized telemedicine is defined as an audio and video telecommunication system with real-time communication between the patient and practitioner.

Source: *CT Policy – Provider Bulletin 2020-09. March 2020. (Accessed Sept. 2020).*

Definition for Telemedicine Demonstration Program for FQHCs: "Telemedicine means the use of interactive audio, interactive video or interactive data communication in the delivery of medical advice, diagnosis, care or treatment and includes services described in subsection (d) of section 20-9 and 42 CFR 410.78(a)(3). Telemedicine does not include the use of facsimile or audio-only telephone."

Source: *CT General Statute 17b, Sec. 245c. (Accessed Sept. 2020).*

"Telehealth" means the mode of delivering health care or other health services via information and communication technologies to facilitate the diagnosis, consultation and treatment, education, care management and self-management of a patient's physical and mental health, and includes (A) interaction between the patient at the originating site and the telehealth provider at a distant site, and (B) synchronous interactions, asynchronous store-and-forward transfers or remote patient monitoring. Telehealth does not include the use of facsimile, audio-only telephone, texting or electronic mail.

Source: *CT General Statute 19a, Sec. 906. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

CT Medicaid is required to provide coverage for telehealth services for categories of health care services that the commissioner determines are clinically appropriate to be provided through telehealth, cost effective for the state and likely to expand access to medically necessary services where there is a clinical need for those services to be provided by telehealth or for Medicaid recipients whom accessing healthcare poses an undue hardship.

The commissioner may provide coverage of telehealth services pursuant to this section notwithstanding any provision of the regulations of Connecticut state agencies that would otherwise prohibit coverage of telehealth services. The commissioner may implement policies and procedures as necessary to carry out the provisions of this section while in the process of adopting the policies and procedures as regulations.

Source: *CT General Statute 17b, Sec. 245e & Senate Bill 1052 (2019 Session). (Accessed Sept. 2020).*

In accordance with section 17b- 245e of the 2020 supplement to the Connecticut General Statutes, the Department of Social Services (DSS or Department) will implement full coverage of specified synchronized telemedicine, which is defined as an audio and video telecommunication system with real-time communication between the patient and practitioner. The coverage of specified synchronized telemedicine services will be covered under both Connecticut's Medicaid Program and Children's Health Insurance Program (CHIP) when they:

- Are medically necessary, in accordance with the statutory definition of medical necessity
- Are rendered via a HIPAA-compliant, real time audio and video communication system (but note that certain popular video chatting software programs are not HIPAA-compliant); and
- Comply with all CMAP requirements that would otherwise apply to the same service performed face-to-face (in-person), including, but not limited to, enrollment, scope of practice, licensure, documentation, and other applicable requirements.

Source: *CT Policy – Provider Bulletin 2020-09. March 2020. (Accessed Sept. 2020).*

Connecticut's Medical Assistance Program will not pay for information or services provided to a client by a provider electronically or over the telephone, however there is an exception for case management behavioral health services for clients age eighteen and under.

Source: *CT Provider Manual. Physicians and Psychiatrists. Sec. 17b-262-342. Pg. 9, Aug, 2013; CT Provider Manual. Psychologists. Sec. 17b-262-472. Jan. 1, 2008. Pg. 7; & CT Provider Manual. Behavioral Health. Sec. 17b-262-918. Feb. 1, 2013. Pg. 6. (Accessed Sept. 2020).*

A telehealth provider shall only provide telehealth services to a patient when the telehealth provider: (A) Is communicating through real-time, interactive, two-way communication technology or store and forward technologies; (B) has access to, or knowledge of, the patient's medical history, as provided by the patient, and the patient's health record, including the name and address of the patient's primary care provider, if any; (C) conforms to the standard of care applicable to the telehealth provider's profession and expected for in-person care as appropriate to the patient's age and presenting condition, except when the standard of care requires the use of diagnostic testing and performance of a physical examination, such testing or examination may be carried out through the use of peripheral devices appropriate to the patient's condition; and (D) provides the patient with the telehealth's provider license number and contact information.

Source: *CA Gen. Statutes Sec. 19a-906(b)(1). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

See manual for the behavioral health services that may be rendered via telemedicine.

Source: *CT Policy – Provider Bulletin 2020-09. March 2020. (Accessed Sept. 2020).*

Opioid Treatment Programs are required to perform a complete, fully documented physical evaluation prior to admission. The program physician may render the physical evaluation component of MAT services via telemedicine only when the all of the following are met:

- The CMAP member's originating site is another CMAP-enrolled Opioid Treatment Program (Methadone Maintenance Clinic) that is part of the same billing entity as the originating site;
- The originating site is providing all the other required components of MAT services including the intake and psychiatric evaluation;
- As required by 42 CFR 8.12(f), an authorized healthcare professional under the supervision of a program physician is present with the member at the originating site; and
- The distant site provider must be located at a different service location/address than the originating site.

Induction services must always be rendered face-to-face (in-person) and only after the physical and psychiatric evaluation has been performed. Once a CMAP member has been inducted, routine psychotherapy services may be rendered via telemedicine.

MAT services that may be rendered via telemedicine include medication management and psychotherapy services.

Source: *CT Policy – Provider Bulletin 2020-09. March 2020. (Accessed Sept. 2020).*

Eligible medical services include select established patient evaluation and management services. The select established patient E/M services may be rendered via telemedicine only if the following criteria are met:

- The CMAP member has been approved to have or has received surgery from a provider in a non-contiguous state; or
- The CMAP member has been determined to be homebound by a CMAP-enrolled physician, APRN, Certified Nurse Midwife (CNM), PA, or podiatrist.

See manual for certain restrictions for out-of-state surgery.

Case management behavioral health services for clients age eighteen and under is the only service allowed.

Source: *CT Provider Manual. Behavioral Health. Sec. 17b-262-918. Feb. 1, 2013. Pg. 6. (Accessed Sept. 2020).*

Eligible Providers

Only the following categories of CMAP-enrolled providers may provide and bill for such psychotherapy services or psychiatric diagnostic evaluations within their scope of practice via telemedicine:

- Physician
- Physician Assistant
- Advanced Practice Registered Nurses
- Licensed Behavioral Health Clinicians (defined below and which includes only the following: Licensed Psychologists, Licensed Clinical Social Workers, Licensed Marital and Family Therapists, Licensed Professional Counselors, and Licensed Alcohol and Drug Counselors)
- Behavioral Health Clinics – including Enhanced Care Clinics (ECCs)
- Behavioral Health Federally Qualified Health Centers (FQHCs)
- Medical Clinics – excluding School Based Health Centers (SBHCs)
- Rehabilitation Clinics
- Outpatient Hospital Behavioral Health (BH) Clinics
- Outpatient Psychiatric Hospitals
- Outpatient Chronic Disease Hospitals (CDHs)

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Modifiers GT is used when the member's originating site is located in a healthcare facility or office; or modifier 95 Is used when the member is located at home.

Source: *CT Policy – Provider Bulletin 2020-09. March 2020. (Accessed Sept. 2020).*

Medication Assisted Treatment

- Eligible providers:
- Physician
- APRNs
- PAs
- Behavioral Health Clinics

Medication Management

- Eligible Providers:
- Physicians
- PAs
- APRNs
- Medical Clinics – excluding SBHCs
- Behavioral Health Clinics – including ECCs
- Behavioral Health FQHCs
- Outpatient Hospital BH Clinics
- Outpatient Chronic Disease Hospitals

Eligible providers for out of state surgery and homebound patients include:

- Physicians
- PAs
- APRNs
- CNMs
- Podiatrists

For homebound patients, provider must document the reason the member is being determined homebound.

Documentation must be maintained by both the originating site provider and the distant site provider to substantiate the services provided. Originating site documentation must indicate the member received or has been referred for telehealth services.

Source: *CT Policy – Provider Bulletin 2020-09. March 2020. (Accessed Sept. 2020).*

Telehealth providers includes the following who are providing health care or other health services through the use of telehealth within such person's scope of practice and in accordance with the standard of care applicable to the profession:

- Any physician licensed under chapter 370
- Physical therapist licensed under chapter 376
- Chiropractor licensed under chapter 372
- Naturopath licensed under chapter 373
- Podiatrist licensed under chapter 375
- Occupational therapist licensed under chapter 376a
- Optometrist licensed under 380
- Registered nurse or advanced practice registered nurse licensed under chapter 378
- Physician assistant licensed under chapter 370
- Psychologist licensed under chapter 383
- Marital and family therapist licensed under chapter 383a
- Clinical social worker or master social worker licensed under chapter 383b
- Alcohol and drug counselor licensed under chapter 376b
- Professional counselor licensed under chapter 383c
- Dietitian-nutritionist licensed under chapter 384b
- Speech and language pathologist licensed under chapter 399
- Respiratory care practitioner licensed under chapter 381a
- Audiologist licensed under chapter 397a
- Pharmacist licensed under chapter 400j
- Paramedic licensed under chapter 384d

Source: *CT Gen. Statutes Sec. 19a-906(a)(12) & Senate Bill 920 (2020 Session). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

Medication Assisted Treatment
The distant site provider cannot bill for the physical evaluation component rendered via telemedicine.

Source: *CT Policy – Provider Bulletin 2020-09. March 2020. (Accessed Sept. 2020).*

Eligible Sites

There is no limitation on the originating site for a member receiving individual therapy, family therapy or psychotherapy with medication management.

Psychiatric diagnostic evaluations may be rendered via telemedicine only if the member is located at a CMAP-enrolled originating site.

Modifiers GT is used when the member's originating site is located in a healthcare facility or office; or modifier 95 Is used when the member is located at home.

Documentation must be maintained by both the originating site provider and the distant site provider to substantiate the services provided. Originating site documentation must indicate the member received or has been referred for telehealth services.

Source: *CT Policy – Provider Bulletin 2020-09. March 2020. (Accessed Sept. 2020).*

Medication Assisted Treatment
Due to Opioid Treatment Programs (Methadone Maintenance Clinics) receiving a daily payment rate for all MAT services provided, the daily payment rate will continue to be paid to the originating site only.

Source: *CT Policy – Provider Bulletin 2020-09. March 2020. (Accessed Sept. 2020).*

Medical and Behavioral Health Federally Qualified Health Centers (FQHCs) are eligible to bill their encounter rate when an approved, medically necessary telemedicine service is rendered.

Source: *CT Policy – Provider Bulletin 2020-09. March 2020. (Accessed Sept. 2020).*

Geographic Limits

No reference found.

Facility/Transmission Fee

No telehealth provider shall charge a facility fee for telehealth services.

Source: *CT Gen. Statutes Sec. 19a-906(h). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Store-and-Forward	Policy	Although CT Medicaid previously covered electronic consultations, as of January 1, 2020 and forward, the codes used to bill for electronic consultations are no longer payable under the CT Medical Assistance Program. This is due to guidance received by the Centers for Medicare and Medicaid Services (CMS), that reimbursement for electronic consultations does not meet the federal requirements. **Source:** *CT Policy – Provider Bulletin 2019-75. Dec. 2019. (Accessed Sept. 2020).*
		Eligible Services/Specialties	No reference found.
		Geographic Limits	No reference found.
		Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	No reference found.
		Conditions	No reference found.
		Provider Limitations	No reference found.
		Other Restrictions	No reference found.

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Medicaid Telehealth Reimbursement

Email / Phone / Fax

The department shall not pay for information or services provided to a client over the telephone except for case management behavioral health services for patients aged 18 and under.

Source: *CT Provider Manual. Clinic. Sec. 17b-262-823. Jan. 31, 2018. Ch. 7, pg. 20; Behavioral Health. Sec. 17b-262-918. Feb. 1, 2013. Ch. 7, Pg. 6; CT Provider Manual. Physician and Psychiatrist. Sec. 17b-262-342 & 17b-262-456. Aug. 2013. Pg. 9 & 20; CT Provider Manual. Psychologist. Sec. 17b-262-472. Jan. 1, 2018. Ch. 7, pg. 7; CT Provider Manual. Hospital Inpatient Services. Sec. 150.2(E)(III)(l). Dec. 7, 2015. Ch. 7, pg. 44; CT Provider Manual. Chiropractic. Sec. 17b-262-540. Jan. 1, 2008. Ch. 7, pg. 6; CT Provider Manual. Dental. Sec. 17b-262-698. Jan. 1, 2008. Ch. 7, Pg. 44; CT Provider Manual. Home Health. Sec. 17b-262-729. Jan. 1, 2008. Ch. 7, pg. 12; CT Provider Manual. MEDS. Sec. 17b-262-720. July 6, 2011. Ch. 7, pg. 8; CT Provider Manual. Natureopath. Sec. 17b-262-552. Feb. 26, 2014. Ch. 7, pg. 6; CT Provider Manual. Nurse Practitioner/Midwife. Sec. 17b-262-578. Jan. 1, 2008. Ch. 7, pg. 7; CT Provider Manual. Podiatry. Sec. 17b-262-624. Feb. 26, 2009. Ch. 7, pg. 6; CT Provider Manual. Vision Care. Sec. 17b-262-564. Jan. 1, 2008. Ch. 7, pg. 4. (Accessed Sept. 2020).*

The price for any supply listed in the fee schedule published by the department shall include and the department shall pay the lowest: ... information furnished by the provider to the client over the telephone.

Source: *CT Provider Manual. Medical Services, Sec. 17b-262-720, p. 7. (Accessed Sept 2020).*

Telephonic consultations are not reimbursable under CMAP.

Source: *CT Policy Transmittal 2019-12. Effective Jan. 1, 2019. Released Mar. 1, 2019. (Accessed Sept. 2020).*

Consent

At the time of the telehealth provider's first telehealth interaction with a patient, the telehealth provider shall inform the patient concerning the treatment methods and limitations of treatment using a telehealth platform and, after providing the patient with such information, obtain the patient's consent to provide telehealth services. The telehealth provider shall document such notice and consent in the patient's health record. If a patient later revokes such consent, the telehealth provider shall document the revocation in the patient's health record.

Consent must be obtained by the parent or the patient's legal guardian.

Source: *CA Gen. Statutes Sec. 19a-906(b)(2). (Accessed Sept. 2020).*

Out of State Providers

No reference found.

Miscellaneous

The Commissioner is required to submit a report by Aug. 1, 2020 to the joint standing committees of the General Assembly on the categories of health care services in which the department is utilizing telehealth services, in what cities or regions of the state such services are being offered and any cost savings realized by the state by providing telehealth services.

Source: *CT General Statute 17b, Sec. 245e. (Accessed Sept. 2020).*

Private Payer Laws

Definitions

"Telehealth" means the mode of delivering health care or other health services via information and communication technologies to facilitate the diagnosis, consultation and treatment, education, care management and self-management of a patient's physical and mental health, and includes (A) interaction between the patient at the originating site and the telehealth provider at a distant site, and (B) synchronous interactions, asynchronous store-and-forward transfers or remote patient monitoring. Telehealth does not include the use of facsimile, audio-only telephone, texting or electronic mail."

Source: *CT General Statute 19a, Sec. 906(a)(11). (Accessed Sept. 2020).*

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Private Payer Laws

Requirements

Each individual health insurance policy and group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 shall provide coverage for medical advice, diagnosis, care or treatment provided via telehealth to the extent coverage is provided for such advice, diagnosis, care or treatment when provided through in-person consultation between the insured and a health care provider. and shall be subject to the same terms and conditions of the policy.

No such policy shall: (1) Exclude a service for coverage solely because such service is provided only through telehealth and not through in-person consultation between the insured and a health care provider, provided telehealth is appropriate for the provision of such service; or (2) be required to reimburse a treating or consulting health care provider for the technical fees or technical costs for the provision of telehealth services.

Source: *CT General Statute 38a, Sec. 499a. & 38a, Sec. 526a. (Accessed Sept. 2020).*

Parity

Service Parity

Coverage must be provided for telehealth if it would be covered in-person, subject to the terms and conditions of all other benefits under such policy

Source: *CT General Statute 38a, Sec. 499a. & 38a, Sec. 526a. (Accessed Sept 2020).*

Payment Parity

No explicit payment parity.

Professional Regulation/Health & Safety

Definitions

"Telehealth" means the mode of delivering health care or other health services via information and communication technologies to facilitate the diagnosis, consultation and treatment, education, care management and self-management of a patient's physical and mental health, and includes (A) interaction between the patient at the originating site and the telehealth provider at a distant site, and (B) synchronous interactions, asynchronous store-and-forward transfers or remote patient monitoring. Telehealth does not include the use of facsimile, audio-only telephone, texting or electronic mail."

Source: *CT General Statute 19a, Sec. 906. (Accessed Sept. 2020).*

Consent

At the time of the telehealth provider's first telehealth interaction with a patient, the telehealth provider shall inform the patient concerning the treatment methods and limitations of treatment using a telehealth platform and, after providing the patient with such information, obtain the patient's consent to provide telehealth services. The telehealth provider shall document such notice and consent in the patient's health record. If a patient later revokes such consent, the telehealth provider shall document the revocation in the patient's health record.

Consent must be obtained by the parent or the patients legal guardian, conservator or other authorized representative, as applicable.

Source: *CT General Statute 19a, Sec. 906(b)(2). (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Online Prescribing

No telehealth provider shall prescribe any schedule I, II or III controlled substance through the use of telehealth, except a schedule II or III controlled substance other than an opioid drug, in a manner consistent with federal law, for the treatment of a person with a psychiatric disability or substance use disorder, including but not limited to medication assisted treatment.

Source: *CT General Statute 19a, Sec. 906(c). (Accessed Sept. 2020).*

Cross-State Licensing

Department of Public Health may establish a process of accepting an applicant's license from another state and may issue that applicant a license to practice medicine in the state without examination, if certain conditions are met.

Source: *CT General Statutes 20, Sec. 12. (Accessed Sept. 2020).*

Miscellaneous

No reference found.

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District of Columbia

Medicaid Program: District of Columbia Medicaid

Program Administrator: District of Columbia Dept. of Health Care Financing

Regional Telehealth Resource Center: Mid-Atlantic Telehealth Resource Center www.matrc.org

D.C. Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✗	✓	✗	IMLC	✓

D.C. Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Medicaid shall cover and reimburse for healthcare services appropriately delivered through telehealth if the same services would be covered when delivered in person. Although this law was amended to expand reimbursement to store-and-forward and remote patient monitoring, it was not funded under an approved budget and financial plan and therefore did not go into effect.

Source: *DC Code 31-3863. (Accessed Sept. 2020).*

Definitions

"Telehealth" means the delivery of healthcare services through the use of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment; provided, that services delivered through audio-only telephones, electronic mail messages, or facsimile transmissions are not included.

Source: *DC Code Sec. 31-3861. (Accessed Sept. 2020).*

Telehealth is defined as the delivery of healthcare services through the use of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment, provided, that services delivered through audio-only telephones, electronic mail messages, or facsimile transmissions are not included. For the purposes of coverage by the Department of Health Care Finance (DHCF), telehealth and telemedicine shall be deemed synonymous.

Source: *Physicians Billing Manual. DC Medicaid. (09/14/2020) Sec. 15.9. Pgs. 67. (Accessed Sept. 2020).*

Telemedicine is a service delivery model that delivers healthcare services through a two-way, real time interactive video-audio communication for the purpose of evaluation, diagnosis, consultation, or treatment.

Source: *DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.2. (Accessed Sept. 2020). & Physicians Billing Manual. DC Medicaid. (09/14/2020) Sec. 15.9.1. Pgs. 68. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

DC Medicaid must reimburse for health services through telehealth if the same service would be covered when delivered in person.

Source: *DC Code Sec. 31-3863. (Accessed Sept. 2020).*

The DC Medical Assistance Program will reimburse telemedicine services, if the Medicaid beneficiary meets the following conditions:

- Be enrolled in the DC Medicaid Program;
- Be physically present at the originating site at the time the telemedicine service is rendered; and
- Provide written consent to receive telemedicine services in lieu of in-person healthcare services, consistent with all applicable DC laws.

Source: *DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.5. (Accessed Sept. 2020). & Physicians Billing Manual. DC Medicaid. (09/14/2020) Sec. 15.9.3. P. 68. (Accessed Sept. 2020).*

Eligible Services / Specialties

Medicaid shall cover and reimburse for healthcare services appropriately delivered through telehealth if the same services would be covered when delivered in person.

Source: *DC Code Sec. 31-3863. (Accessed Sept. 2020).*

Covered Services:

- Evaluation and management
- Consultation of an evaluation and management of a specific healthcare problem requested by an originating site provider
- Behavioral healthcare services including, but not limited to, psychiatric evaluation and treatment, psychotherapies, and counseling
- Rehabilitation services including speech therapy

Source: *DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.11 & Physicians Billing Manual. DC Medicaid. (09/14/2020) Sec. 15.9.6. P. 69. (Accessed Sept. 2020).*

Distant site providers may only bill for the appropriate codes outlined (see manual and guidance).

Source: *DC Dept. of Health Care Finance. Telemedicine Provider Guidance. P. 3. (Mar. 2020), DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.12 & Physicians Billing Manual. DC Medicaid. (09/14/2020) Sec. 15.9.8. P. 69-70. (Accessed Sept. 2020).*

Education-Related Services

The following reimbursement parameters apply for services delivered under the Office of the State Superintendent of Education through the Strong Start DC Early Intervention Program.

- The LEA shall only bill for distant site services listed in Appendix A that are allowable healthcare services to be delivered at DCPS/DCPCS;
- The LEA shall provide an appropriate primary support professional to attend the medical encounter with the member at the originating site. In instances where it is clinically indicated, an appropriate healthcare professional shall attend the encounter with the member at the originating site.

Source: *DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 4 & 6 (Mar. 2020). (Accessed Sept. 2020).*

Newly Passed Legislation

Health insurance coverage through Medicaid or the DC Healthcare Alliance program shall cover and reimburse health care services and expense for:

- Home visits via telehealth, face-to-face interaction, or digital health for a pregnant woman; and
- Provider delivered digital health interventions that are used to directly manage a patient's pregnancy.

Source: *DC Official Code Sec. 31-3861 & B 23-0326 (2020 Session). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Newly Passed Legislation (Projected Law Date is Nov. 16, 2020 – Takes effect following Mayor approval, a 30-day period of congressional review and publication the DC Register)
Health insurance coverage through Medicaid or the D.C. Healthcare Alliance program shall cover and reimburse health care services and expenses for:

- Home visits via telehealth, face-to-face interaction, or digital health for a pregnant woman; and
- Provider delivered digital health interventions that are used to directly manage a patient's pregnancy.

Source: *DC B 23-0326 (2020 Session). (Accessed Sept. 2020).*

Eligible Providers

Telemedicine providers must comply with the following:

- Be an enrolled Medicaid provider and comply with requirements including having a completed, signed Medicaid Provider Agreement
- Comply with technical, programmatic and reporting requirements
- Be licensed; and
- Comply with any applicable consent requirements, including but not limited to providing telemedicine services at DC public schools or public charter schools.

Source: *DC Municipal Regulation. Emergency Regulation. Title 29, Ch. 9, Sec. 910.6. (Accessed Sept. 2020).*

D.C. Medicaid enrolled providers are eligible to deliver telemedicine services, using fee-for-service reimbursement, at the same rate as in-person consultations. All reimbursement rates for services delivered via telemedicine are consistent with the District's Medical State Plan and implementing regulations.

Source: *Physicians Billing Manual. DC Medicaid. (09/14/2020) Sec. 15.9.4. P. 68-69 & DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 4 (Jul. 2020). (Accessed Sept. 2020).*

The following providers are considered an eligible distant site provider:

- Hospital
- Nursing facility
- Federally Qualified Health Center
- Clinic
- Physician Group/Office
- Nurse Practitioner Group/Office
- DCPS
- DCPCS; and
- MHRS provider, ASARS provider and ASTEP provider certified by DBH and eligible to provide behavioral health services set forth under the State Plan

Source: *DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.8 & Physicians Billing Manual. DC Medicaid. (09/14/2020) Sec. 15.9.3. P. 68 & DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 3 (Mar. 2020) (Accessed Sept. 2020). Source: DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 4 & 6 (Mar. 2020). (Accessed Sept. 2020).*

When a beneficiary's home is the originating site, the distant site provider shall ensure the technology in use meets the minimum requirements.

Source: *DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.30. (Accessed Sept. 2020).*

Eligible Sites

Recently Adopted Rule
The beneficiary's home may serve as the originating site. When the originating site is the beneficiary's home the distant site provider is responsible for ensuring that the technology in use meets the minimum requirements set forth in Subsection 910.3.

Source: *DC Municipal Regulation. Title 29, Ch. 9, Sec. 910 & 910.30. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Live Video	Eligible Sites	Must be an approved telemedicine provider. The following providers are considered an eligible originating site, as well as eligible distant site provider: • Hospital • Nursing facility • Federally Qualified Health Center • Clinic • Physician Group/Office • Nurse Practitioner Group/Office • District of Columbia Public Schools (DCPS) • District of Columbia Public Charter Schools (DCPCS) • Mental Health Rehabilitation Service (MHRS) provider, Adult Substance Abuse Rehabilitation Service (ASARS) provider, and Adolescent Substance Abuse Treatment Expansion Program (ASTEP) provider certified by the Department of Behavioral Health (DBH) and eligible to provide behavioral health services set forth under the District of Columbia Medicaid State Plan (State Plan).
		Eligible Sites	• The beneficiary's home or other settings identified in guidance published on the DHCF website. **Source:** *DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.7 & Physicians Billing Manual. DC Medicaid. (09/14/2020) Sec. 15.9.3. P. 68 & DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 2 (Mar. 2020). (Accessed Sept. 2020).* When a beneficiary's home is the originating site, the distant site provider shall ensure the technology in use meets the minimum requirements set forth in Subsection 910.13. In the event the beneficiary's home is the originating site, the distant site provider must bill using the GT modifier and specify the place of service '02'. **Source:** *DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 4 & 6 (Mar. 2020). (Accessed Sept. 2020).* When DCPS or DCPCS is the originating site provider, a primary support professional (an individual designated by the school) shall be in attendance during the patient's medical encounter. **Source:** *DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.17. (Accessed Sept. 2020).*
		Geographic Limits	No reference found.
		Facility/Transmission Fee	Although facility fees were included under enacted legislation B22-233, it did not become law because it was "not funded" under an approved budget. **Source:** *DC Code Sec. 31-3866. (Accessed Sept. 2020).* No transaction or facility fee. **Source:** *Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.28. (Accessed Sept. 2020). & Physicians Billing Manual. DC Medicaid. (09/14/2020) Sec. 15.9.7. P. 69 & DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 6 (Mar. 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Store-and-Forward	Policy	No reimbursement for store-and-forward. **Source:** *DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.29. (Accessed Sept. 2020). & Physicians Billing Manual. DC Medicaid. (09/14/2020) Sec. 15.9.7. P. 69. & DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 6 (Mar. 2020). (Accessed Sept. 2020).*
		Eligible Services/Specialties	No reference found.
		Geographic Limits	No reference found.
		Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	Although remote patient monitoring was included under enacted legislation B22-233, it did not become law because it was "not funded" under an approved budget. **Source:** *DC Code Sec. 31-3864. (Accessed Sept. 2020).* There is no reimbursement for remote patient monitoring. **Source:** *DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.29. (Accessed Sept. 2020). & Physicians Billing Manual. DC Medicaid. (09/14/2020) Sec. 15.9.7. P.69 & DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 6 (Mar. 2020). (Accessed Sept. 2020).*
		Conditions	No reference found.

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Provider Limitations

No reference found.

Other Restrictions

No reference found.

Email / Phone / Fax

DC Medicaid does not reimburse for service delivery using audio-only telephones, e-mail messages or facsimile transmissions.

Source: *DC Code Sec. 31-3861 & Physicians Billing Manual. DC Medicaid. (09/14/2020) Sec. 15.9 p. 67. (Accessed Sept. 2020).*

Consent

Written consent required.

Source: *DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.5. (Accessed Sept. 2020). & Physicians Billing Manual. DC Medicaid. (09/14/2020) Sec. 15.9.2. P. 68 & DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 2 (Mar. 2020). (Accessed Sept. 2020).*

Out of State Providers

For healthcare services rendered outside of the District, the provider of the services shall meet any licensure requirements of the jurisdiction in which the patient is physically located.

Source: *DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.9. (Accessed Sept. 2020).*

"For services rendered outside of the District, providers shall meet any licensure requirements of the jurisdiction where he/she is physically located and the jurisdiction where the patient is physically located."

Source: *Physicians Billing Manual. DC Medicaid. (09/14/2020) Sec. 15.9. P. 67-68. (Accessed Sept. 2020).*

Miscellaneous

Where an FQHC provides an allowable healthcare service at the originating or distant site, the FQHC shall be reimbursed the applicable rate (PPS, APM or FFS). If an FQHC is both the originating and distant site, and both sites render the same healthcare service, only the distant site will be reimbursed.

When DCPS or DCPCS provides any of the allowable healthcare services at the originating or distant site, the provider shall only be reimbursed for distant site healthcare services that are Medicaid eligible and are to be delivered in a licensed education agency.

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Medicaid Telehealth Reimbursement

Miscellaneous

When an originating site and a distant site are CSAs, and the same provider identification number is used for a serviced delivered via telemedicine, only the distant site provider shall be eligible for reimbursement of the allowable healthcare services described within this section.

Source: *DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.24, 25, 26 & 27. (Accessed Sept. 2020).*

Special reimbursement parameters for FQHCs:

- When FQHC is originating site: An FQHC provider must deliver an FQHC-eligible service in order to be reimbursed the appropriate PPS or fee for service (FFS) rate at the originating site;
- When FQHC is distant site: An FQHC provider must deliver an FQHC-eligible service* in order to be reimbursed the appropriate PPS or FFS rate; and
- When FQHC is Originating and Distant Site: In instances where the originating site is an FQHC, the distant site is an FQHC, and both sites deliver a service eligible for the same clinic visit/encounter all-inclusive PPS code, only the distant site will be eligible to be reimbursed for the appropriate PPS rate for an FQHC-eligible service.

Source: *Physicians Billing Manual. DC Medicaid. (09/14/2020) Sec. 15.9.5. Pgs. 69 & DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 4 (Feb. 2018). (Accessed Sept. 2020).*

Miscellaneous

Telemedicine section also appears in Provider Manuals on:

- **FQHCs** (*FQHC Billing Manual Version 2.00, 09/14/2020, p. 49-52 Accessed Sept. 2020).*
- **Clinics** *(Clinic Billing Manual Version 4.06, 09/14/2020, p. 49-52 Accessed Sept. 2020).*
- **Inpatient Hospital** *(Inpatient Hospital Billing Manual Version 6.01, 09/14/2020, p. 50-53 Accessed Sept. 2020).*
- **Outpatient Hospital** (Outpatient Hospital Billing Manual Version 5.0, 09/14/2020, p. 71-73 Accessed Sept. 2020).
- **Long Term Care** *(Long Term Care Billing Manual Version 5.03, 09/14/2020, p. 54-57 Accessed Sept. 2020).*

See regulation and telemedicine guidance for specific technology requirements.

A provider is required to develop a confidentiality compliance plan.

DHCF is required to send a Telemedicine Program Evaluation survey to providers, effective Jan. 1, 2017.

Source: *DC Municipal Regulation. Title 29, Ch. 9, Sec. 910.13, 14 & 15 & DC Dept. of Healthcare Finance. Telehealth Provider Guidance. p. 6-7 (Mar. 2020). (Accessed Sept. 2020).*

Private Payer Laws

Definitions

"Telehealth" means the delivery of healthcare services through the use of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment; provided, that services delivered through audio-only telephones, electronic mail messages, or facsimile transmissions are not included.

Source: *DC Code Sec. 31-3861. (Accessed Sept. 2020).*

Requirements

Health insurers are required to pay for telehealth services if the same service would be covered when delivered in-person.

A health insurer may require a deductible, copayment, or coinsurance that may not exceed the amount applicable to the same service delivered in-person. A health insurer shall not impose any annual or lifetime dollar maximum on coverage for telehealth services other than an annual or lifetime dollar maximum that applies in the aggregate to all items and services under the health benefits plan.

Source: *DC Code Sec. 31-3862. (Accessed Sept. 2020).*

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Private Payer Laws

Parity

Service Parity

A health insurer must reimburse a provider for the diagnosis, consultation or treatment of the patient when the service is delivered by telehealth.

Source: *DC Code Sec. 31-3862. (Accessed Sept. 2020).*

Payment Parity

No explicit payment parity.

Professional Regulation/Health & Safety

Definitions

Telemedicine - The practice of medicine by a licensed practitioner to provide patient care, treatment or services, between a licensee in one location and a patient in another location with or without an intervening healthcare provider, through the use of health information and technology communications, subject to the existing standards of care and conduct.

Source: *DC Regs. Sec. 17-4699. (Accessed Sept. 2020).*

Consent

Must obtain and document consent.

Source: *DC Regs. Sec. 17-4618.2 (Accessed Sept. 2020).*

Online Prescribing

A physician shall perform a patient evaluation to establish diagnoses and identify underlying conditions or contraindications to recommended treatment options before providing treatment or prescribing medication for a patient utilizing the appropriate standards of care, except when performing interpretive services.

A physician-patient relationship can be established through real-time telemedicine.

Source: *DC Code Sec. 17-4618.3 & 4 (Accessed Sept. 2020).*

Cross-State Licensing

Member of the Interstate Medical Licensure Compact. – *Implementation delayed.*

Source: *Interstate Medical Licensure Compact. (Accessed Sept. 2020).*

Must have license to practice medicine in the District of Columbia.

Source: *DC Regs. Sec. 17-4618.1. (Accessed Sept. 2020).*

Miscellaneous

Professional Board Telehealth-Specific Regulations

- Department of Health (applies to the Board of Medicine)

Source: *DCMR Title 17, Ch. 46 Sec. 4618). (Accessed Sept. 2020).*

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Delaware

Medicaid Program: Delaware Medical Assistance Program (DMAP)

Program Administrator: Delaware Health and Social Services Dept., Division of Social Services

Regional Telehealth Resource Center: Mid-Atlantic Telehealth Resource Center www.matrc.org

Delaware Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✗	✓	✓	NLC, PTC, PSYPACT, EMS	✓

Delaware Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Delaware Medical Assistance Program (DMAP) reimburses for live video telemedicine for certain providers and for patients at specific sites. DMAP does not reimburse for store-and-forward and makes no reference to remote patent monitoring.

Definitions

Telemedicine is a cost-effective alternate to face-to-face encounters where access to care is compromised due to the lack of available service providers in the patient's geographical location. This definition is modeled on Medicare's definition for telehealth services located at 42 CFR Sec. 410.78. Note that the Federal Medicaid statute does not recognize telemedicine as a distinct service.

For purposes of DMAP, telemedicine is the use of medical or behavioral health information exchanged from one site to another site via an electronic interactive (two-way, real time) telecommunications system to improve a patient's health.

Source: *DE Medical Assistance Program. Practitioner Provider Specific Manual, 3/9/20. Ch. 16 Telemedicine, 16.1 & 16.2. (Accessed Sept 2020).*

"Telemedicine is the use of medical or behavioral health information exchanged from one site to another via an electronic interactive telecommunications system to improve a patient's health. Telemedicine services are provided with specialized equipment at each site including real-time streaming via the use of:

- Video Camera
- Audio Equipment
- Monitor
- The telecommunications must permit real-time encryption of the interactive audio and video exchanges with the consulting provider."

Source: *DE Medical Assistance Program. Adult Behavioral Health Service Certification and Reimbursement. Dec. 14, 2016. Sec. 1.8. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

DE Medicaid reimburses for live video telemedicine services for up to three different consulting providers for separately identifiable telemedicine services provided to a member per date of service.

Source: *DE Medical Assistance Program. Practitioner Provider Specific Manual, 3/9/20. Ch. 16 Telemedicine, Sec. 16.8.2, pg. 82 & Adult Behavioral Health Service Certification and Reimbursement. Dec. 14, 2016. Sec. 1.8, p. 9 & 14. (Accessed Sept. 2020).*

The GT modifier (which indicates the service occurred via interactive audio and video telecommunication system) can be used for Early and Periodic Screening, Diagnostic and Treatment Services through the School Based Health Services program in Group Physical Therapy treatment utilizing code 97150 + the GT modifier.

Source: *DE School Based Health Services Specific Policy Manual, pg. 57 (8/20/18). (Accessed Sept. 2020).*

The referring provider is not required to be present at the originating site, however the recipient of the services must be present.

Reimbursement to the referring provider will only occur when providing a separately identifiable covered service.

Source: *DE Medical Assistance Program. Practitioner Provider Specific Manual, 3/9/20. Ch. 16.2.6.1.1, 16.2.6.1.2, & 16.5.1 Telemedicine, pg. 79-80. (Accessed Sept. 2020).*

The recipient:

- must be able to verbally communicate, either directly or through a representative, with the originating and distant site providers,
- must be able to receive services via telemedicine, and
- must have provided consent for the use of telemedicine.

Source: *DE Medical Assistance Program. Practitioner Provider Specific Manual, 3/9/20. Ch. 16.5.5 Telemedicine, pg. 81 (Accessed Sept. 2020).*

Eligible Services / Specialties

Interactive audio and video telecommunications can be used for group physical therapy in the Early and Periodic Screening, Diagnostic and Treatment Services through the School Based Health Services program for group physical therapy treatment.

Source: *DE School Based Health Services Specific Policy Manual, pg. 53 & 57 (8/20/18). (Accessed Sept. 2020).*

Rate Methodologies for the CPT codes under the telemedicine section of the State Plan for Adult Behavioral Health Services are paid at a lower rate and provided in the manual.

Source: *DE Medical Assistance Program. Adult Behavioral Health Service Certification and Reimbursement. Dec. 14, 2016. Sec. 1.8. p. 14. (Accessed Sept. 2020).*

Eligible Providers

To receive payment for services delivered through telemedicine technology from DMAP or MCOs, healthcare practitioners must:

- Act within their scope of practice;
- Be licensed (in Delaware, or the State in which the provider is located if exempted
- under Delaware State law to provide telemedicine services without a Delaware
- license) for the service for which they bill DMAP;
- Be enrolled with DMAP/MCOs;
- Be located within the continental United States;
- Be credentialed by DMMA-contracted MCOs, when needed;
- Submit a DMMA Disclosure Form.

Source: *Adult Behavioral Health Service Certification and Reimbursement. Dec. 14, 2016. Sec. 1.8. Pg. 11 (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

Eligible distant site providers include:

- Inpatient/outpatient hospitals (including ER)
- Physicians (or PAs under the physician's supervision)
- Certified Nurse Practitioners
- Nurse Midwives
- Licensed Psychologists
- Licensed Clinical Social Workers
- Licensed Professional Counselors of Mental Health
- Speech Language Therapists
- Audiologists
- Other providers as approved by the DMAP

Source: *DE Medical Assistance Program. Practitioner Provider Specific Manual, 3/9/20. Ch. 16.2.4.3 Telemedicine, pg. 77-78, & Adult Behavioral Health Service Certification and Reimbursement. Dec. 14, 2016. Sec. 1.8. Pg. 12 (Accessed Sept. 2020).*

Eligible Sites

An originating site refers to the facility in which the Medicaid patient is located at the time the telemedicine service is being furnished. An approved originating site may include the DMAP member's place of residence, day program, or alternate location in which the member is physically present and telemedicine can be effectively utilized.

Medical Facility Sites:

- Outpatient Hospitals
- Inpatient Hospitals
- Federally Qualified Health Centers
- Rural Health Centers
- Renal Dialysis Centers
- Skilled Nursing Facilities
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
- Intermediate Care Facilities/Institutions for Mental Diseases (ICF/IMDs)
- Outpatient Mental Health/Substance Abuse Centers/Clinics
- Community Mental Health Centers/Clinics
- Public Health Clinics
- PACE Centers
- Assisted Living Facilities
- School-Based Wellness Centers
- Patient's Home (must comply with HIPAA, privacy, secure communications, etc., and does not warrant an originating site fee)
- Other Sites as approved by the DMAP

Medical Professional Sites:

- Physicians (or Physicians Assistants under the supervision of a physician)
- Certified Nurse Practitioners
- Medical and Behavioral Health Therapists

Source: *DE Medical Assistance Program. Practitioner Provider Specific Manual, 3/9/20. Ch. 16.2.5.4.1 & 16.2.5.4.2 Telemedicine, pg. 78, & 79 & Adult Behavioral Health Service Certification and Reimbursement. Dec. 14, 2016. Sec. 1. 8. pg. 11 & 12 (Accessed Sept. 2020).*

Geographic Limits

There are no geographical limitations within Delaware regarding the location of an originating site provider.

Source: *DE Adult Behavioral Health Service Certification and Reimbursement. Dec. 14, 2016. Sec. 1.8, p. 12. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Live Video	Facility/Transmission Fee	A facility fee is covered for originating sites. Facility fees for the distant site are not covered. Only one facility fee is permitted per date, per member. **Source:** *DE Medical Assistance Program. Practitioner Provider Specific Manual, 3/9/20. Ch. 16 Telemedicine, Sec. 16.2 & 16.8, pg. 77-82. (Accessed Sept. 2020). .*
	Store-and-Forward	Policy	Asynchronous or "store-and-forward" applications do not meet the DMAP definition of telemedicine. **Source:** *DE Medical Assistance Program. Practitioner Provider Specific Manual, 3/9/20. Ch. 16.3.4.1 Telemedicine, pg. 80 & Adult Behavioral Health Service Certification and Reimbursement. Dec. 14, 2016. Sec. 1.8. p. 10. (Accessed Sept. 2020).*
		Eligible Services/Specialties	No reference found.
		Geographic Limits	No reference found.
		Transmission Fee	No reference found.

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Medicaid Telehealth Reimbursement	Remote Patient Monitoring	Policy	No reference found.
		Conditions	No reference found.
		Provider Limitations	No reference found.
		Other Restrictions	No reference found.
	Email / Phone / Fax		Telephone, chart review, electronic mail messages, facsimile transmissions or internet services for online medical evaluations are not considered telemedicine. **Source:** *DE Medical Assistance Program. Practitioner Provider Specific Manual, 3/9/20. Ch. 16.8.1, Telemedicine, pg. 82. (Accessed Sept. 2020).*
	Consent		Recipient must provide written consent to use telemedicine. It must be obtained by either the referring, consulting, or distant provider. An exception is made for involuntary detention and commitment. An exception applies when a DMAP recipient is detained or committed to a facility for care. **Source:** *DE Medical Assistance Program. Practitioner Provider Specific Manual, 3/9/20. Ch. 16.6 & 16.7 Telemedicine, pg. 81-82, & Adult Behavioral Health Service Certification and Reimbursement. Dec. 14, 2016. Sec. 1.8. p. 11-12. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Out of State Providers

The Distant site provider must be located within the continental US and enrolled in the DE Medicaid program or in a DE Medicaid Managed Care Organization to be reimbursed for services.

Source: *DE Medical Assistance Program. Practitioner Provider Specific Manual, 3/9/20. Ch. 16.2.4.1 & 16.5.7 Telemedicine pg. 77 & 81. (Accessed Sept. 2020).*

Miscellaneous

Provider manual lays out three different models for prescribing:

- **First Model:** The distant provider consults with the referring healthcare practitioner (if present during the telemedicine session or by other means) about appropriate medications. The referring provider then executes the prescription locally for the patient.
- **Second Model:** The consulting provider works with a medical professional at the originating site to provide front line care, including writing prescriptions. This method is common at mental health centers. The medical professional must be available on site to write the prescription exactly as described by the consulting healthcare practitioner.
- **Third Model:** The consulting healthcare practitioner directly prescribes and sends/calls-in the initial prescription or refill to the patient's pharmacy.

For stimulants, narcotics and refills, hard copy prescriptions can be written and sent via delivery service to the referring site for the consumer to pick up a couple days after the appointment (see manual for more details).

Source: *DE Medical Assistance Program. Practitioner Provider Specific Manual, 3/9/20. Ch. 16 Telemedicine, Sec. 16.11 p. 83 & Adult Behavioral Health Service Certification and Reimbursement. Dec. 14, 2016. Sec. 1.8, p. 13. (Accessed Sept. 2020).*

Confidentiality, privacy and electronic security standards for telemedicine as well as a contingency plan required of telemedicine sites is listed in the DE Behavioral Health Service Certification and Reimbursement manual.

Source: *DE Medical Assistance Program. Adult Behavioral Health Service Certification and Reimbursement. Dec. 14, 2016. Sec. 1.8. p. 10. (Accessed Sept. 2020).*

Private Payer Laws

Definitions

Group and Blanket Insurance, & Health Insurance Contracts
Also applies to: Physicians, Podiatry, Optometry, Chiropractic, Nursing, Occupational Therapy, Mental Health, Psychology, Dietetic and Nutrition Therapy, Pharmacy, and Clinical Social Work
Telehealth means the use of information and communications technologies consisting of telephone, remote patient monitoring devices or other electronic means which support clinical health care, provider consultation, patient and professional health-related education, public health, health administration, and other services as described in regulation.

Source: *Title 18, Sec. 3370; & Title 18, Sec. 3571R; DE Code Title 24, Sec. 1702, Sec. 502, Sec. 701, Sec. 1902, Sec. 2002, Sec. 2101, Sec. 2502, Sec. 3002, Sec. 3502, Sec. 3802 & Sec. 3902. (Accessed Sept. 2020).*

Board of Dentistry (Effective until Dec. 31, 2020)
"Telehealth" means the use of information and communications technologies consisting of telephones, remote patient monitoring devices or other electronic means which support clinical health care, provider consultation, patient and professional health-related education, public health, health administration, and other services as described in regulation which may not require the use of technology permitting visual communication.

Source: *DE Code Title 24, Sec. 1100. (Accessed Sept. 2020).*

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Private Payer Laws

Definitions

Newly Passed Regulation
Telehealth is the use of electronic communications to provide and deliver a host of health-related information and health-care services, including dentistry and dental hygiene-related information and services, over large and small distances. Telehealth encompasses a variety of health care and health promotion activities, including education, advice, reminders, interventions, and monitoring of interventions.

Source: *DE Code Title 24, Sec. 1100 (newly approved). (Accessed Sept. 2020).*

Group and Blanket Insurance, & Health Insurance Contracts
Telemedicine means a form of telehealth which is the delivery of clinical health care services by means of real time two-way audio, visual or other telecommunications or electronic communications, including the application of secure video conferencing or store-and-forward transfer technology to provide or support healthcare delivery which facilitate the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient's health care by a health care provider practicing within his or her scope of practice as would be practiced in-person with a patient, and legally allowed to practice in the state, while such patient is at an originating site and the health care provider is at a distant site.

Source: *Title 18, Sec. 3370; & Title 18, Sec. 3571R. (Accessed Sept. 2020).*

Requirements

Private payers must provide coverage for the cost of health care services provided through telemedicine, and telehealth as directed through regulations by the Department. Insurers must pay for telemedicine services at the same rate as in-person. Payment for telemedicine must include reasonable compensation to the originating or distant site for the transmission cost.

Private payers may not impose an annual or lifetime dollar maximum on coverage for telemedicine services other than what would apply in the aggregate to all items and services covered under the policy. Additionally, no copayment, coinsurance, or deductible amounts, or any policy year, calendar year, lifetime, or other durational benefit limitation or maximum for benefits or services may be imposed unless equally imposed on all terms and services under the policy.

Source: *Title 18, Sec. 3370; & Title 18, Sec. 3571R. (Accessed Sept. 2020).*

Parity

Service Parity

A payer must reimburse the provider for the diagnosis, consultation, or treatment of the patient on the same basis as in-person services for telemedicine.

Source: *Title 18, Sec. 3370; & Title 18, Sec. 3571R. (Accessed Sept. 2020).*

Payment Parity

An insurer, health service corporation, or health maintenance organization shall reimburse the treating provider or the consulting provider for the diagnosis, consultation, or treatment of the insured delivered through telemedicine services on the same basis and at least at the rate that the insurer, health service corporation, or health maintenance organization is responsible for coverage for the provision of the same service through in-person consultation or contact. Payment for telemedicine interactions shall include reasonable compensation to the originating or distant site for the transmission cost incurred during the delivery of health-care services.

Source: *Title 18, Sec. 3370; & Title 18, Sec. 3571R. (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Definitions

Applies to: Physical Therapy "Telehealth, as set forth in the Board's rules and regulations, means the use of electronic communications to provide and deliver a host of health-related information and healthcare services, including physical therapy and athletic training related information and services, over large and small distances. Telehealth encompasses a variety of healthcare and health promotion activities, including education, advice, reminders, interventions, and monitoring of intervention."

Source: *DE Code. Title 24, Sec. 2602. (Accessed Sept. 2020).*

Applies to: Physicians, Podiatry, Optometry, Chiropractic, Dentistry, Nursing, Occupational Therapy, Mental Health, Psychology, Dietetic and Nutrition Therapy, Pharmacy, and Clinical Social Work
"Telehealth" means the use of information and communications technologies consisting of telephones, remote patient monitoring devices or other electronic means which support clinical health care, provider consultation, patient and professional health-related education, public health, health administration, and other services as described in regulation.

Source: *DE Code. Title 24, Sec. 2002. (Accessed: Sept. 2020).*

Definitions

Applies to: Physicians, Podiatry, Optometry, Chiropractic, Dentistry, Nursing, Occupational Therapy, Mental Health, Chemical Dependency Professionals, Psychology, Dietetic and Nutrition Therapy, Clinical Social Work, and Professional Art Therapists
Telemedicine means a form of telehealth which is the delivery of clinical health care services by means of real time two-way audio, visual or other telecommunications or electronic communications, including the application of secure video conferencing or store-and-forward transfer technology to provide or support healthcare delivery which facilitate the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient's health care by a licensee practicing within his or her scope of practice as would be practiced in-person with a patient and with other restrictions as defined in regulation.

Source: *DE Code Title 24, Sec. 1702, Sec. 502, Sec. 701, Sec. 1101, Sec. 1902, Sec. 2002, Sec. 2101, Sec. 2502, Sec. 3002, Sec. 3060, Sec. 3502, Sec. 3802, & Sec. 3902. (Accessed Sept. 2020).*
DE Code Title 24, Chapter 30, Sec. 3002. (Accessed Sept. 2020).

Applies to: Mental Health and Chemical Dependency Professionals
"Telemedicine" means a form of telehealth which is the delivery of clinical health-care services by means of real time 2-way audio, visual, or other telecommunications or electronic communications, including the application of secure video conferencing or store and forward transfer technology to provide or support health-care delivery, which facilitate the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient's health care by a licensee practicing within his or her scope of practice as would be practiced in-person with a patient and with other restrictions as defined in regulation.

Source: *DE Code Title 24, Chapter 30, Sec. 3002. (Accessed Sept. 2020).*

NOTE: DE Professional Boards each have a different definition of telehealth/telepractice/telemedicine. See Miscellaneous section for references.

Consent

Informed consent must be obtained to establish a physician-patient relationship over telehealth.

Source: *Title 24, Sec. 1769D & DE Code Title 24, Sec. 1933. (Accessed Sept. 2020).*

Informed consent required by Boards (see regulation citations in Miscellaneous area).

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Pharmacists are prohibited from dispensing prescription drug orders through an Internet pharmacy if the pharmacist knows that the prescription order was issued solely on the basis of an Internet consultation or questionnaire, or medical history form submitted to an Internet pharmacy through an Internet site.

Source: *DE Code, Title 16 Sec. 4744(d)(1)(a). (Accessed Sept. 2020).*

APRNs and Physicians

Establishing a proper provider-patient relationship includes:

- Verifying the location of and to the extent possible, the identity of the requesting patient;
- Disclosing the provider's identity and credentials;
- Obtaining consent;
- Establishing a diagnosis through acceptable medical practices, including a physical exam;
- Discuss with patient the diagnosis;
- Ensure availability of distant site provider or coverage of patient for follow up care; and
- Provide written visit summary to patient.

Without a prior patient-provider relationship, providers are prohibited from issuing prescriptions based on internet questionnaire, internet consult or a telephone consult.

Prescriptions through telemedicine and under a physician-patient relationship may include controlled substances, subject to limitations set by the Board.

Source: *Title 24, Sec. 1769D(b) & DE Code Title 24, Sec. 1933(b)(4)(g). (Accessed Sept. 2020).*

Physicians

Prior to a diagnosis and treatment, a physician using telemedicine must either provide:

- An appropriate in-person exam;
- Have another DE licensed practitioner at the originating site with the patient at the time of diagnosis;
- Diagnosis must be based using both audio and visual communication; or
- The service meets standards of establishing a patient-physician relationship included as part of evidenced-based clinical practice guidelines in telemedicine developed by major medical specialty societies.

After a relationship has been established, subsequent treatment of the same patient with the same physician need not satisfy the limitations of this section.

This section shall not limit the practice of radiology or pathology.

Source: *Title 24, Sec. 1769D(h)(i)(j). (Accessed Sept. 2020).*

A remote, audio-only examination is not an "appropriate in-person examination".

No opioid prescribing is permitted via telemedicine with the exception of addiction treatment programs offering medication assisted treatment that have received a Division of Substance Abuse and Mental Health (DSAMH) waiver to use telemedicine through DSAMH's licensure or renewal process. All other controlled substance prescribing utilizing telemedicine is held to the same standards of care and requisite practice as prescribing for in-person visits.

For formation of the physician-patient relationship using audio and visual communications, the audio and visual communications must be live, real-time communications.

Source: *DE Admin Code. Sec. 1700. Sec. 19. (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Cross -State Licensing

Member of Nurses Licensure compact.

Source: *Nurse Licensure Compact. Current NLC States and Status. (Accessed Sept. 2020).*

Member of Emergency Medical Technician Services Compact (REPLICA).

Source: *National Registry of Emergency Medical Technicians. The EMS Compact States. (Accessed Sept. 2020).*

Member of Physical Therapy Licensure Compact. (Enacted Legislation - Not yet issuing or accepting compact privileges)

Source: *PT Compact. Member States. (Accessed Sept. 2020).*

Member of Psychology Interjurisdictional Compact.

Source: *PSYPACT. Legislative Updates. (Accessed Sept. 2020).*

Miscellaneous

Professional regulation with telehealth specific standards

- Physical Therapists and Athletic Trainers (**Source:** *DE Statute Title 24, Sec. 2602). (Accessed Sept. 2020).*
- Board of Mental Health and Chemical Dependency Professionals (**Source:** *DE Admin. Code Title 24, Sec. 3002). (Accessed Sept. 2020).*
- Board of Clinical Social Work Examiners (**Source:** *24 DAC 3902 & 3920). (Accessed Sept. 2020).*
- Respiratory Care Practice Advisory Council (**Source:** *24 DAC 1769D). (Accessed Sept. 2020).*
- Board of Examiners in Optometry (**Source:** *24 DAC 2101). (Accessed Jul. 2020).*
- Board of Occupational Therapy Practice (**Source:** *24 DAC 2002). (Accessed Sept. 2020).*
- Board of Dietetics/Nutrition (**Source:** *24 DAC 3802). (Accessed Sept. 2020).*
- Board of Dentistry and Dental Hygiene (**Source:** *24 DAC 1100). (Accessed Sept. 2020).*
- Pharmacy (**Source:** *24 DAC 2500). (Accessed Sept. 2020).*

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Florida

Medicaid Program: Florida Medicaid

Program Administrator: Florida Dept. of Children and Families

Regional Telehealth Resource Center: Southeast Telehealth Resource Center www.setrc.us

Florida Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✗	✓	✗	NLC	✗

Florida Detailed Policy

Medicaid Telehealth Reimbursement

Summary

FL Medicaid reimburses for real time interactive telemedicine according to administrative code, however there is no indication of reimbursement in any Medicaid Manual. No reference was found in regards to reimbursement for store-and-forward or remote patient monitoring.

Definitions

Telemedicine is "the use of telecommunication and information technology to provide clinical care to individuals at a distance, and to transmit the information needed to provide that care."

Source: *FL Dept. of Health, Child Protection Team Program, Program Handbook, p.65 (Jun. 28, 2019). (Accessed Sept. 2020).*

Telemedicine – The practice of health care delivery by a practitioner who is located at a site other than the site where a recipient is located for the purposes of evaluation, diagnosis, or treatment.

Source: *FL Admin Code 59G-1.057. (Accessed Sept. 2020).*

Live Video

Policy

FL Medicaid reimburses for real time, two-way, interactive telemedicine.

Providers must include the GT modifier.

Source: *FL Admin Code 59G-1.057. (Accessed Sept. 2020).*

Eligible Services / Specialties

Florida Medicaid reimburses the practitioner who is providing the evaluation, diagnosis, or treatment recommendation located at a site other than where the recipient is located.

Source: *FL Admin Code 59G-1.057. (Accessed Sept. 2020).*

Child Protective Team (CPT) Services
Real-time CPT telemedicine services for the evaluation of children suspected to be abused or neglected has been implemented in rural or remote areas.

Source: *FL Dept. of Health, Child Protection Team Program, Program Handbook, p. 24 (Jun. 28, 2019). (Accessed Sept. 2020).*

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Eligible Providers	Telemedicine is available for use by all providers of Florida Medicaid services that are enrolled in or registered with the Florida Medicaid program and who are licensed within their scope of practice to perform the service. **Source:** *FL Admin Code 59G-1.057. (Accessed Sept. 2020).* **Child Protective Team (CPT) Services** Real-time CPT telemedicine services for the evaluation of children suspected to be abused or neglected has been implemented in rural or remote areas. Only CPT medical providers approved as CMS medical providers and are specifically trained to do telemedicine exams can perform exams at the hub site. Only registered nurses trained to assist in telemedicine exams can participate in the CPT medical exam at the remote site. All persons at remote site must act under the direct supervision of the telemedicine physician or physician extender. **Source:** *FL Dept. of Health, Child Protection Team Program, Program Handbook, p. 24 (Jun. 28, 2019). (Accessed Sept. 2020).*
Eligible Sites	No reference found.
Geographic Limits	No reference found.
Facility/Transmission Fee	No reference found.

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Medicaid Telehealth Reimbursement	Store-and-Forward	Policy	No reference found.
		Eligible Services/Specialties	No reference found.
		Geographic Limits	No reference found.
		Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	No reference found.
		Conditions	No reference found.

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Provider Limitations

No reference found.

Other Restrictions

No reference found.

Email / Phone / Fax

No reimbursement for telephone, chart review, electronic mail messages or facsimile transmissions.

Source: *FL Admin Code 59G-1.057. (Accessed Sept. 2020).*

Consent

No reference found.

Out of State Providers

No reference found.

Miscellaneous

Substance Abuse Services
Prior to initiating services utilizing telehealth, providers shall submit detailed procedures outlining which services they intend to provide. Providers delivering any services by telehealth are responsible for the quality of the equipment and technology employed and are responsible for its safe use. Providers utilizing telehealth equipment and technology must be able meet or exceed the prevailing standard of care. Service providers must meet the following additional requirements:

- Must be capable of two-way, real-time electronic communication, and the security of the technology must be in accordance with applicable federal confidentiality regulations 45 CFR §164.312;

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Medicaid Telehealth Reimbursement

Miscellaneous

- The interactive telecommunication equipment must include audio and high-resolution video equipment which allows the staff providing the service to clearly understand and view the individual receiving services;
- Clinical screenings, assessments, medication management, and counseling are the only services allowable through telehealth; and
- Telehealth services must be provided within the state of Florida except for those licensed for outpatient, intervention, and prevention.

Source: *FL Admin Code Sec. 65D-30.004. (Accessed Sept. 2020).*

Florida created a Telehealth Advisory Council for purpose of making recommendations to the Governor and the Legislature about telehealth.

The state's Agency for Health Care Administration, the Department of Health (DOH) and the Office of the Insurance Regulation was also required to survey FL providers on their utilization of telehealth.

Source: *FL Report on Telehealth Utilization and Accessibility. Dec. 2016. (Accessed Sept. 2020).*

Children's Medical Services
There is a webpage dedicated to explaining what telemedicine services are to families.

Source: *FL Children's Medical Services: Special Services for children with special needs. Telemedicine Services. (Accessed Sept. 2020).*

No reimbursement for equipment used to provide telemedicine services.

Source: *FL Admin Code 59G-1.057. (Accessed Sept. 2020).*

Private Payer Laws

Definitions

"Telehealth" means the use of synchronous or asynchronous telecommunications technology by a telehealth provider to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include audio-only telephone calls, e-mail messages, or facsimile transmissions.

Source: *FL Statute 456.47. (Accessed Sept. 2020).*

Requirements

Contracts between health insurers or health maintenance organizations and telehealth provider must be voluntary and must establish mutually acceptable payment rates or payment methodologies for services provided through telehealth. Any contract provision that distinguishes between payment rates or payment methodologies for services provided through telehealth and the same service provided without telehealth must be initialed by the telehealth provider.

Source: *FL Statute 641.31(45). & 627.42396. (Accessed Sept. 2020).*

Parity

Service Parity

Insurers and providers must mutually agree on payment rates and payment methodologies for telehealth delivered services.

Source: *FL Statute 641.31(45). & 627.42396. (Accessed Sept. 2020).*

Payment Parity

Any contract provision that distinguishes between payment rates or payment methodologies for services provided through telehealth and the same services provided without the use of telehealth must be initialed by the telehealth provider.

Source: *FL Statute 641.31. & 641.42396. (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Definitions

"Telehealth" means the use of synchronous or asynchronous telecommunications technology by a telehealth provider to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include audio-only telephone calls, e-mail messages, or facsimile transmissions.

Source: *FL Statute 456.47. (Accessed Sept. 2020).*

"Telehealth" means the mode of providing care, treatment, or services by a Florida qualified professional, as defined under subsection 397.311(34), F.S., within the scope of his or her practice, through the use of clinical and medical information exchanged from one site to another via electronic communication. Telehealth does not include the provision of health services only through an audio only telephone, email messages, text messages, facsimile transmission, U.S. mail or other parcel service, or any combination thereof.

Source: *FL Admin Code 65D-30.002. (Accessed Sept. 2020).*

Children's Medical Services
"Telemedicine" means "the use of telecommunication and information technology to provide clinical care to individuals at a distance and to transmit the information needed to provide that care.

Source: *FL Admin Code 64C-8.001. (Accessed Sept. 2020).*

Consent

No reference found.

Online Prescribing

A telehealth provider may use telehealth to perform a patient evaluation. If a telehealth provider conducts a patient evaluation sufficient to diagnose and treat the patient, the telehealth provider is not required to research a patient's medical history or conduct a physical examination of the patient before using telehealth to provide health care services to the patient.

A telehealth provider may not use telehealth to prescribe a controlled substance unless the controlled substance is prescribed for the following:

- The treatment of a psychiatric disorder;
- Inpatient treatment at a hospital licensed under chapter 395;
- The treatment of a patient receiving hospice services as defined in s. 400.601; or
- The treatment of a resident of a nursing home facility as defined in s. 400.021.

A health care professional not licensed in this state may provide health care services to a patient located in this state using telehealth if the health care professional registers with the applicable board, or the department if there is no board, and provides health care services within the applicable scope of practice established by Florida law or rule.

See law for specific provider requirements.

An out-of-state provider must have professional liability coverage or financial responsibility that includes coverage for telehealth services provided to patients not located in the provider's home state. A health care professional registered under this section may not open an office or provide in-person services. The Department is required to publish all registrants on its website with specific requirements outlined in the law.

Source: *FL Statute 456.47. (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Cross State Licensing

Member of the Nurses Licensure Compact

Source: *Current NLC States & Status. Nurse Licensure Compact. (Accessed Sept. 2020).*

Miscellaneous

HB 5001 makes appropriations to certain telehealth programs and pilots.

Source: *FL State Senate. HB 5001 (Mar. 19, 2020). (Accessed Sept. 2020).*

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Georgia

Medicaid Program: Georgia Medicaid

Program Administrator: Georgia Dept. of Community Health

Regional Telehealth Resource Center: Southeast Telehealth Resource Center www.setrc.us

Georgia Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✓	✗	✓	✓	IMLC, EMS, NLC, PTC, PSYPACT	✓

Georgia Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Georgia Medicaid reimburses for live video under some circumstances. Store-and-forward is not reimbursable as interactive telecommunications is a condition of payment; however, GA Medicaid will reimburse for the technical component of x-rays, ultrasounds, etc. as well as store-and-forward teledentistry. There is no reference to remote patient monitoring.

Definitions

Telemedicine is the use of medical information exchange from one site to another via electronic communications to improve patient's health status. It is the use of two-way, real time interactive communication equipment to exchange the patient information from one site to another via an electronic communication system. This includes audio and video communications equipment.

Closely associated with telemedicine is the term "telehealth," which is often used to encompass a broader definition of remote healthcare that does not always involve clinical services. Telehealth is the use of telecommunications technologies for clinical care (telemedicine), patient teachings and home health, health professional education (distance learning), administrative and program planning, and other diverse aspects of a health care delivery system.

Source: *GA Dept. of Community Health, Physician Services Manual, p. R-1 (July 1, 2020). (Accessed Sept. 2020).*

Telehealth is a broad definition of remote healthcare that does not always involve clinical services. Telehealth can be used in telecommunications technologies for patient education, home health, professional health education and training, administrative and program planning, and other diverse aspects of a health care delivery system.

Telehealth involves the use of two-way, real time interactive communication equipment to exchange medical/clinical information between a healthcare practitioner and the member from one site to another via a secure electronic communication system. This includes audio and video communications equipment designed to facilitate delivery of healthcare services in a face-to-face interactive, though distant, engagement.

TeleMental Health is a term defined by Ga. Comp. R. & Regs. R. 135-11-01 and is applicable only to Licensed Social Workers, Professional Counselors and Marriage & Family Therapists when either 1) practicing telehealth as defined above, or 2) providing telephonic intervention when allowable via DCH/DBHDD guidelines). Per this rule and regulation, there are specific practice guidelines and mandatory training pertaining to what is identified as TeleMental Health. Providers shall adhere to these rules and regulations when TeleMental Health is provided by one of these named practitioners.

Source: *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p. 5, (July 1, 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

The use of a telecommunications system may substitute for an in-person encounter for professional office visits, pharmacologic management, limited office psychiatric services, limited radiological services and a limited number of other physician fee schedule services. See the telehealth guidelines for program specific policies.

Eligible Services / Specialties

An interactive telecommunications system is required as a condition of payment. The originating site's system, at a minimum, must have the capability of allowing the distant site provider to visually examine the patient's entire body including body orifices (such as ear canals, nose and throat). The distant site provider should also have the capability to hear heart tones and lung sounds clearly (using a stethoscope) if medically necessary and currently within the provider's scope of practice. The telecommunication system must be secure and adequate to protect the confidentiality and integrity of the information transmitted.

Source: *GA Dept. of Community Health, Physician Services Manual, p. R-1 (July 1, 2020). (Accessed Sept. 2020).*

Claims must use the appropriate CPT or HCPCS code with the GT modifier and or the use of POS 02.

Source: *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p. 7 (July. 1, 2020). (Accessed Sept. 2020).*

The service must be medically necessary and the procedure individualized, specific, and consistent with symptoms or confirmed diagnosis of an illness or injury under treatment, and not in excess of the member's needs.

Physician Services: When a provider, licensed in the state of Georgia, determines that medical care can be provided via electronic communication with no loss in the quality or efficacy of the member's care, telehealth services can be performed.

See telehealth manual for list of eligible telehealth services and codes for specific programs.

Non-Covered Services:

- Telephone conversations.
- Electronic mail messages.
- Facsimile.
- Services rendered via a webcam or internet-based technologies (i.e., Skype, Tango, etc.) that are not part of a secured network and do not meet HIPAA encryption compliance.
- Video cell phone interactions.
- The cost of telehealth equipment and transmission.
- Failed or unsuccessful transmissions.

Source: *GA Dept. of Community Health, GA Medicaid Telehealth Guidance, p. 4 & 9 (July. 1, 2020). (Accessed Sept. 2020).*

Nursing Facilities & Community Behavioral Health Rehabilitation Services
Those residents whose interest is best served by receiving mental health services in the nursing facility or in a nearby telehealth site can receive services in either of those locations, with the practitioner using out-of-clinic or telehealth/telemedicine procedure codes.

Source: *GA Dept. of Community Health, Division of Medical Assistance, Part II Policies and Procedures for Community Behavioral Health Rehabilitation Services, p. 29 (July 1, 2020) & GA Dept. of Community Health, Division of Medical Assistance, Part II Policies and Procedures for Nursing Facility Services, p. H-7 (p. 169). (July 2020). (Accessed Sept. 2020).*

Teledentistry
See dental services manual for teledentistry codes.

Source: *GA Dept. of Community Health, Division of Medical Assistance, Part II Policies and Procedures for Dental Services, p. 60 – 61, IX-35 – IX-36 (July 1, 2020). (Accessed Sept. 2020).*

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Autism Spectrum Disorder Services
Prior authorization is required for all Medicaid-covered adaptive behavior services, behavioral assessment and treatment services (not telehealth specific). See manual for eligible codes.

> **Source:** *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p.15-17 (July 1, 2020). (Accessed Sept. 2020).*

Community Behavioral Health and Rehabilitation Services
The Departments of Community Health and Behavioral Health and Developmental Disabilities have authorized telehealth to be used to provide some services in the CBHRS program. The circumstances in which it can be provided are:

- For some services, any member who consents may receive services via telehealth;
- For some services, telehealth is allowed only for members who speak English as a second language, and telehealth will enable the member to engage with a practitioner who can deliver services in his/her preferred language (e.g. American Sign Language, etc.) (one-to-one via Telehealth versus interpreters)

Telehealth is only allowed for certain CBHRS services and only two-way, real-time interactive audio and video communication as described in the Service Definitions section of this Guidance is allowable. Telehealth may not be used for any other Intervention.
See manual for approved codes.

> **Source:** *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p. 19 (July 1, 2020). (Accessed Sept. 2020).*

To promote access, providers may use telemedicine as a tool to provide direct interventions to individuals for whom English is not their first language (one-to-one via telemedicine versus use of interpreters). Telemedicine may only be utilized when delivering this service to an individual for whom English is not their first language.

Community behavioral health providers can deliver a wide variety of services via telemedicine. See manual for specific details and other services allowed.

> **Source:** *GA Dept. of Behavioral Health and Developmental Disabilities, Community Behavioral Health Providers Manual, Pg. 24 (listed on multiple other pages, see manual.) (Effective Oct 1. 2020, through Dec .31, 2020). (Accessed Sept. 2020).*

Teledentistry
The State allows certain services to be delivered via teledentistry. See manual for approved codes.

> **Source:** *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p.38 (Jul. 1, 2020). (Accessed Sept. 2020).*

Dialysis Services
Dialysis services are eligible to be provided under telehealth. See manual for list of eligible CPT codes.

> **Source:** *GA Dept. of Community Health, GA Medicaid Telemedicine Guidance Handbook, p. 42 (July 1, 2020). (Accessed Sept. 2020).*

Nursing Facility Specialized Services
Those residents whose interest is best served by receiving mental health services in the nursing facility or in a nearby telehealth site can receive services in either of those locations, with the practitioner using out-of-clinic or telehealth procedure codes. See manual for eligible codes.

> **Source:** *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p. 46-49 (July 1, 2020). (Accessed Sept. 2020).*

School Based Services
Certain speech language pathology and physical therapy services are reimbursable via telehealth in the school-based setting. See manual or eligible CPT/HCPCS codes.

> **Source:** *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p. 51-52 (July 1, 2020), & GA Dept. of Community Health, Children's Intervention School Services (CISS). p. X-10 (p. 39) (Jul. 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

The Department of Community Health (DCH) will allow some speech therapy, audiology and therapy services to be rendered via telehealth.

> **Source:** *GA Dept. of Community Health, Children's Intervention Services (CIS). p. X-13 (p. 43) (Jul. 2020). (Accessed Sept. 2020).*

Dialysis Services
The Centers for Medicaid and Medicare Services (CMS) has added Dialysis Services to the list of services that can be provided under Telehealth.

> **Source:** *GA Dept. of Community Health, GA Medicaid Dialysis Services Handbook, p. IX-10, p. 17 (July 1, 2020). (Accessed Sept. 2020).*

Durable Medical Equipment Services
A face-to-face encounter may be made through the use of telehealth technology by reporting the appropriate E&M code.

> **Source:** *GA Dept. of Community Health, GA Medicaid Durable Medical Equipment Services Manual, p. 6 (Jul. 2020). (Accessed Sept. 2020).*

Eligible Providers

The consulting provider must be an enrolled provider in Medicaid in the state of Georgia and must document all findings and recommendations in writing, in the format normally used for recording services in the member's medical records. The provider at the distant site must obtain prior approval when services require prior approval. Both the originating site and distant site must document and maintain the member's medical records. The report from the distant site provider may be faxed to the originating provider.

> **Source:** *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p. 8 (Jul. 1, 2020). (Accessed Sept. 2020).*

Autism Spectrum Disorder Services
Practitioners of ASD services can use telehealth to assess, diagnose and provide therapies to patients. Providers must hold either a current and valid license to practice Medicine in Georgia, hold a current and valid license as a Psychologist as required under Georgia Code Chapter 39 as amended, or hold a current and valid Applied Behavior Analysis (ABA) Certification. In addition to licensed Medicaid enrolled Physicians and Psychologists, Georgia Medicaid will enroll Board Certified Behavioral Analysts (BCBAs) as Qualified Health Care Professionals (QHCPs) to provide ASD treatment services. The BCBA must have a graduate-level certification in behavior analysis. Providers who are certified at the BCBA level are independent practitioners who provide behavior-analytic services. In addition, BCBAs supervise the work of Board-Certified Assistant Behavior Analysts (BCaBAs), and Registered Behavior Technicians (RBTs) who implement behavior-analytic interventions.

New providers must submit an attestation upon enrollment, and existing providers must also do so in order to provide adaptive behavior services.

> **Source:** *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p.14 (July 1, 2020). (Accessed Sept. 2020).*

Teledentistry
Licensed dentists and dental hygienists are eligible providers.

> **Source:** *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p.38 (July. 1, 2020). (Accessed Sept. 2020).*

Federally Qualified Health Center (FQHC)/Rural Health Center (RHC)
FQHCs and RHCs can serve as the originating or distant site. They cannot bill an originating site fee and distant site fee for telehealth services on the same encounter.

> **Source:** *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p. 40 (July 1, 2020) & GA Dept. of Community Health, Policies and Procedures for Federally Qualified Health Center Services and Rural Health Clinic Services, p. 22, (Jul. 1. 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

Nursing Facility Specialized Services
See manual for eligible providers and levels.

> **Source:** *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p. 45-49 (Jul. 1, 2020). (Accessed Sept. 2020).*

School Based Settings
Speech language pathologists are eligible to bill for telehealth services with students in a school-based setting. This includes time spent assisting the student with learning to use adaptive equipment and assistive technology.

See manual for eligible speech, audiology and physical therapy codes.

> **Source:** *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p. 52 (Jul. 1, 2020). (Accessed Sept. 2020).*

Eligible Sites

The referring provider must be enrolled in GA Medicaid and comply with policy and procedures as outlines in applicable Georgia Medicaid manuals.

The referring provider must be the member's attending physician, practitioner or provider in charge of their care.

> **Source:** *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p. 7 (Jul. 1, 2020). (Accessed Sept. 2020).*

Ambulance Providers
They may serve as originating sites and the ambulance may bill a separate origination site fee. They are not authorized to provide distant site services.

Limitation (Emergency Ambulance Services Handbook): Emergency ambulance services are reimbursable only when medically necessary. The recipient's physical condition must prohibit use of any method of transportation except emergency for a trip to be covered.

> **Source:** *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p. 12 (Jul. 1, 2020) & Emergency Ambulance Services Handbook, p. 19 (Jul. 2020). (Accessed Sept. 2020).*

Community Behavioral Health and Rehabilitation Services
Member may be located at home, schools and other community-based settings or at traditional sites named in the Department of Community Health Telehealth Guidance. See manual for detailed instructions explanation for when and which type of practitioner can bill for telehealth services.

Traditional sites include:

- Physician and Practitioner's Offices;
- Hospitals;
- Rural Health Clinics;
- Federally Qualified Health Centers;
- Local Education Authorities and School Based Clinics;
- County Boards of Health;
- Emergency Medical Services Ambulances; and
- Pharmacies.

> **Source:** *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p. 19 (Jul. 1, 2020) (Accessed Sept. 2020).*
> **Source:** *GA Dept. of Community Health, Community Behavioral Health Rehabilitation Services Handbook p. 89 (July 1, 2020). (Accessed Sept. 2020).*

Teledentistry
Department of Public Health (DPH) Districts and Boards of Health Dental Hygienists shall only perform duties under this protocol at the facilities of the DPH District and Board of Health, at school-based prevention programs and other facilities approved by the Board of Dentistry and under the approval of the District Dentist or dentist approved by the District Dentist.

> **Source:** *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p. 38 (Jul. 1, 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Sites

Federally Qualified Health Center (FQHC)/Rural Health Center (RHC)
FQHCs and RHCs can serve as originating sites and are paid an originating site facility fee. They cannot bill an originating site fee and distant site fee for telehealth services on the same encounter.

> **Source:** *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p. 40 (Jan. 1, 2020). & GA Dept. of Community Health, Policies and Procedures for Federally Qualified Health Center Services and Rural Health Clinic Services, p. 22, (Jul. 1. 2020). (Accessed Sept. 2020).*

Dialysis Services
Dialysis facilities are eligible originating sites for dialysis services.

> **Source:** *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p. 42 (July 1, 2020). (Accessed Sept. 2020) & GA Dept. of Community Health, GA Medicaid Dialysis Services Handbook, p. IX-10, p. 17 (July 1, 2020). (Accessed Sept. 2020).*

Nursing Facility Specialized Services
Nursing facilities can be eligible sites for nursing facility specialized services.

> **Source:** *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p. 46 (Jul. 1, 2020). (Accessed Sept. 2020), & Source: GA Dept. of Community Health, Nursing Facility Services Handbook, p. H-1 (Jul. 1, 2020). (Accessed Sept. 2020).*

School-Based Settings (Local Education Agencies)
Telehealth services are allowed in school-based settings upon enrollment into COS 600. The following requirements must be met:

- The provider is an authorized health-care provider enrolled in Georgia Medicaid
- The client is a child who is receiving the service in a primary or secondary school-based setting
- The parent or legal guardian of the client provides consent before the service is provided

Telehealth services provided in a school-based setting are also a benefit if the referring provider delegates provision of services to a nurse practitioner, clinical nurse specialist, physician assistant, or other licensed specialist as long as the above-mentioned providers are working within the scope of their professional license and within the scope of their delegation agreement with the provider.

The school must enroll as a Health Check Provider in order to bill the telehealth originating site facility fee.

LEAs must submit an Attestation Form for the provision of telehealth services.

> **Source:** *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p. 51 (Jul 1, 2020) & GA Dept. of Community Health, Children's Intervention School Services (CISS). p. VI-4 (p.9). (Jul. 2020). (Accessed Sept. 2020).*

Geographic Limits

No reference found.

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Medicaid Telehealth Reimbursement

Live Video

Facility/Transmission Fee

Originating sites are paid an originating site facility fee. Hospitals are eligible to receive reimbursement for a facility fee for telehealth when operating as the originating site. There is no separate reimbursement for telehealth serves when performed during an inpatient stay, outpatient clinic or emergency room visit or outpatient surgery, as these are all-inclusive payments.

Source: *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p. 7 (Jul 1, 2020). (Accessed Sept. 2020).*

Community Behavioral Health and Rehabilitation Services
Originating fees (as referenced in some of the other Georgia Medicaid programs) are not offered for telemedicine when utilized in the CBHRS category of service. Telemedicine costs are attributed to the services intervention rates.

Source: *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p. 20 (Jul. 1, 2020). (Accessed Sept. 2020).*

School-Based Settings (Local Education Agencies)
LEAs that enroll as Health Check providers to serve as telehealth originating sites only will be allowed to bill the originating site facility fee. The distant site provider must bill for the E/M office visit. It is the responsibility of the LEA provider to contact the distant site provider to determine if the E/M visit was billed.

Source: *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p. 51 (Jul. 1, 2020). & GA Dept. of Community Health, Health Check EPSDT. (Jul. 2020). X-6-X-7 (p.68 & 69)& GA Dept. of Community Health, Children's Intervention School Services (CISS). p. VI-6-7 (p. 11-12). (Jul. 2020). (Accessed Sept. 2020).*

Federally Qualified Health Center (FQHC)/Rural Health Center (RHC)
FQHCs and RHCs cannot bill an originating site fee and distant site fee for telehealth services on the same encounter.

Source: *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p. 40 (Jul. 1, 2020) & GA Dept. of Community Health, Policies and Procedures for Federally Qualified Health Center Services and Rural Health Clinic Services, p. 22, (Jul. 1. 2020). (Accessed Sept 2020).*

Ambulance Providers
Ambulances may bill a separate origination site fee.

Source: *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p. 12 (Jul. 1, 2020) & Emergency Ambulance Services Handbook, p. 19 (Jul. 2020). (Accessed Sept. 2020).*

Dialysis Services
The originating facility/site (Dialysis Facility) will bill with the revenue code and procedure codes listed in the manual.

Source: *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p. 42 (Jul. 1, 2020) & GA Medicaid Dialysis Services Handbook, p. IX-10 (Jul. 1, 2020). (Accessed Sept. 2020).*

Store-and-Forward

Policy

GA Medicaid defines asynchronous or "store-and-forward" as the "transfer of data from one site to another through the use of a camera or similar device that records (stores) an image that is sent (forwarded) via telecommunication to another site for consultation. Asynchronous communication does not include telephone calls, images transmitted via fax machines and text messages without visualization of the patient (electronic mail).

Source: *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p. 5 (July 1, 2020). (Accessed Sept. 2020).*

Certain teledentistry codes can be delivered via store-and-forward.

Department of Public Health (DPH) Districts and Boards of Health Dental Hygienists shall only perform duties under this protocol at the facilities of the DPH District and Board of Health, at school-based prevention programs and other facilities approved by the Board of Dentistry and under the approval of the District Dentist or dentist approved by the District Dentist.

Source: *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p.38 (Jan. 1, 2020), & Part II Policies and Procedures for Dental Services, p. IX-36 (Jul. 1, 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Store-and-Forward	Eligible Services/Specialties	**Teledentistry** The State allows reimbursement for one specific teledentistry store-and-forward codes. See manual for approved code. **Source:** *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p.38 (Jul. 1, 2020) & Part II Policies and Procedures for Dental Services, p. IX-36 (Jul. 1, 2020). (Accessed Sept. 2020).*
		Geographic Limits	No reference found.
		Transmission Fee	The originating site fee (billed as D9996) associated with a real-time teledentistry exam is supposed to cover the asynchronous sending of information by a dental hygienist to a dentist for review. **Source:** *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p.38 (Jul. 1, 2020) & Part II Policies and Procedures for Dental Services, p. IX-35-IX-36 (Jul. 1, 2020). (Accessed Sept. 2020).*
	Remote Paitent Monitoring	Policy	No reference found.
		Conditions	No reference found.
		Provider Limitations	No reference found.
		Other Restrictions	No reference found.

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Medicaid Telehealth Reimbursement

Email / Phone / Fax

No reimbursement for FAX.
No reimbursement for telephone.
No reimbursement for email.
No reimbursement for video cell phone interactions; services rendered via a webcam or internet-based technologies (Skype, Tango, etc.) that are not part of a secured network and do not meet HIPAA encryption compliance; telehealth equipment; and transmissions.

Source: *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p. 9 (Jul. 1, 2020). (Accessed Sept. 2020).*

Consent

Prior to an initial telehealth service, the practitioner who delivers the service to a GA Medicaid Member shall ensure that the telehealth member consent form is provided to the member and signed. See manual for specific requirements.

Source: *GA Dept. of Community Health GA Medicaid Telehealth Guidance Handbook, p. 7 & 57 (Jul. 1, 2020). (Accessed Sept. 2020).*

Out of State Providers

Out-of-state providers may be licensed under the Interstate Medical Licensure Compact. Providers should see the Georgia Composite Medical Board for additional information.

Source: *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p. 6 (Jul. 1, 2020). (Accessed Sept. 2020).*

Miscellaneous

Both the originating site and distant site must document and maintain the member's medical records. The report from the distant site provider may be faxed to the originating provider. Additionally, all electronic documentation must be available for review by the Georgia Department of Community Health, Medicaid Division, Division of Program Integrity and all other applicable divisions of the department.

All transactions must utilize acceptable methods of encryption as well as employ authentication and identification procedures for both the sender and receiver.

Source: *GA Dept. of Community Health, GA Medicaid Telehealth Guidance Handbook, p. 8-9 (Jul. 1, 2020). (Accessed Sept. 2020).*

Private Payer Laws

Definitions

'Telehealth' means the use of information and communications technologies, including, but not limited to, telephones, remote patient monitoring devices or other electronic means which support clinical health care, provider consultation, patient and professional health related education, public health, and health administration.

'Telemedicine' means a form of telehealth which is the delivery of clinical health care services by means of real time two-way audio, visual, or other telecommunications or electronic communications, including the application of secure video conferencing or store-and-forward transfer technology to provide or support health care delivery, which facilitate the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care by a health care provider practicing within his or her scope of practice as would be practiced in-person with a patient, and legally allowed to practice in this state, while such patient is at an originating site and the health care provider is at a distant site.

Source: *Official Code of GA Annotated Sec. 33-24-56.4. (Accessed Sept. 2020).*

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Private Payer Laws

Requirements

Each insurer proposing to issue a health benefit policy shall provide coverage for the cost of health care services provided through telehealth or telemedicine as directed through regulations promulgated by the department.

An insurer shall not exclude a service for coverage solely because the service is provided through telemedicine services and is not provided through in-person consultation or contact between a health care provider and a patient for services appropriately provided through telemedicine services. For the originating site, insurers and providers may agree to alternative siting arrangements deemed appropriate by the parties.

No insurer shall require its insureds to use telemedicine services in lieu of in-person consultation or contact.

Source: *Official Code of GA Annotated Sec. 33-24-56.4. (Accessed Sept. 2020).*

Parity

Service Parity

An insurer shall reimburse the treating provider or the consulting provider for the diagnosis, consultation, or treatment of the insured delivered through telemedicine services on the same basis for services provided via telemedicine. An insurer cannot exclude a service solely because it was delivered as a telemedicine service.

Source: *Official Code of GA Annotated Sec. 33-24-56.4. (Accessed Sept. 2020).*

Payment Parity

Payment must be at least at the rate that the insurer is responsible for coverage for the provision of the same service through in-person consultation or contact; provided, however, that nothing in this subsection shall require a health care provider or telemedicine company to accept more reimbursement than they are willing to charge. Payment for telemedicine interactions shall include reasonable compensation to the originating or distant site for the transmission cost incurred during the delivery of health care services.

Source: *Official Code of GA Annotated Sec. 33-24-56.4. (Accessed Sept. 2020).*

Professional Regulation/Health & Safety

Definitions

Applies to: Interactive Physical Therapy Services
"Telehealth" is the use of electronic communications to provide and deliver a host of health-related information and health care services including, but not limited to physical therapy related information and services, over large and small distances. Telehealth encompasses a variety of health care and health promotion activities including, but not limited to, education, advice, reminders, interventions, and monitoring of interventions.

Source: *GA Rules & Regulations. Sec. 490-9-.06. (Accessed Sept. 2020).*

Applies to: Interactive Physical Therapy Services
'Telehealth' means the application of evaluative, consultative, preventative, and therapeutic services delivered through telecommunication and information technologies by licensed occupational therapy practitioners. This may include, but shall not be limited to, telemedicine, telepractice, telecare, telerehabilitation, and e-health services.

Source: *Official Code of GA Annotated Sec. 43-28-3. (Accessed Sept. 2020).*

Consent

No reference found.

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In order for a physician to practice within the minimum standards of practice while providing treatment and/or consultation recommendations by electronic or other such means, all the following conditions must be met:

- All treatment and/or consultations must be done by Georgia licensed practitioners;
- A history of the patient shall be available to the Georgia licensed physician, physician assistant or advanced practice registered nurse who is providing treatment or consultation via electronic or other such means;
- Georgia licensed physician, physician assistant or advanced practice registered nurse either: (a) Has personally seen and examined the patient and provides ongoing or intermittent care by electronic or other such means; or (b) Is providing medical care by electronic or other such means at the request of a physician, physician assistant or advanced practice registered nurse licensed in Georgia who has personally seen and examined the patient; or (c) Is providing medical care by electronic or other such means at the request of a Public Health Nurse, a Public School Nurse, the Department of Family and Children's Services, law enforcement, community mental health center or through an established child advocacy center for the protection for a minor, and the physician, physician assistant or advanced practice registered nurse is able to examine the patient using technology and peripherals that are equal or superior to an examination done personally by a provider within that provider's standard of care; or (d) Is able to examine the patient using technology and peripherals that are equal or superior to an examination done personally by a provider within that provider's standard of care.
- The Georgia licensed physician, physician assistant or advanced practice registered nurse providing treatment or consultations by electronic or other means must maintain patient records on the patient and must document the evaluation and treatment along with the identity of the practitioners providing the service by electronic or other means, and if there is a referring practitioner, a copy of this record must also be provided to the referring physician, physician assistant or advanced practice registered nurse.
- To delegate to a nurse practitioner or to supervise a physician assistant doing telemedicine, the physician must document to the board that that the provision of care by telemedicine is in his or her scope of practice and that the NP or PA has demonstrated competence in the provision of care by telemedicine.
- Patients treated by electronic or other such means or patient's agent must be given the name, credentials and emergency contact information for the Georgia licensed physician, physician assistant and/or advanced practice registered nurse providing the treatment or consultation. Emergency contact information does not need to be provided to those treated within the prison system while incarcerated but should be provided to the referring provider. For the purposes of this rule, "credentials" is defined as the area of practice and training for physicians, and for physician assistants and advanced practice registered nurses, "credentials" shall mean the area of licensure and must include the name of the delegating physician or supervising physician.
- The patient being treated via electronic or other means or the patient's agent must be provided with clear, appropriate, accurate instructions on follow-up in the event of needed emergent care related to the treatment. In the case of prison patients, prison staff will be provided this information if the consult is provided to an inmate.
- The physician, physician assistant or nurse practitioner who provides care or treatment for a patient by electronic or other such means must make diligent efforts to have the patient seen and examined in person by a Georgia licensed physician, physician assistant or nurse practitioner at least annually.

Source: *GA Rules & Regulations revised 360-3-.07. (Accessed Sept. 2020).*

Physicians are prohibited from prescribing controlled substances or dangerous drugs based solely on an electronic consult, unless the physician is on-call or covering for another provider and prescribing up to a 72-hour supply of medications for a patient of the other provider.

There is also an exception for licensed physician from prescribing Schedule II sympathomimetic amine drugs for the treatment of attention deficit disorder to a patient in the physical presence of a licensed nurse, provided the initial diagnosis was made and an initial prescription was issued in accordance with 21 U.S.C. § 829(e), including but not limited to the following:

- The physician has conducted at least one in-person medical evaluation of the patient; or
- The physician is covering for a licensee who is temporarily unavailable and has conducted at least one in-person medical evaluation of the patient; or

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Professional Regulation/Health & Safety

Online Prescribing

- The physician is engaged in the practice of telemedicine in accordance with Board Rule 360-3-.07 and with 21 U.S.C. §§ 802(54) and 829(e)(3)(A), including, but not limited to:
  - Where the patient is being treated by, and physically located in, a hospital or clinic registered with the U.S. Drug Enforcement Agency ("DEA"), the physician is registered with the DEA, and all other requirements of 21 U.S.C. § 802(54)(A) are met; or
  - Where the patient is being treated by, and physically in the presence of, a licensee who is registered with the DEA, and all other requirements of 21 U.S.C. § 802(54)(B) are met; or
  - Where the physician has obtained from the U.S. Attorney General a special registration for telemedicine in accordance with 21 U.S.C. §§ 802(54)(E) and 831(h).

Providing treatment via electronic or other means is considered unprofessional conduct unless a history and physical examination of the patient has been performed by a Georgia licensee.

Source: *GA Rules & Regulations revised 360-3-.02. (Accessed Sept. 2020).*

Cross-State Licensing

The Board is authorized to issue telemedicine licenses to physicians who are licensed in other states but not licensed in Georgia. See law for specific requirements to qualify for telemedicine license.

Source: *Official Code of GA Annotated Sec. 43-34-31.1. (Accessed Sept. 2020).*

Must be a Georgia licensed practitioner.

Source: *GA Rules & Regulations Sec. 360-3-.07. (Accessed Sept. 2020).*

Member of Nurse Licensure Compact.

Source: *Nurse Licensure Compact. Current NLC States and Status. (Accessed Sept. 2020).*

Member of the Interstate Medical Licensure Compact.

Source: *Official Code of GA Annotated Sec. 43-34-301. (Accessed Sept. 2020).*

Member of the Physical Therapy Licensure Compact.

Source: *Official Code of GA Annotated Sec. 43-33-31. (Accessed Sept. 2020).*

Member of EMS Compact.

Source: *National Registry of Emergency Medical Technicians. The EMS Compact. (Accessed Sept. 2020).*

Member of the Psychology Interjurisdictional Compact (PSYPACT).

Source: *Official Code of GA Annotated Sec. 43-39-22. (Accessed Sept. 2020).*

Miscellaneous

Professional Board Telehealth-Specific Regulations

- GA Composite Medical Board (**Source:** *GA Rules & Regulations Sec. 360-3-.07). (Accessed Sept. 2020).*
- GA Board of Physical Therapy (**Source:** *GA Rules & Regulations Sec. 490-9-.06). (Accessed Sept. 2020).*

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Hawaii

Medicaid Program: Hawaii Medicaid

Program Administrator: Hawaii Dept. of Human Services

Regional Telehealth Resource Center: Pacific Basin Telehealth Resource Center www.pbtrc.org

Hawaii Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✗	✓	✓	✗	✗

Hawaii Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Hawaii Medicaid (Med-QUEST) reimburses for live video. Although their statute prohibits HI Medicaid from placing any restrictions on originating sites, regulations creating restrictions on the types or originating site eligible for reimbursement and their geographic location still exist in Hawaii Rules. HI indicated in a memo that a state plan amendment was approved that allows for the changes in Hawaii Medicaid policy based on the statutory requirements, but it did not provide any specifics on removing the originating site or geographic restrictions currently present in HI rules.

Additionally, according to Hawaii's statutory definition of telehealth, they should also be reimbursing for store-and-forward and remote patient monitoring, however CCHP has yet to find any documentation from Hawaii Medicaid that they are reimbursing for these modalities.

Definitions

"Telehealth" means the use of telecommunications services, as defined in section 269-1, to encompass four modalities: store-and-forward technologies, remote monitoring, live consultation, and mobile health; and which shall include but not be limited to real-time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit patient medical information, including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, for the purpose of delivering enhanced health care services and information while a patient is at an originating site and the health care provider is at a distant site. Standard telephone contacts, facsimile transmissions, or e-mail text, in combination or by itself, does not constitute a telehealth service for the purposes of this section."

Source: *HI Revised Statutes § 346-59.1(g). (Accessed Sept. 2020).*

Dentistry

"Telehealth" means the use of telecommunication services to transmit patient health information for interpretation and diagnosis while a patient is at an originating site and the health care provider is at a distant site. It is an enabling technology intended to facilitate access for patients who would otherwise not receive services without the provider being physically present. "Teledentistry" is a form of telehealth.

Source: *HI Med-QUEST Medicaid Provider Manual: Dental, pg. 73 (October 2019) & MedQuest Memo, Reimbursement for Procedures Related to FFS Teledentistry Services, No. 19-01, Mar. 13, 2019 & Med-QUEST Memo 20-03. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

Hawaii Medicaid is required under statute to reimburse telehealth equivalent to reimbursement for the same services provided via face-to-face contact.

Source: *HI Revised Statutes § 346-59.1(b). (Accessed Sept. 2020).*

Hawaii Medicaid will reimburse for live video, as long as it "includes audio and video equipment, permitting real-time consultation among the patient, consulting practitioner and referring practitioner."

Source: *Code of HI Rules 17-1737-51.1(c). (Accessed Sept. 2020).*

Eligible Services / Specialties

GT, GQ or 95 modifiers must be used. See Attachment A for full list of CPT codes that are "prime candidates" for telehealth services. Distant site providers should use the 02 Place of Service Code. Codes listed in Attachment A are considered prime candidates for telehealth reimbursement.

Source: *HI Department of Human Services. Med-QUEST Division. Memo 17-01A. & Medicaid.gov. Hawaii, SPA 16-0004. Approval Letter. & HI Department of Human Services. Med-QUEST Division. Attachment A. (Accessed Sept. 2020).*

Dentistry
All claims for services provided through telehealth technology must be identified by the applicable teledentistry CDT code D9995 or D9996.

CDT code D9999 must be used to identify the claim for PPS payment by FQHCs and RHCs.

Source: *HI Med-QUEST Medicaid Provider Manual: Dental, pg. 73-75 (October 2019). (Accessed Sept. 2020).*

All claims for services provided through telehealth technology must be identified by the applicable teledentistry CDT code D9995 or D9996.

Source: *MedQuest Memo, Reimbursement for Procedures Related to FFS Teledentistry Services, No. 19-01, Mar. 13, 2019. (Accessed Sept. 2020).*

Applied behavioral analysis services (including family adaptive behavior treatment guidance) can be provided through telehealth. MedQuest provides some areas of consideration when approving ABA services through telehealth (see memo).

Source: *HI Med-QUEST Memo QI-2028 (Jul. 21, 2020) & QI-2020 (Jun. 17, 2020). (Accessed Sept. 2020).*

Federally Qualified Health Centers
Eligible services will be consistent with Memo QI-1702A and FFS 19-01. See memo for specific billing scenarios.

Source: *Med-QUEST Memo 20-03 (Mar. 16, 2020). (Accessed Sept. 2020).*

Eligible Providers

Dentistry
Dental providers who are eligible to bill Hawaii Medicaid are also eligible to bill for telehealth for specific services (see Dental Manual Attachment A for details).

Source: *HI Med-QUEST Medicaid Provider Manual: Dental, pg. 73 (October 2019) & MedQuest Memo, Reimbursement for Procedures Related to FFS Teledentistry Services, No. 19-01, Mar. 13, 2019. (Accessed Sept. 2020).*

Federally Qualified Health Centers
Providers who are eligible to bill for Hawaii Medicaid services are also eligible to bill for telehealth. Please refer to Hawaii Provider Manual Chapter 21 (21.2.1) for a list of eligible providers.

Source: *HI Med-QUEST Medicaid Provider Manual: Federally Qualified Health Centers, pg. 2 (March 2016) & Med-QUEST Memo 20-03 (Mar. 16, 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Sites

Eligible originating sites listed in the Administrative Rules:

- The office of a physician or practitioner;
- Hospitals;
- Critical Access Hospitals;
- Rural Health Clinics;
- Federally Qualified Health Centers;
- Federal telehealth demonstration project sites.

Source: *Code of HI Rules 17-1737-51.1(d). – Law passed & state plan amendment accepted prohibiting this limitation, however the prohibiting language is still present in regulation. (Accessed Sept. 2020).*

In statute, these locations are also included

- A patient's home;
- Other non-medical environments such as school-based health centers, university-based health centers, or the work location of a patient.

Source: *HI Revised Statutes § 346-59.1. (Accessed Sept. 2020).*

Guidance for Federally Qualified Health Centers:
Services must be provided at a HRSA approved site or satellite.

The spoke (originating site) is the location where the patient is located whether accompanied or not by a health care provider through telehealth. The originating site includes a patient's residence.

Source: *HI Med-QUEST Memo 20-03. (Accessed Sept. 2020).*

Approved state plan amendment authorizes HI Medicaid to remove geographic and originating site requirements.

Source: *HI State Plan Amendment 16-0004. (Accessed Sept. 2020).*

Geographic Limits

Telehealth services may only be provided to patients if they are presented from an originating site located in either:

- A federally designated Rural Health Professional Shortage Area;
- A county outside of a Metropolitan Statistical Area;
- An entity that participates in a federal telemedicine demonstration project.

Source: *Code of HI Rules 17-1737.-51.1 – Law passed & state plan amendment accepted prohibiting this limitation, however the prohibiting language is still present in regulation. (Accessed Sept. 2020).*

Approved state plan amendment authorizes HI Medicaid to remove geographic and originating site requirements.

Source: *HI State Plan Amendment 16-0004. (Accessed Sept. 2020).*

Federally Qualified Health Centers:
Services must be provided at a HRSA approved site or satellite.

Source: *HI Med-QUEST Memo 20-03. (Accessed Sept. 2020).*

Facility/Transmission Fee

No reference found.

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Medicaid Telehealth Reimbursement

Store-and-Forward

Policy

Hawaii Medicaid and private payers are required to cover appropriate telehealth services (which includes store-and-forward) equivalent to reimbursement for the same services provided in-person.

Source: *HI Revised Statutes § 346-59.1 & 431:10A-116.3. (Accessed Sept. 2020).*

Hawaii Medicaid requires, as a condition of payment, the patient to be present and participating in the telehealth visit.

Source: *Code of HI Rules 17-1737.-51.1(c) – Law passed & state plan amendment accepted prohibiting this limitation, however the prohibiting language is still present in regulation. (Accessed Sept. 2020).*

Eligible Services/Specialties

Federally Qualified Health Centers
Telemedicine-based retinal imaging and interpretation is not a covered service for PPS reimbursement. A face-to-face encounter with a member by an ophthalmologist or optometrist is eligible for PPS reimbursement, regardless of whether retinal imaging or interpretation is a component of the services provided.

Source: *Med-QUEST Provider Manual. Ch. 21: Federally Qualified Health Centers. Mar. 2016, p. 4. (Accessed Sept. 2020).*

Geographic Limits

No reference found.

Transmission Fee

No reference found.

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Policy

Hawaii Medicaid is required to cover appropriate telehealth services (which includes store-and-forward and remote patient monitoring) equivalent to reimbursement for the same services provided in-person.

Source: *HI Revised Statutes § 346-59.1. (Accessed Sept. 2020).*

Conditions

No reference found.

Provider Limitations

No reference found.

Other Restrictions

No reference found.

Email / Phone / Fax

No Reimbursement for:

- Telephone
- Facsimile machine
- Electronic mail

Source: *Code of HI Rules 17-1737.-51.1(c). (Accessed Sept. 2020).*

Consent

No reference found.

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Medicaid Telehealth Reimbursement

Out of State Providers

No reference found.

Miscellaneous

Hawaii and Alaska are the only two states with Medicare coverage of store-and-forward services.

Private Payer Laws

Definitions

"Telehealth" means the use of telecommunications services, as defined in section 269-1, to encompass four modalities: store-and-forward technologies, remote monitoring, live consultation, and mobile health; and which shall include but not be limited to real-time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit patient medical information, including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, for the purpose of delivering enhanced health care services and information while a patient is at an originating site and the health care provider is at a distant site. Standard telephone contacts, facsimile transmissions, or e-mail text, in combination or by itself, does not constitute a telehealth service for the purposes of this chapter."

Source: *HI Revised Statutes § 431:10A-116.3(g); 432D-23.5(g); & 432:1-601.5(g). (Accessed Sept. 2020).*

Applies to network adequacy: Telehealth means "health care services provided through telecommunications technology by a health care professional who is at a location other than where the covered person is located."

Source: *HI Revised Statutes § 431:26-101. (Accessed Sept. 2020).*

Requirements

Insurance plans, health maintenance organizations and mutual benefit society plans cannot require face-to-face contact between a health provider and a patient as a prerequisite for payment for services appropriately provided through telehealth.

All insurers must provide to current and prospective insureds a written disclosure of covered benefits associated with telehealth services, including information on copayments, deductibles, or coinsurance requirements under a policy, contract, plan, or agreement. The information provided must be current, understandable, and available prior to the issuance of a policy, contract, plan, or agreement and upon request thereafter.

Source: *HI Revised Statutes § 431:10A-116.3; 432D-23.5; & 432:1-601.5. (Accessed Sept. 2020).*

Health benefit plans must maintain a network sufficient in numbers and appropriate types of providers to assure that all covered benefits will be accessible without unreasonable travel or delay. Plans may use telehealth as a service delivery system option for ensuring network adequacy.

Source: *HI Revised Statutes § 431:26-103. (Accessed Sept. 2020).*

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Private Payer Laws

Parity

Service Parity

Coverage may be subject to all the terms and conditions of the plan agreed upon among the enrollee or subscriber, the insurer and the health care provider.

Source: *HI Revised Statutes § 431:10A-116.3(b); 432D-23.5(b); & 432:1-601.5(b). (Accessed Sept. 2020).*

Payment Parity

Reimbursement for services provided through telehealth must be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and patient.

Source: *HI Revised Statutes § 431:10A-116.3(c); 432D-23.5(c); & 432:1-601.5(c). (Accessed Sept. 2020).*

Professional Regulation/Health & Safety

Definitions

"Telehealth" means the use of telecommunications services, as defined in section 269-1, to encompass four modalities: store-and-forward technologies, remote monitoring, live consultation, and mobile health; and which shall include but not be limited to real-time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit patient medical information, including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, for the purpose of: delivering enhanced health care services and information while a patient is at an originating site and the physician is at a distant site; establishing a physician-patient relationship; evaluating a patient; or treating a patient.

Source: *HI Revised Statutes Ch. 453-1.3. (Accessed Sept. 2020).*

"Telehealth" means the use of telecommunications, as that term is defined in section 269-1, to encompass four modalities: store and forward technologies, remote monitoring, live consultation, and mobile health; and which shall include but not be limited to real-time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit patient medical information, including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, for the purpose of delivering enhanced health care services and information while a patient is at an originating site and the radiologist is at a distant site. Standard telephone contacts, facsimile transmissions, or e-mail texts, in combination or by themselves, do not constitute a telehealth service for the purposes of this paragraph.

