

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	<p>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.</p>
	Definitions	<p>“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.”</p> <p>Source: VA Dept. of Medical Assistant Svcs., <i>Medicaid Provider Manual, Physician/Practitioner Manual, Covered Svcs. and Limitations</i>. p. 16 (Mar. 2020). (Accessed Sept. 2020).</p> <p>“Telemedicine is the real-time or near real-time exchange of information for the purposes of diagnosis and treatment.”</p> <p>Source: VA Dept. of Medical Assistant Svcs., <i>Medicaid Provider Manual, Psychiatric Services Provider Manual, Covered Svcs. and Limitations</i>. p. 17 (Aug. 2018). (Accessed Sept. 2020).</p> <p>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.”</p> <p>Source: VA Dept. of Medical Assistance Svcs., <i>Medicaid Provider Manual, Home Health Manual, Covered Services and Limitations</i>. p. 5 (Aug. 2020). (Accessed Sept. 2020).</p> <p>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.</p> <p>Source: VA Reg Text 12VAC30-121-70(7(b)). (2017). (Accessed Sept. 2020).</p>



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).

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).



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:

- 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).



Live Video	Eligible Providers	<p>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.</p> <p>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).</p>
	Eligible Sites	<p>Eligible originating sites locations:</p> <ul style="list-style-type: none"> • 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 <p>All listed providers are considered eligible originating site providers.</p> <p>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).</p>
	Geographic Limits	<p>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.</p> <p>Source: VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 2. (May. 2014). (Accessed Sept. 2020).</p>
Store-and-Forward	Facility/Transmission Fee	<p>Reimburses a facility fee.</p> <p>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).</p> <p>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.</p> <p>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).</p>
	Policy	<p>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.</p> <p>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).</p> <p>Medicare-Medicaid Demonstration Waiver: Participating plans shall be permitted to use telehealth in rural and urban settings and reimburse for store-and-forward applications.</p> <p>Source: VA Reg. Text 12VAC30-121-70-B-7. (Accessed Sept. 2020).</p>



Medicaid Telehealth Reimbursement

Store-and-Forward	Eligible Services/Specialties	<p>Refer to the manual for a full list of CPT and HCPCS codes reimbursable by Virginia Medicaid.</p> <p>Services covered include:</p> <ul style="list-style-type: none"> • 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 <p>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).</p>
	Geographic Limits	<p>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.</p> <p>Source: VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. P. 2. (May 2014) (Accessed Sept. 2020).</p>
	Transmission Fee	<p>Reimburses a facility fee.</p> <p>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).</p>
Remote Patient Monitoring	Policy	<p>Face-to-face encounters for home health services may occur through telehealth.</p> <p>Source: VA Dept. of Medical Assistance Svcs., Medicaid Provider Manual, Home Health Manual, Covered Services and Limitations. p. 5 (Aug. 2020). (Accessed Sept. 2020).</p> <p>VA Medicaid reimburses for Continuous Glucose Monitoring.</p> <p>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).</p> <p>Medicare-Medicaid Demonstration Waiver: Participating plans shall also have the ability to cover remote patient monitoring.</p> <p>Source: VA Reg. Text 12VAC30-121-70(7). (Accessed Sept. 2020).</p>
	Conditions	<p>Used for patients with one or more chronic conditions, such as:</p> <ul style="list-style-type: none"> • congestive heart failure • cardiac arrhythmias • diabetes • pulmonary diseases • anticoagulation treatment <p>Enrollee must agree to use of remote patient monitoring.</p> <p>Source: VA Reg. Text 12VAC30-121-20. (Accessed Sept. 2020).</p>



Medicaid Telehealth Reimbursement

Remote Patient Monitoring	Conditions	<p>Coverage Continuous Glucose Monitoring is limited to members with:</p> <ul style="list-style-type: none"> • Type 1 diabetes • Type 2 diabetes (when over 16 years old) • Pregnant women who are injecting insulin with either Type 1 or 2. <p>Service authorization is required. Additional requirements apply.</p> <p>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).</p>
	Provider Limitations	No reference found.
	Other Restrictions	No reference found.
Email / Phone / Fax	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p>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).</p>	
Consent	No reference found.	



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).

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).



Private Payer Laws	Definitions	<p>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.</p> <p>Source: VA Code Annotated Sec. 38.2-3418.16 (B). (Accessed Sept. 2020).</p>			
	Requirements	<p>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.</p> <p>Source: VA Code Annotated Sec. 38.2-3418.16(C). (Accessed Sept. 2020).</p> <p>Facility fee reimbursement is allowed, but not required.</p> <p>Source: VA Code Annotated Sec. 38.2-3418.16(D). (Accessed Sept. 2020).</p> <p>Requirements on the coverage of telemedicine services include medically necessary remote patient monitoring services to the full extent that these services are available.</p> <p>Source: VA Code Annotated Sec. 38.2-3418.16(J). (Accessed Sept. 2020).</p>			
	Parity	<table border="1"> <tr> <td>Service Parity</td> <td> <p>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.</p> <p>Source: VA Code Annotated Sec. 38.2-3418.16(D). (Accessed Sept. 2020).</p> </td> </tr> <tr> <td>Payment Parity</td> <td> <p>No explicit payment parity.</p> <p>Source: VA Code Annotated Sec. 38.2-3418.16, (Accessed Sept. 2020).</p> </td> </tr> </table>	Service Parity	<p>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.</p> <p>Source: VA Code Annotated Sec. 38.2-3418.16(D). (Accessed Sept. 2020).</p>	Payment Parity
Service Parity	<p>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.</p> <p>Source: VA Code Annotated Sec. 38.2-3418.16(D). (Accessed Sept. 2020).</p>				
Payment Parity	<p>No explicit payment parity.</p> <p>Source: VA Code Annotated Sec. 38.2-3418.16, (Accessed Sept. 2020).</p>				
Professional Regulation/Health & Safety	Definitions	<p>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.</p> <p>Source: VA Code Annotated Sec. 38.2-3418.16 & Sec. 54.1-3303. (Accessed Sept. 2020).</p> <p>“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.</p> <p>Source: VA Code Annotated Sec. 54.1-2700. (Accessed Sept. 2020).</p> <p>Statewide Telehealth Plan</p> <p>“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.</p> <p>Source: VA Statute 32.1-122.03:1 (HB 1332 – 2020 Session). (Accessed Sept. 2020).</p>			



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).*

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).*



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).*

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 Telehealth 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).*

