



AT A GLANCE

MEDICAID PROGRAM

Pennsylvania Medical Assistance Program (MA)

ADMINISTRATOR

Pennsylvania Department of Public Welfare

REGIONAL TELEHEALTH RESOURCE CENTER

[Northeast Telehealth Resource Center](#)

MEDICAID REIMBURSEMENT

Live Video: Yes

Store-and-Forward: No

*Remote Patient Monitoring:*No

PRIVATE PAYER LAW

Law Exists: No

Payment Parity: No

PROFESSIONAL REQUIREMENTS

Licensure Compacts: IMLC, PSY, NLC, PTC

Consent Requirements: Yes

COVID-19

ORIGINATING SITE

Last updated 10/18/2021

Medicaid: [Provider Quick Tips Telemedicine Guidelines \(Updated April 2020\)](#)

STATUS: Expired, obsolete by [MA bulletin 99-21-06](#)

Medicaid: [MCO Memo on Telemedicine Guidance During COVID-19 \(Updated April 2020\)](#)

STATUS: Expired

Medicaid: [Behavioral Health Managed Care Organizations](#)

STATUS: Expired

Medicaid 1915(c) Waiver: [Appendix K – OBRA](#)

STATUS: Active, expired March 5, 2021; extended through Addendum

Medicaid 1915(c) Waiver: [Appendix K – Community HealthChoices](#)

STATUS: Active, expired March 5, 2021; extended through Addendum

Medicaid 1915(c) Waiver: [Appendix K- Combined Waiver OBRA and Community HealthChoices](#)

STATUS: Active, until six months after the end of the COVID-19 Public Health Emergency

PROVIDER TYPE

Last updated 10/18/2021

Medicaid: [School-Based ACCESS Program COVID-19](#)

STATUS: Active, during 2020-2021 school year

Medicaid: [Teledentistry Guidelines](#)

STATUS: Active, until end of Federal PHE

Medicaid: [Provider Quick Tips Telemedicine Guidelines \(Updated April 2020\)](#)

STATUS: Expired, obsolete by [Medical Assistance bulletin 99-21-06](#)

Medicaid: [MCO Memo on Telemedicine Guidance During COVID-19 \(Updated April 2020\)](#)

STATUS: Expired

Medicaid: [Behavioral Health Managed Care Organizations](#)

STATUS: Expired

Medicaid: [Instructions for Delivery of BHRS and IBHS through Telehealth](#)

STATUS: Expired, replaced by permanent policy, [OMHSAS-21-09](#)

Medicaid: [Outpatient Drug and Alcohol Services](#)

STATUS: Expired

Medicaid: [Guidelines for the Delivery of TSS, BHT, BHT-ABA, or Assistant BC-ABA Service Through Telehealth](#)

STATUS: Active

Medicaid 1915(c) Waiver: [Appendix K – Children’s HCBS Waiver, Adults’ HCBS Waiver, Medically Involved Children’s Waiver \(MICW\), Medically Fragile \(Hospital\) Model, Behavioral \(ICF/IDD\) Model Waiver Combined](#)

STATUS: Expired March 10, 2021

SERVICE EXPANSION

Last updated 10/18/2021

Medicaid: [School-Based ACCESS Program COVID-19](#)

STATUS: Active, during the 2020-2021 school year

Medicaid: [Teledentistry Guidelines](#)

STATUS: Active, until end of Federal PHE

Medicaid: [Provider Quick Tips Telemedicine Guidelines \(Updated April 2020\)](#)

STATUS: Expired, obsolete by [Medical Assistance bulletin 99-21-06](#)

Medicaid: [MCO Memo on Telemedicine Guidance During COVID-19 \(Updated April 2020\)](#)

STATUS: Expired

Medicaid: [Behavioral Health Managed Care Organizations](#)

STATUS: Expired

Medicaid: [Instructions for Delivery of BHRS and IBHS through Telehealth](#)

STATUS: Expired, replaced by permanent policy, [OMHSAS-21-09](#)

Medicaid: [Guidelines for the Delivery of TSS, BHT, BHT-ABA, or Assistant BC-ABA Service Through Telehealth](#)

STATUS: Active

AUDIO-ONLY DELIVERY

Last updated 10/18/2021

Medicaid: [Teledentistry Guidelines](#)

