



# Montana

## CURRENT STATE LAWS & POLICY

### AT A GLANCE

#### MEDICAID PROGRAM

Montana Healthcare Program

#### ADMINISTRATOR

Montana Dept. of Public Health and Human Services

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#### REGIONAL TELEHEALTH RESOURCE CENTER

[Northwest Regional Telehealth Resource Center](#)

#### MEDICAID REIMBURSEMENT

*Live Video:* Yes

*Store-and-Forward:* No

*Remote Patient Monitoring:* No

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#### PRIVATE PAYER LAW

*Law Exists:* Yes

*Payment Parity:* No

#### PROFESSIONAL REQUIREMENTS

*Licensure Compacts:* IMLC, PTC, eNLC

*Consent Requirements:* No

# COVID-19

## ORIGINATING SITE

*Last updated 09/02/2021*

Medicaid: [Coverage and Reimbursement for Telemedicine/Telehealth](#)

STATUS: Expiration varies, some permanent, and others may have been extended by [Temporary Emergency Rule 37-955](#). Temporary rule effective for 120 days after July 2, 2021.

Medicaid: [FAQs on Telehealth/Telemedicine](#)

STATUS: Expiration varies, some permanent, and others may have been extended by [Temporary Emergency Rule 37-955](#). Temporary rule effective for 120 days after July 2, 2021.

Medicaid 1915(c) Waiver: [Appendix K – Big Sky Home and Community Based Waiver Combined](#)

STATUS: Active until the end of Public Health Emergency.

Medicaid 1915(c) Waiver: [Appendix K Addendum – Big Sky Home and Community Based Waiver Combined](#)

STATUS: Active until the end of Public Health Emergency.

## PROVIDER TYPE

*Last updated 09/03/2021*

Medicaid: [Dental Telemedicine Notice](#)

STATUS: Expired, but extended by [Temporary Emergency Rule 37-955](#). Temporary rule effective for 120 days after July 2, 2021.

Medicaid: [Nursing Facility Providers](#)

STATUS: Expired, but extended by [Temporary Emergency Rule 37-955](#). Temporary rule effective for 120 days after July 2, 2021.

Medicaid: [Coverage and Reimbursement for Telemedicine/Telehealth](#)

STATUS: Expired, but extended by [Temporary Emergency Rule 37-955](#). Temporary rule effective for 120 days after July 2, 2021.

Medicaid: [FAQs on Telehealth/Telemedicine](#)

STATUS: Expiration varies, some permanent, and others may have been extended by [Temporary Emergency Rule 37-955](#). Temporary rule effective for 120 days after July 2, 2021.

Office of the Governor: [Directive Implementing EO 2-2021](#)

STATUS: Expired

## SERVICE EXPANSION

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*Last updated 09/07/2021*

Medicaid: [Dental Telemedicine Notice](#)

STATUS: Expired, but extended by [Temporary Emergency Rule 37-955](#). Temporary rule effective for 120 days after July 2, 2021.

Medicaid: [Nursing Facility Providers](#)

STATUS: Expired, but extended by [Temporary Emergency Rule 37-955](#). Temporary rule effective for 120 days after July 2, 2021.

Medicaid: [Coverage and Reimbursement for Telemedicine/Telehealth](#)

STATUS: Expired, but extended by [Temporary Emergency Rule 37-955](#). Temporary rule effective for 120 days after July 2, 2021.

Medicaid: [FAQs on Telehealth/Telemedicine](#)

STATUS: Expiration varies, some permanent, and others may have been extended by [Temporary Emergency Rule 37-955](#). Temporary rule effective for 120 days after July 2, 2021.

Office of the Governor: [Directive Implementing EO 2-2021](#)

STATUS: Expired, but extended by [Temporary Emergency Rule 37-955](#). Temporary rule effective for 120 days after July 2, 2021.

Medicaid 1915(c) Waiver: [Appendix K – Big Sky Home and Community Based Waiver Combined](#)

STATUS: Active until the end of federal Public Health Emergency.

Medicaid 1915(c) Waiver: [Appendix K Addendum – Big Sky Home and Community Based Waiver Combined](#)

STATUS: Active until the end of federal Public Health Emergency.

Medicaid: [Suspension of face-to-face requirement](#)

STATUS: Expired, but extended by [Temporary Emergency Rule 37-955](#). Temporary rule effective for 120 days after July 2, 2021.