Source: *HI Revised Statutes Sec. 453-2. (Accessed Sept. 2020).*

Nursing

"Telehealth" means the use of telecommunications as that term is defined in section 269-1, to encompass four modalities: store and forward technologies, remote monitoring, live consultation, and mobile health; and which shall include but not be limited to real-time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit patient medical information, including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, to support long-distance clinical health care while a patient is at an originating site and the nurse is at a distant site, patient and professional health-related education, public health and health administration, to the extent that it relates to nursing.

Source: *HI Revised Statutes Sec. 457-2(a). (Accessed Sept. 2020).*

Consent

No reference found.

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Professional Regulation/Health & Safety

Online Prescribing

Prescribing providers must have a provider-patient relationship prior to prescribing. This includes:

- A face-to-face history and appropriate physical exam to make a diagnosis and therapeutic plan;
- Discussion of diagnosis or treatment with the patient;
- Ensure the availability of appropriate follow-up care.

Source: *HI Revised Statutes § 329-1. (Accessed Sept. 2020).*

Treatment recommendations made via telehealth, including issuing a prescription via electronic means, shall be held to the same standards of practice as traditional settings that do not include a face-to-face visit but in which prescribing is appropriate, including on-call telephone encounters and encounters for which a follow-up visit is arranged.

Issuing a prescription based solely on an online questionnaire is prohibited.

A physician-patient relationship may be established via telehealth if the patient is referred to the telehealth provider by another health care provider who has conducted an in-person consultation and has provided all pertinent patient information to the telehealth provider. Once a provider-patient relationship is established, a patient or physician licensed in Hawaii may use telehealth for any purpose, including consultation with a medical provider in another state, authorized by this section or as otherwise provided by law.

For the purposes of prescribing opiates or medical cannabis, a physician-patient relationship shall only be established after an in-person consultation between the prescribing physician and the patient.

Source: *HI Revised Statutes § 453-1.3. (Accessed Sept. 2020).*

For purposes of prescribing medical cannabis, a bona fide physician-patient relationship may be established via telehealth, and a nurse-patient relationship can be established via telehealth; provided that treatment recommendations that certify a patient for the medical use of cannabis via telehealth shall be allowed only after an initial in-person consultation between the certifying physician or advanced practice registered nurse and the patient.

Source: *HI Revised Statutes § 329-126. (Accessed Sept. 2020).*

Cross-State Licensing

A licensed out-of-state practitioner of medicine or surgery can utilize telehealth to consult with a Hawaii licensed physician or osteopathic physician as long as they don't open an office or meet with patients in the state; the HI licensed provider retains control of the patient; and the laws and rules relating to contagious diseases are not violated.

Commissioned medical officers or psychologists employed by the US Department of Defense and credentialed by Tripler Army Medical Center are exempt from licensing requirements when providing services to neighbor island beneficiaries within a Hawaii national guard armory.

Source: *HI Revised Statutes Sec. 453-2(3-4). (Accessed Sept. 2020).*

Licensed out-of-state radiologists located in Hawaii, may provide services via telemedicine to patients located in another state the radiologist is licensed to practice in.

Source: *HI Revised Statutes § 453-2(b) (7). (Accessed Sept. 2020).*

Miscellaneous

Professional liability insurance for health care providers must provide malpractice coverage for telehealth equivalent to coverage for the same services provided via face-to-face contact.

Source: *HI Revised Statutes §671-7(a). (Accessed Sept. 2020).*

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Idaho

Medicaid Program: Idaho Medicaid

Program Administrator: Idaho Dept. of Health and Welfare

Regional Telehealth Resource Center: Northwest Regional Telehealth Resource Center www.nrtrc.org

Idaho Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✗	✗	✗	IMLC, EMS, NLC	✓

Idaho Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Idaho Medicaid reimburses for live video telehealth for certain providers and for specific services. There is no reference to store-and-forward or remote patient monitoring.

Definitions

Telehealth services is two-way live video between the provider and the participant.

Source: *Medicaid Telehealth Policy, General Information and Requirements for Providers. Section 8.9 Pg. 122. Rev. 7/23/2020. (Accessed Sept. 2020).*

Live Video

Policy

Idaho Medicaid reimburses for specific services via live video telehealth, consistent with ID Administrative Code. Telehealth services must be equal in quality to in-person services.

Video must be provided in real-time with full motion video and audio that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication. Transmission of voices must be clear and audible. Reimbursement is also not available for services that are interrupted and/or terminated early due to equipment difficulties.

Source: *Idaho Medicaid Provider Handbook. General Information and Requirements for Providers. July 23, 2020, Section 8.9, 8.9.2 & 8.9.4 p. 122-123. (Accessed Sept. 2020).*

Rendering providers must provide timely coordination of services, within three business days, with the participant's primary care provider who should be provided in written or electronic format a summary of the visit, prescriptions and DME ordered.

Source: *Idaho Medicaid Provider Handbook. General Information and Requirements for Providers. July 23, 2020, Section 8.9 p. 122. (Accessed Sept. 2020).*

Telehealth services that are properly identified in accordance with billing requirements are covered under Medicaid for physicians, within limitations defined by the Department in the Idaho Medicaid Provider Handbook.

Source: *ID Administrative Code 16.03.09 Sec. 210 (09) (3/13/20), Pg. 23. (Accessed Sept. 2020).*

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Services must be equal in quality to services provided in-person.

Source: *Idaho Medicaid Provider Handbook. General Information and Requirements for Providers. July 23, 2020, Section 8.9 p. 122 . (Accessed Sept. 2020).*

Allowable codes are listed as part of the Medicaid Fee Schedule. Additionally, five codes were added on July 1, 2018 for psychiatric crisis and early intervention service codes.

Claims must include a HCPCS modifier GT.

Source: *ID Medicaid. Telehealth Allowable Codes effective Jan. 1, 2017. (Accessed Sept. 2020). & Medicaid Information Release MA 18-07 All Medicaid Provider Letter. Updated Telehealth Policy. July 1, 2018. (Accessed Sept. 2020).*

Place of service 02 (telehealth) is not used by Idaho Medicaid. All normal Place of Service codes are acceptable for telehealth. The place of service used should be the location of the participant. Claims must include a GT modifier (Via interactive audio and video telecommunications systems) on CPT® and HCPCS. FQHC, RHC or IHS providers should not report the GT modifier with encounter code T1015, but should include it with the supporting codes.

Source: *: Idaho Medicaid Provider Handbook. General Information and Requirements for Providers. July 23, 2020, Section 8.9.4, pg. 123 July 23, 2020. (Accessed Sept. 2020).*

Physician/Non-Physician Practitioner Services:

- Primary Care Services
- Specialty Services
- Health and Behavioral Assessment/Intervention
- Psychiatric Crisis Consultation (Physicians and psychiatric nurse practitioners only)
- Psychotherapy with evaluation and management
- Psychiatric diagnostic interview
- Pharmacological management
- Tobacco Use Cessation

School-based Services

Community Based Rehabilitation Services (CBRS) supervision can be delivered via telehealth in educational environments, but not separately reimbursable.

Children with Developmental Disabilities

Therapeutic consultation and crisis intervention can be delivered via telehealth technology through the Bureau of Developmental Disability Services.

Early Intervention Services (EIS) for Infants and Toddlers

Services can be delivered via telehealth as long as the provider is employed by or contracted with the Idaho Infant Toddler Program and meet the IDEA Part C requirements. Eligible services include:

- Family training and counseling for child development, per 15 minutes (HCPCS T1027)
- Home care training, family, per 15 minutes (HCPCS S5110)
- Medical team conference with interdisciplinary team, 30 minutes (CPT 99366)

Primary Care

Primary care services can be delivered via telehealth. Providers must be licensed by the Idaho Board of Medicine.

Therapy Services

Licensed occupational and physical therapists and speech language pathologists can provide services through telehealth. Evaluations must be performed as an in-person visit to the participant and is not covered through telehealth. Therapeutic procedures and activities are covered via telehealth.

The therapist must certify that the services can be safely and effectively done with telehealth. The physician order must specifically allow the services to be provided by telehealth.

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Interpretation Services and Technical Specifications
Idaho Medicaid reimburses for interpretation, translation, Braille, and sign language in conjunction with a reimbursable Medicaid service.

Speech Language Pathology
Speech therapy services can be delivered via telehealth. Evaluations must be performed in-person. The speech therapist must certify that the services can safely and effectively be done with telehealth.

> **Source:** *ID MMIS Provider Handbook. Speech, Language and Hearing Service Providers. Jan. 1, 2020, p. 7-8. Occupational and Physical Therapy Services Jan. 1, 2020, p. 9*
> *Idaho Medicaid Provider Handbook. General Information and Requirements for Providers July 23, 2020, p. 122-123. (Accessed Sept. 2020).*

Community Based Rehabilitation Services (CBRS) supervision is covered via telehealth.

> **Source:** *Idaho Medicaid Provider Handbook. General Information and Requirements for Providers July 23, 2020, p. 123. (Accessed Sept. 2020).*

Eligible Providers

Physicians and non-physician practitioners enrolled as Healthy Connections primary care providers are eligible to provide primary care services via telehealth.

Idaho Medicaid will cover speech therapy (92507) when provided by a licensed speech language pathologist.

Idaho Medicaid will cover therapy services for occupational therapists and physical therapists.

Only one eligible provider may be reimbursed for the same service per participant per date of service.

> **Source:** *Idaho Medicaid Provider Handbook. General Information and Requirements for Providers July 23, 2020, p. 122-123. (Accessed Sept. 2020).*

Idaho Medicaid will cover speech therapy (92507) when provided by a licensed speech language pathologist.

> **Source:** *ID MMIS Provider Handbook. Speech, Language and Hearing Service Providers. Jan. 1, 2020, p. 7-8. (Accessed Sept. 2020).*

Idaho Medicaid will cover therapy services for occupational therapists and physical therapists.

> **Source:** *Occupational and Physical Therapy Services Jan. 1, 2020, p. 16. (Accessed Sept. 2020).*

Physicians and psychiatric nurse practitioners may provide psychotherapy to participants in crisis via telehealth.

> **Source:** *ID Medicaid Provider Handbook, Physician and Non-Physician Practitioner. Sec. 1.4.9.3, Pg. 24. (Jan. 1, 2020). (Accessed Sept. 2020).*

Eligible Sites

Telehealth services as an encounter by a facility are reimbursable if the services are delivered in accordance with the ID Medicaid Telehealth Policy.

> **Source:** *Idaho MMIS Provider Handbook: Ambulatory Health Care Facility. Nov. 1, 2018., p. 10. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Live Video	Geographic Limits	No reference found.
		Facility/Transmission Fee	No reimbursement for use of equipment at either the remote or originating site. **Source:** *Idaho Medicaid Provider Handbook. General Information and Requirements for Providers. July 23, 2020, p. 123. (Accessed Sept. 2020).*
	Store-and-Forward	Policy	Idaho Medicaid specifies that coverage is available only for 'two-way live video between the provider and the participant **Source:** *Idaho Medicaid Provider Handbook. General Information and Requirements for Providers July 23, 2020, p. 122. (Accessed Sept. 2020)*
		Eligible Services/Specialties	No reference found.
		Geographic Limits	No reference found.
		Transmission Fee	No reference found.

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Policy

No reference found.

Conditions

No reference found.

Provider Limitations

No reference found.

Other Restrictions

No reference found.

Email / Phone / Fax

No reimbursement for telephone, email, text or fax.

Source: *Idaho Medicaid Provider Handbook. General Provider and Participant Information. July 23, 2020, Section 8.9 p. 122. (Accessed Sept. 2020).*

Fee for service reimbursement is not available for an electronic mail message (e-mail), or facsimile transmission (fax).

Source: *ID Administrative Code 16.03.09 Sec. 210 (09). (Accessed Sept. 2020).*

Consent

An appropriate consent is required, which must disclose the delivery models, provider qualifications, treatment methods, or limitations and telehealth technologies.

Source: *Idaho Medicaid Provider Handbook. General Information and Requirements for Providers. July 23, 2020, Section 8.9 p. 122. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Out of State Providers

Providers of telehealth services must be licensed by the Idaho Board of Medicine, Board of Nursing, or in the case of therapeutic consultation and crisis intervention for children's developmental disabilities services, providers must meet staff qualifications.

Please refer to Idaho Administrative Code for additional information.

Source: *Idaho Medicaid Provider Handbook. General Information and Requirements for Providers. July 23, 2020, Section 8.9.1 p. 123, Idaho Medicaid Provider Handbook. Agency Professional July 11, 2019. Section 1.4.6 p. 10 & IDAPA 16.03.09 Sec.855. (Accessed Sept. 2020).*

Miscellaneous

Technical Requirements:

- Video must be provided in real time with full motion video and audio.
- Transmission of voice must be clear and audible
- Telehealth services that cannot be provided as effectively as in-person services are not covered.
- Video images must be high quality images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication

Source: *Idaho Medicaid Provider Handbook. General Information and Requirements for Providers. July 23, 2020, Section 8.9.2 p. 123. (Accessed Sept. 2020).*

Provider Requirements

- Providers at the distant site must disclose to the patient the performing provider's identity, location, telephone number and Idaho license number.
- Telehealth providers must have a systematic quality assurance and improvement program for telehealth that is documented, implemented and monitored.

Source: *Idaho Medicaid Provider Handbook. General Information and Requirements for Providers. July 23, 2020, Section 8.9 p.122. (Accessed Sept. 2020).*

Documentation Requirements

The individual treatment record must include written documentation of evaluation process, the services provided, participant consent, participant outcomes, and that services were delivered via telehealth. The documentation must be of the same quality as is originated during an in-person visit. These documentation requirements are specific to delivery via telehealth and are in addition to any other documentation requirements specific to the area of service (i.e., IEP requirements for school-based services).

Source: *Idaho Medicaid Provider Handbook. General Information and Requirements for Providers. July 23, 2020, p. 123 (Accessed Sept. 2020).*

Private Payer Laws

Definitions

No reference found.

Requirements

No reference found.

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Private Payer Laws	Parity	Service Parity	No reference found.
		Payment Parity	No reference found.
Professional Regulation/Health & Safety	Definitions		**Recently Amended Definition (Effective July 1, 2020)** Telehealth services means health care services provided by a provider to a person through the use of electronic communications, information technology, asynchronous store-and-forward transfer or synchronous interaction between a provider at a distant site and a patient at an originating site. Such services include, but are not limited to, clinical care, health education, home health and facilitation of self-managed care and caregiver support, and the use of synchronous or asynchronous telecommunications technologies by a provider to deliver patient health care services, including but not limited to assessment of, diagnosis of, consultation with, treatment of, and remote monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; audio in isolation without access to review of the patient's medical records, electronic mail messages that are not compliant with the health insurance portability and accountability act (HIPAA), or facsimile transmission **Source:** *ID Code Sec. 54-5703(6) & HB 342 (2020 Session). (Accessed Sept. 2020).*
	Consent		A patient's consent must be obtained. **Source:** *ID Code Sec. 54-5708. (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Online Prescribing

Prescribing physicians must have prescriber-patient relationship, which includes a documented patient evaluation adequate to establish diagnoses and identify underlying conditions and/or contraindications to the treatment.

Prescriptions based solely on online questionnaires or consultation outside of an ongoing clinical relationship are prohibited.

Source: *ID Code § 54-1733. (Accessed Sept. 2020).*

Recently Amended (Effective July 1, 2020) – Permanently suspended by Executive Order 2020-13 & Governor 6/11/20 Proclamation.
If a provider offering telehealth services does not have an established provider-patient relationship with a person seeking such services, the provider shall take appropriate steps to establish a provider-patient relationship by use of technologies sufficient to conduct a patient evaluation and appropriate to diagnose and treatment the patient, provided however, that the applicable Idaho community standard of care must be satisfied.

A provider with an established provider-patient relationship, including a relationship established pursuant to section 54-5705, Idaho Code, may issue prescription drug orders using telehealth services within the scope of the provider's license and according to any applicable laws, rules and regulations, including the Idaho community standard of care; provided however, that the prescription drug shall not be a controlled substance unless prescribed in compliance with 21 U.S.C. section 802(54)(A).

Source: *ID Code Sec. 54-5705 & 5707 & HB 342 (2020 Session) & Executive Order 2020-13 & Proclamation, 6/11/20. (Accessed Sept. 2020).*

Cross-State Licensing

Member of the Interstate Medical Licensure Compact.

Source: *ID Code Sec. 54-1842. (Accessed Sept. 2020).*

Member of Nurses Licensure Compact.

Source: *Nurse Licensure Compact. Current NLC States and Status. (Accessed Sept. 2020).*

Member of EMS Compact.

Source: *National Registry of Emergency Medical Technicians. The EMS Compact. (Accessed Sept. 2020).*

Miscellaneous

Professional Board Telehealth-Specific Regulations

- ID Board of Dentistry (**Source:** *IDAPA 24.31.01 Sec. 055). (Accessed Sept. 2020).*
- ID Board of Psychologist Examiners (**Source:** *IDAPA 24.12.01 Sec. 601). (Accessed Sept. 2020).*

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Illinois

Medicaid Program: Illinois Medicaid

Program Administrator: Illinois Dept. of Healthcare and Family Services

Regional Telehealth Resource Center: Upper Midwest Telehealth Resource Center www.umtrc.org

Illinois Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✓	✓	✗	IMLC, PSYPACT	✗

Illinois Detailed Policy

Medicaid Telehealth Reimbursement

Summary

IL Medicaid reimburses for live video telemedicine and telepsychiatry services for specific providers. A recent law change required them to expand reimbursement to other behavioral health professions beginning in Jan. 2019. Although IL definitions of telemedicine and telehealth encompass store-and-forward there is no mention of store-and-forward reimbursement. IL Medicaid will provide reimbursement for home uterine monitoring.

Definitions

"Telemedicine" is the use of a telecommunication system to provide medical services for the purpose of evaluation and treatment when the patient is at one medical provider location and the rendering provider is at another location.

Source: *IL Admin. Code, Title 89,140.403(a)(9) & IL Dept. of Healthcare and Family Svcs., Handbook for Podiatrists, F-200 (VI), p. 7 (Oct. 2016). (Accessed Sept. 2020).*

Telehealth is the use of a telecommunication system to provide medical services between places of lesser and greater medical capability and/or expertise, for the purpose of evaluation and treatment. Medical data exchanged can take the form of multiple formats: text, graphics, still images, audio and video. The information or data exchanged can occur in real time (synchronous) through interactive video or multimedia collaborative environments or in near real time (asynchronous) through "store and forward" applications.

Source: *IL Dept. of Healthcare and Family Svcs., Handbook for Practitioners. Ch. A-200 Policy and Procedures, 220.5.7, p. 24, (Dec. 12, 2018). Handbook for Podiatrists, F-200 (220.6), p. 27 (Oct. 2016) & Handbook for Encounter Clinic Services, D-210.2, pg. 16-17 (Aug. 2016). (Accessed Sept. 2020).*

"Telehealth" means services provided via a telecommunication system.

Source: *IL Admin. Code, Title 89,140.403(8) (2012). (Accessed Sept. 2020).*

Telepsychiatry: Originating Site: The use of a telecommunication system to provide medical services between places of lesser and greater medical capability and/or expertise, for the purpose of evaluation and treatment. Medical data exchanged can take the form of multiple formats: text, graphics, still images, audio and video. The information or data exchanged can occur in real time (synchronous) through interactive video or multimedia collaborative environments or in near real time (asynchronous) through "store and forward" applications.

Source: *: IL Dept. of Healthcare and Family Svcs., Handbook for Community-Based Behavioral Services Providers, 208.3.1 pg. 42 (Sept. 19, 2018). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

The Department of Healthcare and Family Services shall reimburse psychiatrists, federally qualified health centers as defined in Section 1905(l)(2)(B) of the federal Social Security Act, clinical psychologists, clinical social workers, advanced practice registered nurses certified in psychiatric and mental health nursing, and mental health professionals and clinicians authorized by Illinois law to provide behavioral health services to recipients via telehealth. The Department, by rule, shall establish: (i) criteria for such services to be reimbursed, including appropriate facilities and equipment to be used at both sites and requirements for a physician or other licensed health care professional to be present at the site where the patient is located; however, the Department shall not require that a physician or other licensed health care professional be physically present in the same room as the patient for the entire time during which the patient is receiving telehealth services; and (ii) a method to reimburse providers for mental health services provided by telehealth.

Source: *305 ILCS 5/5-5.25. (Accessed Sept. 2020).*

Health insurance providers must include coverage for licensed dietitians, nutritionists, and diabetes educators who counsel senior diabetes patients, via telehealth, in the patients' homes to remove the hurdle of transportation for patients to receive treatment.

Source: *215 ILCS 5/356z.22. (Accessed Sept. 2020).*

Illinois Medicaid will reimburse for live video under the following conditions:

- A physician or other licensed health care professional or other licensed clinician, mental health professional or qualified mental health professional, for telepsychiatry must be present with the patient at all times with the patient at the originating site;
- The distant site provider must be a physician, physician assistant, podiatrist or advanced practice nurse who is licensed by Illinois or the state where the patient is located. For telepsychiatry, it must be a physician who has completed an accredited general psychiatry residency program or an accredited child and adolescent psychiatry residency program;
- The originating and distant site provider must not be terminated, suspended or barred from the Department's medical programs;
- Telepsychiatry: The distant site provider must personally render the telepsychiatry service;
- Medical data may be exchanged through a telecommunication system. For telepsychiatry it must be an interactive telecommunication system;
- The interactive telecommunication system must, at a minimum, have the capability of allowing the consulting distant site provider to examine the patient sufficiently to allow proper diagnosis of the involved body system. The system must also be capable of transmitting clearly audible heart tones and lung sounds, as well as clear video images of the patient and any diagnostic tools, such as radiographs;
- Telepsychiatry: Group psychotherapy is not a covered telepsychiatry service.

Source: *IL Admin. Code Title 89, 140.403(b). (Accessed Sept. 2020).*

For telemedicine services, a physician or other licensed health care professional must be present at all times with the patient at the originating site.

For telepsychiatry services, a staff member meeting the minimum qualifications of a mental health professional (MHP) must be present at all times with the patient at the originating site.

Source: *ISource: IL Dept. of Healthcare and Family Svcs., Handbook for Practitioners. Ch. A-200 Policy and Procedures, 220.5.7 p. 25, (Dec. 12, 2018). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Appropriate CPT codes must be billed with the GT modifier for telemedicine and telepsychiatry services and the appropriate Place of Service code, 02, telehealth.

Source: *IL Dept. of Healthcare and Family Svcs., Handbook for Practitioners. Ch. A-200 Policy and Procedures, 220.5.7 p. 25, (Dec. 12, 2018). (Accessed Sept. 2020).*

There is no reimbursement for group psychotherapy as a telepsychiatry service

Source: *IL Admin. Code Title 89, 140.403. (Accessed Sept. 2020).*

Home Health Services
A face-to-face encounter may occur through telehealth.

Source: *IL Dept. of Healthcare and Family Svcs., Handbook for Home Health Services. Ch. R-200 Policy and Procedures, R-205.1 p. 19, (May 2016). (Accessed Sept. 2020).*

Eligible Providers

The Department of Healthcare and Family Services required to reimburse psychiatrists, federally qualified health centers, clinical psychologists, clinical social workers, advanced practice registered nurses certified in psychiatric and mental health nursing and mental health professionals and clinicians authorized by Illinois law to provide behavioral health services via telehealth.

Source: *ILCS 5/5.25. (Accessed Sept. 2020).*

For telemedicine services, the distant site provider must be a physician, physician assistant, podiatrist, or advanced practice nurse who is licensed by the State of Illinois or by the state where the patient is located.

- Practitioner Handbook: When medically appropriate, more than one Distant Site provider may bill for services rendered during the telehealth visit.
- Podiatry Handbook: Services rendered by an APN can be billed under the collaborating physician's NPI, or if the APN is enrolled, under the APN's NPI. When medically appropriate, more than one Distant Site provider may bill for services rendered during the telehealth visit.

For telepsychiatry, the distant site provider must be a physician who is licensed by the State of Illinois or by the state where the patient is located who has completed an accredited general psychiatry residency program or an accredited child and adolescent psychiatry residency program.

- Practitioner Handbook: To be eligible for reimbursement for telepsychiatry services, physicians must enroll in the correct specialty/sub-specialty in IMPACT.
- Encounter Clinic Handbook: Telepsychiatry is not a covered service when rendered by an APN or PA. Group psychotherapy is not a covered telepsychiatry service.

Source: *IL Admin. Code Title 89, 140.403(b); IL Dept. of Healthcare and Family Svcs., Handbook for Podiatrists (physician services only), F-200, F-220.6.2 p. 28 (Oct. 2016); & Handbook for Practitioner Services. Ch. 200, 220.5.7 p. 26 (Dec. 2018) Handbook for Encounter Clinic Services. Ch. 200, 210.2.2 pg. 17. Aug. 2016. (Accessed Sept. 2020).*

An encounter clinic serving as the distant site shall be reimbursed as follows:

1. If the originating site is another encounter clinic, the distant site encounter clinic shall receive no reimbursement from the Department. The originating site encounter clinic is responsible for reimbursement to the distant site encounter clinic; and
2. If the originating site is not an encounter clinic, the distant site encounter clinic shall be reimbursed for its medical encounter. The originating site provider will receive a facility fee.

See handbook supplement for telehealth billing examples.

Source: *IL Admin. Code Title 89, 140.403; IL Dept. of Healthcare and Family Svcs., Expansion of Telehealth Services, Informational Notice, Jan. 1, 2010; Handbook for Encounter Clinic Services. Ch. 200, pg. 17. Aug. 2016 & IL All Providers Handbook Supplement (Dec. 1, 2019), pg. 43-45. (Accessed Sept. 2020).*

Encounter Rate Clinics, Federally Qualified Health Centers (FQHC), and Rural Health Clinics, are allowed to render telemedicine services.

Source: *Expansion of Telehealth Services, Informational Notice, Jan. 1, 2010 (Accessed Sept. 2020).*

The Department shall reimburse any Medicaid certified eligible facility or provider organization that acts as the location of the patient at the time a telehealth service is rendered, including substance abuse centers licensed by the Department of Human Services' Division of Alcoholism and Substance Abuse.

Source: *ILCS 5/5.25(c). (Accessed Sept. 2020).*

For telemedicine services, a physician or other licensed health care professional must be present at all times with the patient at the originating site.

For telepsychiatry services, A physician, licensed health care professional or other licensed clinician, mental health professional (MHP), or qualified mental health professional (QMHP), must be present at all times with the patient at the originating site.

Source: *IL Admin. Code Title 89, 140.403(b). (Accessed Sept. 2020).*

For telemedicine services, a physician or other licensed health care professional must be present at all times with the patient at the originating site.

For telepsychiatry services, a staff member meeting the minimum qualifications of a mental health professional (MHP) must be present at all times with the patient at the originating site.

Source: *IL Dept. of Healthcare and Family Svcs., Handbook for Practitioners. Ch. A-200 Policy and Procedures, p. 25, (Dec. 12, 2018). (Accessed Sept. 2020).*

See handbook supplement for telehealth billing examples.

Source: *All Providers Handbook Supplement (Dec. 1, 2019), pg. 43-45. (Accessed Sept. 2020).*

Eligible originating sites for the facility fee include:

- Physician's office
- Podiatrist's office
- Local health departments;
- Community mental health centers;
- Outpatient hospitals.

An encounter clinic is eligible as an originating site and is responsible for ensuring and documenting that the distant site provider meets the department's requirements for telehealth and telepsychiatry services, since the clinic is responsible for reimbursement to the distant site provider.

Enrolled distant site providers may not seek reimbursement from the Department for their services when the originating site is an encounter clinic. The originating site encounter clinic is responsible for reimbursement to the distant site provider.

Source: *IL Dept. of Healthcare and Family Svcs., Expansion of Telehealth Services, Informational Notice, Jan. 1, 2010; IL Dept. of Healthcare and Family Svcs., Handbook for Practitioners. Ch. 200, p. 25; Handbook for Podiatrists, F-200, p. 27 (Oct. 2016); & Handbook for Encounter Clinic Services. Ch. D-200, pg. 17. Aug. 2016. (Accessed Sept. 2020).*

Local education agencies may submit telehealth services as a certified expenditure.

Source: *IL Admin. Code Title 89, 140.403(c)(1)(B). (Accessed Sept. 2020).*

Non-enrolled providers rendering services as a Distant Site provider shall not be eligible for reimbursement from the department, but may be reimbursed by the Originating Site provider from their facility fee payment.

Source: *IL Dept. of Healthcare and Family Svcs. Handbook for Practitioners. Ch. 200, p. 25, Handbook for Podiatrists, F-200, p. 28 (Oct. 2016) Accessed Sept. 2020).*

For medical services, the provider rendering the service at the distant site can be a physician, physician assistant, podiatrist or advanced practice nurse, who is licensed by the State of Illinois or by the state where the patient is located.

Source: *Handbook for Podiatrists, F-200, 220.6.2 p. 27 (Oct. 2016). (Accessed Sept. 2020);*

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Medicaid Telehealth Reimbursement

Live Video

Geographic Limits

No reference found.

Facility/Transmission Fee

There is reimbursement for originating site facility fees.

Eligible facilities include:

- Physician's office;
- Podiatrist's office
- Local health departments
- Community mental health centers
- Outpatient hospitals

Source: *IL Handbook for Practitioners Rendering Medical Services, Ch. 200, p. 25 (Dec. 2018) & Handbook for Podiatrists, F-200, p. 27 (Oct. 2016). (Accessed Sept. 2020).*

Store-and-Forward

Policy

Although store-and-forward is included within the definitions of telehealth in IL Medicaid manuals and administrative code (see descriptions below), there are no details provided on store-and-forward reimbursement and other areas of policy indicate that the GT (live video) modifier is required for telehealth services.

Source: *Provider Notice Changes to Professional Claims for Telehealth Services. Jan. 10, 2018. (Accessed Sept. 2020).*

The Illinois Medicaid definition encompasses store-and-forward. "The information or data exchanged can occur in real time (synchronous) through interactive video or multimedia collaborative environments or in near real time (asynchronous) through 'store-and-forward' applications."

Source: *IL Dept. of Healthcare and Family Svcs., Expansion of Telehealth Services, Informational Notice, Jan. 1, 2010; IL Dept. of Healthcare and Family Svcs., Handbook for Practitioners. Ch. 200, p. 24, Dec. 2018; Handbook for Podiatrists, F-200, p. 27 (Oct. 2016); & Handbook for Encounter Clinic Services pg. 16-17 (Aug. 2016). (Accessed Sept. 2020).*

Additionally, IL Admin Code encompasses store-and-forward, addressing that a provider at a distant site can "review the medical case without the patient being present."

"Asynchronous Store and Forward Technology" means the transmission of a patient's medical information from an originating site to the provider at the distant site. The provider at the distant site can review the medical case without the patient being present. An asynchronous telecommunication system in single media format does not include telephone calls, images transmitted via facsimile machines and text messages without visualization of the patient (electronic mail). Photographs visualized by a telecommunication system must be specific to the patient' s medical condition and adequate for furnishing or confirming a diagnosis and/or treatment plan. Dermatological photographs (for example, a photograph of a skin lesion) may be considered to meet the requirement of a single media format under this provision.

Source: *IL Administrative Code, Title 89 ,140.403 (2012). (Accessed Sept. 2020).*

Eligible Services/Specialties

No reference found.

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Medicaid Telehealth Reimbursement	Store-and-Forward	Geographic Limits	No reference found.
		Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	IL Medicaid will cover home uterine monitoring with prior approval and when patient meets specific criteria. Payment is only for the items and not for the service. **Source:** *IL Dept. of Healthcare and Family Services, Handbook for Durable Medical Equipment, Chapter M-200, Policy and Procedures for Medical Equipment and Supplies, p. 56 (Sept. 2015). (Accessed Sept. 2020).*
		Conditions	Only for home uterine monitoring. **Home uterine monitoring** • Must be at least 24 weeks gestation; gestation of less than 24 weeks may require additional information • Hospitalized for preterm labor at 24-36 weeks • Cessation of labor accomplished by administration of tocolytics (terbutaline, procardia, etc.) • Discharged to home on oral or subcutaneous tocolytics • Multiple gestation pregnancy • History of preterm labor and delivery • Cervical status change (lengthening or dilation) • Cervical effacement • Contraction threshold • Gravida/para **Pregnancy-Induced Hypertension Monitor** • Covered for diagnosis of pregnancy-induced hypertension, previous pregnancy induced hypertension or pre-eclampsia • Hospitalizations for symptoms related to pregnancy induced; i.e., hypertension, headaches, edema in face, hands and feet • Blurred vision • Right upper quadrant pain • 24-hour urine results greater than 300 mg of total protein • Antihypertensive medications • Pre-pregnancy and current blood pressure readings. Will not be covered for patients with a diagnosis of chronic hypertension. **Source:** *IL Dept. of Healthcare and Family Services, Handbook for Durable Medical Equipment, Chapter M-200, Policy and Procedures for Medical Equipment and Supplies, p. 56 (Sept. 2015). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Provider Limitations

No reference found.

Other Restrictions

No reference found.

Email / Phone / Fax

No reimbursement for telephone.
No reimbursement for FAX.
No reimbursement for text or email.

Source: *IL Dept. of Healthcare and Family Services, Handbook for Practitioners Rendering Medical Services, Chapter 200 (Dec 2018). 220.5.7 p. 25; Handbook for Podiatrists, F-200, 220.6 p. 27 (Oct. 2016); & IL Administrative Code, Title 89 ,140.403. (Accessed Sept. 2020).*

Consent

No reference found.

Out of State Providers

For medical services, the provider rendering the service at the distant site can be a physician, physician assistant, podiatrist or advanced practice nurse, who is licensed by the State of Illinois or by the state where the patient is located.

For psychiatric services, the provider rendering the service at the distant site must be a physician licensed by the State of Illinois, or by the state where the patient is located, who has completed an approved general psychiatry residency program or a child and adolescent psychiatry residency program.

Source: *: IL Handbook for Practitioners Rendering Medical Services, Chapter 200, 220.5.7 p. 26, (Dec. 2018); & Handbook for Encounter Clinic Services 210.2.2 pg. 17-18 (Aug. 2016). (Accessed Sept. 2020).*

Miscellaneous

Specific documentation requirements apply for telehealth services. See administrative code for details.

Source: *IL Administrative Code, Title 89 ,140.403(d). (Accessed Sept. 2020).*

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Private Payer Laws

Definitions

"Telehealth services" means the delivery of covered health care services by way of an interactive telecommunication system.

Source: *IL Insurance Code. Sec. 356z.22. (Accessed Sept. 2020).*

Requirements

If an insurer provides coverage for telehealth services, then it shall not:

- Require in-person contact occur between a health care provider and a patient;
- Require the health care provider to document a barrier to an in-person consultation;
- Require telehealth use when it is not appropriate; or
- Require the use of telehealth when the patient chooses an in-person consultation

If an individual or group policy of accident or health insurance provides coverage for telehealth services, it must provide coverage for licensed dietitian nutritionists and certified diabetes educators who counsel senior diabetes patients in the senior diabetes patients' homes to remove the hurdle of transportation for senior diabetes patients to receive treatment.

Source: *: IL Insurance Code. Sec. 356z.22. (Accessed Sept. 2020).*

Parity

Service Parity

Payers are not required to cover telehealth services, they are only required to meet certain requirements if they choose to do so (see above).

If an individual or group policy of accident or health insurance provides coverage for telehealth services, it must provide coverage for licensed dietitian nutritionists and certified diabetes educators who counsel senior diabetes patients in the senior diabetes patients' homes to remove the hurdle of transportation for senior diabetes patients to receive treatment.

Source: *IL Insurance Code. Sec. 356z.22. (Accessed Sept. 2020).*

Payment Parity

No payment parity.

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Professional Regulation/Health & Safety

Definitions

"Telehealth" means the evaluation, diagnosis, or interpretation of electronically transmitted patient-specific data between a remote location and a licensed health care professional that generates interaction or treatment recommendations. "Telehealth" includes telemedicine and the delivery of health care services provided by way of an interactive telecommunications system, as defined in subsection (a) of Section 356z.22 of the Illinois Insurance Code.

Source: *IL Compiled Statutes, Chapter 225, 150/5. (Accessed Sept. 2020).*

Telemedicine means the performance of any of the activities listed in Section 49, including, but not limited to, rendering written or oral opinions concerning diagnosis or treatment of a patient in Illinois by a person in a different location than the patient as a result of transmission of individual patient data by telephonic, electronic, or other means of communication. "Telemedicine" does not include the following:

1. periodic consultations between a person licensed under this Act and a person outside the State of Illinois;
2. a second opinion provided to a person licensed under this Act;
3. diagnosis or treatment services provided to a patient in Illinois following care or treatment originally provided to the patient in the state in which the provider is licensed to practice medicine; and
4. health care services provided to an existing patient while the person licensed under this Act or patient is traveling.

Source: *IL Compiled Statutes, Chapter 225, 60/49.5(c). (Accessed Sept. 2020).*

Under the Department of Public Health, telemedicine means the provision of clinical services to patients by physicians and practitioners from a distance via electronic communications.

Source: *IL Admin. Code, Title 77, Sec. 250.310(a)(8). (Accessed Sept. 2020).*

"Teledentistry" means the use of telehealth systems and methodologies in dentistry and includes patient care and education delivery using synchronous and asynchronous communications under a dentist's authority as provided under this Act.

Source: *SB 167 (2019 Session). IL Code 225, Sec. 25/4. (Accessed Sept. 2020).*

Consent

No reference found.

Online Prescribing

No reference found.

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Professional Regulation/Health & Safety

Cross-State Licensing

Member of the Interstate Medical Licensure Compact.

Source: *Interstate Medical Licensure Compact. The IMLC. (Accessed Sept. 2020).*

Member of Psychology Interjurisdictional Compact.

Source: *Psychology Interjurisdictional Compact. Legislative Updates. (Accessed Sept. 2020).*

Must have an IL medical license. An out-of-state person providing a service to a patient in IL through telemedicine submits himself or herself to the jurisdiction of the courts of IL.

Source: *IL Compiled Statutes, Chapter 225, 60/49.5(e). (Accessed Sept. 2020).*

Miscellaneous

A health care professional may engage in the practice of telehealth in Illinois to the extent of his or her scope of practice as established in his or her respective licensing Act consistent with the standards of care for in-person services. This Act shall not be construed to alter the scope of practice of any health care professional or authorize the delivery of health care services in a setting or in a manner not otherwise authorized by the laws of this State.

"Health care professional" includes physicians, physician assistants, optometrists, advanced practice registered nurses, clinical psychologists licensed in Illinois, prescribing psychologists licensed in Illinois, dentists, occupational therapists, pharmacists, physical therapists, clinical social workers, speech-language pathologists, audiologists, hearing instrument dispensers, and mental health professionals and clinicians authorized by Illinois law to provide mental health services.

Source: *IL Compiled Statutes, Chapter 225, 150/5 & 15/15. (Accessed Sept. 2020).*

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Indiana

Medicaid Program: Indiana Medicaid

Program Administrator: Indiana Family and Social Services Administration

Regional Telehealth Resource Center: Upper Midwest Telehealth Resource Center www.umtrc.org

Indiana Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✓	✓	✗	NLC, EMS	✓

Indiana Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Indiana Medicaid reimburses for live video telemedicine for certain services and providers. Indiana Medicaid does not reimburse for store-and-forward although store-and-forward can still be used to facilitate other reimbursable services. Indiana Medicaid defines telehealth as including remote patient monitoring (RPM) services and reimburses home health agencies for RPM for patients with diabetes, congestive heart failure and COPD.

Definitions

Telemedicine services are defined as "the use of videoconferencing equipment to allow a medical provider to render an exam or other service to a patient at a distant location."

Telehealth services are defined as "the scheduled remote monitoring of clinical data through technologic equipment in the member's home."

Source: *IN Medicaid Telemedicine and Telehealth Module Oct. 1, 2019, p.1. (Accessed Sept. 2020).*

"Telemedicine means the delivery of health care services using electronic communications and information technology, including:

- Secure videoconferencing
- Interactive audio-using store-and-forward technology; or
- Remote patient monitoring technology;

Between a provider in one location and a patient in another location. The term does not include:

- Audio-only communication
- A telephone call
- Electronic mail
- An instant messaging conversation
- Facsimile
- Internet questionnaire
- Telephone consultation

Source: *IN Code, 25-1-9.5-6. (Accessed Sept. 2020).*

Telehealth services means the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across a distance."

Telemedicine services has the same meaning as "telemedicine" in IN Code 25-1-9.5-6.

Source: *IN Code, 12-15-5-11. (Accessed Sept. 2020). & 405 IN Admin Code 5-2-27. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

Indiana Code requires reimbursement for video conferencing for FQHCs, Rural Health Clinics, Community Mental Health Centers, Critical Access Hospitals and a provider determined by the office to be eligible, providing a covered telemedicine service.

Source: *IN Code, 12-15-5-11. (Accessed Sept. 2020).*

The Indiana Health Coverage Programs (IHCP) covers telemedicine services, including medical exams and certain other services normally covered by Medicaid.

Source: *IN Medicaid Telemedicine and Telehealth Module, Oct 1, 2019, p.1. (Accessed Sept. 2020).*

In any telemedicine encounter, there will be the following:

- A distant site;
- An originating site;
- An attendant to connect the patient to the provider at the distant site; and
- A computer or television monitor at the distant and originating sites to allow the patient to have real-time, interactive; and face-to-face communication with the distant provider via IATV technology.

The patient must be physically present and participating in the visit.

Source: *IN Admin. Code, Title 405, 5-38-3 & 4. (Accessed Aug. 2020). IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p.1 & 2. (Accessed Sept. 2020).*

Eligible Services / Specialties

All services that are available for reimbursement when delivered as telemedicine are subject to the same limitations and restrictions as they would be if not delivered by telemedicine.

There is a specific telemedicine Services Codes list accessible on the Indiana Medicaid website with CPT codes that are reimbursable when the services are rendered via telemedicine at the distant site and billed with modifier 95 and POS code 02. Use of GT modifier is optional.

Although reimbursement for ESRD-related services is permitted in the telemedicine setting, the IHCP requires at least one monthly visit for ESRD-related services to be a traditional clinical encounter to examine the vascular access site.

FQHCs/RHCs: FQHCs and RHCs may bill for telemedicine services if the service rendered is considered a valid FQHC/RHC encounter and a covered telemedicine service. Other requirements and billing instructions are included in the manual.

Source: *IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 3-4. (Accessed Sept. 2020).*

IHCP does not reimburse the following provider types for telemedicine:

- Ambulatory surgical centers;
- Outpatient surgical services;
- Home health agencies or services (For information about home health agency reimbursement for telehealth services, see the Telehealth Services section);
- Radiological services;
- Laboratory services;
- Long-term care facilities, including nursing facilities, intermediate care facilities, or community residential facilities for the developmentally disabled;
- Anesthesia services or nurse anesthetist services;
- Audiological services;
- Chiropractic services;
- Care coordination services;
- Durable medical equipment, and home medical equipment providers
- Optical or optometric services;
- Podiatric services;

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

- Physical therapy services;
- Transportation services;
- Services provided under a Medicaid home and community-based services waiver.
- Provider to provider consultations

Source: *: IN Admin. Code, Title 405, 5-38-4; IN Medicaid Telemedicine and Telehealth Module,,Oct. 1, 2019, p. 2. (Accessed Sept. 2020).*

Eligible Providers

The distant site physician or practitioner must determine if it is medically necessary for a medical professional to be at the originating site.

Source: *IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 2. (Accessed Sept. 2020). & IN Admin. Code, Title 405, 5-38-4(2). (Accessed Sept 2020).*

Federally qualified health centers and rural health centers are eligible distant sites as long as services meet both the requirements of a valid encounter and a covered telemedicine service as defined in the IHCP's telemedicine policy. See manual for special billing instructions.

Source: *IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 4. (Accessed Sept. 2020).*

Provider types listed under Services Not Reimbursed (under Eligible Services/Specialties section) are not eligible to be reimbursed for telemedicine.

Source: *IN Admin. Code, Title 405, 5-38-4(5). (Accessed Sept 2020).*

Reimbursement for telemedicine services is available to the following providers regardless of the distance between the provider and recipient:

- Federally Qualified Health Centers
- Rural Health Clinics
- Community mental health centers
- Critical access hospitals
- A provider, as determined by the office to be eligible, providing a covered telemedicine service

Source: *IN Admin Code, 405 5-38-4(3) & IN Code 12-15-5-11. (Accessed Sept. 2020).*

Eligible Sites

Services may be rendered in an inpatient, outpatient or office setting.

Source: *IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 2. (Accessed Sept. 2020).*

Federally qualified health centers and rural health clinics acting as the originating site may be reimbursed if it is medically necessary for a medical professional to be with the member, and the service provided includes all components of a valid encounter code. See manual for billing requirements.

All components of the service must be provided and documented, and the documentation must demonstrate medical necessity. All documentation is subject to post-payment review.

Source: *IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 4-5. (Accessed Sept. 2020).*

Separate reimbursement for a provider at the originating site is payable only if that provider's presence is medically necessary. Documentation must be maintained in the patient's medical record to support the need for the provider's presence at the originating site during the visit. Such documentation is subject to post-payment review. If a healthcare provider's presence at the originating site is medically necessary, billing of the appropriate evaluation and management code is permitted.

Source: *(hub-spoke provider reimbursement): IN Admin. Code, Title 405, 5-38-4 & IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 2. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Live Video	Geographic Limits	No reference found.
		Facility/Transmission Fee	Healthcare Common Procedure Coding System (HCPCS) code Q3014 – Telehealth originating site facility fee, billed with modifier 95, is reimbursable for providers that render services via telemedicine at the originating site. FQHCs/RHCs: Separate reimbursement for merely serving as the originating site is not available to FQHCs and RHCs. When the presence of a medical professional is not medically necessary at the originating site, neither the facility fee, as billed by HCPCS code Q3014, nor the facility-specific PPS rate is available, because the requirement of a valid encounter is not met. **Source:** *IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 4 & 5. (Accessed Sept. 2020).*
	Store-and-Forward	Policy	The IHCP allows store-and-forward technology (the electronic transmission of medical information for subsequent review by another healthcare provider) to facilitate other reimbursable services; however, separate reimbursement of the originating-site payment is not provided for store-and-forward technology because of restrictions in 405 IAC 5-38-2(4). Only live video is separately reimbursed by the IHCP. **Source:** *IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 1. (Accessed Sept. 2020).* "Store and forward" means the transmission of a patient's medical information from an originating site to the provider at a distant site without the patient being present for subsequent review by a health care provider at the distant site. Restrictions placed on store and forward reimbursement in this rule shall not disallow the permissible use of store and forward technology to facilitate reimbursable services. Indiana Medicaid will not reimburse for store-and-forward services. However, restrictions placed on store-and-forward reimbursement shall not disallow the permissible use of store-and-forward technology to facilitate other reimbursable services. **Source:** *IN Admin. Code, Title 405, 5-38-2 & 4. (Accessed Sept. 2020)*
		Eligible Services/Specialties	No reference found.

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Medicaid Telehealth Reimbursement

Store-and-Forward

Geographic Limits

No reference found.

Transmission Fee

No reference found.

Remote Patient Monitoring

Policy

Indiana Code requires Medicaid to reimburse providers who are licensed as a home health agency for telehealth services.

Source: *IN Code, 12-15-5-11(c). (Accessed Sept. 2020).*

Conditions

The member must be receiving services from a home health agency. Member must initially have two or more of the following events related to one of the conditions listed below within the previous twelve months:

- Emergency room visit
- Inpatient hospital stay

An emergency room visit that results in an inpatient hospital admission does not constitute two separate events.

The two qualifying events must be for the treatment of one of the following diagnoses:

- Chronic obstructive pulmonary disease
- Congestive heart failure
- Diabetes

Source: *IN Admin Code, Title 405, 5-16-3.1(d) & IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 7. (Accessed Sept. 2020).*

Provider Limitations

Reimbursement for home health agencies under certain conditions. A registered nurse must perform the reading of transmitted health information provided from the member in accordance with the written order of the physician.

Source: *IN Admin Code, Title 405, 5-16-3.1(d)(5). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Other Restrictions

Treating physician must certify the need for home health services and document that there was a face-to-face encounter with the individual.

Source: *IN Admin Code, Title 405, 5-16-3.1(e). (Accessed Sept. 2020).*

Prior authorization is required for all telehealth services and must be submitted separately from other home health service prior authorization requests. Services may be authorized for up to 60 days. See Telehealth Module for additional requirements.

Member must also be receiving or approved for other IHCP home health services.

Source: *IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 6-7. (Accessed Sept. 2020).*

Email / Phone / Fax

Telemedicine is not the use of:

- Telephone transmitter for transtelephonic monitoring; or
- Telephone or any other means of communication for consultation from one provider to another.

Source: *IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019. p. 1. (Accessed Sept. 2020).*

Consent

Providers should always give the member the choice between a traditional clinical encounter versus a telemedicine visit. Appropriate consent from the member must be obtained by the originating site and documentation maintained at both the distant and originating sites.

Source: *IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 3. (Accessed Sept. 2020).*

Out of State Providers

Out-of-state providers can perform telemedicine services without fulfilling the out-of-state prior authorization requirement if they have the subtype "telemedicine" attached to their enrollment.

The Provider must be enrolled with a rendering or billing provider classification and be one of the following types:

- Advanced practice registered nurse
- Physician assistant
- Podiatrist
- Optometrist
- Physician

The provider must have a license issued from the Indiana Professional Licensing Agency (IPLA) with the Telemedicine Provider Certification.

Source: *IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 5. (Accessed Sept. 2020).*

Miscellaneous

For patients receiving ongoing telemedicine services, a physician should perform a traditional clinical evaluation at least once a year, unless otherwise stated in policy. The distant site physician should coordinate with the patient's primary care physician.

Documentation must be maintained at the distant and originating locations to substantiate the services provided. It must indicate the services were provided via telemedicine and location of the distant and originating sites. Documentation is subject to post-payment review.

A provider can use telemedicine to prescribe a controlled substance to a patient who has not been previously examined. Opioids, however, cannot be prescribed via telemedicine, except in cases in which the opioid is a partial agonist (such as buprenorphine) and is being used to treat or manage opioid dependence.

Source: *IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 3. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Miscellaneous

The information above applies to Indiana Health Coverage Programs (IHCP) services provided under the fee-for-service (FFS) delivery system. For information about services provided through the managed care delivery system – including Healthy Indiana Plan (HIP), Hoosier Care Connect, or Hoosier Healthwise services – providers must contact the member's managed care entity (MCE).

Source: *IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 1. (Accessed Sept. 2020).*

Prior authorization (PA) is required for all for telehealth services. Telehealth services are indicated for members who require scheduled remote monitoring of data related to the member's qualifying chronic diagnoses that are not controlled with medications or other medical interventions. Services may be authorized for up to 60 days. See Telehealth Module for additional requirements

Source: *IN Medicaid Telemedicine and Telehealth Module, Oct. 1, 2019, p. 7. (Accessed Sept. 2020).*

Private Payer Laws

Definitions

"Telemedicine services" means health care services delivered by use of interactive audio, video, or other electronic media, including:

- Medical exams and consultations
- Behavioral health, including substance abuse evaluations and treatment
- The term does not include delivery of health care services through telephone for transtelephonic monitoring; telephone or any other means of communication for the consultation for one (1) provider to another provider.

Source: *IN Code, 27-8-34-5 & 27-13-1-34. (Accessed Sept. 2020).*

Requirements

Accident and sickness insurance (dental or vision insurance is excluded) policies and individual or group contracts must provide coverage for telemedicine services in accordance with the same clinical criteria as would be provided for services provided in-person.

Coverage for telemedicine services may not be subject to a dollar limit, deductible or coinsurance requirement that is less favorable to a covered individual than those applied to the same health services delivered in-person.

A separate consent cannot be required.

Source: *IN Code, 27-8-34-6 & 27-13-7-22. (Accessed Sept. 2020).*

Parity

Service Parity

Coverage must be provided in accordance with the same clinical criteria as would be provided in-person.

Source: *IN Code, 27-8-34-6 & 27-13-7-22. (Accessed Sept. 2020).*

Payment Parity

No explicit payment parity.

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Professional Regulation/Health & Safety

Definitions

"Telemedicine means the delivery of health care services using electronic communications and information technology, including:

- Secure videoconferencing
- Interactive audio-using store-and-forward technology; or
- Remote patient monitoring technology;

Between a provider in one location and a patient in another location. The term does not include:

- Audio only communication
- A telephone call
- Electronic mail
- An instant messaging conversation
- Facsimile
- Internet questionnaire
- Telephone consultation
- Internet consultation"

Source: *IN Code, 25-1-9.5-6. (Accessed Sept. 2020).*

Consent

A health care provider (as defined in Indiana Code 16-18-2-163(a)) may not be required to obtain a separate additional written health care consent for the provision of telemedicine services.

Source: *IN Code, 16-36-1-15. (Accessed Sept. 2020).*

Online Prescribing

A documented patient evaluation, including history and physical evaluation adequate to establish diagnoses and identify underlying conditions or contraindications to the treatment recommended or provided, must be obtained prior to issuing prescriptions electronically or otherwise.

Source: *IN Admin. Code, Title 844, 5-3-2. (Accessed Sept. 2020).*

A provider may not issue a prescription unless they have established a provider-patient relationship. At a minimum that includes:

1. Obtain the patient's name and contact information (see regulation for other related requirements);
2. Disclose the prescriber's name and credentials;
3. Obtain informed consent from the patient;
4. Obtain the patient's medical history and information necessary to establish a diagnosis;
5. Discuss with the patient the diagnosis, evidence for the diagnosis and risks and benefits of the various treatment options;
6. Create and maintain a medical record, and with consent notify the patient's primary care provider of any prescriptions the provider has issued (see regulation for other related requirements);
7. Issue proper instructions for appropriate follow-up care
8. Provide a telemedicine visit summary to the patient, including information that indicates any prescriptions that is being prescribed.

Source: *IN Code, 25-1-9.5-7. (Accessed Sept. 2020).*

A prescription for a controlled substance can be issued for a patient the prescriber has not previously examined if the following conditions are met:

1. The prescriber has satisfied the applicable standard of care in the treatment of the patient.
2. The issuance of the prescription is within the prescriber's scope of practice and certification
3. The prescription meets the requirements outline in the following section and it is not an opioid. However, opioids may be prescribed if the opioid is a partial agonist that is used to treat or manage opioid dependence.
4. The prescription is not for an abortion inducing drug

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Professional Regulation/Health & Safety

Online Prescribing

If the prescription is for a medical device, including an ophthalmic device, the prescriber must use telemedicine technology that is sufficient to allow the provider to make an informed diagnosis and treatment plan that includes the medical device being prescribed.
Additionally, the following conditions must be met for a prescription for a controlled substance:

- The prescriber maintains a valid controlled substance registration under IC 35-48-3.
- The prescriber meets the conditions set forth in 21 U.S.C. 829 et seq.
- The patient has been examined in-person by a licensed Indiana health care provider and the licensed health care provider has established a treatment plan to assist the prescriber in the diagnosis of the patient.
- The prescriber has reviewed and approved the treatment plan described in subdivision (3) and is prescribing for the patient pursuant to the treatment plan.
- The prescriber complies with the requirements of the INSPECT program (IC 35-48-7).

Source: *IN Code 25-1-9.5-8. (Accessed Sept. 2020).*

Cross-State Licensing

A provider located outside Indiana may not establish a provider-patient relationship with an individual in Indiana unless the provider and the provider's employer or the provider's contractor have certified in writing to the Indiana Professional Licensing Agency that the provider agrees to be subject to the jurisdiction of the courts of law of Indiana and Indiana Substantive and Procedural Laws. This certification must be filed by a provider's employer or contractor at the time of initial certification and renewed when the provider's license is renewed.

Source: *IN Code, 25-1-9.5-9. (Accessed Sept. 2020).*

Member of the EMS personnel licensure interstate compact.

Source: *IN Code 16-31.5. (Accessed Sept. 2020).*

Member of Nurse Licensure Compact.

Source: *Nurse Licensure Compact. NCSBN. (Accessed Sept. 2020).*

Miscellaneous

No reference found.

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Iowa

Medicaid Program: Iowa Medicaid Enterprise (IME)

Program Administrator: Iowa Dept. of Human Services

Regional Telehealth Resource Center: Great Plains Telehealth Resource Center www.gptrac.org

Iowa Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✗	✓	✗	IMLC, NLC, PTC, EMS	✓

Iowa Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Iowa Medicaid pays for telehealth as long as it meets accepted health care practices and standards. The Medicaid program does not have a definition for telehealth, and therefore it is unknown if the term encompasses store-and-forward or remote patient monitoring. Managed care plans in Iowa's Healthy and Well Kids in Iowa (Hawki) program, may cover telehealth and telemonitoring services, but do not appear to be mandated.

Definitions

No reference found.

Live Video

Policy

Department of Human Services is required to adopt rules to provide telehealth coverage under Medicaid. Such rules must provide that in-person contact between a health care professional and a patient is not required as a prerequisite for payment.

Source: *IA Senate File 505 (2015), Sec. 12(23), pg. 32-33. (Accessed Sept. 2020).*

An in-person contact between a health care professional and a patient is not required as a prerequisite for payment for otherwise-covered services appropriately provided through telehealth in accordance with generally accepted health care practices and standards prevailing in the applicable professional community at the time the services are provided. Health care services provided through in-person consultations or through telehealth shall be treated as equivalent services for the purposes of reimbursement.

Source: *IA Admin Code Sec. 441, 78.55 (249A). (Accessed Sept. 2020).*

Managed care plans in Iowa's Healthy and Well Kids in Iowa (Hawki) program, may cover telehealth and telemonitoring services, but do not appear to be mandated.

Source: *IA Hawki Benefits. (Accessed Sept. 2020).*

Crisis Response Services and Subacute Mental Health Services
Payment shall be made for time spent in face-to-face services with the member. "Face-to-face" means services in-person or using telehealth in conformance with the federal Health Insurance Portability and Accountability Act (HIPAA) privacy rules.

Source: *Iowa Dep. of Human Services. Provider Manual. Ch. III Provider Specific Policies. Crisis Response Services, p. 3 & 19, May 1, 2018, p. 19; Subacute Mental Health Services. May 1, 2018, p. 9. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

No reference found.

Eligible Providers

The following providers may serve as the distant site provider:

- Physicians
- Nurse Practitioners
- Physician Assistants
- Nurse-Midwives
- Clinical Nurse Specialists
- Certified Registered Nurse Anesthetists
- Clinical Psychologists
- Clinical Social Workers
- Federally Qualified Health Centers
- Behavioral Health Service Providers
  - Licensed Independent Social Workers
  - Licensed Master Social Workers
  - Licensed Marital and Family Therapists
  - Licensed Mental Health Counselors
  - Certified Alcohol and Drug Counselors

Source: *Iowa Dep. of Human Services. Informational Letter No. 2103-MC-FFS. (Feb. 20, 2020). (Accessed Sept. 2020).*

Eligible Sites

The following locations may serve as the originating site:

- The offices of physicians and other practitioners (psychologists, social workers, behavioral health providers, habilitation services providers, and advanced registered nurse practitioners (ARNPs)).
- Hospitals
- Critical Access Hospitals
- Community Mental Health Centers
- Federally Qualified Health Centers
- Rural Health Clinics
- Area Education Agencies (AEAs) and Local Education Agencies

Source: *Iowa Dep. of Human Services. Informational Letter No. 2103-MC-FFS. (Feb. 20, 2020). (Accessed Sept. 2020).*

Geographic Limits

No reference found.

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Medicaid Telehealth Reimbursement	Store-and-Forward	Facility/Transmission Fee	Originating sites are paid a facility fee for telehealth services. FQHCs and RHCs would not bill Q3014 as a separate service because reimbursement for the related costs would occur through the annual cost settlement process. **Source:** *Iowa Dep. of Human Services. Informational Letter No. 2103-MC-FFS. (Feb. 20, 2020). (Accessed Sept. 2020).*
		Policy	No reference found.
		Eligible Services/Specialties	No reference found.
		Geographic Limits	No reference found.
		Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	Managed care plans in Iowa's Healthy and Well Kids in Iowa (Hawki) program, may cover telehealth and telemonitoring services, but do not appear to be mandated. **Source:** *IA Hawki Benefits. (Accessed Sept. 2020).* **Medical Equipment and Supply Dealer** Telephone monitoring may be allowed when all the following conditions are met: • The medications prescribed and the member's condition necessitate that the medication be taken at a certain time to avoid complications, and • The member lives alone or others living in the member's home are unable to provide assistance, and • The member has no other services coming into the home or the frequency is insufficient. **Source:** *Iowa Dep. of Human Services. Provider Manual. Ch. III Provider Specific Policies. Medical Equipment and Supply Dealer. May 1, 2014, p. 7. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Conditions

No reference found.

Provider Limitations

No reference found.

Other Restrictions

No reference found.

Email / Phone / Fax

Note that in almost all program-specific manuals, telephonic interpretive services are allowed.

Source: *Iowa Dep. of Human Services. Provider Manual. Ch. III Provider Specific Policies. Physician Services. July 1, 2014, p. 63 (Accessed Sept. 2020). For other manuals, see: Medicaid Provider Manual. Provider Specific Manuals. (Accessed Sept. 2020).*

Case management can occur by face-to-face contact, telephone, letter, email or fax.

Source: *Iowa Dep. of Human Services. Provider Manual. Ch. III Provider Specific Policies. Targeted Case Management. May 1, 2018, p. 10. (Accessed Sept. 2020).*

Consent

No reference found.

Out of State Providers

No reference found.

Miscellaneous

Iowa Medicaid uses the POS 02 code adopted by Medicare.

Iowa Medicaid will recognize Modifier 95 – Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System, as informational only.

Source: *IA Admin Code, 441-79.1(7)b(1) & Iowa Dep. of Human Services. Informational Letter No. 2103-MC-FFS. (Feb. 20, 2020). (Accessed Sept. 2020).*

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Private Payer Laws

Definitions

"Telehealth means the delivery of health care services through the use of interactive audio and video. Telehealth does not include the delivery of health care services through an audio-only telephone, electronic mail message, or facsimile transmission."

Source: *IA Code 514C.34(1)(c). (Accessed Sept. 2020).*

Requirements

Policies, contracts, or plans providing third-party payment or prepayment of health or medical expenses shall not discriminate between coverage benefits for health care services that are provided in-person and the same health care services provided through telehealth.

Source: *IA Code 514C.34(2). (Accessed Sept. 2020).*

Parity

Service Parity

Health care services that are delivered by telehealth must be appropriate and delivered in accordance with applicable law and generally accepted health care practices and standards prevailing at the time the health care services are provided, including all rules adopted by the appropriate professional licensing board having oversight of the health care professional providing the health care services.

Source: *IA Code 514C.34(3). (Accessed Sept. 2020).*

Payment Parity

No explicit payment parity.

Professional Regulation/Health & Safety

Definitions

Telecommunications and Technology Commission
"Telemedicine means use of a telecommunications system for diagnostic, clinical, consultative, data, and educational services for the delivery of health care services or related health care activities by licensed health care professionals, licensed medical professionals, and staff who function under the direction of a physician, a licensed health care professional, or hospital, for the purpose of developing a comprehensive, statewide telemedicine network or education."

Source: *IA Admin. Code, 751 7.1(8D). (Accessed Sept. 2020).*

Consent

Recently Passed Legislation
The parent or guardian of a student shall consent prior to the student receiving behavioral health services via telehealth under this chapter after a provider-patient relationship is established pursuant to this section. The school district shall maintain any such consent form completed by a parent or guardian.

Source: *Senate File 2261 (2020 Session). (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Online Prescribing

Pharmacists are prohibited from dispensing prescription drugs if the pharmacist knows or should have known that the prescription was issued solely on the basis of an Internet-based questionnaire, an Internet-based consult, or a telephone consult, and was completed without a pre-existing patient-provider relationship.

Source: *IA Admin. Code, 657 8.19(5). (Accessed Sept. 2020).*

A physician must be physically present with a woman at the time an abortion-inducing drug is provided.

Source: *IA Admin. Code, 653 13.10(3). (Accessed Sept. 2020).*

Prior to providing treatment, including issuing prescriptions, electronically or otherwise, a licensee who uses telemedicine shall interview the patient to collect the relevant medical history and perform a physical examination, when medically necessary, sufficient for the diagnosis and treatment of the patient. An Internet questionnaire that is a static set of questions provided to the patient, to which the patient responds with a static set of answers, in contrast to an adaptive, interactive and responsive online interview, does not constitute an acceptable medical interview and physical examination for the provision of treatment, including issuance of prescriptions, electronically or otherwise, by a licensee.

Source: *IA Admin. Code, 653 13.11(8). (Accessed Sept. 2020).*

Recently Passed Legislation
Specific requirements apply for mental health professionals establishing a provider-patient relationship in a school-based setting. See full law text for details.

A mental health professional with prescribing authority who provides telehealth services in accordance with this section shall not prescribe any new medication to a student during a telehealth session. However, a mental health professional with prescribing authority may initiate new prescriptions, alter the dosage of an existing medication, or discontinue an existing medication for the treatment of the student's behavioral health condition after consultation with the student's parent or guardian.

Source: *Senate File 2261 (2020 Session). (Accessed Sept. 2020).*

Cross-State Licensing

Member of the Interstate Medical Licensure Compact.

Source: *Interstate Medical Licensure Compact. The IMLC. (Accessed Sept. 2020).*

Member of Physical Therapy Compact.

Source: *Physical Therapy Compact. Compact Map. (Accessed Sept. 2020).*

Member of Nurse Licensure Compact.

Source: *Current NLC States and Status. NCSBN. (Accessed Sept. 2020).*

MMember of the EMS Compact.

Source: *Interstate Commission for EMS Personnel Practice. The EMS Compact. (Accessed Sept. 2020).*

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Iowa provides a list of persons and entities authorized to use the fiber optic network to provide services via telemedicine. The list includes:

- Licensed health care professionals or licensed health care professionals who function under the direction of or collaboration with a physician or a hospital;
- Hospital or physician clinic staff members;
- Professional boards on which health professionals serve;
- Health care employees of facilities that do not have a contractual agreement with the hospital or physician clinic;
- Employees of health care associations for various health care employees;
- Professional board members where the health care professional serves as a member of the board.

Source: *IA Admin. Code, 751 7.11(8D). (Accessed Sept. 2020).*

Professional Board Telehealth-Specific Regulations

- IA Board of Dentistry (**Source:** *IA Admin Code 650-27.12(153). (Accessed Sept. 2020).*
- IA Board of Medicine (**Source:** *IA Admin Code Sec. 653.13.11). (Accessed Sept. 2020).*
- IA Board of Physical and Occupational Therapists (**Source:** *IA Admin Code Sec. 645-201.3 & 645-208.3). (Accessed Sept. 2020).*

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Kansas

Medicaid Program: Kansas Medicaid

Program Administrator: Kansas Dept. of Health and Environment

Regional Telehealth Resource Center: Heartland Telehealth Resource Center www.heartlandtrc.org

Kansas Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✓	✓	✗	IMLC, EMS, NLC	✓

Kansas Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Kansas Medicaid covers live video telemedicine for certain services. Additionally, they also cover remote patient monitoring that is in real-time through home health agencies and with prior authorization.

All insurers (including Medicaid) must cover medically necessary services, subject to the terms and conditions of the contract. Medicaid specifically must provide reimbursement for speech language pathology services and audiology services.

Definitions

"Telemedicine is the use of communication equipment to link health care practitioners and patients in different locations. This technology is used by health care providers for many reasons, including increased cost efficiency, reduced transportation expenses, improved patient access to specialists and mental health providers, improved quality of care, and better communication among providers."

Source: *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-29 (Jan. 2020). (Accessed Sept. 2020).*

"Telemedicine," including "telehealth," means the delivery of healthcare services or consultations while the patient is at an originating site and the healthcare provider is at a distant site. Telemedicine shall be provided by means of real-time two-way interactive audio, visual, or audio-visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support healthcare delivery, that facilitate the assessment, diagnosis, consultation, treatment, education and care management of a patient's healthcare.

"Telemedicine" does not include communication between:

(A) Healthcare providers that consist solely of a telephone voice-only conversation, email or facsimile transmission; or

(B) a physician and a patient that consists solely of an email or facsimile transmission.

Source: *KS Statute Ann. § 40-2,211(5). & KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-30 (Jan. 2020). (Accessed Sept. 2020).*

Telemedicine is the use of communication equipment to link health care practitioners and patients in different locations. This technology is used by health care providers for many reasons, including increased cost efficiency, reduced transportation expenses, improved patient access to specialists and mental health providers, improved quality of care, and better communication among providers.

Source: *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, FQHC/RHC, p. 8-11 (Jun. 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

Insurers (including Medicaid) cannot exclude from coverage a service solely because the service is provided through telemedicine, rather than in-person contact or based upon the lack of a commercial office for the practice of medicine, when such service is delivered by a healthcare provider.

Source: *KS Statute Ann. § 40-2,213(b). (Accessed Sept. 2020).*

Services provided through telemedicine must be medically necessary and are subject to the terms and conditions of the individual's health benefits plan.

Payment or reimbursement of covered healthcare services delivered through telemedicine is the payment or reimbursement for covered services that are delivered through personal contact.

Source: *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-30 (Jan. 2020). (Accessed Sept. 2020).*

Eligible Services / Specialties

Eligible services:

- Office visits;
- Individual psychotherapy;
- Pharmacological management services.

The consulting or expert provider at the distant site must bill with the 02 place of service code. The GT modifier is no longer required.

See manual for list of acceptable CPT codes. Telemedicine will be reimbursed at the same rate as face-to-face services.

KMAP does not recognize CPT Codes 99241-99245 and 99251-99255.

Source: *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-29 (Jan. 2020) & FQHC/RHC, 8-11 (Jun. 2020). (Accessed Sept. 2020).*

Mental health assessment can be delivered by a nonphysician at a professional level and delivered either face-to-face or through telemedicine. Consultation with a physician or other providers to assist with the individual's specific crisis may be billed either as face-to-face or via Telemedicine.

Source: *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, Mental Health, p. 8-8, 8-15 (Jan. 2020). (Accessed Sept. 2020).*

Speech-language pathologists and audiologists licensed by KDADS may provide services via telemedicine. See manual for specific codes for eligible telemedicine services. Services must be provided via real-time, interactive (synchronous) audio-video telecommunication equipment that is compliant with HIPPA. Codes not appearing on the list are not covered via telemedicine.

Source: *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-27 & 2-28 (Jan. 2020). (Accessed Sept. 2020).*

Kansas Medicaid does not authorize the use of telemedicine in the delivery of any abortion procedure.

Source: *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-31 (Jan. 2020). (Accessed Sept. 2020).*

Autism Service

Parent support and training as well as Family Adjustment Counseling can be provided via telemedicine, telehealth, or other modes of video distance monitoring methods that adhere to all required HIPPA guidelines and meet the state standards for telemedicine delivery methods.

Source: *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, Autism Services, p. 8-5 & 8-8 (May 2019). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Intellectual/Developmentally Disabled Services
All functional assessments must be conducted in-person at a location of the individual's choosing, or, if available, through the use of real-time interactive telecommunications equipment that includes, at a minimum, audio and video equipment.

Source: *KS Dept. of Health and Environment, Provider Manual, HCBS Intellectual/Developmentally Disabled, p. I-1 (Mar. 2019). (Accessed Sept. 2020).*

Substance Use Disorder directs providers to General Benefits manual telemedicine section.

Source: *KS Dept. of Health and Environment, Provider Manual, Substance Use Disorder, p. 8-10, (Jan. 21, 2020). (Accessed Sept. 2020).*

Eligible Providers

Telemedicine and telehealth services may be delivered by a healthcare provider, which includes:

- Physicians
- Licensed Physician Assistants
- Licensed Advanced Practice Registered Nurses
- Other persons licensed, registered, certified, or otherwise authorized to practice by the behavioral sciences regulatory board.

Source: *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-29 (Jan. 2020). (Accessed Sept. 2020).*

Speech-language pathologists and audiologists licensed by the Kansas Department for Aging and Disability Services (KDADS) may also furnish appropriate and medically necessary services within their scope of practice via telemedicine. Services must be provided via real-time, interactive (synchronous) audio-video telecommunication equipment that is compliant with HIPAA.

Source: *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-27 (Jan. 2020); Early Childhood Intervention Fee-for-Service Provider Manual, p. 8-2 (Jan. 2020); Local Education Agency Services, p. 8-7 (Jan. 2020); & Rehabilitative Therapy Services, p. 8-4, (Jan. 2020). (Accessed Sept. 2020).*

Providers who are not RHC or FQHC providers and are acting as the distant site will be reimbursed in accordance with a percentage of the Physician Fee Schedule and not an encounter rate.

Source: *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, FQHC/RHC, 8-11, (Jun. 2020). (Accessed Sept. 2020).*

Eligible Sites

No reference found.

Geographic Limits

No reference found.

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Medicaid Telehealth Reimbursement	Live Video	Facility/Transmission Fee	The originating site, with the beneficiary present, may bill code Q3014 for the originating site fee with the appropriate POS code. **Source:** *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-29 (Jan. 2020). (Accessed Sept. 2020).*
	Store-and-Forward	Policy	Kansas Medicaid requires the patient to be present at the originating site indicating store-and-forward will not be reimbursed, despite including store-and-forward in their definition of telemedicine. **Source:** *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-30 & 2-31 (Jan. 2020). (Accessed Sept. 2020).*
		Eligible Services/Specialties	No reference found.
		Geographic Limits	No reference found.
		Transmission Fee	No reference found.

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Policy

Kansas Medicaid will reimburse for home telehealth. The policy states:

"Home telehealth uses real-time, interactive, audio/video telecommunication equipment to monitor patients in the home setting, as opposed to a nurse visiting the home. This technology may be used to monitor the beneficiary for significant changes in health status, provide timely assessment of chronic conditions and provide other skilled nursing services."

Source: *Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, Home Health, p. 8-29 (Jul. 2020). (Accessed Sept. 2020).*

"Home Telehealth is a remote monitoring system that enables the participant to effectively manage one or more diseases and catch early signs of trouble so intervention can occur before the participant's health declines. The provision of Home Telehealth involves participant education specific to one or more diseases (e.g. COPD, CHF, hypertension, and diabetes), counseling, and nursing supervision."

Source: *Kansas Medical Assistance Program, Provider Manual, HCBS Frail Elderly, p. 8-17, (May 2019). (Accessed Sept. 2020).*

Conditions

See manual for the codes to use for the provision of telehealth visits to provide long-term care home health services and to assist beneficiaries in managing their diabetes.

Source: *Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, Home Health, p. AIII-4 & AIII-6. (July. 2020). (Accessed Sept. 2020).*

Home and Community Based Services for the Frail Elderly
Telehealth services (including remote patient monitoring) are provided on an individualized basis for participants who have an identified need in their ISPOC. Participant options and information are provided and discussed during the development of the Integrated Service Plan of Care (ISPOC). The participant can qualify if either of the following apply:

- The participant is in need of disease management consultation and education AND has had two or more hospitalizations, including emergency room (ER) visits, within the previous year related to one or more diseases.
- The participant is using MFP to move from a nursing facility back into the community.

Source: *Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, HCBS Frail Elderly, p. 8-17 & 8-18, (May 2019). (Accessed Sept. 2020).*

Provider Limitations

Home Telehealth services must be provided by a registered nurse or licensed practical nurse. Agencies may bill skilled nursing services on the same date of service as telehealth services.

Source: *Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, Home Health, p. 8-29 (Jul. 2020). (Accessed Sept. 2020).*

Home and Community Based Services for the Frail Elderly
Must be delivered by a registered nurse or licensed practical nurse with RN supervision. Providers can include home health agencies or county health departments with system equipment capable of monitoring participant vital signs daily. This includes (at a minimum) heart rate, blood pressure, mean arterial pressure, weight, oxygen saturation, and temperature. Also, the provider must have the capability to ask the participant questions which are tailored to his or her diagnosis. The provider and equipment must have needed language options such as English, Spanish, Russian, and Vietnamese.

Source: *Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, HCBS Frail Elderly, p. 8-18-19, (May 2019). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Other Restrictions

Providers must submit literature to the fiscal agent's Provider Enrollment team pertaining to the telecommunication equipment the agency has chosen that will allow thorough physical assessments such as: assessment of edema, rashes, bruising, skin conditions, and other significant changes in health status.

Providers must satisfy all the enrollment/demonstration requirements. See manual for specific demonstration criteria.

Providers are eligible for reimbursement of home telehealth services that meet the following criteria:

- Prescribed by a physician or allowed nonphysician practitioner;
- Considered medically necessary;
- Signed beneficiary consent for telehealth services;
- Skilled nursing service;
- Does not exceed program limitations (two visits per week for non-Home and Community Based Services beneficiaries)

Prior authorization required.

Source: *Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, Home Health, p. AIII-19. (Jul. 2020). (Accessed Sept. 2020).*

Home Telehealth Limitations

- Providers must bill T1030 and T1031 with place of service 02 for home telehealth skilled nursing visits. These codes are per visit.
- PAs are entered for no more than 60 days. Home telehealth services cannot be approved for durations of more than 60 days. Additional documentation may be required to support continuation of home telehealth service requests that exceed 60 days.
- Telehealth visits must be provided by a registered nurse or licensed practical nurse.
- Telehealth visits must use face-to-face, real-time, interactive video contact to monitor beneficiaries in the home setting as opposed to a nurse visiting the home. This technology can be used to monitor a beneficiary's health status and to provide timely assessments of chronic conditions and other skilled nursing services.
- HCBS beneficiaries eligible for face-to-face skilled nursing visits provided by a home health agency may receive home telehealth visits with documentation of medical necessity and prior authorization (PA). The PA must include units to cover the duration and frequency of home telehealth visits. Oral medication administration or monitoring is not considered skilled care.

Source: *Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, Home Health, p. AIII-8. (Jul. 2020). (Accessed Sept. 2020).*

Home and Community Based Services for the Frail Elderly
See HCBS Frail Elderly provider manual for documentation requirements.

Source: *Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, HCBS Frail Elderly, p. 8-19 & 8-20 (May 2019). (Accessed Sept. 2020).*

Email / Phone / Fax

Telemedicine does not include communication between:

- A healthcare provider that consists solely of a telephone voice-only conversation, email, or facsimile transmission.
- A physician and a patient that consists solely of an email or facsimile transmission.

Email, telephone, and facsimile transmissions are not covered as telemedicine services.

Source: *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-30 & 2-31 (Jan. 2020) & FQHC/RHC, 8-11, (Jun. 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Consent

Signed beneficiary consent for telehealth home services is required.

Source: *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, Home Health Agency, p. AIII-19 (Jul. 2020). (Accessed Sept. 2020).*

Out of State Providers

No reference found.

Miscellaneous

Except when otherwise prohibited by any other provision of law, when the patient consents and has a primary care or other treating physician, the person providing telemedicine services will send within three business days a report to such primary care or other treating physician of the treatment and services rendered to the patient in the telemedicine encounter.

Source: *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-30 & 2-31 (Jan. 2020). (Accessed Sept. 2020).*

Private Payer Laws

Definitions

"Telemedicine," including "telehealth," means the delivery of healthcare services or consultations while the patient is at an originating site and the healthcare provider is at a distant site. Telemedicine shall be provided by means of real-time two-way interactive audio, visual, or audio-visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support healthcare delivery, that facilitate the assessment, diagnosis, consultation, treatment, education and care management of a patient's healthcare. "Telemedicine" does not include communication between:

(A) Healthcare providers that consist solely of a telephone voice-only conversation, email or facsimile transmission; or

(B) a physician and a patient that consists solely of an email or facsimile transmission.

Source: *KS Statute Ann. § 40-2,211(5). (Accessed Sept. 2020).*

Requirements

Insurers cannot exclude an otherwise covered healthcare service from coverage solely because such service is provided through telemedicine, rather than in-person contact, or based upon the lack of a commercial office for the practice of medicine, when such service is delivered by a healthcare provider.

The insured's medical record shall serve to satisfy all documentation for the reimbursement of all telemedicine healthcare services, and no additional documentation for telemedicine is required.

Source: *KS Statute Ann. § 40-2,213. (Accessed Sept. 2020).*

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Private Payer Laws

Parity

Service Parity

Payment can be limited to only services that are medically necessary, subject to the terms and conditions of the covered individual's health benefits plan.

Source: *KS Statute Ann. § 40-2,213. (Accessed Sept. 2020).*

Payment Parity

Payment or reimbursement for covered services delivered through telemedicine may be established by an insurance company, nonprofit health service corporation, nonprofit medical and hospital service corporation or health maintenance organization in the same manner as payment or reimbursement for covered services that are delivered via in-person contact are established.

Source: *KS Statute Ann. § 40-2,213. (Accessed Sept. 2020).*

Professional Regulation/Health & Safety

Definitions

"Telemedicine," including "telehealth," means the delivery of healthcare services or consultations while the patient is at an originating site and the healthcare provider is at a distant site. Telemedicine shall be provided by means of real-time two-way interactive audio, visual, or audio-visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support healthcare delivery, that facilitate the assessment, diagnosis, consultation, treatment, education and care management of a patient's healthcare. "Telemedicine" does not include communication between:

(A) Healthcare providers that consist solely of a telephone voice-only conversation, email or facsimile transmission; or

(B) a physician and a patient that consists solely of an email or facsimile transmission.

Source: *KS Statute Ann. § 40-2,211(5). (Accessed Sept. 2020).*

Consent

No reference found.

Online Prescribing

The same laws and regulations that apply to the prescribing of drugs, including controlled substances, by means of in-person contact shall apply to the prescribing of drugs, including controlled substances, by means of telemedicine.

Source: *KS Admin. Regs., Sec. 100-77-3. (Accessed Sept. 2020).*

Physicians must have a pre-existing patient-prescriber relationship. Physicians are prohibited from prescribing drugs on the basis of an internet-based questionnaire, internet-based consult, or telephonic consultation.

Source: *KS Admin. Regs., Sec. 68-2-20(2). (Accessed Sept. 2020).*

Telemedicine may be used to establish a valid provider-patient relationship.

Source: *KS Statute Ann. § 40-2,212(b). (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Cross-State Licensing

Member of the interstate medical licensure compact.

Source: *Interstate Medical Licensure Compact. The IMLC. (Accessed Sept. 2020).*

Member of Nurses Licensure Compact.

Source: *Current NLC States and Status. NCSBN. Accessed Sept. 2018. (Accessed Sept. 2020).*

Member of EMS Compact.

Source: *National Registry of Emergency Medical Technicians. The EMS Compact. (Accessed Sept. 2020).*

Miscellaneous

No reference found.

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Kentucky

Medicaid Program: Kentucky Medicaid

Program Administrator: Kentucky Dept. for Medicaid Services

Regional Telehealth Resource Center: Mid-Atlantic Telehealth Resource Center www.matrc.org

Kentucky Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✓	✗	✓	✗	IMLC, NLC, PTC	✓

Kentucky Detailed Policy

Medicaid Telehealth Reimbursement

Summary

KY Medicaid is required to reimburse for covered services provided to a Medicaid recipient through telehealth. The Department must establish requirements for telehealth coverage and reimbursement which are equivalent to the coverage for the same service provided in-person unless the telehealth provider and the Medicaid program contractually agree to a lower reimbursement rate for telehealth services, or the Department establishes a different reimbursement rate.

KY Medicaid and any Medicaid managed care organization are restricted from doing the following:

- Requiring a Medicaid provider to be physically present with a Medicaid recipient, unless the provider determines that it is medically necessary to perform those services in-person;
- Requiring prior authorization, medical review or administrative clearance for telehealth that would not be required if a service were provided in-person;
- Requiring a Medicaid provider to be employed by another provider or agency in order to provide telehealth services that would not be required if that service were provided in-person;
- Require demonstration that it is necessary to provide services to a Medicaid recipient through telehealth;
- Restrict or deny coverage of telehealth based solely on the communication technology or application used to deliver the telehealth service; OR
- Require a Medicaid provider to be part of a telehealth network.

Source: *KY Revised Statutes. 205.5591. (Accessed Sept. 2020).*

Definitions

Telehealth means the delivery of health care-related services by Medicaid provider who is a health care provider licensed in Kentucky to a Medicaid recipient through a face-to-face encounter with access to real-time interactive audio and video technology or store-and-forward services that are provided via asynchronous technologies as the standard practice or care where images are sent to a specialist for evaluation. The requirement for a face-to-face encounter shall be satisfied with the use of asynchronous telecommunications technologies in which the health care provider has access to the Medicaid recipient's medical history prior to the telehealth encounter; shall not include the delivery of services through electronic mail, text chat, facsimile or standard audio-only telephone call; and shall be delivered over a secure communications connection that complies with federal HIPAA.

"Telehealth consultation means a medical or health consultation, for purposes of patient diagnosis or treatment, that meets the definition of telehealth in this section."

Source: *KY Revised Statutes. 205.510. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Definitions

Telehealth means two-way, real time interactive communication between a patient and a physician or practitioner located at a distant site for the purpose of improving a patient's health through the use of interactive telecommunication equipment that includes, at a minimum, audio and video equipment.

Source: *KY 907 KAR 1:055 (36). (Accessed Sept. 2020).*

"Telemedicine" means two-way, real time interactive communication between a patient and a physician or practitioner located at a distant site for the purpose of improving a patient's health through the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment.

Source: *KY 907 KAR 9:005. (Accessed Sept. 2020).*

Live Video

Policy

Kentucky Medicaid will reimburse for a "telehealth consultation", which includes live video.

Reimbursement shall not be denied solely because an in-person consultation between a provider and a patient did not occur.

Source: *KY Revised Statutes § 205.559. (Accessed Sept. 2020).*

The department must reimburse an eligible telehealth care provider for a telehealth service in an amount that is at least 100 percent of the amount for a comparable in-person service. A managed care plan may establish a different rate for telehealth reimbursement via contract.

Source: *KY Admin. Regs. Title, 907, 3:170. (Accessed Sept. 2020).*

Eligible Services / Specialties

Telehealth service means any service that is provided by telehealth that is one of the following:

- Event
- Encounter
- Consultation, including a telehealth consultation
- Visit
- Store-and-forward transfer
- Referral
- Treatment

A service is not reimbursed if:

- It is not medically necessary;
- The equivalent service is not covered by the department if provided in a face-to-face setting; or
- The provider is not enrolled, participating, or in good standing with the Medicaid program, is on an excluded or terminated provider list, or is an excluded individual or entity, as listed on the US Office of Inspector General List.

Reimbursement is not made for services that are not:

- Medically necessary;
- Compliant with administrative regulation;
- Applicable to this administrative regulation; or
- Compliant with state or federal law.

Source: *KY Admin. Regs. Title, 907, 3:170. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

A "telehealth care provider" is a Medicaid provider who is:

- Currently enrolled as a Medicaid provider;
- Participating as a Medicaid provider;
- Operating within the scope of the provider's professional licensure; and
- Operating within the provider's scope of practice.

Source: *KY Admin. Regs. Title, 907, 3:170. (Accessed Sept. 2020).*

Eligible providers for services NOT in a Community Mental Health Center:

- A psychiatrist;
- A licensed clinical social worker directly employed by a psychiatrist if the psychiatrist also interacts with the recipient during the encounter;
- A psychologist with a license and a doctorate degree in psychology directly employed by a psychiatrist if the psychiatrist also interacts with the recipient during the encounter;
- A licensed professional clinical counselor directly employed by a psychiatrist if the psychiatrist also interacts with the recipient during the encounter;
- A licensed marriage and family therapist directly employed by a psychiatrist if the psychiatrist also interacts with the recipient during the encounter;
- A physician;
- An APRN;
- Speech-language pathologist;
- Occupational therapist;
- Physical therapist; or
- Licensed dietitian or certified nutritionist;
- Registered nurse or dietitian

Eligible providers for services in a Community Mental Health Center:

- A psychiatrist;
- A physician;
- Psychologist with a license in accordance with KRS 319.010(6);
- A licensed marriage and family therapist;
- A licensed professional clinical counselor;
- A psychiatric medical resident;
- A psychiatric registered nurse;
- A licensed clinical social worker;
- An advanced practice registered nurse

Restrictions apply for all professionals.

Source: *KY State Plan Amendment. Attachment 3.1-B. Approved 3/9/2011. (Accessed Sept. 2020).*

Eligible Sites

Place of service is anywhere the patient is located at the time a telehealth service is provided, and includes telehealth services provided to a patient at home or office, or a clinic, school or workplace.

Source: *KY Admin. Regs. Title, 907, 3:170. (Accessed Sept. 2020).*

Geographic Limits

No reference found.

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Medicaid Telehealth Reimbursement

Live Video

Facility/Transmission Fee

No reference found.

Store-and-Forward

Policy

KY Medicaid reimburses for telehealth consultations, the definition of which encompasses store-and-forward.

Source: *KY Revised Statutes 205.559. For definition, see: KY Revised Statute 205.510. (Accessed Sept. 2020).*

A store and forward service shall be permissible if the primary purpose of the asynchronous interaction involves high quality digital data transfer, such as digital image transfers.

An asynchronous telehealth service shall be reimbursable if that service supports an upcoming synchronous telehealth or face-to-face visit to a provider that is providing one of the eligible specialties (see next section).

The department shall evaluate available asynchronous telehealth services quarterly, and may clarify that certain asynchronous telehealth services meet the requirements to be included as permissible asynchronous telehealth, as appropriate and as funds are available, if those asynchronous telehealth services have an evidence base establishing the service's:

1. Safety; and
2. Efficacy.

A provider shall not receive additional reimbursement for an asynchronous telehealth service if the service is an included or integral part of the billed office visit code or service code.

Source: *KY Admin. Regs. Title, 907, 3:170. (Accessed Sept. 2020).*

Eligible Services/Specialties

An asynchronous telehealth service within the following specialties or instances of care that meets the criteria established in this section shall be reimbursable as a store-and-forward telehealth service:

(a) Radiology;
(b) Cardiology;
(c) Oncology;
(d) Obstetrics and gynecology;
(e) Ophthalmology and optometry, including a retinal exam;
(f) Dentistry;
(g) Nephrology;
(h) Infectious disease;
(i) Dermatology;
(j) Orthopedics;
(k) Wound care consultation;
(l) A store and forward telehealth service in which a clear digital image is integral and necessary to make a diagnosis or continue a course of treatment;
(m) A speech language pathology service that involves the analysis of a digital image, video, or sound file, such as for a speech language pathology diagnosis or consultation; or
(n) Any code or group of services included as an allowed asynchronous telehealth service.

Source: *KY Admin. Regs. Title, 907, 3:170. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Store-and-Forward	Geographic Limits	No reference found.
		Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	Remote patient monitoring shall not be an eligible telehealth service within the fee-for-service Medicaid program unless that service is: 1. Expanded pursuant to subsection (4) of this section; 2. Otherwise included as a part of a department approved value based payment arrangement; or 3. Otherwise included as a value added service or payment arrangement. A managed care organization may reimburse for remote patient monitoring as a telehealth service if expanded pursuant to subsection (4) of this section or provided as a: 1. Value based payment arrangement; or 2. Value added service or payment arrangement. **Source:** *KY Admin. Regs. Title, 907, 3:170. (Accessed Apr. 2020).*
		Conditions	No reference found.
		Provider Limitations	No reference found.
		Other Restrictions	No reference found.

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Medicaid Telehealth Reimbursement

Email / Phone / Fax

No reimbursement for email.
No reimbursement for telephone.
No reimbursement for FAX.

Source: *KY Revised Statutes § 205.559 (2)(b). (Accessed Sept. 2020).*

Consent

The Cabinet for Health and Family Services must ensure informed consent among Medicaid providers using telehealth.

Source: *KY Statute Sec. 205.5591 (2). (Accessed Sept. 2020).*

Out of State Providers

KY Medicaid program required to only allow providers licensed in Kentucky to receive reimbursement for telehealth services.

Source: *KY Statute Sec. 205.5591 (4). (Accessed Sept. 2019).*

Miscellaneous

The Cabinet for Health and Family Services is required to do the following:

- Develop policies and procedures to ensure the proper use and security for telehealth, including but not limited to confidentiality and data integrity, privacy and security, informed consent privileging and credentialing, reimbursement and technology;
- Promote access to health care provided via telehealth;
- Maintain a list of Medicaid providers who may deliver telehealth services of Medicaid recipients throughout the Commonwealth;
- Require that specialty care be rendered by a health care provider who is recognized and actively participating in the Medicaid program; and
- Require that any required prior authorization requesting a referral or consultation for specialty care be processed by the patient's primary care provider and that any specialist coordinates care with the patient's primary care provider.

Source: *KY Statute Sec. 205.5591 (2). (Accessed Sept. 2020).*

The Cabinet for Health and Family Services cannot require a Medicaid provider to be a part of a telehealth network.

Source: *: KY Statute Sec. 205.5591 (3). (Accessed Sept. 2020).*

For FQHCs and RHCs, a "visit" is defined as occurring in-person or via telehealth.

Source: *KY 907 KAR 1:055 (37). (Accessed Sept. 2020)*

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Private Payer Laws

Definitions

Telehealth (a) means the delivery of health care-related services by a health care provider who is licensed in Kentucky to a patient or client through a face-to-face encounter with access to real-time interactive audio and video technology or store-and-forward services that are provided via asynchronous technologies as the standard practice of care where images are sent to a specialist for evaluation. The requirement for a face-to-face encounter shall be satisfied with the use of asynchronous telecommunications technologies in which the health care provider has access to the patient's or client's medical history prior to the telehealth encounter; (b) Shall not include the delivery of services through electronic mail, text chat, facsimile, or standard audio-only telephone call; and (c) Shall be delivered over a secure communications connection that complies with HIPAA.

Source: *KY Revised Statute Sec. 304.17A-005. (Accessed Sept. 2020).*

Requirements

A health benefit plan shall reimburse for covered services provided to an insured person through telehealth. A health benefit plan shall not:

- Require a provider be physically present with a patient or client, unless the provider determines that it is necessary to perform those services in-person;
- Require prior authorization, medical review, or administrative clearance for telehealth that would not be required if a service were provided in-person;
- Require demonstration that it is necessary to provide services to a patient or client through telehealth;
- Require a provider to be employed by another provider or agency in order to provide telehealth services that would not be required if that service were provided in-person;
- Restrict or deny coverage of telehealth based solely on the communication technology or application used to deliver the telehealth services; or
- Require a provider to be part of a telehealth network.

A provider must be licensed in Kentucky to receive reimbursement for telehealth services.

Source: *KY Revised Statute Sec. 304.17A-138. (Accessed Sept. 2020).*

Parity

Service Parity

Payers are not required to provide coverage for telehealth services that are not medically necessary.

Source: *KY Revised Statutes § 304.17A-138. (Accessed Sept. 2020).*

Payment Parity

Telehealth coverage and reimbursement shall be equivalent to the coverage for the same service provided in-person unless the telehealth provider and the health benefit plan contractually agree to a lower reimbursement rate for telehealth services.

Payers are not required to reimburse any fees charged by a telehealth facility for transmission of a telehealth encounter.

Source: *KY Revised Statutes § 310.200 & KAR Title 501, Ch. 13, Sec. 010. (Accessed Sept 2020).*

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Professional Regulation/Health & Safety

Definitions

Dietitians or Nutritionists & Jail Standards (Department of Corrections)
"Telehealth means the use of interactive audio, video, or other electronic media to deliver health care. It includes the use of electronic media for diagnosis, consultation, treatment, transfer of health or medical data, and continuing education."

Source: *KY Revised Statutes § 310.200 & KAR Title 501, Ch. 13, Sec. 010. (Accessed Sept 2020).*

Consent

The treating physician who delivers or facilitates the telehealth service shall obtain the informed consent of the patient before services are provided.

Source: *KY Revised Statutes § 311.5975. (Accessed Sept. 2020).*

Patient consent must be obtained by:

- Physicians;
- Chiropractors;
- Nurses;
- Dentists;
- Dieticians or nutritionist;
- Pharmacist;
- Psychologists or psychological associate;
- Occupational therapists;
- Optometrist
- Physical therapists;
- Speech language pathologists or audiologists;
- Social workers;
- Marriage/family therapists;
- Respiratory care practitioner

Source: *Cited in various sections of law. Originated from HB 177 (2000). (Accessed Sept. 2020).*

Also see listing of Professional Board Regulation in Miscellaneous section for regulatory requirements for informed consent by profession.

The Board of Speech Language Pathology and Audiology requires their licensees to inform the client in writing, in an initial in-person meeting, about:

- The limitations of using technology in the provision of telepractice;
- Potential risks to confidentiality of information due to technology in the provision of telepractice;
- Potential risks of disruption in the use of telepractice;
- When and how the licensee will respond to routine electronic messages;
- In what circumstances the licensee will use alternative communications for emergency purposes;
- Who else may have access to client communications with the licensee;
- How communications can be directed to a specific licensee;
- How the licensee stores electronic communications from the client; and
- That the licensee may elect to discontinue the provision of services through telehealth.

Source: *KY 201 KAR 17:110. (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Online Prescribing

Prior to prescribing in response to any communication transmitted or received by computer or other electronic means, physicians must establish a proper physician-patient relationship. This includes:

- Verification that the person requesting medication is in fact who the patient claims to be;
- Establishment of a documented diagnosis through the use of accepted medical practices;
- Maintenance of a current medical record.

An electronic, online, or telephone evaluation by questionnaire are inadequate for the initial or any follow-up evaluation.

Source: *KY Revised Statutes § 311.597. (Accessed Sept. 2020).*

A "good faith prior examination" (needed to establish a physician-patient relationship) can be done through telehealth. Not applicable to hospice providers.

Source: *KY Revised Statute § 218A.010(18). (Accessed Sept. 2020).*

The Board of Speech Language Pathology and Audiology does not allow for the establishment of a practitioner-patient relationship via telehealth. They require an in-person meeting to occur first.

Source: *KY 201 KAR 17:110. (Accessed Sept. 2020).*

A physician performing or inducing an abortion shall be present in-person and in the same room with the patient. The use of telehealth shall not be allowed in the performance of an abortion.

Source: *KY Revised Statute Sec. 311.728. (Accessed Sept. 2020).*

Cross-State Licensing

A provider must be licensed in Kentucky with the exception of persons who, being nonresidents of Kentucky and lawfully licensed to practice medicine or osteopathy in their states of actual residence, infrequently engage in the practice of medicine or osteopathy within this state, when called to see or attend particular patients in consultation and association with a Kentucky-licensed physician.

Source: *KY Revised Statutes § 311.560. (Accessed Sept. 2020).*

Newly Passed Legislation
Member of Interstate Medical Licensure Compact.

Source: *KY Senate Bill 22 (2020 Session). (Accessed Sept. 2020).*

Member of Nurse Licensure Compact.

Source: *Nurse Licensure Compact. Current NLC States and Status. NCSBN. (Accessed Sept. 2020).*

Member of Physical Therapy Compact.

Source: *HB 227-2017. PT Compact. Compact Map. (Accessed Sept. 2020).*

Miscellaneous

There is hereby created a Division of Telehealth Services within the Office of Health Data and Analytics to be headed by a director appointed by the secretary pursuant to 12 KRS 12.050. The division shall provide oversight, guidance, and direction to Medicaid providers delivering care using telehealth. The division shall implement telehealth services and develop standards, guidance, resources, and education to help promote access to healthcare services in the Commonwealth.

Source: *Kentucky SB 123 (2020 Session). (Accessed Sept. 2020).*

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Professional Board Telehealth-Specific Regulations

- Speech Language Pathology and Audiology (**Source:** *Title 201, Ch. 17, Sec. 110). (Accessed Sept. 2020).*
- Board of Optometric Examiners (**Source:** *Title 201, Ch. 5, Sec. 055). (Accessed Sept. 2020).*
- Board of Dentistry Examiners (**Source:** *Title 201, Ch. 8, Sec. 590). (Accessed Sept. 2020).*
- Physical Therapy (**Source:** *Title 201, Ch. 22, Sec. 160). (Accessed Sept. 2020).*
- Dieticians and Nutritionists (**Source:** *Title 201, Ch. 33, Sec. 070). (Accessed Sept. 2020).*
- Applied Behavior Analysis (**Source:** *Title 201, Ch. 43, Sec. 100). (Accessed Sept. 2020).*
- Nursing (**Source:** *Title 201, Ch. 20, Sec. 520). (Accessed Sept. 2020).*
- Board of Psychology (**Source:** *Title 201, Ch. 26, Sec. 310). (Accessed Sept. 2020).*
- Occupational Therapy (**Source:** *Title 201, Ch. 28, Sec. 235). (Accessed Sept. 2020).*
- Marriage and Family Therapists (**Source:** *Title 201, Ch. 32, Sec. 110). (Accessed Sept. 2020).*

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Louisiana

Medicaid Program: Louisiana Medicaid

Program Administrator: Louisiana Dept. of Health and Hospitals

Regional Telehealth Resource Center: TexLa Telehealth Resource Center www.texlatrc.org

Louisiana Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✓	✓	✗	NLC, PTC	✓

Louisiana Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Live video telemedicine is covered for distant site providers enrolled in Louisiana Medicaid. There is no reimbursement for the originating site. Activity and sensor monitoring, health status monitoring and medication dispensing and monitoring are forms of remote patient monitoring that are covered by Louisiana Medicaid. There is no reference to store-and-forward.

Definitions

"Telehealth" has the meaning ascribed in R.S. 40:1223.3. – Telehealth means a mode of delivering healthcare services, including behavioral health services that utilizes information and communication technologies to enable the diagnosis, consultation, treatment, education care management and self-management of patients at a distance from healthcare providers. Telehealth allows services to be accessed when providers are in a distant site and patients are in the originating site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store-and-forward transfers."

Source: *LA Revised Statutes 40:1223.3 & HB 589 & HB 449 (2020 Session. (Accessed Sept. 2020).*

"Telemedicine/telehealth is the use of a telecommunications system to render healthcare services when a physician or other licensed practitioner and a beneficiary are not in the same location. The telecommunications system shall include, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the beneficiary at the originating site and the physician or other licensed practitioner at the distant site. The telecommunications system must be secure, ensure patient confidentiality, and be compliant with the requirements of the Health Insurance Portability and Accountability Act."

Source: *LA Dept. of Health and Hospitals, Professional Svcs. Provider Manual, Chapter Five of the Medicaid Svcs. Manual, Section 5.1, p. 158). (Sept 03, 2020). (Accessed Sept. 2020).*

Telecare is a delivery of care services to recipients in their home by means of telecommunications and/or computerized devices to improve outcomes and quality of life, increase independence and access to health care, and reduce health care costs. Telecare services include:

- Activity and sensor monitoring;
- Health status monitoring; and
- Medication dispensing and monitoring.

Source: *LA Dept. of Health and Hospitals, Community Choices Waiver Provider Manual, Chapter Seven of the Medicaid Svcs. Manual, Section 7.1, p. 22 (As revised on Mar. 2, 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Definitions

Behavioral Health Services
Telehealth means a mode of delivering healthcare services that utilizes information and communication technologies to enable the diagnosis, consultation, treatment, education, care management, and self-management of patients at a distance from healthcare providers. Additionally, "telehealth" means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between a provider and a patient.

Telehealth allows services to be accessed when providers are in a distant site and patients are in the originating site. Telehealth facilitates patient self-management and caregiver support for patients.

Source: *LA Dept. of Health and Hospitals, Behavioral Health Services, Chapter Two of the Medicaid Svcs. Manual, Section 2.3, p. 7 (As revised on Aug. 04, 2020). (Accessed Sept. 2020).*

Live Video

Policy

Louisiana Medicaid only reimburses the distant site for services provided via telemedicine. Reimbursement for services provided by telemedicine/telehealth is at the same level as services provided in person.

Covered services must be identified on claims submissions by appending the modifier "95" to the applicable procedure code and indicate Place of Service (POS) 02. Both the correct POS and modifier must be present on the claim to receive reimbursement.

Source: *LA Dept. of Health and Hospitals, Professional Svcs. Provider Manual, Chapter Five of the Medicaid Svcs. Manual, Section 5.1, p. 158-159 (As revised on Sept. 03, 2020). (Accessed Sept. 2020).*

Louisiana Medicaid services provided via an interactive audio and video telecommunications system shall be identified on claim submissions by appending the HIPPA compliant POS or modifier to the appropriate procedure code, in line with current policy.

Source: *: LA Admin. Code 50: I.503. (Accessed Sept. 2020).*

Eligible Services / Specialties

Recently Passed Legislation (Now Effective)
The department shall periodically review policies regarding Medicaid reimbursement for telehealth services to identify variations between permissible reimbursement under that program and reimbursement available to healthcare providers under the Medicare program.

The department may modify its administrative rules, policies, and procedures applicable to Medicaid reimbursement for telehealth services as necessary to provide for a reimbursement system that is comparable to that of the Medicare program for those services.

Source: *LA Statute Sec. 1255.1 (HB 589 – 2020 Session). (Accessed Sept. 2020).*

When otherwise covered, services located in the Telemedicine appendix of the CPT manual, or its successor, may be reimbursed when provided by telemedicine/telehealth. In addition, other specified services may be reimbursed when provided by telemedicine/telehealth and these services are explicitly noted in this manual.

Source: *LA Dept. of Health and Hospitals, Professional Svcs. Provider Manual, Chapter Five of the Medicaid Svcs. Manual, Section 5.1, p. 158. (Sept. 3, 2020). (Accessed Sept. 2020).*

Behavioral Health Services
Family psychotherapy, individual psychotherapy, and medication management services may be reimbursed when provided via telecommunication technology.