STATUS: Active, until end of Federal PHE

Medicaid: [Provider Quick Tips Telemedicine Guidelines \(Updated April 2020\)](#)

STATUS: Expired, obsolete by [Medical Assistance bulletin 99-21-06](#)

Medicaid: [MCO Memo on Telemedicine Guidance During COVID-19 \(Updated April 2020\)](#)

STATUS: Expired

Medicaid: [Behavioral Health Managed Care Organizations](#)

STATUS: Expired

Medicaid: [Instructions for Delivery of BHRS and IBHS through Telehealth](#)

STATUS: Expired, replaced by permanent policy, [OMHSAS-21-09](#)

Medicaid 1915(c) Waiver: [Appendix K – Infants, Toddlers and Families](#)

STATUS: Expired January 26, 2021; extended through Addendum

Medicaid 1915(c) Waiver: [Appendix K Addendum – Infants, Toddlers & Families Waiver](#)

STATUS: Active, until 6 months after the conclusion of the PHE

Medicaid 1915(c) Waiver: [Appendix K – OBRA](#)

STATUS: Active, expired March 5, 2021; extended through Addendum

Medicaid 1915(c) Waiver: [Appendix K – Community HealthChoices](#)

STATUS: Active, expired March 5, 2021; extended through Addendum

Medicaid 1915(c) Waiver: [Appendix K Addendum – Community HealthChoices; OBRA Combined](#)

STATUS: Active, until six months after the end of the COVID-19 Public Health Emergency

EASING PRESCRIBING REQUIREMENTS

Last updated 10/18/2021

Medicaid: [Behavioral Health Managed Care Organizations](#)

STATUS: Expired, replaced by permanent policy, [OMHSAS-21-09](#)

Department of State: [Buprenorphine treatment via telemedicine](#)

STATUS: Active, until March 31, 2022

HB 642: [Regulation of Telemedicine](#)

STATUS: Pending

EASING CONSENT REQUIREMENTS

Last updated 10/18/2021

No Reference Found

CROSS-STATE LICENSING

Last updated 10/18/2021

Medicaid: [Provider Quick Tips Telemedicine Guidelines \(Updated April 2020\)](#)

STATUS: Expired, obsolete by [MA bulletin 99-21-06](#)

Medicaid: [MCO Memo on Telemedicine Guidance During COVID-19 \(Updated April 2020\)](#)

STATUS: Expired

Department of State: [Authorization for Health Care Professionals to Utilize Telemedicine during COVID-19](#)

STATUS: Active until March 31, 2022

Department of State: [Out-of-State Osteopathic Physicians](#)

STATUS: Active until March 31, 2022

Department of State: [Pharmacy Practitioners and Pharmacies in other States](#)

STATUS: Active until March 31, 2022

Department of State: [Out-of-State Health Care Practitioners](#)

STATUS: Active until March 31, 2022

PRIVATE PAYER

Last updated 10/18/2021

Medicaid: [MCO Memo on Telemedicine Guidance During COVID-19 \(Updated April 2020\)](#)

STATUS: Expired

Insurance Department: [Private Payer Telehealth Flexibilities](#)

STATUS: Active, expires until end of federal PHE

MISCELLANEOUS

Last updated 10/18/2021

SB 841: [Requires Disaster Emergency Report to include data on use of telemedicine](#)

STATUS: Enacted

Department of State: [Clinical Experience Requirement for Behavioral Specialists](#)

STATUS: Active, expires March 31, 2022

Medicaid 1915(c) Waiver: [Appendix K Addendum – Consolidated Waiver; Community Living Waiver; Person/Family Directed Support Waiver; Adult Autism Waiver Combined](#)

STATUS: Active, until six months after the end of the COVID-19 Public Health Emergency

Medicaid

OVERVIEW

Last updated 10/18/2021

Under newly revised bulletins from the Office of Mental Health and Substance Abuse Services and PA Medical Assistance, they now offer live video reimbursement to a wide range of licensed providers, and patient locations, and audio-only in situations when the beneficiary does not have video capability or an urgent medical situation. PA Medicaid does not consider store-and-forward or remote patient monitoring to fall under the definition of telemedicine.

DEFINITIONS

Last updated 10/12/2021

“Telehealth” in this bulletin compensable behavioral health services using real-time, two-way interactive audio-video transmission. Telehealth does not include text messaging, electronic mail messaging or facsimile (fax) transmissions.