## AUDIO-ONLY DELIVERY

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*Last updated 09/08/2021*

Medicaid: [Nursing Facility Providers](#)

STATUS: Expired, but extended by [Temporary Emergency Rule 37-955](#). Temporary rule effective for 120 days after July 2, 2021.

Medicaid: [Coverage and Reimbursement for Telemedicine/Telehealth](#)

STATUS: Expired, but extended by [Temporary Emergency Rule 37-955](#). Temporary rule effective for 120 days after July 2, 2021.

Medicaid: [FAQs on Telehealth/Telemedicine](#)

STATUS: Expiration varies, some permanent, and others may have been extended by [Temporary Emergency Rule 37-955](#). Temporary rule effective for 120 days after July 2, 2021.

Medicaid: [Non-Covered Service Agreement Change](#)

STATUS: Active

Office of the Governor: [Directive Implementing EO 2-2021](#)

STATUS: Expiration varies, some permanent, and others may have been extended by [Temporary Emergency Rule 37-955](#). Temporary rule effective for 120 days after July 2, 2021.

Medicaid 1915(c) Waiver: [Appendix K – Big Sky Home and Community Based Waiver Combined](#)

STATUS: Active until the end of federal Public Health Emergency.

Medicaid 1915(c) Waiver: [Appendix K Addendum – Big Sky Home and Community Based Waiver Combined](#)

STATUS: Active until the end of federal Public Health Emergency.

## EASING PRESCRIBING REQUIREMENTS

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*Last updated 09/08/2021*

Office of the Governor: [Montana State of Emergency Executive Order \(2-2021\)](#)

STATUS: Expired, but extended by [Temporary Emergency Rule 37-955](#). Temporary rule effective for 120 days after July 2, 2021.

Office of the Governor: [Directive Implementing EO 2-2021](#)

STATUS: Expired, but extended by [Temporary Emergency Rule 37-955](#). Temporary rule effective for 120 days after July 2, 2021.

HB 43: [Patient-Provider Relationship](#)

STATUS: Enacted

## EASING CONSENT REQUIREMENTS

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*Last updated 09/08/2021*

No Reference Found

## CROSS-STATE LICENSING

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*Last updated 09/08/2021*

Office of the Governor: [Montana State of Emergency Executive Order \(2-2021\)](#)

STATUS: Expired, but extended by [Temporary Emergency Rule 37-955](#). Temporary rule effective for 120 days after July 2, 2021.

Office of the Governor: [Directive Implementing EO 2-2021](#)

STATUS: Expired, but extended by [Temporary Emergency Rule 37-955](#). Temporary rule effective for 120 days after July 2, 2021.

## PRIVATE PAYER

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*Last updated 09/08/2021*

Insurance Commissioner: [Telehealth Coverage during COVID-19](#)

STATUS: Varies based on insurer

Office of the Governor: [Directive Implementing EO 2-2021](#)

STATUS: Expired, but extended by [Temporary Emergency Rule 37-955](#). Temporary rule effective for 120 days after July 2, 2021.

## MISCELLANEOUS

*Last updated 09/08/2021*

[MT Department of Public Health and Human Services: Adoption Of Temporary Emergency Rule To Allow for COVID-19-Related Regulatory Discretion Beyond The Expiration Of The Governor-Declared State Of Emergency](#)

STATUS: Active until no later than 120 additional days, or Oct. 26, 2021

# Medicaid

## OVERVIEW

*Last updated 09/07/2021*

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.

Telehealth services must be reimbursed at the same rate of payment as services delivered in person.

## DEFINITIONS

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*Last updated 09/08/2021*

“Telehealth” means the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, and information across distance, including but not limited to the use of secure portal

messaging, secure instant messaging, audiovisual communications, and audio-only communications.

The term includes both clinical and nonclinical services.”

SOURCE: [MT Code Annotated Sec. 53-6-155 as amended by Senate Bill 357 \(2021 Session\)](#), (Accessed Sept. 2021).

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. 2021).

## 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. 2021).

## LIVE VIDEO

*Last updated 09/08/2021*

## POLICY

Providers enrolled in the medicaid program may provide medically necessary services by means of telehealth if the service:

- is clinically appropriate for delivery by telehealth as specified by the department by rule or policy;
- comports with the guidelines of the applicable medicaid provider manual; and
- is not specifically required in the applicable provider manual to be provided in a face-to-face manner

Telehealth services must be provided at same rate as services delivered in person.