Source: *LA Dept. of Health and Hospitals, Behavioral Health Services, Chapter Two of the Medicaid Svcs. Manual, Section 2.3, p. 6 (As revised on Aug. 04, 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

The distant site provider must be enrolled as a Louisiana Medicaid provider to receive reimbursement for covered services.

> **Source:** *LA Dept. of Health and Hospitals, Professional Svcs. Provider Manual, Chapter Five of the Medicaid Svcs. Manual, Section 5.1, p. 158 (As revised on Sept. 03, 2020). (Accessed Sept. 2020).*

Behavioral Health
"Healthcare provider," as used herein, means a person, partnership, limited liability partnership, limited liability company, corporation, facility, or institution licensed or certified by this state to provide health care or professional services as a physician assistant, hospital, nursing home, registered nurse, advanced practice registered nurse, licensed practical nurse, psychologist, medical psychologist, social worker, or licensed professional counselor.

> **Source:** *LA Dept. of Health and Hospitals, Behavioral Health Services, Chapter Two of the Medicaid Svcs. Manual, Section 2.3, p. 7 (As revised on Aug. 04, 2020). (Accessed Sept. 2020).*

Reimbursement for FQHCs will be set at the all-inclusive prospective payment rate on file for the date of service.

> **Source:** *LA Dept. of Health, Informational Bulletin 20-1. (Jan. 10, 2020). (Accessed Sept. 2020).*

FQHC manual refers to provider manual for billing instructions.

> **Source:** *LA Dept. of Health and Hospitals, Federally Qualified Health Centers Provider Manual, Chapter 22, Sec. 22.4, pp. 6, 07/14/2020. (Accessed Sept. 2020).*

Eligible Sites

No reference found.

Geographic Limits

No reference found.

Store-and-Forward

Facility/Transmission Fee

Louisiana Medicaid only reimburses the distant site provider.

> **Source:** *LA Dept. of Health and Hospitals, Professional Svcs. Provider Manual, Chapter Five of the Medicaid Svcs. Manual, Section 5.1, p. 158 (As revised on Sept. 03, 2020). (Accessed Sept. 2020).*

Policy

Louisiana Medicaid will not provide reimbursement for store-and-forward based upon the definition of "telemedicine" which describes telemedicine as including "audio and video equipment permitting two-way, real time interactive communication" therefore excluding store-and-forward.

> **Source:** *LA Dept. of Health and Hospitals, Professional Svcs. Provider Manual, Chapter Five of the Medicaid Svcs. Manual, Section 5.1, p. 158 (As revised on Sept. 03, 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement		Eligible Services/Specialties	No reference found.
		Geographic Limits	No reference found.
		Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	Under the Community Choices Waiver, Louisiana Medicaid will reimburse for telecare, including: • Activity and Sensor Monitoring, • Health status monitoring, and • Medication dispensing and monitoring. Monthly telecare services consist of: • Delivering, furnishing, maintaining and repairing/replacing equipment on an ongoing basis. This may be done remotely as long as all routine requests are resolved within three business days; • Monitoring of recipient-specific service activities by qualified staff; • Training the recipient and/or the recipient's responsible representative in the use of the equipment; • Cleaning and storing equipment; • Providing remote teaching and coaching as necessary to the recipient and/or caregiver(s); and • Analyzing data, developing and documenting interventions by qualified staff based on information/data reported. Personal Emergency Response System (PERS) is also reimbursed under Community Choices Waiver, which sends alerts when emergency services are needed by the recipient.

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Policy

Activity and Sensor Monitoring
This service is a computerized system that monitors the recipient's in-home movement and activity for health, welfare and safety purposes. At a minimum the system must:

- Monitor the home's points of egress;
- Detect falls;
- Detect movement or lack of movement;
- Detect whether doors are opened or closed; and
- Provide a push button emergency alert system.

Some systems also monitor the home's temperature.

Health Status Monitoring
This service collects health-related data to assist the health care provider in assessing the recipient's health condition and in providing recipient education and consultation. Could be beneficial for patient with chronic conditions for monitoring weight, oxygen saturation measurements and vital signs.

Medication Dispensing and Monitoring
A remote monitoring system that is individually pre-programed to dispense and monitor the recipient's compliance with medication therapy. Provider or caregiver is notified when there are missed doses or non-compliance with medication therapy.

Source: *LA Dept. of Health and Hospitals, Community Choices Waiver Provider Manual, Chapter Seven of the Medicaid Svcs. Manual, Section 7.1, p. 22-24 (as revised on Mar. 2, 2020). (Accessed Sept. 2020).*

Standards
Providers of assistive devices and medical equipment must:

- Be a licensed home health agency or DME provider;
- Comply with Louisiana Department of Health rules and regulations;
- Be enrolled as a Medicaid provider to provide these services; and
- Be listed as a provider of choice on the Freedom of Choice form.

PERS providers must:

- Comply with OAAS' standards for participation;
- Be enrolled as the applicable Medicaid provider type; and
- Be listed as a provider of choice on the FOC form.

The PERS provider must install and support PERS equipment in compliance with all of the applicable federal, state, parish and local laws and regulations, as well as meet manufacturer's specifications, response requirements, maintenance records, and recipient education.

Source: *LA Dept. of Health and Hospitals, Community Choices Waiver Provider Manual, Chapter Seven of the Medicaid Svcs. Manual, Section 7.6, p. 16 (As revised on Mar. 2, 2020). (Accessed Sept. 2020).*

Conditions

Health status monitoring: May be beneficial to individuals with congestive heart failure, diabetes or pulmonary disease.

Services must be based on verified need.

Source: *LA Dept. of Health and Hospitals, Community Choices Waiver Provider Manual, Chapter Seven of the Medicaid Svcs. Manual, Section 7.1, p. 24 (As revised on Mar. 2, 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Provider Limitations

Telecare providers must meet the following requirements:

- Be UL listed/certified or have 501(k) clearance;
- Be web-based;
- Be compliant with the requirements of the Health Insurance Portability and Accountability Act (HIPAA);
- Have recipient specific reporting capabilities for tracking and trending;
- Have a professional call center for technical support based in the United States; and
- Have on-going provision of web-based data collection for each recipient, as appropriate. This includes response to recipient self-testing, manufacturer's specific testing, self-auditing and quality control.

Source: *LA Dept. of Health and Hospitals, Community Choices Waiver Provider Manual, Chapter Seven of the Medicaid Svcs. Manual, Section 7.6, p. 17 (As revised on Mar. 2, 2020). (Accessed Sept. 2020).*

Other Restrictions

Limitations

- Services must be based on verified need and have a direct or remedial benefit with specific goals and outcomes.
- Benefit must be determined by an independent assessment on any item that costs over $500 and on all communication devices, mobility devices, and environmental controls.
- Independent assessments must be performed by individuals who have no fiduciary relationship with the manufacturer, supplier, or vendor of the item.
- All items must reduce reliance on other Medicaid state plan or waiver services
- All items must meet applicable standards of manufacture, design and installation
- The items must be on the Plan of Care developed by the support coordinator and are subject to approval by OAAS Regional Office of its designee.

A recipient is not able to receive simultaneously Telecare Activity and Sensor Monitoring services and traditional PERS services.

Where applicable, recipients must use Medicaid State Plan, Medicare or other available payers first.

Source: *LA Dept. of Health and Hospitals, Community Choices Waiver Provider Manual, Chapter Seven of the Medicaid Svcs. Manual, Section 7.1, p. 22 & 24-25 (As revised on Mar. 2, 2020). (Accessed Sept. 2020).*

Email / Phone / Fax

Hospices may report some social worker calls as a visit.

Source: *LA Medicaid, Chapter 24: Hospice, Sec. 24.9, Medicaid Svcs. Manual, p. 11, (March 26, 2019). (Accessed Sept. 2020).*

Consent

No reference found.

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Medicaid Telehealth Reimbursement

Out of State Providers

No reference found.

Miscellaneous

Recently Passed Legislation (Now Effective)
The department shall include in its Medicaid policies and procedures all of the following information relating to telehealth:

1. An exhaustive listing of the covered healthcare services which may be furnished through telehealth.
2. Processes by which providers may submit claims for reimbursement for healthcare services furnished through telehealth.
3. The conditions under which a managed care organization may reimburse a provider or facility that is not physically located in this state for healthcare services furnished to an enrollee through telehealth.

Source: *LA Statute Sec. 46:460.51. (HB 589 – 2020 Session).*

The beneficiary's clinical record must include documentation that the service was provided through the use of telemedicine/telehealth.

Source: *LA Dept. of Health and Hospitals, Professional Svcs. Provider Manual, Chapter Five of the Medicaid Svcs. Manual, p. 158 (As revised on Sept, 03, 2020). (Accessed Sept. 2020).*

FQHC and RHC
Effective August 1, 2019, FQHCs and RHCs must use POS 02 with modifier 95 when billing for telemedicine/telehealth services.

Source: *LA Dept. of Health, Informational Bulletin 20-1. (Jan. 10, 2020). (Accessed Sept. 2020).*

Private Payer Laws

Definitions

Newly Passed Legislation (Effective Jan. 1, 2021)
"Telemedicine" shall have the same meaning as defined in R.S. 37: 1262 – "Telemedicine is the practice of health care delivery, diagnosis, consultation, treatment, and transfer of medical data using interactive telecommunication technology that enables a health care practitioner and a patient at two locations separated by distance to interact via two-way video and audio transmissions simultaneously. Neither a telephone conversation nor an electronic mail message between a health care practitioner and patient, or a true consultation as may be defined by rules promulgated by the board pursuant to the Administrative Procedure Act, constitutes telemedicine."

Source: *LA Revised Statute Sec. 22: 1841 & Sec. 37: 1262 (HB 530 – 2020 Session). (Accessed Sept. 2020).*

Requirements

Newly Passed Legislation (Effective Jan. 1, 2021)
Each issuer of a health coverage plan shall display in a conspicuous manner on the health coverage plan issuer's website information regarding how to receive covered telemedicine medical services, telehealth healthcare services, and remote patient monitoring services.

A link clearly identified on the health coverage plan's issuer's website to the information shall be sufficient to meet the requirements.

Certain requirements apply in order to receive reimbursement for remote patient monitoring. See text of legislation.

Source: *LA Revised Statute Sec. 22: 1842 & 1843. (HB 530 – 2020 Session).*

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Private Payer Laws

Requirements

Payment, benefit, or reimbursement under such policy or contract shall not be denied to a licensed physician conducting or participating in the transmission at the originating health care facility or terminus who is physically present with the individual who is the subject of such electronic imaging transmission and is contemporaneously communicating and interacting with a licensed physician at the receiving terminus of the transmission. The payment, benefit, or reimbursement to such a licensed physician at the originating facility or terminus shall not be less than seventy-five percent of the reasonable and customary amount of payment, benefit, or reimbursement which that licensed physician receives for an intermediate office visit.

No reference found for distant-site physician reimbursement.

Source: *LA Revised Statutes 22:1821(F) (2012). (Accessed Sept. 2020).*

Parity

Service Parity

No reference found.

Payment Parity

The payment, benefit, or reimbursement to such a licensed physician at the originating facility or terminus shall not be less than seventy-five percent of the reasonable and customary amount of payment, benefit, or reimbursement which that licensed physician receives for an intermediate office visit.

Source: *LA Revised Statutes 22:1821(F) (2012). (Accessed Sept. 2020).*

Professional Regulation/Health & Safety

Definitions

Medical Board
"Telemedicine is the practice of health care delivery, diagnosis, consultation, treatment, and transfer of medical data using interactive telecommunication technology that enables a health care practitioner and a patient at two locations separated by distance to interact via two-way video and audio transmissions simultaneously. Neither a telephone conversation nor an electronic mail message between a health care practitioner and patient, or a true consultation as may be defined by rules promulgated by the board pursuant to the Administrative Procedure Act, constitutes telemedicine."

Source: *LA Revised Statutes 37:1262(4). (Accessed Sept. 2020).*

Public Health & Safety
Telehealth means a mode of delivering healthcare services, including behavioral health services that utilizes information and communication technologies to enable the diagnosis, consultation, treatment, education care management and self-management of patients at a distance from healthcare providers. Telehealth allows services to be accessed when providers are in a distant site and patients are in the originating site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store-and-forward transfers.

Source: *LA Revised Statutes 40:1223.3 & HB 449 (2020 Session). (Accessed Sept. 2020).*

Speech-Language Pathology & Audiology
Telehealth is a mode of delivering audiology and speech-language pathology services that utilizes information and communication technologies to enable the diagnosis, consultation, treatment, education care management, and self-management of clients at a distance from the audiologist or speech-language pathologist provider services to be accessed when providers are in a distant site and patients are in the originating site. Telehealth facilitates self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

Source: *LA Admin. Code 46: LXXV.103. (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Definitions

Physician's Use of Telemedicine in Practice
Telemedicine - the practice of health care delivery, diagnosis, consultation, treatment, and transfer of medical data by a physician using interactive telecommunication technology that enables a physician and a patient at two locations separated by distance to interact via two-way video and audio transmissions simultaneously. Neither an electronic mail message between a physician and a patient, or a true consultation constitutes telemedicine for the purposes of this Part. A physician practicing by telemedicine may utilize interactive audio without the requirement of video if, after access and review of the patient's medical records, the physician determines that he or she is able to meet the same standard of care as if the healthcare services were provided in-person.

Source: *LA Admin. Code 46: XLV.7503. (Accessed Sept. 2020).*

Consent

Physicians must inform telemedicine patients of the relationship between the physician and patient, and the role of any other health care provider with respect to management of the patient. The patient may decline to receive telemedicine services and withdraw from such care at any time.

Source: *LA Admin. Code 46:XLV.7511. (Accessed Sept. 2020).*

Online Prescribing

Louisiana law requires that a physician who uses telemedicine establish a proper physician-patient relationship. Physicians must:

- Verify the identity of the patient. Appropriate contact and identifying information shall be made part of the medical record;
- Conduct an appropriate exam. The examination does not require an in-person visit if the technology is sufficient to provide the physician the pertinent clinical information reasonably necessary to practice at an acceptable level of skill and safety;
- Establish a proper diagnosis through the use of accepted medical practices;
- Discuss the diagnosis and risks and benefits of various treatment options;
- Ensure the availability of follow up care;
- Create and/or maintain a medical record.

Source: *LA Admin. Code 46: XLV.7503. (Accessed Sept. 2020).*

Telemedicine, including the issuance of any prescription via electronic means, shall be held to the same prevailing and usually accepted standards of medical practice as those in traditional, face-to-face settings.

An online, electronic or written mail message, or a telephonic evaluation by questionnaire or otherwise, does not satisfy the standards of appropriate care.

To establish a physician-patient relationship an in-person visit is not required if the technology is sufficient to provide the physician the pertinent clinical information reasonably necessary to practice at an acceptable level of skill and safety.

No physician shall utilize telemedicine:

1. for the treatment of non-cancer related chronic or intractable pain, as set forth in §§6915-6923 of the board's rules;
2. for the treatment of obesity, as set forth in §§6901-6913 of the board's rules;
3. to authorize or order the prescription, dispensation or administration of any controlled substance unless;
    a) the physician has had at least one in-person visit with the patient within the past year; provided, however, the requirement for an in-person visit shall not apply to a physician who holds an unrestricted license to practice medicine in LA and who practices telemedicine upon any patient being treated at a healthcare facility that is required to be licensed pursuant to the laws of LA and which holds a current registration with the U.S. Drug Enforcement Administration;
    b) the prescription is issued for a legitimate medical purpose;
    c) the prescription is in conformity with the standard of care applicable to an in-person visit; and
    d) the prescription is permitted by and in conformity with all applicable state and federal laws and regulations.

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Professional Regulation/Health & Safety

Online Prescribing

The Board may grant an exception if the physician submits a written application.

Source: *LA Admin. Code 46: XLV.7503,7505 & 7513. (Accessed Sept. 2020).*

For physicians practicing telemedicine and treating a patient at a healthcare facility that is required to be licensed according to the laws of LA and holds a current registration with the US Drug Enforcement Administration:

- Physician must use the same standard of care as in-person.
- Physician must be authorized to prescribe any controlled dangerous substance without necessity of conducting an appropriate in-person patient history or physical examination.
- Physician shall not be subject to any regulation prohibition or restriction on the use of telemedicine that is more restrictive than those that are otherwise applicable to their entire profession.

Source: *LA Statute Sec. 37:1271.1. (Accessed Sept. 2020).*

No physician practicing telemedicine can prescribe a controlled dangerous substance prior to conducting an appropriate in-person patient history or physical examination of the patient as determined by the Board.

Source: *LA Revised Statutes 37:1271(B)(3). (Accessed Sept. 2020).*

Cross-State Licensing

The board shall issue a telemedicine license to allow the practice of medicine across state lines to an applicant who holds a full and unrestricted license to practice medicine in another state or territory of the United States.

The board shall establish by rule in accordance with the Administrative Procedure Act the requirements for licensure including not opening an office in Louisiana, not meeting with patients in Louisiana, and not receiving calls in Louisiana from patients. The physician, when examining a patient by telemedicine, shall establish a bona fide physician-patient relationship by:

- Conducting an appropriate examination of the patient as determined by the board.
- Establishing a diagnosis through the use of accepted medical practices including but not limited to patient history, mental status, and appropriate diagnostic and laboratory testing.
- Discussing with the patient any diagnosis as well as the risks and benefits of various treatment options.
- Ensuring the availability for appropriate follow-up care.
- Fulfilling any other requirements as deemed appropriate and necessary by the board.

Source: *LA Revised Statutes 37:1276.1. (Accessed Sept. 2020).*

A physician who practices telemedicine by virtue of a telemedicine permit issued by the board shall not:

- Open an office in this state;
- Meet with patients in this state;
- Receive telephone calls in this state from patients; or
- Engage in the practice of medicine in this state beyond the limited authority conferred by his or her telemedicine permit.

No physician shall supervise, collaborate or consult with an allied health care provider located in this state via telemedicine unless he or she possesses a full and unrestricted license to practice medicine in this state and satisfies and complies with the prerequisites and requirements specified by all applicable laws and rules.

No physician shall utilize telemedicine to provide care to a patient who is physically located outside of this state, unless the physician possesses lawful authority to do so by the licensing authority of the state in which the patient is located.

Source: *LA Admin. Code 46: XLV. 7513. (Accessed Sept. 2020).*

LA state agencies and professional boards can regulate the use of telehealth including licensing of out-of-state healthcare providers. See rule for requirements.

Source: *LA Revised Statutes 40:1223.4. (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Cross-State Licensing

A physician may practice in the state with a full license, or hold a telemedicine permit.

Source: *LA Admin. Code 46: XLV.7507. (Accessed Sept. 2020).*

Member of Physical Therapy Compact.

Source: *SB 203 (2018). PT Compact. Compact Map. (Accessed Sept. 2020).*

Member of Nurse Licensure Compact.

Source: *Nurse Licensure Compact. Current NLC States and Status. NCSBN. (Accessed Sept. 2020).*

Miscellaneous

Professional Board Telehealth-Specific Regulations

- Louisiana Medical Board (LA Admin. Code 46: XLV.75 (Accessed Sept. 2020).)
- Speech Language Pathology and Audiology (LA Admin. Code 46: LXXV.135. (Accessed Sept. 2020).)
- Licensed Professional Counselors (LA Admin. Code 46: LX.505. (Accessed Sept. 2020).)
- Physical Therapy Board (LA Admin. Code 46: LIV.319. (Accessed Sept. 2020).)
- Registered Dietitians/Nutritionists (LA Admin. Code 46: LXIX.101. (Accessed Sept. 2020).)

Louisiana has specific standards for its telemedicine physicians.

Source: *LA Statute Sec. 37:1271 (Accessed Sept. 2020).*

Recently Passed Legislation (Now Effective)
Requires licensing standards be developed by the Department of Health on the delivery of behavioral health services through telehealth.

Source: *HB 449. (Accessed Sept. 2020).*

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Maine

Medicaid Program: MaineCare

Program Administrator: Maine Dept. of Health and Human Services

Regional Telehealth Resource Center: Northeast Regional Telehealth Resource Center www.netrc.org

Maine Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✓	✓	✓	✗	IMLC, NLC	✓

Maine Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Maine Medicaid (MaineCare) reimburses for live video telehealth under certain conditions, and remote patient monitoring for patients with certain risk factors. Although their definition of telehealth is broad enough to include of store-and-forward, there is no mention of store-and-forward reimbursement within their policies.

Definitions

Telehealth services are the use of information technology by a Health Care Provider to deliver clinical services at a distance for the purpose of diagnosis, disease monitoring, or treatment. Telehealth Services may be either telephonic or interactive (combined video/audio).

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4., p. 2 (June 15, 2020) & Code of ME Rules 10-144-101, Ch. 1, Sec. 4. (Accessed Sept. 2020).*

Telehealth as it pertains to the delivery of MaineCare services, means the use of interactive visual and audio or other electronic media for the purpose of consultation and education concerning and diagnosis, treatment, care management and self-management of a patient's physical and mental health and includes real-time interaction between the patient and the patient's provider, electronic consultation between health professionals regarding the patient, synchronous encounters, asynchronous encounters, store-and-forward transfers and remote patient monitoring. "Telehealth" includes telephonic services when interactive telehealth services are unavailable or when a telephonic service is medically appropriate for the underlying covered service.

Source: *ME Statute Sec. 22:855.3173-H(D) & LD 1974 (2020 Session). (Accessed Sept. 2020).*

Telemonitoring Services are the use of information technology to remotely monitor a member's health status through the use of clinical data while the member remains in the residential setting. Telemonitoring may or may not take place in real time.

Source: *Mainecare Benefits Manual. Ch. 11. Home Health Services. Sec. 40.01, p. 5 (Aug. 11, 2019). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

If the Member is eligible for the underlying covered service to be delivered, and if delivery of the covered service via telehealth is medically appropriate, as determined by the health care provider, the member is eligible for telehealth services.

No reimbursement for communication between health care providers when the member is not present at the originating site, except as specified in the provider manual.

No reimbursement for communications solely between health care providers and members when such communications would not otherwise be billable, except as specified in the provider manual.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4., p. 3 & 9. (June 15, 2020). (Accessed Sept. 2020).*

Eligible Services / Specialties

Any medically necessary MaineCare Covered Service may be delivered via Interactive Telehealth Services, provided the following requirements are met:

1. The Member is otherwise eligible for the Covered Service, as described in the appropriate section of the MaineCare Benefits Manual; and
2. The Covered Service delivered by Interactive Telehealth Services is of comparable quality to what it would be were it delivered in person.

There is a specific list of telehealth specific codes and reimbursement rates provided in the manual.

Coverage also includes the virtual check-in, which can occur telephonically or through interactive services. See manual for requirements.

Non-Covered services include:

- Medical equipment, supplies, orthotics and prosthetics
- Personal care aide
- Pharmacy services for prescribed drugs
- Assistive technology services (for certain applicable sections, see manual)
- Non-emergency medical transportation
- Services that require physical contact
- Any service medically inappropriate for telehealth services.

See manual for details of the exclusions.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4., p. 4-5, 7-9. (June 15, 2020). (Accessed Sept. 2020).*

The Department of Health and Human Services shall, no later than September 30, 2020, amend its rule Chapter 101: MaineCare Benefits Manual, Chapter I, Section 4, Telehealth and Chapter 101: MaineCare Benefits Manual, Chapter II, Section 13, Targeted Case Management Services to provide for reimbursement of case management services delivered through telehealth to targeted populations.

Source: *LD 1974 (2020 Session). (Accessed Sept. 2020).*

A multitude of services are listed as being allowed either face-to-face or through telehealth in the behavioral health services manual.

Source: *MaineCare Benefits Manual, Behavioral Health Services, 10-44 Ch. II, Sec. 65, pgs. 11-15 (Aug. 19, 2020). (Accessed Sept. 2020).*

Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations

Telemedicine may be utilized as clinically appropriate, according to the standards described in Chapter I, Section 4 of the MaineCare Benefits Manual.

Source: *MaineCare Benefits Manual, Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations, 28.08, Ch. 101, Ch. II, Sec. 28, p. 12, (9/23/19). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

A health care provider is an individual or entity licensed or certified under the laws of the state of Maine to provide medical, behavioral health, and related services to MaineCare Members. Health Care Providers must be enrolled as MaineCare Providers in order to be reimbursed for services.

A health care provider must also be:

- Acting within the scope of his or her license
- Enrolled as a MaineCare provider; and
- Otherwise eligible to deliver the underlying Covered Service

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.03., p 1 & 4. (June 15, 2020). (Accessed Sept. 2020).*

If approved by HRSA and the state, a FQHC, RHC, or IHC may serve as the provider site and bill under the encounter rate.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4., p. 13. (June 15, 2020). (Accessed Sept. 2020).*

Eligible Sites

The Originating (Member) Site will usually be a Health Care Provider's office, but it may also be the Member's residence, provided the proper equipment is available for Telehealth Services.

FQHCs, RHCs or IHCs may be originating sites.

The Health Care Providers at the Receiving and Originating Sites may be part of the same organization. In addition, a Health Care Provider at the Originating (Member) Site may bill MaineCare and receive payment for Telehealth Services if the service is provided by a qualified professional who is under a contractual arrangement with the Originating (Member) Site.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4., p. 2 & 13 & 14. (June 15, 2020). (Accessed Sept. 2020).*

Geographic Limits

No reference found.

Facility/Transmission Fee

A facility fee is provided to a health care provider at the originating site.

An originating facility fee may only be billed in the event that the originating site is in a healthcare provider's facility.

An Originating Facility Fee may not be billed for a Telephonic Service.

When an FQHC or RHC serves as the originating site, the facility fee is paid separately from the center or clinic all-inclusive rate.

The Department does not reimburse a transmission fee.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. p. 2, 9, 13. (June 15, 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Store-and-Forward	Policy	"Store and forward transfers" means transmission of a patient's recorded health history through a secure electronic system to a health professional. **Source:** *ME Statute Sec. 22:855.3173-H(D). (Accessed Sept. 2020).* **New Medicaid Policy (Effective Upon Approval from CMS)** Store-and-Forward (asynchronous) Telehealth is only permitted for Established Patients and involves the transmission of recorded clinical information (including, but not limited to radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to a Health Care Provider. All health information must be transmitted via secured email. In order for the Health Care Provider to be reimbursed for a covered service delivered via Store-and-Forward Telehealth, a Member must not be present. **Source:** *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. Pg. 5, (June 15, 2020). (Accessed Sept 2020).*
		Eligible Services/Specialties	MaineCare will provide reimbursement for two types of store-and-forward: 1. Virtual Transfer of Health Information: Only the Health Care Provider who receives and reviews the recorded clinical information is eligible for reimbursement. 2. Remote Consultation Between and Treating Provider and Specialist: Billing for interprofessional services is limited to those practitioners who can independently bill Medicaid for evaluation and management services. See manual for additional details on each. **Source:** *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. Pg. 5 & 6, (June 15, 2020). (Accessed Sept 2020).*
		Geographic Limits	No reference found.
		Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	**Telemonitoring Services** are the use of information technology to remotely monitor a member's health status through the use of clinical data while the member remains in the residential setting. Telemonitoring may or may not take place in real time. **Source:** *MaineCare Benefits Manual. Ch. 11. Home Health Services. Sec. 40.01. p. 5. (Aug. 11, 2019). (Accessed Sept. 2020).* ME Medicaid provides coverage for telemonitoring services (which may or may not take place in real time) under certain circumstances. Covered telemonitoring services include: • Evaluation of the member to determine if telemonitoring services are medically necessary; • Evaluation of Member to ensure cognitively and physically capable of operating equipment; • Evaluation of residence to determine suitability for telemonitoring services;

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Policy

- Education and training;
- Remote monitoring and tracking of data by a RN, NP, PA or physician and response with appropriate clinical interventions;
- At least monthly telephonic services;
- Maintenance of equipment; and
- Removal/disconnection of equipment when telemonitoring services are no longer necessary or authorized

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.04. p. 6-7. (June 15, 2020). (Accessed Sept. 2020).*

Home and Community Benefits for the Elderly and for Adults with Disabilities
Real time remote support monitoring is covered under Home and Community Benefits for the Elderly and for Adults with Disabilities. Services may include a range of technological options including in-home computers, sensors and video camera linked to a provider that enables 24/7 monitoring and/or contact as necessary.

Source: *MaineCare Benefits Manual, Home and Community Benefits for the Elderly and for Adults with Disabilities, 10-144 Ch. II, Sec. 19.04-2, p. 25 (Jan. 7, 2019). (Accessed Sept. 2020).*

Conditions

In order to be eligible for telemonitoring a member must:

- Be eligible for home health services;
- Have a current diagnosis of a health condition requiring monitoring of clinical data at a minimum of five times per week, for at least one week;
- Have documentation in the patient's medical record that the patient is at risk of hospitalization or admission to an emergency room or have continuously received Telemonitoring Services during the past calendar year and have a continuing need for such services, as documented by an annual note from a health care provider;
- Have telemonitoring services included in the Member's plan of care;
- Reside in a setting suitable to support telemonitoring equipment; and
- Have the physical and cognitive capacity to effectively utilize the telemonitoring equipment or have a caregiver willing and able to assist with the equipment.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.02. p.3-4 (June 15, 2020). & Mainecare Benefits Manual. Ch. 11. Home Health Services. Sec. 40.05. p.10-11. (Aug. 11, 2019). (Accessed Sept. 2020).*

Home and Community Benefits for the Elderly and for Adults with Disabilities
Final approval must be obtained from the Department, Office of Aging and Disability Services upon a recommendation by the ASA or SCA. In making such a recommendation the ASA or the SCA must consider and document the following information:

- Number of hospitalizations in the past year;
- Use of emergency room in the past year;
- History of falls in the last six months resulting from injury;
- Member lives alone or is home alone for significant periods of time;
- Service access challenges and reasons for those challenges;
- History of behavior indicating that a member's cognitive abilities put them at a significant risk of wandering; and
- Other relevant information.

Source: *MaineCare Benefits Manual, Home and Community Benefits for the Elderly and for Adults with Disabilities, 10-144 Ch. II, Sec. 19.04-2, p. 25 (Jan. 7, 2019). (Accessed Sept. 2020).*

Provider Limitations

Telemonitoring only reimbursed when provided by a certified Home Health Agency. See regulations for specific requirements of Home Health Agencies utilizing telemonitoring services.

Source: *MaineCare Benefits Manual. Ch. 11. Home Health Services. Sec. 40.05. p. 16. (Aug. 11, 2019). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Provider Limitations

In order to be reimbursed for services, Health Care providers:

- Must be enrolled as MaineCare providers in order to be reimbursed for services;
- Be a certified Home Health Agency pursuant to the MaineCare Benefits Manual Ch. II Section 40 ("Home Health Services");
- The Provider ordering the service must be a Provider with prescribing privileges (physician, nurse practitioner or physician's assistant);
- Must document that they have had a face-to-face encounter with the member before a physician may certify eligibility for services under the home health benefit. This may be accomplished through interactive telehealth services, but not by telephone or e-mail.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.01. p.1 & 4 (June 15, 2020). (Accessed Sept. 2020).*

Other Restrictions

Telemonitoring services are intended to collect a member's health-related data, such as pulse and blood pressure readings, that assist healthcare providers in monitoring and assessing the member's medical conditions.

A note, dated prior to the beginning of service delivery, and demonstrating the necessity of home telemonitoring services, must be included in the member's file. In the event that services begin prior to the date recorded on the provider's note, services delivered in that month will not be covered.

Source: *Mainecare Benefits Manual. Ch. 11. Home Health Services. Sec. 40.05. p. 16. (Aug. 11, 2019). (Accessed Sept. 2020).*

Services shall not be duplicate of any other services. See regulation for examples of duplication.

Source: *Mainecare Benefits Manual. Ch. 11. Home Health Services. Sec. 40.06.p. 17. (Aug. 11, 2019). (Accessed Sept. 2020).*

See regulation for list of non-covered services.

Source: *Mainecare Benefits Manual. Ch. 11. Home Health Services. Sec. 40.07. p. 18-19. (Aug. 11, 2019). (Accessed Sept. 2020).*

Department required to adopt regulations that comply with the following:

- May not include any requirement that a patient have a certain number of ER visits or hospitalizations related to the patient's diagnosis in the criteria for a patient's eligibility for telemonitoring services;
- Except as provided in the last bullet point (see below), must include qualifying criteria for a patient's eligibility of telemonitoring services that include documentation in a patient's medical record that the patient is at risk of hospitalization or admission to an ER
- Must provide that group therapy for behavioral health or addiction services covered by the MaineCare program may be delivered through telehealth;
- Must include requirements for providers providing telehealth and telemonitoring services; and
- Must allow at least some portion of case management services covered by the MaineCare program to be delivered through telehealth, without requiring qualifying criteria regarding a patient's risk of hospitalization or admission to an emergency room.

Source: *ME Statute Sec. 3173-H & LD 1974 (2020 Session). (Accessed Sept. 2020).*

A health care provider must document that a face-to-face encounter with the member occurred before they are eligible for a home health benefit. This can occur through interactive telehealth services, but not by telephone or e-mail.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.03. p. 4. (June 15, 2020). (Accessed Sept. 2020).*

Home and Community Benefits for the Elderly and for Adults with Disabilities
Use of remote monitoring requires sufficient Back Up Plans and the SCA will be responsible for ensuring that the member has at least two adequate back-up plans prior to making a referral for this service.

Source: *MaineCare Benefits Manual, Home and Community Benefits for the Elderly and for Adults with Disabilities, 10-144 Ch. II, Sec. 19, p. 25 (Jan. 7, 2019). (Accessed Sept. 2020).*

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Telephonic services may be reimbursed if the following conditions are met:

- Interactive telehealth services are unavailable; and
- A telephonic service is medically appropriate for the underlying covered service.

Except as specified in the manual, services may not be delivered through electronic mail.

Interprofessional telephone/internet assessment are among the listed reimbursable procedure codes.

New Medicaid Policy (Effective Upon Approval from CMS)
The Department will reimburse providers for Telephone Evaluation and Management Services provided to members. These services are separate from the telephonic services described above. Telephonic Evaluation and Management Services must be rendered by a qualified professional actively enrolled in MaineCare or contracted through an enrolled MaineCare provider. Telephone Evaluation and Management Services are not to be billed if clinical decision-making dictates a need to see the member for an office visit within 24 hours or at the next available appointment.

Coverage also includes the virtual check-in, which can occur telephonically or through interactive services. See manual for requirements.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. p. 5, 6, 7, 8 & 10. (June 15, 2020). (Accessed Sept. 2020).*

For Indian Health Services, a second-tier consultation can utilize direct email communications or telephone consultation.

Source: *MaineCare Benefits Manual, Indian Health Services, 10-144 Ch. II, Sec. 9, p. 5 (March 21, 2012). (Accessed Sept. 2020).*

Under Targeted Case Management, monitoring and follow-up activities may involve either face-to-face or telephone contact.

Source: *MaineCare Benefits Manual, Targeted Case Management Services, 10-144 Ch. 101, Sec. 13.02, p. 6 (Mar. 20, 2014). (Accessed Sept. 2020).*

For crisis resolution services, under Behavioral health, covered services do include direct telephone contacts with both the member and the member's parent or guardian or adult's member's guardian when at least one face-to-face contact is made with the member within seven (7) days prior to the first contact related to the crisis resolution service. The substance of the telephone contact(s) must be such that the member is the focus of the service, and the need for communication with the parent or guardian without the member present must be documented in the member's record.

Source: *MaineCare Benefits Manual, Behavioral Health Services, 10-44 Ch. II, Sec. 65, p. 12 (Aug, 19, 2020). (Accessed Sept. 2020).*

An examination following use of restraint or seclusion can be done by a telephone in consult with a registered nurse. When a telephonic consult occurs, the physician, or nurse practitioner must examine the member in person within the following time constraints:

- Within one (1) hour of when the registered nurse requests an examination;
- Within one (1) hour of when information relayed is suggestive of causes leading to physical harm to the member;
- Within one (1) hour if an examination has not yet occurred during the member's stay; or
- Within six (6) hours in all other circumstances.

Source: *MaineCare Benefits Manual, Psychiatric Residential Treatment Facility Services, 10-44 Ch. II, Sec. 65, p. 32 (Oct. 3, 2018). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Consent

Prior to the provision of any Telehealth Service, the Health Care Provider shall document that it has provided the educational information to the Member or authorized representative and obtain the Member's written informed consent to the receipt of Telehealth Services and/or to Store-and-Forward Telehealth Services, Remote Consultation, Virtual Check-In, or Telephone Evaluation and Management. A copy of the signed informed consent shall be retained in the Member's medical record and provided to the Member or the Member's legally-authorized representative upon request.

This information should be in a format and manner that the Member is able to understand and include the following:

- Description of the telehealth services and what to expect;
- Explanation that the use of telehealth for this service is voluntary and that the member is able to refuse the telehealth visit at any time without affecting the right to future care or treatment or loss or withdrawal of MaineCare benefit;
- Explanation that MaineCare will pay for transportation to a distant appointment if needed;
- Explanation that the Member will have access to all information resulting from the telehealth service provided by law;
- The dissemination, storage or retention of an identifiable Member image or other information shall comply with federal and state laws and regulations requiring confidentiality.
- Informed of all parties who will be present at the receiving and originating site and have the right to exclude anyone from either site; and
- Member has the right to object to videotaping or other recording of consult.

Written or verbal Member consent for each Remote Consultation must be documented in the Member's medical record. Billing for interprofessional services is limited to those practitioners who can independently bill Medicaid for evaluation and management services.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. p. 6 & 10-11. (June 15, 2020). (Accessed Sept. 2020).*

Member's record must document consent for Assistive Technology-Remote Monitoring.

Source: *MaineCare Benefits Manual, Home and Community Benefits for the Elderly and for Adults with Disabilities, 10-144 Ch. II, Sec. 19, p. 25 (Jan. 7, 2019). (Accessed Sept. 2020).*

Prior to the provision of telemonitoring services, the Health Care Provider shall document that it has provided the member with choice and educational information obtained the member's written informed consent to the receipt of telemonitoring services. The Health Care Provider shall retain a copy of the signed informed consent in the member's medical record and provide a copy to the member or the member's legally authorized representative upon request.

Source: *Mainecare Benefits Manual. Ch. 11. Home Health Services. Sec. 40.08. p. 24. (Aug 1, 2019). (Accessed Sept. 2020).*

Out of State Providers

Healthcare Providers must be licensed or certified in the state of Maine.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.01. p. 1, (June 15, 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Miscellaneous

See manual for information regarding telehealth equipment, technology, security, documentation and member choice and education requirements.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.01. p. 9-12. (June 15, 2020). (Accessed Sept. 2020).*

The Department is required to report on the utilization of telehealth and telemonitoring services within the MaineCare program annually.

The Department is required to conduct educational outreach to providers and MaineCare members on telehealth and telemonitoring.

Source: *ME Statute Sec. 3173-H. (Accessed Sept. 2020).*

Telepharmacy is allowed.

Telepharmacy is a method of delivering prescriptions dispensed by a pharmacist to a remote site. Pharmacies using telepharmacy must follow all applicable State and Federal regulations, including use of staff qualified to deliver prescriptions through telepharmacy.

Providers may dispense prescriptions via tele-pharmacy; pre-authorization is required. Providers must assure that member counseling is available at the remote site from the dispensing provider or the provider delivering the prescription, and that only qualified staff, deliver prescriptions.

Source: *MaineCare Benefits Manual, Pharmacy Services, 10-144 Ch. 2, Sec. 80 p. 5 & 30. 80.01 & 07 (Sept. 1, 2017). (Accessed Sept. 2020).*

ME established the ME Telehealth and Telemonitoring advisory group to evaluate difficulties related to telehealth and telemonitoring services and make recommendations to the department to improve it statewide.

Source: *ME Statute Sec. 3173-I. (Accessed Sept. 2020).*

Private Payer Laws

Definitions

"Telehealth," as it pertains to the delivery of health care services, means the use of interactive real-time visual and audio or other electronic media for the purpose of consultation and education concerning and diagnosis, treatment, care management and self-management of an enrollee's physical and mental health and includes real-time interaction between the enrollee and the telehealth provider, synchronous encounters, asynchronous encounters, store and forward transfers and telemonitoring. "Telehealth" does not include the use of audio-only telephone, facsimile machine, e-mail or texting.

Source: *Maine Revised Statutes Annotated, Title 24-A, Sec. 4316. (Accessed Sept. 2020).*

Requirements

A carrier offering a health plan in this State may not deny coverage on the basis that the health care service is provided through telehealth if the health care service would be covered if it was provided through in-person consultation between an enrollee and a provider.

A carrier may not exclude a health care service from coverage solely because such health care service is provided only through a telehealth encounter, as long as telehealth is appropriate for the provision of such health care service.

A carrier shall provide coverage for any medically necessary health care service delivered through telehealth as long as the following requirements are met:

- The health care service is otherwise covered under an enrollee's health plan.
- The health care service delivered by telehealth is of comparable quality to the health care service delivered through in-person consultation.
- Prior authorization is required for telehealth services only if prior authorization is required for the corresponding covered health care service. An in-person consultation prior to the delivery of services through telehealth is not required.
- Coverage for telehealth services is not limited in any way on the basis of geography, location or distance for travel.
- The carrier shall require that a clinical evaluation is conducted either in person or through telehealth before a provider may write a prescription that is covered.
- The carrier shall provide coverage for the treatment of 2 or more persons who are enrolled in the carrier's health plan at the same time through telehealth, including counseling for substance use disorders involving opioids.

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Private Payer Laws

Requirements

A carrier shall provide coverage for telemonitoring if:

- The telemonitoring is intended to collect an enrollee's health-related data, including, but not limited to, pulse and blood pressure readings, that assist a provider in monitoring and assessing the enrollee's medical condition;
- The telemonitoring is medically necessary for the enrollee;
- The enrollee is cognitively and physically capable of operating the mobile health devices the enrollee has a caregiver willing and able to assist with the mobile health devices; and
- The enrollee's residence is suitable for telemonitoring. If the residence appears unable to support telemonitoring, the telemonitoring may not be provided unless necessary adaptations are made.

A carrier shall provide coverage for telephonic services when scheduled telehealth services are technologically unavailable at the time of the scheduled telehealth service for an existing enrollee and the telephonic services are medically appropriate for the corresponding covered health care services.

In order to be eligible for reimbursement under this section, a provider providing health care services through telehealth must be acting within the scope of the provider's license. A carrier may not impose additional credentialing requirements or prior approval requirements for a provider as a condition of reimbursement for health care services provided under this section unless those credentialing requirements or prior approval requirements are the same as those imposed for a provider that does not provide health care services through telehealth.

A carrier may not require a provider to use specific telecommunications technology and equipment as a condition of coverage under this section as long as the provider uses telecommunications technology and equipment that comply with current industry interoperability standards and that comply with standards required under HIPAA.

Source: *Maine Revised Statutes Annotated, Title 24-A, Sec. 4316. (Accessed Sept. 2020).*

Newly Passed Legislation (Now Effective)
A carrier may provide coverage for health care services delivered through telehealth that is consistent with the Medicare coverage policy for interprofessional Internet consultations. If a carrier provides coverage consistent with the Medicare coverage policy for interprofessional Internet consultations, the carrier may also provide coverage for interprofessional Internet consultations that are provided by a federally qualified health center or rural health clinic

Source: *Maine Revised Statutes Annotated, Title 24-A, Sec. 4316 & & LD 1974 (2020 Session). (Accessed Sept. 2020).*

Parity

Service Parity

Coverage for health care services provided through telehealth must be determined in a manner consistent with coverage for health care services provided through in-person consultation. If an enrollee is eligible for coverage and the delivery of the health care service through telehealth is medically appropriate, a carrier may not deny coverage for telehealth services.

A carrier may not exclude a health care service from coverage solely because such health care service is provided only through a telehealth encounter, as long as telehealth is appropriate for the provision of such health care service.

Source: *Maine Revised Statutes Annotated, Title 24-A, Sec. 4316. (Accessed Sept. 2020).*

Payment Parity

No explicit payment parity.

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Professional Regulation/Health & Safety

Definitions

Board of Licensure in Medicine & Board of Osteopathic Licensure
"Telemedicine" means the practice of medicine or the rendering of health care services using electronic audio-visual communications and information technologies or other means, including interactive audio with asynchronous store-and-forward transmission, between a licensee in one location and a patient in another location with or without an intervening health care provider. Telemedicine includes asynchronous store-and-forward technologies, remote monitoring, and real-time interactive services, including teleradiology and telepathology. Telemedicine shall not include the provision of medical services only through an audio-only telephone, e-mail, instant messaging, facsimile transmission, or U.S. mail or other parcel service, or any combination thereof.

Source: *ME Regulation Sec. 02-373-6 & 02-383-6 & Joint Rule Regarding office-based treatment of opioid use disorder Sec. 02-373-12, 02-380-12, 02-383-12. (Accessed Sept. 2020).*

Consent

Board of Licensure in Medicine & Board of Osteopathic Licensure
A licensee who uses telemedicine shall ensure the patient provides appropriate informed consent for the health care services provided, including consent for the use of telemedicine, which must be documented in the patient's medical record.

Source: *ME Regulation Sec. 02-373-6 & 02-383-6. (Accessed Sept. 2020).*

Online Prescribing

Board of Licensure in Medicine & Board of Osteopathic Licensure
Prior to providing treatment, including issuing prescriptions, electronically or otherwise, a licensee who uses telemedicine in providing health care shall interview the patient to collect the relevant medical history and perform a physical examination, when medically necessary, sufficient for the diagnosis and treatment of the patient. An internet questionnaire that is a static set of questions provided to the patient, to which the patient responds with a static set of answers, in contrast to an adaptive interactive and responsive online interview, does not constitute an acceptable medical interview and physical examination for the provision of treatment, including issuance of prescriptions, electronically or otherwise, by the licensee.

A valid physician-patient relationship may be established between a licensee who uses telemedicine in providing health care and a patient who receives telemedicine services through consultation with another licensee or through a telemedicine encounter if the standard of care does not require an in-person encounter and in accordance with evidence-based standards for practice and telemedicine practice guidelines that address the clinical and technological aspects of telemedicine.

Source: *ME Regulation Sec. 02-373-6 & 02-383-6. (Accessed Sept. 2020).*

Cross-State Licensing

Member of the Interstate Medical Licensure Compact.

Source: *Interstate Medical Licensure Compact. The IMLC. (SP 467-2017). (Accessed Sept. 2020).*

Member of Nurse Licensure Compact.

Source: *Nurse Licensure Compact. Current NLC States and Status. NCSBN. (Accessed Sept. 2020).*

A physician who is not licensed to practice in Maine can may provide consultative services through interstate telemedicine if they are licensed in the state they are providing telemedicine from, their license is in good standing, the physician does not open an office, meet patients or receive calls in the state and agrees to provide only consultative services as requested by other physicians, APRNs or PAs licensed in Maine who hold the ultimate authority over the diagnosis, care and treatment of the patient, and the physician registers with the board every 2 years and pays a fee.

Source: *Maine Revised Statutes Annotated, Title 32, Sec. 3300-D. (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Cross-State Licensing

The Board may issue an interstate telemedicine consultation registration to an applicant who:

- Submits an administratively complete application on forms approved by the Board;
- Pays the appropriate licensure application fee;
- Demonstrates that the applicant is a physician and is fully licensed without restriction to practice medicine in the state from which the physician provides telemedicine services;
- Meets the examination requirement;
- Has not had a license to practice medicine revoked or restricted in any state or jurisdiction; and
- Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.

A physician registered for the interstate telemedicine consultation shall not:

- Open an office in this State;
- Meet with patients in this State;
- Receive calls in this State from patients; and
- Shall provide only consultative services as requested by a physician, advanced practice registered nurse or physician assistant licensed in this State who retains ultimate authority over the diagnosis, care and treatment of the patient.

Source: *ME Regulation Sec. 02-373 Ch. 1, p. 13-14. (Accessed Sept. 2020).*

Miscellaneous

Professional regulation with telehealth specific standards

- Board of Licensure in Medicine (**Source:** *ME Regulation Sec. 02-373-6). (Accessed Sept. 2020).*
- Board of Osteopathic Licensure (**Source:** *ME Regulation 02-383-6). (Accessed Sept. 2020).*

See Joint Rule on office-based treatment of opioid use disorder for telemedicine practice requirements under the Board of Medicine, Nursing and osteopathic licensure.

Source: *Joint Rule Regarding office-based treatment of opioid use disorder Sec. 02-373-12, 02-380-12, 02-383-12. (Accessed Sept. 2020).*

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Maryland

Medicaid Program: MD Medicaid Assistance Program

Program Administrator: MD Dept. of Social Services

Regional Telehealth Resource Center: Mid-Atlantic Telehealth Resource Center www.matrc.org

Maryland Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✓	✓	✓	✗	IMLC, NLC, PTC	✓

Maryland Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Maryland Medicaid covers live video telehealth conducted by specific providers and in specific originating sites. Although the Medicaid program does not reimburse for store-and-forward, dermatology, ophthalmology and radiology are excluded from the definition of store-and-forward. Maryland Medicaid does reimburse for remote patient monitoring for patients with certain chronic conditions and exhibiting certain risk factors.

Definitions

Telemedicine means, as it relates to the delivery of health care services, the use of interactive audio, video, or other telecommunications or electronic technology:

1. By a health care provider to deliver a health care service that is within the scope of practice of the health care provider at a site other than the site at which the patient is located; and
2. That enables the patient to see and interact with the health care provider at the time the health care service is provided to the patient.

Telemedicine does not include an audio-only conversation between a health care provider and a patient; an electronic mail message between a health care provider and a patient; or a facsimile transmission between a healthcare provider and a patient.

Source: *MD Health General Code 15-105.2. (Accessed Sept. 2020).*

"Telehealth means the delivery of medically necessary somatic or behavioral health services to a patient at an originating site by distant site provider, through the use of technology-assisted communication."

Source: *Code of Maryland Admin. Regs. Sec. 10.09.49.02. (Accessed Sept. 2020).*

Live Video

Policy

Reimbursement for telehealth is required for services appropriately delivered through telehealth and may not exclude from coverage a health care service solely because it is through telehealth.

Source: *Insurance Code 15-139. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

To the extent authorized by federal law or regulation, the provisions of § 15–139(c) through (f) (see reference above) of the Insurance Article relating to coverage of and reimbursement for health care services delivered through telemedicine shall apply to the Program and managed care organizations in the same manner they apply to carriers.

The Department may require providers to submit a registration form to include information required for the processing of telehealth claims.

Source: *MD General Health Code Sec. 15-105.2 (Accessed Sept. 2020).*

Managed Care
MCOs shall provide coverage for medically necessary telemedicine services.

Source: *Code of Maryland Admin. Regs. Sec. 10.67.06.31. (Accessed Sept. 2020).*

Maryland Medicaid provides a telehealth program that employs a "hub-and-spoke" model. This model involves real-time interactive communication between the originating and distant sites via a secure, two-way audiovisual telecommunication system. The "telepresenter," physically located at the originating site with the participant, facilitates the telehealth communication between the participant and distant site provider by arranging, moving, or operating the telehealth equipment.

Source: *MD Medicaid Telehealth Program. Telehealth Program Manual, p. 1. Updated April 2020. (Accessed Sept. 2020).*

Mental Health
The Department shall grant approval to a telemental health provider to be eligible to receive State or federal funds for providing interactive telemental health services if the provider meets requirements of this chapter and for outpatient mental health centers; or if the telemental heath provider is an individual psychiatrist.

Source: *Code of Maryland Admin. Regs. Sec. 10.21.30.03. (Accessed Sept. 2020).*

Eligible Services / Specialties

Covered Services - Somatic and behavioral health services: Providers must contact the participant's Healthchoice MCO or behavioral health ASO with questions regarding prior authorization requirements for telehealth services.

Source: *: MD Medicaid Telehealth Program. Telehealth Program Manual, p. 2. Updated April 2020. (Accessed Sept. 2020).*

The Department, under the Telehealth Program, covers medically necessary services covered by the Maryland Medical Assistance Program rendered by a distant site provider that are:

- Distinct from services provided by the originating site provider;
- Able to be delivered using technology-assisted communication; and
- Clinically appropriate to be delivered via telehealth;

Services must be provided via telehealth to the same extent and standard of care as services provided in person; and as determined by the providers licensure or credentialing board, services performed via telehealth must be within the scope of a provider's practice.

Source: *Code of Maryland Admin. Regs. Sec. 10.09.49.04. (Accessed Sept. 2020).*

Services should be billed with the GT modifier.

Source: *Code of Maryland Admin. Regs. Sec. 10.09.49.10. (Accessed Sept. 2020).*

Mental Health Eligible Services:

- Diagnostic interview;
- Individual therapy
- Family therapy
- Group therapy, up to 8 individuals
- Outpatient evaluation and management
- Outpatient office consultation
- Initial inpatient consultation
- Emergency department services

Source: *Code of Maryland Admin. Regs. Sec. 10.21.30.09. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Newly Passed Legislation (Effective Immediately)
Subject to the limitations of the State budget, the medical assistance program shall provide mental health services appropriately delivered through telehealth to a patient in the patient's home setting.

Source: *MD General Health Code Sec.15.103 (HB 1208 & SB 502 - 2020 Session). (Accessed Sept. 2020).*

Newly Passed Legislation (Effective Immediately, expires June 30, 2025)
On or before Dec. 1, 2020, the Department shall apply to the Centers for Medicare and Medicaid Services for an amendment to any of the state's 1115 waivers necessary to implement a pilot program to provide services to program recipients regardless of the program recipient's location at the time telehealth services are provided. Chronic condition case management services will be available through the pilot. The Department shall collect outcomes data on recipients of telehealth services under the pilot program to evaluate the effectiveness of the pilot program and submit a report to the Department on or before Dec. 1, 2020 and every 6 months after that.

Source: *MD General Health Code Sec.15.141.2 (HB 1208 & 502-2020 Session). (Accessed Sept. 2020).*

Eligible Providers

Expires in three years at the end of September 30, 2021
The Department may specify by regulation the types of health care providers eligible to receive reimbursement for health care services. If the Department specifies by regulation the types of health care providers eligible to receive reimbursement, the types of health care providers shall include:

- Primary care providers; and
- Psychiatrists, and psychiatric nurse practitioners who are providing assertive community treatment or mobile treatment services to program recipients located in a home or community-based setting.

The health services provided by a psychiatrist or a psychiatric nurse practitioner must be equivalent to the same health care service when provided through in-person consultation.

* Effective Sept. 30, 2021, psychiatrists and nurse practitioners are removed from the eligible health care provider list above.

Source: *MD General Health Code Sec. 15-105.2(b)(4)(ii). (Accessed Sept. 2020).*

Effective October 7, 2019, all distant site providers enrolled in Maryland Medicaid may provide services via telehealth as long as telehealth is a permitted delivery model within the rendering provider's scope of practice. Providers should consult their licensing board prior to rendering services via telehealth.

Telehealth providers must be enrolled in the Maryland Medical Assistance Program before rendering services via telehealth.

Only providers who are HIPAA compliant and meet Technical Requirements may bill for services rendered via telehealth.

Source: *MD Medicaid Telehealth Program. Telehealth Provider Manual, p. 1-3. Updated April 2020. (Accessed Sept. 2020).*

Distant Site Providers may render services via telehealth within the provider's scope of practice.

Source: *Code of Maryland Admin. Regs. Sec. 10.09.49.06. (Accessed Sept. 2020).*

Distant site providers may use secure space/areas in the provider's home to engage in telehealth. Telehealth providers must meet the minimum requirements for privacy as well as the minimum requirements for technology.

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

Other permitted places of service from where to deliver services via telehealth include: school, office, inpatient hospital, outpatient hospital, emergency room, nursing facility, independent clinic, Federally Qualified Health Center (FQHC), community mental health center, non-residential substance abuse treatment facility, end-stage renal disease treatment facility, public health clinic.

Source: *MD Medicaid Telehealth Program FAQs. p. 1, Updated April 2020. (Accessed Sept. 2020).*

Mental Health
Eligible Providers:

- Outpatient mental health centers
- Telemental health providers who are individual psychiatrists.

Telemental health providers may be private practice, part of a hospital, academic, health or mental health care system. Public Mental Health System (PMHS) approved community-based providers or individual practitioners may engage in agreements with TMH providers for services. Fee-for-service reimbursement shall be at an enhanced rate, as stipulated by the Department, provided all applicable provisions of this chapter are met and funds are available.

Source: *Code of Maryland Admin. Regs. Sec. 10.21.30.03 & Sec. 10.21.30.04. (Accessed Sept. 2020).*

Eligible Sites

Eligible originating sites:

- College or university student health or counseling office
- Community-based substance use disorder provider
- Deaf or hard of hearing participant's home or any other secure location approved by the participant and provider
- Elementary, middle, high or technical school with a supported nursing, counseling or medical office
- Local health department
- FQHC
- Hospital, including emergency department
- Nursing facility
- Private office of a physician, physician assistant, psychiatric nurse practitioner, nurse practitioner, or nurse midwife
- Opioid treatment program
- Outpatient mental health center
- Renal dialysis center; or
- Residential crisis services site

Source: *MD Medicaid Telehealth Program. Telehealth Provider Manual, p. 2. Updated April 2020. & Code of Maryland Admin. Regs. Sec. 10.09.49.06. (Accessed Sept. 2020).*

A school may still serve as the originating site for a telehealth interaction if the service is performed outside of an SBHC with an FQHC or local health department sponsor.

Schools are permitted to act as originating sites under Medicaid telehealth Program regulations. All distant site providers enrolled in Maryland Medicaid may provide services via telehealth as long as telehealth is a permitted delivery model within the rendering provider's scope of practice. Providers should consult their licensing board prior to rendering services via telehealth.

Source: *MD Medicaid Telehealth Program FAQs. p. 1-2, Updated April 2020 & School-based Health Center Provider Manual, p. 23, Revised Sept. 14, 2020. (Accessed Sept. 2020).*

Newly Passed Legislation (Effective Immediately)
Subject to the limitations of the State budget, the medical assistance program shall provide mental health services appropriately delivered through telehealth to a patient in the patient's home setting.

Source: *MD General Health Code Sec.15.103 (HB 1208 & SB 502 - 2020 Session). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Sites

Mental Health
Eligible Originating Sites:

- County government offices appropriate for private clinical evaluation services;
- Critical Access Hospital;
- Federally Qualified Health Center;
- Hospital;
- Outpatient mental health center;
- Physician's office;
- Rural Health Clinic;
- Elementary, middle, high, or technical school with a supported nursing, counseling or medical office; or
- College or university student health or counseling office.

Source: *Code of Maryland Admin. Regs. Sec. 10.21.30.05. (Accessed Sept. 2020).*

Geographic Limits

The Telehealth Program serves Medicaid participants regardless of geographic location within Maryland.

Source: *MD Medicaid Telehealth Program. Telehealth Provider Manual. p. 1, Updated April 2020. (Accessed Sept. 2020).*

Mental Health
To be eligible a beneficiary must reside in one of the designated rural geographic areas or whose situation makes person-to-person psychiatric services unavailable.

Source: *Code of Maryland Admin. Regs. Sec. 10.21.30.05. (Accessed Sept. 2020).*

Facility/Transmission Fee

Hospital Billing Instructions
Facility charges related to the use of telemedicine services. This revenue code is payable for dates of service 10/1/13 forward.

Source: *Maryland Dept. of Health Medical Assistance, UB04 Hospital Billing Instructions, 4/23/2020, p. 93. (Accessed Sept. 2020).*

Store-and-Forward

Policy

The department may provide reimbursement for services delivered through store-and-forward technology.

Source: *Health General Code 15-105.2. (Accessed Sept. 2020).*

Maryland Medicaid does not cover store-and-forward, however dermatology, ophthalmology and radiology are covered under Physician services of COMAR.

Source: *MD Medicaid Telehealth Program. Telehealth Provider Manual. p. 4, Updated April 2020. (Accessed Sept. 2020).*

Eligible Services/Specialties

MD Medicaid does not cover store-and-forward. However, dermatology, ophthalmology and radiology are excluded from definition of store-and-forward. They do reimburse for these services according to COMAR 10.09.02.07.

Source: *Code of Maryland Admin. Regs. Sec. 10.09.49.09. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Store-and-Forward	Geographic Limits	No reference found.
		Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	The department may provide reimbursement for services delivered through remote patient monitoring technology. **Source:** *Health General Code 15-105.2. (Accessed Sept. 2020).* MD Medicaid reimburses for remote patient monitoring for certain chronic conditions. Preauthorization requirements apply. **Source:** *Remote Patient Monitoring. MD Department of Health. (Accessed Sept. 2020).* No reimbursement for home health monitoring services under telehealth manual. **Source:** *MD Medicaid Telehealth Program. Telehealth Provider Manual. Updated April 2020. p. 3. (Accessed Sept. 2020).*
		Conditions	Medicaid recipients diagnosed with one of the following conditions qualify: • Chronic Obstructive Pulmonary Disease • Congestive Heart Failure • Diabetes (Type 1 or 2) The participant must be enrolled in Medicaid, consent to RPM, have an internet connect and capability to use monitoring tools and have one of the following scenarios within the most recent 12-month period: • Two hospital admissions with the same qualifying medical condition as the primary diagnosis • Two emergency room department visits with the same qualifying medical condition as the primary diagnosis • One hospital admission and one emergency department visit with the same qualifying medical condition as the primary diagnosis. **Source:** *MD Home Health Transmittal No. 64. Jan. 10, 2018. (Accessed Sept. 2020).*
		Provider Limitations	Eligible Providers: • Home Health Agencies • Hospitals • Clinics • Federally Qualified Health Centers • Managed Care Organizations • Health Professionals (Physicians, Nurses, Physician Assistants) **Source:** *Remote Patient Monitoring. MD Department of Health. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Other Restrictions

Preauthorization required.

The RPM reimbursement rate is an all-inclusive rate of $125 per 30 days of monitoring which covers equipment installation, participant education for using the equipment, and daily monitoring of the information transmitted for abnormal data measurements.

Reimbursement does not include RPM equipment, upgrades to RPM equipment or internet service for participants.

Source: *MD Home Health Transmittal No. 64. Jan. 10, 2018. (Accessed Sept. 2020).*

Email / Phone / Fax

No reimbursement for email.
No reimbursement for telephone.
No reimbursement for FAX.

No reimbursement for telephone conversation, electronic mail message or facsimile transmission between the originating and distant site providers. There is also no reimbursement for telecommunication between providers without the participant present.

Source: *MD Medicaid Telehealth Program. Telehealth Provider Manual. Updated April 2020. p. 4. (Accessed Sept. 2020).*

Consent

The originating site must obtain consent from the patient prior to engaging in telehealth and be documented in the medical record. If the participant is unable to provide consent, the medical record must contain in writing an explanation as to why the participant was unable to consent to services rendered via telehealth.

Source: *MD Medicaid Telehealth Program. Telehealth Provider Manual. Updated April 2020. p. 1. (Accessed Sept. 2020).*

Consent is required unless there is an emergency.

Source: *Code of Maryland Admin. Regs. Sec. 10.09.49.05. (Accessed Sept. 2020).*

Mental Health
An individual must voluntarily consent to telemental health services, which must be documented in the individual's medical record.

Source: *Code of Maryland Admin. Regs. Sec. 10.21.30.05. (Accessed Sept. 2020).*

Out of State Providers

If you are rendering services via telehealth with a participant located in Maryland, then you are considered to be practicing in Maryland; therefore, you must be licensed in Maryland and are subject to your professional board's licensure requirements.

It is your responsibility to ensure that you meet the Board licensure requirements. This includes consulting with the professional board in the state where the patient physically is located as well as where the provider is physically located. Failure to comply with licensure requirements involving services delivered via telehealth will likely have implications beyond Maryland Medicaid's telehealth purview.

Source: *MD Medicaid Telehealth Program FAQs. p. 2, Updated April 2020. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Miscellaneous

Newly Passed Legislation (Now Effective, Expires June 30, 2020)
The Maryland Department of Health shall study whether, under the Maryland Medical Assistance Program, substance use disorder services may be appropriately provided through telehealth to a patient in the patient's home setting. On or before December 1, 2021, the Maryland Department of Health shall submit a report to the General Assembly that includes findings and recommendations.

Source: *HB 1208 & 502 (2020 Session). (Accessed Sept. 2020).*

Technology requirements for providers:

- A camera that has the ability to manually, or under remote control, provider multiple views of a patient with the capability of altering the resolution, focus, and zoom requirements according to the consultation;
- Have display monitor size sufficient to support diagnostic needs used in the service via telehealth;
- Bandwidth speed and image resolution sufficient to provide quality video to meet a minimum of 15 frames per second, or higher, as industry standards change;
- Unless engaging in a telehealth communication with a participant who is deaf or hard of hearing, audio equipment that ensures clear communication and includes echo cancellation;
- Creates audio transmission with less than 300 millisecond delay;
- Secure and HIPAA compliant telehealth communication;

A dedicated connection that provides bandwidth only for telehealth communications is preferable for services delivered via telehealth.

All tech staff must be trained in telehealth technology use and HIPAA compliance.

Provider manual outlines various telehealth provider scenarios.

Source: *MD Medicaid Telehealth Program. Telehealth Provider Manual. Updated April 2020. p. 3 & 7-8. (Accessed Sept. 2020).*

Providers of health care services delivered through telehealth must use video and audio transmission with less than a 300 millisecond delay. Other minimum technology requirements apply.

Source: *Code of Maryland Admin. Regs. Sec. 10.09.49.07. (Accessed Sept. 2020).*

Providers may not store at originating or distant site video images or audio portion of telemedicine services for future use.

Source: *Code of Maryland Admin. Regs. Sec. 10.09.49.08. (Accessed Sept. 2020).*

Private Payer Laws

Definitions

Telehealth means, as it relates to the delivery of health care services, the use of interactive audio, video or other telecommunications or electronic technology by a licensed health care provider to deliver a health care service within the scope of practice of the health care provider at a location other than the location of the patient. Telehealth does not include audio-only telephone conversation between a health care provider and a patient; an electronic mail message between a health care provider and a patient; or a facsimile transmission between a healthcare provider and patient.

Telehealth includes the delivery of mental health care services to a patient in the patient's home setting.

Source: *MD Insurance Code 15-139 & HB 1208 & 502 (2020 Session). (Accessed Sept. 2020).*

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Private Payer Laws

Requirements

Insurers must provide coverage under a health insurance policy for health care services appropriately delivered through telehealth and may not exclude coverage solely because it is provided through telehealth and not in-person. The health care services appropriately provided through telehealth must include counseling for substance use disorder.

A health insurer can undertake utilization review, including preauthorization to determine the appropriateness of any health care service whether delivered in-person or through telehealth if the appropriateness is determined in the same manner.

A health insurance policy or contract may not distinguish between patients in rural or urban locations in providing coverage under the policy or contract for health care services delivered through telehealth.

Source: *MD Insurance Code Annotated Sec. 15-139. (Accessed Sept. 2020).*

Parity

Service Parity

Insurers must reimburse a health care provider for the diagnosis, consultation and treatment of an insured patient that can be appropriately provided through telehealth. Insurers may not exclude from coverage a health care service solely because it is provided through telehealth and is not provided through an in–person consultation or contact between a health care provider and a patient.

Source: *MD Insurance Code Annotated Sec. 15-139(c)(1). (Accessed Sept. 2020).*

Payment Parity

No explicit payment parity.

Professional Regulation/Health & Safety

Definitions

Newly Passed Legislation (Now Effective)
Telehealth means a mode of delivering health care services through the use of telecommunications technologies by a health care practitioner to a patient at a different physical location than the health care practitioner. Telehealth includes synchronous and asynchronous interactions. Telehealth does not include the provision of health care services solely through audio-only calls, e-mail messages or facsimile transmissions.

Source: *HB 228 & SB 402 (2020 Session). (Accessed Sept. 2020).*

Audiologists, Hearing Aid Dispensers and Speech Language Pathologists
"Telehealth means the use of telecommunications and information technologies for the exchange of information from one site to another for the provision of health care to an individual from a provider through hardwire or Internet connection."

Source: *MD Health Occupations Annotated Sec. 2-101(u). (Accessed Sept. 2020).*

Board of Physicians:
"Telehealth" means the use of interactive audio, video, audio-visual, or other telecommunications or electronic technology by a Maryland licensed physician or licensed allied health practitioner to deliver clinical services within the scope of practice of the Maryland licensed physician or licensed allied health practitioner at a location other than the location of the patient. "Telehealth" does not include (i) An audio-only telephone conversation between a Maryland licensed physician or licensed allied health practitioner and a patient; (ii) An electronic mail message between a Maryland licensed physician or licensed allied health practitioner and a patient; or (iii) A facsimile transmission between a Maryland licensed physician or licensed allied health practitioner and a patient.

Source: *Code of Maryland Admin. Regs. Sec. 10.32.05.02. (Accessed Sept. 2020).*

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Perinatal and Neonatal Referral Center Standards:
"Telemedicine" means the use of interactive audio, video, or other telecommunications or electronic technology by a licensed health care provider to deliver a health care service within the scope of practice of the health care provider at a site other than the site at which the patient is located, in compliance with COMAR 10.32.05. and including at least two forms of communication.

Source: *Code of Maryland Admin. Regs. Sec. 30.08.12.01. (Accessed Sept. 2020).*

Board of Professional Counselors and Therapists
"Teletherapy" means the use of interactive audio, video, or other telecommunications or electronic media by a counselor or therapist to deliver counseling services:

- Within the scope of practice of the counselor or therapist; and
- At a location other than the location of the client;

"Teletherapy" does not include:

- An audio-only telephone conversation between a counselor or therapist and a client;
- An electronic mail message between a counselor or therapist and a client;
- A facsimile transmission between a counselor or therapist and a client; or
- A text message or other type of message sent between a counselor or therapist and a client by a short message service or multimedia messaging service.

Source: *Code of Maryland Admin. Regs. Sec. 10.58.06.02. (Accessed Sept. 2020).*

Board of Examiners or Psychologists
"Telepsychology" means the use of interactive audio, video, or other telecommunications or electronic media by a psychologist or psychology associate who engages in the practice of psychology at a location other than the location of the client.

"Telepsychology" does not include:

- An audio-only telephone conversation between a psychologist or psychology associate and a client;
- An electronic mail message between a psychologist or psychology associate and a client;
- A facsimile transmission between a psychologist or psychology associate and a client; or
- A text message or other type of message sent between a psychologist or psychology associate and a client by a short message service or multimedia messaging service.

Source: *Code of Maryland Admin. Regs. Sec. 10.36.10.02. (Accessed Sept. 2020).*

Board of Nursing
"Teletherapy" means the delivery of behavioral health services by a CRNP/PMH or a PMH/APRN at a location other than the location of the client through the use of synchronous interactive audio, video, audio-visual, or other telecommunications or electronic technology.

"Teletherapy" does not include:

- An audio-only telephone conversation between the CRNP/PMH or PMH/APRN and a client;
- An electronic mail message between a CRNP/PMH or PMH/ APRN and a client; or
- A facsimile transmission between a CRNP/PMH or PMH/APRN and a client.

Source: *Code of Maryland Admin. Regs. Sec. 10.27.17.02. (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Consent

Newly Passed Legislation (Now Effective)
Health care practitioners must obtain oral or written consent from the patient or from the patient's parent or guardian.

Source: *HB 228 & SB 402 (2020 Session). (Accessed Sept. 2020).*

Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech Language Pathologists
Telehealth providers must inform patients and consultants of the following:

- The inability to have direct, physical contact with the patient is a primary difference between telehealth and direct in-person service delivery;
- The knowledge, experiences, and qualifications of the consultant providing data and information to the provider of the telehealth services need not be completely known to and understood by the provider;
- The quality of transmitted data may affect the quality of services provided by the provider;
- That changes in the environment and test conditions could be impossible to make during delivery of telehealth services;

Telehealth services may not be provided by correspondence only.

Source: *Code of Maryland Admin. Regs. Sec. 10.41.06.04. (Accessed Sept. 2020).*

Online Prescribing

Newly Passed Legislation (Now Effective)
A health care practitioner may establish a practitioner-patient relationship through either a synchronous telehealth interaction or an asynchronous telehealth interaction, if the health care practitioner:

- Verifies the identity of the patient receiving health care services through telehealth;
- Discloses to the patient the health care practitioner's name, contact information, and type of health occupation license held by the health care practitioner; and
- Obtains oral or written consent from the patient or from the patient's parent or guardian.

A health care practitioner shall perform a clinical evaluation that is appropriate for the patient and the condition with which the patient presents before providing treatment or issuing a prescription through telehealth. Synchronous or asynchronous telehealth interaction may be used for the clinical evaluation.

A health care practitioner may not prescribe a Schedule II controlled substance that is an opiate for the treatment of pain through telehealth unless:

- The individual receiving the prescription is a patient in a health care facility; or
- The governor has declared a state of emergency due to a catastrophic health emergency

A health care practitioner who prescribes a controlled substance through telehealth is subject to federal and state prescribing laws.

Source: *HB 228 & SB 402 (2020 Session). (Accessed Sept. 2020).*

Before performing telehealth services, a telehealth practitioner shall develop and follow a procedure to:

- Verify the identification of the patient receiving telehealth services;
- Except for interpretive services, obtain oral or written acknowledgement from a patient or person in interest as defined by Health-General Article, §4-301(m), Annotated Code of Maryland, to perform telehealth services;
- Prevent access to data by unauthorized persons through encryption or other means;
- Notify patients in the event of a data breach;
- Ensure that the telehealth practitioner provides a secure and private telehealth connection that complies with federal and state privacy laws; and
- Establish safety protocols to be used in the case of an emergency.

See rule for additional requirements when the service is not an asynchronous telehealth service.

Source: *Code of Maryland Admin. Regs. Sec. 10.32.05.04. (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Online Prescribing

A telehealth practitioner shall perform a synchronous, audio-visual patient evaluation adequate to establish diagnoses and identify underlying conditions or contraindications to recommended treatment options before providing treatment or prescribing medication. A telehealth practitioner may use surrogate examiner; or a patient evaluation performed by another licensed health care practitioner providing coverage.

Source: *Code of Maryland Admin. Regs. Sec. 10.32.05.05. (Accessed Sept. 2020).*

A telehealth practitioner may not treat a patient or prescribe medication based solely on an online questionnaire.

A telehealth practitioner may not prescribe opioids for the treatment of pain through telehealth except if the patient is in a health care facility as defined in Health-General Article, §19-114(d)(1), Annotated Code of Maryland.

Source: *Code of Maryland Admin. Regs. Sec. 10.32.05.06. (Accessed Sept. 2020).*

Cross-State Licensing

Newly Passed Legislation (Now Effective)
A health care practitioner providing health care services through telehealth must be licensed, certified or otherwise authorized by law to provide health care services in the state if the health care services are being provided to a patient located in the state.

Member of the Interstate Medical Licensure Compact.

Source: *Interstate Medical Licensure Compact. The IMLC. SB 234 (2018). (Accessed Sept. 2020).*

Member of Nurse Licensure Compact.

Source: *Nurse Licensure Compact. Current NLC States and Status. NCSBN. (Accessed Sept. 2020).*

Member of Physical Therapy Compact.

Source: *PT Compact. Compact Map. (Accessed Sept. 2020).*

MD has exceptions to its MD-only licensed physicians for physicians practicing in the adjoining states of Delaware, Virginia, West Virginia, and Pennsylvania if the physician does not have an office or other regularly appointed place in the State to meet patients and the same privileges are extended to licensed physicians in Maryland by the adjoining state.

Source: *MD Health Occupations Code Annotated Sec. 14-302 (2012). (Accessed Sept. 2020).*

A telehealth practitioner may practice telehealth if one or both of the following occurs:

- The individual practicing telehealth is physically located in Maryland; or
- The patient is in Maryland.

Source: *Code of Maryland Admin. Regs. Sec. 10.32.05.03. (Accessed Sept. 2020).*

Miscellaneous

Professional Telehealth-Specific Regulations

- Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech Language Pathologists (**Source:** *Code of Maryland Admin. Regs. Sec. 10.41.06). (Accessed Sept. 2020).*
- Board of Physicians (**Source:** *Code of Maryland Admin. Regs. Sec. 10.32.05). (Accessed Sept. 2020).*
- Board of Examiners of Psychologists (**Source:** *Code of Maryland Admin. Regs. Sec. 10.36.10.02). (Accessed Sept. 2020).*
- Board of Nursing (**Source:** *Code of Maryland Admin. Regs. Sec. 10.27.17). (Accessed Sept. 2020).*
- Board of Professional Counselors and Therapists (**Source:** *Code of Maryland Admin Regs, Sec. 10.58.06). (Accessed Sept. 2020).*
- Board of Social Work (**Source:** *Code of Maryland Admin. Regs. Sec. 10.42.10). (Accessed Sept. 2020).*

Statute specifies that a health occupations board may adopt regulations related to telehealth, however they may not establish a separate standard of care for telehealth; and must allow for the establishment of a practitioner-patient relationship through synchronous or asynchronous telehealth interaction provided by a health care practitioner who is complying with their standard of care.

Source: *HB 228 & SB 402 (2020 Session). (Accessed Sept. 2020).*

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Massachusetts

Medicaid Program: MassHealth

Program Administrator: MA Dept. of Health and Human Services

Regional Telehealth Resource Center: Northeast Regional Telehealth Resource Center www.netrc.org

Massachusetts At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✗	✓	✗	✗	✗

Massachusetts Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Massachusetts Medicaid (MassHealth) allows for the use of telehealth in Medicaid behavioral health services. Additionally, a 2014 budget bill that allocated funds for the reimbursement of remote patient monitoring mentioned telehealth. CCHP has found no further details regarding this.

It should be noted that Massachusetts is a managed care state, and that some individual Medicaid managed care plans may reimburse for telehealth delivered services.

Definitions

Behavioral Health Services
Telehealth is the use of electronic communication and information technologies to provide or support clinical care at a distance. The delivery of services through telehealth involves the use of secure interactive audio and video telecommunications systems that permit two-way, real-time communication between a patient and a provider.

Source: *MassHealth All Provider Bulletin 281, p. 1, Jan. 2019. (Accessed Sept. 2020).*

Live Video

Policy

Behavioral Health Services
Telehealth is a modality of treatment, not a separate covered service. Providers are not required to deliver services via telehealth.

The bulletin does not apply to services under the Children's Behavioral Health Initiative (CBHI) program, which may continue to be delivered via all modalities currently authorized in applicable program specifications.

Source: *MassHealth All Provider Bulletin 281, p. 1, Jan. 2019. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Behavioral Health Services
Community Health Centers, Community Mental Health Centers, and Outpatient Substance Use Disorder providers (provider types 20, 26 and 28) may deliver the following covered services via telehealth:

- All services specified in 101 CMR 306.00 et seq.; and
- The outpatient services specified in the following categories:
  - Opioid Treatment Services: Counseling;
  - Ambulatory Services: Outpatient Counseling; Clinical Case Management; and
  - Services for Pregnant/Postpartum Clients: Outpatient Services

Source: *MassHealth All Provider Bulletin 281, p. 1, Jan. 2019. (Accessed Sept. 2020).*

MassHealth lists specific codes that may be used by community health centers for services delivered through telehealth. See Transmittal Letter for details.

Source: *MassHealth Transmittal Letter CHC-113, p. 6-11 & 6-12, Feb. 2020. (Accessed Sept. 2020).*

Eligible Providers

Behavioral Health Services
The following sites and providers may deliver behavioral health services via telehealth:

- Community Health Centers*
- Community Mental Health Centers*
- Outpatient Substance Use Disorder Providers*
- Psychologists
- Psychiatrists
- Psychoanalysts
- Clinical Social Workers
- Behavioral Health Nurses
- Nurse Practitioners
- Professional Counselors
- Any other qualified MassHealth provider

* Community Health Centers, Community Mental Health Centers, and Outpatient Substance Use Disorder providers (provider types 20, 26 and 28) may deliver the following covered services via telehealth:

- All services specified in 101 CMR 306.00 et seq.; and
- The outpatient services specified in the following categories:
- Opioid Treatment Services: Counseling;
- Ambulatory Services: Outpatient Counseling; Clinical Case Management; and
- Services for Pregnant/Postpartum Clients: Outpatient Services

Source: *MassHealth All Provider Bulletin 281, p. 1-2, Jan. 2019. (Accessed Sept. 2020).*

Eligible Sites

No reference found.

Geographic Limits

Behavioral Health Services
There are no geographic or facility restrictions on distant or originating sites.

Source: *MassHealth All Provider Bulletin 281, p. 1, Jan. 2019. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Store-and-Forward	Facility/Transmission Fee	No reference found.
		Policy	No reference found.
		Eligible Services/Specialties	No reference found.
		Geographic Limits	No reference found.
		Transmission Fee	No reference found.

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Medicaid Telehealth Reimbursement	Remote Patient Monitoring	Policy	No reference found.
		Conditions	No reference found.
		Provider Limitations	No reference found.
		Other Restrictions	No reference found.
	Email / Phone / Fax		No reference found.
	Consent		Providers must follow consent and patient information protocol consistent with those followed during in-person visits. **Source:** *MassHealth All Provider Bulletin 281, p. 3, Jan. 2019. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Out of State Providers

No reference found.

Miscellaneous

Behavioral Health Services
A provider may prescribe Schedule II controlled substances via telehealth only after conducting an initial in-person examination of the patient. Ongoing in-personal examinations are required every three months for the duration of the prescription.

Telehealth services may only be provided by behavioral health professionals who have been trained in the provision of services via telehealth. See bulletin for specific training, technology, documentation and record keeping requirements.

Source: *MassHealth All Provider Bulletin 281, p. 2-3, Jan. 2019. (Accessed Sept. 2020).*

Private Payer Laws

Definitions

"Telemedicine as it pertains to the delivery of health care services, shall mean the use of interactive audio, video or other electronic media for the purpose of diagnosis, consultation or treatment. 'Telemedicine' shall not include the use of audio-only telephone, facsimile machine or e-mail."

Source: *Annotated Laws of MA. Part I, Title XXII, Ch. 175, Sec. 47BB. (Accessed Sept. 2020).*

Requirements

An insurer may limit coverage of telemedicine services to those health care providers in a telemedicine network approved by the insurer.

A contract that provides coverage for services under this section may contain a provision for a deductible, copayment or coinsurance requirement for a health care service provided through telemedicine as long as the deductible, copayment or coinsurance does not exceed the deductible, copayment or coinsurance applicable to an in-person consultation,

Coverage for health care services under this section shall be consistent with coverage for health care services provided through in-person consultation.

Source: *Annotated Laws of MA. Part I, Title XXII, Ch. 175, Sec. 47BB. (Accessed Sept. 2020).*

Parity

Service Parity

Private payers may provide coverage of telemedicine services.

Source: *Annotated Laws of MA. Part I, Title XXII, Ch. 175, Sec. 47BB. (Accessed Sept. 2020).*

Payment Parity

No explicit payment parity. Coverage shall be consistent with coverage for health care services provided through in-person consultation.

Source: *Annotated Laws of MA. Part I, Title XXII, Ch. 175, Sec. 47BB. (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Definitions

No reference found.

Consent

No reference found.

Online Prescribing

The practice of medicine shall not require a face-to-face encounter between the physician and the patient prior to health care delivery via telemedicine. The standard of care applicable to the physician is the same whether the patient is seen in-person or through telemedicine.

Source: *"Policy on Telemedicine," Board of Registration in Medicine. June 25, 2020. (Accessed Sept. 2020).*

To be valid, a prescription must be issued in the usual course of the physician's professional practice, and within a physician-patient relationship that is for the purpose of maintaining the patient's well-being. In addition, the physician must conform to certain minimum standards of patient care, such as taking an adequate medical history, doing a physical and/or mental status examination and document the findings. This rule applies to any prescription, issued by any means, including the Internet or other electronic process.

Source: *"Internet Prescribing," MA Board of Registration in Medicine. Dec. 17, 2003 & Prescribing Practices Policy and Guidelines. Policy 03-06 (Adopted Oct. 8, 2015). (Accessed Sept 2020).*

Cross-State Licensing

No reference found.

Miscellaneous

No reference found.

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Michigan

Medicaid Program: Michigan Medicaid

Program Administrator: Michigan Dept. of Community Health

Regional Telehealth Resource Center: Upper Midwest Telehealth Resource Center www.umtrc.org

Michigan At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✗	✓	✗	IMLC	✓

Michigan Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Michigan Medicaid reimburses for live video telemedicine for certain healthcare professionals, for patients located at certain originating sites for specific services. There is no reimbursement for store-and-forward or remote patient monitoring.

Definitions

"Telemedicine is the use of telecommunication technology to connect a patient with a health care professional in a different location. MDHHS requires a real time interactive system at both the originating and distant site, allowing instantaneous interaction between the patient and health care professional via the telecommunication system. Telemedicine should be used primarily when travel is prohibitive for the beneficiary or there is an imminent health risk justifying immediate medical need for services."

Source: *MI Dept. of Health and Human Services, Medicaid Provider Manual, p.1675, July. 1, 2020. (Accessed Sept. 2020).*

Assertive Community Treatment Program (ACT)
Telepractice is the use of telecommunications and information technologies for the provision of psychiatric services to ACT consumers and is subject to the same service provisions as psychiatric services provided in-person.

Source: *MI Dept. of Health and Human Services, Medicaid Provider Manual, p. 353 July 1, 2020. (Accessed Sept. 2020).*

Behavioral Health Treatment Services (BHT)
Telepractice is the use of telecommunications and information technologies for the exchange of encrypted patient data for the provision of services (e.g., access or travel to needed medical services may be prohibitive).

Source: *MI Dept. of Health and Human Services, Medicaid Provider Manual, p. 481 July. 1, 2020. (Accessed Sept. 2020).*

Medication Therapy Management
Telepractice is the use of telecommunications and information technologies for the exchange of encrypted patient data for the provision of services. Telepractice must be obtained through real-time interactions between the beneficiary's physical location (origin site) and the pharmacist provider's physical location (distant site).

Source: *MI Dept. of Health and Human Services, Medicaid Provider Manual, p. 1606 July. 1, 2020. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Definitions

Speech-Language and Audiology Services
"Telepractice is the use of telecommunications and information technologies for the exchange of encrypted patient data for the provision of speech, language and hearing services. Telepractice must be obtained through real-time interaction between the patient's physical location (patient site) and the provider's physical location (provider site)."

Source: *MI Dept. of Health and Human Services Medicaid Provider Manual, p. 1772 July. 1, 2020. (Accessed Sept. 2020).*

Child Therapy
Telepractice/Telehealth is the use of telecommunications and information technologies for the exchange of encrypted patient data for the provision of services (e.g., access or travel to needed therapy services may be prohibitive). Telepractice/Telehealth must be obtained through real-time interaction between the child's/family's physical location and the provider's physical location. Telepractice/Telehealth services are provided to patients through hardwire or internet connection.

Source: *MI Dept. of Health and Human Services Medicaid Provider Manual, p. 338, July. 1, 2020. (Accessed Sept. 2020).*

Newly Passed Legislation (Now Effective)
"Telemedicine" means the use of an electronic media to link patients with health care professionals in different locations. To be considered telemedicine under this section, the health care professional must be able to examine the patient via a health insurance portability and accountability act of 1996, Public Law 104-191 compliant, secure interactive audio or video, or both, telecommunications system, or through the use of store and forward online messaging.

Source: *MI Compiled Law Services, Section 330.1100(d), (HB 5414 – 2020 Session). (Accessed Sept. 2020).*

Newly Passed Legislation (Now Effective)
"Telemedicine" means that term as defined in section 3476 of the insurance code: "Telemedicine means the use of an electronic media to link patients with health care professionals in different locations. To be considered telemedicine, the health care professional must be able to examine the patient via a HIPPA compliant, secure real-time, interactive audio or video, or both, telecommunications system, and the patient must be able to interact with the off-site health care professional at the time the services are provided."

Source: *MI Compiled Law Svcs. Sec. 500.3476(2)(b) & HB 5416 (2020 Session). (Accessed Sept. 2020).*

Live Video

Policy

MDHHS requires a real time interactive system at both the originating and distant site, allowing instantaneous interaction between the patient and health care professional via the telecommunication system. Telemedicine should be used primarily when travel is prohibitive for the beneficiary or there is an imminent health risk justifying immediate medical need for services.

Source: *Dept. of Health and Human Services, Medicaid Provider Manual, p. 1675, July. 1, 2020. (Accessed Sept. 2020).*

Assertive Community Treatment Program
All telepractice interactions shall occur through real-time interactions between the ACT consumer and the physician/nurse practitioner/clinical nurse specialist from their respective physical location. Psychiatric services are the only ACT services that are approved to be provided in this manner.

Source: *MI Dept. of Health and Human Services, Medicaid Provider Manual, p. 353 July 1, 2020. (Accessed Sept. 2020).*

Eligible Services / Specialties

Michigan Medicaid reimburses for the following service categories via live video:

- ESRD-related services
- Behavior change intervention
- Behavioral Health and/or Substance Use Disorder Treatment
- Education Services, Telehealth
- Inpatient consultations
- Nursing facility subsequent care
- Office or other outpatient consultations
- Office or other outpatient services
- Psychiatric diagnostic procedures

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- Subsequent hospital care
- Training service – Diabetes (see Diabetes Self-Management Education Training Program section in Hospital Chapter specific program requirements)

Where face-to-face visits are required (such as ESRD and nursing facility related services), the telemedicine service may be used in addition to the required face-to-face visit but cannot be used as a substitute. There must be at least one face-to-face hands-on visit (i.e., not via telemedicine) by a physician, physician's assistant or advanced practice registered nurse per month to examine the vascular site for ESRD services. The initial visit for nursing facility services must be face-to-face.

Providers at the distant site can only bill services listed in the Telemedicine Services database.

Procedure codes and modifier information is contained in the MDHHS Telemedicine Services Database.

Source: *Dept. of Health and Human Services, Medicaid Provider Manual, p. 1675- 1677, July 1, 2020. (Accessed Sept. 2020).*

Speech-Language and Audiology Services
Speech, language and hearing services may be reimbursed. Requires an annual referral from a physician.

Source: *MI Dept. of Health and Human Services, Medicaid Provider Manual, p. 1768-1769, July 1, 2020. (Accessed Sept. 2020).*

Assertive Community Treatment Program
The telepractice modifier, 95, must be used in conjunction with ACT encounter reporting code H0039 when telepractice is used.

Source: *MI Dept. of Health and Human Services, Medicaid Provider Manual, p. 353 July 1, 2020. (Accessed Sept. 2020).*

Telepractice for BHT Services
Telepractice services must be prior authorized. Telepractice must be obtained through real-time interaction between the child's physical location (patient site) and the provider's physical location (provider site). Telepractice services are provided to patients through hardwire or internet connection. It is the expectation that providers, facilitators, and staff involved in telepractice are trained in the use of equipment and software prior to servicing patients, and services provided via telepractice are provided as part of an array of comprehensive services that include in-person visits and assessments with the primary supervising BHT provider. Qualified providers of behavioral health services are able to arrange telepractice services for the purposes of teaching the parents/guardians to provide individualized interventions to their child and to engage in behavioral health clinical observation and direction (i.e. increase oversight of the provision of services to the beneficiary to support the outcomes of the behavioral plan of care developed by the primary supervising BHT provider).

Source: *MI Dept. of Health and Human Services, Medicaid Provider Manual, p. 482-483 July. 1, 2020. (Accessed Sept. 2020).*

Child Therapy
A child mental health professional may provide child therapy on an individual or group basis with a family-driven, youth-guided approach. Telepractice/Telehealth is approved for Individual Therapy or Family Therapy using approved children's evidence-based practices (i.e., Trauma Focused Cognitive Behavioral Therapy, Parent Management Training-Oregon, Parenting Through Change) and utilizes the GT modifier when reporting the service. Qualified providers of children's evidence-based practices have completed their training in the model, its implementation via telehealth, and are able to provide the practice with fidelity.

Source: *MI Dept. of Health and Human Services, Medicaid Provider Manual, p. 338 July. 1, 2020. (Accessed Sept. 2020).*

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Eligible Providers

Tribal 638 facilities that elect to operate under the Tribal FQHC alternative payment methodology (APM) must update their provider enrollment information in CHAMPS by selecting the "Tribal FQHC" subspecialty. Tribal FQHCs can change their enrollment status in CHAMPS at any time.

Distant site services provided by qualified Medicaid-enrolled practitioners may be covered when the qualified practitioner is employed by the clinic or working under the terms of a contractual agreement with the clinic. Tribal FQHCs must maintain all practitioner contracts and provide them to MDHHS upon request. Refer to the Practitioner chapter of the Medicaid Provider Manual for additional information on distant site providers. Telemedicine service(s) provided at the distant site that qualify as a face-to-face visit may generate the AIR payment.

Source: *MI Medical Services Administration Bulletin MSA 20-60, pg. 2-3 Sept. 1, 2020. (Accessed Sept. 2020).*

Physicians and practitioners are eligible to be distant site providers.

Source: *Dept. of Health and Human Services Medicaid Provider Manual, p. 1676, July. 1, 2020. (Accessed Sept. 2020).*

Telepractice for BHT Services
Qualified providers include:

- Board certified behavior analysts
- Board certified assistant behavior analysts
- Licensed psychologists
- Limited licensed psychologists
- Qualified behavioral health professionals

Occupational, physical and speech therapists are not included in this policy.

A facilitator trained in telepractice technology must be physically present with the patient during the entire telepractice session.

Source: *MI Dept. of Health and Human Services, Medicaid Provider Manual, p. 481 July 1, 2020. (Accessed Sept. 2020).*

Medication Therapy Management (MTM)
In the event that the beneficiary is unable to physically access a face-to-face care setting, an eligible pharmacist may provide MTM services via telepractice. Services must be provided through hardwire or internet connection.

Source: *Dept. of Health and Human Services, Medicaid Provider Manual, p. 1606, July 1, 2020 (Accessed Sept. 2020).*

Prepaid Inpatient Health Plans/Community Mental Health (PIHP/CMH) can be either originating or distant sites. Practitioners must meet the provider qualifications for the covered service provided via telemedicine.

Source: *MI Dept. of Health and Human Services, Medicaid Provider Manual, p. 344, July. 1, 2020. (Accessed Sept. 2020).*

Speech-Language and Audiology Services
Eligible providers:

- A fully licensed speech-language pathologist
- Licensed Audiologist in Michigan
- Speech language pathologist and/or audiology candidate under the direction of a qualified SLP or audiologist. All documentation must be reviewed and signed by the appropriately licensed SLP or licensed audiologist.
- A limited licensed speech language pathologist under the direction of a fully licensed SLP or audiologist. All documentation must be reviewed and signed by the appropriately licensed supervising SLP or licensed audiologist.

Source: *MI Dept. of Health and Human Services, Medicaid Provider Manual, p. 1769, July. 1, 2020. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

Federally Qualified Health Centers/ Rural Health Centers
An RHC and FQHC can be either an originating or distant site for telemedicine services.

Source: *MI Dept. of Health and Human Services, Medicaid Provider Manual, p. 660 & 1734 July. 1, 2020. (Accessed Sept. 2020).*

Child Therapy
A child mental health professional may provide child therapy on an individual or group basis with a family-driven, youth-guided approach. It is the expectation that providers involved in telepractice/telehealth are trained in the use of equipment and software prior to servicing children/families.

Source: *MI Dept. of Health and Human Services Medicaid Provider Manual, p. 338, July. 1, 2020. (Accessed Sept. 2020).*

School-Based Services and Caring 4 Students Providers
Telepractice specifically applies to the SBS and C4S programs. See bulletin for requirements.

Source: *MI Dept. of Health and Human Services. Bulletin 20-15, Behavioral Health Telepractice, May 5, 2020. (Accessed Sept. 2020).*

Eligible Sites

Newly Passed Legislation (Effective Now)
Beginning October 1, 2020, telemedicine services are covered under the medical assistance program and Healthy Michigan program if the originating site is an in-home or in-school setting, in addition to any other originating site allowed in the Medicaid provider manual or any established site considered appropriate by the provider.

Source: *MI Compiled Laws Sec. 400.105h, (HB 5416 – 2020 Session). (Accessed Sept. 2020).*

Tribal 638 Facilities
Tribal FQHCs are eligible to receive all-inclusive rate (AIR) reimbursement for clinic services provided outside of the four walls of the facility, including telemedicine and services provided by contracted employees.

Source: *MI Medical Services Administration Bulletin MSA 20-60, Sept. 1, 2020 (Accessed Sept. 2020).*

Eligible originating sites:

- County mental health clinics or publicly funded mental health facilities;
- Federally Qualified Health Centers;
- Hospitals (inpatient, outpatient, or Critical Access Hospitals);
- Physician or other providers' offices, including medical clinics;
- Hospital-based or CAH-based Renal Dialysis Centers;
- Rural Health Clinics;
- Skilled nursing facilities;
- Tribal Health Centers

Source: *MI Dept. of Health and Human Services, Medicaid Provider Manual, p. 1676, July 1, 2020. (Accessed Sept. 2020).*

Speech-Language and Audiology Services
The patient site may be located within the school, at the patient's home or any other established site deemed appropriate by the provider.

The room must be free from distractions so as not to interfere with the telepractice session. A facilitator must be trained in the use of the telepractice technology and physically present at the patient site during the entire telepractice session to assist the patient at the direction of the SLP or audiologist.

Source: *MI Dept. of Health and Human Services, Medicaid Provider Manual, p. 1772, July. 1, 2020. (Accessed Sept. 2020).*

Prepaid Inpatient Health Plans/Community Mental Health (PIHP/CMH) can be either originating or distant sites.

Source: *MI Dept. of Health and Human Services, Medicaid Provider Manual, p. 344, July. 1, 2020. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Live Video	Eligible Sites	**Behavioral Health Therapy** Eligible patient site: • Center • Clinic • Patient's home • Any other established site deemed appropriate by the provider Room must be free of distractions. A trained facilitator must be physically present at the patient site during the rentire telepractice session. **Source:** *MI Dept. of Health and Human Services, Medicaid Provider Manual, p. 481, July 1, 2020. (Accessed Sept. 2020).* **Federally Qualified Health Centers/ Rural Health Centers** An RHC or FQHC can be either an originating or distant site for telemedicine services. **Source:** *MI Dept. of Health and Human Services, Medicaid Provider Manual, p. 660 & 1734, July. 1, 2020. (Accessed Sept. 2020).* **School-Based Services and Caring 4 Students Providers** Allowable telepractice originating sites include the school, the beneficiary's home, or any other established site deemed appropriate by the provider. It must be a room free from distractions so as not to interfere with the telepractice session. **Source:** *MI Dept. of Health and Human Services. Bulletin 20-15, Behavioral Health Telepractice, May 5, 2020. (Accessed Sept. 2020).*
		Geographic Limits	No reference found.
		Facility/Transmission Fee	Originating site may bill for a facility fee. MDHHS will reimburse the originating site provider the lesser of charge or the current Medicaid fee screen. **Source:** *Dept. of Health and Human Services, Medicaid Provider Manual, p. 272, July. 1, 2020. (Accessed Sept. 2020).*
	Store-and-Forward	Policy	Telecommunication systems using store-and-forward technology are not included in MI Medicaid's telemedicine policy. **Source:** *Dept. of Health and Human Services, Medicaid Provider Manual, p. 1675, July. 1, 2020. (Accessed Sept. 2020).*
		Eligible Services/Specialties	No reference found.

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Medicaid Telehealth Reimbursement	Store-and-Forward	Geographic Limits	No reference found.
		Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	**Newly Passed Legislation (Now Effective)** "Remote patient monitoring means digital technology to collect medical and other forms of health data from an individual in 1 location and electronically transmit that information via a health insurance portability and accountability act of 1996, Public Law 104-191 compliant, secure system to a health care provider in a different location for assessment and recommendations." The Department of Health and Human Services must provide coverage for remote patient monitoring services through the medical assistance program and Healthy Michigan program. **Source:** *MI Compiled Laws Sec. 400.105g (HB 5415 – 2020 Session., (Accessed Sept. 2020).*
		Conditions	No reference found.
		Provider Limitations	No reference found.
		Other Restrictions	No reference found.
	Email / Phone / Fax		No reference found.

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Medicaid Telehealth Reimbursement

Consent

No reference found.

Out of State Providers

Telemedicine services must be provided by a health care professional who is licensed, registered or otherwise authorized to engage in his or her health care profession in the state where the patient is located.

Source: *Dept. of Health and Human Services, Medicaid Provider Manual, p. 524, July 1, 2020. (Accessed Sept. 2020).*

Behavioral Health Therapy
Providers of telepractice services must be currently certified by the Behavior Analyst Certification Board (BACB), be a QBHP, be fully licensed in MI as a fully licensed psychologist, or be a practitioner who holds a limited license and is under the direction of a licensed psychologist.

Source: *Dept. of Health and Human Services, Medicaid Provider Manual, p. 481, July. 1, 2020. (Accessed Sept. 2020).*

Miscellaneous

No reimbursement for remote access for surgical procedures, and use of robotics.

Source: *Dept. of Health and Human Services, Medicaid Provider Manual, p. 1675, July 1, 2020. (Accessed Sept. 2020).*

Private PayerLaws

Definitions

Newly Amended Definition:
"Telemedicine means the use of an electronic media to link patients with health care professionals in different locations. To be considered telemedicine, the health care professional must be able to examine the patient via a HIPPA compliant, secure interactive audio or video, or both, telecommunications system, or through the use of store and forward online messaging."

Source: *MI Compiled Law Svcs. Sec. 500.3476(2)(b) & 550.1401k(2) & HB 5412 & HB 5413 (2020 Session). (Accessed Sept. 2020).*

Requirements

Insurers and group or nongroup health care corporations shall not require face-to-face contact between a health care professional and a patient for services appropriately provided through telemedicine, as determined by the insurer or health care corporation. Telemedicine services shall be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the patient is located. Telemedicine services are subject to all terms and conditions of the contract.

Source: *MI Compiled Law Services Sec. 500.3476(1) & Sec. 550.1401k(1). (Accessed Sept. 2020).*

Parity

Service Parity

Insurers and health care corporations must cover services appropriately provided through telemedicine, as determined by the insurer or health care corporation.

Source: *MI Compiled Law Services Sec. 500.3476 & Sec. 550.1401k. (Accessed Sept. 2020).*

Payment Parity

No explicit payment parity.

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Professional Regulation/Health & Safety

Definitions

"Telehealth" means the use of electronic information and telecommunication technologies to support or promote long-distance clinical health care, patient and professional health-related education, public health, or health administration. Telehealth may include, but is not limited to, telemedicine. As used in this subdivision, "telemedicine" means that term as defined in section 3476 of the insurance code of 1956, 1956 PA 218, MCL 500.3476.

Source: *MI Compiled Laws Sec. 333.16283(c). (Accessed Sept. 2020).*

Consent

A health professional shall not provide a telehealth service without directly or indirectly obtaining consent for treatment. This does not apply to a health professional who is providing a telehealth service to an inmate who is under the jurisdiction of the department of corrections and is housed in a correctional facility.

Source: *MI Compiled Laws Sec. 333.16284. (Accessed Sept. 2020).*

Online Prescribing

Providers must have an existing physician-patient or dentist-patient relationship.

Source: *MI Compiled Laws Sec. 333.17751(2)(a). (Accessed Sept. 2020).*

Schedule 2 to 5 controlled substances cannot be prescribed unless the prescribing is in a bona fide prescriber-patient relationship with the patient. If a licensed prescriber prescribes a controlled substance under this subsection, the prescriber shall provide follow-up care to the patient to monitor the efficacy of the use of the controlled substance as a treatment of the patient's medical condition. If the licensed prescriber is unable to provide follow-up care, he or she shall refer the patient to the patient's primary care provider for follow-up care or, if the patient does not have a primary care provider, he or she shall refer the patient to another licensed prescriber who is geographically accessible to the patient for follow-up care.

Source: *MI Compiled Laws Sec. 333.7303a. (Accessed Sept. 2020).*

A health professional providing telehealth service to a patient may prescribe the patient a drug if both the following are met:

- The health professional is a prescriber who is acting within the scope of his or her practice; and
- If the health professional is prescribing a controlled substance, the health professional must meet the requirements of this act applicable to that health professional for prescribing a controlled substance.

If the health professional considers it medically necessary, he or she shall provide the patient with a referral for other health care services that are geographically accessible to the patient, including, but not limited to, emergency services. After providing a telehealth service, the health professional, or a health professional who is acting under the delegation of the delegating health professional, shall make himself or herself available to provide follow-up health care services to the patient or refer the patient to another health professional for follow-up health care services.

Source: *MI Compiled Laws, Sec. 16285. (Accessed Sept. 2020).*

Cross-State Licensing

Member of Interstate Medical Licensure Compact. Section repealed effective March 28, 2022.

Source: *Interstate Medical Licensure Compact, Compact Map; Act No. 563 (2018 Session); & Act No. 368 (2018 Session). (Accessed Sept. 2020).*

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Miscellaneous

Professional regulation with telehealth specific standards

- Michigan Board of Podiatric Medicine and Surgery (**Source:** *MI Admin. Code Sec. 338.8145). (Accessed Sept. 2020).*

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Minnesota

Medicaid Program: Medical Assistance

Program Administrator: MN Dept. of Human Services

Regional Telehealth Resource Center: Great Plains Telehealth Resource and Assistance Center www.gptrac.org

Minnesota Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✓	✓	✓	✓	IMLC	✓

Minnesota Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Minnesota Medicaid provides reimbursement for live video and store-and-forward through their Medical Assistance program for certain providers when patients are located at specific originating sites. Many of their individual programs have their own unique requirements for telemedicine reimbursement. Additionally, tele-home-care (remote monitoring) is reimbursed with prior authorization under Home Care Services and the Elderly Waiver (EW) and Alternative Care (AC) program, but specific reimbursement criteria is not listed.