Source: [PA Department of Human Services, Office of Mental Health and Substance Abuse Services Bulletin OMHSAS-21-09, p.1, Aug. 26, 2021, \(Accessed Oct. 2021\).](#)

Telemedicine is the use of two-way, real time interactive telecommunications technology that includes, at a minimum, audio and video equipment as a mode of delivering healthcare services.

Telemedicine, for purposes of Medicaid payment, does not include telephone, asynchronous or store and forward technology or facsimile machines, electronic mail systems or remote patient monitoring devices. However, these technologies may be utilized as a part of the provision of a MA-covered service.

Source: [PA Department of Human Services, Medical Assistance Bulletin 99-21-06, p. 2 Sept. 30, 2021 \(Accessed Oct. 2021\).](#)

LIVE VIDEO

Last updated 10/12/2021

POLICY

For FQHCs & RHCs

Telepsychiatry Services – Only applicable to Behavioral Health Managed Care delivery system claims and not fee-for-service delivery. Mental health services are provided through the use of approved electronic communication and information technologies to provide or support clinical psychiatric care at a distance. Qualifying telepsych services utilize real-time, two-way interactive audio-video transmission, and do not include a telephone conversation, electronic mail message, or facsimile transmission between a health care practitioner and a service recipient, or a consultation between two healthcare practitioners, although these activities may support the delivery of telepsych services. Telepsych services require service providers to have a service description approved by the Office of Mental Health and Substance Abuse Services (OMHSAS) and deliverable through the managed care option.

SOURCE: [PA PROMISe, 837 Professional/CMS-1500 Claim Form, Provider Handbook, Appendix E - FQHC/RHC, p. 10 \(Apr. 22, 2014\), \(Accessed Oct. 2021\).](#)

Services delivered in the MA FFS delivery system through telehealth will be paid the same rate as if the services were delivered in-person.

MA providers in the MA FFS delivery system that provide services via telehealth should bill for services with a Place of Service (POS) 02 unless instructed otherwise for specific services. Please consult the MA Fee Schedule for procedure codes that now have the POS 02.

SOURCE: [PA Department of Human Services, Office of Mental Health and Substance Abuse Services Bulletin OMHSAS-21-09, p. 7 & 8, Aug 26, 2021, \(Accessed Oct. 2021\).](#)

ELIGIBLE SERVICES/SPECIALTIES

Effective, September 30, 2021, the MA Program will pay for MA covered services rendered to beneficiaries via telemedicine when clinically appropriate and allowable according to the provider's scope of practice. Services rendered via telemedicine must be provided according to the same standard of care as if delivered in-person. Providers are encouraged to establish protocols for the use of telemedicine.

Limited English Proficiency

All recipients of federal funding, including the MA Program, must offer and make available interpretation services to beneficiaries with limited English proficiency, visual limitations,

and/or auditory limitations. Providers who elect to render services through telemedicine must have policies in place to make language assistance services, such as oral interpretation, including sign language interpretation, and written translation, available to beneficiaries being served via telemedicine.

SOURCE: [PA Department of Human Services, Medical Assistance Bulletin 99-21-06, p. 4, Sept. 30, 2021](#), & [PA Department of Human Services, Office of Mental Health and Substance Abuse Services Bulletin OMHSAS-21-09, p. 6, Aug 26, 2021, \(Accessed Oct. 2021\)](#).

MA covered services rendered via telemedicine in the FFS delivery system will be paid at the same rate as if they were rendered in-person. The Department added Place of Service (POS) 02 (telemedicine) for providers to identify services that are rendered via telemedicine. Providers are no longer required to utilize the GT modifier to indicate the use of telemedicine and are instead to use POS 02. Providers are to indicate in the beneficiary's medical record when telemedicine services are rendered via audio-only.

When the beneficiary accesses services at an enrolled originating site, the provider serving as the originating site may bill for the technology service using the telehealth originating site procedure code Q3014 only. MA Providers may no longer bill procedure code Q3014 in addition to an office visit that is provided at the originating site.

PA Medical Assistance Program has a fee schedule that lists codes eligible to be performed using interactive telecommunication technology.