Department directed to adopt rules for the provision of telehealth (see statute for further details).

SOURCE: [Senate Bill 357 \(2021 Session\)](#), [\(Accessed Sept. 2021\)](#).

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 \(Feb. 2020\)](#), [\(Accessed Sept. 2021\)](#).

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## 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. [\(Accessed Sept. 2021\)](#).

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 \(Mar. 2020\)](#), [\(Accessed Sept. 2021\)](#).

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## School-Based Services

Telehealth services are allowed for Physical Therapy, Occupational Therapy and Speech Therapy. 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.

SOURCE: [MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, School-Based Services Manual, Covered Services \(Mar. 2020\).](#) (Accessed Sept. 2021).

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. 2021).

## Home Health Services

A face to face encounter may occur through telehealth.

SOURCE: [MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Senior and Long Term Care Division, Community Services Bureau, Home Health Policy Manual. Apr. 1, 2019. pg.1.](#) (Accessed Sept. 2021).

## Durable Medical Equipment

Face-to-face assessments of the patient by the prescriber can be performed using telemedicine.

SOURCE: [MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, Durable Medical Equipment, Prosthetics, Orthotics, and Medical Supplies \(DMEPOS\) Manual, Covered Services \(Dec. 2020\).](#) (Accessed Sept. 2021).

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## 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. 2021).

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## ELIGIBLE SITES

Telemedicine can be provided in a member's residence; the distance provider is responsible for the confidentiality requirements. See "Originating Provider Requirements" 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. 2021).

An enrollee's residence is not reimbursable as an enrolled originating site provider.

SOURCE: [Senate Bill 357 \(2021 Session\)](#) & [MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine \(Feb. 2020\).](#) (Accessed Sept. 2021).

"Originating site provider" means an enrolled provider who is operating a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. 1320d, et seq., and assisting an enrollee with the technology necessary for a telehealth visit.

An originating site provider is not required to participate in the delivery of the health care service.

SOURCE: [Senate Bill 357 \(2021 Session\)](#), (Accessed Sept. 2021).

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## 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. 2021).

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## 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. 2021).

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 \(Sep. 2017\).](#) (Accessed Sept. 2021).

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. 2021).

## STORE-AND-FORWARD

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*Last updated 09/08/2021*

## 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. 2021).

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## ELIGIBLE SERVICES/SPECIALTIES

No Reference Found

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## GEOGRAPHIC LIMITS

No Reference Found

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## TRANSMISSION FEE

No Reference Found

## REMOTE PATIENT MONITORING

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*Last updated 09/08/2021*

## POLICY

No Reference Found

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## CONDITIONS

No Reference Found

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## PROVIDER LIMITATIONS

No Reference Found

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## OTHER RESTRICTIONS

No Reference Found

## EMAIL, PHONE & FAX

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*Last updated 09/08/2021*

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 \(Feb. 2020\). \(Accessed Sept. 2021\).](#)

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Telehealth services may be provided using secure portal messaging, secure instant messaging, telephone communication, or audiovisual communication.

SOURCE: [Senate Bill 357 \(2021 Session\)](#), (Accessed Sept. 2021).

## CONSENT REQUIREMENTS

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*Last updated 09/07/2021*

A provider shall follow consent and patient information protocols consistent with the protocols followed for in-person visits.

SOURCE: [Senate Bill 357 \(2021 Session\)](#), (Accessed Sept. 2021).

## OUT OF STATE PROVIDERS

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*Last updated 09/08/2021*

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. 2021).

## MISCELLANEOUS

*Last updated 09/09/2021*

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. 2021).

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 \(Feb. 2020\). \(Accessed Sept. 2021\).](#)

Confidentiality requirements apply (see manual).

SOURCE: [MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine \(Feb. 2020\). \(Accessed Sept. 2021\).](#)

A provider shall:

- ensure an enrollee receiving telehealth services has the same rights to confidentiality and security as provided for traditional office visits;
- follow consent and patient information protocols consistent with the protocols followed for in person visits; and
- comply with recordkeeping requirements established by the department by rule.

SOURCE: [Senate Bill 357 \(2021 Session\), \(Accessed Sept. 2021\).](#)

The department shall adopt rules for the provision of telehealth services, including but not limited to:

- billing procedures for enrolled providers;
- the services considered clinically appropriate for telehealth purposes;
- recordkeeping requirements for providers, including originating site providers; and
- other requirements for originating site providers, including allowable provider types, reimbursement rates, and requirements for the secure technology to be used at originating sites.