Definitions

"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. A communication between licensed health care providers, or a licensed health care provider and a patient that consists solely of a telephone conversation, 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."

Source: *MN Statute 256B.0625.Subdivision 3b(d) (Accessed Sept. 2020).*

"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."

Source: *MN Dept. of Human Services, Provider Manual, Physician and Professional Services (Telemedicine), As revised Jan. 28 2020. (Accessed Sept. 2020).*

Chemical Dependency Treatment

"Telemedicine" means the delivery of a substance use disorder treatment service while the client is at an originating site and the licensed health care provider is at a distant site as specified in section 254B.05, subdivision 5, paragraph (f).

Source: *MN Statute Sec. 245G.01. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

Medical assistance covers medically necessary services and consultations delivered by a licensed health care provider via telemedicine in the same manner as if the service was delivered in-person. Coverage is limited to three telemedicine services per week per enrollee. Telemedicine services are paid at the full allowable rate.

Source: *MN Statute Sec. 256B.0625, Subdivision 3b(a). (Accessed Sept. 2020).*

The limit of coverage of three telemedicine services per enrollee per calendar week does not apply if:

- The telemedicine services are for the treatment and control of tuberculosis; and
- The telemedicine services are provided in a manner consistent with the recommendations and best practices specified by the Centers for Disease Control and Prevention and the commissioner of health.

Source: *MMN Statute Sec 256B.0625, Subdivision 3b. (Accessed Sept. 2020).*

Minnesota's Medical Assistance program reimburses live video for fee-for-service programs.

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.

Source: *MN Dept. of Human Services, Provider Manual, Physician and Professional Services (Telemedicine), As revised Jan. 28, 2020. (Accessed Sept. 2020).*

Eligible Services / Specialties

Examples of eligible services:

- Consultations
- Telehealth consults: emergency department or initial inpatient care
- Subsequent hospital care services with the limitation of one telemedicine visit every 30 days per eligible provider
- Subsequent nursing facility care services with the limitation of one telemedicine visit every 30 days
- End-stage renal disease services
- Individual and group medical nutrition therapy
- 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
- Smoking cessation
- Alcohol and substance abuse (other than tobacco) structured assessment and intervention services

Two-way interactive video consultation in an emergency room (ER) may be billed when no physician is in the ER and the nursing staff is caring for the patient at the originating site. The ER physician bills the ER CPT codes with place of service 02.

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. See Live Video Policy section above for exception or tuberculosis control and treatment.

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Non-covered services:

- Electronic connections that are not conducted over a secure encrypted website as specified by the Health Insurance Portability & Accountability Act of 1996 Privacy & Security rules (e.g., Skype)
- Prescription renewals
- Scheduling a test or appointment
- Clarification of issues from a previous visit
- Reporting test results
- Non-clinical communication
- Communication via telephone, email or facsimile
- Day treatment
- Partial hospitalization programs
- Residential treatment services
- Case management face-to-face contact

Source: *MN Dept. of Human Services, Provider Manual, Physician and Professional Services (Telemedicine), As revised Jan. 28, 2020. (Accessed Sept. 2020).*

Mental health telemedicine - Mental health services that are otherwise covered by medical assistance as direct face-to-face services may be provided via two-way interactive video. Use of two-way interactive video must be medically appropriate to the condition and needs of the person being served. Reimbursement is at the same rates and under the same conditions that would otherwise apply to the service. The interactive video equipment and connection must comply with Medicare standards in effect at the time the service is provided.

Source: *MN Statute Sec. 256B.0625, Subd. 46 (Accessed Sept. 2020).*

Mental Health Services
MHCP covers medically necessary mental health services delivered by a health care provider via telemedicine.

Source: *MN Dept. of Human Services, Provider Manual, Telemedicine Delivery of Mental Health Services, Revised 10/19/2018. (Accessed Sept. 2020).*

Assertive Community Treatment and Intensive Residential Treatment Services
Physician services, whether billed separately or included in the rate, may be delivered by telemedicine when it is used to provide intensive residential treatment services.

Source: *MN Statute Sec 256B.0622, subdivision 8(e). (Accessed Sept. 2020).*

Individualized Education Program (IEP)
Telemedicine coverage applies to a child or youth who is MA eligible, has an IEP and the service provided is identified in the IEP. Whether the originating site is a home or school must be documented in the child's health record. Limited to three visits per week per child or youth.

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).

Non-Covered Services:

- Evaluation or assessments that are less effective than if provided in-person, face-to-face
- Supervision evaluations or visits
- Personal care assistants
- Nursing services
- Transportation services
- Electronic connections that are conducted over a website that is not secure and encrypted as specified by the Health Insurance Portability & Accountability Act of 1996 Privacy & Security rules (for example, Skype)
- Prescription renewals
- Scheduling a test or appointment
- Clarification of issues from a previous visit

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- Reporting test results
- Non-clinical communication
- Communication via telephone, email or fax

Use 02 place of service code. See IEP manual for specific documentation and billing requirements.

Source: *MN Dept. of Human Svcs., Provider Manual, IEP Services, Revised 4/10/2020. (Accessed Sept. 2020).*

Mental Health Services
Providers authorized to provide mental health services may conduct the same services via telemedicine, except:

- Children's day treatment
- Partial hospitalization programs
- Mental health residential treatment services
- Case management services delivered to children

Providers should bill with the place of service code 02.

Source: *MN Dept. of Human Svcs., Provider Manual, Telemedicine Delivery of Mental Health Services, Revised 10/19/18. (Accessed Sept. 2020).*

Alcohol and Drug Abuse Services
Individual, non-residential treatment is the only substance use disorder service reimbursed when delivered via telemedicine.

Non-covered Services:

- Electronic connections that are not conducted over a secure encrypted web site as specified by the Health Insurance Portability & Accountability Act of 1996 (e.g. Skype)
- Prescription renewals
- Scheduling a test or appointment
- Reporting test results
- Non-clinical communication
- Communication via telephone, email or facsimile

Limited to three telemedicine services per week per recipient. Payment is not available to providers for sending materials. See manual for documentation requirements. Use the GT modifier.

Source: *Substance Use Disorder Telemedicine, Oct. 19, 2017. (Accessed Sept. 2020).*

Dental
MHCP allows payment for teledentistry services. Reimbursement for teledentistry is the same as face-to-face encounters. See list of codes, documentation and billing requirements in provider manual. A provider must self-attest to meet all the conditions of the MHCP telemedicine policy by completing the Provider Assurance Statement for telemedicine.

Covered Services (See manual for exact CDT codes):

- Periodic oral evaluation (with an established patient)
- Limited oral exam
- Oral evaluation for a patient under 3 years of age
- Comprehensive oral evaluation (new or established patient)
- Intraoral radiographic imaging
- Bitewing radiographic imaging
- Intraoral—occlusal radiographic image
- Panoramic radiographic imaging
- Medical dental consultation

Source (Dental): *MN Dept. of Human Svcs., Provider Manual, Dental Svcs. Mar. 26, 2020. (Accessed Sept. 2020).*

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Early Intensive Developmental and Behavioral Intervention (EIDBI) EIDBI Services
Telemedicine is an option for Early Intensive Developmental and Behavioral Intervention (EIDBI) EIDBI services. Either the person or his/her family must be present via two-way interactive video while the provider delivers EIDBI telemedicine services. Use 02 place of service code.

Eligible services include:

- Comprehensive multi-disciplinary evaluation
- Coordinated care conference
- Family/caregiver training and counseling
- Individual treatment plan (ITP) development and progress monitoring
- Observation and direction

See EIDBI Benefits grid for more information.

Source: *MN Dept. of Human Svcs., EIDBI Services Benefits grid, June 2019. (Accessed Aug. 2020). & MN Dept. of Human Services, EIDBI Benefit Policy Manual, EIDBI Telemedicine Services. 07/1/20. (Accessed Sept. 2020).*

Medical assistance covers medically necessary EIDBI services and consultations delivered by a licensed health care provider via telemedicine, in the same manner as if the service or consultation was delivered in person.

Source: *MN Statute Sec. 256B.0949, subdiv. 13 & HF 11 (2020 Session). (Accessed Sept. 2020).*

Rehabilitation Services
MHCP allows payment for some rehabilitation services through telemedicine. Physical and occupational therapists, physical and occupational therapists assistants, speech-language pathologists and audiologists may use telemedicine to deliver certain covered rehabilitation therapy services that they can appropriately deliver via telemedicine. Service delivered by this method must meet all other rehabilitation therapy service requirements and providers must adhere to the same standards and ethics as they would if the service was provided face-to-face. Must use GT or GQ modifiers. Providers must self-attest that they meet all of the conditions of MHCP telemedicine policy by completing the "Provider Assurance Statement for Telemedicine". When submitting claims for telemedicine services, use place-of-service code 02 to certify that the services meets the telemedicine requirements. The GQ modifier is required when billing for services via asynchronous telecommunication systems.

Limited to three sessions per week per member. Payment not available for sending materials to a recipient, other providers or other facilities. Payment is made only for one reading or interpretation of diagnostic tests such as x-rays, lab tests, and diagnostic assessments.

Noncovered services:

- Electronic connections that are not conducted over a secure encrypted website as specified by HIPAA
- Scheduling a test or appointment
- Clarification of issues from a previous visit
- Reporting test results
- Non-clinical communication
- Communication via telephone, email or fax

Source: *MMN Dept. of Human Svcs., Provider Manual, Rehabilitation Svcs. Sept. 18, 2020. (Accessed Sept. 2020).*

Medication Therapy Management Services (MTMS)
Under certain circumstances MTMS can be delivered via interactive video. See section on "eligible sites" for more information. To be eligible providers must submit a provider assurance statement, use equipment compliant with HIPAA (see manual for details) and use the GT modifier and 02 POS code.

Noncovered services:

- Encounters by telephone or by email
- Encounters in skilled nursing facilities

Source: *MN Dept. of Human Svcs., Provider Manual, Medication Therapy Management Svcs. Mar. 8, 2018. (Accessed Sept. 2020).*

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Providers must use the place of service code 02.

Eligible providers:

- Physician
- Nurse practitioner
- Physician assistant
- Nurse midwife
- Clinical nurse specialist
- Registered dietitian or nutrition professional
- Dentist, dental hygienist, dental therapist, advanced dental therapist
- Mental health professional, when following requirements and service limitations
- Pharmacist
- Certified genetic counselor
- Podiatrist
- Speech therapist
- Physical therapist
- Occupational therapist
- Audiologist
- Public health nursing organizations

Source: *MN Dept. of Human Services, Provider Manual, Physician and Professional Services (Telemedicine), As revised Jan. 28, 2020. (Accessed Sept. 2020).*

Medical assistance covers medically necessary services and consultations delivered by licensed health care providers, which includes a licensed health care provider under section 62A.671, subdivision 6, a community paramedic as defined under section 144E.001, subdivision 5f, or a mental health practitioner defined under section 245.462, subdivision 17, or 245.4871, subdivision 26, working under the general supervision of a mental health professional, and a community health worker who meets the criteria under subdivision 49, paragraph (a).

Source: *MN Statute Sec. 256B.0625, Subd. 3b. (Accessed Sept. 2020).*

Individualized Education Program (IEP)
Eligible providers include the following:

- Charter schools
- Education districts
- Intermediate districts
- Public school districts
- Tribal schools (schools that receive funding from the Bureau of Indian Affairs-BIA)
- Service cooperatives
- Special education cooperatives
- State academies

Source: *MN Dept. of Human Svcs., Provider Manual, IEP Services, Revised 04/10/2020. (Accessed Sept. 2020).*

Early Intensive Developmental and Behavioral Intervention (EIDBI) EIDBI services
Eligible Providers:

- Physician
- Nurse practitioner
- Clinical psychologist
- Clinical social worker
- Speech therapist
- Physical therapist
- Occupational therapist.

Mental health practitioners working under the supervision of a mental health professional are also eligible. A comprehensive multi-disciplinary evaluation provider, qualified supervising professional, (Level I or Level II) EIDBI provider may apply to provide EI DBI services via telemedicine if they meet the qualifications and complete the Telemedicine Assurance Statement.

Source: *MN Dept. of Human Services, EIDBI Benefit Policy Manual, EIDBI Telemedicine Services. 7/1/20. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

Mental Health Services
All providers eligible to deliver mental health services may deliver the same eservices via telemedicine. See manual for specific requirements a provider must follow when delivering services via telemedicine. The following services may not be conducted via telemedicine:

- Children's day treatment
- Partial hospitalization programs
- Mental health residential treatment services
- Case Management services delivered to children

Source: *MN Dept. of Human Svcs., Provider Manual, Telemedicine Delivery of Mental Health Services, Revised 10/19/18. (Accessed Sept. 2020).*

Alcohol and Drug Abuse Services
All providers eligible to deliver the same services they are authorized to provide via telemedicine as long as they self-attest to meeting all of the conditions of the MHCP telemedicine policy by completing the Provider Assurance Statement for Telemedicine. Individual, non-residential treatment is the only substance use disorder service currently reimbursed via telemedicine.

Source: *MN Dept. of Human Svcs., Provider Manual, Substance Use Disorder Telemedicine, Oct. 19, 2017. (Accessed Sept. 2020).*

Rehabilitation Services
Eligible providers:

- Speech-language pathologists
- Physical therapists
- Physical therapist assistants
- Occupational therapists
- Occupational therapy assistants
- Audiologists

Physical therapist assistants and occupational therapy assistants providing services via telemedicine must follow the same supervision policy as indicated in "Rehabilitation Service Practitioners". No distant site limitations beyond provider types. Providers must self-attest that they meet all of the conditions of MHCP telemedicine policy by completing the "Provider Assurance Statement for Telemedicine". See manual for documentation requirements. When submitting claims for telemedicine services, use place-of-service code 02 to certify that the services meets the telemedicine requirements. The GQ modifier is required when billing for services via asynchronous telecommunication systems.

Source: *MN Dept. of Human Svcs., Provider Manual, Rehabilitation Svcs. Sept. 18, 2020. (Accessed Sept. 2020).*

Eligible Sites

Authorized originating sites include:

- Office of physician or practitioner
- Hospital (inpatient or outpatient)
- Critical access hospital (CAH)
- Rural health clinic (RHC) and Federally Qualified Health Center (FQHC)
- Hospital-based or CAH-based renal dialysis center (including satellites)
- Skilled nursing facility (SNF)
- End-stage renal disease (ESRD) facilities
- Community mental health center
- Dental clinic
- Residential facilities, such as a group home and assisted living, shelter or group housing
- Home (a licensed or certified health care provider may need to be present to facilitate the delivery of telemedicine services provided in a private home)
- School
- Correctional facility-based office
- Mobile Stroke Unit

Source: *MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised Jan. 28, 2020. (Accessed Sept. 2020).*

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Individualized Education Program (IEP)
Eligible originating sites, the location of the child or youth at the time the service is provided. Document in the child's health record:

- Home
- School

Source: *MN Dept. of Human Svcs., Provider Manual, Individualized Education Program, April 10, 2020. (Accessed Sept. 2020).*

Medication Therapy Management Services (MTMS)
Qualified members who must travel more than twenty miles for enrolled MHCP MTMS provider may have the services delivered via interactive video to an ambulatory care site in which there is no enrolled MTMS provider in the local trade area. Services must meet the following criteria:

- Both the patient site and the pharmacist site must be located in a pharmacy, clinic, hospital or other ambulatory care site;
- The origination site must meet the MTMS privacy and space requirements except that the space would need to seat only two people comfortably;
- Qualified members may have the service delivered via interactive video to their residence if the service is performed during a covered home care visit by an MHCP enrolled provider;
- The pharmacist provider's site must be located in a pharmacy, clinic, hospital or other ambulatory care site.

See manual for privacy, equipment and reimbursement requirements.

Source: *MN Dept. of Human Svcs., Provider Manual, Medication Therapy Management Svcs. Mar. 8, 2018. (Accessed Sept. 2020).*

Alcohol and Drug Abuse Services
Eligible originating sites:

- Substance abuse disorder treatment facility (residential or outpatient)
- Office of physician or practitioner
- Hospital (inpatient or outpatient)
- Withdrawal management facility
- Drug court office
- Correctional facility-based office (including jails)
- School
- Community mental health center (CCBHC)
- Residential facility such as a group home and assisted living
- Home (a licensed or certified health care provider may need to be present to facilitate the delivery of telemedicine services provided in a private home)

Source: *MN Dept. of Human Svcs., Provider Manual, Substance Use Disorder Telemedicine, Oct. 19, 2017. (Accessed Sept. 2020).*

Dental
Affiliate practice or originator within Minnesota Board of Dentistry defined scope of practice must be present at originating site:

- Dentist
- Advanced dental therapists
- Dental therapists
- Dental hygienists
- Licensed dental assistants
- Other licensed health care professionals

Source (dental): *MN Dept. of Human Svcs., Provider Manual, Dental Svcs. March 26, 2020. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Sites

Rehabilitation Services
Eligible originating sites:

- Office of physician or practitioner
- Hospital (inpatient or outpatient)
- Critical access hospital (CAH)
- Rural health clinic (RHC) and Federally Qualified Health Center (FQHC)
- Hospital-based or CAH-based renal dialysis center (including satellites)
- Skilled nursing facility (SNF)
- End-stage renal disease (ESRD) facilities
- Community mental health center
- Dental clinic
- Residential facilities, such as a group home and assisted living
- Home (a licensed or certified health care provider may need to be present to facilitate the delivery of telemedicine services provided in a private home)
- School

Source: *MN Dept. of Human Svcs., Provider Manual, Rehabilitation Svcs. Sept. 18, 2020. (Accessed Sept. 2020).*

Tribal Facilities
Outpatient telemedicine services are reimbursable at the IHS outpatient reimbursement rate when provided through a tribal facility. An encounter for a tribal or IHS facility means a face-to-face visit between a member eligible for MA and any health professional at or through an IHS or tribal service location for the provision of MA covered services within a 24-hour period ending at midnight.

Source: *MN Dept. of Human Svcs., Provider Manual, Tribal and Federal Indian Health Svcs., Nov. 22, 2019. (Accessed Sept. 2020).*

Geographic Limits

Medication Therapy Management Services (MTMS)
Qualified members who must travel more than twenty miles for enrolled MHCP MTMS provider may have the services delivered via interactive video to an ambulatory care site in which there is no enrolled MTMS provider in the local trade area.

Source: *MN Dept. of Human Svcs., Provider Manual, Medication Therapy Management Svcs. Mar. 8, 2018. (Accessed Sept. 2020).*

Facility/Transmission Fee

Early Intensive Developmental and Behavioral Intervention (EIDBI) EIDBI services
MHCP does not reimburse for connection charges or origination, set-up or site fees.

Source: *MN Dept. of Human Services, EIDBI Benefit Policy Manual, EIDBI Telemedicine Services. 07/1/20. (Accessed Sept. 2020).*

Store-and-Forward

Policy

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.

Source: *MN Statute Sec. 256B.0625 Subd. 3b(d). (Accessed Sept. 2020).*

MHCP allows payment for store-and-forward.

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Medicaid Telehealth Reimbursement

Store-and-Forward

Policy

"Store and Forward": The asynchronous transmission of medical information to be reviewed at a later time by a physician or practitioner at the distant site. Medical information may include, but is not limited to, video clips, still images, x-rays, MRIs, EKGs, laboratory results, audio clips and text. The physician at the distant site reviews the case without the patient being present. Store and forward substitutes for an interactive encounter with the patient present; the patient is not present in real-time.

Source: *MN Dept. of Human Services, Provider Manual, Physician and Professional Services (Telemedicine), As revised Jan. 28, 2020. (Accessed Sept. 2020).*

Providers must use the place of service code 02.

Eligible providers:

- Physician
- Nurse practitioner
- Physician assistant
- Nurse midwife
- Clinical nurse specialist
- Registered dietitian or nutrition professional
- Dentist, dental hygienist, dental therapist, advanced dental therapist
- Mental health professional, when following requirements and service limitations
- Pharmacist
- Certified genetic counselor
- Podiatrist
- Speech therapist
- Physical Therapist
- Occupational therapist
- Audiologist
- Public health nursing organizations

Source: *MN Dept. of Human Services, Provider Manual, Physician and Professional Services (Telemedicine), As revised Jan. 28, 2020. (Accessed Sept. 2020*

Eligible Services/Specialties

See Live Video Eligible Services section for examples of eligible telemedicine services as well as noncovered services.

Rehabilitation Services

MHCP allows payment for expanded telemedicine services, including some rehabilitation services that are normally conducted face-to-face. Physical and occupational therapists, speech-language pathologists and audiologists may use telemedicine to deliver certain covered rehabilitation therapy services that they can appropriately deliver via telemedicine. Service delivered by this method must meet all other rehabilitation therapy service requirements and providers must adhere to the same standards and ethics as they would if the service was provided face-to-face. When submitting claims for telemedicine services, use place-of-service code 02 to certify that the services meets the telemedicine requirements. The GQ modifier is required when billing for services via asynchronous telecommunication systems. Providers must self-attest that they meet all of the conditions of MHCP telemedicine policy by completing the "Provider Assurance Statement for Telemedicine".

Limited to three sessions per week per recipient. Payment not available for sending materials to a recipient, other providers or other facilities.

Noncovered services:

- Electronic connections that are not conducted over a secure encrypted website as specified by HIPAA
- Scheduling a test or appointment
- Clarification of issues from a previous visit
- Reporting test results

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Medicaid Telehealth Reimbursement

Store-and-Forward

Eligible Services/Specialties

- Non-clinical communication
- Communication via telephone, email or fax

Eligible providers:

- Speech-language pathologists
- Physical therapists
- Physical therapist assistants
- Occupational therapists
- Occupational therapy assistants
- Audiologists

Physical therapist assistants and occupational therapy assistants providing services via telemedicine must follow the same supervision policy as indicated in "Rehabilitation Service Practitioners". No distant site limitations beyond provider types. See manual for documentation requirements.

Source: *MN Dept. of Human Svcs., Provider Manual, Rehabilitation Svcs. Sept. 18, 2020. (Accessed Sept. 2020).*

Geographic Limits

Authorized originating sites include:

- Office of physician or practitioner
- Hospital (inpatient or outpatient)
- Critical access hospital (CAH)
- Rural health clinic (RHC) and Federally Qualified Health Center (FQHC)
- Hospital-based or CAH-based renal dialysis center (including satellites)
- Skilled nursing facility (SNF)
- End-stage renal disease (ESRD) facilities
- Community mental health center
- Dental clinic
- Residential facilities, such as a group home and assisted living, shelter or group housing
- Home (a licensed or certified health care provider may need to be present to facilitate the delivery of telemedicine services provided in a private home)
- School
- Correctional facility-based office
- Mobile Stroke Unit

Source: *MN Dept. of Human Services, Provider Manual, Physician and Professional Services (Telemedicine), As revised Jan. 28, 2020. (Accessed Sept. 2020).*

Dental

Affiliate practice or originator within Minnesota Board of Dentistry defined scope of practice must be present at originating site:

- Dentist
- Advanced dental therapists
- Dental therapists
- Dental hygienists
- Licensed dental assistants
- Other licensed health care professionals

Source (dental): *MN Dept. of Human Svcs., Provider Manual, Dental Svcs. March 26, 2020. (Accessed Sept. 2020).*

Rehabilitation Services

Eligible originating sites:

- Office of physician or practitioner
- Hospital (inpatient or outpatient)
- Critical access hospital (CAH)
- Rural health clinic (RHC) and Federally Qualified Health Center (FQHC)
- Hospital-based or CAH-based renal dialysis center (including satellites)
- Skilled nursing facility (SNF)
- End-stage renal disease (ESRD) facilities
- Community mental health center

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Medicaid Telehealth Reimbursement	Store-and-Forward	Geographic Limits	• Dental clinic • Residential facilities, such as a group home and assisted living • Home (a licensed or certified health care provider may need to be present to facilitate the delivery of telemedicine services provided in a private home) • School **Source:** *MN Dept. of Human Svcs., Provider Manual, Rehabilitation Svcs. March 27, 2020. (Accessed Sept. 2020).*
		Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	There is reimbursement for "tele-homecare" under Elderly Waiver (EW) and Alternative Care (AC) programs. **Source:** *MN Dept. of Human Svcs., Provider Manual, Elderly Waiver (EW) and Alternative Care (AC) Program, As revised Jan. 7, 2020, (Accessed Sept. 2020).* Prior authorization for home care services is required for all tele-home-care visits. **Source:** *MN Dept. of Human Svcs., Provider Manual, Home Care Svcs., As revised Oct. 5, 2018. (Accessed Sept. 2020).*
		Conditions	No reference found.
		Provider Limitations	No reference found.
		Other Restrictions	No reference found.

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Medicaid Telehealth Reimbursement

Email / Phone / Fax

No reimbursement for email
No reimbursement for phone
No reimbursement for fax

Source: *MN Dept. of Human Services, Provider Manual, Physician and Professional Services (Telemedicine), As revised Jan. 28, 2020. (Accessed Sept. 2020).*

"A communication between licensed health care providers, or a licensed health care provider and a patient that consists solely of a telephone conversation, e-mail or facsimile transmission does not constitute a telemedicine consultation or service."

Source: *MN Statute Sec. 256B.0625, Subsection 3(b)(d). (Accessed Sept. 2020).*

Case management for Child Welfare Transitional Case Management services is covered through telephone in certain circumstances.

Source: *MN Dept. of Human Svcs., Provider Manual, Child Welfare Case Management Services, As revised Jul. 17, 2017. (Accessed Sept. 2020).*

Consent

For substance use disorder services, the member must have consented to receiving services over telemedicine.

Source: *MN Dept. of Human Svcs., Provider Manual, Substance Use Disorder Telemedicine, Oct. 19, 2017. (Accessed Sept. 2020).*

Out of State Providers

Out-of-state coverage policy applies to services provided via telemedicine. See out-of-state providers section of manual.

Source: *MN Dept. of Human Services, Provider Manual, Physician and Professional Services (Telemedicine), As revised Jan. 28, 2020 & & MN Dept of Human Services, Provider Manual, Provider Basics: Out-of-State Providers. Revised 12/6/12. (Accessed Sept. 2020).*

Miscellaneous

Clinical Supervision of Outpatient Mental Health Services
Clinical supervision must be conducted by a qualified supervisor using individual or group (or both) supervision. Individual or group face-to-face supervision may be conducted via electronic communications that utilize interactive telecommunications equipment that includes at a minimum audio and video equipment for two-way, real-time, interactive communication between the supervisor and supervisee, and meet the equipment and connection standards of telemedicine.

Source: *MN Dept. of Human Services, Provider Manual, Clinical Supervision of Outpatient Mental Health Services, 8/4/2016. (Accessed Sept. 2020).*

Early Intensive Developmental and Behavioral Intervention (EIDBI) services
Services must be:

- Compliant with HIPAA and security requirements and regulation
- Medically appropriate to the condition and needs of the person and/or family.
- Either the person or family must be present via two-way, interactive video while the provider delivers EIDBI telemedicine services.

Source: *MN Dept. of Human Services, EIDBI Benefit Policy Manual, EIDBI Telemedicine Services. 7/1/20. (Accessed Sept. 2020).*

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Private Payer Laws

Definitions

"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.

Source: *MN Statute Sec. 62A.671. (Accessed Sept. 2020).*

Requirements

A health plan sold, issued, or renewed by a health carrier for which coverage of benefits begins on or after January 1, 2017, shall include coverage for telemedicine benefits in the same manner as any other benefits covered under the policy, plan, or contract.

A health carrier shall not exclude a service for coverage solely because the service is provided via telemedicine and is not provided through in-person consultation or contact between a licensed health care provider and a patient.

A health carrier can establish criteria that a health care provider must meet to demonstrate the safety or efficacy of delivering a particular service via telemedicine for which the health carrier does not already reimburse other health care providers for delivering via telemedicine, so long as the criteria are not unduly burdensome or unreasonable for the particular service.

A health carrier can require a health care provider to agree to certain documentation or billing practices designed to protect the health carrier or patients from fraudulent claims so long as the practices are not unduly burdensome or unreasonable for the particular service.

Source: *MN Statute Sec. 62A.672. (Accessed Sept. 2020).*

Parity

Service Parity

A health carrier shall reimburse the distant site licensed health care provider for covered services delivered via telemedicine on the same basis and at the same rate as the health carrier would apply to those services if the services had been delivered in person by the distant site licensed health care provider.

Source: *MN Statute Sec. 62A.672 Subd 2. (Accessed Sept. 2020).*

Payment Parity

A health carrier shall reimburse the distant site licensed health care provider for covered services delivered via telemedicine on the same basis and at the same rate as the health carrier would apply to those services if the services had been delivered in person by the distant site licensed health care provider.

Source: *MN Statute Sec. 62A.672 Subd 3. (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Definitions

"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.

Source: *MN Statute Sec 147.033. (Accessed Sept. 2020).*

Consent

No reference found.

Online Prescribing

A physician-patient relationship may be established through telemedicine.

Source: *MN Statute 147.033. (Accessed Sept. 2020).*

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.

The requirement for an examination shall be met if the referring practitioner has performed an examination in the case of a consultant practitioner issuing a prescription or drug order when providing services by means of telemedicine.

Source: *MN Statute Sec. 151.37 Subd. 2(d)(5). (Accessed Sept. 2020).*

For purposes of a provider prescribing ophthalmic goods, the provider must establish a provider-patient relationship through one of the following methods:

1. In person;
2. Face-to-face interactive, two-way, real-time communication; or
3. Through store-and-forward technologies when all of the following conditions are met: The provider obtains an updated medical history and makes a diagnosis at the time of prescribing; the provider conforms to the standard of care expected of in-person care; the ophthalmic prescription is not determined solely by use of an online questionnaire; the provider is licensed and authorized to issue an ophthalmic prescription in MN; and upon request, the provider provides patient records in a timely manner.

Source: *MN Statute Sec. 145.713, Subd. 4. (Accessed Sept. 2020).*

Cross-State Licensing

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, meet with patients in Minnesota, or receive calls in Minnesota from patients and they register with the state's board. These requirements do not apply in response to emergency medical conditions, the services are on an irregular or infrequent basis, or the physician provides interstate telemedicine services in consultation with a physician licensed in Minnesota.

Source: *MN Statute Sec. 147.032. (Accessed Sept. 2020).*

Minnesota is a member of the interstate medical licensure compact.

Source: *Interstate Medical Licensure Compact. (Accessed Sept. 2020).*

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Professional Regulation/ Health & Safety

Miscellaneous

No reference found.

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Mississippi

Medicaid Program: Mississippi Medicaid

Program Administrator: Mississippi Division of Medicaid

Regional Telehealth Resource Center: South Central Telehealth Resource Center www.learntelehealth.org

Mississippi Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✓	✓	✗	IMLC, NLC, PTC, EMS	✓

Mississippi Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Mississippi Medicaid reimburses certain providers for live video telehealth when there is a telepresenter with the patient. They also reimburse for store-and-forward teleradiology, and for remote patient monitoring for patients with certain chronic conditions.

Definitions

Telemedicine means the delivery of health care services such as diagnosis, consultation, or treatment through the use of interactive audio, video or other electronic media. Telemedicine must be "real-time" consultation, and it does not include the use of audio-only telephone, e-mail or facsimile.

Source: *MS Code Sec. 83-9-351(1)(d). (Accessed Sept. 2020).*

The Division of Medicaid defines telemedicine as a method which uses electronic information and communication equipment to supply and support health care when remoteness disconnects patients and links primary care physicians, specialists, providers, and beneficiaries which includes, but is not limited to, telehealth services, remote patient monitoring services, teleradiology services, store-and-forward and continuous glucose monitoring services.

The Division of Medicaid defines telehealth services as the delivery of health care by an enrolled Medicaid provider, through a real-time communication method, to a beneficiary who is located at a different site. The interaction must be live, interactive, and audiovisual.

Source: *MS Admin. Code Title 23, Part 225, Rule. 1.1. (Accessed Sept. 2020).*

Telehealth service is defined as the practice of health care delivery by a provider to a beneficiary who is under the care of a provider at a different geographical location.

Source: *State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 3.1-A. 3/31/15. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

Mississippi Medicaid and private payers are required to provide coverage for telemedicine services to the same extent that the services would be covered if they were provided through in-person consultation.

Source: *MS Code Sec. 83-9-351. (Accessed Sept. 2020).*

Providers of telehealth services must be an enrolled Mississippi Medicaid provider acting within their scope-of-practice and license or medical certification or Mississippi Department of Health (MDSH) certification and in accordance with state and federal guidelines, including but not limited to, authorization of prescription medications at both the originating and distant site.The Division of Medicaid requires that providers utilize telehealth technology sufficient to provide real-time interactive communications that provide the same information as if the telehealth visit was performed in-person. Equipment must also be compliant with all applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA).

Source: *MS Admin. Code Title 23, Part 225, Rule. 1.2B. (Accessed Sept. 2020).*

Eligible Services / Specialties

The Division of Medicaid covers medically necessary telehealth services as a substitution for an in-person visit for consultations, office visits, and/or outpatient visits when all the required medically appropriate criteria is met which aligns with the description of the Current Procedural Terminology (CPT) evaluation and management (E&M) and Healthcare Common Procedure Coding System (HCPCS) guidelines.

Noncovered Services:

- Telehealth service that is not covered in an in-person setting
- Telehealth services in the inpatient setting;
- Installation or maintenance of telehealth hardware, software and/or equipment, videotapes, and transmissions. Early and periodic screening, diagnosis, and treatment (EPSDT) well child visits through telehealth.
- Physician visits for non-established beneficiaries, and/or level VI or V visits.
- The following modalities, which MS Medicaid does not consider telehealth: telephone conversation, chart review, electronic mail messages, facsimile transmission, internet services for online medical evaluations, or communication through social media;
- Any other communication made in the course of usual business practices including, but not limited to calling in a prescription refill, or performing a quick virtual triage.
- The installation or maintenance of any telecommunication devices or systems.

The Division of Medicaid reimburses all providers delivering a medically necessary telehealth service at the distant site at the current applicable MS Medicaid fee for the service provided. The provider must include the appropriate modifier on the claim indicating the service was provided through telehealth.

Source: *MS Admin. Code Title 23, Part 225, Rule. 1.3-1.5. (Accessed Sept. 2020).*

The Division of Medicaid covers medically necessary health services to eligible Medicaid beneficiaries as specified in the State Plan. If a service is not covered in an in-person setting, it is not covered if provided through telehealth.

Telehealth service must be delivered in a real-time communication method that is:

- Live;
- Interactive; and
- Audiovisual

Source: *State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 3.1A. 3/31/15. (Accessed Sept. 2020).*

Mental Health Services
Medication evaluation & management may be provided by the use of telehealth.

Source: *MS Admin. Code Title 23, Part 206, Rule. 1.9, pg. 25. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

Any enrolled Medicaid provider may provide telehealth services at the originating site. The following enrolled Medicaid providers may provide telehealth services at the distant site:

- Physicians,
- Physician assistants,
- Nurse practitioners,
- Psychologists,
- Licensed Clinical Social Workers (LCSW),
- Licensed Professional Counselors (LPCs),
- Board Certified Behavior Analysts or Board-Certified Behavior Analyst Doctorals
- Community Mental Health Centers (CMHCs)
- Private Mental Health Centers

Source: *MS Admin. Code Title 23, Part 225, Rule. 1.3(B). (Accessed Sept. 2020).*

During a state of emergency, beneficiaries may seek treatment utilizing telehealth services from a distant site provider not listed under Medicaid's allowed distant site providers.

Source: *MS Admin. Code Title 23, Part 225, Rule. 1.7. (Accessed Sept. 2020).*

Eligible Sites

The Division of Medicaid reimburses the provider at the originating site the Mississippi Medicaid telehealth originating site facility fee for telehealth services per completed transmission, in addition to a separately identifiable covered service if performed (see facility fee section).

The division of Medicaid covers telehealth services at an originating site when the telepresenter meets certain requirements. Requirements include:

- Is a Mississippi Medicaid provider, or employed by a Mississippi Medicaid provider and directly supervised by the provider or an appropriate employee of the provider if the medical personnel's license or certification requires supervision,
- Is trained to use the appropriate technology at the originating site,
- Is able to facilitate comprehensive exams under the direction of a distant site practitioner who is, or is employed by, a Mississippi Medicaid provider.
- Must remain in the exam room for the entirety of the exam unless otherwise directed by the distant site provider for the appropriate treatment of the beneficiary, and
- Must act within the scope of their practice, license, or certification.

Source: *MS Admin Code Title 23, Part 225, Rule 1.1 & 1.5. (Accessed Sept. 2020).*

During a state of emergency, beneficiaries may seek treatment utilizing telehealth services from an originating site not listed in the Medicaid State Plan, including the beneficiary's residence.

When the beneficiary receives services in the home, the requirement for a telepresenter to be present may be waived.

Source: *MS Admin. Code Title 23, Part 225, Rule. 1.7. (Accessed Sept. 2020).*

Geographic Limits

No reference found.

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Medicaid Telehealth Reimbursement

Live Video

Facility/Transmission Fee

The Division of Medicaid reimburses the enrolled Medicaid provider at the originating site the Mississippi Medicaid telehealth originating site facility fee for telehealth services per completed transmission in addition to reimbursement for a separately identifiable covered service if performed.

The following providers are eligible to receive the originating site facility fee for telehealth services per transmission when the telepresenter meets certain requirements (see eligible site section):

- Office of a physician or practitioner,
- Outpatient hospital, including a Critical Access Hospital (CAH),
- Rural Health Clinic (RHC),
- Federally Qualified Health Center (FQHC),
- Community Mental Health/Private Mental Health Center,
- Therapeutic Group Home,
- Indian Health Service Clinic, and
- School-based clinic.

Source: *MS Admin. Code Title 23, Part 225, Rule. 1.5(A). (Accessed Sept. 2020).*

An originating site fee is covered in the following originating sites:

- Office of a physician or practitioner;
- Outpatient Hospital (including a Critical Access Hospital (CAH));
- Rural Health Clinic (RHC);
- Federally Qualified Health Center (FQHC);
- Community Mental Health/Private Mental Health Centers;
- Therapeutic Group Homes;
- Indian Health Service Clinic; or
- School-based clinic.

Source: *State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 3.1-A. 3/31/15. (Accessed Sept. 2020). MS Admin. Code Title 23, Part 225, Rule. 1.5(A). (Accessed Sept. 2020).*

Facility fee provided per completed transmission.

Source: *State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 4.19-B. 3/31/15. (Accessed Sept. 2020).*

RHCs and FQHCs acting in the role of a telehealth originating site provider with no other separately identifiable service being provided will only be paid the telehealth originating site fee per completed transmission and will not receive reimbursement for an encounter.

Source: *State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 4.19-B, Rural Health Centers & Federally Qualified Health Center. 6/30/16. (Accessed Sept. 2020).*

Store-and-Forward

Policy

Private payers, MS Medicaid and employee benefit plans are required to provide coverage to the same extent as in-person consultation for store-and-forward telemedicine services. A health insurance or employee benefit plan can limit coverage to health care providers in a telemedicine network approved by the plan. Patients receiving medical care through store-and-forward must be notified of their right to receive interactive communication with the distant site provider. Telemedicine networks unable to offer this will not be reimbursed for store-and-forward telemedicine services.

Source: *MS Code Sec. 83-9-353. (Accessed Sept. 2020).*

The Division of Medicaid defines store-and-forward as telecommunication technology for the transfer of medical data from one (1) site to another through the use of a camera or similar device that records or stores an image which is transmitted or forwarded via telecommunication to another site for teleconsultation and includes, but is not limited to, teleradiology services.

Source: *MS Admin Code Title 23, Part 225, Rule. 3.1. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Store-and-Forward

Policy

There is reimbursement for tele-radiology services, however there is no reference to reimbursing for other specialties in regulation.

Teleradiology services must be delivered by an enrolled Medicaid provider acting within their scope-of-practice and license and in accordance with state and federal guidelines.
The use and delivery of teleradiology services does not alter a covered provider's privacy obligations under federal/and or state law and a provider or entity operating telehealth services that involve protected health information ("PHI") must meet the same HIPAA requirements the provider or entity would for a service provided in person.

Source: *MS Admin Code Title 23, Part 225, Rule. 3.2. (Accessed Sept. 2020).*

Eligible Services/Specialties

Store-and-forward includes, but is not limited to teleradiology. The Division of Medicaid covers one technical and one professional component for each teleradiology procedure only for providers enrolled in MS Medicaid and when there are no geographically local radiologist providers to interpret the images. See regulations for detailed requirements for teleradiology.

Source: *MS Admin. Code Title 23, Part 225, Rule. 3.1 & 3.3. (Accessed Sept. 2020).*

Geographic Limits

MS Medicaid only covers teleradiology when there are no geographically local radiologist providers to interpret images.

Source: *MS Admin. Code Title 23, Part 225, Rule. 3.3. (Accessed Sept. 2020).*

Transmission Fee

The Division of Medicaid does not cover the transmission cost or any other associated cost of teleradiology.

Source: *Code of MS Rules 23-225, Rule. 3.4. (Accessed Sept. 2020).*

Remote Patient Monitoring

Policy

Private payers, MS Medicaid and employee benefit plans are required to provide coverage for remote patient monitoring services for Mississippi-based telehealth programs affiliated with a Mississippi health care facility.

A one-time telehealth installation/training fee is also reimbursed.

Source: *MS Code Sec. 83-9-353. (Accessed Sept. 2020).*

The Division of Medicaid reimburses for remote patient monitoring:

- Of devices when billed with the appropriate code, and
- For disease management:
  - A daily monitoring rate for days the beneficiary's information is reviewed.
  - Only one (1) unit per day is allowed, not to exceed thirty-one (31) days per month.
  - An initial visit to install the equipment and train the beneficiary may be billed as a set-up visit.
  - Only one set-up is allowed per episode even if monitoring parameters are added after the initial set-up and installation.
  - Only one (1) daily rate will be reimbursed regardless of the number of diseases/chronic conditions being monitored.

The Division of Medicaid does not reimburse for the duplicate transmission or interpretation of remote patient monitoring data.

Source: *MS Admin. Code Title 23, Part 225, Rule. 2.5. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Conditions

The Division of Medicaid covers remote patient monitoring, for disease management when medically necessary, prior authorized by the Utilization Management/Quality Improvement Organization (UM/QIO), Division of Medicaid or designee, ordered by a physician, physician assistant, or nurse practitioner for a beneficiary who meets the following criteria:

- Has been diagnosed with one (1) or more of the following chronic conditions of diabetes, congestive heart failure (CHF), or chronic obstructive pulmonary disease (COPD);
- Has had two (2) or more hospitalizations in the previous twelve (12) months for one (1) of the chronic conditions listed above;
- Hospitalizations for two (2) different chronic conditions cannot be combined to satisfy the two (2) or more hospitalizations requirement; and
- Is capable of using the remote patient monitoring equipment and transmitting the necessary data or has a willing and able person to assist in completing electronic transmission of data.

The Division of Medicaid covers remote patient monitoring of devices when medically necessary, ordered by a physician, physician assistant or nurse practitioner which includes, but not limited to:

- Implantable pacemakers,
- Defibrillators,
- Cardiac monitors,
- Loop recorders, and
- External mobile cardiovascular telemetry.

Source: *MS Admin. Code 23, Part 225, Rule. 2.3. (Accessed Sept. 2020).*

To qualify for RPM services, patients must meet all of the following criteria:

- Be diagnosed in the last 18 months with one or more chronic condition, as defined by CMS.
- Have a recent history of costly services use due to one or more chronic conditions as evidenced by two or more hospitalizations, including emergency room visits in the past twelve months; and
- The patient's healthcare provider recommends disease management services via remote patient monitoring.

Source: *MS Code Sec. 83-9-353. (Accessed Sept. 2020).*

Provider Limitations

Remote patient monitoring services must be delivered by an enrolled Medicaid provider acting within their scope-of-practice and license and in accordance with state and federal guidelines. Must be ordered by a physician, physician assistant or nurse practitioner.

Source: *MS Admin. Code Title 23, Part 225, Rule. 2.2 & 2.3. (Accessed Sept. 2020).*

A health insurance or employee benefit plan can limit coverage to health care providers in a telemedicine network approved by the plan.

Source: *MS Code Sec. 83-9-353(18). (Accessed Sept. 2020).*

Other Restrictions

Remote patient monitoring prior authorization request form must be submitted to request telemonitoring services.

The law lists specific technology requirements.

Source: *MS Code Sec. 83-9-353(6). (Accessed Sept. 2020).*

Remote patient monitoring services must be provided in the beneficiary's private residence.

Source: *MS Admin. Code 23, Part 225, Rule. 2.3(C). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Email / Phone / Fax

The following are not considered telehealth services:

- Telephone conversation
- Chart reviews
- Electronic mail messages
- Facsimile transmission
- Internet services for online medical evaluation, or
- Communication through social media or,
- Any other communication made in the course of usual business practices including, but not limited to,
  a) Calling in a prescription refill, or
  b) Performing a quick virtual triage.

Source: *MS Admin. Code 23, Part 225, Rule. 1.4(C). (Accessed Sept. 2020).*

Not considered telehealth:

- Telephone conversations;
- Chart reviews;
- Electronic mail messages;
- Facsimile transmission;
- Internet services for online medical evaluations; or
- The installation or maintenance of any telecommunication devices or systems.

Source: *State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 3.1-A. 3/31/15. (Accessed Sept. 2020).*

During a state of emergency, Telehealth services are expanded to include use of telephonic audio that does not include video when authorized by the State of Mississippi. A beneficiary may use the beneficiary's personal telephonic land line in addition to a cellular device, computer, tablet, or other web camera-enabled device to seek and receive medical care in a synchronous format with a distant-site provider.

Source: *MS Admin. Code Title 23, Part 225, Rule. 1.7. (Accessed Sept. 2020).*

Consent

Signed consent for using telehealth is required.

Source: *MS Admin. Code 23, Part 225, Rule 1.6(A). (Accessed Sept. 2020).*

Out of State Providers

For teleradiology, consulting and referring provider is a licensed physician (or PA or NP for referring providers) who must be licensed in the state within the United States in which he/she practices.

Source: *MS Admin. Code 23, Part 225, Rule 3.1. (Accessed Sept. 2020).*

Miscellaneous

See documentation requirements.

Source: *Source: MS Admin. Code 23, Part 225. (Accessed Sept. 2020).*

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Private Payer Laws

Definitions

Telemedicine means the delivery of health care services such as diagnosis, consultation, or treatment through the use of interactive audio, video or other electronic media. Telemedicine must be "real-time" consultation, and it does not include the use of audio-only telephone, e-mail or facsimile.

Source: *MS Code Sec. 83-9-351. (Accessed Sept. 2020).*

Worker's Compensation
"Telemedicine is the practice of medicine using electronic communication, information technology or other means between a physician in one location and a patient in another location with or without an intervening health care provider. This definition does not include the practice of medicine through postal or courier services."

"Synchronous telemedicine service is defined as a real-time interaction between a physician and another qualified health care professional and a patient who is located at a distant site from the physician or other qualified health care professional."

Source: *MS Workers' Compensation Commission. Workers' Compensation Medical Fee Schedule. p. 57 & 78 (June 15, 2019). (Accessed Sept. 2020).*

Requirements

A health insurance or employee benefit plan can limit coverage to health care providers in a telemedicine network approved by the plan.

All health insurance and employee benefit plans in this state must provide coverage for telemedicine services to the same extent that the services would be covered if they were provided through in-person consultation.

A health insurance or employee benefit plan is not prohibited from providing coverage for only those services that are medically necessary, subject to the terms and conditions of the covered person's policy.

The originating site is eligible to receive a facility fee.

Source: *MS Code Sec. 83-9-351 & MS Code Sec. 83-9-353. (Accessed Sept. 2020).*

Store-and-forward and Remote Patient Monitoring
All health insurance and employee benefit plans in this state must provide coverage and reimbursement for the asynchronous telemedicine services of store-and-forward telemedicine services and remote patient monitoring services based on the criteria set out in this section.

Patients receiving medical care through store-and-forward must be notified of their right to receive interactive communication with the distant site specialist health care provider and shall receive an interactive communication with the distant specialist upon request. If requested, the communication may occur at the time of consultation or within 30 days of the patient's request. Telemedicine networks unable to offer this will not be reimbursed for store and forward telemedicine services.

To qualify for remote patient monitoring services, patients must meet all of the following criteria:

- Be diagnosed in the last 18 months with one or more chronic conditions, as defined by CMS.
- Have a recent history of costly services due to one or more chronic conditions as evidenced by two or more hospitalizations, including emergency room visits in the last 12 months; and
- The patient's healthcare provider recommends disease management services via remote patient monitoring.

Remote patient monitoring prior authorization request form must be submitted to request telemonitoring services and includes:

- An order for home telemonitoring, signed and dated by a prescribing physician
- A plan of care, signed and dated by the prescribing physician
- The client's diagnosis and risk factors that qualify the client for home telemonitoring services

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Private Payer Laws

Requirements

- Attestation that the client is sufficiently cognitively intact and able to operate the equipment or has a willing and able person to assist
- Attestation that the client is not receiving duplicative services via disease management services.

The entity providing remote patient monitoring must be located in Mississippi and have protocols in place meeting specified criteria listed in Mississippi law.

The law lists specific technology requirements, non-English language options, and 24/7 technical and clinical support services available.

Monitoring of a client's data cannot be duplicated by another provider.

The service must include:

- An assessment, problem identification, and evaluation including:
  - Assessment and monitoring of clinical data
  - Detection of condition changes based on the telemedicine encounter

Implementation of a management plan through one or more of the following:

- Teaching regarding medication management
- Teaching regarding other interventions
- Management and evaluation of the plan of care
- Coordination of care with the ordering health care provider
- Coordination and referral to other medical providers as needed
- Referral for an in-person visit or the emergency room as needed

Source: *MS Code Sec. 83-9-353. (Accessed Sept. 2020).*

Parity

Service Parity

All health insurance plans must provide coverage for telemedicine services, including live video and store-and-forward, to the same extent as in-person consultations. Remote patient monitoring is also reimbursed based on the criteria outlined in MS code.

A health insurance plan may charge a deductible, co-payment, or coinsurance for a health care service provided through telemedicine so long as it does not exceed the deductible, co-payment, or coinsurance applicable to an in-person consultation.

A health insurance or employee benefit plan can limit coverage to health care providers in a telemedicine network approved by the plan.

Source: *MS Code Sec. 83-9-351 & MS Code Sec. 83-9-353. (Accessed Sept. 2020).*

Payment Parity

No explicit payment parity.

Remote Patient Monitoring Reimbursement
Remote patient monitoring services are required to include reimbursement for a daily monitoring rate at a minimum of ten dollars per day each month and sixteen dollars per day when medication adherence management services are included, not to exceed 31 days per month.

A one-time installation/training fee for remote patient monitoring services will also be reimbursed at a minimum rate of fifty dollars per patient, with a maximum of two installation/training fees per calendar year.

These reimbursement rates are only eligible to Mississippi-based telehealth programs affiliated with a Mississippi health care facility.

Source: *MS Code Sec. 83-9-353. (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Definitions

Practice of Medicine
Telemedicine is the practice of medicine using interactive audio, video, store-and-forward, or other telecommunications or electronic technology by a licensed health care provider to deliver a health care service within the scope of practice of the health care provider at a site other than the site at which the patient is located, and which is capable of replicating the interaction of a traditional encounter in-person between a provider and a patient. This definition does not include the practice of medicine through postal or courier services.

Source: *MS Admin. Code Title 30, Part 2635, Rule 5.1. (Accessed Sept. 2020).*

Cross-State Practice
Telemedicine, or the practice of medicine across state lines, shall be defined to include any one or both of the following:

- Rendering of a medical opinion concerning diagnosis or treatment of a patient within this state by a physician located outside this state as a result of transmission of individual patient data by electronic or other means from within this state to such physician or his agent; or
- The rendering of treatment to a patient within this state by a physician located outside this state as a result of transmission of individual patient data by electronic or other means from within this state to such physician or his agent.

Source: *MS Code Sec. 73-25-34(1). (Accessed Sept. 2020).*

Consent

The physician using telemedicine should obtain the patient's informed consent before providing care via telemedicine technology. In addition to information relative to treatment, the patient should be informed of the risk and benefits of being treated via a telemedicine network including how to receive follow-up care or assistance in the event of an adverse reaction to treatment or if there is a telemedicine equipment failure.

Source: *MS Admin. Code Title 30, Sec. 2635, Rule 5.3. (Accessed Sept. 2020).*

Online Prescribing

A prescription for a controlled substance based solely on a consumer's completion of an online medical questionnaire is not a valid prescription.

Source: *MS Code Sec. 41-29-137(f)(3). (Accessed Sept. 2020).*

In order to practice telemedicine a valid "physician patient relationship" must be established. The elements of this valid relationship are:

- verify that the person requesting the medical treatment is in fact who they claim to be;
- conducting an appropriate history and physical examination of the patient that meets the applicable standard of care;
- establishing a diagnosis through the use of accepted medical practices, i.e., a patient history, mental status exam, physical exam and appropriate diagnostic and laboratory testing;
- discussing with the patient the diagnosis, risks and benefits of various treatment options to obtain informed consent;
- insuring the availability of appropriate follow-up care; and
- maintaining a complete medical record available to patient and other treating health care providers.

Physicians using telemedicine technologies to provide medical care to patients located in Mississippi must provide an appropriate examination prior to diagnosis and treatment of the patient. However, this exam need not be in person if the technology is sufficient to provide the same information to the physician as if the exam had been performed face to face.

Other exams may be appropriate if a licensed health care provider is on site with the patient and is able to provide various physical findings that the physician needs to complete an adequate assessment. However, a simple questionnaire without an appropriate exam is in violation of this policy and may subject the physician to discipline by the Board.

Source: *MS Admin. Code Title 30, Sec. 2635, Rule 5.4 & 5.5. (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Cross-State Licensing

No person shall engage in the practice of medicine across state lines (telemedicine) in this state, hold himself out as qualified to do the same, or use any title, word or abbreviation to indicate to or induce others to believe that he is duly licensed to practice medicine across state lines in this state unless he has first obtained a license to do so from the State Board of Medical Licensure and has met all educational and licensure requirements as determined by the State Board of Medical Licensure. This requirement shall not be required where the evaluation, treatment and/or the medical opinion to be rendered by a physician outside this state (a) is requested by a physician duly licensed to practice medicine in this state, and (b) the physician who has requested such evaluation, treatment and/or medical opinion has already established a doctor/patient relationship with the patient to be evaluated and/or treated.

Source: *MS Code Sec. 73-25-34. (Accessed Sept. 2020).*

The practice of medicine is deemed to occur in the location of the patient. Therefore, only physicians holding a valid Mississippi license are allowed to practice telemedicine in Mississippi. The interpretation of clinical laboratory studies as well as pathology and histopathology studies performed by physicians without Mississippi licensure is not the practice of telemedicine provided a Mississippi licensed physician is responsible for accepting, rejecting, or modifying the interpretation. The Mississippi licensed physician must maintain exclusive control over any subsequent therapy or additional diagnostics.

Source: *MS Admin. Code Title 30, Sec. 2635, Rule 5.2 & 5.4. (Accessed Sept. 2020).*

Member of the Interstate Medical Licensure Compact.

Source: *The IMLC. Interstate Medical Licensure Compact. (Accessed Sept. 2020).*

Member of the Nurse Licensure Compact.

Source: *Current NLC States and Status. Nurse Licensure Compact (NLC). (Accessed Sept. 2020).*

Member of the Physical Therapy Compact.

Source: *Compact Map. PT Compact. (Accessed Sept. 2020).*

Member of the Interstate Commission for EMS Personnel Practice

Source: *The Interstate Commission for EMS Personnel Practice. (Accessed Sept. 2020).*

Miscellaneous

A physician treating a patient through a telemedicine network must maintain a complete record of the patient's care.

Source: *MS Admin. Code Title 30, Sec. 2635, Rule 5.6. (Accessed Sept. 2020).*

Recently Passed Legislation (Now Effective)
Establishes the powers and duties of the State Department of Health to include:

- The ability to promulgate rules and regulations, and to collect data and information, on (i) the delivery of services through the practice of telemedicine; and (ii) the use of electronic records for the delivery of telemedicine services.

Source: *MS Code Sec. 41-3-15. (Accessed Sept. 2020).*

Recently Passed Legislation (Now Effective)
Establishes the Mississippi Center for Rural Health Innovation within the Office of Rural Health of the State Department. The purpose of the center is to provide services and resources to rural hospitals, critical access hospitals, rural health clinics and rural federally qualified health centers, including expert analysis, guidance, training opportunities and telehealth investment.

Source: *MS HB 94 (Regular Session 2020). (Accessed Sept. 2020).*

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Missouri

Medicaid Program: HealthNet

Program Administrator: Missouri Dept. of Social Services

Regional Telehealth Resource Center: Heartland Telehealth Resource Center www.heartlandtrc.org

Missouri Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✓	✓	✓	✗	NLC, PTC, PSYPACT, EMS	✓

Missouri Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Missouri Medicaid will reimburse for services delivered via live video. They will also reimburse for some tele-dentistry asynchronous services and remote patient monitoring for specific conditions.

Definitions

"Telehealth" or "telemedicine", the delivery of health care services by means of information and communication technologies which facilitate the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while such patient is at the originating site and the health care provider is at the distant site. Telehealth or telemedicine shall also include the use of asynchronous store-and-forward technology.

Source: *MO Revised Statute Title XII Public Health and Welfare Sec. 208.670 which references Title XII Sec. 191.1145. (Accessed Sept. 2020).*

Telehealth Services are health care services provided through information and communication technologies which facilitate the assessment, diagnosis, consultation, treatment, education care management, and self-management of a patient's health care while such patient is at the originating site and the health care provider is at the distant site.

Source: *MO HealthNet, Physician Manual,13-69A p. 288 (Dec. 27, 2020), MO HealthNet, Provider Manual, Rural Health Clinics, Section 13, p. 164 (Sept. 6, 2019) & MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 208 (Apr. 14, 2020). (Accessed Sept. 2020).*

Live Video

Policy

Services provided through telehealth must meet the standard of care that would otherwise be expected should such services be provided in person. Prior to the delivery of telehealth services in a school, the parent or guardian of the child shall provide authorization for such service. The authorization shall include the ability for the parent or guardian to authorize services via telehealth in the school for the remainder of the school year.

Source: *MO HealthNet, Physician Manual, 13.69A p. 288 (Dec. 27, 2020), Provider Manual, Rural Health Clinics, Section 13, p. 165 (Sept. 6, 2019) & MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 208 (Apr. 14, 2020). (Accessed Sept. 2020).*

The department of social services shall reimburse providers for services provided through telehealth if such providers can ensure services are rendered meeting the standard of care that would otherwise be expected should such services be provided in-person. Reimbursement for telehealth services shall be made in the same way as reimbursement for in-person contact; however, consideration shall also be made for reimbursement to the originating site.

Source: *MO Revised Statute Ch. 208 Sec. 208.670. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Services provided through telehealth must meet the standard of care that would otherwise be expected should such services be provided in person. Use the appropriate CPT code for the service along with place of service 02 (telehealth). Distant site services provided on school grounds should be billed with place of service 03 and a GT modifier.

Source: *MO HealthNet, Physician Manual,13-69A p. 288-289 (Dec. 27, 2019)), MO HealthNet, Provider Manual, Rural Health Clinics, Section 13, p. 165 (Sept. 6, 2019) & MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 208-209 (Feb. 3, 2020). (Accessed Sept. 2020).*

Comprehensive Substance Abuse Treatment & Rehabilitation (CSTAR) Program
Medication services and other services may be provided via telehealth.

Source: *MO HealthNet, CSTAR Manual, 13.14(K)(4) p. 200 (Sept. 6, 2019). (Accessed Sept. 2020).*

Community Psych Rehab Program
Several services are covered if delivered via telehealth. See manual for specific services.

Source: *MO HealthNet, Community Psych Rehab Program Manual, (Sept. 6, 2019). (Accessed Sept. 2020).*

Home Health
The telehealth may be used in the "face-to-face" requirement of an encounter.

Source: *MO HealthNet, Home Health Manual, p. 168. (Aug 14, 2020). (Accessed Sept. 2020).*

Dentistry
Some teledentistry is covered. See manual for codes.

Source: *MO HealthNet, Dental Manual, p. 261. (Feb. 14, 2020). (Accessed Sept. 2020).*

Eligible Providers

Any licensed health care provider shall be authorized to provide telehealth services if such services are within the scope of practice for which the health care provider is licensed and are provided with the same standard of care as services provided in person. To be reimbursed for telehealth services health care providers treating patients in this state, utilizing telehealth, must be fully licensed to practice in this state and be enrolled as a MO HealthNet/ MHD provider prior to rendering services.

Source: *MO HealthNet, Physician Manual, 13.69B p. 288-9 (Dec. 27, 2019), Provider Manual, Rural Health Clinics, Section 13, p. 165 (Sept. 6, 2019) & MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 209 (Apr.14, 2020). (Accessed Sept. 2020).*

RHCs must bill with their non-RHC provider number when they are the originating site to receive the facility fee. RHCs may bill with either their non-RHC provider number or their RHC provider number when they are the distant site. The provider will use the appropriate procedure code for the service along with place of service 02 (Telehealth). Distant site services provided on school grounds should be billed with place of service 03 and a GT modifier.

Any licensed health care provider shall be authorized to provide telehealth services if such services are within the scope of practice for which the health care provider is licensed and are provided with the same standard of care as services provided in person. To be reimbursed for telehealth services health care providers treating patients in this state, utilizing telehealth, must be fully licensed to practice in this state and be enrolled as a MHD provider prior to rendering services.

Source: *MO HealthNet, Rural Health Clinic, p. 165 (Sept. 6, 2019). (Accessed Sept. 2020).*

Anesthesiologist monitoring telemetry in the operating room is a non-covered service.

Source: *MO HealthNet, Physician Manual, p. 212 (Dec. 27, 2019). (Accessed Sept. 2020).*

Reimbursement to the health care provider delivering the medical service at the distant site is equal to the current fee schedule amount for the service provided. Use the appropriate CPT code for the service along with place of service 02 (telehealth).
Distant site services provided on school grounds should be billed with place of service 03 and a GT modifier.

Source: *MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 209 (Apr. 14, 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

Reimbursement to the health care provider delivering the medical service at the distant site is equal to the current fee schedule amount for the service provided.

Source: *MO HealthNet, Physician Manual,13-69A p. 289 (Dec. 27, 2019), & MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 209 (Apr. 14, 2020). (Accessed Sept. 2020).*

RHCs may bill with either their non-RHC provider number or their RHC provider number. The provider will use the appropriate procedure code for the service along with place of service 02 (Telehealth). Distant site services provided on school grounds should be billed with place of service 03 and a GT modifier.

Source: *MO HealthNet, Provider Manual, Rural Health Clinics, Section 13, p. 165 (Sept. 6, 2019). (Accessed Sept. 2020).*

Eligible Sites

The department shall not restrict the originating site through rule or payment so long as the provider can ensure services are rendered meeting the standard of care that would otherwise be expected should such services be provided in-person.

Source: *MO Revised Statute Ch. 208 Sec. 208.670. (Accessed Sept. 2020).*

No originating site for services or activities provided under this section shall be required to maintain immediate availability of on-site clinical staff during the telehealth services, except as necessary to meet the standard of care for the treatment of the patient's medical condition if such condition is being treated by an eligible health care provider who is not at the originating site, has not previously seen the patient in-person in a clinical setting, and is not providing coverage for a health care provider who has an established relationship with the patient.

Source: *MO Revised Statute Sec. 191.1145(6). (Accessed Sept. 2020).*

RHCs must bill with their non-RHC provider number (or when the distant site, the RHC provider number can also be used) when they are the originating site to receive the facility fee.

Distant site services provided on school grounds should be billed with place of service 03 and a GT modifier.

Source: *MO HealthNet, Rural Health Clinic, p. 165 (Sept 6, 2019). (Accessed Sept. 2020).*

The originating site is where the MO HealthNet participant receiving the telehealth service is physically located. The originating site and distant site can be billed by the same provider for the same date of service as long as the distant site is not located in the originating site facility.

Source: *MO Department of Social Services. Provider Bulletin. Vol. 40, No. 47. Feb. 2, 2018. (Accessed Sept. 2020).*

Geographic Limits

Payment for services rendered via telehealth shall not depend on any minimum distance requirement between the originating and distant site.

Source: *MO Revised Statute Ch. 208 Sec. 208.670. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Facility/Transmission Fee

Providers can bill Q3014 for the telehealth originating site facility fee.

Source: *MO Department of Social Services. Provider Bulletin. Vol. 40, No. 47. Feb. 2, 2018. (Accessed Sept. 2020).*

FQHCs and RHCs are eligible for an originating site facility fee. Special billing instructions apply to FQHC providers.

Source: *MO Department of Social Services. Provider Bulletin. Vol 41, No. 44. Mar. 5, 2019. (Accessed Sept. 2020).*

The originating site is only eligible to receive a facility fee for the Telehealth service. Claims should be submitted with HCPCS code Q3014 (Telehealth originating site facility fee). Procedure code Q3014 is used by the originating site to receive reimbursement for the use of the facility while Telehealth services are being rendered.

Source: *MO HealthNet, Physician Manual, 13.69A p. 289 (Dec. 27, 2019); MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 209 (April 14, 2020). (Accessed Sept. 2020).*

RHCs must bill with their non-RHC provider number to receive reimbursement for a facility fee for the Telehealth services when operating as the originating site. Claims must be submitted with HCPCS code Q3014 (Telehealth originating site facility fee).

Source: *Provider Manual, Rural Health Clinics, Section 13, p. 165 (Sept. 6, 2019). (Accessed Sept. 2020).*

Store-and-Forward

Policy

Reimbursement for asynchronous store-and-forward may be capped at the reimbursement rate had the service been provided in-person.

Source: *MO Revised Statute Ch. 208 Sec. 208.670. (Accessed Sept. 2020).*

Eligible Services/Specialties

Dentistry
Dentist review via teledentistry is covered. See manual for codes.

Source: *MO HealthNet, Dental Manual, p. 261. (Feb. 14, 2020). (Accessed Sept. 2020).*

Geographic Limits

No reference found.

Transmission Fee

No reference found.

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Policy

Subject to appropriations, the department shall establish a statewide program that permits reimbursement under the MO HealthNet program for home telemonitoring services.

"Home telemonitoring service" shall mean a health care service that requires scheduled remote monitoring of data related to a participant's health and transmission of the data to a health call center accredited by the Utilization Review Accreditation Commission (URAC).

Source: *MO Revised Statute Sec. 208.686. (Accessed Sept. 2020).*

Conditions

Eligible conditions:

- Pregnancy
- Diabetes
- Heart disease
- Cancer
- Chronic obstructive pulmonary disease
- Hypertension
- Congestive heart failure
- Mental illness or serious emotional disturbance
- Asthma
- Myocardial infarction; or
- Stroke

The beneficiary must also exhibit two or more the following risk factors:

- Two or more hospitalizations in the prior twelve-month period;
- Frequent or recurrent emergency department admissions;
- A documented history of poor adherence to ordered medication regimens;
- A documented history of falls in the prior six-month period;
- Limited or absent informal support systems;
- Living alone or being home alone for extended periods of time;
- A documented history of care access challenges; or
- A documented history of consistently missed appointments with health care providers

Source: *MO Revised Statute Sec. 208.686.(Accessed Sept. 2020).*

Personal Emergency Response Systems (an electronic device that is programmed to signal a response center once the help button is activated) is available for patients at high risk of being institutionalized.

Source: *MO HealthNet, Provider Manual, Developmental Disabilities Waiver Manual, Section 13, p. 32 (Aug. 17, 2020). (Accessed Sept. 2020).*

Provider Limitations

The program must ensure the home health agency or hospital shares telemonitoring clinical information with participant's physician.

Source: *MO Revised Statute Sec. 208.686. (Accessed Sept. 2020).*

Other Restrictions

If, after implementation, the department determines that the program established under this section is not cost effective, the department may discontinue the program and stop providing reimbursement under the MO HealthNet program for home telemonitoring services. The department shall promulgate rules and regulations to implement the provisions of this section.

Source: *MO Revised Statute Sec. 208.686. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Email / Phone / Fax

No reference found.

Consent

Prior to the provision of telehealth services in a school, the parent or guardian of the child shall provide authorization for the provision of such service. Such authorization shall include the ability for the parent or guardian to authorize services via telehealth in the school for the remainder of the school year.

Source: *MO Revised Statute. XII Public Health and Welfare. Ch. 208, Sec. 208.677 & MO HealthNet, Rural Health Clinic, p. 165 (Sept 6, 2019) & MO HealthNet, Physician Manual, Telehealth Services, p. 288 (Dec. 27, 2019) & MO HealthNet, Provider Manual, Behavioral Health Services, p. 208 (April 14, 2020). (Accessed Sept. 2020).*

Out of State Providers

Payment cannot be made to entities outside of the US, and US territories.

Source: *MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 58 (April 14, 2020); MO HealthNet, Physician Manual, Telehealth Services, p. 66 (Dec. 27, 2019) & MO HealthNet, Rural Health Clinic, p. 56 (Sept. 6, 2019). (Accessed Sept. 2020).*

Miscellaneous

Recently Passed Legislation Effective August 28, 2020
Beginning January 1, 2022, and each year thereafter, the department shall make publicly available a report that shall include the information submitted under subsection 8 of this section. The report shall also include, in collaboration with the department of public safety, information about the number of evidentiary collection kits submitted by a person or entity outside of a hospital setting, as well as the number of appropriate medical providers utilizing the training and telehealth services provided by the network outside of a hospital setting.

Source: *MO Revised Statute Ch. 192.2520. (Accessed Sept. 2020).*

Special documentation requirements apply.

Source: *MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 209 (April 14, 2020); MO HealthNet, Physician Manual, Telehealth Services, p. 289 (Dec. 27, 2019) & MO HealthNet, Rural Health Clinic, p. 165 (Sept. 6, 2019), (Accessed Sept. 2020).*

Place of service school (03) must be used for services provided in a school or on school grounds. If a school district is providing telehealth services on school grounds, the GT modifier must be used.

Source: *MO HealthNet, Therapy Manual, p. 173 (Sept. 6, 2019). (Accessed Sept. 2020).*

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Private Payer Laws

Definitions

"Telehealth" or "telemedicine", the delivery of health care services by means of information and communication technologies which facilitate the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while such patient is at the originating site and the health care provider is at the distant site. Telehealth or telemedicine shall also include the use of asynchronous store-and-forward technology.

Source: *MO Revised Statute Title XXIV Business and Professions, Sec. 376.1900, which references Sec. Title XII Public Health and Welfare Sec. 208.670 which references Title XII Sec. 191.1145. (Accessed Sept. 2020)*

Requirements

Health carriers shall not deny coverage for a health care service on the basis that the health care service is provided through telehealth if the same service would be covered if provided through face-to-face diagnosis, consultation, or treatment.

A health carrier may not exclude an otherwise covered health care service from coverage solely because the service is provided through telehealth rather than face-to-face consultation or contact between a health care provider and a patient.

A health carrier shall not be required to reimburse a telehealth provider or a consulting provider for site origination fees or costs for the provision of telehealth services; however, subject to correct coding, a health carrier shall reimburse a health care provider for the diagnosis, consultation, or treatment of an insured or enrollee when the health care service is delivered through telehealth on the same basis that the health carrier covers the service when it is delivered in-person.

A health carrier or health benefit plan may limit coverage for health care services that are provided through telehealth to health care providers that are in a network approved by the plan or the health carrier.

Source: *MO Revised Statutes § 376.1900. (Accessed Sept. 2020).*

Missouri Consolidated Health Care Plan (State employees and retirees health plan)
Telehealth services are covered on the same basis that the service would be covered when it is delivered in-person.

Source: *MO Consolidated State Reg. 22:10-3.057. pg. 23, April 30, 2020. (Accessed Sept. 2020).*

Parity

Service Parity

A health carrier may not exclude an otherwise covered health care service from coverage solely because the service is provided through telehealth rather than face-to-face consultation or contact between a health care provider and a patient. A health carrier or health benefit plan may limit coverage for health care services that are provided through telehealth to health care providers that are in a network approved by the plan or the health carrier.

Source: *MO Revised Statutes § 376.1900. (Accessed Sept. 2020).*

Payment Parity

No explicit payment parity.

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Professional Regulation/Health & Safety

Definitions

"Telehealth" or "telemedicine", the delivery of health care services by means of information and communication technologies which facilitate the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while such patient is at the originating site and the health care provider is at the distant site. Telehealth or telemedicine shall also include the use of asynchronous store-and-forward technology.

Source: *MO Revised Statute Sec. 191.1145. (Accessed Sept. 2020).*

Licensing of Physicians and Surgeons
Telehealth means the use of medical information exchanged from one site to another via electronic communications to improve the health status of a patient.

Source: *MO Code of State Regulation. Title 20, 2150-2.001. (Accessed Sept. 2020).*

Consent

Collaborative Care Arrangement
Telehealth providers (including Advanced Practice Registered Nurses who providing nursing services under a collaborative practice arrangement) are required to obtain patient (or the patient's guardian's) consent and document consent in patient's record.

Source: *MO Code of State Regulation. Title 20, 2150-2.240(2(F)) & Sec. 20, 2150-5.100(3(H)), & MO Revised Statute Title XXII Occupations and Professions Ch. 335.175. (Accessed Sept. 2020).*

Online Prescribing

Prescribing or dispensing drugs without sufficient examination is prohibited including failing to establish a valid physician-patient relationship pursuant to section 334.108.

Source: *MO Revised Statutes § 334.100(4)(h) (2012). (Accessed Sept. 2020).*

A telemedicine encounter can establish a physician-patient relationship if the standard of care does not require an in-person encounter and in accordance with evidence-based standards of practice and telemedicine practice guidelines that address the clinical and technological aspects of telemedicine.

In order to establish a physician-patient relationship through telemedicine:

- The technology utilized shall be sufficient to establish an informed diagnosis as though the medical interview and physical examination has been performed in-person; and
- Prior to providing treatment, including issuing prescriptions or physician certifications under Article XIV of the Missouri Constitution, a physician who uses telemedicine shall interview the patient, collect or review relevant medical history, and perform an examination sufficient for the diagnosis and treatment of the patient. A questionnaire completed by the patient, whether via the internet or telephone, does not constitute an acceptable medical interview and examination for the provision of treatment by telehealth.

Source: *MO Revised Statute Ch. 191 Sec. 191.1146. (Accessed Sept. 2020).*

In addition, in order to prescribe, the relationship includes:

1. Obtaining a reliable medical history and performing a physical examination of the patient, adequate to establish the diagnosis for which the drug is being prescribed and to identify underlying conditions or contraindications to the treatment recommended or provided;
2. Having sufficient dialogue with the patient regarding treatment options and the risks and benefits of treatment or treatments;
3. If appropriate, following up with the patient to assess the therapeutic outcome;
4. Maintaining a contemporaneous medical record that is readily available to the patient and, subject to the patient's consent, to the patient's other health care professionals; and
5. Maintaining the electronic prescription information as part of the patient's medical record.

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Professional Regulation/Health & Safety

Online Prescribing

The requirements of subsection 1 (see above) may be satisfied by the prescribing physician's designee when treatment is provided in:

- A hospital;
- A hospice program;
- Home health services provided by a home health agency;
- Accordance with a collaborative practice agreement;
- Conjunction with a physician assistant licensed;
- Conjunction with an assistant physician;
- Consultation with another physician who has an ongoing physician-patient relationship with the patient, and who has agreed to supervise the patient's treatment, including use of any prescribed medications; or
- On-call or cross-coverage situations.

No health care provider shall prescribe any drug, controlled substance, or other treatment to a patient based solely on an evaluation over the telephone; except that, a physician or such physician's on-call designee, or an advanced practice registered nurse, a physician assistant, or an assistant physician in a collaborative practice arrangement with such physician may prescribe any drug, controlled substance, or other treatment that is within his or her scope of practice to a patient based solely on a telephone evaluation if a previously established and ongoing physician-patient relationship exists between such physician and the patient being treated.

No health care provider shall prescribe any drug, controlled substance, or other treatment to a patient based solely on an internet request or an internet questionnaire.

Source: *MO Revised Statute Sec. 334.108. (Accessed Sept. 2020).*

Cross-State Licensing

In order to treat patients in this state through the use of telemedicine or telehealth, health care providers shall be fully licensed to practice in this state and shall be subject to regulation by their respective professional boards.

Does not apply to:

- Informal consultation performed by a health care provider licensed in another state, outside of the context of a contractual relationship, and on an irregular or infrequent basis without the expectation or exchange of direct or indirect compensation;
- Furnishing of health care services by a health care provider licensed and located in another state in case of an emergency or disaster; provided that, no charge is made for the medical assistance; or
- Episodic consultation by a health care provider licensed and located in another state who provides such consultation services on request to a physician in this state.

Source: *MO Revised Statute Ch. 191 Sec. 191.1145. (Accessed Sept. 2020).*

Member of Psychology Interjurisdictional Compact (PSYPACT).

Source: *PSYPACT Website. (Accessed Sept. 2020).*

Member of Physical Therapy Compact.

Source: *PT Compact Map. (Accessed Sept. 2020).*

Member of Nurses Licensure Compact.

Source: *Nurse Licensure Compact. Current NLC States and Status. NCSBN. (Accessed Sept. 2020).*

Member of The Interstate Commission for EMS Personnel Practice.

Source: *The Interstate Commission for EMS Personnel Practice. (Accessed Sept. 2020).*

Miscellaneous

No reference found.

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Montana

Medicaid Program: Montana Medicaid

Program Administrator: MT Dept. of Public Health and Human Services

Regional Telehealth Resource Center: Northwest Regional Telehealth Resource Center https://www.nrtrc.org/

Montana At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✗	✓	✗	IMLC, NLC, PTC	✗

Montana Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Montana Medicaid reimburses for live video under some circumstances. There is no reimbursement for store-and-forward or remote patient monitoring based on the definition for telemedicine.

Definitions

Telemedicine is the use of interactive audio-video equipment to link practitioners and patients located at different sites.

Source: *MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Feb. 2020). (Accessed Sept. 2020).*

Healthy Montana Kids

Telemedicine is "the use of a secure interactive audio and video, or other telecommunications technology by a health care provider to deliver health care services at a site other than the site where the patient is located. Does not include audio only (phone call), e-mail, and/or facsimile transmission."

Source: *MT Children's health Insurance Plan, Healthy Montana Kids (HMK). Evidence of Coverage (Nov. 2017), p. 11. (Accessed Sept. 2020).*

Live Video

Policy

MT Medicaid reimburses for medically necessary telemedicine services to eligible members. Providers must be enrolled as Montana Healthcare Programs providers and be licensed in the state of Montana.

Telemedicine should not be selected when face-to-face services are medically necessary. Members should establish relationships with primary care providers who are available on a face-to-face basis.

The originating and distant providers may not be within the same facility or community. The same provider may not be the "pay to" for both the originating and distance provider.

Source: *MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Feb. 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Healthy Montana Kids
Services provided by telemedicine are allowed for non-surgical medical services and behavioral health outpatient services.

Source: *MT Children's health Insurance Plan, Healthy Montana Kids (HMK). Evidence of Coverage (Nov., 2017), p. 24 & 30. (Accessed Sept. 2020).*

Telehealth services are available for Physical, Occupational and Speech Therapy when ordered by a physician or mid-level practitioner. The order is valid for 180 days. All Montana Medicaid covered services delivered via telemedicine/telehealth are reimbursable so long as such services are medically necessary and clinically appropriate for delivery via telemedicine/telehealth.

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services program (EPSDT) covers all medically necessary services for children age 20 and under. Therapy services for children are not restricted to a specific number of hours or units as long as the therapy services are restorative, not maintenance. All other applicable requirements apply.

Source: *MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, Therapies Manual, Covered Services (Mar. 2020). (Accessed Sept. 2020).*

The availability of services through telemedicine in no way alters the scope of practice of any health care provider; or authorizes the delivery of health care services in a setting or manner not otherwise authorized by law.

Source: *MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, Physician Related Svcs., Telemedicine (Feb. 2020). (Accessed Sept. 2020).*

Eligible Providers

Providers must be enrolled as Montana Healthcare Programs providers and be licensed in the State of Montana in order to:

- Treat a Montana Healthcare Programs member; and
- Submit claims for payment to Montana Healthcare Programs

Source: *MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, Physician Related Svcs., Telemedicine (Feb. 2020). (Accessed Sept. 2020).*

Eligible Sites

Telemedicine can be provided in a member's residence; the distance provider is responsible for the confidentiality requirements. See Facility/Transmission fee section for list of eligible originating sites for facility fee.

Source: *MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Feb. 2020). (Accessed Sept. 2020).*

Geographic Limits

The originating and distant providers may not be within the same facility or community. The same provider may not be the pay to for both the originating and distance provider.

Source: *MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Feb. 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Facility/Transmission Fee

The following provider types can bill the originating site fee:

- Outpatient hospital
- Critical access hospital*
- Federally qualified health center*
- Rural health center*
- Indian health service*
- Physician
- Psychiatrist
- Mid-levels
- Dieticians
- Psychologists
- Licensed clinical social worker
- Licensed professional counselor
- Mental health center
- Chemical dependency clinic
- Group/clinic
- Public health clinic
- Family planning clinic

*Reimbursement for Q3014 is a set fee and is paid outside of both the cost to charge ratio and the all-inclusive rate.

Originating site providers must include a specific diagnosis code to indicate why a member is being seen by a distance provider and this code must be requested from the distance site prior to billing for the telemedicine appointment.

The originating site provider may also, as appropriate, bill for clinical services provided on-site the same day that a telemedicine originating site service is provided. The originating site may not bill for assisting the distant site provider with an examination, including for any services that would be normally included in a face-to-face visit.

Source: *MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Feb. 2020). (Accessed Sept. 2020).*

No reimbursement for infrastructure or network use charges.

Source: *MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, Physician Related Svcs., Billing Procedures (Sept. 2017). (Accessed Sept. 2020).*

FQHCs and RHCs can bill a telehealth originating site code if applicable.

Source: *MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, Rural Health Clinics & Federally Qualified Health Center, Billing Procedures (Jan, 2020). (Accessed Sept. 2020).*

Store-and-Forward

Policy

There is no reimbursement for store-and-forward based on the definition for telemedicine restricting the service to interactive audio-video.

Source: *MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Feb. 2020). (Accessed Sept. 2020).*

Eligible Services/Specialties

No reference found.

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Medicaid Telehealth Reimbursement	Store-and-Forward	Geographic Limits	No reference found.
		Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	There is no reimbursement for remote patient monitoring based on the definition for telemedicine restricting the service to interactive audio-video. **Source:** *MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Feb. 2020). (Accessed Sept. 2020).*
		Conditions	No reference found.
		Provider Limitations	No reference found.
		Other Restrictions	No reference found.

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Medicaid Telehealth Reimbursement

Email / Phone / Fax

Telemedicine reimbursement does not include:

- Consultation by telephone
- Facsimile machine transmissions
- Crisis hotlines

Source: *MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Feb. 2020). (Accessed Sept. 2020).*

No reimbursement for telephone services in home.

Source: *MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, Audiology Svcs., Rural Health Clinics & Federally Qualified Health Center, Covered Services (Jan. 2020); Physical Therapy, Occupational Therapy and Speech Therapy, Covered Services (Mar. 2020); Hospital Outpatient Services, Covered Services (Mar. 2020); Hospital Inpatient Services, Covered Services (Jul. 2020); Physician Services, Covered Services (Sept. 2017); Federally Qualified Health Center, Covered Services (Jan. 2020). (Accessed Sept. 2020).*

Consent

No reference found.

Out of State Providers

Providers must be licensed in the state of Montana.

Any out of state distance providers must be licensed in the State of Montana and enrolled in Montana Healthcare Programs in order to provide telemedicine services to Montana Healthcare Programs members. Providers must contact the Montana Department of Labor and Industry to find out details on licensing requirements for their applicable professional licensure.

Source: *MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Feb. 2020). (Accessed Sept. 2020).*

Miscellaneous

Effective January 1, 2017, providers must also use the telehealth place of service of 02 for claims. By coding with the GT modifier and the 02 place of service, the provider is certifying that the service was a face-to-face visit provided via interactive audio-video telemedicine.

Source: *MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Feb. 2020). (Accessed Sept. 2020).*

If a rendering provider's number is required on the claim for a face-to-face visit, it is required on a telemedicine claim

Source: *MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Feb. 2020). (Accessed Sept. 2020).*

Confidentially requirements apply (see manual).

Source: *MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Feb. 2020). (Accessed Sept. 2020).*

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Private Payer Laws

Definitions

Telemedicine means the use of interactive audio, video, or other telecommunications technology that is:

- Used by a health care provider or health care facility to deliver health care services at a site other than the site where the patient is located; and
- Delivered over a secure connection that complies with the requirements of HIPPA.
  - The term includes the use of electronic media for consultation relating to the health care diagnosis or treatment of a patient in real-time or through the use of store-and-forward technology.
  - The term does not include the use of audio-only telephone, e-mail, or facsimile transmissions.

Source: *MT Code Annotated Sec. 33-22-138(6)(d). (Accessed Sept. 2020).*

Requirements

Eligible providers under the parity law include:

- Physicians
- Physician Assistants
- Podiatrists
- Pharmacists
- Optometrists
- Physical Therapists
- Occupational Therapists
- Speech-language Pathologists and Audiologists
- Psychologists
- Social Workers
- Licensed Professional Counselors
- Nutritionists
- Addiction Counselors
- Registered professional nurse
- Advanced practice registered nurse
- Genetic counselor certified by the American board of genetic counseling
- Diabetes educator certified by the national certification board for diabetes
- Dentists & Dental Hygienists

Eligible facilities under this law include:

- Critical access hospital
- Hospice
- Hospital
- Long-term care facility
- Mental health center
- Outpatient center for primary care
- Outpatient center for surgical services

A health insurer is not:

- Required to provide coverage for services that are not medically necessary, subject to the terms and conditions of the policy
- Permitted to require a health care provider to be physically present with the patient at the site where the patient is located unless the distant site provider determines that the presence of a health care provider is necessary.

Source: *MT Code Sec. 33-22-138. (Accessed Sept. 2020).*

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Private Payer Laws

Parity

Service Parity

Private payers are required to provide coverage for services delivered through telemedicine if the services are otherwise covered by the policy, certificate, contract, or agreement.

Coverage must be equivalent to the coverage for services that are provided in-person by a health care provider or health care facility.

Source: *MT Code Sec. 33-22-138. (Accessed Sept. 2020).*

Payment Parity

No explicit payment parity.

Professional Regulation/Health & Safety

Definitions

Telemedicine means the practice of medicine using interactive electronic communication, information technology, or other means between a licensee in one location and a patient in another location with or without an intervening health care provider. Telemedicine typically involves the application of secure videoconferencing or store-and-forward technology, as defined in 33-22-138. The term does not mean an audio-only telephone conversation, an e-mail or instant messaging conversation, or a message sent by facsimile transmission.

Source: *MT Code Sec. 37-3-102(14). (Accessed Sept. 2020).*

Consent

No reference found.

Online Prescribing

No reference found.

Cross-State Licensing

Member of the Interstate Medical licensure Compact.

Source: *The IMLC. Interstate Medical Licensure Compact. (Accessed Sept. 2020).*

Member of the Nurse Licensure Compact.

Source: *Current NLC States and Status. Nurse Licensure Compact. (Accessed Sept. 2020).*

Member of the Physical Therapy Compact.

Source: *Compact Map. Physical Therapy Compact. (Accessed Sept. 2020).*

Miscellaneous

Professional Board Telehealth-Specific Regulations

- MT Board of Speech-Language Pathology (*MT Admin Rules, Sec. 24.222.9. (Accessed Sept. 2020).*

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Nebraska

Medicaid Program: Nebraska Medicaid

Program Administrator: NE Dept. of Health and Human Services

Regional Telehealth Resource Center: Great Plains Telehealth Resource and Assistance Center https://www.gptrac.org

Nebraska At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✓	✓	✗	IMLC, NLC, PTC, PSYPACT, EMS	✓

Nebraska Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Nebraska Medicaid reimburses for live video, store-and-forward, and remote patient monitoring under some circumstances. Reimbursement for store-and-forward is only specified for teleradiology.

Definitions

Telehealth consultation means any contact between a client and a health care practitioner relating to the health care diagnosis or treatment of such client through telehealth. For the purposes of telehealth, a consultation includes any service delivered through telehealth.

Telemonitoring is the remote monitoring of a client's vital signs, biometric data, or subjective data by a monitoring device which transmits such data electronically to a health care practitioner for analysis and storage.

Source: *NE Admin. Code Title 471 Sec. 1-006.02, Ch. 1, Manual Letter #52-2016. & NE Rev. Statute, 71-8503. (Accessed Sept. 2020).*

Telehealth means the use of medical information electronically exchanged from one site to another, whether synchronously or asynchronously, to aid a health care practitioner in the diagnosis or treatment of a patient. Telehealth includes services originating from a patient's home or any other location where such patient is located, asynchronous services involving the acquisition and storage of medical information at one site that is then forwarded to or retrieved by a health care practitioner at another site for medical evaluation, and telemonitoring.

Source: *NE Rev. Statute, 71-8503(3). (Accessed Sept. 2020)*

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Medicaid Telehealth Reimbursement

Policy

Nebraska Medicaid provides coverage for telehealth at the same rate as in-person services when the technology meets industry standards and is HIPAA compliant.

Medicaid will reimburse a consulting health care provider if the following are met:

- After obtaining and analyzing the transmitted information, the consulting provider reports back to the referring health care practitioner;
- The consulting health care practitioner must bill for services using the appropriate modifier;
- Payment is not made to the referring health care practitioner who sends the medical documentation. Reimbursement is at the same rate as in-person services.
- Practitioner consultation is not covered for behavioral health when the client has an urgent psychiatric condition requiring immediate attention by a licensed mental health practitioner.

Source: *NE Admin. Code Title 471 Sec. 1-006.08-.09, Ch. 1, Manual Letter #52-2016, p. 19. (Accessed Sept. 2020).*

In-person contact is not required for reimbursable services under the Medicaid program, subject to reimbursement policies developed. This policy also applies to managed care plans who contract with the Department only to the extent that:

- Services delivered via telehealth are covered and reimbursed under the fee-for-service program and
- Managed care contracts are amended to add coverage of services delivered via telehealth and appropriate capitation rate adjustments are incorporated.

Reimbursement shall, at a minimum, be set at the same rate as a comparable in-person consult and the rate must not depend on the distance between the health care practitioner and the patient.

The department shall establish rates for transmission cost reimbursement for telehealth consultations, considering, to the extent applicable, reductions in travel costs by health care practitioners and patients to deliver or to access health care services and such other factors as the department deems relevant. Such rates shall include reimbursement for all two-way, real-time, interactive communications, unless provided by an Internet service provider, between the patient and the physician or health care practitioner at the distant site which comply with the federal Health Insurance Portability and Accountability Act of 1996 and rules and regulations adopted thereunder and with regulations relating to encryption adopted by the federal Centers for Medicare and Medicaid Services and which satisfy federal requirements relating to efficiency, economy, and quality of care.

Source: *NE Revised Statutes Sec. 71-8506. (Accessed Sept. 2020).*

Children's Behavioral Health
A trained staff member must be immediately available to a child receiving telehealth behavioral health services. This requirement may be waived by a legal guardian and in cases where there is a threat that the child may harm themselves or others, a safety plan must be developed before the telehealth interaction takes place.

Source: *NE Admin. Code Title 471, Sec. 1-006.05(6), Ch. 1, Manual Letter #52-2016, p. 18. (Accessed Sept. 2020).*

Live Video

Eligible Services / Specialties

Federally Qualified Health Centers & Rural Health Clinics
FQHC and RHC payment for telehealth services is the Medicaid rate for a comparable in-person service. FQHC & RHC core services provided via telehealth are not covered under the encounter rate.

Source: *NE Admin. Code Title 471, Sec. 29-004.05, Ch. 29, Manual Letter #11-2010, p. 5. & NE Admin. Code Title 471, Sec. 34-007, Ch. 34, Manual Letter #11-2010. (Accessed Sept. 2020).*

Assertive Community Treatment (ACT)
ACT Team Interventions may be provided via telehealth when provided according to certain regulations.

Source: *NE Admin. Code Title 471 Sec. 35-013.11, Ch. 35, Manual Letter #89-2008, p. 26. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Indian Health Service (IHS) Facilities
Telehealth services may be used to conduct a face-to-face visit (encounter) for the provision of medically necessary Medicaid-defined services in an IHS or Tribal facility within a 24-hour period ending at midnight, as documented in the client's medical record.

Source: *NE Admin. Code Title 471 Sec. 11-001, Ch. 11, Manual Letter #51-2018, p. 1. (Accessed Sept. 2020).*

Services for Individuals with Developmental Disabilities
Providers may conduct observations for the development, modification, evaluation, or implementation of a behavioral support plan in-person or by telehealth.

Source: *NE Admin. Code Title 403 Sec. 004.04, Ch. 4, p. 5. & Sec. 004.04, Ch. 5, p. 5. (Accessed Sept. 2020).*

Eligible Providers

Nebraska Medicaid-enrolled providers licensed, registered, or certified to practice in Nebraska are eligible for reimbursement.

Source: *NE Rev. Statute, 71-8503(2). (Accessed Sept. 2020)*

Eligible Sites

Health care practitioners must assure that the originating sites meet the standards for telehealth, including providing a place where the client's right for confidential and private services is protected.

Source: *NE Admin. Code Title 471 Sec. 1-006.04, Ch. 1, Manual Letter #52-2016, p. 17. (Accessed Sept. 2020).*

Geographic Limits

No reference found.

Facility/Transmission Fee

Nebraska Medicaid reimburses for transmission costs for two-way, real-time interactive communication, unless provided by an internet service provider.

An originating site fee is paid to the Medicaid-enrolled facility hosting the client.

Source: *NE Admin. Code Title 471 Sec. 1-006.010-.11, Ch. 1, Manual Letter #52-2016, p. 19-20. (Accessed Sept. 2020).*

Federally Qualified Health Centers & Rural Health Clinics
Telehealth transmission cost related to non-core services will be the lower of:

- The provider's submitted charge; or
- The maximum allowable amount

Source: *: NE Admin. Code Title 471, Sec. 29-004.05A, Ch. 29, Manual Letter #11-2010, p. 5. & NE Admin. Code Title 471, Sec. 34-007.01, Ch. 34, Manual Letter #11-2010, p. 6. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Store-and-Forward

Policy

Asynchronous service is included in the definition for telehealth in Nebraska statutes.

Source: *NE Rev. Statute, 71-8503(3). (Accessed Sept. 2020)*

Eligible Services/Specialties

Nebraska Medicaid will reimburse for tele-radiology when it meets the American College of Radiology standards for tele-radiology. There is no other reference to reimbursing for other specialties.

Source: *NE Admin. Code Title 471 Sec. 1-006.06, Ch. 1, Manual Letter #52-2016, p. 18. (Accessed Sept. 2020).*

Geographic Limits

No reference found.

Transmission Fee

No reference found.

Remote Patient Monitoring

Policy

Telemonitoring: The remote monitoring of a client's vital signs, biometric data, or subjective data by a monitoring device which transmits such data electronically to a health care practitioner for analysis and storage.

Medicaid will reimburse for telemonitoring when all of the following requirements are met:

- Telemonitoring is covered only when the services are from the originating site;
- The client is cognitively capable to operate the equipment or has a willing and able person to assess in the transmission of electronic data;
- The originating site has space for all program equipment and full transmission capability;
- The provider maintains a client's record supporting the medical necessity of the service, all transmissions and subsequent review received from the client, and how the data transmitted from the client is being utilized in the continuous development and implementation of the client's plan of care.

Paid at daily per diem-rate and includes:

- Healthcare practitioner review and interpretation of client data;
- Equipment and all supplies, accessories, and services necessary for proper functioning and use of equipment;
- Medically necessary visits to the home by a health care practitioner;
- Training on the use of the equipment and completion of necessary records.

No additional or separate payment is allowed.

Source: *NE Admin. Code Title 471 Sec. 1-006.07, Ch. 1, Manual Letter #52-2016, p. 18-19. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Conditions

No reference found.

Provider Limitations

No reference found.

Other Restrictions

No reference found.

Email / Phone / Fax

No reimbursement for telephone. Follow-up calls after the initial evaluation are included in the cost of the evaluation. Reimbursement may be made for telephone consultations with another physician if the name of the consulting physician is indicated on or in the claim.

Source: *NE Admin. Code Title 471, Sec. 18-004.38, Ch. 18, Manual Letter #59-2003. & NE Admin. Code Title 471, Sec. 18-004.50B, Ch. 18, Manual Letter #93-2008. (Accessed Sept. 2020).*

Consent

Written or email consent required before initial service delivery. Must include this information:

- A list of alternative care options, including in-person services;
- All existing laws and protections including: confidentiality protections, patient access to all medical information from the consult, and dissemination of client identifiable information;
- Whether the telehealth consultation will be recorded;
- The client shall be informed of all parties present at both ends of the consult, and the client may exclude anyone from either site;
- For each adult client or for a client who is a child but who is not receiving telehealth behavioral health services, a safety plan must be developed, should it be needed at any time during or after the provision of telehealth; Special rules apply for a child who is receiving telehealth behavioral health services;
- Written consent will become part of the client's medical record and a copy must be provided to the client or authorized representative; and
- If the client is a child or otherwise unable to sign the consent form, the client's legally authorized representative shall provide the consent.

Sample patient consent form available in Manual Appendix.

Source: *NE Admin. Code Title 471 Sec. 1-006.05, Ch. 1, Manual Letter #52-2016, p. 17-18 & Appendix, 471-000-10 Instructions for Completing NE Medicaid Telehealth Patient Consent Form. (Accessed Sept. 2020).*

Written patient consent is required prior to an initial telehealth consultation. If the patient is a minor, incapacitated, or mentally incompetent such that they are unable to sign the written statement, written consent must be obtained from the patient's legally authorized representative. Consent is not required in emergency situations.

Source: *NE Revised Statutes Sec. 71-8505(2). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Out of State Providers

Out-of-State Telehealth Services are covered:

- During an emergency from an accident or sudden illness when the enrollee is out of state and the health of the enrollee is endangered if medical attention is postponed until a return to Nebraska;
- When the enrollee customarily obtains a medically necessary service in another state because the service is more accessible;
- When the client requires a medically necessary service that is not available in Nebraska;
- When the client requires a medically necessary nursing facility.

Prior authorization is required for out-of-state services.

Out-of-state is covered if the telehealth otherwise meets the regulatory requirements for payment for services provided outside Nebraska and:

- When the distant site is located in another state and the originating site is located in Nebraska; or
- When the Nebraska client is located at an originating site in another state, whether or not the provider's distant site is located in or out of Nebraska.

Source: *NE Admin. Code Title 471 Sec. 1-002.02G & 1-006.12, Ch. 1, Manual Letter #52-2016, p. 8 & 20. (Accessed Sept. 2020).*

Miscellaneous

NE Medicaid does provide an outpatient cardiac rehabilitation program consisting of physical exercise or conditioning and concurrent telemetric monitoring are considered a valuable therapeutic modality. When a program is provided by a hospital to its outpatients, the service is covered as an outpatient service.

Source: *NE Admin. Code Title 471, Sec. 10-005.19, Ch. 10, Manual Letter 48-95, p. 53. (Accessed Sept. 2020).*

Private Payer Laws

Definitions

Telehealth means the use of medical information electronically exchanged from one site to another, whether synchronously or asynchronously, to aid a health care provider in the diagnosis or treatment of a patient. Telehealth includes services originating from a patient's home or any other location where such patient is located, asynchronous services involving the acquisition and storage of medical information at one site that is then forwarded to or retrieved by a health care provider at another site for medical evaluation, and telemonitoring.

Telemonitoring means the remote monitoring of a patient's vital signs, biometric data, or subjective data by a monitoring device which transmits such data electronically to a health care provider for analysis and storage.

Source: *NE Revised Statutes. Sec. 44-312(1). (Accessed Sept. 2020).*

Requirements

Recently Passed Legislation
Any insurer offering any policy, certificate, contract, or plan which coverage of benefits begins on or after January 1, 2021, shall not exclude from coverage telehealth services provided by a dermatologist solely because the service is delivered asynchronously. An insurer shall reimburse a health care provider for asynchronous review by a dermatologist delivered through telehealth at a rate negotiated between the provider and the insurer.

Source: *NE Rev. Statute, 44-7,107. (Accessed Sept. 2020).*

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Private Payer Laws

Requirements

Private payers and self-funded employee benefit plans shall provide, upon the request of a policyholder, certificate holder, or health care provider, a description of the telehealth and telemonitoring services covered under the relevant policy, certificate, contract, or plan. The description must include:

- Description of services in telehealth and telemonitoring (including any coverage for transmission costs);
- Exclusions or limitations for telehealth and telemonitoring coverage (including limitation on transmission costs);
- Requirements for licensing status of health care providers providing telehealth and telemonitoring services; and
- Requirements for demonstrating compliance with the signed written statement requirement.

Source: *NE Revised Statute, Sec. 44-312.. (Accessed Sept. 2020).*

Parity

Service Parity

Private payers and self-funded employee benefit plans are prohibited from excluding a service from coverage solely because the service is delivered through telehealth and is not provided through in-person consultation or contact between a licensed health care provider and a patient. This does not apply to policies, certificates, contracts, or plans that provide coverage for a specified disease or other limited-benefit coverage.

Source: *NE Revised Statutes, Sec. 44-7,107. (Accessed Sept. 2020).*

Payment Parity

No explicit payment parity.

Professional Regulation/Health & Safety

Definitions

Uniform Credentialing Act (Licensed/Credentialed Health Professionals)
Telehealth means the use of medical information electronically exchanged from one site to another, whether synchronously or asynchronously, to aid a credential holder in the diagnosis or treatment of a patient. Telehealth includes services originating from a patient's home or any other location where such patient is located, asynchronous services involving the acquisition and storage of medical information at one site that is then forwarded to or retrieved by a credential holder at another site for medical evaluation, and telemonitoring.

Source: *NE Revised Statutes Sec. 38-120.01. (Accessed Sept. 2020).*

Telemonitoring means the remote monitoring of a patient's vital signs, biometric data, or subjective data by a monitoring device which transmits such data electronically to a credential holder for analysis and storage.

Source: *NE Revised Statutes Sec. 38-120.02. (Accessed Sept. 2020).*

Consent

No reference found.

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Professional Regulation/Health & Safety

Online Prescribing

Any credential holder under the Uniform Credentialing Act may establish a provider-patient relationship through telehealth and may prescribe while using telehealth. Any credential holder under the Uniform Credentialing Act who is providing a telehealth service to a patient may prescribe the patient a drug if the credential holder is authorized to prescribe under state and federal law.

Source: *NE Revised Statute 38-1,143. (Accessed Sept. 2020).*

Cross-State Licensing

Member of the Interstate Medical Licensure Compact.

Source: *The IMLC. Interstate Medical Licensure Compact. (Accessed Sept. 2020).*

Member of the Psychology Interjurisdictional Compact of the Association of State and Provincial Psychology Boards.

Source: *Legislative Updates. Psypact. (Accessed Sept. 2020).*

Member of the Nurse Licensure Compact.

Source: *Current NLC States and Status. Nurse Licensure Compact (NLC). (Accessed Sept. 2020).*

Member of the Physical Therapy Compact.

Source: *Compact Map. Physical Therapy Compact. (Accessed Sept. 2020).*

Member of Emergency Medical Services Compact.

Source: *Interstate Commission for EMS Personnel Practice. EMS Member States and Commissions. (Accessed Sept. 2020).*

Miscellaneous

A stroke system of care task force shall recommend eligible essential health care services for acute stroke care provided through telehealth.

Source: *NE Revised Statutes 71-4209. (Accessed Sept. 2020).*

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Nevada

Medicaid Program: Nevada Medicaid

Program Administrator: Division of Health Care Financing and Policy (DHCFP)

Regional Telehealth Resource Center: Southwest Telehealth Resource Center https://southwesttrc.org

Nevada At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✓	✗	✓	✗	IMLC, PSYPACT	✗

Nevada Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Nevada Medicaid and the Nevada Check Up (NCU) program reimburses for live video and store-and-forward services under specific conditions. There is no reimbursement for remote patient monitoring.

Definitions

"Telehealth is the use of a telecommunications system to substitute for an in-person encounter for professional consultations, office visits, office psychiatry services, and a limited number of other medical services."

Source: *NV Dept. of Health and Human Svcs., Medicaid Services Manual, Telehealth Services Chapter 3400 Section 3400, p. 1 (Jul. 27, 2017) & Nevada Dept. of Health and Human Services Billing Guidelines Telehealth Billing Instructions, p. 1 (May. 20, 2020); School Health Services (8/6/20), pg. 67. (Accessed Sept. 2020).*

"Telehealth" is defined as the delivery of service from a provider of health care to a patient at a different location through the use of information and audio-visual communication technology, not including standard telephone, facsimile, or electronic mail.

Source: *NV Dept. of Health and Human Svcs., Medicaid Services Manual, Telehealth Services Chapter 3400 Section 3403, p. 1 (Jul. 27, 2017). (Accessed Sept. 2020).*

Live Video

Policy

Services provided via telehealth must be clinically appropriate and within the health care professional's scope of practice as established by its licensing agency. Services provided via telehealth have parity with in-person health care services. Health care professionals must follow the appropriate Medicaid Services Manual (MSM) policy for the specific service they are providing.