SOURCE: [PA Department of Human Services, Medical Assistance Bulletin 99-21-06, p. 5, Sept. 30, 2021, \(Accessed Oct. 2021\)](#).

Some behavioral health services may be appropriate to be provided primarily through telehealth, while other services will require ongoing in-person delivery for a significant portion of or all of the services. Providers and practitioners should carefully consider the clinical appropriateness of telehealth delivery for such services, including, but not limited to: Partial Hospitalization, Intensive Behavioral Health Services (IBHS), Family Based Mental Health, Assertive Community Treatment (ACT), or if the beneficiary is in a residential facility or inpatient setting

Providers in the MA HC program must follow the billing instructions of the BH-MCO.

SOURCE: [PA Department of Human Services, Office of Mental Health and Substance Abuse Services Bulletin OMHSAS-21-09, p. 5, 7 & 8, Aug 26, 2021, \(Accessed Oct. 2021\)](#).

ELIGIBLE PROVIDERS

Licensed Practitioners

Licensed practitioners may provide behavioral health services through telehealth that are within their scope of practice. Practitioners should exercise sound clinical judgement and should not provide services through telehealth when it is clinically not appropriate to do so. Services delivered using telehealth must comply with all service specific and payment requirements for the service.

Provider Agencies

Provider agencies using behavioral health staff who are unlicensed, including unlicensed master's level therapists, mental health targeted case managers, mental health certified peer support specialists, certified recovery specialists, and drug and alcohol counselors (as defined in 28 Pa. Code §704.7(b)), and licensed practitioners may provide services using telehealth. Provider agencies should establish and enforce policies for assessing when it is clinically appropriate to deliver services through telehealth. Services delivered using telehealth must comply with all service specific and payment requirements for the service.

SOURCE: [PA Department of Human Services, Office of Mental Health and Substance Abuse Services Bulletin OMHSAS-21-09, p. 2 & 3, Aug 26, 2021, \(Accessed Oct. 2021\).](#)

Telepsych services delivered in FQHCs and RHCs require providers to have a service description approved by the Office of Mental Health and Substance Abuse Services and the service must be deliverable through the managed care option. Telepsych services are limited to psychologists and psychiatrists.

SOURCE: [PA PROMISe, 837 Professional/CMS-1500 Claim Form, Provider Handbook, Appendix E - FQHC/RHC, p.10 \(Apr. 22, 2014\), \(Accessed Oct. 2021\).](#)

ELIGIBLE SITES

The originating site is the setting at which an individual receives behavioral health services using telehealth delivery. When telehealth is being used to deliver services to an individual who is at a clinic, residential treatment setting, or facility setting, the originating site must

have staff trained in telehealth equipment and protocols to provide operating support. In addition, the clinic or facility must have staff trained and available to provide clinical intervention in-person, if a need arises.

Services delivered through telehealth may also be provided outside of a clinic, residential treatment setting or facility setting. With the consent of the individual served and when clinically appropriate, licensed practitioners and provider agencies may deliver services through telehealth to individuals in community settings, such as to an individual located in their home. The licensed practitioner or provider agency must have policies in place to address emergency situations, such as a risk of harm to self or others.

Prior to delivering services through telehealth, providers or practitioners should provide information to the individual receiving services that supports the delivery of quality services. At a minimum, information should address the importance of the individual being in a private location, preventing interruptions and distractions such as from children or other family members, visitors in the household and from other communication or bandwidth reducing devices. When services are being provided to a child, youth or young adult consideration should also be given to how much caregiver involvement will be needed during the appointment.

SOURCE: [PA Department of Human Services, Office of Mental Health and Substance Abuse Services Bulletin OMHSAS-21-09, p. 4, & 7-8, Aug. 26, 2021, \(Accessed Oct. 2021\).](#)

The originating site is where the beneficiary is located at the time the MA covered service is rendered to them via telemedicine. The originating site can be, but is not limited to the beneficiary's home, a provider's office, clinic, nursing facility, or other medical facility site. When the originating site is a provider's office, clinic, nursing facility or other medical facility, staff at the originating site should be trained to assist beneficiaries with the use of the telemedicine equipment and available to provide in-person clinical intervention, if needed. The provider may bill the telehealth originating site facility fee (procedure code Q3014) for the use of their office if no other MA covered service is provided at the originating site.

