

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



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 health-care 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).

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).

Live Video

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



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).

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).



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).



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).



Medicaid Telehealth Reimbursement

Store-and-Forward	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	<p>“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.</p> <p>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.</p> <p>Source: TN Code Annotated, Sec. 56-7-10 & HB 8002 (2020 Session). (Accessed Sept. 2020).</p>
	Conditions	No reference found.
	Provider Limitations	No reference found.
	Other Restrictions	No reference found.



Medicaid Telehealth Reimbursement

<p>Email / Phone / Fax</p>	<p>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.</p> <p>Source: <i>TN Code Annotated, Sec. 56-7-1003 & HB 8002 (2020 Session).</i> (Accessed Sept. 2020).</p> <p>No reimbursement for telephone. No reimbursement for fax. No reimbursement for email.</p> <p>Source: <i>TN Code Annotated, Title 56, Ch. 7, Part 1002(a)(6)(B).</i> (Accessed Sept. 2020)</p>
<p>Consent</p>	<p>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.</p> <p>Source: <i>TN Dept. of Mental Health and Substance Abuse Services. Office of Crisis Services and Suicide Prevention. Minimal Standards of Care. p. 49-50, (2017).</i> (Accessed Sept. 2020).</p> <p>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.</p> <ul style="list-style-type: none"> • 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. <p>Source: <i>TN Dept. of Mental Health and Substance Abuse Services. Office of Crisis Services Telecommunications Guidelines, p. 8, (2012).</i> (Accessed Sept. 2020).</p>
<p>Out of State Providers</p>	<p>No reference found.</p>
<p>Miscellaneous</p>	<p>No reference found.</p>



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).

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.



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).



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).

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 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 insurance 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 reimbursement for the same service provided in-person.

Out-of-network providers providing healthcare services through telehealth must be reimbursed 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 encounter, 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).



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).



“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).*

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.