SOURCE: [Senate Bill 357 \(2021 Session\), \(Accessed Sept. 2021\).](#)

# Private Payer

## DEFINITIONS

*Last updated 09/08/2021*

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. 2021).

### **New Legislation (Effective Jan. 1, 2022)**

“Telehealth” means the use of audio, video, or other telecommunications technology or media, including audio-only communication, that is:

- Used by a health care provider or health care facility to deliver health care services; and
- delivered over a secure connection that complies with state and federal privacy laws.

The term does not include delivery of health care services by means of facsimile machines or electronic messaging alone. The use of facsimile and electronic message is not precluded if used in conjunction with other audio, video, or telecommunications technology or media.

For physicians providing written certification of a debilitating medical condition pursuant to 50-46-310, the term does not include audio-only communication unless the physician has previously established a physician-patient relationship through an in-person encounter.”

SOURCE: [House Bill 43 \(2021 Session\)](#), (Accessed Sept. 2021).

### **REQUIREMENTS**

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*Last updated 09/08/2021*

Each group or individual policy, certificate of disability insurance, subscriber contract, membership contract, or health care services agreement that provides coverage for health care services must provide coverage for health care services provided by a health care provider or health care facility by means of telemedicine [term changes to ‘telehealth’ Jan. 1, 2022] if services are otherwise covered by the policy, certificate, contract, or agreement.

Coverage under this section must be equivalent to the coverage for services that are provided in person by a health care provider or health care facility.

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
- Naturopathic physician (Effective Jan. 1, 2022)
- 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.](#) & [MT Code Title 37 \(Accessed Sept. 2021\)](#)

### **Newly Passed Legislation (Effective Jan. 1, 2022)**

A policy, certificate, contract, or agreement may not:

- impose restrictions involving:
  - the site at which the patient is physically located and receiving health care services by means of telehealth; or
  - the site at which the health care provider is physically located and providing the services by means of telehealth; or
- distinguish between telehealth services provided to patients in rural locations and telehealth services provided to patients in urban locations.

Nothing in this section may be construed to require:

- A health issuer to provide coverage for services that are not medically necessary, subject to the terms and conditions of the policy;
- Provide coverage of an otherwise noncovered benefit;
- 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; or
- Except as provided in 50-46-310 or as provided in Title 37 and related administrative rules, a patient to have a previously established patient-provider relationship with a specific health care provider in order to receive health care services by means of telehealth.

The commissioner may adopt rules necessary to implement the provisions of this section.

SOURCE: [MT Code Sec. 33-22-138](#) & [HB 43 \(2021 Session\)](#). (Accessed Sept. 2021).

## PARITY

*Last updated 09/08/2021*

### SERVICE PARITY

Private payers are required to provide coverage for services delivered through telemedicine [term changes to 'telehealth' Jan. 1, 2022] 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](#) & [HB 43 \(2021 Session\)](#). (Accessed Sept. 2021).

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### PAYMENT PARITY

No explicit payment parity.

# Professional Requirements

## DEFINITIONS

*Last updated 09/08/2021*

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. 2021).

## New Legislation (Effective Jan. 1, 2021)

Telemedicine means the practice of medicine using interactive electronic communications, information technology, audio-only conversations, or other means between a licensee in one location and a patient in another location with or without an intervening health care provider. Telemedicine includes the application of secure videoconferencing or store-and-forward technology.

The term does not mean an e-mail or instant messaging conversation or a message sent by facsimile transmission.

For physicians providing written certification of a debilitating medical condition pursuant to 50-46-310, the term does not include audio-only communication unless the physician has previously established a physician-patient relationship through an in-person encounter.

SOURCE: [MT Code Sec. 37-3-102](#) & [House Bill 43 \(2021 Session\)](#).

“Telehealth” means the use of audio, video, or other telecommunications technology or media, including audio-only communication, that is:

- used by a health care provider or health care facility to deliver health care services; and
- delivered over a secure connection that complies with the requirements of state and federal privacy laws.

The term does not include delivery of health care services by means of facsimile machines or electronic messaging alone. The use of facsimile machines and electronic messaging is not precluded if used in conjunction with other audio, video, or telecommunications technology or media.