Providers should obtain the location of the beneficiary at the time each service is rendered via telemedicine should there be a need for emergency medical services.

SOURCE: [PA Department of Human Services, Medical Assistance Bulletin 99-21-06, p. 4, Sept. 30, 2021, \(Accessed Oct. 2021\).](#)

GEOGRAPHIC LIMITS

Access to Services Delivered In-Person

In the managed care delivery system, the HealthChoices Primary Contractor must ensure that provider agencies and licensed practitioners who deliver services through telehealth within their service area can arrange for services to be delivered in-person as clinically appropriate or requested by the individual served. HealthChoices Primary Contractors must ensure that each contracted provider agency and licensed practitioner meets one of the two following criteria:

- The provider agency or licensed practitioner maintains a physical location in Pennsylvania within 60 minutes or 45 miles (whichever is greater) of the area served with appropriate licensure for all services provided through telehealth; or
- The provider agency or licensed practitioner maintains a physical location in a state bordering Pennsylvania, located within 60 minutes or 45 miles (whichever is greater) of the area served in Pennsylvania, maintains licensure in the state where they are physically located for all services provided through telehealth and is enrolled with the Pennsylvania MA program.

The HealthChoices Primary Contractor may apply for an exception to allow licensed practitioners and/or provider agencies beyond the 60 minute/45 mile restriction to deliver services through telehealth in their service area when supporting additional access to services or in circumstances when the licensed practitioner and/or provider agency is needed to meet the cultural, racial/ethnic, sexual/affectional or linguistic needs of individual(s) served. Exception requests forms, included in Attachment B, can be submitted to the OMHSAS Telehealth Resource Account.

SOURCE: [PA Department of Human Services, Office of Mental Health and Substance Abuse Services Bulletin OMHSAS-21-09, p. 3 & 4, Aug. 26, 2021, \(Accessed Oct. 2021\).](#)

FACILITY/TRANSMISSION FEE

The provider may bill the telehealth originating site facility fee (procedure code Q3014) for the use of their office if no other MA covered service is provided at the originating site.

SOURCE: [PA Department of Human Services, Medical Assistance Bulletin 99-21-06, p. 4, Sept. 30, 2021, \(Accessed Oct. 2021\).](#)

STORE-AND-FORWARD

Last updated 10/12/2021

POLICY

Telemedicine, for purposes of Medicaid payment, does not include telephone, asynchronous or store and forward technology or facsimile machines, electronic mail systems or remote patient monitoring devices. However, these technologies may be utilized as a part of the provision of a MA-covered service.

SOURCE: [PA Department of Human Services, Medical Assistance Bulletin 99-21-06, p. 2, Sept. 30, 2021 \(Accessed Oct. 2021\).](#)

ELIGIBLE SERVICES/SPECIALTIES

No Reference Found

GEOGRAPHIC LIMITS

No Reference Found

TRANSMISSION FEE

No Reference Found

REMOTE PATIENT MONITORING

Last updated 10/12/2021

POLICY

Telemedicine, for purposes of Medicaid payment, does not include telephone, asynchronous or store and forward technology or facsimile machines, electronic mail systems or remote patient monitoring devices. However, these technologies may be utilized as a part of the provision of a MA-covered service.

SOURCE: [PA Department of Human Services, Medical Assistance Bulletin 99-21-06, p. 2, Sept. 30, 2021 \(Accessed Oct. 2021\)](#).

CONDITIONS

No Reference Found

PROVIDER LIMITATIONS

No Reference Found

OTHER RESTRICTIONS

No Reference Found

EMAIL, PHONE & FAX

Last updated 10/12/2021

Telemedicine, for purposes of Medicaid payment, does not include telephone, asynchronous or store and forward technology or facsimile machines, electronic mail systems or remote patient monitoring devices. However, these technologies may be utilized as a part of the provision of a MA-covered service.

In response to CMS's policy changes during the COVID-19 PHE, the MA Program has allowed for audio-only services in situations where the beneficiary does not possess or have access to video technology and when clinically appropriate. The Department will continue to allow providers to utilize audio-only telecommunication when the beneficiary does not have access to video capability or for an urgent medical situation, provided that the use of

audio-only telecommunication technology is consistent with state and federal requirements, including guidance by CMS with respect to Medicaid payment and OCR with respect to compliance with Health Insurance Portability and Accountability Act (HIPAA). Services rendered via telemedicine, including those delivered using audio-only telecommunication technology, must use technology that is two-way, real-time, and interactive between beneficiary and provider.