- Photographs must be specific to the patient's condition and adequate for rendering or confirming a diagnosis or a treatment plan. Dermatologic photographs (e.g., photographs of a skin lesion) may be considered to meet the requirement of a single media format under this instruction.
- Reimbursement for the DHCFP covered telehealth services must satisfy federal requirements of efficiency, economy and quality of care.
- All participating providers must adhere to requirements of the Health Insurance Portability and Accountability Act (HIPAA). The DHCFP may not participate in any medium not deemed appropriate for protected health information by the DHCFP's HIPAA Security Officer.

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Medicaid Telehealth Reimbursement

Live Video

Policy

Telehealth services follow the same prior authorization requirements as services provided in-person. Utilization of telehealth services does not require prior authorization. However, individual services may require prior authorization when delivered by telehealth.

End Stage Renal Disease requires at least one in-person visit to examine the vascular access site by the provider, indicated in the medical records. Interactive audio/video telecommunications systems may be used for providing additional visits.

Source: *NV Dept. of Health and Human Svcs., Medicaid Services Manual, Telehealth Services Chapter 3400 Section 3403, p. 1; 3403.5, p. 3; & 3403.7, p. 4 (Jul. 27, 2017). (Accessed Sept. 2020).*

Effective December 1, 2015, telehealth may be used by any Nevada Medicaid and Nevada Check Up provider working within their scope of practice to provide services that can be appropriately provided via telehealth. The telecommunications system used must be an interactive audio and video system. Standard telephones, facsimile machines or electronic mail do not meet this criteria.

Source: *Nevada Dept. of Health and Human Services Billing Guidelines Telehealth Billing Instructions, p. 1 (May 20, 2020). (Accessed Sept. 2020).*

Medicaid Managed Care plans must include coverage for services provided through telehealth to the same extent as through provided in-person or by other means.

Medicaid Managed Care plans shall not:

- Require an enrollee to establish an in-person relationship with a provider or provide any additional consent to or reason for obtaining services through telehealth as a condition to providing the coverage;
- Require a provider of health care to demonstrate that it is necessary to provide services to an enrollee through telehealth or receive any additional type of certification or license;
- Refuse to provide coverage for telehealth because of the type of the distant site or originating site in which the provider/enrollee provides/receives services via telehealth; or
- Require covered services to be provided through telehealth as a condition of providing coverage for such services.

A Medicaid Managed Care plan may not require an enrollee to obtain prior authorization for any service provided through telehealth that is not required for the service when provided in-person.

Medicaid Managed Care plans are not required to:

- Ensure that covered services are available to an enrollee through telehealth at a particular originating site
- Provide coverage for a service that is not a covered service or that is not provided by a covered provider of health care; or
- Enter into a contract with any provider of health care or cover any service if the insurer is not otherwise required by law to do so.

Source: *NV Revised Statute Sec. 695G.162. (Accessed Sept. 2020).*

Eligible Services / Specialties

Telehealth services are covered in:

- Physician Office Services
- Podiatry
- Community Paramedicine Services
- Medical Nutrition Therapy

Source: *NV Dept. of Health and Human Svcs., Section 603.2, p. 3; 603.7, p. 20; 604.2, p. 2; & 608.2, p. 3 (Jan. 1, 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

A licensed professional operating within the scope of their practice under state law may provide the following Telehealth services for Medicaid recipients:

- Annual wellness visits;
- Diabetic outpatient self-management;
- Documented psychiatric treatment in crisis intervention (e.g., threatened suicide); and
- Office or other outpatient visits

Source: *NV Dept. of Health and Human Svcs., Source: NV Dept. of Health and Human Svcs., Provider Type 20 (Physician), 40 (Osteopath) and 77 (APRN) Billing Guide, pg. 9 (5/4/20). (Accessed Sept. 2020).*

Services NOT Covered:

- Basic skills training and peer-to-peer services provided by a Qualified Behavioral Assistant
- Personal care services provided by a Personal Care Attendant
- Home Health Services provided by a RN, occupational therapist, physical therapist, speech therapist, respiratory therapist, dietician or Home Health Aide
- Private Duty Nursing services provided by a RN

Source: *NV Dept. of Health and Human Svcs., Medicaid Services Manual, Telehealth Services Chapter 3400 Section 3403.6, p. 3 (Jul. 27, 2017). (Accessed Sept. 2020).*

Eligible Providers

Telehealth may be used by any Nevada Medicaid and Nevada Check Up provider working within their scope of practice.

Source: *Nevada Dept. of Health and Human Services Billing Guidelines Telehealth Billing Instructions, p.1 (May 20, 2020). (Accessed Sept. 2020).*

Indian Health Services and Tribal Clinics should follow the guidelines in the Telehealth Chapter 3400.

Source: *Nevada Dept. of Health and Human Svcs., Medicaid Services Manual, Indian Health Services and Clinics, pg. 1, (5/1/20), (Accessed Sept. 2020).*

A distant site provider must be an enrolled Medicaid provider.

Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW) and clinical staff employed and determined by a state mental health agency to meet established class specification qualifications of a Mental Health Counselor, Clinical Social Worker or Psychological Assistant may bill and receive reimbursement for psychotherapy (via a HIPAA-compliant telecommunication system), but may not seek reimbursement for medical evaluation and management services.

Facilities that are eligible for encounter reimbursement (e.g. Indian Health (IH) programs, Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs)) may bill for an encounter in lieu of an originating site facility fee, if the distant site is for ancillary services (i.e. consult with specialist). If, for example, the originating site and distant site are two different encounter sites, the originating encounter site must bill the telehealth originating HCFA Common Procedural Coding System (HCPCS) code and the distant encounter site may bill the encounter code.

Source: *NV Dept. of Health and Human Svcs., Medicaid Services Manual, Telehealth Services Chapter 3400, Section 3403.1 p. 1-2, 3403.2, p. 2 & Section 3403.5, p. 2 (Jul. 27, 2017). (Accessed Sept. 2020).*

Eligible Sites

In order to receive coverage for a telehealth facility fee, the originating site must be an enrolled Medicaid provider.

If a patient is receiving telehealth services at an originating site not enrolled in Medicaid, the originating site is not eligible for a facility fee from the DHCFP. Examples of this include, but are not limited to, cellular devices, home computers, kiosks and tablets.

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Medicaid Telehealth Reimbursement

Live Video

Eligible Sites

Facilities that are eligible for encounter reimbursement (e.g. Indian Health (IH) programs, Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs)) may bill for an encounter in lieu of an originating site facility fee, if the distant site is for ancillary services (i.e. consult with specialist). If, for example, the originating site and distant site are two different encounter sites, the originating encounter site must bill the telehealth originating HCFA Common Procedural Coding System (HCPCS) code and the distant encounter site may bill the encounter code.

Source: *NV Dept. of Health and Human Svcs., Medicaid Services Manual, Telehealth Services Chapter 3400, Section 3403.1 p. 1-2, (Jul. 27, 2017). (Accessed Sept. 2020).*

Eligible sites:

- Office of provider
- Critical Access Hospital (CAH)
- Rural Health Clinic (RHC)
- Federally Qualified Health Center (FQHC)
- Hospital
- End Stage Renal Disease (ESRD) Facility
- Skilled Nursing Facility (SNF)
- Community Mental Health Centers (CMHC)
- Indian Health Services/Tribal Organization/Urban Indian Organization
- School-Based Health Centers
- Schools
- Family Planning Clinics
- Public Health Clinics
- Comprehensive Outpatient Rehabilitation Facilities
- Community Health Clinics (State Health Division)
- Special Children's Clinics
- Human Immunodeficiency Virus (HIV) Clinics
- Therapy offices
- Chiropractic offices
- Emergency Medical Services (EMS) performing Community Paramedic Services
- Recipient's smart phone (no facility fee)
- Recipient's home computer (no facility fee)

Source: *Nevada Dept. of Health and Human Services Billing Guidelines Telehealth Billing Instructions, p. 1-2 (May 20, 2020) (Accessed Sept. 2020).*

Geographic Limits

A Medicaid Managed Care Organization may not refuse to provide coverage of telehealth services because where the distant or originating site providing/receiving services via telehealth is located.

Source: *NV Revised Statute Sec. 695G.162. (Accessed Sept. 2020).*

Facility/Transmission Fee

Originating site is qualified to receive a facility fee if they are an enrolled Medicaid provider. If a patient is receiving telehealth services at a site not enrolled in Medicaid, the originating site is not eligible to receive a facility fee.

Facilities that are eligible for encounter reimbursement may bill for an encounter in lieu of an originating site facility fee, if the distant site is for ancillary services.

Source: *NV Dept. of Health and Human Svcs., Medicaid Services Manual, Telehealth Services Chapter 3400, Section 3403.1, p. 1-2 (Jul. 27, 2017). (Accessed Sept. 2020).*

A facility fee is not billable if the telecommunication system used is a recipient's smart phone or home computer.

Source: *Nevada Dept. of Health and Human Services Billing Guidelines Telehealth Billing Instructions, p. 2 (May 20, 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Facility/Transmission Fee

Some provider types that may bill for an originating site facility fee include:

- Some Special Clinic provider types
- Some Applied Behavior Analysis provider types
- Therapists
- Chiropractors
- Providers at End-Stage Renal Disease Facilities

Source: *NV Dept. of Health and Human Svcs. Announcement 1048 & 1202. (Accessed Sept. 2020).*

Sites eligible for an originating site facility fee include:

- Office of provider
- Critical Access Hospital (CAH)
- Rural Health Clinic (RHC)
- Federally Qualified Health Center (FQHC)
- Hospital
- End Stage Renal Disease (ESRD) Facility
- Skilled Nursing Facility (SNF)
- Community Mental Health Centers (CMHC)
- Indian Health Services/Tribal Organization/Urban Indian Organization
- School-Based Health Centers
- Schools
- Family Planning Clinics
- Public Health Clinics
- Comprehensive Outpatient Rehabilitation Facilities
- Community Health Clinics (State Health Division)
- Special Children's Clinics
- Human Immunodeficiency Virus (HIV) Clinics
- Therapy offices
- Chiropractic offices
- Emergency Medical Services (EMS) performing Community Paramedic Services

Source: *Nevada Dept. of Health and Human Services Billing Guidelines Telehealth Billing Instructions, p. 1-2 (May 20, 2020). (Accessed Sept. 2020).*

If the originating site is enrolled as a Nevada Medicaid provider, they may bill HCPCS code Q3014. If the telecommunication system used is a recipient's smart phone or home computer, the facility fee may not be billed.

Source: *Nevada Dept. of Health and Human Services, School Health Services, pg. 67 (8/6/20). (Accessed Sept. 2020).*

Store-and-Forward

Policy

Asynchronous telehealth services, also known as Store-and-Forward, are defined as the transmission of a patient's medical information from an originating site to the health care provider distant site without the presence of the recipient.

Reimbursement is available for services delivered via asynchronous telehealth, however, these services are not eligible for originating site facility fees. Photographs must be specific to the patient's condition and adequate for rendering or confirming a diagnosis or a treatment plan.

Source: *NV Dept. of Health and Human Svcs., Medicaid Services Manual, Telehealth Services Chapter 3400, Section 3403, p. 1 & Section 3403.4, p. 2 (Jul. 27, 2017). (Accessed Sept. 2020).*

Eligible Services/Specialties

No reference found.

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Medicaid Telehealth Reimbursement	Store-and-Forward	Geographic Limits	No reference found.
		Transmission Fee	Store-and-forward services are not eligible for originating site facility fees. **Source:** *NV Dept. of Health and Human Svcs., Medicaid Services Manual, Telehealth Services Chapter 3400, Section 3403.4, p. 9 (Jul. 27, 2017). (Accessed Sept. 2020).* A facility fee is not billable if the telecommunication system used is a recipient's smart phone or home computer. **Source:** *Nevada Dept. of Health and Human Services Billing Guidelines Telehealth Billing Instructions, p. 1 (May 20, 2020). (Accessed Sept. 2020).*
	Remote Patient Monitoring	Policy	No reference found.
		Conditions	No reference found.
		Provider Limitations	No reference found.
		Other Restrictions	No reference found.

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Medicaid Telehealth Reimbursement

Email / Phone / Fax

No reimbursement for email.
No reimbursement for telephone.
No reimbursement for FAX
No reimbursement for text messages.

Source: *NV Dept. of Health and Human Svcs., Medicaid Services Manual, Telehealth Services Chapter 3400, Section 3403.6, p. 3 (Jul. 27, 2017. (Accessed Sept. 2020).*

Medicaid does not reimburse physicians for telephone calls between physicians and patients (including those in which the physician gives advice or instructions to or on behalf of a patient) except documented psychiatric treatment in crisis intervention (e.g. threatened suicide).

Source: *NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section, Physician Services Chapter, Section 603.2, p. 4 (Jan. 1, 2020). (Accessed Sept. 2020).*

For crisis intervention, modifier GT includes telephonic services.

Source: *NV Dept. of Health and Human Svcs., Medicaid Services Manual, Behavioral Health Outpatient Treatment, p. 9 (2/24/20). (Accessed Sept. 2020).*

Consent

No reference found.

Out of State Providers

No reference found.

Miscellaneous

No reference found.

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Private Payer Laws

Definitions

"Telehealth" means the delivery of services from a provider of health care to a patient at a different location through the use of information and audio-visual communication technology, not including standard telephone, facsimile or electronic mail.

Source: *NV Revised Statutes Sec. 616C.730.(6)(d) cites: Sec. 629.515(4)(c). (Accessed Sept. 2020).*

Requirements

Insurers shall not:

- Require an enrollee to establish an in-person relationship with a provider or provide any additional consent to or reason for obtaining services through telehealth;
- Require a provider of health care to demonstrate that it is necessary to provide services to an enrollee through telehealth or receive any additional type of certification or license;
- Refuse to provide services through telehealth because the distant site or originating site; or
- Require covered services to be provided through telehealth as a condition of providing coverage for such services.

A policy may not require an enrollee to obtain prior authorization for any service provided through telehealth that is not required for the service when provided in-person or by other means.

Insurers are not required to:

- Ensure that covered services are available to an enrollee through telehealth at a particular originating site;
- Provide coverage for a service that is not a covered service or that is not provided by a covered provider of health care; or
- Enter into a contract with any provider of health care or cover any service if the insurer is not otherwise required by law to do so.

Source: *NV Revised Statute Individual Sec. 689A.0463; Group and Blanket Sec. 689B.0369; Small Employers Sec. 689C.195; Industrial Sec. 616C.730; Fraternal Sec. 695A.265; Nonprofit Sec. 695B.1904; HMO Sec. 695C.1708; Dental- Prepaid Sec. 695D.216; & Managed Care Sec. 695G.162. (Accessed Sept. 2020).*

When making any determination concerning the availability and accessibility of the services of any network health plan, the Commissioner of Insurance shall consider services that may be provided through telehealth.

Source: *NV Revised Statues Sec. 687B.490(7). (Accessed Sept. 2020).*

Parity

Service Parity

Every health plan policy issued must include coverage for services provided through telehealth to the same extent as through provided in-person or by other means.

Source: *NV Revised Statute Sec. 689A.0463(1); Sec. 689B.0369(1); Sec. 689C.195(1); Sec. 616C.730(1); Sec. 695A.265(1); Sec. 695B.1904(1); Sec. 695C.1708(1); Sec. 695D.216(1); & Sec. 695G.162(1). (Accessed Sept. 2020).*

Payment Parity

No explicit payment parity.

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Professional Regulation/Health & Safety

Definitions

Telehealth means the delivery of services from a provider of health care to a patient at a different location through the use of information and audio-visual communication technology, not including standard telephone, facsimile or electronic mail.

Source: *NV Revised Statutes Sec. 629.515(4)(c). (Accessed Sept. 2020).*

Consent

No reference found.

Online Prescribing

Before a provider of health care who is located at a distant site may use telehealth to direct or manage the care or render a diagnosis of a patient who is located at an originating site in this State or write a treatment order or prescription for such a patient, the provider must hold a valid license or certificate to practice his or her profession in this State, including, without limitation, a special purpose license issued pursuant to NRS 630.261. The requirements of this subsection do not apply to a provider of health care who is providing services within the scope of his or her employment by or pursuant to a contract entered into with an urban Indian organization, as defined in 25 U.S.C. § 1603.

Source: *NV Revised Statutes Sec. 629.515(1). (Accessed Sept. 2020).*

A bona fide relationship between the patient and the person prescribing the controlled substance shall be deemed to exist if the patient was examined in person, electronically, telephonically or by fiber optics, including, without limitation, through telehealth, within or outside this State or the United States by the person prescribing the controlled substances within the 6 months immediately preceding the date the prescription was issued.

Source: *NV Revised Statutes Sec. 639.235(4). (Accessed Sept. 2020).*

Before issuing an initial prescription for a controlled substance listed in schedule II, III or IV for the treatment of pain, a practitioner, other than a veterinarian, must:

- Have established a bona fide relationship, as described in subsection 4 of NRS 639.235, with the patient;
- Perform an evaluation and risk assessment of the patient that meets the requirements of subsection 1 of NRS 639.23912;
- Establish a preliminary diagnosis of the patient and a treatment plan tailored toward treating the pain of the patient and the cause of that pain;
- Document in the medical record of the patient the reasons for prescribing the controlled substance instead of an alternative treatment that does not require the use of a controlled substance; and
- Obtain informed consent to the use of the controlled substance.

If a practitioner, other than a veterinarian, prescribes a controlled substance listed in schedule II, III or IV for the treatment of pain, the practitioner shall not issue more than one additional prescription that increases the dose of the controlled substance unless the practitioner meets with the patient, in person or using telehealth, to reevaluate the treatment plan.

Source: *NV Revised Statutes Sec. 639.23911. (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Online Prescribing

Before prescribing a schedule II, III, or IV controlled substance to continue the treatment of pain of a patient who has used the controlled substance for 90 consecutive days or more, a practitioner must (among other requirements) meet with the patient in-person or through telehealth to review the treatment plan and determine whether continuation of treatment using the controlled substance is medically appropriate.

Source: *NV Revised Statutes Sec. 639.23913. (Accessed Sept. 2020).*

An advanced practice registered nurse authorized to prescribe controlled substances may do so electronically, telephonically or by fiber optics, including telehealth, from within or outside Nevada or the United States.

Source: *NV Revised Statutes Sec. 632.237(4). (Accessed Sept. 2020).*

Cross-State Licensing

Before a provider of health care who is located at a distant site may use telehealth to direct or manage the care or render a diagnosis of a patient who is located at an originating site in this State or write a treatment order or prescription for such a patient, the provider must hold a valid license or certificate to practice his or her profession in this State, including, without limitation, a special purpose license. The requirements of this subsection do not apply to a provider of health care who is providing services within the scope of his or her employment by or pursuant to a contract entered into with an urban Indian organization.

Source: *NV Revised Statutes Sec. 629.515(1). (Accessed Sept. 2020).*

The Board may issue a special purpose license to a physician who is licensed in another state by using equipment that transfers information concerning the medical condition of a patient in this State electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside this State or the United States.

Source: *NV Revised Statutes Sec. 630.261(e). (Accessed Sept. 2020).*

Member of the Interstate Medical Licensure Compact.

Source: *The IMLC. Interstate Medical Licensure Compact. (Accessed Sept. 2020).*

Member of the Psychology Interjurisdictional Compact of the Association of State and Provincial Psychology Boards.

Source: *Legislative Updates. Psypact. (Accessed Sept. 2020).*

Miscellaneous

The Board of Medicine is required to adopt regulations regarding a physician assistant's use of equipment that transfers information concerning the medical condition of a patient electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside Nevada or the United States.

Source: *NV Revised Statutes Sec. 630.275(10). (Accessed Sept. 2020).*

A hospital may grant staff privileges to a provider of health care who is at another location for the purpose of providing services through telehealth.

Source: *NV Revised Statutes Sec. 449.1925. (Accessed Sept. 2020).*

The NV Board of Pharmacy is required to adopt regulations regarding the practice of telepharmacy.

Source: *NV Revised Statutes Sec. 639.0727. (Accessed Sept. 2020).*

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There are specific standards for telepractice for speech-language pathology and audiology.

Source: *NV Revised Statutes Sec. 637B.244. (Accessed Sept. 2020).*

Professional Board Telehealth-Specific Regulations

- Board of Nursing (Telenursing) (Source: *NV Admin. Code Sec. 632.249. (Accessed Sept. 2020).)*
- Board of Pharmacy (Telepharmacy) (Source: *NV Admin Code Sec. 639.391-.399. (Accessed Sept. 2020).)*

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New Hampshire

Medicaid Program: New Hampshire Medicaid

Program Administrator: Dept. of Health and Human Services

Regional Telehealth Resource Center: Northeast Telehealth Resource Center www.netrc.org

New Hampshire Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✗	✓	✗	NLC, PTC, IMLC, PSYPACT, EMS	✗

New Hampshire Detailed Policy

Medicaid Telehealth Reimbursement

Summary

New Hampshire Medicaid follows the Center for Medicare and Medicaid Services requirements and Federal regulations for the use of telehealth and telemedicine. Reimbursement is available for live video under some circumstances. New Hampshire statute has a definition for store-and-forward and remote patient monitoring, and states that the Medicaid program shall provide reimbursement for all modes of telehealth, including video and audio, audio-only, or other electronic media provided by medical providers to treat all members for all medically necessary services. It states that primary care, remote patient monitoring and substance use disorder services shall only be covered in the event that the patient has already established care at an originating site via face-to-face in-person service, with a few exceptions. Statute does not prohibit the Medicaid program from providing coverage for only those services that are medically necessary and subject to all other terms and conditions of the coverage.

Source: *NH Revised Statutes 167:4-d. (Accessed Sept. 2020).*

Definitions

"Telehealth services" shall comply with 42 C.F.R. section 410.78, except for 42 C.F.R. section 410.78(b)(4). The use of the term "telemedicine" shall comply with the Centers for Medicare and Medicaid Services requirements governing the aforementioned telehealth services.

Source: *NH Revised Statutes 167:4-d. (Accessed Sept. 2020).*

Live Video

Policy

The Medicaid program shall provide coverage and reimbursement for health care services provided through telemedicine on the same basis as the Medicaid program provides coverage and reimbursement for health care services provided in person. The Medicaid program shall provide reimbursement for all modes of telehealth, including video and audio, audio-only, or other electronic media provided by medical providers to treat all members for all medically necessary services.

NH Medicaid is required by statute to cover Medicaid-covered services provided within the scope of practice of a physician or other health care provider as a method of delivery of medical care. The appropriate application of telehealth services provided by physicians and other health care providers is determined by the department based on the Centers for Medicare and Medicaid Services regulations, and also includes persons providing psychotherapeutic services.

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Medicaid Telehealth Reimbursement

Live Video

Policy

NH Medicaid is not prohibited from providing coverage for only those services that are medically necessary and subject to all other terms and conditions of the coverage.

Telemedicine services for primary care, remote patient monitoring and substance use disorder services are covered only when the patient has established care at an originating site via face-to-face in-person service. Exceptions include:

- The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);
- The patient is being treated by, and is physically located in a correctional facility administered by the state of New Hampshire or a New Hampshire county;
- The patient is being treated by, and is physically located in a doorway as defined in RSA 167:4-d, II(c);
- The patient is being treated by and is physically located in a state designated community mental health center pursuant to RSA 135; or
- The patient is being treated by, and physically located in, a hospital or clinic registered in a manner fully consistent with 21 U.S.C. section 823(f)

Source: *NH Revised Statutes 167:4-d (HB 1623 – 2020 Session). (Accessed Sept. 2020).*

Eligible Services / Specialties

"Telehealth services" shall comply with 42 C.F.R. section 410.78, except for 42 C.F.R. section 410.78(b)(4). This sections limits telehealth services to specific CPT/HCPCS codes.

New Hampshire Medicaid is required by statute to provide coverage for Medicaid-covered services provided within the scope of practice of a physician or other health care provider. It must be an appropriate application of telehealth services, as determined by the department based on CMS regulations and also includes psychotherapeutic services.

Primary care, remote patient monitoring & substance use disorder shall only be covered in the event that the patient has already established care at an originating site via face-to-face in-person service. Exceptions include:

- The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);
- The patient is being treated by, and is physically located in a correctional facility administered by the state of New Hampshire or a New Hampshire county;
- The patient is being treated by, and is physically located in a doorway as defined in RSA 167:4-d, II(c);
- The patient is being treated by and is physically located in a state designated community mental health center pursuant to RSA 135; or
- The patient is being treated by, and physically located in, a hospital or clinic registered in a manner fully consistent with 21 U.S.C. section 823(f) and
- By which an individual shall receive medical services from a physician or other health care provider who is an enrolled Medicaid provider without in-person contact with that provider.

The Medicaid program shall provide reimbursement for all modes of telehealth, including video and audio, audio-only, or other electronic media provided by medical providers to treat all members for all medically necessary services. The combined amount of reimbursement that the Medicaid program allows for the compensation to the distant site and the originating site shall not be less that the total amount allowed for health care services provided in person.

With written consent of the patient receiving medication assisted treatment through telehealth services provided under this section, the health care provider shall provide notification of the patient's medication assisted treatment to the doorway.

The department shall adopt rules to carry out this section.

Source: *NH Revised Statutes 167:4-d (HB 1623 – 2020 Session). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

"Telehealth services" shall comply with 42 C.F.R. section 410.78, except for 42 C.F.R. section 410.78(b)(4). This sections limits providers that can be reimbursed for telehealth to the following:

- Physician
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Nurse-midwife
- Clinical psychologist and clinical social worker (may not seek payment for medical evaluation and management services)
- Registered dietician or nutrition professional
- Certified registered nurse anesthetist

Source: *NH Revised Statutes 167:4-d & 42 CFR Sec. 410.78(b)(2) & & Centers for Medicare and Medicaid Services. Medicare Learning Network Booklet, p. 6-9. (March 2020). (Accessed Sept. 2020).*

Medical providers below shall be allowed to perform health care services through the use of all modes of telehealth, including video and audio, audio-only, or other electronic media. Medical providers include, but are not limited to, the following:

- Physicians and physician assistants, governed by RSA 329 and RSA 328- D;
- Advanced practice nurses, governed by RSA 326-B and registered nurses under RSA 326-B employed by home health care providers
- Midwives
- Psychologists
- Allied Health Professionals
- Dentist
- Mental health practitioners
- Community mental health providers employed by community mental health programs
- Alcohol and other drug use professionals
- Dietitians
- Professionals certified by the national behavior analyst certification board or persons performing services under the supervision of a person certified by the national behavior analyst certification board.

Source: *NH Revised Statutes 167:4-d. (Accessed Sept. 2020).*

Eligible Sites

There shall be no restriction on eligible originating or distant sites for telehealth services. An originating site means the location of the member at the time the service is being furnished via a telecommunication system. A distant site means the location of the provider at the time the service is being furnished via a telecommunication system.

Source: *NH Revised Statutes Annotated, 167:4-d, (NH HB 1623, 2020 Session). (Accessed Sept. 2020).*

"Originating site" means the location of the patient, whether or not accompanied by a health care provider, at the time services are provided by a health care provider through telemedicine, including, but not limited to, a health care provider's office, a hospital, or a health care facility, or the patient's home or another nonmedical environment such as a school-based health center, a university-based health center, or the patient's workplace.

Source: *: NH Revised Statutes 167:4-d. (Accessed Sept. 2020).*

Geographic Limits

New Hampshire Medicaid does not follow 42 CFR 410.78(b)(4), listing geographic and site restrictions on originating sites.

Source: *NH Revised Statutes 167:4-d. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Live Video	Facility/Transmission Fee	New Hampshire Medicaid complies with the Centers for Medicare and Medicaid Service requirements for telehealth. Based on the Medicare requirements, originating sites are eligible for a facility fee. **Source:** *NH Revised Statutes 167:4-d & Centers for Medicare and Medicaid Services. Medicare Learning Network Booklet, p. 10. (March 2020). (Accessed Sept. 2020).*
	Store-and-Forward	Policy	New Hampshire statute addressing Medicaid has a definition for store-and-forward as it pertains to telemedicine and as an exception to 42 CFR 410.78. Store-and-forward means the use of asynchronous electronic communications between a patient at an originating site and a health care service provider at a distant site for the purpose of diagnostic and therapeutic assistance in the care of patients. This includes the forwarding and/or transfer of stored medical data from the originating site to the distant site through the use of any electronic device that records data in its own storage and forwards its data to the distant site via telecommunication for the purpose of diagnostic and therapeutic assistance. The Medicaid program shall provide reimbursement for all modes of telehealth, including video and audio, audio-only, or other electronic media provided by medical providers to treat all members for all medically necessary services. **Source:** *NH Revised Statutes 167:4-d. (Accessed Sept. 2020).*
		Eligible Services/Specialties	No reference found.
		Geographic Limits	No reference found.
		Transmission Fee	No reference found.

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Medicaid Telehealth Reimbursement	Remote Patient Monitoring	Policy

"Remote patient monitoring" means the use of electronic technology to remotely monitor a patient's health status through the collection and interpretation of clinical data while the patient remains at an originating site. Remote patient monitoring may or may not take place in real time. Remote patient monitoring shall include assessment, observation, education and virtual visits provided by all covered providers including licensed home health care providers.

Remote patient monitoring shall only be covered in the event that the patient has already established care at an originating site via face-to-face in-person service; A provider shall not be required to establish care via face-to-face in-person service when:

- The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);
- The patient is being treated by, and is physically located in a correctional facility administered by the state of New Hampshire or a New Hampshire county;
- The patient is being treated by, and is physically located in a doorway as defined in RSA 167:4-d, II(c);
- The patient is being treated by and is physically located in a state designated community mental health center pursuant to RSA 135; or
- The patient is being treated by, and physically located in, a hospital or clinic registered in a manner fully consistent with 21 U.S.C. section 823(f); and
- by which an individual shall be construed to prohibit the Medicaid program from providing coverage for only those services that are medically necessary and subject to all other terms and conditions of the coverage.

Source: *NH Revised Statutes 167:4-d (SB – 258). (Accessed Sept. 2020).*

		Conditions

No reference found.

		Provider Limitations

No reference found.

		Other Restrictions

No reference found.

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Medicaid Telehealth Reimbursement

Email / Phone / Fax

"Telehealth services" shall comply with 42 C.F.R. section 410.78, except for 42 C.F.R. section 410.78(b)(4). This section excludes telephone, facsimile machines and electronic mail systems from the definition of an interactive telecommunications system.

Source: *NH Revised Statutes 167:4-d & 42 CFR Sec. 410.78(a)(3). (Accessed Sept. 2020).*

The Medicaid program shall provide reimbursement for all modes of telehealth, including video and audio, audio-only, or other electronic media provided by medical providers to treat all members for all medically necessary services. Eligible medical providers shall be allowed to perform health care services through the use of all modes of telehealth, including video and audio, audio-only, or other electronic media.

Source: *NH Revised Statutes Annotated, 167:4-d, (NH HB 1623, 2020 Session. (Accessed Sept. 2020).*

Consent

With written consent of the patient receiving medication assisted treatment through telehealth services provided under this section, the health care provider shall provide notification of the patient's medication assisted treatment to the doorway, as defined in RSA 167:4-d, II(c), within the region where the patient resides.

Source: *NH Revised Statutes Annotated, 167:4-d, (NH HB 1623, 2020 Session). (Accessed Sept. 2020).*

Out of State Providers

No reference found.

Miscellaneous

As of December 1, 2013, New Hampshire Medicaid transitioned to a managed care model of administration under three health plans. These plans each have their own telehealth coverage policy.

Source: *Provider Quick Reference Guide. (Accessed Sept. 2020).*

Private Payer Laws

Definitions

Recently Passed Legislation (Effective Sept. 19, 2020)
Telemedicine, as it pertains to the delivery of health care services, means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. Telemedicine does not include the use of facsimile.

Source: *NH Revised Statutes Annotated, 415-J:2, (NH HB 1623, 2020 Session). (Accessed Sept. 2020).*

Requirements

Recently Passed Legislation (Effective Sept. 19, 2020)
An insurer offering a health plan in this state may not deny coverage on the sole basis that the coverage is provided through telemedicine if the health care service would be covered if it were provided through in-person consultation between the covered person and a health care provider.

For the purposes of this chapter, covered services include remote patient monitoring and store and forward.

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Private Payer Laws

Requirements

The following medical providers shall be allowed to perform health care services through the use of all modes of telehealth, including video and audio, audio-only, or other electronic media. Medical providers include, but are not limited to:

- Physicians and physician assistants, under RSA 329 and RSA 328-D;
- Advanced practice nurses, under RSA 326-B and registered nurses under RSA 326-B employed by home health care providers under RSA 151:2-b;
- Midwives, under RSA 326-D;
- Psychologists, under RSA 329-B;
- Allied health professionals, under RSA 328-F;
- Dentists, under RSA 317-A;
- Mental health practitioners governed by RSA 330-A;
- Community mental health providers employed by community mental health programs pursuant to RSA 135-C:7;
- Alcohol and other drug use professionals, governed by RSA 330-C;
- Dietitians, governed by RSA 326-H; and
- Professionals certified by the national behavior analyst certification board or persons performing services under the supervision of a person certified by the national behavior analyst certification board as required by RSA 417-E:2.

An insurer shall provide reimbursement for all modes of telehealth, including video and audio, audio-only, or other electronic media provided by medical providers to treat all members for all medically necessary services. If an insurer excludes a health care service from its in-person reimbursable service, then comparable services shall not be reimbursable as a telemedicine service.

Source: *NH Revised Statutes Annotated, 415-J:3, (NH HB 1623, 2020 Session). (Accessed Sept. 2020).*

Parity

Service Parity

Recently Passed Legislation (Effective Sept. 19, 2020)
Insurers may not deny coverage for services on the sole basis that the coverage is provided through telemedicine if the health care service would be covered if it were provided through in-person consultation between the covered person and a health care provider.

Covered services include remote patient monitoring and store-and-forward.

An insurer offering a health plan in this state shall provide coverage and reimbursement for health care services provided through telemedicine on the same basis as the insurer provides coverage and reimbursement for health care services provided in person. An insurer shall not impose on coverage for health care services provided through telemedicine any additional benefit plan limitations to include annual or lifetime dollar maximums on coverage, deductibles, copayments, coinsurance, benefit limitation or maximum benefits that are not equally imposed upon similar services provided in-person. Nothing in this section shall be construed to allow an insurer to reimburse more for a health care service provided through telemedicine than would have been reimbursed if the health care service was provided in person.

If an insurer excludes a health care service from its in-person reimbursable service, then comparable services shall not be reimbursable as a telemedicine service.

Source: *NH Revised Statutes Annotated, 415-J:3, (NH HB 1623, 2020 Session). (Accessed Sept. 2020).*

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Private Payer Laws

Parity

Payment Parity

Recently Passed Legislation (Effective Sept. 19, 2020)
An insurer offering a health plan in this state shall provide coverage and reimbursement for health care services provided through telemedicine on the same basis as the insurer provides coverage and reimbursement for health care services provided in person.

An insurer shall provide reasonable compensation to an originating site operated by a health care provider or a licensed health care facility if the health care provider or licensed health care facility is authorized to bill the insurer directly for health care services. In the event of a dispute between a provider and an insurance carrier relative to the reasonable compensation under this section, the insurance commissioner shall have exclusive jurisdiction under RSA 420-J:8-e to determine if the compensation is commercially reasonable. The provider and the insurance carrier shall each make best efforts to resolve any dispute prior to applying to the insurance commissioner for resolution, which shall include presenting to the other party evidence supporting its contention that the compensation level it is proposing is commercially reasonable.

The combined amount of reimbursement that a health benefit plan allows for the compensation to the distant site and the originating site shall be the same as the total amount allowed for health care services provided in person.

Source: *NH Revised Statutes Annotated, 415-J:3, (NH HB 1623, 2020 Session). (Accessed Sept. 2020).*

Professional Regulation/Health & Safety

Definitions

Telemedicine means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

Source: *NH Revised Statutes Annotated, 329:1-d-I. (Accessed Aug. 2020).*

Recently Passed Legislation (Now Effective)
"Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

"Telehealth" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

Source: *NH Revised Statutes Annotated Sec. 310-A:1-f (HB 1623, 2020 Session). (Accessed Sept. 2020).*

Consent

Patient consent is required prior to forward medical records to the patient's primary care or treating provider, if appropriate.

Source: *NH Revised Statutes Annotated, 329:1-d-V(c). (Accessed Sept. 2020).*

Online Prescribing

"Physician-patient relationship" means a medical connection between a licensed physician and a patient that includes an in-person or face-to-face 2-way real-time interactive communication exam, a history, a diagnosis, a treatment plan appropriate for the licensee's medical specialty, and documentation of all prescription drugs including name and dosage. A licensee may prescribe for a patient whom the licensee does not have a physician-patient relationship under the following circumstances:

- Writing admission orders for a newly hospitalized patient;
- For a patient of another licensee for whom the prescriber is taking call;
- For a patient examined by a physician assistant, nurse practitioner, or other licensed practitioner; or
- For medication on a short-term basis for a new patient prior to the patient's first appointment or when providing limited treatment to a family member in accordance with the American Medical Association Code of Medical Ethics.

Prescribing drugs to individuals without a physician-patient relationship shall be unprofessional. The definition of a physician-patient relationship shall not apply to a physician licensed in another state who is consulting to a New Hampshire licensed physician with whom the patient has a relationship.

Source: *NH Revised Statutes Annotated, Sec. 329:1-c. (Accessed Sept. 2020).*

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It is unlawful to prescribe through telemedicine a controlled drug classified in schedule II through IV, except substance use disorder (SUD) treatment as permitted in locations enumerated in paragraph IV. Methadone hydrochloride, as defined in RSA 318-B:10, VII(d)(2) shall not be included in the exemption.

The prescribing of a non-opioid controlled drug classified in schedule II through IV by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2, XII(a), who are treating a patient with whom the prescriber has an in-person practitioner-patient relationship, for purposes of monitoring or follow-up care. A provider shall not be required to establish care via face-to-face in-person service when:

- The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted practitioner not required to obtain a special registration;
- The patient is being treated by, and is physically located in a correctional facility administered by the state of New Hampshire or a New Hampshire county;
- The patient is being treated by, and is physically located in a doorway as defined in RSA 167:4-d, II(c);
- The patient is being treated by and is physically located in a state designated community mental health center pursuant to RSA 135; or
- The patient is being treated by, and physically located in, a hospital or clinic registered in a manner fully consistent with 21 U.S.C. section 823(f).

Subsequent in-person exams shall be by a practitioner licensed to prescribe the drug at intervals appropriate for the patient, medical condition, and drug, but not less than annually.

The prescribing of an opioid controlled drug classified in schedule II through IV by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2, XII(a).

A provider shall not be required to establish care via face-to-face in-person service when:

- The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted practitioner not required to obtain a special registration;
- The patient is being treated by, and is physically located in a correctional facility administered by the state of New Hampshire or a New Hampshire county;
- The patient is being treated by, and is physically located in a doorway as defined in RSA 167:4-d, II(c);
- The patient is being treated by and is physically located in a state designated community mental health center pursuant to RSA 135; or
- The patient is being treated by, and physically located in, a hospital or clinic registered in a manner fully consistent with 21 U.S.C. section 823(f).

Subsequent in-person exams shall be by a practitioner licensed to prescribe the drug at intervals appropriate for the patient, medical condition, and opioid, but not less than annually.

See Statute for specific requirements for physicians providing services via telemedicine, and those issuing a prescription for spectacle lenses, or contact lenses by means of telemedicine.

The prescription authority under this paragraph shall be limited to a practitioner licensed to prescribe the drug and in compliance with all federal laws, including the United States Drug Enforcement Agency registration or waiver when required. An initial face-to-face in person exam shall be required with the exception of the locations enumerated in this paragraph.

Source: *NH Revised Statutes Annotated, 329:1-d. (NH HB 1623, 2020 Session), (Accessed Sept. 2020).*

An individual providing services by means of telemedicine or telehealth directly to a patient shall:

- Use the same standard of care as used in an in-person encounter;
- Maintain a medical record; and
- Subject to the patient's consent, forward the medical record to the patient's primary care or treating provider, if appropriate.

Source: *NH Revised Statutes Annotated Sec. 310-A:1-f (HB 1620 - 2020 Session. (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Online Prescribing

A prescription of a non-opioid controlled drug classified in schedule II through IV via telemedicine shall be limited to certain practitioners who are treating a patient with whom the prescriber has an in-person practitioner-patient relationship, for purposes of monitoring or follow-up care. A provider shall not be required to establish care via face-to-face in-person service when:

- The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);
- The patient is being treated by, and is physically located in a correctional facility administered by the state of New Hampshire or a New Hampshire county;
- The patient is being treated by, and is physically located in a doorway as defined in RSA 167:4-d, II(c);
- The patient is being treated by and is physically located in a state designated community mental health center pursuant to RSA 135; or (E) The patient is being treated by, and physically located in, a hospital or clinic registered in a manner fully consistent with 21 U.S.C. section 823(f)

Subsequent in-person exams must be by a practitioner licensed to prescribe the drug at intervals appropriate for the patient, medical condition, and drug, but not less than annually.

The prescribing of an opioid controlled drug classified in schedule II through IV by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2, XII(a).

Source: *NH Revised Statutes Annotated 318-B:2(XVI). (Accessed Sept. 2020).*

Cross-State Licensing

Recently Passed Legislation (Now Effective)
Notwithstanding any provision of law to the contrary, an out-of-state healthcare professional providing services by means of telemedicine or telehealth shall be required to be licensed, certified, or registered by the appropriate licensing board within the division of health professions. This paragraph shall not apply to out-of-state physicians who provide consultation services.

Source: *NH Revised Statutes Annotated Sec. 310-A:1-f (HB 1620 - 2020 Session). (Accessed Sept. 2020).*

Member of the Nurse Licensure Compact.

Source: *Current NLC States and Status. Nurse Licensure Compact. (Accessed Sept. 2020).*

Member of the Physical Therapy Compact.

Source: *Compact Map. Physical Therapy Compact. (Accessed Sept. 2020).*

Member of the Interstate Medical Licensure Compact.

Source: *The IMLC. Interstate Medical Licensure Compact. (Accessed Sept. 2020).*

Member of the Psychology Interjurisdictional Compact (PSYPACT).

Source: *PSYPACT. Legislative Updates. (Accessed Sept. 2020).*

Member of Emergency Medical Services Compact.

Source:: *Interstate Commission for EMS Personnel Practice. EMS Member States and Commissions. (Accessed Sept. 2020).*

An out-of-state physician providing services via telemedicine or teleradiology shall be deemed to be in the practice of medicine and required to be licensed in New Hampshire. This does not apply to physicians who provide consultation services.

Source: *NH Revised Statutes Annotated, 329:1-d-II. & NH Revised Statutes Annotated, 329:1-b. (Accessed Sept. 2020).*

Recently Passed Legislation (Effective November 1, 2020)
Creates a commission on primary care workforce issues. The commission will collect and review data and information that informs decisions and planning for the primary care workforce and looking for innovative ways for expanding New Hampshire's primary care resources including, but not limited to, interstate collaboration and the use of telehealth.

Source: *NH Revised Statutes Annotated, Title X Chapter 126-T:3, (NH HB 124 - 2020 Session). (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Miscellaneous

Recently Passed Legislation (Now Effective)
A Commission is created to study telehealth services and report to the legislature by December 1, 2022.

Source: *NH Revised Statutes 329:1-f (HB 1623 – 2020 Session). (Accessed Sept. 2020).*

Explicit permission is given to specific professionals to provide services through use of telemedicine. These professionals include:

- Hearing Care Providers
- Podiatrists
- Chiropractic Examiners
- Midwivery
- Optometry
- Naturopathic Medicine
- Allied Health professionals
- Acupuncture
- Psychologists

Source: *NH Revised Statutes Annotated (HB 1620 - 2020 Session), (Accessed Sept. 2020).*

A board of medical imaging professionals and radiation therapists shall adopt rules relative to standards of care for the practice of telemedicine or telehealth.

Source: *NH Revised Statutes Annotated, 328-J:7-XIII. (Accessed Sept.2020).*

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New Jersey

Medicaid Program: New Jersey Medicaid

Program Administrator: New Jersey Dept. of Human Services

Regional Telehealth Resource Centers: Northeast Telehealth Resource Center www.netrc.org

Mid-Atlantic Telehealth Resource Center www.matrc.org

New Jersey At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✗	✓	✗	PTC, NLC	✓

New Jersey Detailed Policy

Medicaid Telehealth Reimbursement

Summary

New Jersey Medicaid reimburses for live video and remote patient monitoring under certain circumstances. Store-and-forward is not explicitly included in reimbursement; however, it could be covered within the definition of telemedicine. Individual Medicare managed care plans may have their own individual policies regarding telehealth and telemedicine.

Definitions

Telemedicine means the delivery of a health care service using electronic communications, information technology, or other electronic or technological means to bridge the gap between a health care provider who is located at a distant site and a patient who is located at an originating site, either with or without the assistance of an intervening health care provider. Telemedicine does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text or facsimile transmission.

Source: *NJ Statute C.30:4D-6K(e) – cites: NJ Statute C.45:1-61. (Accessed Sept. 2020).*

Telehealth is defined as the use of electronic communication technologies to support clinical health care, provider consultation, patient and professional health-related education, public health, health administration and other services. Telemedicine and telehealth are often used interchangeably but telemedicine, a subset of telehealth, is considered the clinical application of electronic technology to provide long distance clinical health services. Telehealth is the broader application of communication technology, beyond clinical diagnostics and patient monitoring and shall be used throughout this newsletter to refer to both telemedicine and telehealth services.

Source: *NJ Division of Medical Assistance and Health Services. Newsletter Vol. 28, No. 17, Sept. 2018. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

The State Medicaid and NJ FamilyCare programs shall provide coverage and payment for health care services delivered to a benefits recipient through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered through in-person contact and consultation in New Jersey. Reimbursement payments under this section may be provided either to the individual practitioner who delivered the reimbursable services, or to the agency, facility, or organization that employs the individual practitioner who delivered the reimbursable services, as appropriate.

The State Medicaid and NJ FamilyCare programs may limit coverage to services that are delivered by participating health care providers, but may not charge any deductible, copayment, or coinsurance for a health care service, delivered through telemedicine or telehealth, in an amount that exceeds the deductible, copayment, or coinsurance amount that is applicable to an in-person consultation.

The commissioner will apply for a State Plan amendment as necessary to implement this.

Source: *NJ Statute C.30:4D-6k. (Accessed Sept. 2020).*

Eligible Services / Specialties

The offsite provider is responsible for determining that the billable service meets all required standards of care. If the provider cannot meet that standard of care via telehealth, the provider shall notify the patient to seek a face-to-face appointment. When a physical evaluation is required, the telehealth provider may utilize an individual licensed to provide physical evaluations (e.g. RN) who is onsite.

Source: *NJ Division of Medical Assistance and Health Services. Newsletter Vol. 28, No. 17, Sept. 2018, p. 2. (Accessed Sept. 2020).*

Psychiatric Services

Telepsychiatry may be utilized by mental health clinics and/or hospital providers of outpatient mental health services to meet their physician related requirements including but not limited to intake evaluations, periodic psychiatric evaluations, medication management and/or psychotherapy sessions for clients of any age.

Before any telepsychiatry services can be provided, each participating program must establish policies and procedures, regarding elements noted in the newsletter, such as confidentiality requirements, technology requirements and consent.

Mental health clinics and hospital providers are limited to billing for services permitted by the Division of Medical Assistance and Health Services.

Source: *: NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 23, No. 21, December 2013. (Accessed Sept. 2020).*

For the Screening and Outreach Program, the psychiatric assessment maybe completed through the use of telepsychiatry, provided that the screening service has a Division-approved plan setting forth its policies and procedures for providing a psychiatric assessment via telepsychiatry that meets the following criteria (see regulation).

Source: *NJAC 10:31-2.3. (Accessed Sept. 2020).*

A provider may use interactive, real-time, two-way audio in combination with asynchronous store-and-forward technology, without video communication, if the provider has determined that the provider is able to meet the accepted standard of care provided if the visit was face-to-face.

Source: *NJ Division of Medical Assistance and Health Services. Newsletter Vol. 28, No. 17, Sept. 2018, p. 2. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

Psychiatric Services

- Psychiatrist
- Psychiatric Advanced Practice Nurse

The practitioner may be offsite but must be a practitioner currently licensed to practice within the State of New Jersey. When consumers receiving telepsychiatry services are under the care of a multidisciplinary treatment team, the psychiatrist or psychiatric APN providing telepsychiatry services must have regular communication with them and be available for consultation.

The clinician cannot bill for services directly.

Source: *NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 23, No. 21, December 2013. (Accessed Sept. 2020).*

Eligible Sites

For the provision of services, providers are expected to follow the same rules they would follow if the patient visit was face-to-face. This includes instances when a license is for an entity such as an independent clinic. This license is for a specific address and is not tied to specific personnel. In this instance, the service may only be billed when provided at the address listed on the license. When billed by the clinic, the service provider (for example a physician) may provide services from a remote location but the patient must receive those services while physically present at the independent clinic (licensed location). Independent practitioners have a person specific license that is not tied to a specific address. Services billed by independent practitioners do not have location restrictions. The patient and/or the provider may be at any location as long as the provider is licensed to practice in New Jersey.

Source: *NJ Division of Medical Assistance and Health Services. Newsletter Vol. 28, No. 17, Sept. 2018, p. 2. (Accessed Sept. 2020).*

Psychiatric Services
A patient must receive services at the mental health clinic or outpatient hospital program and the mental health clinic/hospital must bill for all services under their Medicaid provider number. The clinician cannot bill for services directly.

Source: *NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 23, No. 21, December 2013. (Accessed Sept. 2020).*

Geographic Limits

No reference found.

Facility/Transmission Fee

All costs associated with the provision of telehealth services, including but not limited to the contracting of professional services and the telecommunication equipment, are the responsibility of the provider and are not directly reimbursable by NJFC.

Source: *NJ Division of Medical Assistance and Health Services. Newsletter Vol. 28, No. 17, Sept. 2018, p. 4. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Store-and-Forward

Policy

"Asynchronous store and forward technology" is defined as the acquisition and transmission of a patient's medical information either to, or from, an originating site to the provider at the distant site, where the provider can review the information without the patient being present. Information includes transmission of images, diagnostics, data and other information necessary to the medical process.

A provider may use interactive, real-time, two-way audio in combination with asynchronous store-and-forward technology, without video communication, if the provider has determined that the provider is able to meet the accepted standard of care provided if the visit was face-to-face. The interactive audiovisual equipment must provide for two-way communication at a minimum bandwidth of 384 kbps (kilobits per second).

Source: *NJ Division of Medical Assistance and Health Services. Newsletter Vol. 28, No. 17, Sept. 2018. (Accessed Sept. 2020).*

Insurers and NJ Medicaid must provide reimbursement for telemedicine or telehealth on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when services are delivered through in-person contact and consultation. Store-and-forward is not explicitly included, but could fit into these definitions.

Source: *NJ Statute C.30:4D-6k. (Accessed Sept. 2020).*

Eligible Services/Specialties

No reference found.

Geographic Limits

No reference found.

Transmission Fee

No reference found.

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Policy

Insurers and NJ Medicaid must provide reimbursement for telemedicine or telehealth on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when services are delivered through in-person contact and consultation. Remote patient monitoring is included within definition of telehealth.

Source: *NJ Statute C.30:4D-6k. (Accessed Sept. 2020).*

Conditions

No reference found.

Provider Limitations

No reference found.

Other Restrictions

No reference found.

Email / Phone / Fax

Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system. Sessions may not be recorded.

Source: *NJ Division of Medical Assistance and Health Services. Newsletter Vol. 28, No. 17, Sept. 2018, p. 2. (Accessed Sept. 2020).*

Telemedicine does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text or facsimile transmission.

Telehealth includes the use of telephones.

Source: *NJ Statute C.45:1-61. (Accessed Sept. 2020).*

Consent

Consumers must provide informed consent to participate in any service utilizing telepsychiatry. Should a client choose not to participate, they must be made aware of other face to face options and services. If they choose to participate, the clients must be informed and aware of the location of the psychiatrist/APN providing the telepsychiatry service.

Source: *NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 23, No. 21, December 2013. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Out of State Providers

A psychiatrist or psychiatric APN may be off-site, but must be licensed in the State of New Jersey.

Source: *NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 23, No. 21, December 2013. (Accessed Aug. 2020).*

Miscellaneous

See Newsletter for specific documentation, prescribing and technology requirements, as well as requirements to meet the standard of care as a traditional face-to-face visit.

A mental health screener, screening service, or screening psychiatrist subject to the provisions of P.L.1987, c.116 (C.30:4-27.1 et seq.) shall not be required to obtain a separate authorization in order to engage in telemedicine or telehealth for mental health screening purposes, and shall not be required to request and obtain a waiver from existing regulations, prior to engaging in telemedicine or telehealth.

An initial face-to-face visit is not required to establish a provider-patient relationship. The provider must review and be familiar with the patient's history and medical records, when applicable, prior to the provision of any telehealth services.

Source: *NJ Division of Medical Assistance and Health Services. Newsletter Vol. 28, No. 17, Sept. 2018, p. 3-4. (Accessed Sept. 2020).*

New Jersey's Medicaid program consists of five managed care health plans. Individual telehealth policies may vary between health plans.

Source: *NJ Medicaid & Managed Care. Division of Medical Assistance and Health Services. (Accessed Sept. 2020).*

Psychiatric Services
If a physical evaluation is required as part of a psychiatric assessment, the hosting provider must have a registered nurse available to complete and share the results of the physical evaluation.

NJ Medicaid does not reimburse for any costs associated with the provision of telepsychiatry services including but not limited to the contracting of professional services and the telecommunication equipment are the responsibility of the provider and are not directly reimbursable by New Jersey Medicaid.

Additional requirements are listed in the telepsychiatry memo.

Source: *NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 23, No. 21, December 2013. (Accessed Sept. 2020).*

Private Payer Laws

Definitions

Telemedicine means the delivery of a health care service using electronic communications, information technology, or other electronic or technological means to bridge the gap between a health care provider who is located at a distant site and a patient who is located at an originating site, either with or without the assistance of an intervening health care provider. Telemedicine does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text or facsimile transmission.

Telehealth means the use of information and communications technologies, including telephones, remote patient monitoring devices or other electronic means to support clinical health care, provider consultation, patient and professional health related education, public health, health administration and other services.

Source: *NJ Statute C.26:2S-29(e) citesNJ Statute C.45:1-61. (Accessed Sept. 2020).*

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Private Payer Laws

Requirements

A carrier that offers a health benefits plan shall provide coverage and payment for health care services delivered to a covered person through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered through in-person contact and consultation. Reimbursement payments under this section may be provided either to the individual practitioner who delivered the reimbursable services, or to the agency, facility, or organization that employs the individual practitioner who delivered the reimbursable services, as appropriate.

A carrier may limit coverage to services that are delivered by health care providers in the health benefits plan's network, but may not charge any deductible, copayment, or coinsurance for a health care service, delivered through telemedicine or telehealth, in an amount that exceeds the deductible, copayment, or coinsurance amount that is applicable to an in-person consultation.

Source: *NJ Statute C.26:2S-29. (Accessed Sept. 2020).*

Parity

Service Parity

Insurers must provide coverage and payment for health services delivered through telemedicine or telehealth on the same basis as when the services are delivered through in-person contact and consultation.

A health care plan is not prohibited from providing coverage only for services that are medically necessary, subject to the terms and conditions of the plan.

A health care plan may not require a covered person to use telemedicine or telehealth in lieu of receiving an in-person service from an in-network provider.

Source: *NJ Statute C.26:2S-29. (Accessed Sept. 2020).*

The above also applies to contracts purchased by the State Health Benefits Commission and the School Employees' Health Benefits Commission.

Source: *NJ Statute C.52:14-17.29w & C.52:14-17.46.6h. (Accessed Sept. 2020).*

Payment Parity

Reimbursement must be made for health care services delivered through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate for in-person contact.

A health care plan may limit coverage to services that are delivered by health care providers in a plan's network, but may not charge any deductible, copayment, or coinsurance for a health care service in an amount that exceeds the deductible, copayment, or coinsurance amount that is applicable to an in-person consultation.

Source: *NJ Statute C.26:2S-29. (Accessed Sept. 2020).*

The above also applies to contracts purchased by the State Health Benefits Commission and the School Employees' Health Benefits Commission.

Source: *NJ Statute C.52:14-17.29w & C.52:14-17.46.6h. (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Definitions

Telemedicine means the delivery of a health care service using electronic communications, information technology, or other electronic or technological means to bridge the gap between a health care provider who is located at a distant site and a patient who is located at an originating site, either with or without the assistance of an intervening health care provider. Telemedicine does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text or facsimile transmission.

Telehealth means the use of information and communications technologies, including telephones, remote patient monitoring devices or other electronic means to support clinical health care, provider consultation, patient and professional health related education, public health, health administration and other services.

Source: *NJ Statute C.45:1-61. (Accessed Sept. 2020).*

Consent

With a patient's oral, written, or digital consent, the patient's medical information may be forwarded directly to the patient's primary care provider or health care provider of record, or, upon request by the patient, to other health care providers.

Source: *NJ Statute C.45:1-62. (Accessed Sept. 2020).*

Online Prescribing

The prescription of Schedule II controlled substances through telemedicine or telehealth is authorized only after an initial in-person examination, and subsequent in-person visit with the patient is required every three months for the duration of prescription. Does not apply when prescribing stimulant which is a Schedule II controlled dangerous substance for use by a minor under the age of 18 provided the health care provider is using interactive, real-time, two-way audio and video technologies when treating the patient and the health care provider has obtained written consent for the waiver of these in-person examination requirements from the minor patient's parent or guardian.

Source: *NJ Statute C.45:1-62(e). (Accessed Sept. 2020).*

A provider patient relationship shall include:

- Properly identifying the patient, using at minimum the patient's name, date of birth, phone number, and address.
- Disclosing and validating the provider's identity and credentials, such as license, title, specialty, and board certifications.
- Review of patient's medical history and available medical records, prior to initiating contact and initial encounter.
- Determining whether the provider will be able to meet the same standard of care as care provided in-person, using telehealth or telemedicine, prior to initiating contact, for each unique patient encounter.

See statute for exceptions.

Source: *NJ Statute C.45:1-63(3). (Accessed Sept. 2020).*

Cross-State Licensing

Member of Nurse Licensure Compact. (Partial Implementation)

Source: *NCSBN, Nurse Licensure Compact. (Accessed Sept. 2020).*

Member of the Physical Therapy Compact.

Source: *Compact Map. Physical Therapy Compact. (Accessed Sept. 2020).*

Must be licensed in the State of New Jersey. Subject to New Jersey jurisdiction if either the patient or the provider is located in NJ at the item services are provided.

Source: *NJ Statute C.45:1-62(2)(b). (Accessed Sept. 2020).*

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Each telehealth or telemedicine organization operating in the State shall annually register with the Department of Health and submit an annual report. See statute for details.

Source: *NJ Statute C.45:1-64. (Accessed Sept. 2020).*

The Telemedicine and Telehealth Review Commission shall review information reported by telemedicine and telehealth organizations and make recommendations to improve the effectiveness and quality of telemedicine and telehealth services provided by New Jersey.

Source: *NJ Statute C.45:1-65. (Accessed Sept. 2020).*

Statutory Telehealth Practice Standards for Health Care Providers
Telemedicine services shall be provided using interactive, real-time, two-way communication technologies.

A health care provider engaging in telemedicine or telehealth may use asynchronous store-and-forward technology to allow for the electronic transmission of images, diagnostics, data, and medical information; except that the health care provider may use interactive, real-time, two-way audio in combination with asynchronous store-and-forward technology, without video capabilities, if, after accessing and reviewing the patient's medical records, the provider determines that the provider is able to meet the same standard of care as if the health care services were being provided in person.

See statute for additional telemedicine/telehealth practice standards.

Source: *NJ Statute C.45:1-62(c)(2). (Accessed Sept. 2020).*

A mental health screener, screening service, or screening psychiatrist subject to C.30:4-27.1:

- Shall not be required to obtain a separate authorization in order to engage in telemedicine or telehealth for mental health screening purposes; and
- Shall not be required to request and obtain a waiver from existing regulations, prior to engaging in telemedicine or telehealth.

Source: *NJ Statute C.45:1-62(f). (Accessed Sept. 2020).*

Regulatory Board-Specific Telehealth Practice Standards

- Orthotics and Prosthetics Board of Examiners (**Source:** *51 NJR 13:44H-11.1). (Accessed Sept. 2020).*
- Board of Marriage and Family Therapy Examiners (**Source:** *51 NJR 13:34D-8). (Accessed Sept. 2020).*

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New Mexico

Medicaid Program: New Mexico Medicaid

Program Administrator: New Mexico Human Services Dept., Medical Assistance Division (MAD)

Regional Telehealth Resource Center: Southwest Telehealth Resource Center www.southwesttrc.org

New Mexico Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✓	✗	✓	✓	NLC	✓

New Mexico Detailed Policy

Medicaid Telehealth Reimbursement

Summary

New Mexico Medicaid reimburses for live video telehealth at the same rate as when services are provided in-person as well as store-and-forward. There is no reference to remote patient monitoring.

Definitions

Behavioral Health
Telemedicine is defined as "the use of electronic information, imaging and communication technologies, including interactive audio, video, data communications as well as store-and-forward technologies, to provide and support health care delivery, diagnosis, consultation, treatment, transfer of medical data and education."

Source: *NM Human Services Dept. Behavioral Health Policy and Billing Manual for Providers Treating Medicaid Beneficiaries (2019) p. 29. (Accessed Sept. 2020).*

Live Video

Policy

New Mexico Medicaid will reimburse for professional services at the originating-site and the distant-site at the same rate as when the services are furnished without the use of a telecommunication system.

Source: *NM Administrative Code 8.310.2.12(M). (Accessed Sept. 2020).*

Telemedicine is also covered by NM Managed Care.

Source: *NM Medical Assistance Division Managed Care Policy Manual, p. 388. Jan. 2019. (Accessed Sept. 2020).*

Managed Care Program
The benefits package includes telemedicine services. See Admin. Code 8.308.9.18 for requirements of MCOs related to telemedicine services.

Source: *NM Admin Code Sec. 8.309.4.16 & 8.308.9.18. (Accessed Sept. 2020).*

Provision of telemedicine services does not require that a certified Medicaid healthcare provider be physically present with the patient at the originating site unless the telemedicine consultant at the distant site deems it necessary.

Source: *NM Administrative Code 8.310.2.12 (M). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Effective Oct. 1, 2019 the agency's telehealth and teleconsultation services fee schedule rates are set at 90% of the Medicare fee schedule and are effective for services provided on or after that date. All rates are published at https://www.hsd.state.nm.us/providers/fee-schedules.aspx

Source: *NM State Plan Amendment. Attachment 4.19B. (2/19/20). (Accessed Sept. 2020).*

Eligible Providers

No reference found.

Eligible Sites

School-based services provided via telemedicine are covered.

Source: *NM Administrative Code 8.320.6.13(I). (Accessed Sept. 2020).*

An interactive telehealth communication system must include both interactive audio and video, and be delivered on a real-time basis at both the originating and distant sites. The originating site can be any medically warranted site. Coverage for services rendered through telemedicine shall be determined in a manner consistent with Medicaid coverage for health care services provided through in-person consultation.

Source: *: NM Administrative Code 8.310.2.12 (M). (Accessed Sept. 2020).*

Geographic Limits

No reference found.

Facility/Transmission Fee

Reimbursement is made to the originating site for an interactive telemedicine system fee at the lesser of the following:

- Provider's billed charge;
- Maximum allowed by MAD for the specific service or procedure.

A telemedicine originating-site communication fee is also covered if the eligible recipient was present at and participated in the telemedicine visit at the originating site and the system in use meets the definition of a telemedicine system.

Source: *NM Administrative Code 8.310.2.12 M (4) & (5). (Accessed Sept. 2020).*

Indian Health Services
Originating Site Fee:

- A telemedicine originating site fee is covered when the requirements of 8.310.2 NMAC are met;
- Both the originating and distant sites may be IHS or tribal facilities at two different locations or if the distant site is under contract to the IHS or tribal facility and would qualify to be an enrolled provider;

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Medicaid Telehealth Reimbursement	Live Video	Facility/Transmission Fee	• A telemedicine originating site fee is not payable if the telemedicine technology is used to connect an employee or staff member of a facility to the eligible recipient being seen at the same facility; However, even if the service does not qualify for a telemedicine originating site fee, the use of telemedicine technology may be appropriate thereby allowing the service provided to meet the standards to qualify as an encounter by providing the equivalent of face-to-face contact. **Source:** *NM Administrative Code 8.310.12.12. (Accessed Sept. 2020).*
	Store-and-Forward	Policy	MAD will reimburse for services delivered through store-and forward. To be eligible for payment under store-and-forward, the service must be provided through the transference of digital images, sounds, or previously recorded video from one location to another; to allow a consulting provider to obtain information, analyze it, and report back to the referring physician providing the telemedicine consultation. Store-and-forward telemedicine includes encounters that do not occur in real time (asynchronous) and are consultations that do not require a face-to-face live encounter between patient and telemedicine provider. **Source:** *NM Administrative Code 8.310.2.12(M (3)). (Accessed Sept. 2020).*
		Eligible Services/Specialties	No reference found.
		Geographic Limits	No reference found.
		Transmission Fee	No reference found.

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Medicaid Telehealth Reimbursement	Remote Patient Monitoring	Policy	No reference found.
		Conditions	No reference found.
		Provider Limitations	No reference found.
		Other Restrictions	No reference found.
	Email / Phone / Fax		No reference found.
	Consent		**Behavioral Health Services** To prescribe medication via telehealth, a prescribing clinician must obtain informed consent, obtain a medical history, and generate a medical record. **Source:** *NM Human Services Dept. Behavioral Health Policy and Billing Manual for Providers Treating Medicaid Beneficiaries (2019) p. 31. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Out of State Providers

When the originating site is in New Mexico and the distant site is outside New Mexico, the distant-site provider at the distant site must be licensed in New Mexico for telemedicine, or meet federal requirements for Indian Health Service or tribal contract facilities.

Source: *NM Administrative Code 8.310.2.12 (M). (Accessed Sept. 2020).*

Miscellaneous

MCOs must:

- Promote and employ broad-based utilization of statewide access to Health Insurance Portability and Accountability Act (HIPAA)-compliant telemedicine service systems including, but not limited to, access to text telephones or teletype (TTYs) and 711 telecommunication relay services;
- Follow state guidelines for telemedicine equipment or connectivity;
- Follow accepted HIPAA and 42 CFR part two regulations that affect telemedicine transmission, including but not limited to staff and contract provider training, room setup, security of transmission lines, etc; the MCO shall have and implement policies and procedures that follow all federal and state security and procedure guidelines;
- Identify, develop, and implement training for accepted telemedicine practices;
- Participate in the needs assessment of the organizational, developmental, and programmatic requirements of telemedicine programs;
- Report to HSD on the telemedicine outcomes of telemedicine projects and submit the telemedicine report; and
- Ensure that telemedicine services meet the following shared values, which are ensuring: competent care with regard to culture and language needs; work sites are distributed across the state, including native American sites for both clinical and educational purposes; and coordination of telemedicine and technical functions at either end of network connection.

The MCO shall participate in project extension for community healthcare outcomes (ECHO), in accordance with state prescribed requirements and standards, and shall:

- Work collaboratively with HSD, the university of New Mexico, and providers on project ECHO;
- Identify high needs, high cost members who may benefit from project ECHO participation;
- Identify its PCPs who serve high needs, high cost members to participate in project ECHO;
- Assist project ECHO with engaging its MCO PCPs in project ECHO's center for Medicare and Medicaid innovation (CMMI) grant project;
- Reimburse primary care clinics for participating in the project ECHO model;
- Reimburse "intensivist" teams;
- Provide claims data to HSD to support the evaluation of project ECHO;
- Appoint a centralized liaison to obtain prior authorization approvals related to project ECHO; and
- Track quality of care and outcome measures related to project ECHO.

Source: *NM Administrative Code 8.308.9.18. (Accessed Sept. 2020).*

There must be an established prescriber-patient relationship to prescribe drugs or medical supplies. This includes prescribing over the Internet, or via other electronic means, based solely on an online questionnaire. Physicians, psychologists with prescriptive authority, physician assistants and advanced practice nurses may prescribe online during a live video exam. The prescribing clinician must: obtain a medical history, obtain informed consent and generate a medical record. A physical exam is recorded as appropriate by the telehealth practitioner but the exam may be waived when not normally a part of a typical face-to-face encounter for the services being provided.

Source: *NM Human Services Dept. Behavioral Health Policy and Billing Manual for Providers Treating Medicaid Beneficiaries (2019) p. 31. (Accessed Sept. 2020).*

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Private Payer Laws

Definitions

Telemedicine means the use of telecommunications and information technology to provide clinical health care from a distance. "Telemedicine" allows health care professionals to evaluate, diagnose and treat patients in remote locations using telecommunications and information technology in real time or asynchronously, including the use of interactive simultaneous audio and video or store-and-forward technology, or remote patient monitoring and telecommunications in order to deliver health care services to a site where the patient is located, along with the use of electronic media and health information. "Telemedicine" allows patients in remote locations to access medical expertise without travel.

Source: *NM Statute. 59A-22-49.3(L (6)) (Accessed Sept. 2020).*

Requirements

An insurer shall provide coverage for services delivered via telemedicine to the same extent that the health insurance plan, policy or contract covers the same service in-person. An insurer shall not impose any unique condition for coverage of services provided via telemedicine.

A determination that a service is not covered through the use of telemedicine are subject to review and appeal. Plans cannot require a health care provider to be physically present with the patient at the originating site unless the consulting provider deems it necessary. Insurers cannot impose an originating-site restriction or distinguish between telemedicine services provided to patients in rural and urban locations.

Telemedicine services shall be encrypted and conform to state and federal privacy laws.

Source: *NM Statutes Annotated. Sec. 59A-22-49.3. (Accessed Sept. 2020).*

Parity

Service Parity

An insurer shall provide coverage for services provided via telemedicine to the same extent that the health insurance plan, policy or contract covers the same services in-person.

An insurer shall reimburse for health care services delivered via telemedicine on the same basis and at least at the same rate that the insurer reimburses for comparable services delivered via in-person consultation or contact.

Source: *NM Statutes Annotated. Sec. 59A-22-49.3(A) & (I). (Accessed Sept. 2020).*

Payment Parity

An insurer shall reimburse for health care services delivered via telemedicine on the same basis and at least at the same rate that the insurer reimburses for comparable services delivered via in-person consultation or contact.

Source: *NM Statutes Annotated. Sec. 59A-22-49.3(I). (Accessed Sept. 2020).*

Professional Regulation/ Health & Safety

Definitions

"Telehealth means the use of electronic information, imaging and communication technologies, including interactive audio, video and data communications as well as store-and-forward technologies, to provide and support health care delivery, diagnosis, consultation, treatment, transfer of medical data and education."

Source: *NM Statutes Annotated Sec. 24-1G-3. (Accessed Sept. 2020).*

Speech-Language Pathology, Audiology and Hearing Aid Dispensing Practices Board
"Telehealth" means the use of telecommunications and information technologies for the exchange of information from one site to another for the provision of audiology, speech-language pathology or hearing aid dispensing services to an individual from a provider through hardwire or internet connection.

Source: *NM Administrative Code 16.26.1.7(AA). (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Definitions

Osteopathic Medicine
"Telemedicine" means the practice of medicine across state lines using electronic communications, information technology or other means between a licensed osteopathic physician out-of-state and a patient in New Mexico. Telemedicine involves the application of secure videoconferencing or store-and-forward technology to provide or support healthcare delivery by replicating the traditional interaction of the in-person encounters between a provider and a patient.

Source: *NM Administrative Code 16.17.1.7(T). (Accessed Sept. 2020).*

Consent

Hearing, Speech and Audiology Practitioners
A licensed audiologist, speech-language pathologist or hearing aid dispenser using telecommunication technology to deliver services to a client shall provide notice to the client, guardian, caregiver and multi-disciplinary team as appropriate, including but not limited to the right to refuse telehealth services, options for service delivery and instruction on filing and resolving complaints.

Source: *NM Administrative Code 16.26.2.20(G). (Accessed Sept. 2020).*

Online Prescribing

Prescribing, dispensing or administering drugs or medical supplies to a patient when there is no established physician-patient relationship, including prescribing over the internet or via other electronic means that is based solely on an on-line questionnaire is unprofessional conduct, except for:

- Physicians and physician assistants on call for another practitioner, or responsible for another practitioner's patients in an established clinic or office, or acting as locum tenens where a physician-patient relationship has previously been established and documented in the practitioner's or clinic's record;
- Physicians and physician assistants in emergency room or urgent care settings;
- Prescriptions written to prepare a patient for special examination(s) or laboratory testing;
- Prescribing or dispensing for immunization programs;
- The provision of treatment for partners of patients with sexually transmitted diseases when this treatment is conducted in accordance with the expedited partner therapy guidelines and protocol published by the New Mexico department of health; and
- The provision of consultation, recommendation, or treatment during a face-to-face telehealth encounter online, using standard videoconferencing technology, where a medical history and informed consent are obtained and a medical record generated by the practitioner, and a physical examination is:
  - Recorded as appropriate by the practitioner, or a practitioner such as a physician, a physician or anesthesiologist assistant, or an advanced practice nurse, with the results communicated to the telehealth practitioner; or
  - Waived when a physical examination would not normally be part of a typical physical face-to-face encounter with the patient for the specific services being provided.

Source: *Administrative Code 16.10.8.8(L). (Accessed Aug. 2020).*

Cross-State Licensing

Medicine and Surgery
"The practice of medicine across state lines means the rendering of a written or otherwise documented medical opinion concerning diagnosis or treatment of a patient within this state, by a physician located outside this state, as a result of transmission of individual patient data by electronic, telephonic or other means from within this state, to the physician or the physician's agent, OR the rendering of treatment to a patient within this state, by a physician located outside this state, as a result of transmission of individual patient data by electronic, telephonic or other means from within this state to the physician or the physician's agent."

Source: *NM Statutes Annotated. Sec. 61-6-6(L) (2012). (Accessed Sept. 2020).*

NM issues telemedicine licenses to providers who hold a full, unrestricted license in another state.

Source: *NM Statutes Annotated, 1978 Sec. 61-6-11.1. (Accessed Sept. 2020)*

Member of the Nurse Licensure Compact.

Source: *Nurse Licensure Compact. Current NLC States and Status. NCSBN. (Accessed Sept. 2020).*

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Professional Regulation/ Health & Safety

Miscellaneous

Professional regulation with telehealth specific standards

- Speech Language Pathology, Audiology, and Hearing Aid Dispensing Practice Board

An audiologist, speech-language pathologist or hearing aid dispenser shall not deliver services to a client solely through the use of regular mail, facsimile or electronic mail, although these methods of communication may be used to supplement the face-to-face delivery of services or through the use of telecommunication technology.

Source: *NM Administrative Code 16.26.2.20. (Accessed Sept. 2020).*

New Mexico is also the home of Project ECHO. The project's mission is to develop the capacity to safely and effectively treat chronic, common, and complex diseases in rural and underserved areas, and to monitor outcomes of this treatment utilizing technology.

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New York

Medicaid Program: New York Medicaid

Program Administrator: New York State Dept. of Health

Regional Telehealth Resource Center: Northeast Telehealth Resource Center www.netrc.org

New York At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✓	✓	✓	✗	✗	✓

New York Detailed Policy

Medicaid Telehealth Reimbursement

Summary

New York Medicaid offers live video reimbursement and some reimbursement for store-and-forward and home health services. The New York State Department of Health released a Medicaid telehealth expansion in 2019. The guidance states that other state offices will be updating guidances and regulation to reflect the changes made, however no other office has released updates at the time of this report.

Definitions

"Telehealth" means the use of electronic information and communication technologies by telehealth providers to deliver health care services, which shall include the assessment, diagnosis, consultation, treatment, education, care management and/or self-management of a patient. Telehealth shall not include delivery of health care services by means of facsimile machines, or electronic messaging alone, though use of these technologies is not precluded if used in conjunction with telemedicine, store and forward technology, or remote patient monitoring. Telehealth shall include audio-only telephone communication only to the extent defined in regulations as may be promulgated by the commissioner.

Source: *NY Public Health Law Article 29 – G Section 2999-cc. & NY Senate (S 8416 2020 Session). (Accessed Sept. 2020).*

Telemental Health Services means the use of two-way real-time interactive audio and video to provide and support clinical psychiatric care at a distance. Such services do not include a telephone conversation, electronic mail message, or facsimile transmission between a provider and a recipient or a consultation between two physicians or nurse practitioners, or other staff, although these activities may support Telemental Health Services.

Source: *NY Code of Rules and Regs. Title 14, Sec. 596.4(r). (Accessed Sept. 2020).*

Telehealth / Teledentistry
Telehealth is defined as "the use of electronic information and communication technologies to deliver health care to patients at a distance, which shall include the assessment, diagnosis, consultation, treatment, education, care management and/or self-management of a patient (Medicaid member)".

Source: *NY Dental Policy and Procedure Code Manual January 1, 2020, page 81. (Accessed Sept. 2020).*

Policy

Reimbursement policy applies to fee-for-service and Medicaid Managed Care plans.

New York reimburses for two-way electronic audio-visual communications to delivery clinical health care services to a patient at an originating site by a telehealth provider located at a distant site. The totality of the communication of information exchanged between the physician or other qualified health care practitioner and the patient during the course of the synchronous telemedicine service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via face-to-face interaction.

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Medicaid Telehealth Reimbursement

Live Video

Policy

Telehealth should not be used by a provider if it may result in any reduction to the quality of care required to be provided to a Medicaid member or if such service could adversely impact the member.

NY Medicaid does not reimburse for telehealth used solely for the convenience of the practitioner when a face-to-face visit is more appropriate and/or preferred by the member.

New York Medicaid does not reimburse the acquisition, installation, and maintenance of telecommunication devices or systems.

Source: *NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 1-3. (Accessed Sept. 2020).*

Eligible Services / Specialties

Federally Qualified Health Centers (FQHCs)
FQHCs that **have** "opted into" Ambulatory Patient Groups (APGs) should follow the billing guidance outlined for sites billing under APGs.

FQHCs that **have not** opted into APGs:

- When services are provided via telemedicine to a patient located at an FQHC originating site, the originating site may bill only the FQHC offsite services rate code (4012) to recoup administrative expenses associated with the telemedicine encounter.
- When a separate and distinct medical service, unrelated to the telemedicine encounter, is provided by a qualified practitioner at the FQHC originating site, the originating site may bill the Prospective Payment System (PPS) rate in addition to the FQHC offsite services rate code (4012).
- If a provider who is onsite at an FQHC is providing services via telemedicine to a member who is in their place of residence or other temporary location, the FQHC should bill the FQHC off-site services rate code (4012) and report the applicable modifier (95 or GT) on the procedure code line.
- If the FQHC is providing services as a distant site provider, the FQHC may bill their PPS rate.

Source: *NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 11. (Accessed Sept. 2020).*

Telemental Health Services may be authorized by the office for licensed or designated services provided by Telemental Health Practitioners.

Under the Medicaid program, Telemental Health Services are covered when medically necessary and under the following circumstances:

- The person receiving services is located at the originating/spoke site and the Telemental Health Practitioner is located at the distant/hub site;
- The person receiving services is present during the encounter;
- The request for Telemental Health Services and the rationale for the request are documented in the individual's clinical record;
- The clinical record includes documentation that the encounter occurred; and
- The Telemental Health Practitioner at the distant/hub site is (1) authorized in New York State; (2) practicing within his/her scope of specialty practice; (3) affiliated with the originating/spoke site facility; and (4) if the originating/spoke site is a hospital, credentialed and privileged at the originating/spoke site facility.

Source: *NY Code of Rules and Regs. Title 14, Sec. 596.5 & 596.7. (Accessed Sept. 2020).*

Teledentistry
There is no reimbursement for synchronous teledental encounter code D9995. Payment will be for the procedures rendered.

Source: *NY Dental Policy and Procedure Code Manual January 1, 2020, page 83 & Medicaid Update, 'Billing Telehealth as a Teledental Encounter', Jan. 2020, Vol. 36, No. 1. (Accessed Sept. 2020).*

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Providers who may deliver telemedicine services include:

- Licensed physician
- Licensed physician assistant
- Licensed dentist
- Licensed nurse practitioner
- Licensed registered professional nurse (only when such nurse is receiving patient-specific health information or medical data at a distant site by means of RPM)
- Licensed podiatrist
- Licensed optometrist
- Licensed psychologist
- Licensed social worker
- Licensed speech language pathologist or audiologist
- Licensed midwife
- Physical Therapists
- Occupational Therapists
- Certified diabetes educator
- Certified asthma educator
- Certified genetic counselor
- Hospital (including residential health care facilities serving special needs populations)
- Home care services agency
- Hospice
- Credentialed alcoholism and substance abuse counselor
- Providers authorized to provide services and service coordination under the early intervention program
- Clinics licensed or certified under Article 16 of the MHL certified and non-certified day and residential programs funded or operated by the OPWDD
- Care manager employed by or under contract to a health home program, patient centered medical home, office for people with developmental disabilities Care Coordination Organization (CCO), hospice or a voluntary foster care agency certified by the office of children and family services
- Or any other provider as determined by the Commissioner. (in Public Health Law only)

Source: *NY Public Health Law Article 29 – G Section 2999-cc. & NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 5-6. (Accessed Sept. 2020).*

Telemental Health

Services are authorized for telemental health practitioners. 'Telemental health practitioner' means a physician, nurse practitioner in psychiatry, psychologist, mental health counselor, social worker, marriage and family therapist, creative arts therapist, or psychoanalyst who is providing Telemental Health Services from a distant or hub site.

Source: *NY Code of Rules and Regs.Title 14, Sec. 596.4(q) & 596.5(a). (Accessed Sept. 2020).*

Home Telehealth

Subject to the approval of the state director of the budget, the commissioner may authorize the payment of medical assistance funds for demonstration rates or fees established for home telehealth services and subject to federal financial participation shall not exclude from the payment of medical assistance funds the delivery of health care services through telehealth as defined in Section 2999-cc.

Source: *NY Statute, Social Services Law SOS §367-u. (Accessed Sept. 2020).*

Teledentistry

Dentists providing services via telehealth must be licensed and currently registered in accordance with NYS Education Law or other applicable law and enrolled in NYS Medicaid. Telehealth services must be delivered by dentists acting within their scope of practice.

Source: *NY Dental Policy and Procedure Code Manual January 1, 2020, page 81. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

Originating and Distant sites must be located within the fifty United States or United States' territories and may include:

- Facilities licensed under Article 28 of the Public Health Law (PHL): hospitals, nursing homes and diagnostic and treatment centers;
- Facilities licensed under Article 40 of the PHL: hospice programs;
- Facilities as defined in subdivision 6 of Section 1.03 of the Mental Hygiene Law (MHL): clinics certified under Articles 16, 31 and 32;
- Certified and non-certified day and residential programs funded or operated by the Office of People with Developmental Disabilities (OPWDD);
- Private physician or dentist offices located within the State of New York;
- Adult care facilities licensed under Title 2 of Article 7 of the Social Security Law (SSL);
- Public, private and charter elementary and secondary schools located within the State of New York;
- School-age child care programs located within the State of New York;
- Child daycare centers located within the State of New York; and,
- The member's place of residence in New York State, or other temporary location in or out of state.

Source: *Dental Procedure Manual. 1/1/20. P. 81. (Accessed. Sept. 2020).*

Eligible Sites

The distant site is any secure location within the fifty United States or United States' territories where the telehealth provider is located while delivering health care services by means of telehealth.

Source: *NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 3. (Accessed Sept. 2020).*

Telemental Health
The recipient can be physically located at a provider site licensed by the office, or the recipient's place of residence or other temporary location withing or outside the state of New York.

Source: *NY Code of Rules and Regs. Title 14, Sec. 596.5(a). (Accessed Sept. 2020).*

Originating include:

- Facilities licensed under Article 28 of the Public Health Law (PHL): hospitals, nursing homes and diagnostic and treatment centers;
- Facilities licensed under Article 40 of the PHL: hospice programs;
- Facilities as defined in subdivision 6 of Section 1.03 of the Mental Hygiene Law (MHL): clinics certified under Articles 16, 31 and 32;
- Certified and non-certified day and residential programs funded or operated by the Office of People with Developmental Disabilities (OPWDD);
- Private physician or dentist offices located within the State of New York;
- Adult care facilities licensed under Title 2 of Article 7 of the Social Security Law (SSL);
- Public, private and charter elementary and secondary schools located within the State of New York;
- School-age child care programs located within the State of New York;
- Child daycare centers located within the State of New York; and,
- The member's place of residence in New York State, or other temporary location in or out of state.

Source: *NY Public Health Law Article 29 – G Section 2999- cc & Dental Procedure Manual. 1/1/20. P. 81. (Accessed. Sept. 2020).*

The commissioner may specify in regulation additional acceptable modalities for the delivery of health care services via telehealth, including but not limited to audio-only telephone communications, online portals and survey applications, and may specify additional categories of originating sites at which a patient may be located at the time health care services are delivered to the extent such additional modalities and originating sites are deemed appropriate for the populations served.

Source: *NY Public Health Law Article 29 – G Section 2999-ee. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Live Video	Geographic Limits	No reference found.
		Facility/Transmission Fee	Outpatient departments, clinics, and emergency rooms serving as originating sites may only bill a facility fee using CPT code Q3014, to recoup administrative expenses associated with the telemedicine encounter. Outpatient departments, clinics, and emergency rooms must bill a facility fee through Ambulatory Patient Groups. **Source:** *NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 8-10. (Accessed Sept. 2020).* The originating site can bill for administrative expenses only when a telemental health service connection is being provided and a qualified mental health professional is not present at the originating site with the patient at the time of the encounter. **Source:** *NY Code of Rules and Regs. Title 14, Sec. 596.7(e). (Accessed Sept. 2020).* Only one clinic payment will be made when both the originating site and the distant site are part of the same provider billing entity. In such cases, only the originating site should bill Medicaid for the telemedicine encounter. **Source:** *NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 8. (Accessed Sept. 2020).*
	Store-and-Forward	Policy	NY Medicaid is authorized to establish fees to reimburse the cost of telehealth store-and-forward technology, per a State Plan Amendment submitted and approved by CMS. Store-and-forward technology may be utilized in the specialty areas of dermatology, ophthalmology and other disciplines, as determined by the Commissioner. Services must reduce the need for on-site or in-office visits. **Source:** *: CMS Approved state plan amendment 16-0015. Attachment 3.1A. (Accessed Sept. 2020).* Pre-recorded videos and/or static digital images (e.g., pictures), excluding radiology, must be specific to the member's condition as well as be adequate for rendering or confirming a diagnosis or a plan of treatment. **Source:** *NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 4. (Accessed Sept. 2020).* Reimbursement for store-and-forward is made to the consulting distant-site practitioner and is paid at 75 percent of the Medicaid fee for the service provided. The consulting provider must provide the requesting originating-site practitioner with a written report of the consultation and use the GQ modifier in order for payment to be made. **Source:** *NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 11. (Accessed Sept. 2020).*
		Eligible Services/Specialties	Store-and-forward services may be reimbursed, based on the definition of telehealth. **Source:** *NY Public Health Law Article 29 – G Section 2999-cc. (Accessed Sept. 2020).* There is no reimbursement for asynchronous teledental encounter code D9996. Reimbursement is for the procedure rendered to the patient on the date of service. Reimbursement will be reduced by 25 percent. **Source:** *NY Dental Policy and Procedure Code Manual January 1, 2020, page 83 & Medicaid Update, 'Billing Telehealth as a Teledental Encounter', Jan. 2020, Vol. 36, No. 1. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Store-and-Forward	Geographic Limits	No reference found.
		Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	NY Medicaid is authorized to establish fees to reimburse the cost of telehealth remote patient monitoring, per a State Plan Amendment submitted and approved by CMS. Remote patient monitoring (RPM) can include synchronous or asynchronous electronic information and communication technologies to collect personal health information and medical data. RPM may be provided by a facility licensed under Article 28 of Public Health Law or by a physician, nurse practitioner, midwife or physician assistant who has examined the patient and with whom has an established relationship. **Source:** *CMS Approved state plan amendment 16-0015. Attachment 3.1A. (Accessed Sept. 2020).* RPM included within definition of "telehealth" in statute requiring Medicaid Reimburse telehealth delivery of services. **Source:** *Social Services Law Title 11, Article 367-u. & NY Public Health Law Article 29 – G Section 2999-cc. (Accessed Sept. 2020).* Remote patient monitoring services are billed using CPT code "99091" and should not be billed more than once per member per month. Billing should occur on the last day of each month in which RPM is used. A fee of $48.00 per month will be paid for RPM for a minimum of 30 minutes per month spent collecting and interpreting a member's RPM data. FQHCs that have opted out of APGs are unable to bill for RPM services. **Source:** *NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 11-12. (Accessed Sept. 2020).* Remote consultations between practitioners, without a Medicaid member present, including for the purposes of teaching or skill building, are not considered telehealth and are not reimbursable. **Source:** *NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 3. (Accessed Sept. 2020).*
		Conditions	Medical conditions that may be treated/monitored by means of RPM include, but are not limited to: • Congestive heart failure • Diabetes • Chronic obstructive pulmonary disease • Wound care • Polypharmacy • Mental or behavioral problems • Technology-dependent care, such as continuous oxygen, ventilator care, total parenteral nutrition, or enteral feeding. **Source:** *NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 4. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Provider Limitations

No reference found.

Other Restrictions

The following considerations apply to RPM:

1. Medical conditions that may be treated/monitored by means of RPM include, but are not limited to, congestive heart failure, diabetes, chronic obstructive pulmonary disease, wound care, polypharmacy, mental or behavioral problems, and technology-dependent care such as continuous oxygen, ventilator care, total parenteral nutrition or enteral feeding.
2. RPM must be ordered and billed by a physician, nurse practitioner or midwife, with whom the member has or has entered into a substantial and ongoing relationship. RPM can also be provided and billed by an Article-28 clinic, when ordered by one of the previously mentioned qualified practitioners.
3. Members must be seen in-person by their practitioner, as needed, for follow-up care.
4. RPM must be medically necessary and shall be discontinued when the member's condition is determined to be stable/controlled.
5. Payment for RPM while a member is receiving home health services through a Certified Home Health Agency (CHHA) is pursuant to PHL Section 3614 (3-c)(a) – (d) and will only be made to that same CHHA.

Source: *NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 4-5. (Accessed Sept. 2020).*

Email / Phone / Fax

Telehealth shall not include delivery of health care services by means of facsimile machines, or electronic messaging alone, though use of these technologies is not precluded if used in conjunction with telemedicine, store and forward technology, or remote patient monitoring. For purposes of this section, telehealth shall be limited to telemedicine, store and forward technology, remote patient monitoring and audio-only telephone communication, except that with respect to the medical assistance program shall include audio-only telephone communication only to the extent defined in regulations as may be promulgated by the commissioner.

Source: *NY Public Health Law Article 29 – G Section 2999-cc. & NY Senate (S 8416 2020 Session). (Accessed Sept. 2020).*

The commissioner may specify in regulation additional acceptable modalities for the delivery of health care services via telehealth, including but not limited to audio-only telephone communications, online portals and survey applications, and may specify additional categories of originating sites at which a patient may be located at the time health care services are delivered to the extent such additional modalities and originating sites are deemed appropriate for the populations served.

Source: *NY Public Health Law Article 29 – G Section 2999-ee. (Accessed Sept. 2020).*

Telemental health services do not include telephone, video cell phone, or e-mail. Services also do not include consultation between two professionals or clinical staff.

Source: *NY Code of Rules and Regs. Title 14, Sec. 596.4(r). (Accessed Sept. 2020).*

Telephone conversations, e-mail or text messages, and facsimile transmissions between a dentist and a Medicaid member or between two dentists are not considered telehealth services and are not covered by Medicaid when provided as standalone services.

Source: *NY Dental Policy and Procedure Code Manual January 1, 2020, page 82. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Consent

Medicaid members must provide consent to participating in services utilizing telehealth. Telehealth sessions/services shall not be recorded without the member's consent. Culturally competent translation and/or interpretation services must be provided when the member and distant practitioner do not speak the same language. If the member is receiving ongoing treatment via telehealth, the member must be informed of the following patient rights policies at the initial encounter. Documentation in the medical record must reflect that the member was made aware of patient rights policies.

Source: *NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 6-7. (Accessed Sept. 2020).*

Mental Health
Part of obtaining approval for telemental health services is obtaining informed consent and may be incorporated into the informed consent process for in-person care. See regulation for specific requirements.

Source: *NY Code of Rules and Regs. Title 14, Sec. 596.5(b) & 596.6. (Accessed Sept. 2020).*

Out of State Providers

A distant site must be located within any of the fifty United States or United States' territories where a telehealth provider is located when delivering health care services by means of telehealth.

The originating site must be located within the fifty United States or United States' territories.

Practitioners providing services via telehealth must be licensed or certified, currently registered in accordance with NYS Education Law or other applicable law, and enrolled in NYS Medicaid.

Source: *NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 3 & 6. (Accessed Sept. 2020).*

The distant site must possess a current, valid license, permit, or limited permit to practice in New York State.

Psychiatrists and nurse practitioners in psychiatry may deliver services from a site located within the United States, including from a space in a place of residence approved by the Office of Mental Health; and

Mental health practitioners may deliver services from a site located within the State of New York, including from a space in a place of residence approved by the Office of Mental Health.

Source: *NY Code of Rules and Regs. Title 14, Sec. 596.6. (Accessed Sept. 2020).*

Miscellaneous

Subject to federal financial participation and the approval of the director of the budget, the commissioner shall not exclude from the payment of medical assistance funds the delivery of health care services through telehealth, as defined in section 2999-cc(4) of the public health law.

Source: *Social Services Law Article 367-u. (Accessed Sept. 2020).*

Culturally competent translation and/or interpretation services must be provided when the member and distant practitioner do not speak the same language.

Source: *NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 6. (Accessed Sept. 2020).*

The patient must be present for telemental health services for Medicaid reimbursement. Telemental health is also defined as "real-time".

Source: *NY Code of Rules and Regs. Title 14, Sec. 596.4(r4). (Accessed Sept. 2020).*

See rule for requirements needed for approval for telemental health services.

Source: *NY Code of Rules and Regs. Title 14, Sec. 596.5. (Accessed Sept. 2020).*

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Private Payer Laws

Definitions

Telehealth means the use of electronic information and communications technologies by a health care provider to deliver health services to an insured individual while such individual is located at a site that is different from the site where the health care provider is located.

Source: *NY Insurance Law Article 32 Section 3217-h & Article 43 Section 4306-g. (Accessed Sept. 2020)*

Requirements

A health plan shall not exclude from coverage services that are provided via telehealth if they would otherwise be covered under a policy, provided that an insurer may exclude coverage of a service by a health care provider where the provider is not otherwise covered under the policy or contract.

An insurer may subject the coverage of a service to reasonable utilization management and quality assurance requirements or copayments, coinsurance and deductibles that are consistent with those established for the same service not delivered via telehealth.

Source: *NY Insurance Law Article 32 Section 3217-h & NY Insurance Law Article 43 Section 4306-g. (Accessed Sept. 2020).*

Parity

Service Parity

A health plan shall not exclude from coverage services that are provided via telehealth if they would otherwise be covered under a policy, provided that an insurer may exclude coverage of a service by a health care provider where the provider is not otherwise covered under the policy or contract.

Source: *NY Insurance Law Article 32 Section 3217-h & NY Insurance Law Article 43 Section 4306-g. (Accessed Sept. 2020).*

Payment Parity

No explicit payment parity.

Professional Regulation/Health & Safety

Definitions

"Telehealth" means the use of electronic information and communication technologies by telehealth providers to deliver health care services, which shall include the assessment, diagnosis, consultation, treatment, education, care management and/or self-management of a patient. Telehealth shall not include delivery of health care services by means of facsimile machines, or electronic messaging alone, though use of these technologies is not precluded if used in conjunction with telemedicine, store and forward technology, or remote patient monitoring. For purposes of this section, telehealth shall be limited to telemedicine, store and forward technology, remote patient monitoring and audio-only telephone communication, except that with respect to the medical assistance program established under section three hundred sixty-six of the social services law, and the child health insurance plan under title one-A of article twenty-five of this chapter, telehealth shall include audio-only telephone communication only to the extent defined in regulations as may be promulgated by the commissioner. This subdivision shall not preclude the delivery of health care services by means of "home telehealth" as used in section thirty-six hundred fourteen of this chapter.

Telemedicine means the use of synchronous, two-way electronic audio-visual communications to deliver clinical health care services, which shall include the assessment, diagnosis, and treatment of a patient, while such a patient is at the originating site and a telehealth provider is at a distant site.

Source: *NY Public Health Law Article 29 – G Section 2999-cc. & NY Senate (S 8416 2020 Session). (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Definitions

Related to Credentialing and Privileging Health Care Practitioners Providing Telemedicine
"Telemedicine means the delivery of clinical health care services by means of real time two-way electronic audio-visual communications which facilitate the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient's health care, while such patient is at the originating site and the health care provider is at a distant site."

Source: *NY Public Health Law Article 28 – Section 2805-u. (Accessed Sept. 2020).*

Telepractice is a means of delivering services provided by an OASAS certified program subject to any other regulations applicable to the program's certified modality regarding evaluations, admissions, treatment/recovery plan development and review, discharge, etc. The program must have received an operating certificate "designation" from the Office to utilize this means of service delivery.

Source: *NY Office of Alcoholism and Substance Abuse Services. Telepractice Standards for OASAS Designated Providers. (Dec. 2019), p 1. (Accessed Sept. 2020).*

Consent

All patients and prospective patients must have at least one in-person evaluation session with clinical staff prior to participation in telepractice. If found suitable for telepractice, the patient or prospective patient must execute a statement of informed consent prior to receiving services via telepractice. This evaluation for suitability for telepractice may be the same day as the first telepractice session.

Source: *NY Office of Alcoholism and Substance Abuse Services. Telepractice Standards for OASAS Designated Providers. (Dec. 2019), p 2, (Accessed Sept. 2020).*

Telepractice sessions shall not be recorded without the patient's written consent.

Source: *NY Codes, Rules and Regulations, Title 14, Chapter XXI, Part 830.5. (Accessed Sept. 2020).*

Online Prescribing

Office of Alcoholism and Substance Abuse Services (OASAS)
Buprenorphine requires a preliminary face-to-face evaluation by the Drug Addiction Treatment Act (DATA) 2000 waived prescribing professional, unless otherwise authorized. See OASAS Telepractice Standards outlines practitioner requirements for prescribing buprenorphine.

Source: *NY Office of Alcoholism and Substance Abuse Services. Telepractice Standards for OASAS Designated Providers. (Dec. 2019), p. 2. (Accessed Sept. 2020).*

Induction and prescribing of addiction medications must be done in accordance any and all applicable Federal rules and regulations; guidance may be found in the Telepractice Standards for OASAS Designated Providers posted on the OASAS website.

Source: *NY Codes, Rules and Regulations, Title 14, Chapter XXI, Part 830.5. (Accessed Sept. 2020).*

Cross-State Licensing

No reference found.

Miscellaneous

Telemental health services may only be utilized in personalized Recovery Oriented Services program or Assertive Community Treatment programs under certain conditions.

Source: *NY Code of Rules and Regs. Title 14, Sec. 596.3. (Accessed Sept. 2020).*

Telehealth shall not include delivery of health care services by means of facsimile machines, or electronic messaging alone, though use of these technologies is not precluded if used in conjunction with telemedicine, store and forward technology, or remote patient monitoring.

Source: *NY Public Health Law Article 29 – G Section 2999-cc. & NY Senate (S 8416 2020 Session). (Accessed Sept. 2020).*

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Office for People with Developmental Disabilities (OPWDD)
Telehealth is an available mechanism to deliver clinical care.

Source: *NY Code of Rules and Regs. Title 14, Sec. 679.1. (Accessed Sept. 2020).*

Office of Alcoholism and Substance Abuse Services (OASAS)
Telepractice services, as defined in this Part, may be authorized by the office for the delivery of certain addiction services provided by practitioners employed by, or pursuant to a contract or memorandum of understanding (MOU) with a program certified by the office.

Source: *: NY Codes, Rules and Regulations, Title 14, Chapter XXI, Part 830.5. (Accessed Sept. 2020).*

Providers requesting authorization to use this means of service delivery must submit a Telepractice Plan and Attestation (Appendix B) to their Regional Office and to the OASAS Bureau of Certification.

OASAS has specific telepractice standards for its providers. See regulation for details.

Source: *NY Office of Alcoholism and Substance Abuse Services. Telepractice Standards for OASAS Designated Providers. (Dec. 2019). (Accessed Sept. 2020).*

Demonstration rates of payment or fees shall be established for telehealth services provided by a certified home health agency, a long term home health care program or AIDS home care program, or for telehealth services by a licensed home care services agency under contract with such an agency or program, in order to ensure the availability of technology-based patient monitoring, communication and health management. Reimbursement is provided only in connection with Federal Food and Drug Administration-approved and interoperable devices that are incorporated as part of the patient's plan of care.

Source: *NY Public Health Law Article 36 Section 3614(3-c). (Accessed Sept. 2020).*

Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD) are prohibited from being delivered via telehealth.

Source: *NY Code of Rules and Regs. Title 14, Sec. 635-13.4(c). (Accessed Sept. 2020).*

Each agency that operates a clinic treatment facility shall provide the Office for People with Developmental Disabilities (OPWDD) information it requests, including but not limited to the following: services provided by CPT/HCPCS and/or CDT codes, where such services were delivered, including the location of both the provider and the individual when services are delivered via telehealth, (i.e., on-site or at a certified satellite site, or, prior to April 1, 2016, off-site) and revenues by funding source or payee. These data shall correspond to the identical time period of the cost report.

Source: *NY Code of Rules and Regs. Title 14, Sec. 679.6(b). (Accessed Sept. 2020).*

Under Public Health, originating sites are limited to:

- Licensed health facilities in Articles 28 (hospitals) and 40 (hospice);
- A facility as defined in Section 1.03, subdivision six of the Mental Hygiene Law;
- Certified and non-certified day and residential programs funded or operated by the office for people with developmental disabilities.
- Private physician's or dentist's offices located in New York;
- Public, private and charter elementary and secondary schools, school age childcare programs and child day care centers within the state of New York;
- Adult care facility licensed under title two of article seven of the social services law;
- Public, private and charter elementary and secondary schools, school age child care programs and child day care centers;
- The patient's place of residence located within the state of New York or other temporary location located within or outside the state of New York.

Source: *NY Public Health Law Article 29 – G Section 2999-cc. (Accessed Sept. 2020).*

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North Carolina

Medicaid Program: North Carolina Medicaid

Program Administrator: Dept. of Health and Human Services, Division of Medical Assistance

Regional Telehealth Resource Center: Mid-Atlantic Telehealth Resource Center www.matrc.org

North Carolina At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✗	✗	✗	PTC, NLC, PSYPACT, ASLP-IC	✗

North Carolina Detailed Policy

Medicaid Telehealth Reimbursement

Summary

NC Medicaid reimburses live video telemedicine for medical and tele-psychiatry services as long as certain conditions are met. They do not provide reimbursement for store-and-forward, and make no reference to remote patient monitoring.

Definitions

Telemedicine is the use of two-way real-time interactive audio and video between places of lesser and greater medical capability or expertise to provide and support health care when distance separates participants who are in different geographical locations. A beneficiary is referred by one provider to receive the services of another provider via telemedicine."

Source: *NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 1, Dec. 31, 2019. (Accessed Sept. 2020).*

Live Video

Policy

The beneficiary must be enrolled in either the NC Medicaid program or the NC Health Choice Program. Provider(s) shall verify each Medicaid or NCHC beneficiary's eligibility each time a service is rendered. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service. For example, to participate in the NC Health Choice Program, a beneficiary must be between 6 and 18 years old, although there is an exception if the child falls under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirement for Medicaid beneficiaries under 21 years of age. See manual for details.

Source: *NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, pgs. 1-2, Dec. 31, 2019.(Accessed Sept. 2020).*

North Carolina Medicaid and NC Health Choice will reimburse for live video medical services and tele-psychiatry services. All of the following conditions must be met:

- The beneficiary must be present at the time of consultation;
- The medical examination must be under the control of the consulting provider;
- The distant site of the service must be of a sufficient distance from the originating site to provide services to a beneficiary who does not have readily available access to such specialty services; and
- The consultation must take place by encrypted two-way real-time interactive audio and video telecommunications system.

Source: *NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 4, Dec. 31, 2019. (Accessed Sept. 2020).*

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Medicaid or NCHC shall cover procedures, products, and services related to this policy when they are medically necessary, and:

- The procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's needs;
- The procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
- The procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker, or the provider.

Services NOT Covered:

- The beneficiary does not meet the eligibility requirements;
- The beneficiary does not meet the criteria listed above;
- The procedure, product, or service duplicates another provider's procedure, product, or service; or
- The procedure, product, or service is experimental, investigational, or part of a clinical trial.

Additional Criteria not covered under NC Health Choice

Except as otherwise provided for eligibility, fees, deductibles, copayments, and other cost sharing charges, health benefits coverage provided to children eligible under the Program shall be equivalent to coverage provided for dependents under North Carolina Medicaid Program except for the following:

- No services for long-term care.
- No nonemergency medical transportation.
- No EPSDT.
- Dental services shall be provided on a restricted basis in accordance with criteria adopted by the Department to implement this subsection.