For physicians providing written certification of a debilitating medical condition pursuant to 50-46-310, the term does not include the use of audio-only communication unless the physician has previously established a physician-patient relationship through an in-person encounter.

SOURCE: [Senate Bill 357 \(2021 Session\)](#), (Accessed Sept. 2021)

“Practice pharmacy by means of telehealth” means to provide pharmaceutical care through the use of information technology to patients at a distance

SOURCE: [Senate Bill 357 \(2021 Session\)](#), [\(Accessed Sept. 2021\)](#).

## CONSENT REQUIREMENTS

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*Last updated 09/08/2021*

No reference found

## ONLINE PRESCRIBING

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*Last updated 09/08/2021*

A physician-patient relationship may be established for purposes of telemedicine:

- by an in-person medical interview and physical examination when the standard of care requires an in-person encounter;
- by consultation with another licensee or health care provider who has a documented relationship with the patient and who agrees to participate in, or supervise, the patient's care; or
- through telemedicine if the standard of care does not require an in-person encounter.

The licensee using telemedicine in patient care may prescribe Schedule II drugs to a patient only after first establishing a physician-patient relationship through an in-person encounter which includes a medical interview and physician examination.

The licensee using telemedicine in patient care shall:

- make available to the patient verification of the licensee's identity and credentials;
- verify the identity of the patient;
- establish a physician-patient relationship prior to initiating care;
- obtain a medical history sufficient for diagnosis and treatment in keeping with the applicable standard of care prior to providing treatment, issuing prescriptions, or delegating the patient's medical services to other health care providers;
- delegate the patient's medical care only to appropriate health care providers (see regulation)
- securely maintain and make timely available medical and billing records to patient or patient's representative and to other health care providers.

SOURCE: [Montana State Board of Medical Examiners. Administrative Rules of MT. Rule 24.156.813 Practice Requirements for Physicians Using Telemedicine. \(Accessed Sept. 2021\).](#)

## CROSS-STATE LICENSING

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*Last updated 09/08/2021*

Except as provided in 37-15-103, an audiologist, speech-language pathologist, speech language pathology assistant, or audiology assistant who is not a resident of Montana and who is not licensed under this chapter may not provide services to patients in Montana through telehealth without first obtaining a license from the board in accordance with this part.

SOURCE: [Senate Bill 357 \(2021 Session\), \(Accessed Sept. 2021\).](#)

## LICENSURE COMPACTS

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*Last updated 09/08/2021*

Member of the Interstate Medical Licensure Compact.

SOURCE: [The IMLC. Interstate Medical Licensure Compact. \(Accessed Sept. 2021\).](#)

Member of the enhanced Nurse Licensure Compact.

SOURCE: [Current NLC States and Status. Nurse Licensure Compact. \(Accessed Sept. 2021\).](#)

Member of the Physical Therapy Compact.

SOURCE: [Compact Map. Physical Therapy Compact. \(Accessed Sept. 2021\).](#)

## MISCELLANEOUS

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*Last updated 09/07/2021*

An audiology assistant or a speech-language pathology assistant may engage in telehealth or provide other services as directed by a speech language pathologist or audiologist that

otherwise comply with board rules for scope of practice by speech language pathology assistants and audiology assistants.

SOURCE: [Senate Bill 357 \(2021 Session\)](#), (Accessed Sept. 2021).

## PROFESSIONAL BOARDS STANDARDS

*Last updated 09/07/2021*

### MT Board of Speech-Language Pathology

SOURCE: [MT Admin Rules, Sec. 24.222.9](#) (Accessed Sept. 2021).

An audiologist, or speech-language pathologist, speech-language pathology assistant, or audiology assistant who is licensed under and meets the requirements of this chapter may engage in telepractice telehealth in Montana without obtaining a separate or additional license from the board.

SOURCE: [Senate Bill 357 \(2021 Session\)](#), (Accessed Sept. 2021).

A person licensed under this title to provide health care in the ordinary course of business or practice of a profession may provide services by means of telehealth when the use of telehealth:

- is appropriate for the services being provided;
- meets the standard of care for delivery of services; and
- complies with any administrative rules for telehealth adopted by the board that licenses the health care provider.

A board may adopt rules establishing requirements for the use of telehealth by its licensees.

SOURCE: [Senate Bill 357 \(2021 Session\)](#), (Accessed Sept. 2021).