Audio-only telecommunications technology may be used when the beneficiary does not have video capability or for an urgent medical situation, if consistent with state and federal law.

SOURCE: [PA Department of Human Services, Medical Assistance Bulletin 99-21-06, p. 2-4, Sept. 30, 2021 \(Accessed Oct. 2021\)](#).

Audio-only refers to the delivery of behavioral health services at a distance using real-time, two-way interactive audio only transmission. Audio-only does not include text messaging, electronic mail messaging or facsimile (fax) transmissions. Providers may utilize audio-only when the individual served does not have access to video capability or for an urgent medical situation, provided that the use of audio-only is consistent with Pennsylvania regulations and federal requirements, including guidance by the Centers for Medicare & Medicaid Services with respect to Medicaid payment and the US Department of Health and Human Services Office of Civil Rights enforcement of HIPAA compliance. Audio-only service delivery is not allowed for Outpatient Psychiatric Services (55 Pa. Code § 1153.14) or Outpatient Drug and Alcohol Clinic Services (55 Pa. Code § 1223.14). OMHSAS intends to revise these regulations to allow audio-only delivery of services. Providers may consider submitting a request for waiver of these regulatory standards.

Audio-only and text messages may also continue to be utilized for non-service activities, such as scheduling appointments.

SOURCE: [PA Department of Human Services, Office of Mental Health and Substance Abuse Services Bulletin OMHSAS-21-09, p. 7, Aug 26, 2021, \(Accessed Oct. 2021\)](#).

CONSENT REQUIREMENTS

Last updated 10/12/2021

Services delivered through telehealth may also be provided outside of a clinic, residential treatment setting or facility setting. With the consent of the individual served and when

clinically appropriate, licensed practitioners and provider agencies may deliver services through telehealth to individuals in community settings, such as to an individual located in their home. The licensed practitioner or provider agency must have policies in place to address emergency situations, such as a risk of harm to self or others.

SOURCE: [PA Department of Human Services, Office of Mental Health and Substance Abuse Services Bulletin OMHSAS-21-09, p. 4, Aug 26, 2021, \(Accessed Oct. 2021\).](#)

Licensed practitioners and provider agencies must obtain consent from the individual receiving services or their legal guardian, as applicable, prior to rendering a service via telehealth. Licensed practitioners and provider agencies must also allow individuals to elect to return to in-person service delivery at any time. Individuals may refuse to receive services through telehealth.

As with services delivered in-person, licensed practitioners and provider agencies must obtain consent from the individual served or their legal guardian, as applicable, to make any recordings of the individual during the provision of services through telehealth appointments. Licensed practitioners and provider agencies are not permitted to mandate the use of recording for telehealth service delivery and must still provide the service if an individual or legal guardian, as applicable, does not consent to a recording.

The medical record for the individual served must indicate each time a service is provided using telehealth including the receipt of informed consent prior to the start of the session, start time of service and end time of service. Additionally, if the individual served or their legal guardian, as applicable, consents to the recording of a telehealth service, documentation of consent must be included in the medical record.

Signatures for consent to treatment, service verification, and acknowledgement of receipt of treatment or service plan(s) may include hand-written or electronic signatures. Consistent with Act 69 of 1999 Electronic Transactions Act, an electronic signature is an electronic sound, symbol or process attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record.

In situations where signatures cannot be obtained from the individual served or their legal guardian, as applicable, documentation of verbal consent in the medical record meets the requirement for a signature except where inconsistent with Pennsylvania regulations. Verbal consent/verification is not allowable for Mental Health Intensive Case Management

services. See 55 Pa. Code § 5221.33. Providers may consider submitting a request for waiver of this regulatory standard.

SOURCE: [PA Department of Human Services, Office of Mental Health and Substance Abuse Services Bulletin OMHSAS-21-09, p. 6, Aug 26, 2021, \(Accessed Oct. 2021\).](#)

Providers are to obtain consent prior to rendering a service via telemedicine from the beneficiary receiving services or their legal guardian. Providers must also allow beneficiaries to elect to return to in-person services at any time. Services rendered via telemedicine may not be recorded without the beneficiary's consent. Beneficiaries may elect not to receive services via telemedicine at any time. Providers cannot use a beneficiary's refusal to receive services via telemedicine as a basis to limit the beneficiary's access to services.