Distant site providers must obtain prior approval from NC Medicaid for services delivered via telemedicine and tele-psychiatry when those services require prior approval based on service type or diagnosis. Providers must submit to the Department of Health and Human Services Utilization Review Contractor the following:

- Prior approval request;
- All health records and any other records to document that the beneficiary has met the specific criteria for telemedicine services;

Special provisions apply for the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program. See manual.

The beneficiary cannot be confined to a jail, detention center or prison.

Source: *NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 3-5, Dec. 31, 2019. (Accessed Sept. 2020).*

See Attachment A of manual for billable codes.

When the GT modifier is appended to a code billed for professional services, the service is paid at 100% of the allowed amount of the fee schedule.

- For hospitals, this is a covered service for both inpatient and outpatient and is part of the normal hospital reimbursement methodology.
- Reimbursement for these services is subject to the same restrictions as face-to-face contacts (such as; place of service, allowable providers, multiple service limitations, prior authorization).

Source: *NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 14, Dec. 31, 2019. (Accessed Sept. 2020).*

Teledentistry

Synchronous real-time dentistry is covered through D9995.

Source: *NC Div. of Medcial Assistance. Medicaid Bulletin. p. 22, Jan. 2018. (Accessed Sept. 2020)*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- Meet Medicaid or NCHC qualifications for participation;
- Be currently Medicaid or NCHC enrolled; and
- Bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

Eligible medical providers:

- Physicians;
- Nurse practitioners;
- Nurse midwives;
- Physician's assistants.

Eligible tele-psychiatry providers:

- Physicians;
- Nurse Practitioners;
- Physicians Assistants;
- Advanced practice psychiatric nurse practitioners;
- Advanced practice psychiatric clinical nurse specialists;
- Licensed psychologists Ph.D. level;
- Licensed clinical social workers (LCSW);
- Community diagnostic assessment agencies.

The licensed provider using Telemedicine or Telepsychiatry Services shall ensure the availability for appropriate follow-up care and maintain a complete health record that is available to the beneficiary and other treating providers.

Up to three different consulting providers may be reimbursed for a separately identifiable telemedicine or telepsychiatry service provided to a beneficiary per date of service.

Source: *NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 4 & 6, Dec. 31, 2019. (Accessed Sept. 2020).*

Eligible Sites

No reference found.

Geographic Limits

"The distant site of the service must be of a sufficient distance from the originating site to provide services to a beneficiary who does not have readily available access to such specialty services."

Source: *NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 4, Dec. 31, 2019. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Facility/Transmission Fee

Only one facility fee is allowed per date of service "per beneficiary."

There is no reimbursement to the referring provider at the originating site on the same date of service unless the referring provider is billing for a separately identifiable billable service. Health records must document that ALL the components of the service being billed were provided to the beneficiary.

Originating-site provider facility fees paid to:

- Physicians;
- Nurse practitioners;
- Nurse midwives;
- Advanced practice psychiatric nurse practitioners;
- Advanced practice psychiatric clinical nurse specialists;
- Licensed psychologists (Ph.D. level);
- Licensed clinical social workers (LCSW);
- Physician's assistants;
- Hospitals (inpatient or outpatient)
- Federally Qualified Health Centers;
- Rural Health Clinics;
- Local health departments;
- Local Management Entities.

Facility fees for distant-site providers are not covered.

Source: *NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 4, 6-7, Dec. 31, 2019. (Accessed Sept. 2020).*

Store-and-Forward

Policy

North Carolina Medicaid will not reimburse for Store-and-forward.

Source: *NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 4-5, Dec. 31, 2019. (Accessed Sept. 2020).*

Eligible Services/Specialties

No reference found.

Geographic Limits

No reference found.

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Medicaid Telehealth Reimbursement	Store-and-Forward	Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	No reference found.
		Conditions	No reference found.
		Provider Limitations	No reference found.
		Other Restrictions	No reference found.
	Email / Phone / Fax		No reimbursement for email. No reimbursement for telephone. No reimbursement FAX. No reimbursement for video cell phone interaction. **Source:** *NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 4-5, Dec. 31, 2019. (Accessed Sept. 2020).*
	Consent		No reference found.

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	Out of State Providers		No reference found.
	Miscellaneous		The Office of Rural Health and Community Care shall oversee and monitor the establishment of a statewide telepsychiatry program. **Source:** *NC General Statutes Article 3, Ch. 143B, Sect. 12A.2B. (b). (Accessed Sept. 2020* Providers must comply with the following in effect at the time the service was rendered: • All applicable agreements, federal, state and local laws and regulations including HIPAA and medical retention requirements. • All Medicaid's clinical (medical) coverage policies, guidelines, policies, provider manuals, implementation updates and bulletins published by CMS, DHHS, its divisions or its fiscal contractor(s). **Source:** *NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 7, Dec. 31, 2019. (Accessed Sept. 2020).*
Private Payer Laws	Definitions		No reference found.
	Requirements		No reference found.
	Parity	Service Parity	None.
		Payment Parity	None.

Professional Regulation/Health & Safety

Definitions

Maternal and Child Health and Women's Health
Telemedicine is the use of audio and video between places of lesser and greater medical capability or expertise to provide and support health care when distance separates participants who are in different geographical locations.

Source: *NC General Statute 130A-125(b2)(1). (Accessed Sept. 2020).*

Consent

No reference found.

Online Prescribing

No reference found.

Cross-State Licensing

Member of the Physical Therapy Compact.

Source: *PT Compact. Compact Map. HB 57 (2017). (Accessed Sept. 2020).*

Member of the Nurses Licensure Compact.

Source: *Current NLC States & Status. Nurse Licensure Compact. (Accessed Sept. 2020).*

Member of Psychology Interjurisdictional Compact. (Effective 3/21/21).

Source: *PSYPACT. Compact Map. & NC SB 361 (2019 Session). (Accessed Sept. 2020).*

Member of the Audiology and Speech-Language Pathology Interstate Compact (Effective when ten states join compact).

Source: *Audiology and Speech-Language Pathology Interstate Compact. Compact Map. & NC HB 1053 (2019 Session). (Accessed Sept. 2020).*

Miscellaneous

Telemedicine may be utilized for neonatal or infant echocardiograms.

Source: *10A N.C.A.C. 43K.0102(c)(3). (Accessed Sept. 2020).*

Telemedicine may be used to perform the initial examination required when an individual comes into custody of law enforcement.

Source: *N.C. Gen. Stat. § 122C-263(c). (Accessed Sept. 2020).*

The Commission is required to address follow-up protocols to ensure early treatment for newborn infants diagnosed with congenital heart defects, including by means of telemedicine (live video).

Source: *NC General Statute 130A-125(b2)(1). (Accessed Sept. 2020).*

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North Dakota

Medicaid Program: North Dakota Medicaid

Program Administrator: North Dakota Dept. of Human Services

Regional Telehealth Resource Center: Great Plains Telehealth Resource and Assistance Center www.gptrac.org

North Dakota At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✗	✓	✗	INLC, PTC, IMLC, EMS	✗

North Dakota Detailed Policy

Medicaid Telehealth Reimbursement

Summary

North Dakota reimburses for live video telemedicine for most services, with a few exceptions. They do not provide reimbursement for store-and-forward and no reference was found for remote patient monitoring.

Definitions

Telemedicine is the use of interactive audio-video equipment to link practitioners and patients at different sites. Telemedicine involves two collaborating provider sites: an "originating site" and a "distant site". The client/patient is located at the originating site and the practitioner is located at the distant site and provides those professional services allowed/reimbursed by ND Medicaid.

Source: *NC Div. of Medical Assistance, General Information Provider Manual, Telemedicine, p. 157, (July 2020). (Accessed Sept. 2020).*

Live Video

Policy

The totality of the communication of the information exchanged between the physician or other qualified healthcare professional and the patient during the course of the synchronous telemedicine service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction.

Source: *NC Div. of Medical Assistance, General Information Provider Manual, Telemedicine, p. 157, (July 2020). (Accessed Sept. 2020).*

Indian Health Services
Coverage and payment of services provided through telemedicine is on the same basis as those provided through face-to-face contact.

Source: *North Dakota Department of Human Services: General Information for Providers. North Dakota Medicaid and Other Medical Assistance Programs. (July 2020) P. 71. (Accessed Sept. 2020).*

Teledentistry
Synchronous teledentistry is reimbursable and reported in addition to other ND Medicaid-covered procedures provided to the patient, when applicable. Dentists and dental offices must report the appropriate CDT Code for these procedures.

The patient record must include the CDT codes that reflect the teledentistry encounter. ND Medicaid reimburses for CDT code D9995 once per date of service. Submissions must be billed using place of service code 02. Service authorization is not required for CDT code D9995.

Source: *North Dakota Department of Human Services: Teledentistry Policy. (July 2019). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Qualified services for telemedicine must:

- Maintain actual visual contact (face-to-face) between the practitioner and patient.
- Be medically appropriate and necessary with supporting documentation included in the patient's clinical medical record.
- Be provided via secure and appropriate equipment to ensure confidentiality and quality in the delivery of the service.
- The service must be provided using a HIPAA compliant platform.
- See manual for appropriate coding.

All service limits set by ND Medicaid apply to telemedicine services.

Except for noncovered services noted below, telemedicine can be used for services covered by Medicaid, and otherwise allowed, per CPT, to be rendered via telemedicine.

Noncovered Services:

- Therapies provided in a group setting
- Store and Forward
- Targeted Case Management for High Risk Pregnant Women and Infants
- Targeted Case Management for Individuals in need of Long-Term Care Services

Source: *NC Div. of Medical Assistance, General Information Provider Manual, Telemedicine, p. 157-8, (July 2020). (Accessed Sept. 2020).*

Medication Therapy Management (MTM)
Tele-pharmacy or telehealth is allowed for reimbursement with real time audio and visual conferencing. Both the origination site (where the recipient is located) and the distant site (where the MTM provider is located) must be in the state of North Dakota. The origination site must meet privacy and space requirements.

Source: *NC Div. of Medical Assistance, Medication Therapy Management Provider Manual, p. 2 & 7, (May 2019). (Accessed Sept. 2020).*

Eligible Providers

Payment will be made only to the distant practitioner during the telemedicine session. No payment is allowed to a practitioner at the originating site if his/her sole purpose is the presentation of the patient to the practitioner at the distant site.

Payment is made for services provided by licensed professionals enrolled with ND Medicaid and within the scope of practice per their licensure only.

Telemedicine services provided by an Indian Health Service (IHS) facility or a Tribal 638 Clinic functioning as the distant site, are reimbursed at the All-Inclusive Rate (AIR), regardless whether the originating site is outside the "four walls" of the facility or clinic.

Source: *NC Div. of Medical Assistance, General Information Provider Manual, Telemedicine, p. 157-8, (July 2020). (Accessed Sept. 2020).*

Eligible Sites

Payment will be made to the originating site as a facility fee only in place of service office, inpatient hospital, outpatient hospital, or skilled nursing facility/nursing facility. There is no additional payment for equipment, technicians or other technology or personnel utilized in the performance of the telemedicine service.

Source: *NC Div. of Medical Assistance, General Information Provider Manual, Telemedicine, p. 158, (July 2020). (Accessed Sept. 2020).*

Health Services billed by schools can be delivered via telemedicine; however, no originating site fee is allowed. See Services Rendered via Telemedicine chapter for additional information.

Source: *NC Div. of Medical Assistance, General Information Provider Manual, Telemedicine, p. 74, (July 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Live Video	Geographic Limits	No reference found.
		Facility/Transmission Fee	Payment will be made to the originating site as a facility fee only in place of service office, inpatient hospital, outpatient hospital, or skilled nursing facility/nursing facility. There is no additional payment for equipment, technicians or other technology or personnel utilized in the performance of the telemedicine service. Payment will be made only to the distant practitioner during the telemedicine session. No payment is allowed to a practitioner at the originating site if his/her sole purpose is the presentation of the patient to the practitioner at the distant site. **Source:** *NC Div. of Medical Assistance, General Information Provider Manual, Telemedicine, p. 157-8, (July 2020). (Accessed Sept. 2020).*
	Store-and-Forward	Policy	North Dakota Medicaid does not reimburse for store-and-forward. **Source:** *NC Div. of Medical Assistance, General Information Provider Manual, Telemedicine, p. 158, (July 2020). (Accessed Sept. 2020).*
		Eligible Services/Specialties	No reference found.
		Geographic Limits	No reference found.

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Medicaid Telehealth Reimbursement	Store-and-Forward	Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	While there is no indication that telehealth may be used to deliver home health services, a visit to demonstrate medical necessity for those services may be performed via telehealth or in-person; telephone encounter is not sufficient. **Source:** *North Dakota Department of Human Services: General Information for Providers. North Dakota Medicaid and Other Medical Assistance Programs. (July 2020) P. 57. (Accessed Sept. 2020).*
		Conditions	No reference found.
		Provider Limitations	No reference found.
		Other Restrictions	No reference found.
	Email / Phone / Fax		ND Medicaid does not cover non face to face services (i.e. telephone, email). No reference found for FAX. **Source:** *North Dakota Department of Human Services: General Information for Providers. North Dakota Medicaid and Other Medical Assistance Programs. (July 2020) P. 87. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Consent

No reference found.

Out of State Providers

No reference found.

Miscellaneous

No reference found.

Private Payer Laws

Definitions

Telehealth:

- Means the use of interactive audio, video or other telecommunications technology that is used by a health care provider or health care facility at a distant site to deliver health services at an originating site and that is delivered over a secure connection that complies with the requirements of state and federal laws.
- Includes the use of electronic media for consultation relating to the health care diagnosis or treatment of a patient in real-time or through the use of store-and-forward technology.
- Does not include the use of audio-only telephone, electronic mail, or facsimile transmissions.

Source: *ND Century Code Sec. 26.1-36-09.15(1)(g). (Accessed Sept. 2020).*

Requirements

An insurer may not deliver, issue, execute, or renew a policy that provides health benefits coverage unless that policy provides coverage for health services delivered by means of telehealth which is the same as the coverage for health services delivered by in-person means.

A policy is not required to provide coverage for health services that are not medically necessary, subject to the terms and conditions of the policy.

Source: *ND Century Code Sec. 26.1-36-09.15. (Accessed Sept. 2020).*

The organization may pay for audio and video telecommunications instead of a face-to-face "hands on" appointment for CPT codes designated by the American medical association as teleheath codes. As a condition of payment, the patient must be present and participating in the telemedicine appointment. The professional fee payable is equal to the fee schedule amount for the service provided. The organization may pay the originating site a facility fee at the scheduled amount.

Source: *ND Admin. Code 92-01-02-34 (3d). (Accessed Sept. 2020).*

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Private Payer Laws

Parity

Service Parity

An insurer must provide coverage for telehealth delivered services to the same extent as the same coverage for in-person services. They are not required to provide coverage for health services that are not medically necessary.

Source: *ND Century Code Sec. 26.1-36-09.15(2) & (5). (Accessed Sept. 2020).*

Payment Parity

Payment or reimbursement of expenses for covered health services delivered by means of telehealth under this section may be established through negotiations conducted by the insurer with the health services providers in the same manner as the insurer with the health services providers in the same manner as the insurer establishes payment or reimbursement of expenses for covered health services that are delivered by in-person means.

Source: *: ND Century Code Sec. 26.1-36-09.15(3). (Accessed Sept. 2020).*

Professional Regulation/Health & Safety

Definitions

"Telemedicine" means the practice of medicine using electronic communication, information technologies, or other means between a licensee in one location and a patient in another location, with or without an intervening health care provider. The term includes direct interactive patient encounters as well as asynchronous store-and-forward technologies and remote monitoring.

Source: *ND Admin Code Sec. 50-2-15-01. (Accessed Sept. 2020).*

Stroke system of care task force
"Telemedicine services means the use of interactive audio, video, and other electronic media used for the purpose of diagnosis, consultation, or treatment of acute stroke."

Source: *ND Century Code Sec. 23-43-05. (Accessed Sept. 2020).*

North Dakota uses federal definitions for "internet" and "practice of telemedicine" set in the Ryan Haight Online Pharmacy Consumer Protection Act of 2008.

Source: *ND Century Code Sec. 19-02.1-15.1(1)(d). (Accessed Sept. 2020).*

"Telemedicine means the practice of medicine by a practitioner, other than a pharmacist, who is at a location remote from the patient, and is communicating with the patient, or health care professional who is treating the patient, using a telecommunications system."

Source: *Ryan Haight Online Pharmacy Consumer Protection Act of 2008 [Pub. L. 110-425; 21 U.S.C. 802-803]. (Accessed Sept. 2020).*

Physical Therapy:
"Telehealth" is the use of electronic communications to provide and deliver a host of health-related information and healthcare services, including, but not limited to physical therapy related information and services, over large and small distance. Telehealth encompasses a variety of healthcare and health promotion activities, including, but not limited to, education, advice, reminders, interventions, and monitoring of interventions.

Source: *ND Admin. Code 61.5-01-02-01. (Accessed Sept. 2020).*

Consent

Physical Therapy:
The physical therapist may use telehealth technology as a vehicle for providing only services that are legally or professionally authorized. The patient's written or verbal consent will be obtained and documented prior to such consultation.

Source: *ND Admin. Code 61.5-01-02-01(3). (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Online Prescribing

A valid prescription via e-prescribing means a prescription has been issued for a legitimate medical purpose, in the usual course of professional practice, by a practitioner who has first conducted an in-person medical evaluation of the patient. An in-person medical evaluation can include the referring practitioner having performed the exam, in the case of a consultant practitioner issuing a prescription or drug order when providing services by means of telemedicine.

Source: *ND Century Code Sec. 19-02.1-15.1.(c) & (f). (Accessed Sept. 2020).*

Cross State Licensing

The ND Medical Board may engage in reciprocal licensing agreements with out-of-state licensing agencies, but is not required to do so.

Source: *ND Century Code Sec. 43-17-21. (Accessed Sept. 2020).*

Member of Emergency Medical Services Compact.

Source: *: Interstate Commission for EMS Personnel Practice. EMS Compact Member States and Commissions. (Accessed Sept. 2020).*

Member of the Physical Therapy Compact.

Source: *PT Compact. Compact Map. HB 1157 (2017). (Accessed Sept. 2020).*

Member of the Nurses Licensure Compact.

Source: *Current NLC States & Status. Nurse Licensure Compact. (Accessed Sept. 2020).*

Member of the Interstate Medical Licensure Compact.

Source: *The IMLC. Interstate Medical Licensure Compact. (Accessed Sept. 2020).*

Miscellaneous

Under the Worker's Compensation Act, the originating sites may receive a facility fee at the scheduled amount.

Source: *: ND Admin. Code 92-01-02-34 (3d). (Accessed Sept. 2020).*

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Ohio

Medicaid Program: Ohio Medicaid

Program Administrator: Ohio Department of Job and Family Services

Regional Telehealth Resource Center: Upper Midwest Telehealth Resource Center www.umtrc.org

Ohio Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✗	✓	✗	✗	✓

Ohio Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Ohio Medicaid reimburses for live video telemedicine. They do not provide reimbursement for store-and-forward or remote patient monitoring.

Definitions

Telehealth is the direct delivery of services to a patient via secure, synchronous, interactive, real-time electronic communication with both video and audio elements. This service can be utilized for all individuals enrolled in the Ohio Medicaid program and specific requirements may be found in Administrative Code rule 5160-1-18.

Source: *The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 6/25/19. (Accessed Sept. 2020).*

"Telehealth" is the direct delivery of health care services to a patient via secure, synchronous, interactive, real-time electronic communication comprised of both audio and video elements. The following activities are not considered telehealth:

- The delivery of health care service by electronic mail, telephone call, or facsimile transmission;
- Conversations between practitioners regarding a patient without the patient present either physically or via secure, synchronous, interactive, real-time electronic communication.

Source: *OAC 5160-1-18(4). (Accessed Sept. 2020).*

"Telehealth service" means a health care service delivered to a patient through the use of interactive audio, video, or other telecommunications or electronic technology from a site other than the site where the patient is located.

Source: *OH Revised Code, Sec. 5164.95. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

Ohio Medicaid covers live video telemedicine for certain eligible providers, specific services and at specified originating sites.

Source: *The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 6/25/19. (Accessed Sept. 2020).*

The department of Medicaid is required to establish standards for Medicaid payment for health care services the department determines are appropriate to be covered when provided as telehealth services.

Source: *OH Revised Code, Sec. 5164.95.(B). (Accessed Sept. 2020).*

Ohio Medicaid pays for eligible Medicaid-covered services provided through telehealth and identified in a student's approved individualized education program (IEP).

Inmates of a penal facility or a public institution are not eligible for reimbursement for telehealth services.

Source: *OH Admin Code 5160-1-18(D). (Accessed Sept. 2020).*

Teledentistry
The department is required to establish standards for Medicaid payment for services provided through teledentistry.

Source: *OH Revised Code, Sec. 5164.951. (Accessed Sept. 2020).*

Eligible Services / Specialties

See fact sheet for list of eligible CPT codes.

Only one professional or institutional claim may be paid for a service delivered using telehealth. If the practitioner site does not bill the Ohio Department of Medicaid (ODM) directly (i.e., holds a contractual agreement with the practice), the patient site or practice who holds the contractual agreement may instead bill for the service delivered using telehealth.

Source: *The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 6/25/19. (Accessed Sept. 2020).*

The following services are eligible for payment when delivered through telehealth from the practitioner site:

- When provided by a patient centered medical home, evaluation and management of a new patient described as "office or other outpatient visit" with medical decision making not to exceed moderate complexity.
- Evaluation and management of an established patient described as "office or other outpatient visit" with medical decision making not to exceed moderate complexity.
- Inpatient or office consultation for a new or established patient when providing the same quality and timeliness of care to the patient other than by telehealth is not possible
- Mental health or substance use disorder services described as "psychiatric diagnostic evaluation" or "psychotherapy"

Source: *OH Admin Code 5160-1-18(D). (Accessed Sept. 2020).*

Eligible Providers

Eligible providers:

- Physician and Psychiatrist
- Podiatrist
- Psychologist
- Physician Assistant
- Clinical Nurse Specialist
- Certified Nurse Midwife
- Certified Nurse Practitioner

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

- Licensed Independent Social Worker
- Licensed Independent Chemical
- Dependency Counselor
- Licensed Independent Marriage and Family Therapist
- Licensed Professional Clinical Counselor

Types of providers able to bill:

- Rendering practitioners listed above
- Professional Medical Group
- Federally Qualified Health Center
- Rural Health Clinic
- Public Health Department
- Primary Care Clinic
- Family Planning Clinic

There are special billing rules for FQHC and RHC billing (see manual).

For institutional claims, Ohio Medicaid will pay according ot the Enhanced Ambulatory Patient Grouping (EAPG) pricing for:

- Licensed Clinical Psychologist
- Licensed Independent Social Worker (LISW)
- Licensed Independent Marriage and Family Therapist (LIMFT)
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Independent Chemical Dependency Counselor (LICDC)

Source: *The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 6/25/19. (Accessed Sept. 2020).*

The following practitioners are eligible to render services through telehealth:

- Physician
- Psychologist
- Physician Assistant
- Clinical nurse specialist, certified nurse-midwife or certified nurse practitioner
- Licensed independent social worker, licensed independent chemical dependency counselor, licensed independent marriage and family therapist, or licensed professional clinical counselor

The following provider types are eligible to bill for services rendered through telehealth:

- A practitioner listed in the previous list
- A professional medical group
- A FQHC or RHC
- The following ambulatory health care clinics: (1) Public health department; (2) primary care clinic; (3) Family planning clinic

Source: *OH Admin Code 5160-1-18(B). (Accessed Sept. 2020).*

Eligible Sites

"Patient site" is the physical location of the patient at the time a health care service is provided through the use of telehealth. The patient site may be one of the following locations:

- The office or service location of a:
  - Physician;
  - Psychologist;
  - Physician assistant;
  - Clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner; or
  - Licensed independent social worker, licensed independent chemical dependency counselor, licensed independent marriage and family therapist, or licensed professional clinical counselor

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Medicaid Telehealth Reimbursement

Live Video

Eligible Sites

- The patient's home
- School
- Inpatient hospital
- Outpatient hospital
- Nursing facility
- Intermediate care facility for individuals with an intellectual disability (ICF/IID)

The "practitioner site" is the physical location of the treating practitioner at the time a health care service is provided through the use of telehealth. The practitioner site shall not be the same location as the patient site.

Source: *OAC 5160-1-18. (Accessed Sept. 2020).*

Eligible Locations

- Practitioner's office
- Patient's home
- School
- Federally qualified health center (FQHC)
- Rural health clinic (RHC)
- Public health department
- Primary care clinic
- Family planning clinic
- Inpatient hospital
- Outpatient hospital
- Nursing facility
- Intermediate care facility for individuals with intellectual disability (ICF/IID)

Penal facility or public institution such as a jail or prison are excluded places of service. "Other place of service" (Code 99) is also not allowed. There are no other place of service restrictions as long as the patient is active, the practice is a patient centered medical home and the service provided is an inpatient or office consultation.

Source: *The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 6/25/19. (Accessed Sept. 2020).*

Geographic Limits

No reference found.

Facility/Transmission Fee

No reference found.

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Medicaid Telehealth Reimbursement	Store-and-Forward	Policy	Telehealth is defined as being "synchronous, interactive, real-time", excluding the use of store-and-forward technology. **Source:** *OAC 5160-1-18. (Accessed Sept. 2020). http://codes.ohio.gov/oac/5160-1-18 & The Ohio Department of Medicaid. Telehealth Billing Guide. Revised 6/25/19. (Accessed Sept. 2020).*
		Eligible Services/Specialties	No reference found.
		Geographic Limits	No reference found.
		Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	No reference found.
		Conditions	No reference found.

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Provider Limitations

No reference found.

Other Restrictions

No reference found.

Email / Phone / Fax

Electronic mail, telephone and facsimile transmission are not telehealth.

Source: *OH Admin. Code 5160-1-18(A)(4)(a). (Accessed Sept. 2020).*

Consent

No reference found.

Out of State Providers

No reference found.

Miscellaneous

No reference found.

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Private Payer Laws

Definitions

"Telemedicine services" means a mode of providing health care services through synchronous or asynchronous information and communication technology by a health care professional, within the professional's scope of practice, who is located at a site other than the site where the recipient is located.

Source: *OH Revised Code Annotated, 3902.30(A)(5). (Accessed Sept. 2020).*

Requirements

A health benefit plan shall provide coverage for telemedicine services on the same basis and to the same extent that the plan provides coverage for in-person health care services. Plans cannot exclude coverage for a service solely because it is provided as a telemedicine service.

A health benefit plan may not impose any annual or lifetime benefit maximum on telemedicine services other than what is imposed on all benefits under the plan.

Source: *OH Revised Code Annotated, 3902.30. (Accessed Sept. 2020).*

Parity

Service Parity

A health benefit plan shall provide coverage for telemedicine services on the same basis and to the same extent that the plan provides coverage for in-person health care services. Plans cannot exclude coverage for a service solely because it is provided as a telemedicine service.

Source: *OH Revised Code Annotated, 3902.30. (Accessed Sept. 2020).*

Payment Parity

None.

Professional Regulation/Health & Safety

Definitions

Physical Therapy Practice
"Telehealth means the use of electronic communications to provide and deliver a host of health-related information and healthcare services, including, but not limited to physical therapy related information and services, over large and small distances."

Source: *OH Admin. Code 4755-27-01(10). (Accessed Sept. 2020).*

Speech Language Pathology
Telehealth means the use of telecommunications and information technologies for the exchange of information from one site to another for the provision of audiology or speech-language pathology services to an individual from a provider through hardwire or internet connection.

Source: *OH Admin. Code 4753-2-01(A)(10). (Accessed Sept. 2020).*

Consent

Speech Language Pathology
A provider is required to inform the patient of specific telehealth limitations.

Source: *OH Admin. Code 4753-2-01(D). (Accessed Sept. 2020).*

In order to prescribe a drug that is not a controlled substance to a patient the physician has never conducted a physical examination on, and who is located remote from the physician, the physician must obtain informed consent ("patient's agreement or signed authorization"). Must be documented in patient's record.

Source: *OH Admin. Code 4731-11-09. (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Online Prescribing

A physician shall not prescribe, personally furnish or otherwise provide, or cause to be provided any controlled substance or non-controlled substance to a person on whom the physician has never conducted a physical examination, with the exceptions listed below.

Non-Controlled Substances Exceptions
Prescribing is allowed when a patient is remote from the physician by complying with the following:

- Establish the patient's identity and physical location;
- Obtain the patient's informed consent;
- Forward medical record to patient's primary care provider (upon consent);
- Conduct an appropriate evaluation;
- Establish or confirm a diagnosis and treatment plan;
- Document information in patient's medical record;
- Provide or recommend appropriate follow-up care;
- Make medical record of the visit available to patient; and
- Use appropriate technology sufficient to conduct all steps.

Separate exceptions exist for prescribing controlled substances when the patient is remote from the physician. See regulation.

Source: *OH Admin. Code 4731-11-09. (Accessed Sept. 2020).*

A patient evaluation performed within the previous twenty-four months via telemedicine by a health-care provider acting within the scope of their professional license is acceptable for satisfying the criteria to be an "active patient".

Source: *OAC 4731-11-01(D). (Accessed Sept. 2020).*

Cross-State Licensing

Physical Therapy
Physical therapists and physical therapist assistants must hold a valid OH physical therapy license to treat a patient located in Ohio via telehealth.

Source: *OH Admin. Code 4755-27-01(10)(b). (Accessed Sept. 2020).*

Miscellaneous

A health care professional providing telemedicine services shall not charge a facility fee, an origination fee, or any fee associated with the cost of the equipment used to provide telemedicine services to a health plan issuer covering telemedicine services.

Source: *OH Revised Code, Sec. 4731.2910. (Accessed Sept. 2020).*

Professional Board Telehealth-Specific Regulations

- State Board of Speech Language Pathology and Audiology *(OH Admin. Code 4753-2-01 (Accessed Sept. 2020))*

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Oklahoma

Medicaid Program: SoonerCare

Program Administrator: Oklahoma Health Care Authority

Regional Telehealth Resource Center: Heartland Telehealth Resource Center www.heartlandtrc.org

Oklahoma Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✗	✓	✗	IMLC, NLC, PTC, PSYPACT, ASLP-IC	✓

Oklahoma Detailed Policy

Medicaid Telehealth Reimbursement

Summary

SoonerCare reimburses for live video telehealth. Store-and-Forward and Remote Patient Monitoring must be compensable by the Oklahoma Health Care Authority (OHCA) in order to be reimbursed.

Definitions

For purposes of SoonerCare reimbursement, telehealth is the use of interactive audio, video or other electronic media for the purpose of diagnosis, consultation or treatment that occur in real-time and when the member is actively participating during the transmission.

Source: *Health Care Authority, Providers, Telehealth. (Accessed Sept. 2020).*

"Telehealth" means the practice of health care delivery, diagnosis, consultation, evaluation and treatment, transfer of medical data or exchange of medical education information by means of a two-way, real-time interactive communication, not to exclude store and forward technologies, between a patient and a health care provider with access to and reviewing the patient's relevant clinical information prior to the telemedicine visit. Telehealth shall not include consultations provided by telephone audio-only communication, electronic mail, text message, instant messaging conversation, website questionnaire, nonsecure video conference, or facsimile transmission.

Source: *OK Admin. Code Sec. 317:30-3-27 (a(4)). (Accessed Sept. 2020).*

Live Video

Policy

SoonerCare (Oklahoma's Medicaid program) reimburses for live video when:

- Provider is contracted with SoonerCare and appropriately licensed
- The GT modifier is billed

Proper documentation of services rendered to include: service rendered, location at which service was rendered, and that service was provided via telehealth. (Documentation of services must follow all other SoonerCare documentation guidelines as well.)

Source: *OK Health Care Authority, Telehealth. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

OHCA has discretion and final authority to approve or deny telehealth services based on agency and/or SoonerCare members' needs. See Medicaid Telehealth webpage for a link to a full list of eligible CPT Codes for Medical and Behavioral Health Services. Services provided by telehealth must be billed with the appropriate modifier.

Source: *OK Admin. Code Sec. 317:30-3-27 & Health Care Authority, Providers, Telehealth. (Accessed Sept. 2020).*

Physical, Occupational and Speech and Hearing Services
For physical therapy, occupational therapy, and/or speech and hearing services that are provided in a primary or secondary school setting, but that are not school-based services (i.e., not provided pursuant to an IEP), providers must adhere to all State and Federal requirements relating to prior authorization and prescription or referral.

Source: *OK Admin. Code Sec. 317:30-3-27(d). (Accessed Sept. 2020).*

Eligible Providers

To participate, a provider must:

- Be contracted with SoonerCare and appropriately licensed
- Bill for services using the appropriate modifier (GT)
- Maintain documentation of services, to include: service rendered, location at which service was rendered, and that service was provided via telemedicine. (Documentation of services must follow all other SoonerCare documentation guidelines as well.)

Source: *Oklahoma Health Care Authority, Telehealth. (Accessed Sept. 2020).*

For behavioral health, certain services are only reimbursed when provided by a licensed psychiatrist, certified mobile crisis team or an inpatient psychiatric facility.

Source: *Oklahoma Health Care Authority, Behavioral Health Services Reimbursable via telemedicine. Updated July 18, 2018. (Accessed Sept. 2020).*

Eligible Sites

The medical or behavioral health related service must be provided at an appropriate site for the delivery of telehealth services. An appropriate telehealth site is one that has the proper security measures in place; the appropriate administrative, physical, and technical safeguards should be in place that ensures the confidentiality, integrity, and security of electronic protected health information. The location of the room for the encounter at both ends should ensure comfort, privacy, and confidentiality. Both visual and audio privacy are important, and the placement and selection of the rooms should consider this. Appropriate telehealth equipment and networks must be used considering factors such as appropriate screen size, resolution, and security. Providers and/or members may provide or receive telehealth services outside of Oklahoma when medically necessary; however, prior authorization may be required.

Source: *OK Admin. Code Sec. 317:30-3-27(c)(3). (Accessed Sept. 2020).*

School Setting
In order for OHCA to reimburse medically necessary telehealth services provided to SoonerCare members in a primary or secondary school setting, all of the requirements in (c) above must be met, with the exception of (c)(5), as well as all of the requirements shown below, as applicable. There are special consent and notification requirements for school-based sites. See Oklahoma Code.

Physical therapy, occupational therapy, and/or speech and hearing services that are provided in a primary or secondary school setting, but that are not school-based services (i.e., not provided pursuant to an IEP), providers must adhere to all State and Federal requirements relating to prior authorization and prescription or referral.

Source: *OK Admin. Code Sec. 317:30-3-27(d). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Live Video	Geographic Limits	No reference found.
		Facility/Transmission Fee	The cost of telehealth equipment and transmission is not reimbursable by SoonerCare. **Source:** *OK Admin. Code Sec. 317:30-3-27(e)(4). (Accessed Sept. 2020).*
	Store-and-Forward	Policy	Health care services delivered by telehealth such as remote patient monitoring, store-and-forward, or any other telehealth technology must be compensable by OHCA in order to be reimbursed. Services provided by telehealth must be billed with the appropriate modifier. If the technical component of an X-ray, ultrasound or electrocardiogram is performed during a telehealth transmission, the technical component can be billed by the provider that provided that service. The professional component of the procedure and the appropriate visit code should be billed by the provider that rendered that service. **Source:** *OK Admin. Code Sec. 317:30-3-27(e). (Accessed Sept. 2020).*
		Eligible Services/Specialties	No reference found.
		Geographic Limits	No reference found.
		Transmission Fee	The cost of telehealth equipment and transmission is not reimbursable by SoonerCare. **Source:** *OK Admin. Code Sec. 317:30-3-27(e)(4). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Policy

Health care services delivered by telehealth such as remote patient monitoring, store-and-forward, or any other telehealth technology must be compensable by OHCA in order to be reimbursed.

Services provided by telehealth must be billed with the appropriate modifier.

The cost of telehealth equipment and transmission is not reimbursable by SoonerCare.

Source: *OK Admin. Code Sec. 317:30-3-27(e). (Accessed Sept. 2020).*

Conditions

No reference found.

Provider Limitations

No reference found.

Other Restrictions

No reference found.

Email / Phone / Fax

No reimbursement for email.
No reimbursement for telephone.
No reimbursement for FAX.

Source: *OK Admin. Code Sec. 317:30-3-27(a). (Accessed Sept. 2020).*

Consent

There will be no dissemination of any member images or information to other entities without written consent from the member or member's parent or legal guardian, if the member is a minor.

In order for OHCA to reimburse medically necessary telehealth services provided to SoonerCare members in a primary or secondary school setting, all of the telehealth requirements must be met, with the exception of the requirement that a parent or legal guardian being there to present the child, as well as all of the requirements shown below, as applicable.

- Advance parent or legal guardian consent for telehealth services must be obtained for minors, in accordance with 25 O.S. " 2004 through 2005. Additional consent requirements shall apply to school-based services.
- For telehealth medical services provided in a primary or secondary school setting, the telehealth practitioner must provide a summary of the service, including, but not limited to, information regarding the exam findings, prescribed or administered medications, and patient instructions, to: (1) The SoonerCare member, if he or she is an adult, or the member's parent or legal guardian, if the member is a minor; or (2) The SoonerCare member's primary care provider, if requested by the member or the member's parent or legal guardian.

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Medicaid Telehealth Reimbursement

Consent

Even though physical therapy, occupational therapy, and/or speech and hearing services are not subject to the notification requirements of OAC 317:30-3-27(d)(2), said services must still comply with all other State and Federal Medicaid requirements, in order to be reimbursable by Medicaid. Accordingly, for those physical therapy, occupational therapy, and/or speech and hearing services that are provided in a primary or secondary school setting, but that are not school-based services (i.e., not provided pursuant to an IEP), providers must adhere to all State and Federal requirements relating to prior authorization and prescription or referral.

Source: *OK Admin. Code Sec. 317:30-3-27(d). (Accessed Sept. 2020).*

Out of State Providers

The provider must be contracted with SoonerCare and appropriately licensed or certified, in good standing. Services that are provided must be within the scope of the practitioner's license or certification. If the provider is outside of Oklahoma, the provider must comply with all laws and regulations of the provider's location, including health care and telehealth requirements.

Providers and/or patients may provide or receive telehealth services outside of Oklahoma when medically necessary.

Source: *OK Admin. Code Sec. 317:30-3-27(c)(3 & 4). (Accessed Sept. 2020).*

Miscellaneous

All telehealth activities must comply with Oklahoma Health Care Authority (OHCA) policy, and all other applicable State and Federal laws and regulations.

See administrative code for specific documentation requirements.

Source: *OK Admin. Code Sec. 317:30-3-27(c)(7) & (f). (Accessed Sept. 2020).*

Private Payer Laws

Definitions

"Telemedicine means the practice of health care delivery, diagnosis, consultation, treatment, including but not limited to, the treatment and prevention of strokes, transfer of medical data, or exchange of medical education information by means of audio, video, or data communications. Telemedicine is not a consultation provided by telephone or facsimile machine."

Source: *OK Statute, Title 36, Sec. 6802. (Accessed Sept. 2020).*

Requirements

For services determined to be appropriately provided by means of telemedicine, health care service plans, disability insurer programs, workers' compensation programs, or state Medicaid managed care program contracts issued, amended, or renewed on or after January 1, 1998, shall not require person-to-person contact between a health care practitioner and a patient.

Source: *OK Statute, Title 36 Sec. 6803. (Accessed Sept. 2020).*

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Private Payer Laws

Parity

Service Parity

If a provider determines that telemedicine is an appropriate way to deliver care, an insurer cannot require person-to-person contact.

Source: *OK Statute, Title 36 Sec. 6803. (Accessed Sept. 2020).*

Payment Parity

No explicit payment parity.

Professional Regulation/Health & Safety

Definitions

Telemedicine means the practice of health care delivery, diagnosis, consultation, evaluation and treatment, transfer of medical data or exchange of medical education information by means of a two-way, real-time interactive communication, not to exclude store-and-forward technologies, between a patient and a physician with access to and reviewing the patient's relevant clinical information prior to the telemedicine visit. "Telemedicine" and "store-and-forward technologies" shall not include consultations provided by telephone audio-only communication, electronic mail, text message, instant messaging conversation, website questionnaire, nonsecure video conference or facsimile machine.

Source: *OK Statute, Title 59, Sec. 478. (Accessed Sept. 2020).*

"Telemedicine means the practice of health care delivery, diagnosis, consultation, treatment, including but not limited to, the treatment and prevention of conditions appropriate to treatment by telemedicine management, transfer of medical data, or exchange of medical education information by means of audio, video, or data communications. Telemedicine is not a consultation provided by telephone or facsimile machine.

This definition excludes phone or Internet contact or prescribing and other forms of communication, such as web-based video, that might occur between parties that does not meet the equipment requirements as specified in OAC 435:10-7-13 and therefore requires an actual face-to-face encounter. Telemedicine physicians who meet the requirements of OAC 435:10-7-13 do not require a face-to-face encounter.

Source: *OK Admin Code Sec. 435: 10-1-4. (Accessed Sept. 2020).*

"Telemedicine" means the practice of health care delivery, diagnosis, consultation, evaluation, treatment, transfer of medical data, or exchange of medical education information by means of audio, video, or data communications. Telemedicine uses audio and video multimedia telecommunication equipment which permits two-way real time communication between a health care practitioner and a patient who are not in the same physical location. Telemedicine shall not include consultation provided by telephone or facsimile machine.

Source: *OK Statute Title 43A-1-103. (18). (Accessed Sept. 2020).*

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
Telepractice means the use of audio, video or data communication to provide speech-language pathology and audiology services to clients who are not present at the same site as the licensee when the service is provided.

Source: *OK Admin Code Sec. 690: 10-3-9(a). (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Consent

No dissemination of any member images or information to other entities without written consent from the member.

In order for OHCA to reimburse medically necessary telehealth services provided to SoonerCare members in a primary or secondary school setting, advance parent or legal guardian consent for telehealth services must be obtained for minors.

Source: *OK Admin. Code Sec. 317:30-3-27(c)(9) & (d). (Accessed Sept. 2020).*

Online Prescribing

A valid physician-patient relationship may be established by an allopathic or osteopathic physician with a patient located in this state through telemedicine, provided that the physician:

- Holds a license to practice medicine in this state;
- Confirms the patient's identity and physical location; and
- Provides the patient with the treating physician's identity and professional credentials.

Telemedicine and store and forward technology encounters shall comply with the Health Insurance Portability and Accountability Act of 1996 and ensure that all patient communications and records are secure and confidential. Telemedicine encounters and encounters involving store-and-forward technology shall not be used to establish a valid physician-patient relationship for purpose of prescribing opiates, synthetic opiates, semisynthetic opiates, benzodiazepine or carisprodol, but may be used to prescribe opioid antagonists or partial agonists.

The relationship shall not be based solely on the receipt of patient health information by a physician. The duties and obligations created by a physician-patient relationship shall not apply until the physician affirmatively:

- Undertakes to diagnose and treat the patient; or
- Participates in the diagnosis and treatment of the patient.

Source: *OK Statutes, Title 59, Ch. 11 Sec. 478.1. (Accessed Sept. 2020).*

Unprofessional Conduct includes prescribing or administering a drug or treatment without sufficient examination and the establishment of a valid physician-patient relationship and not prescribing in a safe, medically accepted manner.

Source: *OK Statute, Title 59, Sec. 509.(12), p. 377. (Accessed Sept. 2020).*

A physician/patient relationship is established when a physician agrees by direct or indirect contact with a patient to diagnose or treat any condition, illness or disability presented by a patient to that physician, whether or not such a presenting complaint is considered a disease by the general medical community. The physician/patient relationship shall include a medically appropriate, timely-scheduled, face-to-face encounter with the patient, subject to any supervisory responsibilities established elsewhere in these rules. Telemedicine physicians who meet certain criteria are not subject to the face-to-face requirement to establish a physician-patient relationship.

Source: *OK Admin. Code Sec. 435:10-7-12. (Accessed Sept. 2020).*

A physician-patient relationship includes a medically appropriate, timely-scheduled, actual face-to-face encounter with the patient.

Source: *OK Admin. Code Sec. 435:10-1-4. (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Cross-State Licensing

Physician treating patients in OK through telemedicine must be fully licensed in OK.

Source: *OK Admin Code Sec. 435:10-7-13(a). (Accessed Sept. 2020).*

Oklahoma is part of the Interstate Medical Licensing Compact.

Source: *Interstate Medical Licensure Compact, The IMLC. (Accessed Sept. 2020).*

The State Board of Osteopathic Examiners has the authority to issue a telemedicine license.

Source: *OK Statute, Title 59, Sec. 633. (Accessed Sept. 2020).*

Member of Nurse Licensure Compact.

Source: *Nurse Licensure Compact. Current NLC States and Status. (Accessed Sept. 2020).*

Member of Physical Therapy Compact.

Source: *Compact Map. PT Compact. (Accessed Sept. 2020).*

Member of Audiology and Speech Language Pathology Interstate Compact.

Source: *Senate Bill 1837 (2020 Session). (Accessed Sept. 2020).*

Member of Psychology Interjurisdictional Compact.

Source: *Association of State and Provincial Psychology Boards, PSYPACT, Legislative Updates. (Accessed Sept. 2020).*

Miscellaneous

OK provides, to each eligible healthcare entity, Special Universal Services for telemedicine providers. This includes the provision of bandwidth per standards as recommended by the Federal Communications Commission sufficient for providing telemedicine services including the telemedicine line, reasonable installation and network termination equipment owned and operated by the eligible provider. See statute for additional eligibility requirements.

Source: *Source: OK Statutes, Title 17 Sec. 139.109.1. & OK Admin Code Title 165:59-7-6. (Accessed Sept. 2020).*

The OK Dept. of Health established a statewide telemedicine network: Oklahoma Center for Telemedicine (Office of Telehealth).

Source: *Oklahoma Statutes, Title 63 Sec. 1-2702. & Office of Telehealth. (Accessed Sept. 2020).*

Professional Board Telehealth-Specific Regulations

- State Board of Medical Licensure and Supervision *(OK Admin. Code Sec. 435:10-7-13). (Accessed Sept. 2020).*
- State Board of Examiners for Speech-Language Pathology and Audiology *(OK Admin. Code Sec. 690:10-3-9). (Accessed Sept. 2020).*

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Oregon

Medicaid Program: Oregon Medicaid

Program Administrator: Oregon Health Authority

Regional Telehealth Resource Center: Northwest Regional Telehealth Resource Center https://www.nrtrc.org

Oregon Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✓	✓	✓	✗	PTC	✓

Oregon Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Oregon Medicaid provides reimbursement for live video and audio under some circumstances. Store-and-forward and remote patient monitoring are reimbursed for dental services.

Definitions

"Telemedicine is the use of telephonic or electronic communications of medical information from one site to another regarding a patient's health status."

Source: *OR Div. of Medical Assistance Program, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610. P. 66 (May 1, 2020). (Accessed Sept. 2020).*

"Teledentistry" means the modalities specified in section (5) of this rule, using electronic and telecommunications technologies for the distance delivery of dental care services and clinical information designed to improve a patient's health status and to enhance delivery of the health care services and clinical information."

Source: *OR Div. of Medical Assistance Program, Dental Services Manual, 410-123-1265, p. 48, (May 1, 2020). (Accessed Sept. 2020).*

Telehealth for School Based Health Services (SBHS) is a real time interactive and synchronous audio/video technology from site to site regarding a Medicaid-eligible child's health-related service.

Source: *OR Div. of Medical Assistance Program, School-Based Health Services, Rule 410-133-0080, p. 17, (April 9, 2020). (Accessed Sept. 2020).*

Coordinated Care Organizations
"Telemedicine" means the use of telephonic or electronic communications of medical information from one site to another regarding a patient's health status, including but not limited to Telehealth (synchronous audio/video visits), Patient to Clinician services (electronic/telephonic) and Clinician to Clinician Consultations (electronic/telephonic).

Source: *OR Administrative Rules. Rule 410-141-3566.*

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Medicaid Telehealth Reimbursement

Live Video

Policy

Coverage for physical health telemedicine services include Telemedicine (synchronous audio/video visits), Patient to Clinician services (electronic/telephonic) and Clinician to Clinician Consultations (electronic/telephonic).

- Telemedicine patient visits using a synchronous (live two-way interactive) video and audio transmission resulting in real time communication between a licensed health care provider located in a distant site and the recipient being evaluated located in an alternate site, are covered when billed services comply with the guideline notes set forth by the Health Evidence Review Commission (HERC) and correct coding standards.
- Patient to clinician services using electronic and telephone communications are covered when billed services comply with HERC guideline notes and correct coding standards.

Source: *OR Div. of Medical Assistance Program, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610. (May 1, 2020).*

The authority must provide coverage for behavioral health telemedicine services to the same extent that the service would be covered if they were provided in-person.

Source: *Behavior Health Services Rulebook, p. 58, Div. 172, 410-172-0850 (July 23, 2020). (Accessed Sept. 2020).*

Telehealth is the equivalent to face-to-face therapy/treatment between a licensed practitioner/clinician or under the supervision of a practitioner/clinician within the scope of practice. Telehealth may include coordinated care defined in Definitions 410-1333-0040(16) using synchronous face-to-face or electronic/telephonic interactive communications such as telephone conversation, video conference, or an internet relay chat session to coordinate and integrate a Medicaid eligible child's health related services required by IDEA.

Source: *OR Div. of Medical Assistance Program, School-Based Health Services, Rule 410-133-0080, p. 17, (April 9, 2020). (Accessed Sept. 2020).*

Coordinated Care Organizations
MCEs shall reimburse contracted physical and behavioral health providers for covered services provided to OHP members by means of telemedicine at the same rate paid when such services are provided in person. MCEs shall reimburse non-contracted providers for telemedicine services at the rates agreed to between the MCE and the provider or at the OHP Fee-For-Service rates consistent with OAR 410-120-1295(2), whichever is greater.

Source: *OR Administrative Rules. Rule 410-141-3566.*

Eligible Services / Specialties

The telemedicine definition encompasses different types of programs, services and delivery mechanisms for medically appropriate covered services within the patient's benefit package.

Patient consultations using telephone and online or electronic mail (E-mail) are covered when billed services comply with the practice guidelines set forth by the Health Evidence Review Comission (HERC) and the applicable HERC-approved code requirements, delivered consistent with the HERC Evidence Based Guidelines.

Patient consultations using a synchronous (live two-way interactive) video transmission resulting in real time communication between a provider located in a distant site and the client being evaluated and located in an originating site, is covered when billed services comply with the Billing requirements.

Behavioral health services specifically identified as allowable for telephonic delivery are listed on the Behavioral Health Fee schedule published by the Authority.

Source: *OR Div. of Medical Assistance Program, Behavioral Health Services, 410-172-0850, p. 57 (July 23, 2020). (Accessed Sept. 2020).*

Telemedicine encompasses different types of programs, services and delivery mechanisms for medically appropriate covered services within the patient's benefit package.

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Telemedicine patient visits using a synchronous (live two-way interactive) video and audio transmission resulting in real time communication between a licensed health care provider located in a distant site and the recipient being evaluated located in an alternate site, are covered when billed services comply with the guideline notes set forth by the Health Evidence Review Commission (HERC) and correct coding standards.

For purposes of physical health services, the Authority shall provide coverage for telemedicine services to the same extent that the services would be covered if they were provided in person subject to the requirements outlined in the Prioritized List and associated guideline notes.

Source: *OR Div. of Medical Assistance Program, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610, p. 67-69, (May 1, 2020). (Accessed Sept. 2020).*

Teledentistry is allowed. All billing requirements apply to all modalities (live video, store and forward, remote patient monitoring and mobile communication devices). Payment for dental services may not distinguish between services performed using teledentistry, real time, or store-and-forward and services performed in-person. The dentist who completes diagnosis and treatment planning and the oral evaluation documents these services using the traditional CDT codes, and also reports D9995 or D9996 as appropriate. An assessment is a limited inspection performed to identify possible signs of oral or systemic disease, malformation or injury and the potential need for referral for diagnosis and treatment. The code may be billed using the modality of teledentistry.

Source: *OR Div. of Medical Assistance Program, Dental Services Manual, 410-123-1265, p. 48, (May 1, 2020). (Accessed Sept. 2020).*

Patient consultation using videoconferencing, a synchronous (live two-way interactive) video transmission resulting in real time communication between a provider located in a distant site and the recipient being evaluated and located in an originating site, is covered when billed services comply with the billing requirements.

Behavioral health services identified as allowable for telephonic delivery are listed in the fee schedule.

Source: *OR Behavior Health Services Rules 410-172-0850 (July 23, 2020). P. 57. (Accessed Sept. 2020).*

Physical and Occupational Therapy Services

The physical and occupational therapy service providers may utilize telemedicine for services that are not required to be provided face-to-face in an in-person setting. The physical and occupational therapy service providers must request prior written agency approval to utilize telemedicine for services that require a face-to- face setting when there is a documented barrier to providing in-person services.

Source: *OR Div. of Medical Assistance Program, Physical and Occupational Therapy for Habilitative and Rehabilitative Services, Rule 410-131-0040, pg. 1, (March 26, 2020). (Accessed Sept. 2020).*

School Based Health Services

All SBHS telehealth services shall be provided to the same extent the services would be covered if they were provided in person and billed to Medicaid using appropriate SBHS procedure codes and modifiers.

The Authority may reimburse telehealth, tele-electronic/telephonic School-Based Health Services (SBHS) provided to the same extent the services would be covered if they were provided in person and billed to Medicaid using appropriate SBHS procedure codes and modifiers.

The Authority may reimburse physical therapy services provided by: A physical therapist assistant providing treatment under the supervision of a physical therapist that is available and readily accessible for consultation with the assistant at all times either in person or by means of telecommunications.

Source: *OR Div. of Medical Assistance Program, School-Based Health Services, Rule 410-133-0080, p. 17, 25 & 33, (April 9, 2020). (Accessed Sept. 2020).*

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Telehealth for administrative examination services:

- The administrative examination service providers shall comply with the relevant HERC evidence-based guidelines for telephone and e-mail consultation. Refer to HERC list and guideline notes specified in OAR 410-141-3830;
- The administrative examination service providers may utilize telemedicine for services that are not required to be provided face-to-face in an in-person setting.
- The administrative examination service providers must request prior written agency approval to utilize telemedicine for services that require a face-to-face setting when there is a documented barrier to providing in-person services.

Source: *OR Div. of Medical Assistance Program, Administrative Examinations and Reports Rules, 410-150-0040, p. 4. (Accessed Sept. 2020).*

Speech Therapy

Telehealth for Speech-Language Pathology, Audiology, and Hearing Aid Services:

- The speech-language pathology, audiology and hearing aid service providers shall comply with the relevant HERC evidence-based guidelines for telephone and e-mail consultation. Refer to HERC list and guideline notes specified in OAR 410- 141-3830.
- The speech-language pathology, audiology and hearing aid service providers may utilize telemedicine for services that are not required to be provided face-to-face in an in-person setting.
- The speech-language pathology, audiology and hearing aid service providers must request prior written agency approval to utilize telemedicine for services that require a face-to-face setting when there is a documented barrier to providing in-person services.

For initial ordering of speech generating devices (SGD), an in-person, face-to-face encounter that is related to the primary reason the client requires the medical equipment or supplies must occur no more than six months prior to the start of services.

Source: *OR Div. of Medical Assistance Program, Speech-Language Pathology, Audiology and Hearing Aid Services. 410-129-0075, p. 9-10. (Accessed Sept. 2020).*

Visual Services

Telehealth for visual services:

- The visual service providers shall comply with the relevant HERC evidence-based guidelines for telephone and e-mail consultation. Refer to HERC list and guideline notes specified in OAR 410-141-3830;
- The visual service providers may utilize telemedicine for services that are not required to be provided face-to-face in an in-person setting.
- The visual service providers must request prior written agency approval to utilize telemedicine for services that require a face-to-face setting when there is a documented barrier to providing in-person services.

Source: *OR Div. of Medical Assistance Program, Visual Services Rules. Sec. 410-140-0020. P. 1. (Accessed Sept. 2020).*

Patient to clinician services using electronic and telephone communications are covered when billed services comply with HERC guideline notes and correct coding standards.

Source: *Div. of Medical Assistance Programs, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610. P. 68 (May 1, 2020). (Accessed Sept. 2020).*

Coordinated Care Organizations

MCEs shall assure that all telemedicine services are delivered consistent with requirements of the rule. MCEs shall ensure that all telemedicine services meet all requirements relating to language access, interpreter, and translation services.

Source: *OR Administrative Rules. Rule 410-141-3566.*

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Medicaid Telehealth Reimbursement | Live Video | Eligible Providers

Provider Requirements:

- Hold a current and valid license without restriction from a state licensing board where the provider is located;
- Have authority to provide physical health telemedicine services for eligible Oregon Medicaid beneficiaries;
- Comply with correct coding standards using the most appropriate Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes.

See rule for telemedicine requirements for providers billing for covered physical health services.

Source: *OR Div. of Medical Assistance Program, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610, p. 70, (May 1, 2020). (Accessed Sept. 2020).*

Dentists providing Medicaid services must be licensed to practice dentistry within the State of Oregon or within the contiguous area of Oregon and must be enrolled as a Health Systems Division (Division) provider. Providers billing covered teledenistry/telehealth services are responsible for complying with specific standards. See rule for teledentistry/telehealth services requirements for providers billing.

Source: *OR Div. of Medical Assistance Program, Dental Svcs. Rulebook, Div. 410-123-1265, p. 49, (May 1, 2020). (Accessed Sept. 2020).*

See rule for requirements for providers billing behavioral health services.

Source: *OR Behavior Health Services Rules 410-172-0850 (July 23, 2020). P. 57. (Accessed Sept. 2020).*

School Based Health Services

Must be provided by a licensed practitioner/clinician employed by or contracted by an Oregon public school district or Education Service District, enrolled with Oregon Health Authority (OHA) as a "school medical (SM)" provider with authority to provide SBHS to Oregon Medicaid beneficiaries). Also must be performed by or under a supervising licensed practitioner/clinician within the scope of practice governed by their licensing board, who meet the federal requirements as described in medically qualified staff in OAR 410-133-0120, and who hold a current and valid license without restriction from a state licensing board where the provider is located. See manual section (g) for provider requirements.

Source: *OR Div. of Medical Assistance Program, School-Based Health Services, Rule 410-133-0080, p. 34, (April 9, 2020),. (Accessed Sept. 2020).*

Coordinated Care Organizations

MCEs shall reimburse contracted physical and behavioral health providers for covered services provided to OHP members by means of telemedicine at the same rate paid when such services are provided in person. MCEs shall reimburse non-contracted providers for telemedicine services at the rates agreed to between the MCE and the provider or at the OHP Fee-For-Service rates consistent with OAR 410-120-1295(2), whichever is greater.

Source: *OR Administrative Rules. Rule 410-141-3566.*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Sites

Telemedicine patient visits using a synchronous (live two-way interactive) video and audio transmission resulting in real time communication between a licensed health care provider located in a distant site and the recipient being evaluated located in an alternate site, are covered when billed services comply with the guideline notes set forth by the Health Evidence Review Commission (HERC) and correct coding standards. Alternate sites can be a patient's home or other location.

Source: *OR Div. of Medical Assistance Program, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610, p. 68, (May 1, 2020). (Accessed Sept. 2020).*

Telehealth may occur between two remote sites, an alternate site such as the child/student's home, childcare facility, or other public education programs and settings, and the distant site setting of the practitioner/clinician.

Source: *OR Div. of Medical Assistance Program, School-Based Health Services, Rule 410-133-0080, p. 17, (April 9, 2020). (Accessed Sept. 2020).*

The originating site may bill a CDT code only if a separately identifiable service is performed within the scope of practice of the practitioner providing the service. The service must meet all criteria of the CDT code billed.

Source: *OR Div. of Medical Assistance Program, Dental Svcs. Rulebook, Div. 410-123-1265, p. 50, (May 1, 2020). (Accessed Sept. 2020).*

Geographic Limits

No reference found.

Facility/Transmission Fee

No reference found.

Store-and-Forward

Policy

Clinician to clinician consultations using electronic and telephone communications are covered when billed services comply with HERC guideline notes.

Unless authorized in OAR 410-120-1200 Exclusions, other types of telecommunications are not covered, such as telephone calls without medical decision making, images transmitted via facsimile machines and electronic mail.

Source: *Div. of Medical Assistance Programs, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610. P. 68. (May 1, 2020). (Accessed Sept. 2020).*

Behavioral Health Services Manual:
Unless specifically authorized by OAR 410-120-1200 other types of telecommunication are not covered such as images transmitted via facsimile machines and electronic mail when:

- Those methods are not being used in lieu of videoconferencing, due to limited video conferencing equipment access; or
- Those methods and specific services are not specifically allowed pursuant to the Oregon Health Evidence Review Commission's Prioritized List of Health Services and Evidence Based Guidelines.

Source: *Div. of Medical Assistance Programs, Behavior Health Services Rulebook, Div. 172, 410-172-0850. P. 56 (July 23, 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Store-and-Forward	Policy	**Teledentistry** Teledentistry can take multiple forms, including 'store and forward', defined as "an asynchronous transmission of recorded health information such as radiographs, photographs, video, digital impressions, or photomicrographs transmitted through a secure electronic communication system to a dentist, and it is reviewed at a later point in time by a dentist. The dentist at a distant site reviews the information without the patient being present in real time." **Source:** *OR Div. of Medical Assistance Program, Dental Services Manual, 410-123-1265, p. 48, (May 1, 2020). (Accessed Sept. 2020).*
		Eligible Services/Specialties	A dentist may collect the transmission of recorded health information such as radiographs, photographs, video, digital impressions, or photomicrographs transmitted through a secure electronic communication system. See rulebook for specific codes. Payment for dental services may not distinguish between services performed using teledentistry, real time, or store-and-forward and services performed in-person **Source:** *OR Div. of Medical Assistance Program, Dental Services Rulebook, OR Admin. Rules 410-123-1265, p. 50. (May 1, 2020), (Accessed Sept. 2020).*
		Geographic Limits	No reference found.
		Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	Oregon will reimburse "dental care providers" for 'remote patient monitoring', which is defined as "personal health and dental information is collected by dental care providers in one location then transmitted electronically to a dentist in a distant site location for use in care." **Source:** *OR Div. of Medical Assistance Program, Dental Services Rulebook, OR Admin. Rules 410-123-1265, p. 48 (May 1, 2020). (Accessed Sept. 2020).*
		Conditions	No reference found.

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Provider Limitations

No reference found.

Other Restrictions

No reference found.

Email / Phone / Fax

Patient to clinician services using electronic and telephone communications are covered when billed services comply with HERC guideline notes and correct coding standards.

Unless authorized in OAR 410-120-1200 Exclusions, other types of telecommunications are not covered, such as telephone calls without medical decision making, images transmitted via facsimile machines and electronic mail.

Source: *OR Div. of Medical Assistance Programs, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610, p. 68, (May 1, 2020). (Accessed Sept. 2020).*

Patient consultations using telephone and online or electronic mail (e-mail) are covered when billed services comply with the practice guidelines set forth by the Health Evidence Review Commission and the applicable HERC-approved code requirements, delivered consistent with the HERC Evidence-Based Guidelines.

Unless expressly authorized in OAR 410-120-1200 (Exclusions), other types of telecommunications are not covered such as images transmitted via facsimile machines and electronic mail when:

- Those methods are not being used in lieu of videoconferencing, due to limited videoconferencing equipment access; or
- Those methods and specific services are not specifically allowed pursuant to the Oregon Health Evidence Review Commission's Prioritized List of Health Services and Evidence Based Guidelines.

Source: *OR Div. of Medical Assistance Programs, Behavior Health Services Rules 410-172-0850, p. 56, (July 23, 2020). (Accessed Sept. 2020).*

Patient to clinician services using electronic and telephone communications are covered when billed services comply with HERC guideline notes and correct coding standards.

Source: *Div. of Medical Assistance Programs, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610. P. 68 (May 1, 2020). (Accessed Sept. 2020).*

Teledentistry

Mobile communication devices such as cell phones, tablet computers, or personal digital assistants may support mobile dentistry and health care and public health practices and education.

Unless authorized in OAR 410-120-1200 Exclusions or OAR 410-130-0610 Telemedicine, other types of telecommunications such as telephone calls, images transmitted via facsimile machines, and electronic mail are not covered:

- When those types are not being used in lieu of teledentistry, due to limited teledentistry equipment access; or
- When those types and specific services are not specifically allowed in this rule per the Oregon Health Evidence Review Commission's Prioritized List of Health Services.

Source: *OR Div. of Medical Assistance Program, Dental Services Rulebook, OR Admin. Rules 410-123-1265, p. 48-50, (May 1, 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Email / Phone / Fax

School Based Health Services
Use synchronous audio and visual interactive technologies, as defined in OAR 410-133-0040 (98); may include electronic or telephonic communications such as telephone conversation, video conference, or an internet relay chat session for care coordination defined in OAR 410-133-0040 (16); and shall assist the licensed practitioner/clinician with oversight of a Medicaid eligible child/student's covered health related services provided in support of a child/student's education program required by the Individuals with Disabilities Education Act (IDEA).

Source: *OR Div. of Medical Assistance Program, School-Based Health Services, Rule 410-133-0080, p. 34, (April 9, 2020). (Accessed Sept. 2020).*

Indian Health Services
Telephone encounters qualify as a valid encounter for specific services. Telephone encounters must include all the same components of the service when provided face-to-face. Providers may not make telephone contacts at the exclusion of face-to-face visits.

Source: *OR Div. of Medical Assistance Program, American Indian/Alaska Native Services Rulebook, 410-146-0085, p. 14, (March 20, 2020). (Accessed Sept. 2020).*

Federally Qualified Health Center and Rural Health Clinics
For the provision of services defined in Titles XIX and XXI and provided through an FQHC or RHC, an "encounter" is defined as a face-to-face or telephone contact between a health care professional and an eligible OHP client within a 24-hour period ending at midnight, as documented in the client's medical record. Section (4) of this rule outlines limitations for telephone contacts that qualify as encounters. Telephone encounters qualify as a valid encounter for specific services.

Source: *OR Div. of Medical Assistance Program, Federally Qualified Health Center and Rural Health Clinics Services Rulebook, 410-147-0120, p. 11, (March 20, 2020). (Accessed Sept. 2020).*

Consent

Teledentistry
A patient receiving services through teledentistry shall be notified of the right to receive interactive communication with the distant dentist and shall receive an interactive communication with the distant dentist upon request. This must be reflected in the patient's chart documentation.

Source: *OR Div. of Medical Assistance Program, Dental Services Rulebook, OR Admin. Rules 410-123-1265(7)(c), p. 49, (May 1, 2020), (Accessed Sept. 2020).*

School Based Health Services
Billing providers must obtain the patient/client and if applicable, the patient's/client's parent or guardian's consent to receive the services via telehealth, prior to the initiation of telehealth services.

Source: *OR Div. of Medical Assistance Program, School-Based Health Services, Rule 410-133-0080, p. 34, (April 9, 2020). (Accessed Sept. 2020).*

Out of State Providers

A provider located in a state other than Oregon whose services are rendered in that state shall be licensed and otherwise certified by the proper agencies in the state of residence as qualified to render the services. Certain cities within 75 miles of the Oregon border may be closer for Oregon residents than major cities in Oregon, and therefore, these areas are considered contiguous areas, and providers are treated as providing in-state services. See rule for additional requirements.

Source: *OR Admin Rules 410-120-1180. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Miscellaneous

Providers billing for covered telemedicine services are responsible for the following:

- Complying with HIPAA and/or Oregon Health Authority (Authority) (OHA) Confidentiality and Privacy Rules and security protections for the patient in connection with the telemedicine communication and related records requirements.
- Obtaining and maintaining technology used in the telemedicine communication that is compliant with privacy and security standards in HIPAA and/or Department Privacy and Confidentiality Rules.
- Ensuring policies and procedures are in place to prevent a breach in privacy or exposure of patient health information or records (whether oral or recorded in any form or medium) to unauthorized persons.
- Complying with the relevant Health Service Commission (HSC) practice guideline for telephone and email consultation.
- Maintaining clinical and financial documentation related to telemedicine services.

Source: *OR Div. of Medical Assistance Program, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610. P. 69-70 (May 1, 2020); Dental Services Rulebook, OR Admin. Rules 410-123-1265, p. 49, (May 1, 2020); & Div. of Medical Assistance Programs, Behavior Health Services Rulebook, Div. 172, 410-172-0850. P. 57-58 (July 23,2020). (Accessed Sept. 2020).*

Teledentistry

A patient may request to have real time communication with the distant dentist at the time of the visit or within 30 days of the original visit.

Source: *OR Admin. Rules 410-123-1265(e). (Accessed Sept. 2020).*

The manual also provides rules that apply during the COVID-19 outbreak, as well as rules that apply for an outbreak or epidemic in general.

Source: *OR Div. of Medical Assistance Program, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610. P. 69 (May 1, 2020). (Accessed Sept. 2020).*

Private Payer Laws

Definitions

Treatment of Diabetes

"Telemedical means delivered through a two-way electronic communication, including but not limited to video, audio, Voice over Internet Protocol or transmission of telemetry that allows a health professional to interact with a patient, a parent or guardian of a patient or another health professional on a patient's behalf, who is at an originating site."

Source: *OR Revised Statutes Sec. 743A.185(1)(c). (Accessed Sept. 2020).*

Requirements

Health plans must provide coverage of a health service that is provided using synchronous two-way interactive video if the service would be covered when provided in-person, it is a medically necessary service, the service is determined to be safely and effectively provided using live video according to generally accepted health care practices and standards and the technology and application to provide the service meets all standards required by state and federal laws governing privacy and security of protected health information. Plans are not required to reimburse a health professional for a service that is not a covered benefit under the plan or who has not contracted with the plan.

Source: *OR Revised Statutes Sec. 743A.058. (Accessed Sept. 2020).*

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Private Payer Laws

Parity

Service Parity

Oregon requires a health benefit plan to provide coverage of a health service that is provided using synchronous two-way interactive video conferencing if:

- The plan provides coverage of the health service when provided in-person by a health professional;
- The health service is medically necessary;
- The health service is determined to be safely and effectively provided using synchronous two-way interactive video conferencing according to generally accepted health care practices and standards; and
- The application and technology used to provide the health service meet all standards required by state and federal laws governing the privacy and security of protected health information.

Plans may not distinguish between originating sites that are rural and urban in providing coverage.

Coverage is subject to the terms and conditions of the health benefit plan and the reimbursement specified in the contract between the plan and the health professional.

Source: *OR Revised Statutes Sec. 743A.058. (Accessed Sept. 2020).*

A health benefit plan must provide coverage of a telemedical health services provided in connection with the treatment of diabetes if:

- The plan provides coverage of the health service when provided in-person by the health professional;
- The service is medically necessary;
- The telemedical health service relates to a specific patient; and
- One of the participants in the telemedical health service is a representative of an academic health center.

A health benefit plan may subject coverage of a telemedical health service to all terms and conditions of the plan, including but not limited to deductible, copayment or coinsurance requirements that are applicable to coverage of a comparable health service when provided in-person.

Source: *OR Revised Statutes Sec. 743A.185. (Accessed Sept. 2020).*

Payment Parity

No explicit payment parity.

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Professional Regulation/Health & Safety

Definitions

Health Care Provider Incentive Program
Telehealth" means the provision of health services from a distance using electronic communications.

Source: *OR Admin. Rules 409-036-0010(26). (Accessed Sept. 2020).*

Community Treatment and Support Services
Telehealth means a technological solution that provides two-way, video-like communication on a secure line.

Source: *OR Admin. Rules. 309-032-0860(28). (Accessed Sept. 2020).*

Health Planning
"Telemedicine means the provision of health services to patients by physicians and health care practitioners from a distance using electronic communications."

Source: *OR Revised Statutes 442.015(26). (Accessed Sept. 2020).*

Board of Chiropractic Examiners
"'Telehealth' means a variety of methods, through the use of electronic and telecommunications technologies, for the distance delivery of health care services, including chiropractic services, excluding in-person services, and clinical information designed to improve the health status of a patient, and to enhance delivery of the health care services and clinical information."

Source: *OR Admin. Rules 811-015-0066. (Accessed Sept. 2020).*

Physical Therapy:
"'Telehealth service' means a physical therapy intervention, including assessment or consultation that can be safely and effectively provided using synchronous two-way interactive video conferencing, or asynchronous video communication, in accordance with generally accepted healthcare practices and standards. For purposes of these rules, 'telehealth service' also means, or may be referred to, as 'telepractice, teletherapy, or telerehab'."

Source: *OR Administrative Rule, Sec. 848-040-0100(13). (Accessed Sept. 2020).*

Occupational Therapy:
"Telehealth" is defined as the use of interactive audio and video, in real time telecommunication technology or store-and-forward technology, to deliver health care services when the occupational therapist and patient/client are not at the same physical location. Its uses include diagnosis, consultation, treatment, prevention, transfer of health or medical data, and continuing education.

Source: *OR Admin. Code 339-010-0006(1). (Accessed Sept. 2020).*

Consent

Physical Therapy
Prior to the initiation of telehealth services, a Licensee shall obtain the patient's consent to receive the services via telehealth. The consent may be verbal, written, or recorded and must be documented in the patient's permanent record.

Source: *OR Administrative Rules, Sec. 848-040-0180(3). (Accessed Sept. 2020).*

Online Prescribing

No reference found.

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Professional Regulation/Health & Safety

Cross-State Licensing

Member of the Physical Therapy Compact.

Source: *Compact Map. Physical Therapy Compact. (Accessed Sept. 2020).*

Out-of-state physicians may receive a license to practice across state lines in Oregon, as long as they are fully licensed in another state and meet certain requirements.

Source: *OR Revised Statutes Annotated Sec. 677.139. (Accessed Sept. 2020).*

A physician granted a license to practice medicine across state lines has the same duties and responsibilities and is subject to the same penalties and sanctions as any other provider licensed in Oregon, including but not limited to:

- A physician shall establish a physician-patient relationship;
- Make a judgment based on some type of objective criteria upon which to diagnose, treat, correct or prescribe;
- Engage in all necessary practices that are in the best interest of the patient; and
- Refrain from writing prescriptions based only on an Internet sale or consults.

Source: *OR Admin. Rules, 847-025-0000. (Accessed Sept. 2020).*

Miscellaneous

Oregon requires out-of-state physicians to acquire active telemonitoring status through the Oregon Medical Board before they can perform intraoperative tele-monitoring on patients during surgery.

The Administrative Code defines "telemonitoring" as the "intraoperative monitoring of data collected during surgery and electronically transmitted to a physician who practices in a location outside of Oregon via a telemedicine link for the purpose of allowing the monitoring physician to notify the operating team of changes that may have a serious effect on the outcome or survival of the patient. The monitoring physician is in communication with the operation team through a technician in the operating room."

Requirements:

- The facility where the surgery is performed must be a licensed hospital or ambulatory surgical center;
- The facility must grant medical staff membership and/or clinical privileges to the monitoring physician;
- The facility must request the Board grant Telemonitoring active status to the monitoring physician.

Physicians granted Telemonitoring active status must register and pay a biennial active registration fee.

The physician with Telemonitoring active status desiring to have active status to practice in Oregon must submit the reactivation application and fee and satisfactorily complete the reactivation process before beginning active practice in Oregon.

Source: *OR Admin. Rules. 847-008-0023. (Accessed Sept. 2020)*

Professional Board Telehealth-Specific Regulations

- Occupational Therapy (**Source:** *OR Admin. Code 339-010-0006). (Accessed Sept. 2020).*
- Physical Therapy (**Source:** *OR Admin. Code 848-040-0180). (Accessed Sept. 2020).*
- Board of Chiropractic Examiners (**Source:** *OAR 811-015-0066). (Accessed Sept. 2020).*

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Pennsylvania

Medicaid Program: Pennsylvania Medical Assistance Program (MA)

Program Administrator: PA Department of Public Welfare

Regional Telehealth Resource Center: Northeast Telehealth Resource Center https://www.netrc.org

Pennsylvania Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✗	✗	✗	IMLC, PSYPACT	✓

Pennsylvania Detailed Policy

Medicaid Telehealth Reimbursement

Summary

The Pennsylvania Medical Assistance Program provides reimbursement for live-video under some circumstances. There is no reimbursement available for store-and-forward or remote patient monitoring.

Definitions

"Telehealth" in this bulletin refers to the delivery of compensable behavioral health services at a distance using real-time, two-way interactive audio-video transmission. Telehealth does not include telephone conversations, electronic mail messaging or facsimile (fax) transmissions.

Source: *PA Department of Public Welfare, Medical Assistance Bulletin OMHSAS-20-20, p.2, Feb. 20, 2020. (Accessed Sept. 2020).*

Telemedicine is the use of real-time interactive telecommunications technology that includes, at a minimum, audio and video equipment as a mode of delivering consultation services.

Source: *PA Department of Public Welfare, Medical Assistance Bulletin 09-12-31, 31-12-31, 33-12-30, May 23, 2012. (Accessed Sept. 2020).*

Live Video

Policy

For FQHCs & RHCs

Telepsychiatry Services – Only applicable to Behavioral Health Managed Care delivery system claims and not fee-for-service delivery. Mental health services are provided through the use of approved electronic communication and information technologies to provide or support clinical psychiatric care at a distance. Qualifying telepsych services utilize real-time, two-way interactive audio-video transmission, and do not include a telephone conversation, electronic mail message, or facsimile transmission between a health care practitioner and a service recipient, or a consultation between two healthcare practitioners, although these activities may support the delivery of telepsych services. Telepsych services require service providers to have a service description approved by the Office of Mental Health and Substance Abuse Services (OMHSAS) and deliverable through the managed care option.

Source: *PA PROMISe, 837 Professional/CMS-1500 Claim Form, Provider Handbook, Appendix E – FQHC/RHC. p. 10 (Apr. 22, 2014). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

See listing for reimbursable procedure codes when the service is provided via interactive telecommunication technology.

Source: *: PA Department of Human Services, Medical Assistance Program Fee Schedule for Consultations Performed Using Interactive Telecommunication Technology, p. 3 (May 23, 2012),.(Accessed Sept. 2020).*

Source: *PA Department of Public Welfare, Medical Assistance Bulletin OMHSAS-20-20, Attachment A, Feb. 20, 2020. (Accessed Sept. 2020).*

Psychiatric Outpatient Clinics, Psychiatric Partial Hospitalization Programs, and Drug & Alcohol Outpatient Clinics can bill for specified services provided by psychiatrists, licensed psychologists, CRNPs, PAs, LCSWs, LPCs, and LMFTs in the FFS delivery system. See Attachment A in cited bulletin for a list of procedure codes for services that may be provided using telehealth in the FFS delivery system. Providers must use the appropriate procedure codes and modifiers to identify that the service was delivered using telehealth.

Interpretive services, including sign language, must be provided as necessary.

Source: *PA Department of Public Welfare, Medical Assistance Bulletin OMHSAS-20-20, p.3-4, Feb. 20, 2020. (Accessed Sept. 2020).*

PA Medical Assistance Program has a fee schedule that lists codes eligible to be performed using interactive telecommunication technology.

Source: *PA Department of Public Welfare, Fee Schedule for Consultations Performed Using Interactive Telecommunication Technology. May 23, 2012. (Accessed Sept. 2020).*

Eligible Providers

In the FFS delivery system, psychiatrists, psychologists, CRNPs and PAs certified in mental health, LCSWs, LPCs, and LMFTs can provide services using telehealth in Psychiatric Outpatient Clinics, Psychiatric Partial Hospitalization Programs, and Drug & Alcohol Outpatient Clinics.

Psychiatric Outpatient Clinics, Psychiatric Partial Hospitalization Programs, and Drug & Alcohol Outpatient Clinics can bill for specified services provided by psychiatrists, licensed psychologists, CRNPs, PAs, LCSWs, LPCs, and LMFTs in the FFS delivery system. See Attachment A in cited bulletin for a list of procedure codes for services that may be provided using telehealth in the FFS delivery system. Providers must use the appropriate procedure codes and modifiers to identify that the service was delivered using telehealth.

Source: *PA Department of Public Welfare, Medical Assistance Bulletin OMHSAS-20-20, p.2 & 4, Feb. 20, 2020. (Accessed Sept. 2020).*

Pennsylvania Medicaid will provide reimbursement for live video to all Medicaid enrolled physician specialists.

Eligible Providers (fee for service):

- Physicians
- Certified registered nurse practitioners
- Certified nurse midwives

Providers under a managed care system should contact the appropriate managed care organization.

Source: *PA Department of Public Welfare, Medical Assistance Bulletin 09-12-31, 31-12-31, 33-12-30, May 23, 2012. (Accessed Sept. 2020).*

Telepsych services delivered in FQHCs and RHCs require providers to have a service description approved by the Office of Mental Health and Substance Abuse Services and the service must be deliverable through the managed care option. Telepsych services are limited to psychologists and psychiatrists.

Source: *PA PROMISe, 837 Professional/CMS-1500 Claim Form, Provider Handbook, Appendix E – FQHC/RHC. p. 10 (Apr. 22, 2014). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Sites

Telehealth cannot be utilized to deliver services to individuals in their homes, unless services are being delivered as part of Assertive Community Treatment (ACT), Dual Diagnosis Treatment Team (DDTT), or Mobile Mental Health Treatment (MMHT) services and only if staff trained in the use of the telehealth equipment and protocols to provide operating support and staff trained to provide in-person clinical intervention are present.

In the FFS delivery system, psychiatrists, psychologists, CRNPs and PAs certified in mental health, LCSWs, LPCs, and LMFTs can provide services using telehealth in Psychiatric Outpatient Clinics, Psychiatric Partial Hospitalization Programs, and Drug & Alcohol Outpatient Clinics. BH-MCOs may allow additional provider settings to utilize telehealth.

Originating site must have staff trained in telehealth equipment and protocols to provide operating support and staff trained and available to provide in-person clinical intervention, if needed. If ACT, DDTT, or MMHT services are being provided in the home, staff trained in the use of the telehealth equipment and protocols to provide operating support and staff trained to provide in-person clinical intervention if needed must be present.

Source: *PA Department of Public Welfare, Medical Assistance Bulletin OMHSAS-20-20, p.2-3, Feb. 20, 2020. (Accessed Sept. 2020).*

A patient is allowed to access a telemedicine consultation at any enrolled office of the referring provider as well as any other participating physicians, certified registered nurse practitioner, or certified nurse midwife (i.e. other than the referring provider).

Source: *PA Department of Public Welfare, Medical Assistance Bulletin 09-12-31, 31-12-31, 33-12-30, May 23, 2012. (Accessed Sept. 2020).*

Geographic Limits

Providers are reminded that services should be rendered face-to-face whenever practical and appropriate. Some situations providers may consider when determining if the use of telecommunication technology to provide a consultation is practical and appropriate include, but are not limited to, the recipient's medical condition would make it dangerous to travel, the recipient must travel more than 60 minutes in a rural area or 30 minutes in an urban area, or there are no available openings with an appropriate physician specialist located within the travel limits within a timeframe appropriate to treat the recipient's condition.

Source: *PA Department of Public Welfare, Medical Assistance Bulletin 09-12-31, 31-12-31, 33-12-30, May 23, 2012. (Accessed Sept. 2020).*

Facility/Transmission Fee

No reference found.

Store-and-Forward

Policy

Telemedicine does not include the use of telephones, or asynchronous "store and forward" technology such as facsimile machines, electronic mail systems or remote patient monitoring devices.

Source: *PA Department of Public Welfare, Medical Assistance Bulletin 09-12-31, 31-12-31, 33-12-30, May 23, 2012. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Store-and-Forward	Eligible Services/Specialties	No reference found.
		Geographic Limits	No reference found.
		Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	Telemedicine does not include the use of telephones, or asynchronous "store-and-forward" technology such as facsimile machines, electronic mail systems or remote patient monitoring devices. **Source:** *PA Department of Public Welfare, Medical Assistance Bulletin 09-12-31, 31-12-31, 33-12-30, May 23, 2012. (Accessed Sept. 2020).*
		Conditions	No reference found.
		Provider Limitations	No reference found.
		Other Restrictions	No reference found.

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Medicaid Telehealth Reimbursement

Email / Phone / Fax

No reimbursement for email.
No reimbursement for telephone.
No reimbursement for FAX.

Source: *PA Department of Public Welfare, Medical Assistance Bulletin 09-12-31, 31-12-31, 33-12-30, May 23, 2012. (Accessed Sept. 2020).*

Consent

Prior to utilizing telehealth, providers must obtain the consent of the individual to receive services utilizing telehealth. The individual must be informed of all persons who will be present at each end of the transmission and the role of each person. Individuals may refuse services delivered through telehealth. Providers cannot use such refusal as a basis to limit the individual's access to services delivered face to face.

Source: *PA Department of Public Welfare, Medical Assistance Bulletin OMHSAS-20-20, p.3, Feb. 20, 2020. (Accessed Sept. 2020).*

Out of State Providers

Out-of-state practitioners providing treatment using telehealth to Pennsylvania residents must meet the licensing requirements established by the Pennsylvania Department of State to provide services in the Commonwealth.

Source: *PA Department of Public Welfare, Medical Assistance Bulletin OMHSAS-20-20, p.3, Feb. 20, 2020. (Accessed Sept. 2020).*

Miscellaneous

Technology Requirements:
Technology used for telehealth, whether fixed or mobile, should be capable of presenting sound and image in real-time and without delay. The telehealth equipment should clearly display the participants' full bodies and their environments. The telehealth equipment must meet any state or federal requirements for the transmission or security of health information.
Providers are responsible to ensure confidentiality and security in the transmission and storage of health information, and to conduct regular reviews, at least annually, of systems used for the delivery of telehealth. Providers must maintain annual and comparative reports of these reviews to be examined by OMHSAS and BH-MCOs upon request. The reports must be retained in a retrievable record, identified by date of review, and include the following information:

- Technology provider certification(s).
- Manifest files of the software being utilized.
- Attestation of systems security checks performed with corresponding results logged on a regular basis.

Confidentiality:
Providers must assure the privacy of the individual receiving services and comply with the Health Insurance Portability and Accountability Act (HIPAA) and other federal and state privacy and confidentiality requirements.

Delivery of Services:
The participant's medical record must indicate when a service is provided using telehealth including, the start and end time of service.

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Medicaid Telehealth Reimbursement

Miscellaneous

Quality of Service:

- The provider using telehealth must maintain written quality protocols for the operation and use of telehealth equipment including the provision of periodic training to ensure that telehealth is provided in accordance with the requirements in this bulletin as well as the provider's established patient care standards.
- The providers must maintain a written procedure detailing a contingency plan for transmission failure or other technical difficulties that render the behavioral health service undeliverable.
- The provider must periodically review, at least annually, its quality protocol and delivery of services through telehealth. The provider must maintain annual and comparative reports of these reviews to be examined by OMHSAS and by the responsible BH-MCOs upon request.

Source: *PA Department of Public Welfare, Medical Assistance Bulletin OMHSAS-20-20, p.2-4, Feb. 20, 2020. (Accessed Sept. 2020).*

Private Payer Laws

Definitions

No reference found.

Requirements

No reference found.

Parity

Service Parity

No reference found.

Payment Parity

No reference found.

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Professional Regulation/Health & Safety

Definitions

No reference found.

Consent

No reference found.

Online Prescribing

No reference found.

Cross-State Licensing

Member of the Interstate Medical Licensure Compact.

Source: *The IMLC. Interstate Medical Licensure Compact. (Accessed Sept. 2020).*

Member of the Interjurisdictional Psychology Compact (PSYPACT).

Source: *PSYPACT. PSYPACT Map. (Accessed Sept. 2020).*

Pennsylvania issues extraterritorial licenses that allow practice in Pennsylvania to physicians residing or practicing with unrestricted licenses in an adjoining state, near the Pennsylvania boundary, and whose practice extends into Pennsylvania.

Pennsylvania bases the granting of this license on the availability of medical care in the area involved, and whether the adjoining state extends similar privileges to Pennsylvania physicians.

Source: *PA Statutes Annotated, Title 63 Sec. 422.34(a) and (c)(2). (Accessed Sept. 2020).*

Miscellaneous

No reference found.

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Rhode Island

Medicaid Program: Rhode Island Medical Assistance Program

Program Administrator: Rhode Island Dept. of Human Services

Regional Telehealth Resource Center: Northeast Telehealth Resource Center http://netrc.org

Rhode Island At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✗	✓	✗	✗	✓

Rhode Island Detailed Policy

Medicaid Telehealth Reimbursement

Summary

The Rhode Island Medical Assistance Program reimburses for some live-video services and provides no reimbursement for store-and-forward or remote patient monitoring.

Definitions

No reference found.

Live Video

Policy

Rhode Island Medicaid's fee schedule lists several telehealth service CPT codes related to follow-up and inpatient telehealth consultations under procedure/professional services.

Source: *RI Department of Health. Medicaid Fee Schedule Rates. (Accessed Sept. 2020).*

Eligible Services / Specialties

Reimbursement is available for initial inpatient telehealth consultation and follow-up inpatient telehealth consultation.

Source: *: RI Department of Health. Medicaid Fee Schedule Rates. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Live Video	Eligible Providers	No reference found.
		Eligible Sites	No reference found.
		Geographic Limits	No reference found.
		Facility/Transmission Fee	No reference found.
	Store-and-Forward	Policy	No reference found.
		Eligible Services/Specialties	No reference found.

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Medicaid Telehealth Reimbursement	Store-and-Forward	Geographic Limits	No reference found.
		Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	No reference found.
		Conditions	No reference found.
		Provider Limitations	No reference found.
		Other Restrictions	No reference found.

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Medicaid Telehealth Reimbursement	Email / Phone / Fax	No reference found.
	Consent	No reference found.
	Out of State Providers	No reference found.
	Miscellaneous	No reference found.
Private Payer Laws	Definitions	"Telemedicine" means the delivery of clinical health care services by means of real time two-way electronic audiovisual 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, treatment, and care management of a patient's health care while such patient is at an originating site and the health care provider is at a distant site, consistent with applicable federal laws and regulations. Telemedicine does not include an audio-only telephone conversation, email message or facsimile transmission between the provider and patient, or an automated computer program used to diagnose and/or treat ocular or refractive conditions. **Source:** *RI General Law, Sec. 27-81-3(12). (Accessed Sept. 2020).*
	Requirements	Each health insurer that issues individual or group accident-and-sickness insurance policies for health-care services and/or provides a health-care plan for health-care services shall provide coverage for the cost of such covered health-care services provided through telemedicine services. **Source:** *RI General Law, Sec. 27-81-4(a). (Accessed Sept. 2020).*

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Private Payer Laws

Parity

Service Parity

A health insurer shall not exclude a health care service for coverage solely because the health care service is provided through telemedicine and is not provided through in-person consultation or contact, subject to the terms and conditions of a telemedicine agreement between the insurer and provider.

Source: *RI General Law, Sec. 27-81-4(b). (Accessed Sept. 2020).*

Payment Parity

No explicit payment parity.

Professional Regulation/Health & Safety

Definitions

Telemedicine is defined very generally as the delivery of healthcare where there is no in-person exchange. Telemedicine, more specifically, is a mode of delivering healthcare services and public health utilizing information and communication technologies to enable the diagnosis, consultation, treatment, education, care management, and self-management of patients at a distance from health care providers.

Source: *RI Department of Health. Telemedicine. (Accessed Sept. 2020).*

Consent

An informed consent agreement should be employed for the use of patient-physician email and other text-based communications.

The agreement should include:

- Types of transmissions that will be permitted
- Circumstances when alternate forms of communication or office visits should be utilized
- Security measures
- Hold harmless clause for information lost due to technical failures
- Requirement for express patient consent to forward patient-identifiable information to a third party
- A statement noting that the patient's failure to comply with the agreement may result in termination of the e-mail relationship

Source: *RI Department of Health. Telemedicine. (Accessed Sept. 2020).*

Online Prescribing

An established in-person physician-patient relationship is required prior to prescribing controlled substances. However, a covering physician may prescribe a controlled substance if an established coverage agreement is in place and the quantity reflects the prescription is only for a short duration.

Source: *RI Department of Health. Telemedicine. (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Cross-State Licensing

RI allows physicians who have a license in good standing in another state to consult with RI licensed physician on a singular occasion or provide teaching assistance for no more than seven days unless extended with written permission from the director.

Physicians not present in RI may not provide consultation to a patient without an established physician-patient relationship, unless that patient is in the physical presence of a physician licensed in RI.

Source: *RI General Law, Sec. 5-37-16.2(a)(3). (Accessed Sept. 2020).*

Miscellaneous

See Department of Health Policy for Department of Health Telemedicine Guidelines for other requirements on RI providers.

Source: *RI Department of Health. Telemedicine. (Accessed Sept. 2020).*

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South Carolina

Medicaid Program: South Carolina Medicaid

Program Administrator: South Carolina Health and Human Services Dept.

Regional Telehealth Resource Center: Southeastern Telehealth Resource Center http://www.setrc.us

South Carolina Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✗	✗	✗	NLC, PTC, EMS	✓

South Carolina Detailed Policy

Medicaid Telehealth Reimbursement

Summary

South Carolina Medicaid reimburses for live video under certain circumstances. Store-and-forward is not reimbursed as it does not meet established conditions for the use of telemedicine. The South Carolina Medicaid reimburses for home health monitoring through the Home Aging Program for some conditions when a patient is eligible.

Definitions

"Telemedicine is the use of medical information about a patient that is exchanged from one site to another via electronic communications to provide medical care to a patient in circumstances in which face-to-face contact is not necessary. In this instance, a physician or other qualified medical professional has determined that medical care can be provided via electronic communication with no loss in the quality or efficacy of the care."

"Electronic communication means the use of interactive telecommunication equipment that typically includes audio and video equipment permitting two-way, real-time interactive communication between the patient and the physician or practitioner at the referring site. Telemedicine includes consultation, diagnostic, and treatment services."

Source: *SC Health and Human Svcs. Dept., Physicians Provider Manual, p. 27-28 (July 2020). (Accessed Sept. 2020).*

Live Video

Policy

South Carolina Medicaid will reimburse for live video and covers telemedicine when the service is medically necessary and under the following circumstances:

- The medical care is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's need; and
- The medical care can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide.

Source: *SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 29 (July 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

If there are technological difficulties in performing a medical assessment or problems in a beneficiaries' understanding of telemedicine, face-to-face care must be provided instead.

Source: *SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 28 (July 2020). (Accessed Sept. 2020).*

Telemedicine equipment and transmission must permit encrypted transmission and the speed and image resolution must be technically sufficient to support the service billed. Staff involved in a telemedicine visit must be trained in the use of the telemedicine equipment and component in its operation.

Source: *SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 30 (July 2020). (Accessed Sept. 2020).*

Reimbursement to the health professional delivering the medical service is the same as the current fee schedule amount for the service provided. See appropriate professional manuals for CPT codes. Codes must be billed along with the telemedicine GT modifier.

Source: *SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 215 (July 2020). (Accessed Sept. 2020).*

Telepsychiatry
To qualify for reimbursement, interactive audio and video equipment that permits two-way real-time or near real-time communication with the client, consultant, interpreter, and referring clinician.

Additional requirements include:

- Reimbursement requires the "real-time" presence of a client.
- Reimbursement is available for psychiatric diagnosis assessment with Medicaid and medical evaluation and management codes.
- GT modifier must be used when billing the for telepsychiatric services.
- All equipment must operate at a minimum communication transfer rate of 384 kbps.
- Telepsychiatry reimbursement is not available for the following MH services; injectable, NS, CI Individual Family, Group and Multiple FP and Psychological Testing which require "hands on" encounters, Mental Health Assessment by Non-Physician and SPD.

Source: *SC Health and Human Svcs. Dept. Community Mental Health Services Provider Manual, p. 20. (Jan. 2020). (Accessed Sept. 2020).*

Eligible Services / Specialties

Eligible services include consultation, diagnostic, and treatment services:

- Office or other outpatient visits;
- Inpatient consultation;
- Individual psychotherapy;
- Psychiatric diagnostic interview examination;
- Neurobehavioral status examination;
- Electrocardiogram interpretation and report only;
- Echocardiography.

Services provided by allied health professionals are not covered.

Telemedicine services are not an expansion of covered services, but an option for the delivery of certain covered services.

Source: *SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 28, 30 & 157 (Feb. 2020). (Accessed Sept. 2020).*

Local education manual refers providers to the physician Services Provider Manual for information regarding coverage and billing for telemedicine.

Source: *SC Health and Human Svcs. Dept. Local Education Provider Manual, p. 29, (July 2019). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Medicaid Targeted Case Management
Electronic visual encounters (e.g., Skype, teleconferencing or other media) with the beneficiary are not considered a face-to-face contact and will be reimbursed at the T1016 MTCM encounter rate.

Source: *SC Health and Human Svcs. Dept., Medicaid Targeted Case Management Provider Guide, p. 20. (Jan. 2020), (Accesesed Sept. 2020).*

Telepsychiatry
Psychiatric Diagnostic assessment with medical services to assess or monitor the client's psychiatric and/or physiological status may be provided via live video telepsychiatry. See manual for specific requirements.

Source: *SC Health and Human Svcs. Dept. Community Mental Health Services Provider Manual, p. 20. (Jan. 2020). (Accessed Sept. 2020).*

Autism Spectrum Disorder
Telehealth is not covered.

Source: *SC Health and Human Svcs. Autism Spectrum Disorder Provider Manual, p. 19 (July 2020). (Accessed Sept. 2020).*

Dental Telephonic or Telehealth Encounters
SCDHHS will reimburse enrolled dentists for the provision of triage and care coordination when provided via telephonic or telehealth interaction for patients with urgent or emergent dental issues, regardless of the patient's location. Dentists should bill for these services using Current Dental Terminology (CDT) Procedure code D9992. Reimbursement for D9992 will be allowed once per thirty (30) days per provider, provider location or billing entity for either a new or an established patient.

Reimbursement for the telephonic services described above is available if the interaction with a Healthy Connections Medicaid member includes at least one telephonic component between patient and provider or provider and provider. Interactions that also include video interaction may also be billed, but other forms of electronic communication, such as email and instant and text messaging, are not eligible for reimbursement. To qualify for reimbursement, the interactions must include the necessary audio and video components, of sufficient quality and resolution, to provide the care that is being billed.

Source: *SC Health and Human Svcs. Dental Services Provider Manual. (Jul. 1, 2019), Pg. 75. (Accessed Sept. 2020).*

Eligible Providers

Distant site eligible, reimbursed providers:

- Physicians;
- Nurse practitioners;
- Physician Assistants.

Distant (consultant) sites must be located in the SC Medical Service Area, which is the state of SC and areas in NC and GA within 25 miles of the SC border.

Source: *SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 28-29. (July 2020). (Accessed Sept. 2020).*

The RHCs and FQHCs would bill an encounter code when operating as the consulting site. Only one encounter code can be billed for a DOS. Both provider types will use the appropriate encounter code for the service along with the "GT" modifier (via interactive audio and video telecommunications system) indicating interactive communication was used.

Source: *SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 215. (July 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Sites

Eligible originating (referring) sites:

- Practitioner offices;
- Hospitals (inpatient and outpatient);
- Rural Health Clinics;
- Federally Qualified Health Centers;
- Community Mental Health Centers;
- Public Schools;
- Act 301 Behavioral Health Centers.

Referring sites (also known as originating sites) must be located in the South Carolina Medical Service Area, which is the state of SC and areas in NC and GA within 25 miles of the SC border.

Source: *SC Health and Human Svcs. Dept., Physicians Provider Manual, p. 28-29 (July 2020). (Accessed Sept. 2020).*

Local Education Agency Manual refers providers to the Physician Manual Policy

Source: : *Local Education Manual, p. 29. (July. 2019). (Accessed Sept. 2020).*

An appropriate certified or licensed health care professional at the referring site is required to present (patient site presenter) the beneficiary to the physician or practitioner at the consulting site and remain available as clinically appropriate.

Source: *SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 30 (July 2020). (Accessed Sept. 2020).*

Geographic Limits

Distant (consultant) sites must be located in the SC Medical Service Area, which is the state of SC and areas in NC and GA within 25 miles of the SC border.

Source: *SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 28. (July 2020). (Accessed Sept. 2020).*

Facility/Transmission Fee

The referring site is only eligible to receive a facility fee for telemedicine services. Claims are submitted with HCPCS code. If a provider from the referring site performs a separately identifiable service for the beneficiary on the same day as telemedicine, documentation for both services must be clearly and separately identified in the beneficiary's medical record, and both services are eligible for full reimbursement.

RHCs and FQHCs are eligible to receive a facility fee for telemedicine services when operating as the referring site. They may not bill the encounter code if these are the only services being rendered.

Hospital providers are eligible to receive a facility fee for telemedicine when operating as the referring site. Claims must be submitted with the appropriate telemedicine revenue code.

Source: *SC Health and Human Svcs. Dept., Physicians Provider Manual, p. 215 (July 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Store-and-Forward	Policy	South Carolina Medicaid will not reimburse for store-and-forward due to the requirements that the beneficiary must be present and participating in the visit and interactive audio and video telecommunication must be used. **Source:** *SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 30 (July 2020). (Accessed Sept. 2020).*
		Eligible Services/Specialties	No reference found.
		Geographic Limits	No reference found.
		Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	An order or referral is required for South Carolina Medicaid Telemonitoring services. **Source:** *SC Health and Human Svcs. Dept. Provider Administrative and Billing Manual, p. 11-12 (July 1, 2019). (Accessed Sept. 2020).*
		Conditions	No reference found.

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Provider Limitations

No reference found.

Other Restrictions

No reference found.

Email / Phone / Fax

No reimbursement for email.
No reimbursement for telephone.
No reimbursement for FAX.
No reimbursement for video cell phone interactions.

Source: *SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 157 (July 2020) (Accessed Sept. 2020).*

FQHCs Behavioral Health Services.
Family Therapy: Billing for telephone calls is not allowed.

Source: *SC Health and Human Svcs. Dept. Federally Qualified Health Center Behavioral Health Services Provider Manual, p. 25, (July 2019). (Accessed Sept. 2020).*

Medicaid Targeted Case Management
Electronic visual encounters (e.g., Skype, teleconferencing or other media) with the beneficiary are not considered a face-to-face contact and will be reimbursed at the T1016 MTCM encounter rate.

- A telephone contact is in lieu of a face-to-face contact when environmental considerations preclude a face-to-face encounter, for the purpose of rendering one or more MTCM components. Documentation must include details precluding a face-to-face encounter.
- A relevant email contact via secured transmittal, on behalf of the beneficiary for the purpose of rendering one or more MTCM components.

For Medicaid purposes, a face-to-face contact is preferable with phone and/or email contact being acceptable if necessary.

Source: *SC Health and Human Svcs. Dept., Medicaid Targeted Case Management Provider Guide, p. 20 (Jan. 2020), (Accessed Sept. 2020).*

Dental Telephonic Encounters
Reimbursement for the telephonic services described above is available if the interaction with a Healthy Connections Medicaid member includes at least one telephonic component between patient and provider or provider and provider. Interactions that also include video interaction may also be billed, but other forms of electronic communication, such as email and instant and text messaging, are not eligible for reimbursement. To qualify for reimbursement, the interactions must include the necessary audio and video components, of sufficient quality and resolution, to provide the care that is being billed.

Source: *SC Health and Human Svcs. Dental Services Provider Manual. (Jul. 1, 2019), Pg. 75. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Email / Phone / Fax

Licensed Independent Practitioner's Rehabilitative Services
Service Plan Development (SPD) is a face-to-face or telephonic interaction between the beneficiary and a qualified clinical professional or a team of professionals.

Crisis Management (CM) is a face-to-face, or telephonic, short-term service is to assist a beneficiary, who is experiencing a marked deterioration of functioning related to a specific precipitant, in restoring his/her level of functioning and/or to stabilize the beneficiary.

When necessary/appropriate, consultation shall only include telephone or face-to-face contact by a Psychologist/LPES to the family, school, or another health care provider to interpret or explain the results of psychological testing and/or evaluations related to the care and treatment of the beneficiary. The Psychologist/LPES must document the recommended course of action.

Source: *SC Health and Human Svcs. Dept. Licensed Independent Practitioner's Rehabilitative Provider Manual, p. 17 & 19. (Jan. 2020). (Accessed Sept. 2020).*

Telephone contact related to office procedures or appointment times are not covered.

Source: *SC Health and Human Svcs. Dept. Licensed Independent Practitioner's Rehabilitative Provider Manual, p. 21. (Jan. 2020). (Accessed Sept. 2020).*

Consent

A patient's written consent is required prior to the dissemination of any of their images or information to other entities.

Source: *SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 31 (July 2020). (Accessed Sept. 2020).*

A patient may withdraw from the use of telemedicine at any time.

Source: *SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 30 (July 2020). (Accessed Sept. 2020).*

Out of State Providers

No reference found.

Miscellaneous

If a beneficiary is a minor child, a parent and/or guardian must present the child for telemedicine services unless otherwise exempted by State or Federal law. The parent and/or guardian need not attend the telemedicine session unless attendance is therapeutically appropriate.

Documentation to substantiate the services provided must be maintained at the referring and consulting locations. A request for a telemedicine service from a referring provider and the medical necessity for the telemedicine service must be documented in the beneficiary's medical record. The documentation must include an indication that services were rendered via telemedicine and all other Medicaid documentation guidelines apply. The beneficiary has access to all transmitted medical information, with the exception of live interactive video, as there is often no stored data in such encounters.