SOURCE: [PA Department of Human Services, Medical Assistance Bulletin 99-21-06, p. 3, Sept. 30, 2021, \(Accessed Oct. 2021\).](#)

OUT OF STATE PROVIDERS

Last updated 10/12/2021

Out-of-state licensed practitioners who provide treatment through telehealth to individuals in Pennsylvania through the MA program must meet the licensing requirements established by the Pennsylvania Department of State. In order to receive payment for services to beneficiaries in the FFS delivery system, practitioners must be enrolled in the MA Program. Practitioners seeking to provide services to beneficiaries in the managed care delivery system should contact the appropriate Managed Care Organization for its enrollment processes. Practitioners are also advised to consult with their professional liability insurances regarding provision of services in other jurisdictions.

SOURCE: [PA Department of Human Services, Office of Mental Health and Substance Abuse Services Bulletin OMHSAS-21-09, p. 3, Aug 26, 2021, \(Accessed Oct. 2021\).](#)

Out-of-state licensed practitioners who render services via telemedicine to individuals in Pennsylvania through the MA Program must meet the licensing requirements established by the Pennsylvania Department of State. In order to receive payment for services to beneficiaries in the FFS delivery system, practitioners must be enrolled in the MA Program.

SOURCE: [PA Department of Human Services, Medical Assistance Bulletin 99-21-06, p. 5, Sept. 30, 2021, \(Accessed Oct. 2021\).](#)

See Miscellaneous section for residence temporarily out-of-state.

MISCELLANEOUS

Last updated 10/14/2021

Technology Requirements:

Technology used for telehealth, whether fixed or mobile, should be capable of presenting sound and image in real-time and without delay. Telehealth equipment should clearly display the practitioners' and participants' faces to facilitate clinical interactions. The telehealth equipment must meet all state and federal requirements for the transmission or security of health information and comply with the Health Insurance Portability and Accountability Act (HIPAA).

Delivery of Services:

The medical record for the individual served must indicate each time a service is provided using telehealth including the receipt of informed consent prior to the start of the session, start time of service and end time of service. Additionally, if the individual served or their legal guardian, as applicable, consents to the recording of a telehealth service, documentation of consent must be included in the medical record.

Provider Policies:

- Providers using telehealth must maintain written policies for the operation and use of telehealth equipment. Policies must include the provision of periodic staff training to ensure telehealth is provided in accordance with the guidance in this bulletin as well as the provider's established patient care standards.
- Providers must maintain a written policy detailing a contingency plan for transmission failure or other technical difficulties that render the behavioral health service undeliverable. Contingency plans should describe how the plan will be communicated to individuals receiving services.
- Prior to delivering services through telehealth, providers or practitioners should provide information to the individual receiving services that supports the delivery of quality services. At a minimum, information should address the importance of the individual being in a private location, preventing interruptions and distractions such as from children or other family members, visitors in the household and from other communication or band-width reducing devices. When services are being provided to a child, youth or young adult consideration should also be given to how much caregiver involvement will be needed during the appointment.

Determining Appropriateness for Telehealth Delivery of Services

Licensed practitioners and provider agencies delivering services through telehealth must have policies that ensure that services are delivered using telehealth only when it is clinically appropriate to do so and that licensed practitioners are complying with standards of practice set by their licensing board for telehealth where applicable.

Factors to consider include, but are not limited to:

- The preference of the individual served and/or the preference of parents/guardians
- Whether there is an established relationship with the service provider and the length of time the individual has been in treatment
- Level of acuity needed for care
- Risk of harm to self or others
- Age of a minor child
- Ability of the individual served to communicate, either independently or with accommodation such as an interpreter or electronic communication device
- Any barriers to in-person service delivery for the individual
- Access to technology of the individual served
- Whether privacy for the individual served could be maintained if services are delivered using telehealth
- Whether the service relies on social cueing and fluency

The preference of the individual served and their legal guardian(s), as applicable, should be given high priority when making determinations of the appropriateness of the telehealth delivery. However, no service should be provided through telehealth when, in the best clinical judgement of the licensed practitioner, it is not clinically appropriate. When the use of telehealth is not clinically appropriate, the licensed practitioner or provider agency must offer the services in-person. If the individual disagrees with the clinical determination, the licensed practitioner or provider agency may refer the individual to other in-network providers or the managed care organization.

Guidance specific to delivering children's services through telehealth is included in Attachment A.

SOURCE: [PA Department of Human Services, Office of Mental Health and Substance Abuse Services Bulletin OMHSAS-21-09, pgs. 4-5 & 7-8, Aug 26, 2021, \(Accessed Oct. 2021\).](#)

Pennsylvania Residents Temporarily Out-of-State

Behavioral Health Services may be provided using telehealth to meet the behavioral healthcare needs of Pennsylvania residents who are temporarily out of the state as long as the delivery of services out-of-state is consistent with the authorization for services and treatment plan, the individual continues to meet eligibility for the Pennsylvania MA Program, and the Pennsylvania provider agency or licensed practitioner has received authorization to practice in the state or territory where the individual will be temporarily located.

SOURCE: [PA Department of Human Services, Office of Mental Health and Substance Abuse Services Bulletin OMHSAS-21-09, pgs. 5, Aug 26, 2021, \(Accessed Oct. 2021\).](#)

Technology Requirements

Technology used for telemedicine, whether fixed or mobile, should be capable of presenting sound and image in real-time and without delay. The telemedicine equipment should clearly display the rendering practitioner's and participant's face to facilitate clinical interactions and must meet all state and federal requirements for the transmission and security of health information, including HIPAA.

Audio-only telecommunications technology may be used when the beneficiary does not have video capability or for an urgent medical situation, if consistent with state and federal law. Providers must assure the privacy of the beneficiary receiving services and comply with HIPAA and all other federal and state laws governing confidentiality, privacy, and consent. Public facing video communication applications should not be used to render services via telemedicine.

Telemedicine does not include asynchronous or "store and forward" technology such as facsimile machines, electronic mail systems, or remote patient monitoring devices. While asynchronous applications are not considered telemedicine, they may be utilized as part of a MA covered service, such as a laboratory service, x-ray service or physician service.

Telemedicine also does not include text messages, although text messages and telephone may continue to be utilized for non-service activities, such as scheduling appointments.

SOURCE: [PA Department of Human Services, Medical Assistance Bulletin 99-21-06, p. 4-5, Sept. 30, 2021, \(Accessed Oct. 2021\).](#)

Private Payer

DEFINITIONS

Last updated 10/14/2021

No Reference Found

REQUIREMENTS

Last updated 10/14/2021

No Reference Found

PARITY

Last updated 10/14/2021

SERVICE PARITY

No Reference Found

PAYMENT PARITY

No Reference Found

Professional Requirements

DEFINITIONS

Last updated 10/14/2021

No Reference Found

CONSENT REQUIREMENTS

Last updated 10/14/2021

No Reference Found

ONLINE PRESCRIBING

Last updated 10/14/2021

No Reference Found

CROSS-STATE LICENSING

Last updated 10/14/2021

Pennsylvania issues extraterritorial licenses that allow practice in Pennsylvania to physicians residing or practicing with unrestricted licenses in an adjoining state, near the Pennsylvania boundary, and whose practice extends into Pennsylvania.

Pennsylvania bases the granting of this license on the availability of medical care in the area involved, and whether the adjoining state extends similar privileges to Pennsylvania physicians.

SOURCE: [PA Statutes Annotated, Title 63 Sec. 422.34\(a\) and \(c\)\(2\).](#) (Accessed Oct. 2021).

LICENSURE COMPACTS

Last updated 10/14/2021

Member of the Interstate Medical Licensure Compact.

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

Member of Interjurisdictional Psychology Compact.

SOURCE: [PSYPACT, Map.](#) (Accessed Oct. 2021).

Member of Nurses Licensure Compact.

SOURCE: [NCSBN, Nurse Licensure Compact.](#) (Accessed Oct. 2021).

Member of Physical Therapy Compact.

SOURCE: [PT Compact, Compact Map.](#) (Accessed Oct. 2021).

MISCELLANEOUS

Last updated 10/14/2021

No Reference Found

PROFESSIONAL BOARDS STANDARDS

Last updated 10/14/2021

No Reference Found