Source: *SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 30, 31 & 192 (July. 2020). (Accessed Sept. 2020).*

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Private Payer Laws	Definitions		No reference found.
	Requirements		No reference found.
	Parity	Service Parity	No reference found.
		Payment Parity	No reference found.
Professional Regulation/Health & Safety	Definitions		Telemedicine means the practice of medicine using electronic communications, information technology, or other means between a licensee in one location and a patient in another location with or without an intervening practitioner. **Source:** *SC Code Annotated Sec. 40-47-20(52). (Accessed Sept. 2020).* South Carolina law addresses telemedicine under veterinary services, stating, "telemedicine is an audio, video, or data communication of medical information." **Source:** *SC Code Annotated Sec. 40-69-20(15). (Accessed Sept. 2020).*
	Consent		No reference found.

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A licensee shall not establish a physician-patient relationship by telemedicine for the purpose of prescribing medication when an in-person physical examination is necessary for diagnosis.

Schedule II and Schedule III prescriptions are not permitted except for those Schedule II and Schedule III medications specifically authorized by the board, which may include, but not be limited to, Schedule II-nonnarcotic and Schedule III-nonnarcotic medications. To establish a physician-patient relationship via telemedicine, the provider must:

- Comply with state and federal laws on patient confidentiality
- Adhere to current standards of practice improvement and monitoring of outcomes and provide reports containing such information upon request of the board;
- Provide an appropriate evaluation prior to diagnosing and/or treating the patient, which need not be done in-person if the licensee employs technology sufficient to accurately diagnose and treat the patient in conformity with the applicable standard of care; provided, that evaluations in which a licensee is at a distance from the patient, but a practitioner is able to provide various physical findings the licensee needs to complete an adequate assessment, is permitted; further, provided, that a simple questionnaire without an appropriate evaluation is prohibited;
- Verify the identity and location of the patient and be prepared to inform the patient of the licensee's name, location and professional credentials;
- Establish a diagnosis through the use of accepted medical practices, which may include patient history, mental status evaluation, physical examination, and appropriate diagnostic and laboratory testing in conformity with the applicable standard of care;
- Ensure availability of follow-up care and maintain a complete medical record that is available to the patient and other treating health care practitioners, to be distributed to other treating health care practitioners only with patient consent and in accordance with applicable law and regulation;
- Prescribe within a practice setting fully in compliance with the law and during an encounter in which threshold information necessary to make an accurate diagnosis has been obtained in a medical history interview conducted by the prescribing licensee. See Code for specific information on controlled substances.
- Maintain a complete record of the patient's care according to prevailing medical record standards that reflects an appropriate evaluation of the patient's presenting symptoms; provided that relevant components of the telemedicine interaction be documented as with any other encounter;
- Maintain the patient's records' confidentiality and disclose the records to the patient consistent with state and federal law; provided, that licensees practicing telemedicine shall be held to the same standards of professionalism concerning medical records transfer and communication with the primary care provider and medical home as licensees practicing via traditional means; further, provided, that if a patient has a primary care provider and a telemedicine provider for the same ailment, then the primary care provider's medical record and the telemedicine provider's record constitute one complete medical record;
- Be licensed to practice in South Carolina provided, however, a licensee need not reside in South Carolina so long as he or she has a valid, current South Carolina medical license; further, provided, that a licensee residing in South Carolina who intends to practice medicine via telemedicine to treat or diagnose patients outside of South Carolina shall comply with other state licensing boards; and
- Discuss with the patient the value of having a primary care medical home and, if the patient requests, provide assistance in identifying available options for a primary care medical home.

A licensee, practitioner, or any other person involved in a telemedicine encounter must be trained in the use of the telemedicine equipment and competent in its operation.

Schedule II and III prescriptions are not permitted except as specifically authorized by the board.

Source: *SC Code Annotated Sec. 40-47-37. (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Cross-State Licensing

The physician must be licensed in South Carolina; however, they do not need to reside in South Carolina.

Source: *SC Code Annotated Sec. 40-47-37(C)(9). (Accessed Sept. 2020).*

Member of EMS Compact.

Source: *National Registry of Emergency Medical Technicians. The EMS Compact. (Accessed Sept. 2020).*

Member of the Physical Therapy Compact.

Source: *Compact Map. Physical Therapy Compact. (Accessed Sept. 2020).*

Member of the Nurse Licensure Compact.

Source: *Current NLC States & Status. Nurse Licensure Compact. (Accessed Sept. 2020).*

Miscellaneous

No reference found.

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South Dakota

Medicaid Program: South Dakota Medicaid

Program Administrator: South Dakota Dept. of Social Services

Regional Telehealth Resource Center: Great Plains Telehealth Resource and Assistance Center https://www.gptrac.org

South Dakota Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✗	✓	✗	IMLC, NLC, PTC	✓

South Dakota Detailed Policy

Medicaid Telehealth Reimbursement

Summary

South Dakota Medicaid provides reimbursement for live video, under some circumstances. Reimbursement is not provided for store-and-forward or remote patient monitoring services.

Definitions

"Telemedicine is the use of an interactive telecommunications system to provide two-way, real-time, interactive communication between a provider and a Medicaid recipient across a distance."

Source: *SD Medicaid Billing and Policy Manual: Telemedicine, p. 13 (May 2020) & Community Health Worker, pg. 7 (April 2020). (Accessed Sept. 2020).*

Office of Adult Services and Aging
"Telehealth services" is a home-based health monitoring system used to collect and transmit an individual's clinical data for monitoring and interpretation.

Source: *SD Regulation 67:40:19:01(21). (Accessed Sept. 2020).*

Live Video

Policy

South Dakota Medicaid will reimburse for limited services via live video. Providers are reimbursed the lesser of their usual and customary charge or the fee schedule rate. See manual for complete list of CPT codes. Reimbursement for distant site telemedicine services is limited to the individual practitioner's professional fees or the encounter rate if the service qualifies as an FQHC/RHC or IHS/Tribal 638 clinic service. The maximum allowable amount for services provided via telemedicine is the same as services provided in-person.

All telemedicine services must comply with South Dakota Medicaid's Out-Of-State Prior Authorization Requirements.

Source: *SD Medicaid Billing and Policy Manual: Telemedicine, p. 4 & 13 (May 2020). (Accessed Sept. 2020).*

Services provided via telemedicine are subject to the same service requirements and limitations as in-person services.

Source: *SD Medicaid Billing and Policy Manual: Telemedicine, p. 3 (May 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

See manuals for specific CPT codes.

Source: *SD Medicaid Billing and Policy Manual: Telemedicine, p. 14-16 (MAy 2020). (Accessed Sept. 2020).*

Community health worker services can be provided via telemedicine.

Source: *SD Medicaid Billing and Policy Manual: Community Health Worker, pg. 8, April 2020. (Accessed Sept. 2020).*

Speech language pathologist services can be provided via telemedicine.

Source: *SD Medicaid Billing and Policy Manual: Birth to Three Non-School District Providers, pg. 3, June 2019. (Accessed Sept. 2020).*

Psychotherapy is allowed to be provided via telehealth.

Source: *SD Medicaid Billing and Policy Manual: Independent Mental Health Practitioners, pg. 13, March 2020. (Accessed Sept. 2020).*

An encounter for the initial ordering of durable medical equipment may occur through telehealth.

Source: *SD Medicaid Billing and Policy Manual: Durable Medical Equipment, Prosthetics, Orthotics and Supplies, pg. 2. June 2020. (Accessed Sept. 2020).*

Eligible Providers

The following providers can provide services via telemedicine at a distant site:

- Certified Social Worker (PIP or PIP Candidate)
- Clinical Nurse Specialist
- Community Health Worker
- Community Mental Health Centers (CMHC)
- Diabetes Education Programs
- Dieticians
- Federally Qualified Health Centers (FQHC)
- Indian Health Services Clinics
- Licensed Marriage and Family Therapists
- Licensed Professional Counselor (MH or working toward MH designation)
- Nurse Practitioners
- Nutritionists
- Physicians
- Physician Assistants
- Podiatrists
- Psychologist
- Rural Health Clinic (RHC)
- Speech Language Pathologists
- Substance Use Disorder Agencies
- Tribal 638 facilities

Note: Audiologists, occupational therapists, physical therapists and optometrists are listed as temporarily allowed during COVID-19 PHE in the provider manual, but are not permanent eligible providers.

Unless prohibited by law or regulation the distant site location may be a provider's home. South Dakota Medicaid does not require the distant site location be listed on their provider enrollment record. All services provided via telemedicine at a distant site must be billed with the GT modifier in the first modifier position to indicate the service was provided via telemedicine.

Source: *SD Medicaid Billing and Policy Manual: Telemedicine, p. 1 & 4 (May 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

Indian Health Services and Tribal 638 Providers
IHS/Tribal 638s may also provide distant site telemedicine services.

Source: *SD Medicaid Billing and Policy Manual: IHS and Tribal 638 Providers, p. 5, (May 2020), (Accessed Sept. 2020).*

Speech language pathology services can be provided via telemedicine.

Source: *SD Medicaid Billing and Policy Manual: Birth to Three Non-School District Providers, p. 3, (June 2019), School Districts, pg. 4, June 2020, & Therapy Services, pg. 7, July 2020. (Accessed Sept. 2020).*

School Districts
A school district may be a South Dakota Medicaid provider under certain conditions and certain providers employed by or under contract with the school district may deliver services through telehealth, including:

- Mental health providers
- Licensed physical therapists
- Certified graduate physical therapy assistants
- Occupational therapists
- Licensed occupational therapy assistants
- Speech-language pathologists
- Speech-language pathology assistants
- Audiologists
- Licensed nurses

Source: *SD Medicaid Billing and Policy Manual: School Districts, p. 1-2. (June 2020). (Accessed Sept. 2020).*

Eligible Sites

Originating sites listed in the eligible provider section are eligible to receive a facility fee for each completed telemedicine transaction for a covered distant site telemedicine service. Sites not listed may also serve as an originating site but are not eligible for a facility fee reimbursement. Originating site are not reimbursed for any additional costs associated with equipment, technicians, technology, or personnel utilized in the performance of the telemedicine service. Originating sites must be enrolled with South Dakota Medicaid.

Source: *SD Medicaid Billing and Policy Manual: Telemedicine, p. 1 & 3 (May 2020). (Accessed Sept. 2020).*

FQHC/RHCs are eligible to serve as an originating site for telemedicine services. An originating site is the physical location of the Medicaid recipient at the time the service is provided.

Source: *SD Medicaid Billing and Policy Manual: FQHC and RHC Services, pg. 6, April 2020. (Accessed Sept. 2020).*

Indian Health Services and Tribal 638 Providers
IHS and Tribal 638 facilities can also be reimbursed for serving as an originating site. An originating site is the physical location of the Medicaid recipient at the time the service is provided.

Source: *SD Medicaid Billing and Policy Manual: HIS and Tribal 638 Providers, p. 5, (May 2020). (Accessed Sept. 2020).*

Geographic Limits

An originating site may not be located in the same community as the distant site, unless the originating site is a nursing facility; or telemedicine is being utilized primarily to reduce the risk of exposure of the provider, staff, or others to infection.

If telemedicine is being used primarily to reduce the risk of exposure to infection, the originating site would generally be expected be a recipient's home or another site ineligible to bill an originating site facility fee.

Source: *SD Medicaid Billing and Policy Manual: Telemedicine, p. 3 (May 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Facility/Transmission Fee

Certain originating sites are eligible for a facility fee and are:

- Office of a physician or practitioner
- Outpatient Hospital
- Critical Access Hospital
- Rural Health Clinic
- Federally Qualified Health Center
- Indian Health Services Clinic
- Community Mental Health Center
- Nursing Facilities
- Schools

The originating site may not be located in the same community as the distant site unless the originating site is a nursing facility.

Originating site are not reimbursed for any additional costs associated with equipment, technicians, technology, or personnel utilized in the performance of the telemedicine service.

Source: *SD Medicaid Billing and Policy Manual: Telemedicine, p. 2-3 (May 2020). (Accessed Sept. 2020).*

Store-and-Forward

Policy

South Dakota Medicaid defines telemedicine as occurring in "real-time", excluding store-and-forward applications.

Source: *SD Medicaid Billing and Policy Manual: Telemedicine, p. 13 (May. 2020). (Accessed Sept. 2020).*

Eligible Services/Specialties

No reference found.

Geographic Limits

No reference found.

Transmission Fee

No reference found.

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Policy

The Office of Adult Services and Aging defines "telehealth services" as a home-based health monitoring system used to collect and transmit an individual's clinical data for monitoring and interpretation.

Source: *SD Regulation 67:40:19:01(21). (Accessed Sept. 2020).*

The initial order encounter for home health services may occur through telehealth.

Source: *SD Medicaid Billing and Policy Manual: Home Health Services, p. 3 (July 2020). (Accessed Sept. 2020).*

Conditions

No reference found.

Provider Limitations

No reference found.

Other Restrictions

No reference found.

Email / Phone / Fax

No reimbursement for phone.
No reimbursement for email.
No reimbursement for facsimile.

Source: *SD Medicaid Billing and Policy Manual: Telemedicine, p. 13 (May 2020). (Accessed Sept. 2020).*

Consent

School Districts
School districts are required to obtain a signed parental consent form prior to accessing Medicaid. Once the initial parental consent form has been signed, the school must provide annual written notification to the student's parents or guardian. The consent forms and written notification must be kept on file with the school district.

Source: *SD Medicaid Billing and Policy Manual: School Districts, pg. 5, June 2020. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Out of State Providers

All telemedicine services outside South Dakota must comply with South Dakota Medicaid's out-of-state prior authorization requirements.

Source: *SD Medicaid Billing and Policy Manual: Telemedicine, p. 4 (May. 2020). (Accessed Sept. 2020).*

Miscellaneous

Originating sites eligible for reimbursement must bill for the service using HCPCS Q3014.

All telemedicine services provided at the distant site must be billed with the GT modifier.

Source: *SD Medicaid Billing and Policy Manual: Telemedicine, p. 12 (May 2020). (Accessed Sept. 2020).*

Speech therapy services may be provided via telemedicine after an initial face-to-face contact and once every 90 days thereafter.

Source: *SD Medicaid Billing and Policy Manual: Telemedicine, p. 4 (May 2020). (Accessed Sept. 2020).*

The telemedicine provider manual lists temporary COVID-19 specific policies. Please reference manual for additional information.

See telemedicine provider manual for specific documentation requirements.

Source: *SD Medicaid Billing and Policy Manual: Telemedicine. (Accessed Sept. 2020).*

Private Payer Laws

Definitions

No reference found.

Requirements

Health insurers are prohibited from excluding a service from coverage solely because it was provided through telehealth. Health care services delivered by telehealth must be appropriate and delivered in accordance with applicable law and generally accepted health care practices and standards prevailing at the time the health care services are provided.

Source: *SD Codified Laws Ann. § 58-17-168. (SB – 137). (Accessed Sept. 2020).*

Parity

Service Parity

Health insurers cannot exclude a service for coverage solely because the service is provided through telehealth and not provided through in-person consultation or contact between a health care professional and a patient.

Health insurers are not required to provide coverage for health care services that are not medically necessary.

Health insurers are NOT prohibited from:

- Establishing criteria that a health care professional must meet to demonstrate the safety and efficacy of delivering a particular health care service via telehealth that the health insurer does not already reimburse other health care professionals for delivering via telehealth so long as the criteria are not unduly burdensome or unreasonable for the particular services;
- Requiring a health care professional to agree to certain documentation or billing practices designed to protect the health insurer or patients from fraudulent claims so long as the practices are not unduly burdensome or unreasonable for the particular services;

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Private Payer Laws

Parity

Service Parity

- Including a deductible, copayment, or coinsurance requirement for a health care service provided via telehealth, if the deductible, copayment, or coinsurance is not in addition to and does not exceed the deductible, copayment, or coinsurance applicable if the same services were provided through in-person contact.

Source: *SD Codified Laws Ann. § 58-17-168. (SB – 137). (Accessed Sept. 2020).*

Payment Parity

No reference found.

Professional Regulation/Health & Safety

Definitions

Recently Passed Legislation (Effective July 1, 2020)
"Telehealth," the use of secure electronic information, imaging, and communication technologies by a health care professional to deliver health care services to a patient, including interactive audio-video, interactive audio with store and forward, store-and-forward technology, and remote patient monitoring. Telehealth does not include the delivery of health care services through electronic means under the provisions of chapter 27A-10, or the delivery of health care services through an audio-only telephone, electronic mail message, text message, mail service, facsimile transmission, or any combination thereof.

Source: *SD Codified Laws Sec. 34-52-1.(Accessed Sept. 2020).*

"Telehealth services" is a home-based health monitoring system used to collect and transmit an individual's clinical data for monitoring and interpretation.

Source: *SD Regulation 67:40:19:01(21). (Accessed Sept. 2020).*

Mental Health Procedures in Criminal Justice
"Telehealth" is a mode of delivering healthcare services that utilizes information and communication technologies to enable the diagnosis, consultation, treatment, education, care management and self-management of patients at a distance from heath care providers.

Source: *: SD Codified Laws Ann. § 23A-50-1(6. (Accessed Sept. 2020).*

Speech-language Pathology
"Telepractice," "telespeech," "telespeech-language pathology," or "telehealth" is the application of telecommunication technology to delivery speech-language pathology at a distance for assessment, intervention, or consultation.

Source: *SD Regulation 20:79:01:01(9). (Accessed Sept. 2020).*

Consent

A health care professional using telehealth shall follow any applicable state or federal statute or rule for informed consent.

Source: *SD Codified Laws Sec. 34-52-7. (Accessed Sept. 2020).*

Online Prescribing

Telehealth may not be utilized by a health care professional with respect to any patient located in the state in the absence of a provider-patient relationship. Any health care professional who utilizes telehealth shall ensure that a proper health provider-patient relationship is established and includes:

- Verifying and authenticating the location and, to the extent reasonable, identifying the requesting patient;
- Disclosing and validating the health care professional's identity and applicable credentials, as appropriate;

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Professional Regulation/Health & Safety

Online Prescribing

- Obtaining appropriate consent for treatment from a requesting patient after disclosure regarding the delivery models and treatment methods or limitations;
- Establishing a diagnosis through the use of acceptable medical practices, including patient history, mental status examination, physical examination, and appropriate diagnostic and laboratory testing;
- Discussing with the patient the diagnosis and its evidentiary basis and the risks and benefits of various treatment options;
- Ensuring appropriate follow-up care for the patient; and
- Providing a visit summary to the patient or consult note.

Exceptions to the requirements of this section include on-call, cross coverage situations, and consultation with another health care professional who has an ongoing health care provider relationship with the patient and agrees to supervise the patient's care and emergency treatment.

Source: *SD Codified Laws Sec. 34-52-3. (Accessed Sept. 2020).*

A health care professional using telehealth to provide medical care to any patient located in the state shall provide an appropriate face-to-face examination using real-time audio and visual technology prior to diagnosis and treatment of the patient, if a face-to-face encounter would otherwise be required in the provision of the same service not delivered via telehealth.

Source: *SD Codified Laws Sec. 34-52-5. (Accessed Sept. 2020).*

Without a proper provider-patient relationship, a health care professional using telehealth may not prescribe a controlled drug or substance, as defined by § 34-20B-3, solely in response to an internet questionnaire or consult, including any encounter via telephone.

Source: *SD Codified Laws Sec. 34-52-6. (Accessed Sept. 2020).*

Cross-State Licensing

An applicant who holds a valid medical license issued by another state can be licensed through reciprocity in South Dakota if:

- The applicant completed a residency program in the US or Canada;
- Has passed one of the listed licensure examinations. (Please see rule for list);
- Is in good standing with their state's professional board; and
- Has completed a state and federal criminal background investigation.

Source: *SD Regulation 20:78:03:12. (Accessed Sept. 2020).*

Any health care professional treating a patient in the state through telehealth shall be fully licensed to practice in the state or employed by a licensed health care facility, an accredited prevention or treatment facility, a community support provider, a nonprofit mental health center, or a licensed child welfare agency and subject to any rule adopted by the applicable South Dakota licensing body.

Source: *SD Codified Laws Sec. 34-52-2. (Accessed Sept. 2020).*

Member of Physical Therapy Compact.

Source: *PT Compact. (Accessed Sept. 2020).*

Member of Interstate Medical Licensure Compact.

Source: *Interstate Medical Licensure Compact. (Accessed Sept. 2020).*

Member of Nurse Licensure Compact.

Source: *Current NLC States & Status. Nurse Licensure Compact. (Accessed Sept. 2020).*

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A health care professional or the originating site treating a patient through telehealth shall:

- Maintain a complete record of the patient's care;
- Disclose the record to the patient consistent with state and federal laws; and
- Follow applicable state and federal statutes and regulations for medical record retention and confidentiality.

Source: *SD Codified Laws Sec. 34-52-8. (Accessed Sept. 2020).*

Office of Adult Service and Aging

In-home services, which is defined as including "telehealth services", may be provided to an individual who demonstrates a need for long-term supports and services through an assessment and the following criteria:

- The individual is residing at home;
- The individual is age 60 or older or is age 18 or older with a disability; and
- The individual is not eligible for other programs which provide the same type of service.

Source: *SD Regulation 67:40:19:04. (Accessed Sept. 2020).*

Recently Passed Legislation (HB 1090)

Appropriates funds to evaluate the feasibility of the use of telehealth services within the criminal justice system and to declare an emergency.

Source: *SD HB 1090 (2020 Session). (Accessed Sept. 2020)*

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Tennessee

Medicaid Program: TennCare

Program Administrator: Dept. of Human Services

Regional Telehealth Resource Center: South Central Telehealth Resource Center http://learntelehealth.org

Tennessee Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✓	✗	✓	✗	IMLC, NLC, PTC, EMS	✓

Tennessee Detailed Policy

Medicaid Telehealth Reimbursement

Summary

TennCare reimburses for live video only for crisis-related services. A law recently passed that requires reimbursement for additional telehealth services and provider-based telemedicine, which includes store-and-forward. Remote patient monitoring may be offered by health insurance entities.

TennCare services are offered through managed care entities. Each MCO has its own telehealth policy. Coverage and reimbursement for live video and store-and-forward may vary between MCOs.

Definitions

Telehealth means the use of real-time interactive audio, video telecommunications or electronic technology, or store-and-forward telemedicine services by a healthcare services provider to deliver healthcare services to a patient within the scope of practice of the healthcare services provider when such provider is at a qualified site other than the site where the patient is located; and the patient is at a qualified site at a school clinic staffed by a healthcare services provider and equipped to engage in the telecommunications described in this section or a public elementary or secondary school staffed by a health care services provider and equipped to engage in the telecommunications described in this section and does not include audio only conversation; an electronic mail message or facsimile transmission.

Source: *TN Code Annotated, Title 56, Ch. 7, Part 1002. (a(6)). (Accessed Sept. 2020).*

"Healthcare services provider" means an individual acting within the scope of a valid license issued pursuant to title 63 or title 68, chapter 24, part 6, or any state-contracted crisis service provider employed by a facility licensed under title 33.

"Provider-based telemedicine": Means the use of Health Insurance Portability and Accessibility Act (HIPAA) (42 U.S.C. § 1320d et seq.) compliant real-time, interactive audio, video telecommunications, or electronic technology, or store-and-forward telemedicine services, used over the course of an interactive visit by a healthcare services provider to deliver healthcare services to a patient within the scope of practice of the healthcare services provider when:

- The healthcare services provider is at a qualified site other than the site where the patient is located and has access to the relevant medical record for that patient;
- The patient is located at a location the patient deems appropriate to receive the healthcare service that is equipped to engage in the telecommunication described in this section; and

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Medicaid Telehealth Reimbursement

Definitions

- The healthcare services provider makes use of HIPAA compliant real-time, interactive audio, video telecommunications or electronic technology, or store-and-forward telemedicine services to deliver healthcare services to a patient within the scope of practice of the healthcare services provider as long as the healthcare services provider, the healthcare services provider's practice group, or the healthcare system has established a provider-patient relationship by submitting to a health insurance entity evidence of an in-person encounter between the healthcare service provider, the healthcare services provider's practice group, or the healthcare system and the patient within sixteen (16) months prior to the interactive visit; and
- Does not include:
  - An audio-only conversation;
  - An electronic mail message or phone text message;
  - A facsimile transmission;
  - Remote patient monitoring; or
  - Healthcare services provided pursuant to a contractual relationship between a health insurance entity and an entity that facilitates the delivery of provider-based telemedicine as the substantial portion of the entity's business.

Source: *TN Code Annotated, Sec. 56-7-1003 & HB 8002 (2020 Session). (Accessed Sept. 2020).*

TN Department of Mental Health and Substance Abuse Services
Telehealth is the use of electronic information and telecommunication technologies to support clinical care between an individual with mental illness and/or substance abuse issues and a healthcare practitioner."

"Telehealth systems provide a live, interactive audio-video communication or videoconferencing connection between the individual in need of services and the crisis service delivery system."

Source: *TN Dept. of Mental Health and Substance Abuse Services. Office of Crisis Services and Suicide Prevention. Minimal Standards of Care. p. 46, (2017) & TN Dept. of Mental Health and Substance Abuse Services. Office of Crisis Services Telecommunications Guideline. p. 4. (Accessed Sept. 2020).*

Live Video

Policy

Health insurance entities (including managed care organizations) participating in the medical assistance program are required to provide coverage for telehealth (which includes live video) delivered services in a manner that is consistent with the health insurance policy or contract provided for in-person services. Any provisions not stipulated in the telehealth services section of the insurance code shall be governed by the terms and conditions of the health insurance contract.

Source: *TN Code Annotated, Title 56, Ch. 7, Part 1002(e) & (g). (Accessed Sept. 2020).*

Eligible Services / Specialties

A health insurance entity shall reimburse an originating site hosting a patient as part of a telehealth encounter an originating site fee in accordance with the federal centers for Medicare and Medicaid services telehealth services rule 42 C.F.R. § 410.78 and at an amount established prior to the effective date of this act by the federal centers for Medicare and Medicaid services.

This section does not require a health insurance entity to provide coverage for healthcare services that are not medically necessary, unless the terms and conditions of an applicable health insurance policy provide that coverage.

For a healthcare service for which coverage or reimbursement is provided under the Medical Assistance Act of 1968, compiled in title 71, chapter 5, part 1, or provided under title 71, chapter 3, part 11, "medically necessary" means a healthcare service that is determined by the bureau of TennCare to satisfy the medical necessity standard set forth in 71-5- 144; and

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

For all other healthcare services, "medically necessary" means healthcare services that a healthcare services provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing, or treating an illness, injury, or disease or the symptoms of an illness, injury, or disease, and that are:

- In accordance with generally accepted standards of medical practice;
- Clinically appropriate, in terms of type, frequency, extent, site and duration; and considered effective for the patient's illness, injury or disease; and
- Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury, or disease excluding any costs paid pursuant to subsection (i).

Source: *TN Code Annotated, Sec. 56-7-1002 & HB 8002 (2020 Session). (Accessed Sept. 2020).*

A health insurance entity shall provide coverage under a health insurance policy or contract for covered healthcare services delivered through provider-based telemedicine and shall not exclude from coverage a healthcare service solely because it is provided through provider-based telemedicine and is not provided through an in-person encounter between a healthcare services provider and a patient. They shall also reimburse healthcare services providers who are out-of-network for provider-based telemedicine care services under the same reimbursement policies applicable to other out-of-network healthcare services providers.

This section does not require a health insurance entity to pay total reimbursement for a provider-based telemedicine encounter in an amount that exceeds the amount that would be paid for the same service provided by a healthcare services provider for an in-person encounter.

This section does not require a health insurance entity to provide coverage for healthcare services that are not medically necessary, unless the terms and conditions of an applicable health insurance policy provide that coverage.

This section does not require a health insurance entity to provide coverage or reimbursement for healthcare services delivered by means of provider-based telemedicine (which includes store-and-forward) if the applicable health insurance policy would not provide coverage or reimbursement for the same healthcare services if delivered by in-person means.

Source: *TN Code Annotated, Sec. 56-7-1002 & HB 8002 (2020 Session). (Accessed Sept. 2020).*

Mental Health & Substance Abuse Services

TennCare will reimburse for live video for crisis-related services or an assessment for emergency admission by an in-patient psychiatric facility. Please see Telecommunications Guidelines for policy guidance.

Source: *TN Dept. of Mental Health and Substance Abuse Services. Office of Crisis Services and Suicide Prevention. Minimal Standards of Care. p. 46 & 56, (2017). (Accessed Sept. 2020).*

Source: *TN Dept. of Mental Health and Substance Abuse Services. Office of Crisis Services Telecommunications Guidelines, p. 4 &, (2012) (Accessed Sept. 2020).*

Eligible Providers

A provider-based telemedicine provider who seeks to contract with or who has contracted with a health insurance entity to participate in the health insurance entity's network is subject to the same requirements and contractual terms as any other healthcare services provider in the health insurance entity's network.

"Healthcare services provider" means an individual acting within the scope of a valid license issued pursuant to title 63 or title 68, chapter 24, part 6, or any state-contracted crisis service provider.

Source: *TN Code Annotated, Sec. 56-7-1003 & HB 8002 (2020 Session). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Sites

Qualified Sites

- Office of a healthcare services provider (an individual acting within the scope of a valid license issued pursuant to title 63 or any state-contracted crisis service provider employed by a facility licensed under title 33);
- A hospital licensed under title 68;
- A facility recognized as a rural health clinic under federal Medicare regulations;
- A federally qualified health center;
- A school clinic staffed or at a public elementary or secondary school appropriately staffed and equipped; or
- Any facility licensed under title 33, or any other location deemed acceptable by the health insurance entity.

Source: *TN Code Annotated, Title 56, Ch. 7, Part 1002(a)(4) & (6)(A)(ii). (Accessed Sept. 2020)*

"Qualified site" means the primary or satellite office of a healthcare services provider, a hospital licensed under title 68, a facility recognized as a rural health clinic under federal Medicare regulations, a federally qualified health center, a facility licensed under title 33, or any other location deemed acceptable by the health insurance entity.

Source: *TN Code Annotated, Sec. 56-7-1003 & HB 8002 (2020 Session). (Accessed Sept. 2020).*

Mental Health & Substance Abuse Services
Crisis service providers may connect from:

- Emergency departments;
- Jails;
- Detention centers; and
- Other similar locations

All telehealth sites shall ensure that telehealth equipment is located in a space conducive to a clinical environment.

Source: *TN Dept. of Mental Health and Substance Abuse Services. Office of Crisis Services and Suicide Prevention. Minimal Standards of Care. p. 46 & 50, (2017). (Accessed Sept. 2020).*

Source: *TN Dept. of Mental Health and Substance Abuse Services. Office of Crisis Services Telecommunications Guidelines, p. 4 & 8, (2012) (Accessed Sept. 2020).*

Geographic Limits

Reimbursement and coverage must be provided for telehealth services without any distinction or consideration of the geographic location or any federal, state, or local designation, or classification of the geographic area where the patient is located.

Source: *TN Code Annotated, Title 56, Ch. 7, Part 1002(d)(2) & (e). (Accessed Sept. 2020).*

Facility/Transmission Fee

A health insurance entity shall reimburse an originating site hosting a patient as part of a telehealth encounter an originating site fee in accordance with the federal centers for Medicare and Medicaid services telehealth services rule 42 C.F.R. § 410.78 and at an amount established prior to the effective date of this act by the federal centers for Medicare and Medicaid services.

Source: *TN Code Annotated, Sec. 56-7-1002 & HB 8002 (2020 Session). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Store-and-Forward

Policy

"Store-and-forward telemedicine services": (A) Means the use of asynchronous computer-based communications between a patient and healthcare services provider at a distant site for the purpose of diagnostic and therapeutic assistance in the care of patients; and (B) Includes the transferring of medical data from one (1) site to another through the use of a camera or similar device that records or stores an image that is sent or forwarded via telecommunication to another site for consultation.

This section does not require a health insurance entity to provide coverage for healthcare services that are not medically necessary, unless the terms and conditions of an applicable health insurance policy provide that coverage.

This section does not require a health insurance entity to provide coverage or reimbursement for healthcare services delivered by means of provider-based telemedicine (which includes store-and-forward) if the applicable health insurance policy would not provide coverage or reimbursement for the same healthcare services if delivered by in-person means.

Source: *TN Code Annotated, Sec. 56-7-1003 & HB 8002 (2020 Session), (Accessed Sept. 2020).*

TN Medicaid Managed Care plans must cover and reimburse for telehealth, which includes store-and-forward telemedicine services in a manner that is consistent with what the health insurance policy or contract provides for in-person encounters for the same service. Store-and-forward telemedicine services include:

- Using asynchronous computer-based communications between a patient and healthcare services provider at a distant site for the purpose of diagnostic and therapeutic assistance in the care of patients; and
- The transferring of medical data from one (1) site to another through the use of a camera or similar device that records or stores an image that is sent or forwarded via telecommunication to another site for consultation.

Source: *TN Code Annotated, Title 56, Ch. 7, Part 1002(a (5)). (Accessed Sept. 2020).*

Mental Health & Substance Abuse Services
TennCare will not reimburse for store-and-forward based upon definition of "telehealth systems" which describes it as "live interactive audio-video".

Source: *TN Dept. of Mental Health and Substance Abuse Services. Office of Crisis Services and Suicide Prevention. Minimal Standards of Care. p. 46, (2017). (Accessed Sept. 2020).*

Source: *TN Dept. of Mental Health and Substance Abuse Services. Office of Crisis Services Telecommunications Guidelines, p. 4, (2012). (Accessed Sept. 2020).*

Eligible Services/Specialties

No reference found.

Geographic Limits

Reimbursement and coverage must be provided for telehealth services without any distinction or consideration of the geographic location or any federal, state, or local designation, or classification of the geographic area where the patient is located.

Source: *TN Code Annotated, Title 56, Ch. 7, Part 1002(d)(2) & (e). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Store-and-Forward	Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	"Remote patient monitoring services" means using digital technologies to collect medical and other forms of health data from a patient and then electronically transmitting that information securely to healthcare providers in a different location for interpretation and recommendation. A health insurance entity may consider any remote patient monitoring service a covered medical service if the same service is covered by Medicare. The appropriate parties may negotiate the rate for these services in the manner in which is deemed appropriate by the parties. **Source:** *TN Code Annotated, Sec. 56-7-10 & HB 8002 (2020 Session). (Accessed Sept. 2020).*
		Conditions	No reference found.
		Provider Limitations	No reference found.
		Other Restrictions	No reference found.

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Medicaid Telehealth Reimbursement

Email / Phone / Fax

Provider-based telemedicine includes HIPAA compliant real-time, interactive audio, video telecommunications, or electronic technology, or store-and-forward telemedicine services, used over the course of an interactive visit by a healthcare services provider to deliver healthcare services to a patient within the scope of practice of the healthcare services provider.

Source: *TN Code Annotated, Sec. 56-7-1003 & HB 8002 (2020 Session). (Accessed Sept. 2020).*

No reimbursement for telephone.
No reimbursement for fax.
No reimbursement for email.

Source: *TN Code Annotated, Title 56, Ch. 7, Part 1002(a)(6)(B). (Accessed Sept. 2020)*

Consent

Privacy policies must be reviewed with the individual before beginning a telehealth assessment and the review must be documented in the patient record. The patient must be informed about privacy policies and given an opportunity to request an in-person assessment before receiving a telehealth assessment.

Source: *TN Dept. of Mental Health and Substance Abuse Services. Office of Crisis Services and Suicide Prevention. Minimal Standards of Care. p. 49-50, (2017). (Accessed Sept. 2020).*

The individual being evaluated via telehealth must be informed of the process and given an opportunity to request an in-person face-to-face assessment before conducting a telehealth assessment. This should be documented in his/her record.

- Explanation of the process shall include a statement that services will not be withheld if the telehealth encounter is refused and the individual may terminate the telehealth assessment at any time.
- Documentation must contain a statement that the telehealth process was explained to the individual and whether or not an objection was raised.

Source: *TN Dept. of Mental Health and Substance Abuse Services. Office of Crisis Services Telecommunications Guidelines, p. 8, (2012). (Accessed Sept. 2020).*

Out of State Providers

No reference found.

Miscellaneous

No reference found.

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Private Payer Laws

Definitions

Telehealth means the use of real-time interactive audio, video telecommunications or electronic technology, or store-and-forward telemedicine services by a healthcare provider to deliver healthcare services to a patient within the scope of practice of the healthcare services provider when such provider is at a qualified site other than the site where the patient is located; and the patient is at a qualified site or at a school clinic staffed by a healthcare services provider and equipped to engage in the telecommunications described in this section or a public elementary or secondary school staffed by a health care services provider and equipped to engage in the telecommunications described in this section and does not include audio only conversation; an electronic mail message or facsimile transmission.

Source: *TN Code Annotated, Title 56, Ch. 7, Part 1002(6). (Accessed Sept. 2020).*

"Provider-based telemedicine": Means the use of Health Insurance Portability and Accessibility Act (HIPAA) (42 U.S.C. § 1320d et seq.) compliant real-time, interactive audio, video telecommunications, or electronic technology, or store-and-forward telemedicine services, used over the course of an interactive visit by a healthcare services provider to deliver healthcare services to a patient within the scope of practice of the healthcare services provider when:

- The healthcare services provider is at a qualified site other than the site where the patient is located and has access to the relevant medical record for that patient;
- The patient is located at a location the patient deems appropriate to receive the healthcare service that is equipped to engage in the telecommunication described in this section; and
- The healthcare services provider makes use of HIPAA compliant real-time, interactive audio, video telecommunications or electronic technology, or store-and-forward telemedicine services to deliver healthcare services to a patient within the scope of practice of the healthcare services provider as long as the healthcare services provider, the healthcare services provider's practice group, or the healthcare system has established a provider-patient relationship by submitting to a health insurance entity evidence of an in-person encounter between the healthcare service provider, the healthcare services provider's practice group, or the healthcare system and the patient within sixteen (16) months prior to the interactive visit; and
- Does not include:
  - An audio-only conversation;
  - An electronic mail message or phone text message;
  - A facsimile transmission;
  - Remote patient monitoring; or
  - Healthcare services provided pursuant to a contractual relationship between a health insurance entity and an entity that facilitates the delivery of provider-based telemedicine as the substantial portion of the entity's business.

Source: *TN Code Annotated, Sec. 56-7-1003 & HB 8002 (2020 Session). (Accessed Sept. 2020).*

Requirements

A health insurance entity shall provide coverage for healthcare services provided during a telehealth encounter in a manner that is consistent with what the health insurance policy or contract provides for in-person encounters for the same service.

Private payers are only required to reimburse for telehealth when the patient is located at a qualified site, a school clinic, or a public elementary or secondary school staffed by a healthcare services provider. Insurers may decide to reimburse for additional sites but are not required to.

A health insurance entity cannot exclude from coverage, a healthcare service solely because it is provided through telehealth and is not provided through an in-person encounter.

Source: *TN Code Annotated, Title 56, Ch. 7, Part 1002. (Accessed Sept. 2020).*

A health insurance entity shall reimburse an originating site hosting a patient as part of a telehealth encounter an originating site fee in accordance with the federal centers for Medicare and Medicaid services telehealth services rule 42 C.F.R. § 410.78 and at an amount established prior to the effective date of this act by the federal centers for Medicare and Medicaid services.

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Private Payer Laws

Requirements

This section does not require a health insurance entity to provide coverage for healthcare services that are not medically necessary, unless the terms and conditions of an applicable health insurance policy provide that coverage.

For a healthcare service for which coverage or reimbursement is provided under the Medical Assistance Act of 1968, compiled in title 71, chapter 5, part 1, or provided under title 71, chapter 3, part 11, "medically necessary" means a healthcare service that is determined by the bureau of TennCare to satisfy the medical necessity standard set forth in 71-5- 144; and

For all other healthcare services, "medically necessary" means healthcare services that a healthcare services provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing, or treating an illness, injury, or disease or the symptoms of an illness, injury, or disease, and that are:

- In accordance with generally accepted standards of medical practice;
- Clinically appropriate, in terms of type, frequency, extent, site and duration; and considered effective for the patient's illness, injury or disease; and
- Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury, or disease excluding any costs paid pursuant to subsection (i).

Source: *TN Code Annotated, Sec. 56-7-1002 & HB 8002 (2020 Session). (Accessed Sept. 2020).*

"Qualified site" means the primary or satellite office of a healthcare services provider, a hospital licensed under title 68, a facility recognized as a rural health clinic under federal Medicare regulations, a federally qualified health center, a facility licensed under title 33, or any other location deemed acceptable by the health insurance entity.

A provider-based telemedicine provider who seeks to contract with or who has contracted with a health insurance entity to participate in the health insurance entity's network is subject to the same requirements and contractual terms as any other healthcare services provider in the health insurance entity's network.

Source: *TN Code Annotated, Sec. 56-7-1003 & HB 8002 (2020 Session). (Accessed Sept. 2020).*

A health insurance entity may consider any remote patient monitoring service a covered medical service if the same service is covered by medicare. The appropriate parties may negotiate the rate for these services in the manner in which is deemed appropriate by the parties.

Source: *TN Code Annotated, Sec. 56-7-1003 & HB 8002 (2020 Session). (Accessed Sept. 2020).*

Parity

Service Parity

A health insurance entity shall provide coverage under a health insurance policy or contract for covered healthcare services delivered through provider-based telemedicine and shall not exclude from coverage a healthcare service solely because it is provided through provider-based telemedicine and is not provided through an in-person encounter between a healthcare services provider and a patient. They shall also reimburse healthcare services providers who are out-of-network for provider-based telemedicine care services under the same reimbursement policies applicable to other out-of-network healthcare services providers.

Source: *TN Code Annotated, Sec. 56-7-1003 & HB 8002 (2020 Session). (Accessed Sept. 2020).*

Health insurance entities (including managed care organizations) participating in the medical assistance program are required to provide coverage for telehealth (which includes live video) delivered services in a manner that is consistent with the health insurance policy or contract provided for in-person services.

Source: *TN Code Annotated, Sec. 56-7-1003 & HB 8002 (2020 Session). (Accessed Sept. 2020).*

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Private Payer Laws

Parity

Service Parity

Remote patient monitoring
A health insurance entity may consider any remote patient monitoring service a covered medical service if the same service is covered by Medicare. The appropriate parties may negotiate the rate for these services in the manner in which is deemed appropriate by the parties.

Reimbursement of expenses for covered remote patient monitoring services must be established through negotiations conducted by the health insurance entity with the health-care services provider, healthcare system, or practice group in the same manner as the health insurance entity establishes reimbursement of expenses for covered healthcare services that are delivered by in-person means.

Source: *TN Code Annotated, Sec. 56-7-10 & HB 8002 (2020 Session). (Accessed Sept. 2020).*

Payment Parity

This section does not require a health insurance entity to pay total reimbursement for a provider-based telemedicine encounter in an amount that exceeds the amount that would be paid for the same service provided by a healthcare services provider for an in-person encounter.

This section does not require a health insurance entity to provide coverage for healthcare services that are not medically necessary, unless the terms and conditions of an applicable health insurance policy provide that coverage.

This section does not require a health insurance entity to provide coverage or reimburse-ment for healthcare services delivered by means of provider-based telemedicine if the applicable health insurance policy would not provide coverage or reimbursement for the same healthcare services if delivered by in-person means.

Source: *TN Code Annotated, Sec. 56-7-1003 & HB 8002 (2020 Session). (Accessed Sept. 2020).*

Health Insurance entities are required to reimburse for the diagnosis, consultation, and treatment of an insured patient for a healthcare service covered under a health insur-ance policy or contract provided through telehealth without distinction of the geographic location or any federal, state, or local designation, or classification of the geographic area where the patient is located. The reimbursement is not required to exceed the cost of reim-bursement for the same service provided in-person.

Out-of-network providers providing healthcare services through telehealth must be re-imbursed under the same policies applicable to other out-of-network healthcare service providers.

A health insurance entity is not required to pay total reimbursement for a telehealth en-counter, including the use of telehealth equipment, in an amount that exceeds the amount that would be paid for the same service provided by a healthcare services provider in an in-person encounter.

Source: *TN Code Annotated, Title 56, Ch. 7, Part 1002. (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Definitions

"Telehealth," "telemedicine," and "provider-based telemedicine" mean the use of real time audio, video, or other electronic media and telecommunication technology that enables interaction between a healthcare provider and a patient, or also store-and-forward telemedicine services as defined in § 56-7-1002, for the purpose of diagnosis, consultation, or treatment of a patient at a distant site where there may be no in-person exchange between a healthcare provider and a patient.

Source: *TN Code Sec. 63-1-155 & HB 8002 (2020 Session). (Accessed Sept. 2020).*

Telemedicine is the practice of medicine using electronic communication, information technology or other means, between a licensee in one location and a patient in another location. Telemedicine is not an audio only telephone conversation, email/instant messaging conversation or fax. It typically involves the application or secure video conferencing or store-and-forward to provide or support healthcare delivery by replicating the interaction of a traditional encounter between a provider and a patient.

Source: *TN Rule Annotated, 0880-02.-16(1)(g). (Accessed Sept. 2020).*

All behavioral health professional licensure requirements are the same for telehealth as for on-site face-to- face services. However, licensing requirements vary from state to state thus if a professional is providing direct care services across state lines, the behavioral health professional must adhere to the requirements of each state's licensing authority.

Source: *TN Dept. of Mental Health and Substance Abuse Services. Office of Crisis Services Telecommunications Guidelines, p. 8, (2012). (Accessed Sept. 2020).*

Consent

For the purposes of this section, a healthcare provider-patient relationship with respect to telemedicine or telehealth is created by mutual consent and mutual communication, except in an emergency, between the patient and the provider. The consent by the patient may be expressed or implied consent; however, the provider-patient relationship is not created simply by the receipt of patient health information by a provider unless a prior provider-patient relationship exists. The duties and obligations created by the relationship do not arise until the healthcare provider:

- Affirmatively undertakes to diagnose or treat the patient; or
- Affirmatively participates in the diagnosis or treatment.

Source: *TN Code Sec. 63-1-155 & HB 8002 (2020 Session). (Accessed Sept. 2020).*

Dentists who are licensed in this state and who deliver services using teledentistry shall establish protocols for the practice that should include proper methods of keeping the patient fully informed.

Source: *TN Code Annotated 63-5-108. (Accessed Sept. 2020).*

Online Prescribing

For the purposes of this section, a healthcare provider-patient relationship with respect to telemedicine or telehealth is created by mutual consent and mutual communication, except in an emergency, between the patient and the provider. The consent by the patient may be expressed or implied consent; however, the provider-patient relationship is not created simply by the receipt of patient health information by a provider unless a prior provider-patient relationship exists. The duties and obligations created by the relationship do not arise until the healthcare provider: (1) Affirmatively undertakes to diagnose or treat the patient; or (2) Affirmatively participates in the diagnosis or treatment.

Source: *TN Code Sec. 63-1-155 & HB 8002 (2020 Session). (Accessed Sept. 2020).*

Prior to online or telephone prescribing, providers must complete and document all of the following:

- Perform an appropriate history and physical examination;
- Make a diagnosis, consistent with good medical care;
- Formulate a therapeutic plan and discuss it with the patient;
- Ensure the availability for appropriate follow-up care.

Source: *TN Rule Annotated, 0880-02-.14(7)(a). (Accessed Sept. 2020).*

A physician-patient relationship can be established via telemedicine with or without a facilitator present. Certain conditions apply in each case. See rule for details.

Source: *TN Rule Annotated, 0880-02.-16(6)(a). (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Cross-State Licensing

"Healthcare services provider" means an individual acting within the scope of a valid license issued pursuant to title 63 or title 68, chapter 24, part 6, or any state-contracted crisis service provider employed by a facility licensed under title 33.

Source: *TN Code Sec. 63-1-155 & HB 8002 (2020 Session). (Accessed Sept. 2020).*

Member of the Interstate Medical Licensure Compact.

Source: *Interstate Medical Licensure Compact. (Accessed Sept. 2020).*

Member of the Nurses Licensure Compact.

Source: *Current NLC States & Status. Nurse Licensure Compact. (Accessed. Sept. 2020).*

Member of the Physical Therapy Compact.

Source: *Compact Map. Physical Therapy Compact. (Accessed Sept. 2020).*

Member of Emergency Medical Services Compact (REPLICA).

Source: *National Registry of Emergency Medical Technicians. EMS Compact States. (Accessed Sept. 2020.)*

Tennessee may issue restricted and special licenses authorizing the practice of telemedicine to board-certified physicians from out of state (although not required to do so).

Source: *TN Code Annotated Sec. 63-6-209(b). (Accessed Sept. 2020).*

The Tennessee Medical Board eliminated the telemedicine license. Individuals granted a telemedicine license under the former version of the rule may apply to have the license converted to a full license. Under certain circumstances individuals who do not convert to a full license can retain their telemedicine license.

Source: *TN Rule Annotated, Rule 0880-02.-16. (2). (Accessed Sept. 2020).*

The TN Osteopathic Board will still issue a telemedicine license.

Source: *TN Rule Annotated, Rule 1050.02.17.(2). (Accessed Sept. 2020).*

Miscellaneous

Teledentistry means "the delivery of dental health care and patient consultation through the use of telehealth systems and technologies, including live, two-way interactions between a patient and a dentist licensed in this state using audiovisual telecommunications technology, or the secure transmission of electronic health records and medical data to a dentist licensed in this state to facilitate evaluation and treatment of the patient outside of a real-time or in-person interaction."

Any and all services provided via teledentistry shall be consistent with the in-person provision of those services. Any and all services provided via teledentistry shall comply with this chapter and shall be provided in accordance with the rules of the board of dentistry.

Source: *TN Code Annotated 63-5-108. (Accessed Sept. 2020).*

Worker's Compensation Reimbursement
Payment shall be based on the Medicare guidelines and coding, with the exception of the geographic restrictions.

Source: *TN Rule Annotated, 0800-2-17-.05. (5). (Accessed Sept. 2020).*

Provider-based telemedicine is subject to utilization review under the Health Care Service Utilization Review Act, compiled in chapter 6, part 7 of this title.

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Texas

Medicaid Program: Texas Medicaid

Program Administrator: Texas Health and Human Services Commission

Regional Telehealth Resource Center: TexLa Telehealth Resource Center http://www.texlatrc.org

Texas Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✓	✓	✓	✗	NLC, PTC, PSYPACT, EMS	✓

Texas Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Texas Medicaid reimburses for live video and store-and-forward in some circumstances. Home telemonitoring is reimbursable for some conditions when a provider is approved to deliver those services.

Definitions

"Telehealth service" means a health service, other than a telemedicine medical service, delivered by a licensed or certified health professional acting within the scope of the health professional's license or certification who does not perform a telemedicine medical service and that requires the use of advanced telecommunications technology, other than telephone or facsimile technology, including:

- Compressed digital interactive video, audio, or data transmission;
- Clinical data transmission using computer imaging by way of still-image capture and store-and-forward; and
- Other technology that facilitates access to health care services or medical specialty expertise.

"Telemedicine medical service" means a health care service, initiated by a physician or provided by a health professional acting under physician delegation and supervision, that is provided for purposes of patient assessment by a health professional, diagnosis or consultation by a physician, or treatment, or for the transfer of medical data, and that requires the use of advanced telecommunications technology, other than telephone or facsimile technology, including:

- Compressed digital interactive video, audio, or data transmission;
- Clinical data transmission using computer imaging by way of still-image capture and store-and-forward; and
- Other technology that facilitates access to health care services or medical specialty expertise.

Source: *TX Admin. Code, Title 1 Sec. 354.1430. (Accessed Sept. 2020).*

"Telehealth Service" means a health service, other than a telemedicine medical service, delivered by a health professional licensed, certified, or otherwise entitled to practice in this state and acting within the scope of the health professional's license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology.

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Medicaid Telehealth Reimbursement

Definitions

"Telemedicine medical service" means a health care service delivered by a physician licensed in this state, or a health professional acting under the delegation and supervision of a physician licensed in this state, and acting within the scope of the physician's or health professional's license to a patient at a different location than the physician or health professional using telecommunications or information technology.

Source: *TX Government Code, Sec. 531.001 (refers to Occupations Code, Sec. 111.001). (Accessed Sept. 2020).*

Telemedicine medical services are defined as healthcare services delivered by a physician licensed in Texas or a health professional who acts under the delegation and supervision of a health professional licensed in Texas and within the scope of the health professional's license to a patient at a different location using telecommunications or information technology.

Telehealth services are defined as health-care services delivered by a health professional licensed, certified or otherwise entitled to practice in Texas and acting within the scope of the health professional's license, certification or entitlement to a patient at a different physical location other than the health professional using telecommunications or information technology.

Source: *TX Medicaid Telecommunication Services Handbook, Sept. 2020, p. 5, 9 (Sept. 2020). (Accessed Sept. 2020).*

Live Video

Policy

Synchronous audiovisual interaction is reimbursable under Texas Medicaid.

Source: *TX Medicaid Telecommunication Services Handbook, Sept. 2020, p. 7 (Sept. 2020) (Accessed Sept. 2020).*

Provider reimbursement for telemedicine services must be at the same rate as Medicaid reimburses for the same in-person medical service. A request for reimbursement may not be denied solely because an in-person medical service between a physician and a patient did not occur. The commission may not limit a physician's choice of platform for providing a telemedicine medical service or telehealth service by requiring that the physician use a particular platform to receive reimbursement for the service.

Source: *TX Govt. Code Sec. 531.0217(d). (Accessed Sept. 2020).*

Eligible distant site providers are reimbursed in the same manner as their other professional services.

Source: *TX Admin. Code, Title 1 Sec. 355.7001. (Accessed Sept. 2020).*

Telemedicine: Texas health and human services agencies that administer a part of Medicaid are required to provide Medicaid reimbursement for a telemedicine service initiated or provided by a physician. Reimbursement is provided only for a telemedicine medical service initiated or provided by a physician.

A request for reimbursement may not be denied solely because an in-person medical service between a physician and a patient did not occur. Medicaid cannot limit a physician's choice of platform for providing a telemedicine or telehealth service by requiring the use of a particular platform to receive reimbursement.

With patient consent, the primary care provider must be notified of the telemedicine medical service for the purpose of sharing medical information. In the case of a service provided to a child in a school-based setting, the notification, if any, must include a summary of the service, including exam findings, prescribed or administered medications, and patient instructions. If the patient is seen in a school-based setting and does not have a primary care provider, the patient's parent or legal guardian must receive the notification along with a list of primary care physicians or providers from which the patient may select the patient's primary care physician or provider.

Medicaid reimbursement is provided to a physician for a telemedicine medical service provided by the physician, even if the physician is not the patient's primary care physician or provider, if:

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Medicaid Telehealth Reimbursement

Live Video

Policy

- The physician is an authorized health care provider under Medicaid;
- The patient is a child who receives the services in a primary or secondary school-based setting; and
- The parent or legal guardian of the patient provides consent before the services is provided.

Source: *TX Govt. Code Sec. 531.0217. (SB – 670). (Accessed Sept. 2020).*

Telehealth: Before receiving a telehealth service, the patient must receive an initial evaluation for the same diagnosis or condition by a physician or other qualified healthcare professional licensed in Texas which can be performed in-person or as a telemedicine visit that conforms to 22 TAC Ch. 174. A patient receiving telehealth services must be evaluated annually by a physician or other healthcare professional (in-person or via a telemedicine visit) to determine if the patient has a continued need for the service. If the patient is receiving the telehealth services to treat a mental health diagnosis or condition, the patient is not required to receive an initial evaluation.

Source: *TX Admin. Code, Title 1, Sec. 354.1432(2). (Accessed Sept. 2020).*

See provider manual for special rules for Texas Health Steps program.

Source: *TX Medicaid Telecommunication Services Handbook, Feb. 2020, p. 6 (Sept. 2020). (Accessed Sept. 2020).*

Eligible Services / Specialties

Telemedicine & Telehealth
Texas Medicaid reimburses for telemedicine and telehealth codes specified in the TX Medicaid Provider Procedures Manual. See individual manuals for reimbursable services provided through telehealth.

More than one medically necessary telemedicine or telehealth service may be reimbursed for the same date and same place of service if the services are billed by providers of different specialties.

Source: *TX Medicaid Telecommunication Services Handbook, p. 4, 6, & 10, (Sept. 2020). (Accessed Sept. 2020).*

Telemedicine
Texas Medicaid reimburses for live video for the following services provided through telemedicine:

- Consultations;
- Office or other outpatient visits;
- Psychiatric diagnostic interviews;
- Pharmacologic management;
- Psychotherapy;
- Data transmission.

Source: *TX Admin. Code, Title 1, Sec. 354.1432(1) (Sept. 2020). (Accessed Sept. 2020).*

Certain outpatient mental health services may be provided by distant site providers through telemedicine or telehealth when billed with modifier 95.

Mental health services delivered through telemedicine or telehealth do not require a patient site presenter unless the patient is experiencing a mental health emergency.

Prescribing of certain MAT medications may be done via telemedicine presuming all other applicable state and federal laws are followed. With the exception of prescribing MAT medications via telemedicine, SUD treatment services may not be delivered via telemedicine or telehealth.

Source: *TX Medicaid Behavioral Health and Case Management Svcs. Handbook, p. 24 & 72-73, (Sept. 2020). (Accessed Sept. 2020).*

THSteps preventive medical checkups are not a benefit under telemedicine or telehealth.

Source: *: TX Medicaid Children's Services Handbook, p. 175, (Sept. 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Use of telemedicine medical services is not permitted for the treatment of a client for chronic pain with scheduled drugs. However, telemedicine medical service is permitted to be used in the treatment of acute pain with scheduled drugs.

Source: *TX Medicaid Telecommunication Services Handbook, p. 8, (Sept. 2020). (Accessed Sept. 2020).*

School based telehealth services, SHARS telehealth services and early childhood intervention telehealth services are allowed for certain codes and certain circumstances. See 'Eligible Provider' section below or provider manual for more details.

Source: *TX Medicaid Telecommunication Services Handbook, p. 10-11, (Sept. 2020). (Accessed Sept. 2020).*

Eligible Providers

Telemedicine eligible distant site providers are enrolled as a Texas Medicaid provider and are a:

- Physician
- Clinical Nurse Specialist (CNS)
- Nurse Practitioner (NP)
- Advanced Practice Registered Nurse (APRNs) (in administrative code only)
- Physician Assistant (PA)
- Certified Nurse Midwife (CNM)

A distant site provider is the physician, or PA, NP or CNS who is supervised by and has delegated authority from a licensed Texas physician who uses telemedicine to provide health care services in Texas. Hospitals may also serve as the distant site provider.

Source: *TX Medicaid Telecommunication Services Handbook, p. 5, (Sept. 2020) & TX Admin Code. Title 1, Sec. 355.7001. (Accessed Sept. 2020).*

Telehealth eligible distant site providers listed in both Administrative Code & Telecommunications Medicaid Manual

- Licensed professional counselors
- Licensed marriage and family therapist (LMFT)
- Licensed clinical social worker (LCSW) (including Comprehensive Care Program social workers)
- Licensed psychologist
- Licensed psychological associate
- School Health and Related Services (SHARS)

Telehealth eligible distant sites listed in Administrative Code only:

- Durable medical equipment suppliers

Telehealth eligible distant sites listed in Telecommunications Medicaid Manual only:

- Early Childhood Intervention (ECI)
- Provisionally licensed psychologist
- Licensed dietician
- CCP providers (occupational therapist, speech-language pathologist)
- Home health agency
- Post-doctoral psychology fellows and pre-doctoral psychology interns under a psychologist supervision

Source: *TX Medicaid Telecommunication Services Handbook, p. 9 (Sept. 2020). & TX Admin Code. Title 1, Sec. 355.7001. (Accessed Sept. 2020).*

School-Based Telehealth Services

Occupational Therapist (OT) and Speech Therapist (ST) providers may be reimbursed for telehealth services delivered to children in school-based settings with the following criteria:

- Reimbursement for OT and ST providers is only available when the patient site is a school-based setting.
- Children receiving telehealth services rendered by OT and ST providers must be eligible for these services through Texas Health Steps comprehensive Care Program (CCP).

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

- All medical necessity criteria and prior authorization requirements for in-person OT and ST services apply when services are delivered to children in school-based settings.
- Services provided to a patient on public school or open-enrollment charter school premises are only permitted when delivered before or after school hours.

All other prior authorization, reimbursement, and billing guidelines that are applicable to in-person services will also apply when OT and ST services are delivered as telehealth services.

Licensed clinical social workers (LCSW), licensed professional counselors (LPC), licensed marriage and family therapists (LMFT), and psychologist providers may be reimbursed for telehealth services in school-based settings.

Children receiving telehealth services rendered by LCSW, LPC, LMFT, and psychologist providers must be eligible for these services through Texas Health Steps CCP or through SHARS.

Source: *TX Medicaid Telecommunication Services Handbook, p. 10 (Sept. 2020) & Telehealth Services Benefit Policy Update, p. 2 Effective Aug. 1, 2019. (Accessed Sept. 2020).*

Early Childhood Intervention
Effective for dates of service on or after March 1, 2020, telehealth services delivered remotely to children who are eligible for the Early Childhood Intervention (ECI) Program and Medicaid will become a benefit for ECI providers.

Services can be billed with modifiers for occupational therapy (OT) services, speech therapy (ST) services, acute OT or ST services.

Source: *TX Medicaid News Item, "Telehealth Services Will Become a Benefit for Early Childhood Intervention Providers Effective March 1, 2020," Jan. 6, 2020 & TX Medicaid Telecommunication Services Handbook, p. 11 (Sept 2020). (Accessed Sept. 2020).*

Eligible Sites

Telemedicine/Telehealth eligible originating (patient) sites:
- An established medical site
- A state mental health facility
- State supported living centers.

Source: *TX Admin. Code, Title 1, Sec. 354.1432(1)(C). (Accessed Sept. 2020).*

A patient site is the place where the client is physically located. A client's home may be the patient site for telemedicine medical services.

Source: *TX Medicaid Telecommunication Services Handbook, pg. 8 & 12 (Sept. 2020. (Accessed Sept. 2020).*

TX Medicaid is required to reimburse school districts or open enrollment charter schools for telehealth services delivered by a health professional even if the specialist is not the patient's primary care provider if the school district or charter school is an authorized health care provider under Medicaid and the parent or guardian of the patient consents.

A health professional is defined as:
- Licensed, registered certified, or otherwise authorized by Texas to practice as a social worker, occupational therapist or speech language pathologist
- Licensed professional counselor
- Licensed marriage and family therapist
- Licensed specialist in school psychology.

Source: *TX Government Code Sec. 531.02171. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Sites

Services may take place in a school-based setting if:

- The physician is an authorized health care provider under Medicaid;
- The patient is a child who receives the service in a primary or secondary school-based setting;
- The parent or legal guardian of the patient provides consent before the service is provided; and
- A health professional is present with the patient during treatment.

Source: *TX Admin. Code, Title 1, Sec. 355.7001(f); & TX Admin. Code, Title 1, Sec. 354.1432(1)(G). (Accessed Sept. 2020).*

School-Based Telehealth Services
Occupational therapists and speech therapists may be reimbursed for telehealth services delivered to children in school-based settings if the patient is eligible for those services through Texas Health Steps-Comprehensive Care Program (CCP). Services delivered to a patient on public or open-enrollment charter school premises may only be delivered before or after school hours.

Source: *TX Medicaid Telecommunication Services Handbook, p. 10 (Sept. 2020). (Accessed Sept. 2020).*

School Health and Related Services (SHARS)
Schools that participate in the SHARS program may be reimbursed for telehealth OT and ST services delivered to children in school-based settings with the following criteria:

- Children who are eligible for OT and ST services through SHARS may receive additional therapy through Texas Health Steps-CCP if medical necessity criteria is met.
- OT and ST services provided by school districts through SHARS can be delivered during school hours.

Source: *TX Medicaid Telecommunication Services Handbook, p. 11 (Sept. 2020) & Telehealth Services Benefit Policy Update, p. 2 Effective Aug. 1, 2019. (Accessed Sept. 2020).*

Geographic Limits

No reference found.

Facility/Transmission Fee

Patient-site providers that are enrolled in Texas Medicaid may only be reimbursed for the facility fee using procedure code Q3014. Procedure code Q3014 is payable to NP, CNS, PA, physicians, and outpatient hospital providers. Charges for other services that are performed at the patient site may be submitted separately. Procedure code Q3014 is not a benefit if the patient site is the client's home.

Source: *TX Admin. Code, Title 1 Sec. 355.7001(d) & TX Medicaid Telecommunication Services Handbook, p. 8 (Sept. 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Store-and-Forward

Policy

Asynchronous store-and-forward technology, including asynchronous store-and-forward technology in conjunction with synchronous audio interaction between the distant site provider and the patient in another location is reimbursable under Texas Medicaid. The distant site provider would need to use one of the following:

- Clinically relevant photographic or video images, including diagnostic images
- The patient's relevant medical records, such as medical history, laboratory and pathology results, and prescriptive histories

Other forms of audiovisual telecommunication technologies that allow the distant site provider to meet the in-person visit standard of care may also be used.

Source: *TX Medicaid Telecommunication Services Handbook, pg. 7 & 12. (Accessed Sept. 2020).*

TX Administrative Code includes definitions of "Telemedicine Medical Service," "Telehealth Services" and "Telemedicine" which encompasses store-and-forward, stating that it includes "clinical data transmission using computer imaging by way of still-image capture and store-and-forward."

Source: *TX Admin. Code, Title 1 Sec. 354.1430. (Accessed Sept. 2020).*

Reimbursement to eligible providers must be made in the same manner as in-person services.

Source: *TX Admin. Code, Title 1 Sec. 355.7001. (Accessed Sept. 2020).*

Eligible Services/Specialties

No reference found.

Geographic Limits

No reference found.

Transmission Fee

No reference found.

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Home telemonitoring service means "a health service that requires scheduled remote monitoring of data related to a patient's health and transmission of the data to a licensed home and community support services agency or a hospital".

Source: *TX Government Code, Sec. 531.001(4-a). (Accessed Sept. 2020).*

Texas Medicaid will reimburse for home telemonitoring in the same manner as their other professional services provided by a home health agency.

Source: *TX Admin Code, Title 1, Sec. 355.7001(e). (Accessed Sept. 2020).*

Home telemonitoring is a health service that requires scheduled remote monitoring of data related to a client's health, and transmission of the data from the client's home to a licensed home health agency or a hospital. The data transmission must comply with standards set by HIPPA. Data parameters are established as ordered by a physician's plan of care.

Online evaluation and management for home telemonitoring services is a benefit in the office or outpatient hospital setting when services are provided by a nurse practitioner, clinical nurse specialist, physician assistant or physician provider. Limited to once per seven days and are denied if they are submitted within the postoperative period of a previously completed procedure or within seven days of a related evaluation and management service by the same provider.

Must be provided by a NP, CNS, PA, or physician provider. Scheduled periodic reporting of the client data to the physician is required, even when there have been no readings outside the parameters established in the physician's orders. Telemonitoring providers must be available 24 hours a day, 7 days a week. Although transmissions are generally at scheduled times, they can occur any time of the day or any day of the week, according to the client's plan of care.

The initial setup and installation is reimbursed when provided by a home health agency or outpatient hospital.

Home telemonitoring services must be authorized by TX Medicaid. Clients must be diagnosed with diabetes or hypertension and exhibit two or more risk factors (see provider manual).

Source: *TX Medicaid Telecommunication Services Handbook, pg. 13-15 (Sept. 2020). (Accessed Sept. 2020).*

Home telemonitoring services may be approved for up to 60 days per prior authorization request. If additional home telemonitoring services are needed, the home health agency or hospital must request prior authorization before the current prior authorization period ends.

Source: *TX Medicaid Telecommunication Services Handbook, pg. 14 (Sept. 2020). (Accessed Sept. 2020).*

The hospital or home health agency is responsible for the provision and maintenance of home telemonitoring equipment, including the setup and installation of equipment in the client's home. Reimbursement is limited to once per episode of care even if monitoring parameters are added after initial setup and installation. A claim for a subsequent set up and installation is not reimbursed unless there is a documented new episode of care or unless the provider submits documentation of extenuating circumstances that require another installation of telemonitoring equipment.

Home monitoring is a benefit when services are provided by a home health agency or an outpatient hospital. Providers must submit the revenue and modifier codes as specified in the Telecommunication Services Handbook.

Source: *TX Medicaid Telecommunication Services Handbook, pg. 13 (Sept. 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Conditions

Home Telemonitoring is available only to patients who:

- Are diagnosed with diabetes, hypertension; or
- When it is determined by Texas Health and Human Services Commission to be cost effective and feasible (in Administrative Code only).

To be eligible for home telemonitoring services, clients who are diagnosed with diabetes or hypertension must exhibit two or more of the following risk factors:

- Two or more hospitalizations in the previous 12-month period
- Frequent or recurrent emergency department visits
- A documented history of poor adherence to ordered medication regime
- Documented history of falls in the previous 6-month period
- Limited or absent informal support systems
- Living alone or being home alone for extended periods of time
- A documented history of care access challenges

Source: *TX Admin Code. Title 1, Sec. 354.1434 & TX Medicaid Telecommunication Services Handbook, p. 14 (Sept. 2020). (Accessed Sept. 2020).*

The following conditions are also included in telemonitoring if the commission determines that it is cost-effective and feasible: pregnancy, heart disease, cancer, chronic obstructive pulmonary disease, congestive heart failure, mental illness, asthma, myocardial infarction or stroke.

Home telemonitoring services are also available to pediatric persons who:

- Are diagnosed with end-stage solid organ disease;
- Have received an organ transplant; or
- Require mechanical ventilation.

Source: *TX Government Code Sec. 531.02164. (HB – 1063.). (Accessed Sept. 2020).*

Provider Limitations

Providers must:

- Comply with all applicable federal, state and local laws and regulations;
- Be enrolled and approved as home telemonitoring services providers;
- Bill for the services covered under the Texas Medicaid Program in the manner and format prescribed by HHSC;
- Share clinical information gathered while providing home telemonitoring services with the patient's physician; and
- Not duplicate disease management program services.

See specific documentation requirements for telemonitoring providers in manual.

Source: *TX Admin Code. Title 1, Sec. 354.1434(c), TX Medicaid Telecommunication Services Handbook, pg. 15-16. (Accessed Sept. 2020).*

Other Restrictions

Requests for additional home telemonitoring services that are received after the current prior authorization expires will be denied for dates of service that occurred before the date the submitted request was received.

Source: *TX Medicaid Telecommunication Services Handbook, pg. 14 (Sept. 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Email / Phone / Fax

A health benefit plan, including a Texas Medicaid managed care organization (MCO), is not required to provide reimbursement for telemedicine medical services that are provided through only synchronous or asynchronous audio interactions including:

- An audio-only telephone consultation
- A text-only email message
- A facsimile transmission

Source: *TX Medicaid Telecommunication Services Handbook, pg. 7 & 12 (Sept. 2020). (Accessed Sept. 2020).*

For behavioral health and case management services, service coordination funded as TCM can be reimbursed as a Supportive Encounter, which can be face-to-face, telephone telemedicine contact with an individual or with a collateral on the individual's behalf to provide service coordination.An audio-only telephone consultation.

Source: *TX Medicaid Behaivoral Health and Case Management Services Handbook, pg. 28 (Sept. 2020). (Accessed Sept. 2020).*

Consent

Written or verbal consent must be obtained to allow any other individual (besides the distant site provider, patient site presenter or representative) to be present during a telemedicine or telehealth visit.

Distant site providers that communicate with clients using electronic communication methods other than phone or facsimile must provide clients with written notification of the physician's privacy practices prior to evaluation and treatment. Providers must make a "good faith effort" to obtain the client's written acknowledgment of the notice, including by email response. A distant site provider should provide patients who receive a telemedicine medical service with guidance on the appropriate follow-up care.

The distant site must obtain informed consent prior to rendering a telemedicine medical service.

A parent must provide written or verbal consent to the distant site provider to allow any other individual, other than the health professional as required by Texas Government Code §531.0217(c-4)(4) for school-based telemedicine medical services, to be physically present in the distant or patient site environment during a telemedicine medical service with a child.

Source: *TX Medicaid Telecommunication Services Handbook, pg. 5-6 & 8 (Sept. 2020). (Accessed Sept. 2020).*

Out of State Providers

An out-of-state physician who is a distant site provider may provide episodic telemedicine medical services without a Texas medical license as outlined in Texas Statute and Regulation.

Distant site providers that provide mental health services must be appropriately licensed or certified in Texas or be a qualified mental health professional community services (QMHP-CS).

Source: *TX Medicaid Telecommunication Services Handbook, pg. 5-6 (Sept. 2020). (Accessed Sept. 2020).*

Miscellaneous

Children's Health Insurance Program
Allows reimbursement for live video telemedicine and telehealth services to children with special health care needs.

Source: *TX Govt. Code Sec. 531.02162, (Accessed Sept. 2020).*

Must use the "95" modifier for telemedicine/telehealth services (except for services that already indicate remote delivery in the description). See manual for codes that can be billed with the "95" modifier.

Source: *TX Medicaid Telecommunication Services Handbook, p. 6 and 9-10 (Sept. 2020). (Accessed Sept. 2020).*

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The software system used by the distant site and originating site (when patient presenter is used) must allow secure authentication of the distant site provider and the client.

See provider manual for other information security and documentation requirements.

Source: *TX Medicaid Telecommunication Services Handbook, p. 4. (Accessed Sept. 2020).*

Fees for telemedicine, telehealth and home telemonitoring services are adjusted within available funding.

Source: *TX Admin Code. 355.7001(g). (Accessed Sept. 2020).*

A valid practitioner-patient relationship must exist between the distant site provider and patient. The relationship exists if the distant site provider meets the same standard of care required for an in-person service. A relationship is established through: a prior in-person services; a prior telemedicine medical services that meets the delivery modality requirements in TX Occupations Code Sec. 111.005(a)(3); or through the current telemedicine medical service. The relationship can be established through a call coverage agreement established in accordance with the Texas Medical Board rules.

Distant site providers should provide patients with written notification of the physician's privacy practices as well as guidance on appropriate follow-up care.

Source: *TX Medicaid Telecommunication Services Handbook, p. 6 (Sept. 2020). (Accessed Sept. 2020).*

A distant site provider may issue a valid prescription as part of a telemedicine medical service. The prescribing physician must be licensed in Texas. If the prescription is for a controlled substance, the prescribing physician must have a current valid U.S. Drug Enforcement Administration (DEA) registration number.

Source: *TX Medicaid Telecommunication Services Handbook, p. 7 (Sept. 2020). (Accessed Sept. 2020).*

All patient health information generated or utilized during a telehealth or telemedicine medical service must be stored by the distant site provider in a patient health record. If the distant site provider stores the patient health information in an electronic health record, the provider should use software that complies with Health Insurance Portability and Accountability Act (HIPAA) confidentiality and data encryption requirements, as well as with HHS rules implementing HIPAA.

Documentation for a service provided via telemedicine must be the same as for a comparable in-person service.

If a patient has a primary care provider who is not the distant site provider and the patient or their parent or legal guardian provides consent to a release of information, a distant site provider must provide the patient's primary care provider with the following information:

- A medical record or report with an explanation of the treatment provided by the distant site provider
- The distant site provider's evaluation, analysis, or diagnosis of the patient

Unless the telemedicine medical services are rendered to a child in a school-based setting, distant site providers of mental health services are not required to provide the patient's primary care provider with a treatment summary. For telemedicine medical services provided to a child in a school-based setting, a notification provided by the telemedicine medical services physician to the child's primary care provider must include a summary of the service, exam findings, prescribed or administered medications, and patient instructions.

Source: *TX Medicaid Telecommunication Services Handbook, p. 5 & 8 (Sept. 2020). (Accessed Sept. 2020).*

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Private Payer Laws

Definitions

Telehealth service" means a health service, other than a telemedicine medical service, delivered by a health professional licensed, certified, or otherwise entitled to practice in this state and acting within the scope of the health professional's license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology.

"Telemedicine medical service" means a health care service delivered by a physician licensed in this state, or a health professional acting under the delegation and supervision of a physician licensed in this state, and acting within the scope of the physician's or health professional's license to a patient at a different physical location than the physician or health professional using telecommunications or information technology.

Source: *TX Insurance Code Sec. 1455.001 (refers to Occupations Code Sec. 111.001). (Accessed Sept. 2020).*

Requirements

A health benefit plan must provide coverage for a covered health care service or procedure delivered by a preferred or contracted health professional to a covered patient as a telemedicine medical service or telehealth service on the same basis and to the same extent that the plan provides coverage for the service or procedure in an in-person setting. They may not exclude from coverage a covered health care service or procedure delivered by a preferred or contracted health professional to a covered patient as a telemedicine medical service or a telehealth service solely because the covered health care service or procedure is not provided through an in-person consultation.

Insurers may not limit, deny, or reduce coverage for a covered health care service or procedure delivered as a telemedicine medical service or telehealth service based on the health professional's choice of platform for delivering the service or procedure.

Source: *TX Insurance Code Sec. 1455.004 .(Accessed Sept. 2020).*

Each issuer of a health benefit plan must adopt and display in a conspicuous manner on their website the policies and payment practices for telemedicine medical services and telehealth services. They, however, are not required to list payment rates.

Source: *TX Insurance Code Sec. 1455.006. (Accessed Sept. 2020).*

Worker's Compensation
A health care provider must bill for telemedicine and telehealth services according to Medicare payment policies as defined in Section 134.203 in the Texas Administrative Code; and provisions of the Texas Administrative Code, Insurance Title. A health care provider may bill and be reimbursed or telemedicine or telehealth services regardless of where the injured employee is located at the time the telemedicine or telehealth services are provided.

Source: *TX Admin. Code, Title 28 Sec. 2.133.30. (Accessed Sept. 2020).*

Parity

Service Parity

Prohibits a health benefit plan from excluding from coverage a service delivered as a telemedicine medical service or a telehealth service solely because the service is not provided in-person. A health plan is not required to provide coverage for services provided by only synchronous or asynchronous audio interaction including audio-only telephone; email or facsimile.

Source: *TX Insurance Code 1455.004(a). (Accessed Sept. 2020).*

Payment Parity

No reference found.

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Professional Regulation/Health & Safety

Definitions

Telehealth service means a health service, other than a telemedicine medical service, delivered by a health professional licensed, certified, or otherwise entitled to practice in this state and acting within the scope of the health professional's license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology.

Telemedicine service means a health care service delivered by a physician licensed in this state, or a health professional acting under the delegation and supervision of a physician licensed in this state, and acting within the scope of the physician's or health professional's license to a patient at a different physical location than the physician or health professional using telecommunications or information technology.

Source: *TX Occupations Code 111.001. (Accessed Sept. 2020).*

Speech-Language Pathology and Audiology
Telehealth is "the use of telecommunications and information technologies for the exchange of information from one site to another for the provision of speech-language pathology or audiology services to a client from a provider."

Telehealth services--The application of telecommunication technology to deliver speech-language pathology and/or audiology services at a distance for assessment, intervention, and/or consultation.

Telepractice--The use of telecommunications technology by a license holder for an assessment, intervention, or consultation regarding a speech-language pathology or audiology client.

Telepractice services--The rendering of audiology and/or speech-language pathology services through telepractice to a client who is physically located at a site other than the site where the provider is located.

Source: *TX Admin. Code, Title 16 Sec. 111.210. (Accessed Sept. 2020).*

Occupational Therapy
Telehealth is a "a mode of service delivery for the provision of occupational therapy services delivered by an occupational therapy practitioner to a client at a different physical location using telecommunications or information technology. Telehealth refers only to the practice of occupational therapy by occupational therapy practitioners who are licensed by this Board with clients who are located in Texas at the time of the provision of occupational therapy services."

Source: *TX Admin. Code, Title 40 Sec. 362.1(39). (Accessed Sept. 2020).*

Physical Therapy
Telehealth is a mode for providing one-on-one physical therapy services to a patient/client and is not a means for supervision of physical therapy aides.

Source: *TX Admin. Code, Title 22, Sec. 322.5. (Accessed Sept. 2020).*

Veterinary Medical Examiners
"Telemedicine" means veterinary medicine offered or provided by a person to a patient at a different physical location than the person using telecommunications or information technology.

Source: *TX Admin. Code, Title 22, Sec. 573.68. (Accessed Sept. 2020).*

Consent

Consent required prior to telemedicine or telehealth services.

A child's parent or legal guardian must provide consent before the child receives telemedicine services in a primary school-based setting.

Source: *TX Occupational Code Sec. 111.002. & TX Admin. Code, Title 1, Sec. 354.1432. (2016). (Accessed Sept. 2020).*

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A valid practitioner-patient relationship is present between a practitioner providing a telemedicine medical service and a patient receiving the telemedicine medical service as long as the practitioner complies with the same standard of care as would apply in an in-person setting, and complies with one of the following scenarios:

- Has a preexisting practitioner-patient relationship with the patient established;
- Communicates, regardless of the method of communication, with the patient pursuant to a call coverage agreement established in accordance with Texas Medical Board rules with a physician requesting coverage of medical care for the patient; or
- Provides the telemedicine medical services through the use of one of the following methods, as long as the practitioner complies with follow-up requirements and the method allows the practitioner to have access to the relevant clinical information that would be required to meet the standard of care.
    - Synchronous audiovisual interaction
    - Asynchronous store-and-forward technology, including in conjunction with synchronous audio interaction, as long as practitioner uses relevant clinical information from clinically relevant photographic or video images, or the patient's relevant medical records
    - Another form of audiovisual telecommunication technology that allows the practitioner to comply with the appropriate standard of care

A practitioner who provides telemedicine medical services to a patient shall provide the patient with guidance on appropriate follow up care and with the patient's consent, forward the report of the encounter to the patient's primary care physician within 72 hours.

A practitioner-patient relationship is not present for purposes of prescribing an abortifacient or other drug or device to terminate a pregnancy.

The Texas Medical Board, Texas Board of Nursing, Texas Physician Assistant Board and the Texas Pharmacy Board are required to adopt joint rules that establish the determination of a valid prescription, which must allow for the establishment of the practitioner-patient relationship through telemedicine if it meets the standards outlined above.

This section does not apply to mental health services.

Source: *TX Occupations Code 111.005-.008. (Accessed Sept. 2020).*

A valid prescription must be issued for a legitimate medical purpose and meet all other applicable laws before prescribing.

Treatment of chronic pain with scheduled drugs through use of telemedicine is prohibited unless otherwise allowed under federal and state law. Treatment of acute pain with scheduled drugs through telemedicine is allowed unless otherwise prohibited under federal and state law.

Source: *TX Admin. Code, Title 22, Part 9, Ch. 174.5. (Accessed Sept. 2020).*

Establishing a practitioner-patient relationship is not required for prescription of medication to treat for sexually transmitted disease for partners of the physician's established patient, if the physician determines that the patient may have been infected; or drugs or vaccines for after close contact with an infectious disease (see list of applicable diseases in regulation).

Source: *TX Admin. Code, Title 22, Part 9, Ch. 190.8(1)(L). (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Cross-State Licensing

A telemedicine license may be issued for out of state providers. To qualify for an out-of-state telemedicine license, a person must:

- Be 21 years of age or older;
- Be actively licensed to practice medicine in another state which is recognized by the board for purposes of licensure, and not the recipient of a previous disciplinary action by any other state or jurisdiction;
- Not be the subject of a pending investigation by a state medical board or another state or federal agency;
- Have passed the Texas Medical Jurisprudence Examination;
- Complete a board-approved application for an out-of-state telemedicine license for the practice of medicine across state lines and submit the requisite initial fee; and
- Not be denied based on failure to demonstrate the requisite qualifications.

Source: *TX Admin. Code, Title 22, Sec. 172.12. (Accessed Sept. 2020).*

An out-of-state physician may provide episodic consultation without a TX medical license.

Source: *TX Admin. Code, Title 22, Part 9, Sec. 174.8. (Accessed Sept. 2020).*

Mental Health Services
A health professional may provide a mental health service that is within the scope of the professional's license, certification, or authorization through the use of telemedicine or telehealth to a patient located outside of the state, subject to any applicable regulation of the jurisdiction in which the patient is located.

Source: *TX Occupations Code 113.002. (Accessed Sept. 2020).*

Member of the Recognition of EMS Personnel Licensure Interstate Compact (REPLICA).

Source: *National Registry of Emergency Medical Technicians, EMS Compact States. (Accessed Sept. 2020).*

Texas adopted the Nurses Licensure Compact.

Source: *Current NLC States & Status. Nurse Licensure Compact. (Accessed Sept. 2020).*

Texas adopted the Physical Therapy Compact.

Source: *Compact Map. Physical Therapy Compact. (Accessed Sept. 2020).*

Member of the Psychology Interjurisdictional Compact of the Association of State and Provincial Psychology Boards.

Source: *Legislative Updates. Psypact. (Accessed Sept. 2020).*

Miscellaneous

Professional Board Telehealth-Specific Regulations

- TX Medical Board (**Source:** *TX Admin. Code, Title 22, Part 9, Ch.174). (Accessed Sept. 2020).*
- TX Board of Speech Pathology and Audiology (**Source:** *TX Admin. Code, Title 22, Part 32, Sec. 741.211-216).*
  TX Board of Occupational Therapy Examiners (**Source:** *TX Admin. Code, Title 40, Ch. 372.1) (Accessed Sept. 2020).*
- TX Board of Optometry (**Source:** *TX Admin. Code, Title 22, Sec. 279.16. Accessed Sept. 2020).*
- TX Board of Physical Therapy (**Source:** *TX Admin. Code, Title 22, Sec. 322.5. Accessed Sept. 2020).*
- TX Board of Veterinary Medical Examiners (**Source:** *TX Admin. Code, Title 22, Sec. 573.68. Accessed Sept. 2020).*

An e-Health Advisory Committee was established under TX Government Code Section 531.012 and is comprised of no more than 24 members, including:

- At least one expert on telemedicine
- At least one expert on home telemonitoring services
- At least one representative of consumers of health services provided through telemedicine.

Source: *TX Admin. Code, Title 1, Sec. 351.823. (2016, amended to be effective Jan. 27, 2020). (Accessed Sept. 2020).*

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Utah

Medicaid Program: Utah Medicaid

Program Administrator: Utah Department of Health

Regional Telehealth Resource Center: Northwest Regional Telehealth Resource Center www.nrtrc.org

Utah Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✓	✓	✗	IMLC, NLC, PCT, PSYPACT, ASLP-IC, EMS	✓

Utah Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Utah Medicaid reimburses for live video telehealth, and does not reference store-and-forward modality in their policy.

Source: *Utah Medicaid Provider Manual: Section I: General Information, P. 49 (Jul. 2020). (Accessed Sept. 2020).*

Home telemetry for outpatient long-term cardiac monitoring is allowable with prior authorization under certain conditions.

Source: *Utah Medicaid Provider Manual: Physician Manual, p. 24 (Oct. 2019). (Accessed Sept. 2020).*

Definitions

Telemedicine is the delivery of medical services and any diagnosis, consultation, treatment, transfer of medical data or education related to health care services using interactive audio or interactive video communication instead of in person contact.

Source: *Utah Medicaid Provider Manual: Section I: General Information, p. 48 (Jul. 2020). (Accessed Sept. 2020).*

"Telemedicine" is two-way, real-time interactive communication between the member and the physician or authorized provider at the distant site. This electronic communication uses interactive telecommunications equipment that includes, at a minimum, audio and video equipment.

Source: *UT Admin. Code R414-42-2. (Accessed Sept. 2020).*

Live Video

Policy

Providers are eligible for reimbursement for telemedicine services under Utah's Medical Assistance Program.

Source: *UT Code Annotated Sec. 26-18-13. (Accessed Sept. 2020).*

Utah Medicaid covers medically necessary, non-experimental and cost-effective services provided via telehealth.

Limitations:

- Must be HIPAA compliant
- Must comply with Utah Health Information Network Standards for Telehealth

CMS 1500 Professional Claims- Provider must indicate that the service(s) were provided via telehealth by indicating Place of Service 02 on the CMS 1500 claim form with the service's usual billing codes.

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Medicaid Telehealth Reimbursement

Live Video

Policy

UB-04 Institutional Claims- Providers must indicate that the service(s) were provided via telehealth by appending the GT modifier to the UB-04 institutional claim form with the service's usual billing codes.

Source: *Utah Medicaid Provider Manual: Section I: General Information, p. 48-50 (Jul. 2020). (Accessed Sept. 2020).*

Covered services may be delivered by means of telemedicine, as clinically appropriate, including consultation, evaluation and management services, mental health services, substance use disorder services and telepsychiatric consultations. Must comply with privacy and security measures set forth by HIPAA and with Utah Health Information Network standards for telehealth. These standards provide a uniform standard of billing for claims and encounters delivered via telehealth.

The Department pays the lesser of the amount billed or the rate on the fee schedule. A provider shall not charge the Department a fee that exceeds the provider's usual and customary charges for the provider's private pay patients.

Source: *UT Admin. Code R414-42-3, R414-42-4, & R414-42-5. (Accessed Sept. 2020).*

Eligible Services / Specialties

Eligible services include but are not limited to:

- Consultation services
- Evaluation and management services
- Mental health services
- Substance use disorder services
- Teledentistry
- Telepsychiatric consultations

See manual for high level list of services that can be delivered via telemedicine.

Rural health clinic and federally qualified health clinic services may be delivered via telemedicine.

Source: *Utah Medicaid Provider Manual: Section I: General Information, p. 48-49 (Jul. 2020) & Utah Medicaid Provider Manual: Rural Health Clinics and Federally Qualified Health Centers Services. p.3 (Jan. 2019). (Accessed Sept. 2020).*

The Medicaid program is required to reimburse for telemedicine services at the same rate the Medicaid program reimburses for other health care services (includes managed care plans). The Medicaid program is required to reimburse for telepsychiatric consultations at a rate set by the Medicaid program.

Source: *UT Code 26-18-13.5.(3). (Accessed Sept. 2020).*

Telepsychiatric consultations between a physician and a board-certified psychiatrist are a covered service. See Medicaid Information Bulletin for specific CPT codes to bill.

Source: *Medicaid Information Bulletin. Jul. 2018. Sec. 18-67. (Accessed Sept. 2020).*

Teledentistry services are limited to certain CPT codes.

Source: *Utah Medicaid Provider Manual: Section I: General Information, p. 49 (Jul. 2020). (Accessed Sept. 2020).*

Rehabilitative Mental Health and Substance Use Disorder
Services may be provided via telemedicine when clinically appropriate.

The scope of rehabilitative behavioral health services includes the following:

- Psychiatric Diagnostic Evaluation
- Mental Health Assessment by a Non-Mental Health Therapist
- Psychological Testing
- Psychotherapy with Patient and/or Family Member
- Family psychotherapy with Patient Present and Family Psychotherapy without Patient Present
- Group Psychotherapy and Multiple Family Group Psychotherapy

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

- Psychotherapy for Crisis
- Psychotherapy with Evaluation and Management (E/M) Services
- Evaluation and Management (E/M) Services (Pharmacologic Management)
- Therapeutic Behavioral Services
- Psychosocial Rehabilitative Services
- Peer Support Services
- SUD Services in Licensed SUD Residential Treatment Programs
- Assertive Community Treatment (ACT)
- Mobile Crisis Outreach Teams (MCOT)

Source: *Utah Medicaid Provider Manual: Rehabilitative Mental Health and Substance Use Disorder Services. P. 9. (Jul. 2020) (Accessed Sept. 2020).*

Eligible Providers

The distant site provider may participate in the telehealth interaction from any appropriate location.

Psychiatrists are limited to reporting certain CPT codes.

Rural health clinic and federally qualified health clinic services may be delivered via tele-medicine.

Source: *Utah Medicaid Provider Manual: Section I: General Information, p. 49-51 (Jul. 2020). (Accessed Sept. 2020).*

Eligible Sites

It is acceptable to use telehealth to facilitate contact directly between a member and a provider. Services can be provided between a member and a distant site provider when a member is in their home or other location of their choice.

Source: *Utah Medicaid Provider Manual: Section I: General Information, p. 49 (Jul. 2020), (Accessed Sept. 2020).*

Geographic Limits

There are no geographic restrictions for telehealth services.

Source: *Utah Medicaid Provider Manual: Section I: General Information, p. 48 (Jul. 2020). (Accessed Sept. 2020).*

Home and Community Based Services Autism Waiver
For those clients living outside of the Wasatch Front, the BCBA may use tele-health for the supervision time. In-person visits should be used for those clients living inside the Wasatch Front.

Source: *Utah Medicaid Provider Manual: Home and Community Based Waiver Services Autism Waiver, p. 10, (Jan. 2016). (Accessed Sept. 2020).*

Facility/Transmission Fee

The provider at the originating site receives no additional reimbursement for the use of telemedicine.

Source: *Utah Medicaid Provider Manual: Section I: General Information, p. 50 (Jul. 2020) & R414-42-4.(3). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Store-and-Forward	Policy	No reference found.
		Eligible Services/Specialties	No reference found.
		Geographic Limits	No reference found.
		Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	Bulletin indicates The Skilled Nursing Pilot Project has been removed from manual. **Source:** *Medicaid Information Bulletin July 2019 (Accessed Sept. 2020).* Home telemetry for outpatient long-term cardiac monitoring is allowed with prior authorization. Criteria include: • Must be ordered by a neurologist • Member must have had a stroke or TIA with no identifiable cause • Member should have already had 24-hour monitoring done previously • Member should not be currently taking anti-coagulated or Warfarin for any other reason • Member should not have a known contraindication for Warfarin • Outpatient long-term cardiac monitoring may only be authorized for the 30-day test • Data from the test must be reviewed and interpreted by a cardiologist **Source:** *Utah Medicaid Provider Manual: Physician Manual, p. 24 (Oct. 2019). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Conditions

Only for patients with a long-term cardiac health issue.

Source: *Utah Medicaid Provider Manual: Physician Manual, p. 24 (Oct. 2019). (Accessed Sept. 2020).*

Provider Limitations

Test must be ordered by a neurologist and reviewed and interpreted by a cardiologist.

Source: *Utah Medicaid Provider Manual: Physician Manual, p. 24 (Oct. 2019). (Accessed Sept. 2020).*

Other Restrictions

No reference found.

Email / Phone / Fax

Interprofessional telephone/internet assessment and management services are listed as a covered service for psychiatrists.

Source: *Utah Medicaid Provider Manual: Section I: General Information, p. 49 (Jul. 2020). (Accessed Sept. 2020).*

Telephone contact can be billed in the Targeted Case Management for Early Childhood program.

Source: *Utah Medicaid Provider Manual: Targeted Case Management, Early Childhood Ages 0-4, p. 10, (Jul. 2016). (Accessed Sept. 2020).*

Consent

No reference found.

Out of State Providers

No reference found.

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Miscellaneous

Psychiatrist service will be covered by all Managed Care Entities (MCE). If a member receiving the service is part of an MCE, then the provider must be enrolled with the member's MCE in order to receive reimbursement.

Source: *Utah Medicaid Provider Manual: Section I: General Information, p. 49 (Jul. 2020). (Accessed Sept. 2020).*

If the required face-to-face encounter for certain durable medical equipment occurred via tele-health it must be documented.

Source: *Utah Medicaid Provider Manual: Durable Medical Equipment, p. 6, (Jul. 2020). (Accessed Sept. 2020)*

Home and Community Based New Choices Waiver Services
A non face-to-face medication reminder system using telecommunication device is covered.

Source: *Utah Medicaid Provider Manual: Home and Community Based Waiver Services, New Choices Waiver, p. 75, (Jul. 2020). (Accessed Sept. 2020).*

Home and Community Based Services Autism Waiver
For those clients living outside of the Wasatch Front, the BCBA may use tele-health for the supervision time. In-person visits should be used for those clients living inside the Wasatch Front.

Source: *Utah Medicaid Provider Manual: Home and Community Based Waiver Services Autism Waiver, p. 10, (Jan. 2016). (Accessed Sept. 2020).*

Private Payer Laws

Definitions

"Digital health service means the electronic transfer, exchange, or management of related data for diagnosis, treatment, consultation, educational, public health, or other related purposes."

Source: *UT Code, 26-9f-102. (Accessed Sept. 2020).*

"Telehealth services" means the transmission of health-related services or information through the use of electronic communication or information technology.

"Telemedicine services" means telehealth services including:
- Clinical care;
- Health education;
- Health administration;
- Home health;
- Facilitation of self-managed care and caregiver support; or
- Remote patient monitoring occurring incidentally to general supervision; and

Must be provided by a provider to a patient through a method of communication that:
- Uses asynchronous store-and-forward transfer; or
- Uses synchronous interaction; and

Meets industry security and privacy standards, including compliance with:
- The federal Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, 110 Stat. 1936, as amended; and
- The federal Health Information Technology for Economic and Clinical Health Act, Pub. L. No. 111-5, 123 Stat. 226, 467, as amended.

Source: *Utah Code, 26-60-102. (Accessed Sept. 2020).*

Requirements

All health insurance plans must disclose whether the insurer provides coverage for telehealth services in accordance with section 26-18-13.5 and terms associated with that coverage.

Source: *UT Code 31A-22-613.5(2)(f). (Accessed Sept. 2020).*

A health benefit plan that offers coverage for mental health services shall:
- Provide coverage for telepsychiatric consultation during or after an initial visit between the patient and a referring in-network physician;

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Private Payer Laws

Requirements

- Provide coverage for a telepsychiatric consultation from an out-of-network board certified psychiatrist if the consultant is not made available to a physician within seven business days after the initial request is made by an in-network provider; and
- Reimburse for the services at the equivalent of the in-network or out-of-network rate set by the benefit plan after taking into account cost-sharing that may be required under the health benefit plan.

An insurer can also meet the requirement to cover telepsychiatric consultation for a patient by providing coverage for behavioral health treatment (see statute for details).

Source: *UT Code, 31A-22-649. (Accessed Sept. 2020).*

Parity

Service Parity

A health benefit plan offered in the individual market, the small group market, or the large group market and entered into or renewed on or after January 1, 2021, shall provide coverage for telemedicine services that are covered by Medicare.

Source: *UT Code, 31A-22-649.5 (2(a)). (HB 313 -2020 Session) (Accessed Sept. 2020).*

Payment Parity

A health benefit plan offered in the individual market, the small group market, or the large group market and entered into or renewed on or after January 1, 2021, shall reimburse, at a commercially reasonable rate, a network provider that provides the telemedicine services covered by Medicare.

Source: *UT Code, 31A-22-649.5 (2(b)). (HB 313 -2020 Session) (Accessed Sept. 2020).*

Professional Regulation/Health & Safety

Definitions

Telehealth services means the transmission of health-related services or information through the use of electronic communication or information technology.

"Telemedicine services" means telehealth services including:

- Clinical care;
- Health education;
- Health administration;
- Home health;
- Facilitation of self-managed care and caregiver support; or
- Remote patient monitoring occurring incidentally to general supervision; and

Provided by a provider to a patient through a method of communication that:

- Uses asynchronous store and forward transfer; or
- Uses synchronous interaction; and

Meets industry security and privacy standards, including compliance with:

- The federal Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, 110 Stat. 1936, as amended; and
- The federal Health Information Technology for Economic and Clinical Health Act, Pub. L. No. 111-5, 123 Stat. 226, 467, as amended.

Source: *UT Code, 26-60-102(8-9). (Accessed Sept. 2020).*

"Teledentistry" means the practice of dentistry using synchronous or asynchronous technology.

Source: *UT Code, 58-69-102 (12), (SB 135 – 2020 Session). (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Consent

A provider offering telehealth services shall, prior to each patient encounter obtain informed consent to the use of telehealth services.

Source: *UT Admin Code R156-1-602 (2(b)). (Accessed Sept. 2020).*

When a licensed dental professional uses teledentistry, the licensed professional shall ensure informed consent.

Source: *UT Code, 58-69-102 (12), (SB 135 – 2020 Session). (Accessed Sept. 2020).*

Online Prescribing

Before providing treatment or prescribing a prescription drug, provider must:

- Obtain and document patient's relevant clinical history and current symptoms

Except as specifically provided in Title 58, Chapter 83, Online Prescribing, Dispensing, and Facilitation Licensing Act, and unless a provider has established a provider-patient relationship with a patient, a provider offering telemedicine services may not diagnose a patient, provide treatment, or prescribe a prescription drug based solely on one of the following:

- an online questionnaire;
- an email message; or
- a patient-generated medical history.

See statute for requirements if the patient has a designated health care provider who is not the telemedicine provider.

Source: *UT Code, 26-60-103(1(c) & 3). (Accessed Sept. 2020).*

Providers must first obtain information in the usual course of professional practice that is sufficient to establish a diagnosis, to identify conditions, and to identify contraindications to the proposed treatment; or with prescriptive authority conferred by an exception issued under this title, or a multi-state practice privilege recognized under this title, if the prescription was issued without first obtaining information, in the usual course of professional practice, that is sufficient to establish a diagnosis, to identify underlying conditions, and to identify contraindications to the proposed treatment.

Source: *UT Code, 58-1-501(2(m)). (Accessed Sept. 2020).*

Cross-State Licensing

An out-of-state physician may practice without a Utah license if:

- The physician is licensed in another state, with no licensing action pending and at least 10 years of professional experience;
- The services are rendered as a public service and for a noncommercial purpose;
- No fee or other consideration of value is charged, expected or contemplated, beyond an amount necessary to cover the proportionate cost of malpractice insurance; and
- The physician does not otherwise engage in unlawful or unprofessional conduct.

Source: *UT Code Annotated Sec. 58-67-305(7). (Accessed Sept. 2020).*

A mental health therapist licensed in another state and in good standing can provide short term transitional mental health therapy remotely if:

- The mental health therapist is present in the state where he/she is licensed;
- The client relocates to Utah, and was a client immediately before the relocation;
- The therapy or counseling is provided for a maximum of 45 days after the client relocates;
- Within 10 days of the client's relocation, the mental health therapist provides a written notice to the Division of Occupational and Professional Licensing of their intent to provide therapy/counseling remotely; and
- The mental health therapist does not engage in unlawful or unprofessional conduct.

Source: *UT Code, 58-61-307(k). (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Cross-State Licensing

Member of the interstate medical licensure compact.

Source: *Interstate Medical Licensure Compact. (Accessed Sept. 2020).*

Member of Psychology Interjurisdictional Compact.

Source: *PSYPACT Compact. (Accessed Sept. 2020).*

Member of the Nurse Licensure Compact.

Source: *Nurse Licensure Compact. (Accessed Setp. 2020).*

Member of the Physical Therapy Licensure Compact.

Source: *PT Compact. Compact Map. (Accessed Sept. 2020).*

Member of the Audiology and Speech-language Pathology Interstate Compact.

Source: *ASPL Compact. Compact Map. (Accessed Sept. 2020).*

Member of the Emergency Medical Services Compact.

Source: *EMS Compact. (Accessed Sept. 2020).*

Miscellaneous

If a hospital participates in telemedicine, it shall develop and implement policies governing the practice of telemedicine in accordance with the scope and practice of the hospital.

These policies shall address security, access and retention of telemetric data, and define the privileging of all health professionals who participate in telemedicine.

Source: *UT Admin. Code R432-100-33. (Accessed Sept. 2020).*

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Vermont

Medicaid Program: Vermont Medicaid

Program Administrator: State Dept. of Vermont Health Access, under the Agency of Human Services

Regional Telehealth Resource Center: Northeast Telehealth Resource Center http://netrc.org

Vermont Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✓	✓	✗	IMLC	✓

Vermont Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Vermont Medicaid reimburses for live video under certain circumstances. Home health monitoring is considered a Medicaid benefit and is available under certain conditions. An administrative rule indicates store-and-forward is reimbursed for teledermatology and teleophthalmology, but a recent Medicaid Manual has contradictory information.

Source: *VT Health Care Administrative Rules 13.174.003 (3.101), Telehealth. (Accessed Sept. 2020).*

Definitions

"Telemedicine means the delivery of health care services such as diagnosis, consultation, or treatment through the use of live interactive audio and video over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104.191. Telemedicine does not include the use of audio-only telephone, e-mail, or facsimile."

Source: *VT Statutes Annotated, Title 8 Sec. 4100k(h)(7). (Accessed Sept. 2020).*

"Telehealth" means methods for health care service delivery using telecommunications technologies. Telehealth includes telemedicine, store and forward, and telemonitoring.

"Telemedicine" means health care delivery by a provider who is located at a distant site to a beneficiary at an originating site for purposes of evaluation, diagnosis, consultation, or treatment, using telecommunications technology via two-way, real-time, audio and video interactive communication, through a secure connection that complies with HIPAA.

Source: *VT Health Care Administrative Rules 13.174.003 (3.101), Telehealth. (Accessed Sept. 2020).*

Telehealth means methods for healthcare service delivery using telecommunications technologies. Telehealth includes telemedicine, store and forward, and telemonitoring. The term telehealth is also often used more generally to describe electronic information and telecommunications technologies to support long-distance clinical healthcare, as well as patient and professional health-related education, public health and health administration.

Telemedicine means health care delivered by a provider who is located at a distant site to a beneficiary at an originating site for purposes of evaluation, diagnosis, consultation, or treatment using telecommunications technology via two-way, real-time, audio and video interactive communication, through a secure connection that complies with HIPAA.

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Medicaid Telehealth Reimbursement

Definitions

Telemedicine encompasses the following:

- Real-time, audio video communication tools that connect providers and patients in different locations. Tools can include interactive videoconferencing or videoconferencing using mobile health (mHealth) applications (apps) that are used on a computer or hand-held mobile device.
- Store-and-forward technologies that collect images and data to be transmitted and interpreted later, which may also involve the use of mHealth apps.
- Remote patient-monitoring tools such as home blood pressure monitors, Bluetooth-enabled digital scales and other devices that can communicate biometric data for review, which may also involve the use of mHealth apps.

Source: *Department of Vermont Health Access. Agency of Human Services. Telehealth: Methods for healthcare service delivery using telecommunications technologies. (July 2019). (Accessed Sept. 2020).*

Live Video

Policy

Health insurance plans (including Medicaid) must provide coverage for health care service delivered through telemedicine by a health care provider at a distant site to a patient at an originating site to the same extent that the plan would cover the services if they were provided through in-person consultation.

An originating site is the location of the patient, whether or not accompanied by a health care provider, at the time services are provided by a health care provider through telemedicine, including a health care provider's office, a hospital, or a health care facility, or the patient's home or another nonmedical environment such as a school-based health center, a university-based health center or patient's workplace.

A distant site is the location of the health care provider delivering services through telemedicine at the time the services are provided.

Source: *VT Statutes Annotated, Title 8 Sec. 4100k & Title 18 Sec. 9361 (2017). (Accessed Sept. 2020).*

Covered services must be clinically appropriate for delivery through telemedicine and be medically necessary.

Source: *VT Health Care Administrative Rules 13.174.003 (3.101.2), Telehealth. (Accessed Sept. 2020).*

Providers should refer to Health Care Administrative Rule 3.101 on Telehealth for requirements. Information contained in rule will not be repeated in the provider manual.

All professional claims (CMS-1500 form) with services billed for telemedicine must have POS 02. Modifier GT should not be used on professional services.

All facility claims (UB-04 form) must include modifier GT on any telemedicine services delivered via interactive audio and/or video.

Source: *VT Agency of Human Services. General Billing and Forms Manual. Sec. 5.3.52, p. 89, (Jul. 2020). (Accessed Sept. 2020).*

Eligible Services / Specialties

Services delivered shall:

- Include any service that a provider would typically provide to a beneficiary in a face-to-face setting,
- Adhere to the same program restrictions, limitations, and coverage that exist for the service when not provided through telemedicine, and
- Be reimbursed at the same rate as the service being provided in a face-to-face setting

Source: *VT Health Care Administrative Rules 13.174.003 (3.101.2), Telehealth. (Accessed Sept. 2020).*

All providers are required to follow correct coding rules, including application of modifiers, and only bill for services within their scope of practice that can be done via telemedicine. All claims must use POS 02.

Source: *VT Agency of Human Services. General Billing and Forms Manual. Sec. 5.3.52, p. 89, (Jul. 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

A distant site is the location of the health care provider delivering services through telemedicine at the time the services are provided.

Source: *VT Statutes Annotated, Title 8 Sec. 4100k. (Accessed Sept. 2020).*

Must be provided by a provider who is working within the scope of his or her practice and enrolled in Vermont Medicaid.

Source: *VT Health Care Administrative Rules 13.174.003 (3.101.3), Telehealth. (Accessed Sept. 2020).*

Eligible Sites

An originating site is the location of the patient, whether or not accompanied by a health care provider, at the time services are provided by a health care provider through telemedicine, including a health care provider's office, a hospital, or a health care facility, or the patient's home or another nonmedical environment such as a school-based health center, a university-based health center or patient's workplace.

Source: *VT Statutes Annotated, Title 8 Sec. 4100k & Title 18 Sec. 9361 (2017). (Accessed Sept. 2020).*

The originating site may include the beneficiary's home or another nonmedical setting (e.g., school, workplace), a health care provider's office, a facility, or a hospital.

Source: *VT Health Care Administrative Rules 13.174.003 (3.101.1), Telehealth. (Accessed Sept. 2020).*

Geographic Limits

No reference found.

Facility/Transmission Fee

Originating facility site providers (patient site) may be reimbursed a facility fee (Q3014). Facility fees will not be reimbursed if the provider is employed by the same entity as the originating site.

Source: *VT Agency of Human Services. General Billing and Forms Manual. Sec. 5.3.52, p. 89, (Jul. 2020). (Accessed Sept. 2020).*

The Department of Vermont Health Access is required to reimburse the health care provider at the distant site and the health care facility at the originating site for services rendered, unless the providers at both the distant and originating sites are employed by the same entity.

Source: *VT Statutes Annotated, Title 8 Sec. 4100k(g). (Accessed Sept. 2020).*

Store-and-Forward

Policy

"Store and forward" means an asynchronous transmission of a beneficiary's medical information from a health care professional to a provider at a distant site, through a secure connection that complies with HIPAA, without the beneficiary present in real time.

Source: *VT Health Care Administrative Rules 13.174.003 (3.101.1), Telehealth. (Accessed Sept. 2020).*

Statute permits health plans (including Medicaid) the option to reimburse for teleophthalmology and teledermatology services provided by store-and-forward. An administrative rule indicates that it is reimbursable, however the General Billing and Forms Medicaid Manual dated Jul. 23, 2020 states it does not reimburse for these services.

Source: *VT Statutes Annotated, Title 8 Sec. 4100k & VT Agency of Human Services. General Billing and Forms Manual. Sec. 5.3.52, p. 89, (Jul. 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Store-and-Forward	Eligible Services/Specialties	DVHA will not reimburse for teleophthalmology or teledermatology by store-and-forward means. **Source:** *VT Agency of Human Services. General Billing and Forms Manual. Sec. 5.3.52, p. 89, (Jul. 2020). (Accessed Sept. 2020).* To be covered, services shall: • Be clinically appropriate for delivery through store-and-forward • Be medically necessary • Only be allowed for teledermatology and teleophthalmology. **Source:** *VT Health Care Administrative Rules 13.174.003 (3.101.2), Telehealth. (Accessed Sept. 2020).*
		Geographic Limits	No reference found.
		Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	See Health Care Administrative Rule 3.101 on Telehealth for requirements of telemonitoring. "Telemonitoring" means a health service that enables remote monitoring of a beneficiary's health- related data by a home health agency done outside of a conventional clinical setting and in conjunction with a physician's plan of care. Home Telemonitoring is a health service that allows and requires scheduled remote monitoring of data related to an individual's health, and transmission of the data from the individual's home to a licensed home health agency. Scheduled periodic reporting of the individual's data to a licensed physician is required, even when there have been no readings outside the parameters established in the physician's orders. In the event of a measurement outside of the established individual's parameters, the provider shall use the health care professionals noted above to be responsible for reporting the data to a physician. **Source:** *VT Agency of Human Services. Home Health Agency, Assistive Community Care and Enhanced Residential Care Supplement. Sec. 1.3.11 Telemonitoring, p. 7 & VT Health Care Administrative rule 3.101. (Feb. 2020). (Accessed Sept. 2020).* VT Medicaid is required to cover home telemonitoring services performed by home health agencies or other qualified providers for beneficiaries who have serious or chronic medical conditions that can result in frequent or recurrent hospitalizations and emergency room admissions. **Source:** *VT Statutes Annotated Title 33 Sec. 1901g(a). (Accessed Sept. 2020)*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Conditions

Telemonitoring services are provided to clinically eligible patients.

Source: *VT Agency of Human Services. Home Health Agency, Assistive Community Care and Enhanced Residential Care Supplement. Sec. 1.3.11 Telemonitoring, p. 7 (Feb. 2019), (Accessed Sept. 2020).*

For telemonitoring services, beneficiaries shall:

- Have Medicaid as their primary insurance or Medicaid and dually enrolled in Medicare with a non-homebound status,
- Have a Congestive Heart Failure diagnosis,
- Be clinically eligible for home health services, and
- Have a physician's plan of care with an order for home telemonitoring services

Source: *VT Health Care Administrative Rules 13.174.003 (3.101.2), Telehealth. (Accessed Sept. 2020).*

Provider Limitations

Qualified providers may bill for telemonitoring. See manual for relevant CPT and revenue codes.

Source: *VT Agency of Human Services. Home Health Agency, Assistive Community Care and Enhanced Residential Care Supplement. Sec. 1.3.12 Telemonitoring, p. 7 (Feb. 2020). (Accessed Sept. 2020).*

Other Restrictions

Qualified providers shall use the following licensed health care professionals to review data:

- Registered nurse (RN)
- Nurse Practitioner (NP)
- Clinical nurse specialist (CNS)
- Licensed practical nurse (LPN) under the supervision of a RN or physician assistant (PA)

Source: *VT Health Care Administrative Rules 13.174.003 (3.101.5), Telehealth. (Accessed Sept. 2020).*

Email / Phone / Fax

No reimbursement for email.
No reimbursement for telephone.
No reimbursement for FAX.

Source: *VT Health Care Administrative Rules 13.174.003 (3.101.7), Telehealth. (Accessed Sept. 2020).*

Consent

A qualified telemedicine and store-and-forward provider must provide appropriate informed consent in a language that the beneficiary understands (see rule for details).

Source: *VT Health Care Administrative Rules 13.174.003 (3.101.5), Telehealth. (Accessed Sept. 2020).*

Written or oral informed consent for telemedicine services shall be obtained and documented in accordance with Vermont and national policies and guidelines on the appropriate use of telemedicine within the provider's profession prior to the use of telemedicine.

Source: *VT Statutes Annotated, Title 18 Sec. 9361 (2017). (Accessed Sept. 2020).*

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	Out of State Providers	No reference found.
	Miscellaneous	A qualified telemedicine and store-and-forward provider must: • Meet or exceed federal and state legal requirements of medical and health information privacy, including HIPAA • Provide appropriate informed consent in a language the beneficiary understands. Specific requirements exist. • Take appropriate steps to establish the provider-patient relationship and conduct all appropriate evaluations and history of the beneficiary consistent with traditional standards of care. • Maintain medical records for all beneficiaries receiving health care services through telemedicine that are consistent with established laws and regulations governing patient health care records. • Establish an emergency protocol when care indicates that acute or emergency treatment is necessary for the safety of the beneficiary. • Address needs for continuity of care for beneficiaries (e.g., informing beneficiary or designee how to contact provider or designee and/or providing beneficiary or identified providers timely access to medical records). • If prescriptions are contemplated, follow traditional standards of care to ensure beneficiary safety in the absence of a traditional physical examination. Services provided through telehealth are subject to the same prior authorization requirements that exist for the service when not provided through telehealth. **Source:** *VT Health Care Administrative Rules 13.174.003 (3.101.5-6), Telehealth. (Accessed Sept. 2020).*
Private Payer Laws	Definitions	"Telemedicine means the delivery of health care services such as diagnosis, consultation, or treatment through the use of live interactive audio and video over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104.191. Telemedicine does not include the use of audio-only telephone, e-mail, or facsimile." **Source:** *VT Statutes Annotated, Title 8 Sec. 4100k(h)(7). (Accessed Sept. 2020).*

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Private Payer Laws

Requirements

Health insurance plans must provide coverage for health care service delivered through telemedicine by a health care provider at a distant site to a patient at an originating site to the same extent that the plan would cover the services if they were provided through in-person consultation.

An originating site is the location of the patient, whether or not accompanied by a health care provider, at the time services are provided by a health care provider through telemedicine, including a health care provider's office, a hospital, or a health care facility, or the patient's home or another nonmedical environment such as a school-based health center, a university-based health center or patient's workplace.

A distant site is the location of the health care provider delivering services through telemedicine at the time the services are provided.

Source: *VT Statutes Annotated, Title 8 Sec. 4100k. (Accessed Sept. 2020).*

A health plan may limit coverage to health care providers in the plan's network. A health plan cannot impose limitations on the number of telemedicine consultations a covered person may receive that exceed limitations on in-person services. Health plans are not prohibited from limiting coverage to only services that are medically necessary and clinically appropriate for delivery through telemedicine, subject to the terms and conditions of the covered person's contract.

Source: *VT Statutes Annotated, Title 8 Sec. 4100k. (Accessed Sept. 2020).*

Parity

Service Parity

For live video, plans are required to cover services provided through telemedicine to the same extent the plan covers services provided in-person. For store-and-forward, plans are allowed but not required to reimburse for tele-ophthalmology and tele-dermatology.

Source: *VT Statutes Annotated, Title 8 Sec. 4100k. (Accessed Sept. 2020).*

Payment Parity

No explicit payment parity.

Professional Regulation/Health & Safety

Definitions

"Telemedicine means the delivery of health care services such as diagnosis, consultation, or treatment through the use of live interactive audio and video over a secure connection that meets Health Insurance Portability and Accountability Act (HIPAA) requirements. Telemedicine does not include the use of audio-only telephone, e-mail, or facsimile."

Source: *VT Statutes Annotated, Title 8 Sec. 4100k(h)(7) & Title 18 Sec. 9361. (Accessed Sept. 2020).*

Consent

A health care provider delivering health care services through telemedicine must obtain and document a patient's oral or written informed consent. See law for special informed consent instructions third-party vendors, emergency situations, a psychiatrist's examination and a patient receiving teleophthalmology or teledermatology by store-and-forward means.

Source: *VT Statutes Annotated, Title 18 Sec. 9361. (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Online Prescribing

Providers may prescribe, dispense, or administer drugs or medical supplies, or otherwise provide treatment recommendations if they first examine the patient in-person, through telemedicine, or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically.

Treatment recommendations made via electronic means, including issuing a prescription via electronic means, shall be held to the same standards of appropriate practice as those in traditional provider-patient settings.

Source: *VT Statutes Annotated, Title 18 Sec. 9361(b). (Accessed Sept. 2020).*

Cross-State Licensing

Member of the Interstate Medical Licensure Compact.

Source: *Interstate Medical Licensure Compact. The IMLC. (Accessed Sept. 2020).*

Miscellaneous

No reference found.

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Virginia

Medicaid Program: Virginia Medicaid

Program Administrator: State Dept. of Medical Assistance Services (DMAS)

Regional Telehealth Resource Center: Mid-Atlantic Telehealth Resource Center https://www.matrc.org

Virginia Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✓	✓	✓	✗	NLC, PTC, EMS, PSYPACT	✓

Virginia Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Virginia Medicaid reimburses for live video, store-and-forward, and remote patient monitoring under certain circumstances. Plans participating in the Medicare-Medicaid Demonstration Waiver are permitted to use store-and-forward and remote patient monitoring in rural and urban locations and to provide reimbursement for services.

Definitions

"Telemedicine is the real-time or near real-time two-way transfer of medical data and information using an interactive audio/video connection for the purposes of medical diagnosis and treatment."

Source: *VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Covered Svcs. and Limitations. p. 16 (Mar. 2020). (Accessed Sept. 2020).*

"Telemedicine is the real-time or near real-time exchange of information for the purposes of diagnosis and treatment."

Source: *VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Psychiatric Services Provider Manual, Covered Svcs. and Limitations. p. 17 (Aug. 2018). (Accessed Sept. 2020).*

Telehealth is defined as "the real-time or near real-time transfer of medical data and information using an interactive audio/video connection for the purposes of medical diagnosis and treatment."

Source: *VA Dept. of Medical Assistance Svcs., Medicaid Provider Manual, Home Health Manual, Covered Services and Limitations. p. 5 (Aug. 2020). (Accessed Sept. 2020).*

Medicaid-Medicare Waiver
"Telehealth" means the real-time or near real-time two-way transfer of data and information using an interactive audio and video connection for the purposes of medical diagnosis and treatment.

Source: *VA Reg Text 12VAC30-121-70(7(b)). (2017). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

All coverage requirements described in the DMAS Provider Manuals apply when the service is delivered via telemedicine. The use of telemedicine must be noted in the service documentation of the patient record.

Source: *VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Covered Svcs. and Limitations, p. 16 (Mar. 2020) (Accessed Sept. 2020).*

Eligible Services / Specialties

Telemedicine is available for selected services and limited provider types.

Source: *VA Dept. of Medical Assistance Svcs. General Information. All Manuals, Feb. 2019, (Accessed Sept. 2020).*

All coverage requirements described in the DMAS Provider Manuals apply when the service is delivered via telemedicine. The use of telemedicine must be noted in the service documentation of the patient record. Eligible telemedicine codes are listed in the manual in two tables.

See manual for non-covered services.

Source: *VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Covered Svcs. and Limitations, p. 17-18 (Mar. 2020) & Billing Instructions, pg. 20 (5/1/17), (Accessed Sept. 2020).*

See billing information for specific codes.

Eligible services include:

- Evaluation and management
- Psychiatric care
- Specialty medical procedures such as echocardiography and obstetric ultrasound
- Speech therapy
- Radiology procedures

Source: *VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 3. (May. 2014). (Accessed Sept. 2020).*

Speech therapy is reimbursable for a speech-language pathologist at a remote location and a qualified school aide with the child during a tele-practice session.

Source: *VA Dept. of Medical Assistant Svcs. Medicaid Provider Manual, Local Education Agency Provider Manual, Covered Svcs. and Limitations, p. 11 (Jul. 2018). (Accessed Sept. 2020).*

Community Mental Health Rehabilitative Services

A Comprehensive Needs Assessment meeting DMAS telemedicine standards is allowed for:

- Psychosocial rehabilitation
- Partial hospitalization
- Intensive Community Treatment
- Crisis intervention

Source: *VA Dept. of Medical Assistant Svcs. Medicaid Provider Manual, Community Mental Health Rehabilitative Services, Covered Svcs. and Limitations, p. 18 (May. 2019). (Accessed Sept. 2020).*

Telemedicine is reimbursable for psychiatric evaluation in crisis stabilization services when coordinated with an outpatient provider and billed as physician or outpatient psychiatric services, however telemedicine is not allowed for services billed under Crisis Stabilization.

Source: *VA Dept. of Medical Assistant Svcs. Medicaid Provider Manual, Community Mental Health Rehabilitative Services, Covered Svcs. and Limitations, p. 49-50 (May. 2019). (Accessed Sept. 2020).*

Durable Medical Equipment (DME) and Supplies

The face-to-face encounter to qualify for DME may occur through telehealth.

Source: *VA Dept. of Medical Assistant Svcs. Medicaid Provider Manual, Durable Medical Equipment and Supplies Manual, Covered Svcs. and Limitations, p. 8 (1/23/20). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Opioid Treatment Services
Services can be provided face-to-face or by telemedicine according to DMAS policy regarding telemedicine. MCO contracted providers should consult with the contracted MCOs for their specific policies and requirements for telemedicine.

Source: *VA Dept. of Medical Assistance Svcs. Medicaid Provider Manual, Addiction and Recovery Treatment Services, Covered Svcs and Limitations p. 7 & 34. (Dec. 2017). (Accessed Sept. 2020).*

MAT for Opioid Use Disorder
Prescribing controlled substances for the treatment of addiction delivered via telemedicine must include a qualified provider and a telepresenter located at the originating site, as well as a qualified prescribing provider located at the remote site. Psychotherapy and SUD counseling may also be provided via telemedicine by a qualified provider who is a credentialed addiction treatment professional as defined in this memorandum and DMAS ARTS Provider Manual. See manual for eligible MAT codes.

Source: *Medicaid Bulletin: Clarification of DMAS Requirements Related to the Use of Telemedicine in Providing MAT for OUD. Oct. 23, 2019, p. 3-4. (Accessed Sept. 2020).*

Residential Treatment Service
An assessment for residential referrals can be completed face-to-face or through telemedicine. See Medicaid manual for DMAS policy.

Source: *VA Dept. of Medical Assistance Svcs. Medicaid Provider Manual, Residential Treatment Services, Covered Services and Limitations, p. 5 & 33 (Feb. 2018), (Accessed Sept. 2020).*

Vision Manual
CPT codes that are recognized by DMAS are listed. Codes include:

- Consultations
- Office visits
- Individual psychotherapy
- Psychiatric diagnostic interview examination
- Pharmacologic management
- Colostomy
- Obstetric ultrasound
- Echocardiography, fetal
- Cardiography interpretation and report only
- Echocardiography

Source: *VA Dept. of Medical Assistance Svcs. Medicaid Provider Manual, Vision Manual, Billing Instructions, p. 23 (Jul. 2015), (Accessed Sept. 2020).*

Eligible Providers

Eligible providers:

- Physicians
- Nurse practitioners
- Nurse midwives
- Psychiatrist
- Clinical psychologist
- Clinical nurse specialists
- Clinical social worker
- Professional counselor
- Psychiatric clinical nurse specialist
- Psychiatric nurse practitioner
- Marriage and family therapist/counselor
- School psychologist
- Substance abuse treatment practitioner
- Local Education Agency (billing speech therapy)
- Federally Qualified Health Center Providers
- Appropriately licensed behavioral health and developmental services providers enrolled with Magellan.

Source: *VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Federally Qualified Health Centers Coverage of Telemedicine. (Mar. 2019) & Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 4. (May. 2014). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

Medication Assisted Treatment
The Member is located at an approved originating site with the Medicaid enrolled telepresenter. The originating site provider cannot bill an originating site fee unless the Member is assisted by a Medicaid enrolled telepresenter at the originating site.

Source: *Medicaid Bulletin: Clarification of DMAS Requirements Related to the Use of Telemedicine in Providing MAT for OUD. Oct. 23, 2019, p.4. (Accessed Sept. 2020).*

Eligible Sites

Eligible originating sites locations:

- Rural Health Clinics
- Federally Qualified Health Centers
- Hospitals
- Nursing Facilities
- Health Department Clinics
- Renal Units (dialysis centers)
- Community Services Boards (mental health-intellectual disability provider)
- Residential Treatment Centers

All listed providers are considered eligible originating site providers.

Source: *VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Federally Qualified Health Centers Coverage of Telemedicine, p. 1 (Mar. 2019) & Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 6. (May 2014). (Accessed Sept. 2020).*

Geographic Limits

Physicians may be physically located outside of VA but must be located within the continental US to deliver telemedicine services. Telemedicine out-of-state coverage does not include other out-of-state providers such as nurse practitioners.

Source: *VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 2. (May. 2014). (Accessed Sept. 2020).*

Facility/Transmission Fee

Reimburses a facility fee.

Source: *VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 4. (May. 2014) & VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Billing Instructions, p. 22 (May 2017); Vision Manual, Billing Instructions, p. 24 (Jul. 2015). (Accessed Sept. 2020).*

Medication Assisted Treatment
The originating site provider cannot bill an originating site fee unless the Member is assisted by a Medicaid enrolled telepresenter at the originating site.

Source: *Medicaid Bulletin: Clarification of DMAS Requirements Related to the Use of Telemedicine in Providing MAT for OUD. Oct. 23, 2019, p.4. (Accessed Sept. 2020).*

Store-and-Forward

Policy

DMAS reimburses for diabetic retinopathy screening through telemedicine for Medicaid members with Type 1 or 2 diabetes. Radiology related procedures are also included under telemedicine coverage as well as certain codes for teledermatology.

Source: *VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 5-6. (May. 2014) & Dept. of Medical Assistance Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Billing Instructions, p. 21 (May 2017). (Accessed Sept. 2020).*

Medicare-Medicaid Demonstration Waiver:
Participating plans shall be permitted to use telehealth in rural and urban settings and reimburse for store-and-forward applications.

Source: *VA Reg. Text 12VAC30-121-70-B-7. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Store-and-Forward

Eligible Services/Specialties

Refer to the manual for a full list of CPT and HCPCS codes reimbursable by Virginia Medicaid.

Services covered include:

- Radiology and radiology procedures
- Diabetic retinopathy (regardless of the number of fields viewed for all Medicaid Members with Type 1 or Type 2 diabetes)
- Outpatient teledermatology

Source: *VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Physician/Practitioner. Billing Instructions, p. 20-24 (May 2017) & VA Medicaid Memo. Clarification of Medicaid Coverage of Diabetic Retinopathy Screening via Telemedicine. Nov. 9, 2016. (Accessed Sept. 2020).*

Geographic Limits

Physicians may be physically located outside of VA but must be located within the continental US to deliver telemedicine services. Telemedicine out-of-state coverage does not include other out-of-state providers such as nurse practitioners.

Source: *VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 2. (May 2014) (Accessed Sept. 2020).*

Transmission Fee

Reimburses a facility fee.

Source: *VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 4. (May 2014) VA Dept. of Medical Assistant Svcs, Medicaid Provider Manual, Physician/Practitioner-Manual. Covered Services and Limitations, p. 17 (Mar. 2020). (Accessed Sept. 2020).*

Remote Patient Monitoring

Policy

Face-to-face encounters for home health services may occur through telehealth.

Source: *VA Dept. of Medical Assistance Svcs., Medicaid Provider Manual, Home Health Manual, Covered Services and Limitations. p. 5 (Aug. 2020). (Accessed Sept. 2020).*

VA Medicaid reimburses for Continuous Glucose Monitoring.

Source: *VA Department of Medical Assistance Services. Medicaid Memo. Clarification of Existing Medicaid Coverage of Continuous Glucose Monitoring for Members in Medicaid/FAMIS/FAMIS MOMS Fee-for-Service Programs. (Oct. 2016). (Accessed Sept. 2020).*

Medicare-Medicaid Demonstration Waiver:
Participating plans shall also have the ability to cover remote patient monitoring.

Source: *VA Reg. Text 12VAC30-121-70(7). (Accessed Sept. 2020).*

Conditions

Used for patients with one or more chronic conditions, such as:

- congestive heart failure
- cardiac arrhythmias
- diabetes
- pulmonary diseases
- anticoagulation treatment

Enrollee must agree to use of remote patient monitoring.

Source: *VA Reg. Text 12VAC30-121-20. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Conditions

Coverage Continuous Glucose Monitoring is limited to members with:

- Type 1 diabetes
- Type 2 diabetes (when over 16 years old)
- Pregnant women who are injecting insulin with either Type 1 or 2.

Service authorization is required. Additional requirements apply.

Source: *VA Department of Medical Assistance Services. Medicaid Memo. Clarification of Existing Medicaid Coverage of Continuous Glucose Monitoring for Members in Medicaid/FAMIS/FAMIS MOMS Fee-for-Service Programs. (Nov. 2016). (Accessed Sept. 2020).*

Provider Limitations

No reference found.

Other Restrictions

No reference found.

Email / Phone / Fax

No reimbursement for email.
No reimbursement for telephone.
No reimbursement for FAX.

Source: *VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Covered Svcs. and Limitations, p. 17 (Mar. 2020) & VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 3. (May. 2014). (Accessed Sept. 2020).*

Consent

No reference found.

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Medicaid Telehealth Reimbursement

Out of State Providers

Newly enrolling out-of-state physicians who enter on their enrollment application a service address that is within 50 miles of the Virginia border may be enrolled as in-state providers.

Source: *VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 2-3. (May. 2014). (Accessed Sept. 2020).*

Out-of-state physicians must enroll with DMAS contractors to utilize telemedicine in the Medicaid program.

All providers utilizing telemedicine and billing for services must be enrolled with DMAS. All coverage requirements described in the DMAS provider manuals apply when the service is delivered via telemedicine.

Physicians may be physically located outside of VA but must be located within the continental US to deliver telemedicine services. Telemedicine out-of-state coverage does not include other out-of-state providers such as nurse practitioners.

Source: *VA Dept. of Medical Assistance Svcs. Medicaid Bulletin.Updates to Telemedicine Coverage. P. 2-3. (May. 2014) & VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Covered Svcs. and Limitations, p. 16 (Mar. 2020). (Accessed Sept. 2020).*

Providers must have the appropriate required license from the Department of Behavioral Health and Developmental Services (http://www.dbhds.virginia.gov/) and enrolled with Magellan. These providers are considered as remote providers.

Source: *VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 6. (May. 2014). (Accessed Sept. 2020).*

Miscellaneous

Use of telemedicine must be noted in the service documentation of the patient record.

The originating site provider or designee must attend the encounter with the member, unless the encounter documentation in the patient record notes the reason staff was not present.

Source: *VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 3-4. (May 2014) & Dept. of Medical Assistance Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Covered Svcs. And Limitations, p. 16 (Mar. 2020); Psychiatric Services Provider Manual, Covered Svcs, And Limitations pg. 17, (Aug. 2018), (Accessed Sept. 2020).*

Telemedicine also available for limited screening under the Governor's Access Plan for the Seriously Mentally Ill (GAP).

Source: *VA Dept. of Medical Assistant Svcs., GAP Manual, p. 3 & 6 (Feb. 2019). (Accessed Sept. 2020).*

See Psychiatric Services Provider Manual for requirements around equipment, professional protocols, and confidentiality.

Source: *VA Dept. of Medical Assistance Svcs. Psychiatric Services Provider Manual, Covered Services, pg. 17, (Aug. 2018). (Accessed Sept. 2020).*

Dual Eligibles (Medicare and Medicaid)
DMAS established the Commonwealth Coordinated Care program and allows participating plans to reimburse for telehealth for Medicare and Medicaid services as an innovative way to reduce hospital readmissions, reduce ED visits, etc. Participating plans shall encourage the use of telehealth to promote community living and improve behavioral health services. Plans shall be permitted to use telehealth in rural and urban settings and reimburse for store-and-forward. Plans shall also have the ability to cover remote patient monitoring.

Source: *12VAC30-121-70 (B(7)). (Accessed Sept. 2020).*

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Private Payer Laws

Definitions

Telemedicine services means the use of electronic technology or media, including interactive audio or video for the purpose of diagnosing or treating a patient, providing remote patient monitoring services, or consulting with other health care providers regarding a patient's diagnosis or treatment. 'Telemedicine services' does not include an audio-only telephone, electronic mail message, facsimile transmission, or online questionnaire.

Source: *VA Code Annotated Sec. 38.2-3418.16 (B). (Accessed Sept. 2020).*

Requirements

An insurer shall not exclude a service for coverage solely because the service is provided through telemedicine services and is not provided through face-to-face consultation or contact between a health care provider and a patient for services appropriately provided through telemedicine services.

Source: *VA Code Annotated Sec. 38.2-3418.16(C). (Accessed Sept. 2020).*

Facility fee reimbursement is allowed, but not required.

Source: *VA Code Annotated Sec. 38.2-3418.16(D). (Accessed Sept. 2020).*

Requirements on the coverage of telemedicine services include medically necessary remote patient monitoring services to the full extent that these services are available.

Source: *VA Code Annotated Sec. 38.2-3418.16(J). (Accessed Sept. 2020).*

Parity

Service Parity

The treating provider or consulting provider must be reimbursed on the same basis that the insurer is responsible for coverage for the provision of services face-to-face.

Source: *VA Code Annotated Sec. 38.2-3418.16(D). (Accessed Sept. 2020).*

Payment Parity

No explicit payment parity.

Source: *VA Code Annotated Sec. 38.2-3418.16, (Accessed Sept. 2020).*

Professional Regulation/Health & Safety

Definitions

Telemedicine services means the use of electronic technology or media, including interactive audio or video for the purpose of diagnosing or treating a patient, providing remote patient monitoring services, or consulting with other health care providers regarding a patient's diagnosis or treatment. 'Telemedicine services' does not include an audio-only telephone, electronic mail message, facsimile transmission, or online questionnaire.

Source: *VA Code Annotated Sec. 38.2-3418.16 & Sec. 54.1-3303. (Accessed Sept. 2020).*

"Teledentistry" means the delivery of dentistry between a patient and a dentist who holds a license to practice dentistry issued by the board through the use of telehealth systems and electronic technologies or media, including interactive, two-way audio or video.

Source: *VA Code Annotated Sec. 54.1-2700. (Accessed Sept. 2020).*

Statewide Telehealth Plan
"Telehealth services" means the use of telecommunications and information technology to provide access to health assessments, diagnosis, intervention, consultation, supervision, and information across distance. "Telehealth services" includes the use of such technologies as telephones, facsimile machines, electronic mail systems, store-and-forward technologies, and remote patient monitoring devices that are used to collect and transmit patient data for monitoring and interpretation.

Source: *VA Statute 32.1-122.03:1 (HB 1332 – 2020 Session). (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Consent

Informed consent must be obtained and maintained.

Source: *Telemedicine Guidance. Doc. # 85-12. VA Board of Medicine. P. 3 (October 28, 2018). (Accessed Sept. 2020).*

Online Prescribing

Practitioners prescribing controlled substances must have a "bona fide" relationship with the patient.

Requirements:

- Obtaining a medical or drug history;
- Informing the patient about the benefits and risks of the drug;
- Conducting a patient exam, either physically or by the use of instrumentation and diagnostic equipment, through which images and medical records may be transmitted electronically; and
- Initiated additional interventions and follow-up care, if necessary, especially if a prescribed drug may have serious side effects.

Practitioners can also prescribe Schedule II-V controlled substances under certain circumstances and in compliance with federal requirements. Additional requirements apply for the prescription of Schedule VI controlled substances via telemedicine.

An examination is not required in cases in which the practitioner is an employee or contracted by the Department of Health or local health department and is providing expedited partner therapy. Cases in which the practitioner is an employee of or contracted by the Department of Health or a local health department, a "bona-fide" practitioner-patient relationship is not required for purposes of prescribing Schedule VI antibiotics and antiviral agents.

Source: *VA Board of Medicine. Telemedicine Guidance Document: 85-12. p. 4 (Oct. 2018) & VA Code Annotated Sec. 54.1-3303. (HB – 1914). (Accessed Sept. 2020).*

Teledentistry

No person shall practice dentistry unless a bona fide dentist-patient relationship is established in person or through teledentistry. A bona fide dentist-patient relationship shall exist if the dentist has:

- Obtained or caused to be obtained a health and dental history of the patient;
- Performed or caused to be performed an appropriate examination of the patient, either physically, through use of instrumentation and diagnostic equipment through which digital scans, photographs, images, and dental records are able to be transmitted electronically, or through use of face-to-face interactive two-way real-time communications services or store-and-forward technologies;
- Provided information to the patient about the services to be performed; and
- Initiated additional diagnostic tests or referrals as needed. In cases in which a dentist is providing teledentistry, the examination required by clause (ii) shall not be required if the patient has been examined in person by a dentist licensed by the Board within the six months prior to the initiation of teledentistry and the patient's dental records of such examination have been reviewed by the dentist providing teledentistry.

Source: *VA Statute 54.1-2711 (SB 122 – 2020 Session). (Accessed Sept. 2020).*

Certification for use of cannabis oil for treatment.

The practitioner shall use his professional judgement to determine the manner and frequency of patient care and evaluation and may employ the use of telemedicine consistent with federal requirements for the prescribing of Schedule II through V controlled substances.

Source: *VA Code Annotated Sec. 54.1-3408. (SB 976 & HB 1460 – 2020 Session). (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Cross-State Licensing

VA is a member of the Nurses Licensure Compact.

Source: *Nurse Licensure Compact. (Accessed Sept. 2020).*

Member of the Physical Therapy Compact.

Source: *Compact Map. Physical Therapy Compact. (Accessed Sept. 2020).*

Member of the Emergency Medical Services Personnel Licensure Compact.

Source: *EMS Compact. (Accessed Sept. 2020).*

Member of the Psychology Interjurisdictional Compact (Effective January 1, 2021).

Source: *PSYPACT. (Accessed Sept. 2020).*

Miscellaneous

Telemedicine Guidance from VA Medical Board

- Prescribing via telemedicine is at the discretion of the prescribing practitioner.
- Informed consent must be obtained and maintained.
- See guidance for additional requirements.

Source: *VA Board of Medicine. Telemedicine Guidance Document: 85-12. p. 3-4 (Oct. 2018). (Accessed Sept. 2020).*

See rules for the practice of teledentistry specifically.

Source: *VA Statute 54.1-2711 (SB 122 – 2020 Session). (Accessed Sept. 2020).*

Virginia requires the Commonwealth Broadband Chief Advisor to advocate for and facilitate the development and deployment of applications, programs, and services, including but not limited to telework, telemedicine, and e-learning, that will bolster the usage of and demand for broadband level telecommunications, among other things.

Source: *VA SB 877 (2020 Session). (Accessed Sept. 2020).*

By July 1, 2022, Virginia requires the Board of Health to develop and implement a Statewide Tele-health plan to promote an integrated approach to the introduction and use of telehealth services and telemedicine services. The bill requires the Statewide Telehealth Plan to promote:

1. the use of remote patient monitoring services and store-and-forward technologies, including in cases involving patients with chronic illness;
2. the leveraging of telehealth and telemedicine technologies to streamline general practice and nonemergency triage services;
3. rapid patient access to emergency medicine providers through telehealth services and telemedicine services;
4. such other telehealth services and telemedicine services and technologies as the Board of Health deems appropriate

Source: *VA Code Annotated Sec. 32.1-122.03 (C(1)) (HB 1332). (Accessed Sept. 2020).*

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Washington

Medicaid Program: Washington Apple Health

Program Administrator: Washington State Health Care Authority

Regional Telehealth Resource Center: Northwest Regional Telehealth Resource Center https://www.nrtrc.org

Washington Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✓	✗	✓	✓*	IMLC, PTC	✓

Washington Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Washington Medicaid (Apple Health) reimburses for live video, limited store-and-forward, and remote patient monitoring under some circumstances.

Client must be present and participating in telemedicine visit. Clients under the Family Planning Only – Pregnancy Related program, Family Planning Only program (formerly TAKE CHARGE), First Steps, and School Based Health Care Service program are eligible for telemedicine through fee-for-service.

MCO's cover the delivery of care via telemedicine. Follow the MCO's policy and billing requirements.

Source: *WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 86-87 (Sept. 2020). (Accessed Sept. 2020).*

Telemedicine is covered by the Department.

Source: *WA Admin. Code Sec. 182-531-0100. (Accessed Sept. 2020)*

Definitions

"Telemedicine is when a health care practitioner uses HIPAA-compliant interactive real-time audio and video telecommunications (including web-based applications) or store-and-forward technology to deliver covered services that are within his or her scope of practice to a client at a site other than the site where the provider is located."

Source: *WA Admin. Code Sec. 182-531-1730. WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 86 (Sept. 2020). (Accessed Sept. 2020).*

Telemedicine is when a health care provider uses HIPAA-compliant, interactive, real-time audio and video telecommunications (including web-based applications) to deliver covered services that are within the provider's scope of practice to a student at a site other than the site where the provider is located. The HCA does not cover the following services provided through telemedicine.

Source: *WA State Health Care Authority, Medicaid Provider Guide, School Based Health Care Services, p. 33 (Oct. 2020). Applied Behavior Analysis (ABA) Program, p. 36 (Jan. 2020); Maternity Support Services and Infant Case Management, p. 41 (Oct. 2020). (Accessed Sept. 2020).*

*Effective Jan. 1, 2021.

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Medicaid Telehealth Reimbursement

Definitions

Manuals for Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Maternity Support Services, Mental Health Services, Medical Nutrition Therapy, Neurodevelopmental Centers, Habilitative Services, Outpatient Hospital Services, Outpatient Rehabilitation Respiratory Care, and Substance Use Disorder refer to agency's telemedicine coverage policy in the Physician-related services manual.

Source: *WA State Health Care Authority, Medicaid Provider Guide. Federally Qualified Health Centers Manual, p. 66 Jul. 2020; Rural Health Clinics, p. 45, Jul. 1, 2020; Mental Health Services, p. 15 (Jul. 1, 2020); Maternity Support Services Manual, Oct. 1, 2020, pg. 26; Medical Nutrition Therapy Manual, Oct. 1, 2020, pg. 15; Neurodevelopmental Centers, (Oct. 1, 2020), pg. 12; Habilitative Services, (Apr. 1, 2020); Outpatient Rehabilitation, (Apr. 1, 2020), pg. 16; Outpatient Hospital Services Manual, Jul. 1, 2020, pg. 38; Respiratory Care, Apr. 1, 2020, pg. 23; Substance Use Disorder, (Aug. 1, 2020), pg. 24. (Accessed Sept. 2020).*

Live Video

Policy

Fee-for-service clients are eligible for medically necessary covered health care services delivered via telemedicine. The referring provider is responsible for determining and documenting that telemedicine is medically necessary. The referring provider is responsible for determining and documenting medical necessity.

As a condition of payment, the client must be present and participating in the telemedicine visit.

Source: *WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 87 (Sept. 2020). (Accessed Sept. 2020).*

Eligible Services / Specialties

Physician-Related Services
WA Medicaid covers telemedicine when it is a substitute for an in-person face-to-face hands-on encounter for only those services specifically listed in the telemedicine section of the manual.

The agency reimburses medically necessary covered services through telemedicine when the service is provided by a Washington Apple Health (Medicaid) provider and is within their scope of practice. Place of service 02 to indicate the service was furnished as a telemedicine service from the distant site.

Source: *WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 87-90 (Sept. 2020). (Accessed Sept. 2020).*

School Based Services
IIn order for a school district to receive reimbursement for telemedicine, the provider furnishing services through telemedicine must be enrolled as a servicing provider under the school district's ProviderOne account. Services provided by nonlicensed school staff must be billed under the supervising provider's NPI in ProviderOne.

Source: *WA State Health Care Authority, Medicaid Provider Guide, School-Based Health Services, p. 33 (Oct. 2020). (Accessed Sept. 2020).*

Applied Behavior Analysis (ABA) for Clients Age 20 and Younger
Eligible telemedicine services:

- Program supervision when the child is present
- Family training, which does not require the child's presence

The LBA may use telemedicine to supervise the CBT's delivery of ABA services to the client, the family, or both. LBAs who use telemedicine are responsible for determining if telemedicine can be performed without compromising the quality of the parent training, or the outcome of the ABA therapy treatment plan.

See ABA Treatment fee schedule for telemedicine billing instructions.

Source: *WA State Health Care Authority, Medicaid Provider Guide, Applied Behavior Analysis for Clients 20 and Younger, p. 37 (Jan. 2020) & WAC 182-531A-1200. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Behavioral Health
Behavioral health administrative services organizations and managed care organizations who have a contract with the department shall reimburse a provider for behavioral health services provided to a covered person who is under 18 years old through telemedicine or store-and-forward if:

- The behavioral health administrative services organization or managed care organization provides coverage for behavioral health services when provided in-person; and
- The service is medically necessary

Source: *Revised Code of WA Sec. 71.24.335(1). (Accessed Sept. 2020).*

Teledentistry
Teledentistry can be delivered through a synchronous or asynchronous method. The agency covers teledentistry as a substitute for an in-person, face-to-face, hands-on encounter when medically necessary, within the scope of practice of the performing agency-contracted providers, and Department of Health teledentistry guidelines.

A dentist or authorized dental provider may delegate allowable tasks to Washington State Registered Dental Hygienists and Expanded Function Dental Assistants through teledentistry. Delegation of tasks must be under general supervision. Teledentistry does not meet the definition of close supervision.

See manual for acceptable CPT codes.

Source: *WA State Health Care Authority, Medicaid Provider. Dental-Related Services, p. 81-82. (April. 2020). (Accessed Sept. 2020).*

Mental Health Services
Drug monitoring must be provided during a face-to-face visit with the client, unless it is part of a qualified telemedicine visit.

Source: *WA State Health Care Authority, Medicaid Provider. Mental Health Services, p. 38. Jul. 2020. (Accessed Sept. 2020).*

Eligible Providers

Rural Health Clinics (RHCs) & FQHCs
RHCs & FQHCs are authorized to serve as an originating site for telemedicine services. RHCs and FQHCs may receive the encounter rate when billing as a distant site provider if the service being billed is encounter eligible. Clients enrolled in an agency-contracted MCO must contact the MCO regarding whether or not the plan will authorize telemedicine coverage.

Source: *WA State Health Care Authority, Medicaid Provider Guide, Rural Health Clinics, p. 45, Jul. 2020; Federally Qualified Health Centers, p. 66. (Accessed Sept. 2020).*

School Based Health Care Services
Under the SBHS program, HCA pays for services provided through telemedicine as outlined in this billing guide. Licensed providers, licensed assistants, compact license holders, interim permit holders, and non-licensed school staff practicing under the supervision of a licensed provider may provide SBHS through telemedicine.

Source: *WA State Health Care Authority, Medicaid Provider Guide, School Based-Health Care Services, p. 32, Sept. 2020. (Accessed Sept. 2020).*

Tribal Health Program
An encounter can be conducted face-to-face or via real-time telemedicine.

Source: *WA State Health Care Authority, Medicaid Provider Guide, Tribal Health Program, p. 18, Oct. 2020. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Sites

Approved Originating Sites

- Clinics;
- Community mental health center/chemical dependency settings;
- Dental offices;
- Federally qualified health center;
- Home or any location determined appropriate by the individual receiving the service;
- Hospitals—inpatient or outpatient;
- Neurodevelopmental centers;
- Physician's or other health professional's office;
- Renal dialysis centers, except an independent renal dialysis center;
- Rural health clinic;
- Schools; or
- Skilled nursing facility

Originating site (referring) providers are responsible for determining and documenting that telemedicine is medically necessary.

Source: *WAC 182-531-1730 (3). & WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 88 (Sept. 2020). (Accessed Sept. 2020).*

School-Based Health Care Services (SBHS)
When the originating site is a school, the school district must submit a claim on behalf of both the originating and distant site. The location of the student and provider must be documented. The SBHS program allows the following approved originating sites:

- The school
- The home, daycare, or any location determined appropriate by the students or parents

See manual for specific scenarios and appropriate modifiers.

Source: *WA State Health Care Authority, Medicaid Provider Guide, School Based Health Care Services, p. 33 (Oct. 2020). (Accessed Sept. 2020).*

Geographic Limits

No reference found.

Facility/Transmission Fee

Facility fees are available for originating sites, except inpatient hospitals, skilled nursing facilities, homes or other locations determined appropriate by the individual receiving service. Eligible originating sites explicitly listed for the facility fee include:

- Hospital outpatient
- Critical access hospitals
- FQHCs and RHCs
- Physicians or other health professional office
- Other settings, when approved as an originating site

Source: *WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 88-89 (Sept. 2020). (Accessed Sept. 2020).*

FQHCs and Rural Health Clinics that serve as an originating site for telemedicine services are paid an originating site facility fee. Charges for the originating site facility fee may be included on a claim, but the originating site facility fee may not be included on the cost report.

Source: *WA State Health Care Authority, Medicaid Provider Guide Rural Health Clinics, p. 45, Jul. 2020 & Federally Qualified Health Centers, p. 66 (Jul. 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video — Facility/Transmission Fee

School-Based Health Care Services (SBHS)
When the originating site is a school, the school district will receive a telemedicine fee per completed telemedicine transmission.

Source: *WA State Health Care Authority, Medicaid Provider Guide, School Based Health Care Services, p. 33 (Oct. 2020). (Accessed Sept. 2020).*

Dental Related Services
The facility fee is included in the CPT code. There is no separate facility fee for teledentistry.

Source: *WA State Health Care Authority, Medicaid Provider Guide, Dental Services, p. 82 (Apr. 2020). (Accessed Sept. 2020).*

Store-and-Forward — Policy

Newly Passed Legislation (Effective Jan. 1, 2021)
Upon initiation or renewal of a contract with the Washington state health care authority to administer a Medicaid managed care plan, a managed health care system shall reimburse a provider for a health care service provided to a covered person through telemedicine at the same rate as if the health care service was provided in person by the provider.

Hospitals, hospital systems, telemedicine companies, and provider groups consisting of eleven or more providers may elect to negotiate a reimbursement rate for telemedicine services that differs from the reimbursement rate for in-person services.

Source: *RCW 74.09.325 (SB 5385 – 2020 Session). (Accessed Sept. 2020).*

Washington Medicaid reimburses for some store-and-forward services under certain circumstances. If the service is provided through store-and-forward technology, there must be an associated office visit between the client and the referring health care provider.

As a condition of payment, the client must be present and participating in the telemedicine visit.

Source: *WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 86-87 (Sept. 2020). (Accessed Sept. 2020).*

WA Medicaid covers asynchronous teledentistry when the client's dental clinical information is gathered at the originating site the information is sent via store-and-forward technology to a dentist or authorized dental provider (distant site) for review and subsequent intervention at a later point in time.

Source: *WA State Health Care Authority, Medicaid Provider. Dental-Related Services, p. 81 (Apr. 2020). (Accessed Sept. 2020).*

WA Medicaid pays for store-and-forward for teledermatology or when all of the following conditions are met:

- There is an associated office visit that can be done either in-person or via asynchronous telemedicine and include one or more of the following types of information: video clips, still images, x-rays, MRIs, electrocardiograms and electroencephalograms, laboratory results, audio clips, and text. The visit results in a documented care plan that is communicated back to the referring provider.
- The transmission of information is HIPAA compliant.
- Written informed consent is obtained that store and forward technology will be used and who the consulting provider is.

If the consultation results in a face-to-face visit in-person or via telemedicine with the specialist within 60 days of the store-and-forward consult, the agency does not pay for the consult.

Source: *WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 90 (Sept. 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Store-and-Forward

Eligible Services/Specialties

WA Apple Health pays for store-and-forward for teledermatology. Teledermatology services via store-and-forward must be billed with GQ modifier and 02 POS Code from the distant site. The sending provider bills as usual with the E&M code and no modifier.

See manual for acceptable CPT/HCPCS codes.

Source: *WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 90-91 (Sept. 2020). (Accessed Sept. 2020).*

Teledentistry
Teledentistry can be delivered through a synchronous or asynchronous method. The agency covers teledentistry as a substitute for an in-person, face-to-face, hands-on encounter when medically necessary. For asynchronous teledentistry, the client's dental clinical information is sent via store-and-forward technology from the originating site to a dentist or authorized dental provider (distant site) for review and subsequent intervention at a later point in time.

See manual for acceptable CPT codes.

Source: *WA State Health Care Authority, Medicaid Provider. Dental-Related Services, p. 81-82. (Apr. 2020). (Accessed Sept. 2020).*

Behavioral Health Organizations
Store-and-forward reimbursable only for covered services specified in the negotiated agreement between the behavioral health administrative services organization and health care provider.

Source: *RCW 71.24.335(2(b)). (Accessed Sept. 2020).*

Geographic Limits

No reference found.

Transmission Fee

The originating site for store-and-forward is not eligible to receive an originating site fee.

Source: *WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 91 (Sept. 2020). (Accessed Sept. 2020).*

Remote Patient Monitoring

Policy

Home Health Services
"Telemedicine means the use of tele-monitoring to enhance the delivery of certain home health skilled nursing services through:

- The collection of clinical data and the transmission of such data between a patient at a distant location and the home health provider through electronic processing technologies. Objective clinical data that may be transmitted includes, but is not limited to, weight, blood pressure, pulse, respirations, blood glucose, and pulse oximetry; or
- The provision of certain education related to health care services using audio, video, or data communication instead of a face-to-face visit."

Source: *WA Admin. Code Sec. 182-551-2010. (Accessed Sept. 2020).*

Conditions

No reference found.

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Provider Limitations

No reference found.

Other Restrictions

Home health monitoring is not covered in Applied Behavior Analysis Program for clients Age 20 or younger.

Source: *WA State Health Care Authority, Medicaid Provider Guide, Applied Behavior Analysis for Clients 20 and Younger, p. 37 (Jan. 2020). (Accessed Sept. 2020).*

Email / Phone / Fax

No reimbursement for email.
No reimbursement for telephone.
No reimbursement for FAX.

Teledermatology does not include single-mode consultations by telephone calls, images transmitted via facsimile machines, or electronic mail.

Source: *WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 87 & 91 (Sept. 2020), School-Based Health Care Services, p. 33 (Oct. 2020); Applied Behavioral Analysis (ABA) Program, p. 37. (Accessed Sept. 2020).*

HCA pays for telephone services when used by a physician to report and bill for episodes of care initiated by an established patient (i.e., someone who has received a face-to-face service from you or another physician of the same specialty in your group in the past three years) or by the patient's guardian. See manual for codes and additional requirements.

Source: *WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 50 (Sept. 2020). (Accessed Sept. 2020).*

The agency does not cover email, audio only telephone, and facsimile transmissions as teledentistry services.

Source: *WA State Health Care Authority, Medicaid Provider Guide, Dental-Related Services, p. 81, Apr. 2020. (Accessed Sept. 2020).*

Consent

Written consent must be obtained for store-and-forward.

Source: *WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 90 (Sept. 2020). (Accessed Sept. 2020).*

Out of State Providers

No reference found.

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Medicaid Telehealth Reimbursement

Miscellaneous

Use place of service (POS) 02 to indicate that a billed service was furnished as a telemedicine service from a distant site. Distant site practitioners billing for telemedicine services under Critical Access Hospital (CAH) optional payment method must use the GT modifier. Add modifier 95 if the distant site is designated as a nonfacility.

Source: *WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 90 (Sept. 2020). (Accessed Sept. 2020).*

Additional Documentation Requirements for Telemedicine:

- Verification that the service was provided via telemedicine
- The location of the client and a note of any medical personnel with the client
- The location of the provider
- The names and credentials (MD, ARNP, RN, PA, CNA, etc.) of all people involved in the telemedicine visit, and their role in the encounter at both the originating and distant sites

Source: *WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 88 (Sept. 2020). (Accessed Sept. 2020).*

"If a provider from the originating site performs a separately identifiable service for the client on the same day as telemedicine, documentation for both services must be clearly and separately identified in the client's medical record."

Source: *WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 89 (Sept. 2020). (Accessed Sept. 2020).*

Private Payer Laws

Definitions

"Telemedicine" means the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. For purposes of this section only, "telemedicine" does not include the use of audio-only telephone, facsimile, or email.

Source: *WA Rev. Code Sec. 48.43.735(8(g)) & Sec. 41.05.700(8(g)). (Accessed Sept. 2020).*

Requirements

Insurers (including employee health plans and Medicaid Managed Care) must reimburse a provider for services delivered through telemedicine or store-and-forward if:

- The plan provides coverage when provided in-person;
- The health care service is medically necessary;
- The health care service is a service recognized as an essential health benefit under section 1302(b) of the federal patient protection and affordable care act (ACA); and
- The health care service is determined to be safely and effectively provided through telemedicine or store-and-forward technology according to generally accepted health care practices and standards, and the technology used to provide the health care service meets the standards required by state and federal laws governing the privacy and security of protected health information.

Source: *RCW 48.43.735(1) & Sec. 41.05.700.(1). (Accessed Sept. 2020).*

Eligible Originating Sites

- Hospital
- Rural health clinic
- Federally qualified health center
- Physician's or other health care provider's office
- Community mental health center
- Skilled nursing facility
- Renal dialysis center, except an independent renal dialysis center
- Home or any location determined appropriate by the individual receiving the service

Originating sites may not distinguish between rural and urban originating sites

Source: *RRCW 48.43.735(3) & Sec. 41.05.700(3). (Accessed Sept. 2020).*

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Private Payer Laws

Requirements

An originating site (other than a home) can charge a facility fee, but it is subject to a negotiated agreement between the originating site and the health carrier.

Source: *RCW 48.43.735(4) & Sec. 41.05.700(4), (Accessed Sept. 2020).*

The plan may not distinguish between originating sites that are rural and urban.

Source: *Revised Code of WA Sec. 41.05700(5). (Accessed Sept. 2020).*

Parity

Service Parity

Services must be considered an essential health benefit under the ACA and be determined to be safely and effectively provided through telemedicine or store-and-forward.

Source: RCW 48.43.735(1(iii)) & Sec. 41.05.700(1(iii)). (Accessed Sept. 2020).

Payment Parity

Recently Passed Legislation (Now Effective)
Health plans issued or renewed on or after January 1, 2021 shall reimburse a provider for a health care service provided to a covered person through telemedicine at the same rate as if the health care service was provided in person by the provider.

Hospitals, hospital systems, telemedicine companies, and provider groups consisting of eleven or more providers may elect to negotiate a reimbursement rate for telemedicine services that differs from the reimbursement rate for in-person services.

Source: RCW 41.05.700; 48.43.735 (WA SB 5385 – 2020 Session). (Accessed Sept. 2020).

Professional Regulation/Health & Safety

Definitions

"Telemedicine means the delivery of health care (or behavioral health) services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. For purposes of this section only, 'telemedicine' does not include the use of audio-only telephone, facsimile, or email."

Source: *RCW 70.41.020(13) & WAC 246-335-610(21). (Accessed Sept. 2020).*

Hospice and Home Health
"Telehealth" means a collection of means or methods for enhancing health care, public health, and health education delivery and support using telecommunications technology. Telehealth encompasses a broad variety of technologies and tactics to deliver virtual medical, health, and education services.

"Telemedicine" means the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. Telemedicine does not include the use of audio-only telephone, facsimile, or electronic mail.

Source: *WAC 246-335-610(20) & (21); WAC 246-335-510(21) & (22). (Accessed Sept. 2020).*

Physical and Occupational Therapy
"Telehealth means providing physical therapy [or occupational therapy] via electronic communication where the physical [occupational] therapist or physical [or occupational] therapist assistant and the patient are not at the same physical location."

Source: *WAC 246-915-187(3(a)) & 246-847-176(1). (Accessed Sept. 2020)*

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Professional Regulation/Health & Safety

Consent

As with medical care involving in-person contact, a practitioner should obtain and document appropriate informed consent for Telemedicine encounters. Because of the unique characteristics of Telemedicine, it is best practice for the informed consent to include:

- Reasonable understanding by all parties of the enabling technologies utilized, their capabilities and limitations, and a mutual agreement that they are appropriate for the circumstances;
- The credentials of the practitioner.

Source: *Washington Medical Quality Assurance Commission, Guidelines for Appropriate Use of the Internet in Medical Practice, p. 3, Oct. 3, 2014. (Accessed Sept. 2020).*

Online Prescribing

The WA Medical Quality Assurance Commission has issued guidelines on the use of the Internet in medical practices. A guideline does not have the force of law, but can be considered by the Commission to be the standard of practice in the state.

An appropriate history and evaluation of the patient must precede the rendering of any care, including provision of prescriptions.
Patient completion of a questionnaire does not, by itself, establish a practitioner-patient relationship, and therefore treatment, including prescriptions, based solely on a questionnaire does not constitute an acceptable standard of care.

Careful consideration should apply before prescribing DEA-controlled substances, and compliance with all laws and regulations pertaining to such prescriptions is expected.

Treatment, including issuing a prescription, based solely on an online questionnaire or consultation does not constitute an acceptable standard of care.

Source: *Washington Medical Quality Assurance Commission, Guidelines for Appropriate Use of the Internet in Medical Practice, p. 3-4, Oct. 3, 2014. (Accessed Sept. 2020).*

For purposes of authorizing the medical use of marijuana, a physician must complete an in-person physical exam or a remote physical exam when certain conditions are met. Following an in-person physical examination to authorize the use of marijuana for medical purposes, the health care professional may determine and note in the patient's medical record that subsequent physical examinations for the purposes of renewing an authorization may occur through the use of telemedicine technology if the health care professional determines that requiring the qualifying patient to attend a physical examination in person to renew an authorization would likely result in severe hardship to the qualifying patient because of the qualifying patient's physical or emotional condition.

Source: *Revised Code Washington Sec. 69.51A.030. (Accessed Sept. 2020).*

Cross-State Licensing

Member of the Interstate Medical Licensure Compact.

Source: *The IMLC. (Accessed Sept. 2020).*

Member of Physical Therapy Compact.

Source: *PT Compact. Compact Map. (Accessed Sept. 2020).*

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Recently Passed Legislation (Now Effective)
Beginning Jan. 1, 2021, a health care professional who provides clinical services through telemedicine, other than a physician licensed under chapter 18.71 RCW or an osteopathic physician licensed under chapter 18.57 RCW, shall complete a telemedicine training. By January 1, 2020, the telemedicine collaborative shall make a telemedicine training available on its web site for use by health care professionals who use telemedicine technology. If a health care professional completes the training, the health care professional shall sign and retain an attestation. The training:

- Must include information on current state and federal law, liability, informed consent, and other criteria established by the collaborative for the advancement of telemedicine, in collaboration with the department and the Washington state medical quality assurance commission;
- Must include a question and answer methodology to demonstrate accrual of knowledge; and
- May be made available in electronic format and completed over the internet.

A health care professional is deemed to have met the requirements of subsection (2) of this section if the health care professional:

- Completes an alternative telemedicine training; and
- Signs and retains an attestation that he or she completed the alternative telemedicine training.

Source: *RCW 43.70.495 (WA SB 6061 – 2020). (Accessed Sept. 2020).*

WA State requires a provider directory to be updated monthly. For each health plan, the associated provider directory must include information about available telemedicine services and specifically described.

Source: *WWAC 284-107-260. (Accessed Sept. 2020).*

Collaborative for the advancement of telemedicine was created to develop recommendations on improving reimbursement and access to care, and review the concept of telemedicine payment parity. They were required to submit policy reports with recommendations in December 2017, and 2018, and are required to issue another in December 2021. Recent legislation requires the collaborative to study store and forward technology with an emphasis on utilization, whether it should be paid for at parity, the potential for store and forward to improve rural health outcomes and ocular services.

Source: *SB 6163 – 2018 & SB 5385 (2020 Session). (Accessed Sept. 2020)*

Professional Board Telehealth-Specific Regulations

- Physical Therapy Practice Board (WAC 246-915-187). (Accessed Sept. 2020).
- Occupational Therapy Practice Board (WAC 246-847-176). (Accessed Sept. 2020).

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West Virginia

Medicaid Program: West Virginia Medicaid

Program Administrator: Bureau for Medical Services, under the West Virginia Dept. of Health and Human Resources

Regional Telehealth Resource Center: Mid-Atlantic Telehealth Resource Center https://www.matrc.org

West Virginia At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✓	✗	✓	✗	IMLC, NLC, PTC, EMS, ASLP-IC	✓

West Virgina Detailed Policy

Medicaid Telehealth Reimbursement

Summary

West Virginia Medicaid reimburses for live video under some circumstances. Reimbursement is only made for real-time communications, therefore there is no reimbursement for store-and-forward or remote patient monitoring.

Definitions

"Telehealth: The use of electronic information and telecommunications technologies to provide professional health care; often used to connect practitioners and clinical experts in large hospitals or academic medical centers with patients in smaller hospitals or critical access hospitals which are typically located in more remote locations; and can assure that these remotely located patients enjoy the same access to potentially life-saving technologies and expertise that are available to patients in more populated parts of the country."

"A telecommunication system is defined as an interactive audio and video system that permits real time communication between the member at the originating site and the practitioner at the distant site. The telecommunication technology must allow the treating practitioner at the distant site to perform a medical examination of the member that substitutes for an in-person encounter."

> **Source:** *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17 Practitioner Services: Telehealth Services. (Revised Mar. 1, 2020). (Accessed Sept. 2020).*

Telehealth – for purposes of Medicaid, telemedicine seeks to improve a patient's health by permitting two-way, real time interactive communication between the patient, and the physician or practitioner at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment.

> **Source:** *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–200 Definitions and Acronyms. (Nov. 1, 2016). (Accessed Sept. 2020).*

"Telehealth Services: Health care services provided through advanced telecommunications technology from one location to another. Medical information is exchanged in real-time communication from an Originating Site, where the participant is located, to a Distant Site, where the provider is located, allowing them to interact as if they are having a face-to-face, "hands-on" session."

> **Source:** *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter 522 Federally Qualified Health Center and Rural Health Clinic Svcs. P. 17. (Jul. 1, 2019). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

To utilize Telehealth, providers must document that the service was rendered under that modality. When filing a claim, the provider must bill the service code with Place of Service code 02. West Virginia Medicaid covers and reimburses Telehealth services that are identified in designated polices as appropriate to be rendered through this modality.

West Virginia Medicaid does not limit Telehealth services to members in non-metropolitan statistical professional shortage areas as defined by the Centers for Medicare and Medicaid Services (CMS) Telehealth guidance.

Source: *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17 Practitioner Services: Telehealth Services. (Revised Mar. 1 ,2020). (Accessed Sept. 2020).*

Federally Qualified Health Center and Rural Health Clinic Services:
The member must be able to see and interact with the off-site provider at the time services are provided via telehealth. Services provided via videophone or webcam are not covered.

Source: *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter 522.8 Federally Qualified Health Center and Rural Health Clinic Svcs. P. 9. (July 1, 2019). (Accessed Sept. 2020).*

Eligible Services / Specialties

The distant site providers must bill the appropriate Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT)/(HCPCS) code with the appropriate Place of Service code 02. The GT modifier is no longer required to be billed with the service code.

See the applicable chapters of the WV BMS Policy Manual for more detail on specific services, including whether telehealth is an accepted modality to render the service. If not indicated as available, telehealth should be considered a non-covered modality to render the service.

Source: *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17 Practitioner Services: Telehealth Services. Revised Mar. 1, 2020. (Accessed Sept. 2020).*

School-based health services manual refers to the Telehealth Chapter (519.17) of the practitioner manual, and lists under each code in the manual whether or not it is eligible for telehealth.

Source: *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–538 School-Based Health Services. Revised Aug. 1, 2019. (Accessed Sept. 2020).*

Targeted case management can be conducted through telemedicine with the exception of the required 90 day face-to-face encounter with the targeted case manager.

Source: *WV Dept. of Health and Human Svcs., Medicaid Provider Manual, Chapter 523: Targeted Case Management, p. 13 (Jul. 1, 2016). (Accessed Sept. 2020).*

WV Medicaid encourages providers to render services via telehealth in the Behavioral Health Clinic Services program and for substance use disorder (SUD) waiver services. Under each code in the manuals, it lists whether or not the service is eligible for telehealth.

Source: *WV Dept. of Health and Human Service Medicaid Provider Manual, Chapter—503.12 Licensed Behavioral Health Center Services (Jul. 15, 2018); 504.10 Substance Use Disorder Services (Jul. 1, 2019); 521.9 Behavioral Health Outpatient Services (Jan. 15, 2018). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

Authorized distant site providers include:

- Physicians;
- Physician Assistants (PA);
- Advanced Practice Registered Nurses (APRN)/Nurse Practitioners (NP)
- Certified Nurse Midwife (CNM);
- Clinical Nurse Specialists (CNS);
- Community Mental Health Center (CMHC);
- Licensed Behavioral Health Center (LBHC);
- Licensed Psychologists (LP) and Supervised Psychologist (SP);
- Licensed Independent Clinical Social Worker (LICSW); and
- Licensed Professional Counselor (LPC)

Source: *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17.1 Practitioner Services: Telehealth Services. (Revised Mar. 1, 2020). (Accessed Sept. 2020).*

FQHC and RHC may only serve as a distant site for Telehealth services provided by a psychiatrist or psychologist and are reimbursed at the encounter rate.

Source: *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17.1 Practitioner Services: Telehealth Services. (Revised Mar. 1, 2020) & WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter 522 Federally Qualified Health Center and Rural Health Clinic Svcs. P. 9. (Jul. 1, 2019). (Accessed Sept. 2020).*

Eligible Sites

Authorized originating sites:

- Offices of physicians or practitioners;
- Hospitals;
- Critical Access Hospitals (CAH);
- Rural Health Clinics (RHCs);
- Federally Qualified Health Centers (FQHCs);
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites);
- Skilled Nursing Facilities (SNF);
- Licensed behavioral health centers
- Community Mental Health Centers (CMHC);
- School-Based Health Service sites; and
- Homes of members who are receiving treatment of substance abuse and/or mental health disorders via telehealth as identified in Chapters 503, 504, 521, 522, and 538 of the WV BMS Policy Manual.

Source: *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17.1 Practitioner Services: Telehealth Services. (Revised Mar. 1, 2020). (Accessed Sept. 2020).*

Geographic Limits

WV Medicaid does not limit telehealth services to members in non-metropolitan statistical professional shortage areas as defined by CMS telehealth guidance.

Source: *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17.1 Practitioner Services: Telehealth Services. (Revised Mar. 1, 2020). (Accessed Sept. 2020).*

Facility/Transmission Fee

An originating site must bill the appropriate telehealth originating site code (Q3014) unless the originating site is the home of the member. However facility fees are not covered.

Source: *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17 Practitioner Services: Telehealth Services. Revised Mar. 1, 2020.(Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Store-and-Forward	Policy	Store and forward means the asynchronous computer-based communication of medical data or images from an originating location to a health care provider at another site for the purpose of diagnostic or therapeutic assistance. Store and Forward telehealth services may only be utilized for specific codes for the Optometrist provider type only. **Source:** *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17 Practitioner Services: Telehealth Services. (Revised Mar. 1, 2020). (Accessed Sept. 2020).*
		Eligible Services/Specialties	Only available for optometrist providers for two specific codes. **Source:** *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17 Practitioner Services: Telehealth Services. (Revised Mar. 1, 2020). (Accessed Sept. 2020).*
		Geographic Limits	No reference found.
		Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	No reimbursement. WV Medicaid only reimburses for real time communications. **Source:** *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17 Practitioner Services: Telehealth Services. (Revised Mar. 1, 2020). (Accessed Sept. 2020).*
		Conditions	No reference found.

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Provider Limitations

No reference found.

Other Restrictions

No reference found.

Email / Phone / Fax

No reimbursement for FAX.
No reimbursement for telephone.
No reimbursement for email.

Source: *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17.3 Non-Covered Services: Telehealth Services. (Revised Mar. 1, 2020) & WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter 522.8 Federally Qualified Health Center and Rural Health Clinic Svcs. P. 9. (July 1, 2019). (Accessed Sept. 2020).*

Consent

Member's consent to receive treatment via Telehealth shall be obtained and may be included in the member's initial general consent for treatment. See manual for consent requirements.

Source: *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17.2 Practitioner Services: Telehealth Services. (Revised Mar. 1, 2020). (Accessed Sept. 2020).*

Provider must obtain patient's (or legal guardian's) written and verbal consent. The patient has the right to withdraw from telehealth services at any point for an alternative service. See manual for consent requirements.

Source: *WV Dept. of Health and Human Svcs., Medicaid Provider Manual, Chapter 523: Targeted Case Management, p. 7 (Jul. 1, 2016); 521.9 Behavioral Health Outpatient Services. P. 9-10. (Jan. 15, 2018). (Accessed Sept. 2020).*

Out of State Providers

No reference found.

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Medicaid Telehealth Reimbursement

Miscellaneous

See manual for equipment standards and requirements.

Source: *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17.2 Practitioner Services: Telehealth Services. (Revised Mar. 1, 2020). (Accessed Sept. 2020).*

Additional instructions regarding telehealth standards and billing available in the following manuals: Licensed Behavioral Health Center Services (Ch. 503); Substance Use Disorder Services (Ch. 504); Behavioral Health Outpatient Services (Ch. 521); Targeted Case Management (Ch. 523). Limited to specific CPT codes.

Source: *WV Dept. of Health and Human Service Medicaid Provider Manual, Chapter—503.12 Licensed Behavioral Health Center Services (Jul. 15, 2018); 504.10 Substance Use Disorder Services (Jul. 1, 2019); 521.9 Behavioral Health Outpatient Services (Jan. 15, 2018).; 523.3 Targeted Case Management (Revised Jul. 1, 2016). (Accessed Sept. 2020).*

Private Payer Law

Definitions

Newly Passed Legislation (Now Effective)
"Telehealth services" means the use of synchronous or asynchronous telecommunications technology by a health care practitioner to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include audio-only telephone calls, e-mail messages, or facsimile transmissions.

Source: *WV Statute Sec. 5-16-7b & 33-53-1 (HB 4003 – 2020 session). (Accessed Sept. 2020).*

Network Adequacy: "Telemedicine" or "Telehealth" means health care services provided through telecommunications technology by a health care professional who is at a location other than where the covered person is located.

Source: *WV Code Sec. 33-53-1 (HB 4061 – 2020 Session), & 33-55-1. (Accessed Sept. 2020).*

Requirements

Newly Passed Legislation (Now Effective)
An insurer shall provide coverage of health care services provided through telehealth services if those same services are covered through face-to-face consultation by the policy. The insurer may not exclude a service for coverage solely because the service is provided through telehealth services.

An originating site may charge an insurer a site fee.

The coverage required by this section shall include the use of telehealth technologies as it pertains to medically necessary remote patient monitoring services to the full extent that those services are available.

Source: *WV Statute Sec. 5-16-7b & 33-53-1 (HB 4003 – 2020 session). (Accessed Sept. 2020).*

Health carriers providing a network plan are required to maintain a network that is sufficient in numbers and appropriate types of providers. The commissioner shall determine sufficiency in accordance with the requirements of this section, and may establish sufficiency by reference to any reasonable criteria, which may include telemedicine or telehealth, among other components.

Source: *WV Code Sec. 33-53-3 (HB 4061 – 2020 Session). (Accessed Sept. 2020).*

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Private Payer Law

Parity

Service Parity

The insurer shall provide coverage of health care services provided through telehealth services if those same services are covered through face-to-face consultation by the policy.

Source: *WV Statute Sec. 5-16-7b & 33-53-1 (HB 4003 – 2020 session). (Accessed Sept. 2020).*

Payment Parity

The insurer shall provide reimbursement for a telehealth service at a rate negotiated between the provider and the insurance company.

Source: *WV Statute Sec. 5-16-7b & 33-53-1 (HB 4003 – 2020 session). (Accessed Sept. 2020).*

Professional Regulation/Health & Safety

Definitions

Recently Passed Legislation (Now Effective)
"Telehealth services" means the use of synchronous or asynchronous telecommunications technology by a health care practitioner to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include audio-only telephone calls, e-mail messages, or facsimile transmissions.

Source: *WV Statute Sec. 30-1025 (HB 4003 – 2020 session). (Accessed Sept. 2020).*

Practice of telemedicine means the practice of medicine using communication tools such as electronic communication, information technology or other means of interaction between a licensed health care professional in one location and a patient in another location, with or without an intervening health care provider, and typically involves secure real-time audio/video conferencing or similar secure audio/video services, remote monitoring, interactive video and store-and-forward digital image or health data technology to provide or support health care delivery by replicating the interaction of a traditional in-person encounter between a provider and a patient. The practice of telemedicine occurs in this state when the patient receiving health care services through a telemedicine encounter is physically located in this state."

Source: *WV Code Sec. 30-3-13.(b). (Accessed Sept. 2020).*

"Telemedicine" means the practice of medicine using tools such as electronic communication, information technology, store and forward telecommunication or other means of interaction between a physician in one location and a patient in another location, with or without an intervening health care provider.

"Telemedicine technologies" means technologies and devices which enable secure electronic communications and information exchange in the practice of telemedicine, and typically involve the application of secure real-time audio/video conferencing or similar secure video services, remote monitoring, or store-and-forward digital image technology to provide or support healthcare delivery by replicating the interaction of a traditional in-person encounter between a physician or podiatrist and a patient.

Source: *WV Code 30-14-12d (a(4)) & (a(5)); WV Code, 30-3-13a(a(4)) & (a(5)). (Accessed Sept. 2020).*

"Telehealth" means the application of telecommunication, audio-visual, or other technologies that meets the applicable standard of care to deliver audiology or speech-language pathology services at a distance for assessment, intervention, or consultation.

Source: *WV Code Sec. 30-32A-2. (Accessed Sept. 2020).*

Medication Assisted Treatment Program
"Telehealth" means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site.

Source: *WV Code Sec. 16-5Y-2. (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Definitions

"Telehealth" means the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.

Source: *WV Code, Ch. 16, Article 2D, Sec. 16-2D-2.(45). (Accessed Sept. 2020).*

Consent

Must obtain consent.

Source: *WV Code Sec. 30-14-12D(d(6)). (Accessed Sept. 2020).*

Online Prescribing

A "valid patient-practitioner relationship" can be established through telemedicine in a manner approved by the appropriate board.

Source: *WV Code Sec. 30-5-4(67) (Accessed Sept. 2020).*

A physician-patient relationship cannot be established through audio only communication, text communications or any combination thereof.

A physician-patient relationship can be established through the use of telemedicine technologies which incorporate interactive audio using store and forward technology, real-time videoconferencing or similar secure video services during the initial physician-patient encounter; or for the practice of pathology and radiology, a physician-patient relationship may be established through store and forward telemedicine or other similar technologies.

A physician or podiatrist may not prescribe any pain-relieving controlled substance listed in Schedules II through V of the Uniform Controlled Substance Act as part of a course of treatment for chronic nonmalignant pain solely based upon a telemedicine encounter.

A physician or podiatrist who practices medicine to a patient solely through the utilization of telemedicine technologies may not prescribe to that patient any controlled substances listed in Schedule II of the Uniform Controlled Substances Act. Certain exceptions apply.

A physician or health care provider may not prescribe any drug with the intent of causing an abortion.

Source: *WV Code 30-14-12d. (Accessed Sept. 2020).*

Prohibits providers from issuing prescriptions, via electronic or other means, for persons without establishing an ongoing physician-patient relationship, wherein the physician has obtained information adequate to support the prescription.

Exceptions:

- Documented emergencies;
- On-call or cross-coverage situations;
- Where patient care is rendered in consultation with another physician who has an ongoing relationship with the patient; and who has agreed to supervise the patient's treatment, including use of any prescribed medications.

Source: *WV Code of State Rules Sec. 11-1A-12.2(k). (Accessed Sept. 2020).*

A practitioner providing medication-assisted treatment may perform certain aspects of telehealth if permitted under his or her scope of practice.

Source: *WV Code Sec. 16-5Y-5(r) (SB 273 - 2018). (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Cross-State Licensing

Member of the interstate medical licensure compact.

Source: *Interstate Medical Licensure Compact. The IMLC. (Accessed Sept. 2020).*

Member of the Audiology & Speech-Language Pathology Interstate Compact.

Source: *ASLP Compact. (Accessed Sept. 2020).*

Member of the Physical Therapist Licensure Compact.

Source: *PT Compact. (Accessed Sept. 2020).*

Member of the Emergency Medical Services Personnel Licensure Compact.

Source: *EMS Compact. (Accessed Sept. 2020).*

Member of the Nurse Licensure Compact.

Source: *Nurse Licensure Compact. (Accessed Sept. 2020).*

Must hold active unexpired WV license.

Source: *WV Code Sec. 30-3-13 & 30-14-12d. (Accessed Sept. 2020).*

Miscellaneous

Professional Board Regulation:

- Board of Examiners for Speech-Language Pathology and Audiology

Source: *WV Admin. Law Sec. 29-1-15). (Accessed Sept. 2020).*

Recently Passed Legislation (Now Effective)
WV Statuate requires each health care board to propose a rule for legislative approval to regulate telehealth practice that includes certain elements (see statute).

Source: *WV Statute Sec. 30-1-25 (HB 4003 – 2020 session). (Accessed Sept. 2020).*

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Wisconsin

Medicaid Program: Forward Health

Program Administrator: Wisconsin Dept. of Health Services

Regional Telehealth Resource Center: Great Plains Telehealth Resource and Assistance Center https://www.gptrac.org

Wisconsin Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✗	✗	✗	NLC, PTC	✓

Wisconsin Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Newly passed statute requires Wisconsin's Medicaid program to provide coverage for any benefit delivered via interactive video. ForwardHealth is also required to provide reimbursement for remote patient monitoring, asynchronous telehealth and other communication-based technology covered by Medicare. However, ForwardHealth currently allows for only certain covered services to be provided via telehealth via interactive telehealth, specifically excludes store-and-forward from coverage and does not mention remote patient monitoring.

Definitions

Telehealth enables a provider who is located at a distant site to render the service remotely to a member located at an originating site using a combination of interactive video, audio, and externally acquired images through a networking environment.

Source: *WI ForwardHealth Online Handbook. Topic #510 Telehealth. (Accessed Sept. 2020).*

"Telehealth" means a practice of health care delivery, diagnosis, consultation, treatment, or transfer of medically relevant data by means of audio, video, or data communications that are used either during a patient visit or a consultation or are used to transfer medically relevant data about a patient. "Telehealth" does not include communications delivered solely by audio-only telephone, facsimile machine, or electronic mail unless the department specifies otherwise by rule.

"Asynchronous telehealth service" is telehealth that is used to transmit medical data about a patient to a provider when the transmission is not a 2-way, real-time, interactive communication.

"Interactive telehealth" means telehealth delivered using multimedia communication technology that permits 2-way, real-time, interactive communications between a certified provider of Medical Assistance at a distant site and the Medical Assistance recipient or the recipient's provider.

Source: *WI Statute Sec. 49.45 (61). (Accessed Sept. 2020).*

Live Video

Policy

Statute requires reimbursement for any benefit that delivered via interactive telehealth that is a covered benefit under Medicaid as provided by the department by rule. The ForwardHealth provider manual currently only allows for certain covered services to be provided via live video telehealth.

Source: *WI ForwardHealth Online Handbook. Topic #510 Telehealth. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Statute requires reimbursement for any benefit that delivered via interactive telehealth that is a covered benefit under Medicaid.

Reimbursement must be provided for a consultation pertaining to a Medicaid recipient conducted through interactive telehealth between a certified provider of Medical Assistance and the recipient's treating provider that is certified under medical assistance, except as provided by the Department by Rule.

Except as provided by the department by rule, Medicaid must cover all Medicare covered services. However, the Department may not cover or provide reimbursement for services that are first covered under the Medicare program after July 1, 2019 until the date that is one year after the date the service is covered under the Medicare program or the date the secretary explicitly approves the service as a Medical Assistance covered service, whichever is earlier.

The Department shall provide reimbursement under the Medical Assistance program for the following: Except as provided by the department by rule, services that are covered under the Medicare program under 42 USC 1395 et seq. for which the federal department of health and human services provides Medical Assistance federal financial participation and that are any of the following:

- Telehealth services;
- Remote physiologic monitoring,
- Remote evaluation of prerecorded patient information,
- Brief communication technology-based services,
- Care management services delivered through telehealth;
- Any other telehealth or communication technology-based services.

Any service not specified can be eligible if specified by the Department. The Department is required to promulgate rules specifying any services that are reimbursable. They may also exclude services from reimbursement.

Source: *WI Statute Sec. 49.45 (61). (Accessed Sept. 2020).*

ForwardHealth only covers telehealth delivery of individual services. For those procedure codes that can be used for either individual or group services, providers may not submit claims for telehealth delivery of group services. Allowable providers may be reimbursed, as appropriate, for the following services (and applicable procedure codes) provided through telehealth. See Manual for covered telehealth CPT and HCPCS codes.

ForwardHealth reimburses providers for telestroke services.

Source: *WI ForwardHealth Online Handbook. Topic #510 Telehealth. (Accessed Sept. 2020).*

Eligible Providers

Allowable providers:

- Audiologists
- Individual mental health and substance abuse practitioners not in a facility certified by the DQA (Division of Quality Assurance)
- Nurse midwives
- Nurse practitioners
- Ph.D. psychologists
- Physician assistants
- Physicians
- Psychiatrists
- Professionals providing services in mental health or substance abuse programs certified by the DQA

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

Ancillary Providers
Claims for services provided via telehealth by distant site ancillary providers should be billed under the supervising physician's NPI using the lowest appropriate level office or outpatient visit procedure code or other appropriate CPT code for the service performed. These services must be provided under the direct on-site supervision of a physician who is located at the same physical site as the ancillary provider and must be documented in the same manner as services that are provided face to face.

Pediatric and Health Professional Shortage Area-Eligible Services
Claims for services provided via telehealth by distant site providers may additionally qualify for pediatric (services for members 18 years of age and under) or HPSA-enhanced reimbursement.

Community Health Centers, Tribal FQHCs and RHCs
They may serve as originating site and distant site providers for telehealth services. See manual for details.

Tribal FQHCs and RHCs may report services provided via telehealth on the cost settlement report when the FQHC or RHC served as the distant site and the member is an established patient of the tribal FQHC or RHC at the time of the telehealth service.

Services billed with modifier GT (modifier indicating telehealth) will be considered under the PPS reimbursement method for non-tribal FQHCs. Billing HCPCS procedure code T1015 (Clinic visit/encounter, all-inclusive) with a telehealth procedure code will result in a PPS rate for fee-for-service encounters.

Source: *WI ForwardHealth Online Handbook. Topic #510 Telehealth. (Accessed Sept. 2020).*

Eligible Sites

For DOS on or after March 1, 2020, ForwardHealth will allow coverage of telehealth for any originating site. However, only the following originating sites will be eligible for a facility fee reimbursement:

- Hospitals, including emergency departments
- Office/clinic
- Skilled nursing facility

The following entities are also listed as allowable originating sites specifically:

- Community Health Centers (CHC)
- Federally Qualified Health Centers (FQHC)
- Rural Health Clinics (RHC)

Telehealth services that are medical in nature and would otherwise be coded as an office visit or consultation evaluation and management visit are covered for members residing in a skilled nursing facility.

Community Health Centers, Tribal FQHCs and RHCs
The originating site facility fee is not a tribal FQHC or RHC reportable encounter on the cost report. Any reimbursement for the originating site facility fee must be reported as a deductive value on the cost report.

For CHCs, originating site services should be billed, but no reimbursement will be issued as all costs for providing originating site services have already been incorporated into the PPS rates for CHCs. Claims billed by CHCs for originating site services may be used for future rate setting purposes.

Source: *WI ForwardHealth Online Handbook. Topic #510 Telehealth. (Accessed Sept. 2020).*

The department may not limit coverage or reimbursement of a service provided under par. (b) or (c) based on the location of the Medical Assistance recipient when the service is provided.

Source: *WI WI Statute Sec. 49.45 (61). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Live Video	Geographic Limits	No reference found.
		Facility/Transmission Fee	Reimbursement for facility fee using HCPCS procedure code Q3014. Modifier GT should not be included with procedure code Q3014. An originating site facility fee is not a tribal FQHC or RHC reportable encounter. CHCs serving as originating sites should bill for originating site services, however no reimbursement will be issued as all costs are incorporated into the prospective payment system (PPS). **Source:** *WI ForwardHealth Online Handbook. Topic #510 Telehealth. (Accessed Sept. 2020).*
	Store-and-Forward	Policy	Except as provided by the department by rule, asynchronous telehealth services in which the medical data pertains to a Medical Assistance recipient must be reimbursed. Except as provided by the department by rule, services that are covered under Medicare for which the federal department of health and human services provides Medical Assistance federal financial participation and that are remote evaluation of prerecorded information shall be reimbursed. **Source:** *WI Statute Sec. 49.45 (61). (Accessed Sept. 2020).* No reimbursement. Services must be functionally equivalent to face-to-face. **Source:** *WI ForwardHealth Online Handbook. Topic #510 Telehealth. (Accessed Sept. 2020).*
		Eligible Services/Specialties	No reference found.
		Geographic Limits	No reference found.
		Transmission Fee	No reference found.

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Policy

Except as provided by the department by rule, remote patient monitoring of a Medical Assistance recipient in which the medical data pertains to a Medical Assistance recipient must be reimbursed.

Except as provided by the department by rule, services that are covered under Medicare for which the federal department of health and human services provides Medical Assistance federal financial participation and that are remote physiologic monitoring shall be reimbursed.

Source: *WI Statute Sec. 49.45 (61). (Accessed Sept. 2020).*

No reimbursement. Services must be functionally equivalent to face-to-face.

Source: *WI ForwardHealth Online Handbook. Topic #510 Telehealth. (Accessed Sept. 2020).*

Conditions

No reference found.

Provider Limitations

No reference found.

Other Restrictions

No reference found.

Email / Phone / Fax

The Department may promulgate rules specifying any telehealth service that is provided solely by audio-only telephone, facsimile machine or electronic mail as reimbursable under Medical Assistance.

Source: *WI Statute Sec. 49.45 (61). (Accessed Sept. 2020).*

Consent

Informed consent required.

Source: *WI ForwardHealth Online Handbook. Topic #510 Telehealth. (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Out of State Providers

Out-of-state providers who do not have border status enrollment with WI Medicaid are required to obtain prior authorization (PA) before providing services. WI Medicaid is prohibited from paying providers located outside of the US, the District of Columbia and its territories.

Source: *WI ForwardHealth Online Handbook. Topic #510 Telehealth. (Accessed Sept. 2020).*

Miscellaneous

The department may not require a certified provider of Medical Assistance that provides a reimbursable service to obtain an additional certification or meet additional requirements solely because the service was delivered through telehealth, except that the department may require, by rule, that the transmission of information through telehealth be of sufficient quality to be functionally equivalent to face-to-face contact. The department may apply any requirement that is applicable to a covered service that is not provided through telehealth to any service.

Source: *WI Statute Sec. 49.45 (61)(e), (Accessed Sept. 2020).*

POS code 02 required.

Source: *WI ForwardHealth Online Handbook. Topic #510 Telehealth. (Accessed Sept. 2020).*

Private Payer Laws

Definitions

No reference found.

Requirements

No reference found.

Parity

Service Parity

No reference found.

Payment Parity

No reference found.

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Professional Regulation/Health & Safety

Definitions

Telemedicine means the practice of medicine when patient care, treatment or services are provided through the use of medical information exchanged from one site to another via electronic communications. Telemedicine does not include the provision of health care services only through an audio only telephone, email messages, text messages, facsimile transmission, mail or parcel service or any combination thereof.

Source: *WI Admin. Code MED Ch. 24.02. (Accessed Sept. 2020).*

Consent

Informed consent required.

Source: *WI Admin. Code MED Ch. 24.07(c). (Accessed Sept. 2020).*

Online Prescribing

When a physician uses a website to communicate with a patient located in this state, the physician may not provide treatment recommendations, including issuing a prescription unless the following requirements are met:

- The physician shall be licensed in the state;
- The physician's name and contact information must be made available to the patient;
- Informed consent is required;
- A documented patient evaluation performed;
- A patient health care record is prepared and maintained.

Prescribing based on a static electronic questionnaire does not meet the minimum standard of competent medical practice.

Source: *WI Admin. Code MED Ch. 24.07. (Accessed Sept. 2020).*

Cross-State Licensing

WI medical license required.

Source: *: WI Admin. Code MED Ch. 24.04. (Accessed Sept. 2020).*

Wisconsin repealed the Interstate Medical Licensure Compact.

Source: *WI Senate Bill 74. (2019 Session). (Accessed Sept. 2020).*

Member of the Nurse Licensure Compact.

Source: *Nurse Licensure Compact. (Accessed Sept. 2020).*

Member of Physical Therapy Compact.

Source: *PT Compact. (Accessed Sept. 2020).*

Miscellaneous

Professional Board Telehealth-Specific Regulations

- Medical Examining Board

  Source: *MED Ch. 24. (Accessed Sept. 2020).*

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Wyoming

Medicaid Program: Wyoming Medicaid

Program Administrator: Office of Equality Care, under the Wyoming Dept. of Health

Regional Telehealth Resource Center: Northwest Regional Telehealth Resource Center https://www.nrtrc.org

Wyoming Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✗	✗	✗	IMLC, NLC, EMS, ASLP-IC	✓

Wyoming Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Wyoming Medicaid reimburses for live video under some circumstances. There is no reference to store-and-forward or remote patient monitoring reimbursement.

Definitions

"Telehealth is the use of an electronic media to link beneficiaries with health professionals in different locations. The examination of the client is performed via a real-time interactive audio and video telecommunications system. This means that the client must be able to see and interact with the off-site practitioner at the time services are provided via telehealth technology."

Source: *WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 109 (Jul. 1 2020). (Accessed Sept. 2020).*

Live Video

Policy

Reimbursement is made for exams performed via a real-time interactive audio and video telecommunications system. The quality must be sufficient enough to assure the accuracy of the assessment, diagnosis, and visible evaluation of symptoms and potential medication side effects. A medical professional is not required to be present with the client at the originating site unless medically indicated. See manual for additional billing requirements.

Source: *WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 110-11 (Jul. 1 2020). (Accessed Sept. 2020).*

Eligible Services / Specialties

See manual for billing examples.

Quality assurance/improvement activities relative to telehealth delivered services need to be identified, documented and monitored. An evaluation process must also be instituted.

Documentation must indicate the visit took place via telehealth and must clearly identify the location of the hub and spoke sites.

Group psychotherapy is not a covered service.

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialtie

For ESRD-related services, at least one face-to-face "hands on" visit must be furnished each month to examine the vascular access site by a qualified provider.

The same procedure codes and rates apply for telehealth as in person. The modifier GT is used to identify the professional telehealth service

Source: *WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 111-113 (Jul. 1 2020). (Accessed Sept. 2020).*

Diabetes Prevention Program (DPP)
The first session of a DPP program cannot be performed via telehealth, but sessions 2-16 can be. The GT modifier should be used.

Source: *WY Dept. of Public Health Insurance, Medicaid, Bulletin: Introducing Medicaid's Diabetes Prevention Program. 12/19. (Accessed Sept. 2020).*

Eligible Providers

Examples of eligible providers:

- Physicians;
- Advanced practice nurses with a specialty of psychiatry/mental health;
- Physician's assistant;
- Psychologists and neuropsychologists;
- Licensed Mental health professionals (LCSW, LPC, LMFT, LAT);
- Board Certified Behavioral Analysts;
- Speech therapist.

Provisionally licensed mental health professionals cannot bill Medicaid directly, but must provide services through a supervising provider.

Source: *WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 111 (Jul. 1 2020). (Accessed Sept. 2020).*

Providers shall not bill for both the spoke and hub site; unless, the provider is at one location and the client is at a different location even though the pay to provider is the same. Examples include Community Mental Health Centers and Substance Abuse Treatment Centers.

Source: *WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 110 (Jul. 1 2020). (Accessed Sept. 2020).*

Eligible Sites

Each site will be able to bill for their own services as long as they are an enrolled Medicaid provider (this includes out-of-state Medicaid providers). Providers shall not bill for both the spoke and hub site; unless, the provider is at one location and the client is at a different location even though the pay to provider is the same.

Examples of eligible originating sites:

- Hospitals;
- Physician or practitioner offices (includes medical clinics);
- Psychologists or neuropsychologists offices;
- Community mental health or substance abuse treatment centers (CMHC/SATC);
- Advanced practice nurses with specialty of psychiatry/mental health offices;
- Office of a Licensed Mental Health Professional;
- Federally Qualified Health Centers;
- Rural Health Clinics;
- Skilled nursing facilities;
- Indian Health Services Clinics;
- Hospital-based or Critical Access Hospital-based renal dialysis centers (including satellites). Independent renal dialysis facilities are not eligible originating sites;
- Development Center;
- Family Planning Clinics;
- Public Health Offices;
- Client's Home (Telehealth consent required).

A medical professional is not required to be present at the originating site, unless medically indicated.

Source: *WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 110-111 (Jul. 1 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement	Live Video	Geographic Limits	No reference found.
		Facility/Transmission Fee	Yes, for originating site fees. No reimbursement for transmission fees. **Source:** *WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 111-112 (Jul. 1, 2020). (Accessed Sept. 2020).*
	Store-and-Forward	Policy	Wyoming Medicaid states that for payment to occur, real-time interactive audio and video telecommunications must be used. **Source:** *WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 111 (Jul. 1, 2020). (Accessed Sept. 2020).*
		Eligible Services/Specialties	No reference found.
		Geographic Limits	No reference found.
		Transmission Fee	No reference found.

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Policy

No reference found.

Conditions

No reference found.

Provider Limitations

No reference found.

Other Restrictions

No reference found.

Email / Phone / Fax

No reimbursement for email.
No reimbursement for telephone.
No reimbursement for FAX.

Source: *WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 111 (Jul. 1, 2020). (Accessed Sept. 2020).*

Consent

If the patient and/or legal guardian indicates at any point that he/she wants to stop using the technology, the service should cease immediately and an alternative appointment set up.

The telehealth consent form is no longer required by Wyoming Medicaid. Consent must still be obtained by the provider from the client by one of the following methods:

- Verbally
- Email
- Text Message

This information must be properly documented by the provider and kept on file.

Source: *WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 112-113 (Jul. 1, 2020). (Accessed Sept. 2020).*

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Medicaid Telehealth Reimbursement

Out of State Providers

Out-of-state providers are allowed if they are enrolled as a Wyoming Medicaid provider.

Source: *WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 110 (Jul. 1, 2020). (Accessed Sept. 2020).*

Miscellaneous

Telehealth services must be properly documented when offered at the discretion of the provider as deemed medically necessary.

A single pay to provider can bill both the originating site (spoke site) and the distant site provider (hub site) when applicable.

Source: *WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 109-110 (Jul. 1, 2020). (Accessed Sept. 2020).*

No reimbursement for:

- The use or upgrade of technology;
- Transmission charges;
- Charges of an attendant who instructs a patient on the use of the equipment or supervises/monitors a patient during the telehealth encounter; or
- Consults between health professionals.

The GT modifier must be billed by the distant site.

Private Payer Laws

Definitions

No reference found.

Requirements

No reference found.

Parity

Service Parity

No reference found.

Payment Parity

No reference found.

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Professional Regulation/Health & Safety

Definitions

Physicians and Surgeons
"Telemedicine means the practice of medicine by electronic communication or other means from a physician in a location to a patient in another location, with or without an intervening health care provider."

Source: *WY Statutes Sec. 33-26-10(a(xxix)). (Accessed Sept. 2020).*

Occupational Therapy
"Occupational therapy telehealth means the provision of occupational therapy services across a distance, using telecommunications technology for the evaluation, intervention or consultation without requiring the occupational therapist and recipient to be physically located in the same place."

Source: *WY Statutes Sec. 33-40-102(a(v)). (Accessed Sept. 2020).*

Board of Chiropractic Examiners
Telehealth" means the delivery of healthcare services using electronic communications, information technology, or other means between a licensee in one location and a patient in another location with or without an intervening healthcare provider.

Source: *WY Admin Rules. Board of Chiropractic Examiners. Ch. 1, Sec. 3 (t). (Accessed Sept. 2020).*

Physical Therapy
Consultation by means of telecommunications" means that a physical therapist renders professional or expert opinion or advice to another physical therapist or health care provider via telecommunications or computer technology from a distant location. It includes the transfer of data or exchange of educational or related information by means of audio, video, or data communications.

Source: *WY Admin Rules. Board of Physical Therapy. Ch. 1 Sec. 4 (d). (Accessed Sept. 2020).*

Audiology
"Telehealth" means the application of telecommunication technology to deliver audiology or speech-language pathology services at a distance for assessment, intervention, and/or consultation.

Source: *WY Statutes Annotated Sec. 33-33-402, Sec. 2(y). (Accessed Sept. 2020).*

Consent

Written or oral consent required for physical therapy.

Source: *WY Admin Rules. Board of Physical Therapy. Ch. 1 Sec. 4 (d). (Accessed Sept. 2020).*

Informed consent is required for occupational therapy.

Source: *WY Admin Rules. Board of Occupational Therapy. Ch. 3 Sec. 4 (d). (Accessed Sept. 2020).*

Informed consent is required for chiropractic services.

Source: *WY Admin Rules. Board of Chiropractic Examiners. Ch. 11 Sec. 2 (a)(iii). (Accessed Sept. 2020).*

Online Prescribing

Prescribing a controlled substance through the Internet, World Wide Web or any similar proprietary or common carrier electronic system without a documented physician-patient relationship is subject to review, discipline and consequences to license.

Source: *WY Statutes Annotated Sec. 33-26-402(a(xxxiii)). (Accessed Sept. 2020).*

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Professional Regulation/Health & Safety

Cross-State Licensing

Member of the interstate medical licensure compact.

Source: *Interstate Medical Licensure Compact. The IMLC .(Accessed Sept. 2020).*

Member of Emergency Medical Technician Services Compact (REPLICA).

Source: *National Registry of Emergency Medical Technicians. The EMS Compact States. (Accessed Sept. 2020).*

Member of the audiology and speech-language pathology interstate compact.

Source: *ASLP Compact. (Accessed Sept. 2020).*

Member of the Nurse Licensure Compact

Source: *Nurse Licensure Compact. (Accessed Sept. 2020).*

Miscellaneous

Boards have power to adopt telehealth/telemedicine definitions applicable to their regulated profession and standards for the practice of telemedicine/telehealth.

Source: *WY Code 33-1-303(a(iv)) (HB 164 – 2017). (Accessed Sept. 2020).*

Professional Board Telehealth-Specific Regulations

- WY Board of Chiropractic Examiners. *(**Source:** WY Admin. Code, Chiropractic Board, Ch. 11). (Accessed Sept. 2020).*
- WY Board of Occupational Therapy. *(**Source:** WY Admin Rules. Board of Occupational Therapy. Ch. 3). (Accessed Sept. 2020).*
- WY Board of Physical Therapy. *(**Source:** WY Admin Rules. Board of Physical Therapy. Ch. 1). (Accessed Sept. 2020).*

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Glossary

Asynchronous (*see also Store and Forward*) technologies allow for the electronic transmission of medical information, such as digital images, documents, and pre-recorded videos. Asynchronous transmissions typically do not occur in real-time, and take place primarily among medical professionals, to aid in diagnoses and medical consults, when live video or face-to-face patient contact is not necessary.

Broadband refers to the wide bandwidth characteristics of a transmission medium, and its ability to transport multiple signals and traffic types simultaneously. Broadband is often used to transmit telehealth and telemedicine services.

Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare, Medicaid and Children's Health Insurance Program.

Children's Waiver Services Program is a federal program that provides Medicaid-funded home and community-based services to children under age 18 who are eligible for, and at risk of, placement into an Intermediate Care Facility for the Mentally Retarded (ICF/MR).

Consultant Site *(see also Hub Site or Distant Site)* is the site at which the provider delivering a telehealth service is located.

Critical Access Hospital (CAH) is a rural community hospital that receives cost-based reimbursement. The reimbursement that CAHs receive is intended to improve their financial performance and reduce hospital closures.

Current Procedural Terminology (CPT) is a medical billing and administrative code set that describes medical, surgical, and diagnostic services. It is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations and payers for administrative, financial and analytical purposes.

Distant Site *(see also Hub Site or Consultant Site)* is the site at which the provider delivering a telehealth service is located.

Durable Medical Equipment (DME) is any medical equipment, such as wheelchairs used in the home.

Echocardiography is a sonogram of the heart.

Echography is a radiologic procedure in which deep structures of the body are recorded with ultrasonic waves.

Electrocardiogram (ECG) is a test of the electrical activity of the heart, which helps detect medical problems such as heart attacks and arrhythmias.

Electronic Consultation (e-consult) enables primary care providers to consult remotely and conveniently with specialists. It can take place via a store-and-forward modality, through video, or telephone.

E-Prescribing is the act of offering medical prescriptions over the Internet. Often, e-prescriptions must be accompanied by a valid physician-patient relationship, which may or may not require a face-to-face interaction between the physician and patient, depending on the state.

Facility Fee *(see also Originating Site Fee)* is a fee paid to the originating site to compensate for the cost of facilitating a telemedicine visit.

Federally Qualified Health Centers (FQHCs) are federally designated facilities, which provide primary care and other medical services to underserved populations.

Health Professional Shortage Area (HPSA) are designated by the Health Resources and Services Administration as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low-income population) or institutional (comprehensive health center, federally qualified health center or other public facility).

Hub Site *(see also Distant Site or Consultant Site)* is the site at which the provider delivering a telehealth service is located.

Informed Consent refers to providers obtaining permission from a patient to perform a specific test, procedure, or in the case of telehealth, service delivery method. Informed consent means that the patient understands the relevant medical facts and risks involved.

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Live Video Conferencing *(see also Synchronous)* refers to the use of two-way interactive audio-video technology to connect users, in real-time.

Medicaid is a program that provides medical coverage for people with lower incomes, older people, people with disabilities, and some families and children. Medicaid provides medical coverage and long-term medical care to low-income residents. Medicaid is jointly funded by the federal government and individual states, and is administered by the states.

Medicaid Provider Manual is a document released by each state's Medicaid agency, which serves as the reference document for its Medicaid program.

Medically Underserved Area (MUA) may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services.

Medicare is a health insurance for people age 65 or older, people under 65 with certain disabilities, and people of all ages with End-Stage Renal Disease. (ESRD is permanent kidney failure requiring dialysis or a kidney transplant.)

Mobile Health (mhealth) is the provision of health care services and personal health data via mobile devices, such as cell phones, tablet computers, and PDAs.

Modifier is a two-digit code that is added to medical procedure codes, to provide additional information about the billed procedure. In some cases, addition of a modifier can directly affect payment..

Modifier 95 is a modifier that indicates synchronous telemedicine services rendered via real-time interactive audio and video telecommunications system.

Modifier GQ is the modifier for store-and-forward technologies.

Modifier GT is the modifier for live video conferencing.

Originating Site *(see also Spoke Site or Referring Site)* is the location of the patient receiving a telehealth service.

Originating Site Fee *(see also Facility Fee)* is a fee paid to the originating site to compensate for the cost of facilitating a telemedicine visit.

Place of Service (POS) Code is a two-digit code placed on health care professional claims to indicate the setting in which a service is provided. 02 is used in Medicare and some Medicaid programs to indicate that the place of service occurred through telehealth.

Referring Site *(see also Spoke Site or Originating Site)* is the location of the patient receiving a telehealth service.

Remote Patient Monitoring (RPM) (*or telemonitoring*) Remote patient monitoring uses telehealth technologies to collect medical data, such as vital signs and blood pressure, from patients in one location and electronically transmit that information to health care providers in a different location. The health professionals monitor these patients remotely and, when necessary, implement medical services on their behalf.

Rural Health Clinic is a clinic in a rural, medically underserved area that has a separate reimbursement structure from the standard medical office under the Medicare and Medicaid programs.

Skilled Nursing Facility (SNF) is a facility that houses chronically ill, usually elderly patients, and provides long-term nursing care, rehabilitation, and other services.

Spoke Site *(see also Originating Site or Referring Site)* is the location of the patient receiving a telehealth service.

Store-and-Forward *(see also Asynchronous)* technologies allow for the electronic transmission of medical information, such as digital images, documents, and pre-recorded videos. Asynchronous transmissions typically do not occur in real-time, and take place primarily among medical professionals, to aid in diagnoses and medical consults, when live video or face-to-face patient contact is not necessary.

Synchronous *(see also Live Video Conferencing)* refers to the use of two-way interactive audio-video technology to connect users, in real-time, for any type of medical service.

Tele-pharmacy involves a pharmacist in one location directing the dispensing of a prescription to another employee in a separate location.

Tele-presenter is a health professional who sits in the exam room with patients during telemedicine visits and assists the distant-site provider.

The Health Insurance Portability and Accountability Act (HIPAA) is a set of national standards, which includes security and privacy of health data for electronic health care transactions, and national identifiers for providers, health insurance plans and employers.

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The Program of All-Inclusive Care for the Elderly (PACE) provides comprehensive long-term services and support to Medicaid and Medicare beneficiaries.

Transmission Fee is a fee paid to telemedicine providers for the cost of telecommunications transmission.

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