



AT A GLANCE

MEDICAID PROGRAM

TennCare

ADMINISTRATOR

Dept. of Human Services

REGIONAL TELEHEALTH RESOURCE CENTER

[South Central Telehealth Resource Center](#)

MEDICAID REIMBURSEMENT

Live Video: Yes

Store-and-Forward: Yes

Remote Patient Monitoring: No

PRIVATE PAYER LAW

Law Exists: Yes

Payment Parity: No

PROFESSIONAL REQUIREMENTS

Licensure Compacts: IMLC, PTC, NLC, EMS, PSY

Consent Requirements: Yes

COVID-19

ORIGINATING SITE

Last updated 06/14/2021

No Reference Found

PROVIDER TYPE

Last updated 06/14/2021

Medicaid: [MCO reimbursement of physical, speech and occupational therapy](#)

STATUS: Expired December 31, 2020

Governor: [Out-of State Providers, Behavioral Health Professionals, Audiology and Speech Language Pathology Professionals, & Telemedicine Access](#)

STATUS: Expired February 27, 2021

SERVICE EXPANSION

Last updated 06/14/2021

Medicaid: [Memo to behavioral health providers RE telehealth and Telephone Coverage Extension](#)

STATUS: Expired June 30, 2021

Medicaid: [Memo to MCOs RE telehealth and Telephone Coverage Extension](#)

STATUS: Expired June 30, 2021

Medicaid: [COVID-19 Teledentistry Benefit](#)

STATUS: Expired May 31, 2020

Medicaid: [Guidance on EPSDT/Well Child Visits during COVID-19](#)

STATUS: Expired December 31, 2020

Medicaid: [MCO reimbursement of physical, speech and occupational therapy](#)

STATUS: Expired December 31, 2020

Medicaid: [Behavioral Health Group Therapy Telehealth Services](#)

STATUS: Unknown

Medicaid: [Behavioral Health Psychosocial Rehabilitation Telehealth Services](#)

STATUS: Unknown

Medicaid: [Behavioral Health Telehealth Services](#)

STATUS: Unknown

Medicaid: [COVID-19 Testing and Telehealth Services](#)

STATUS: Expired

Governor: [Out-of State Providers, Behavioral Health Professionals, Audiology and Speech Language Pathology Professionals, & Telemedicine Access](#)

STATUS: Expired February 27, 2021

AUDIO-ONLY DELIVERY

Last updated 06/14/2021

Medicaid: [Memo to behavioral health providers RE telehealth and Telephone Coverage Extension](#)

STATUS: Expired June 30, 2021

Medicaid: [Memo to MCOs RE telehealth and Telephone Coverage Extension](#)

STATUS: Expired June 30, 2021

Medicaid: [Behavioral Health Group Therapy Telehealth Services](#)

STATUS: Unknown

Medicaid: [Behavioral Health Psychosocial Rehabilitation Telehealth Services](#)

STATUS: Unknown

Medicaid: [Behavioral Health Telehealth Services](#)

STATUS: Unknown

Medicaid: [COVID-19 Testing and Telehealth Services](#)

STATUS: Expired

Medicaid 1915(c) Waiver: [Appendix K – Statewide Home and Community Based Services \(or “Statewide”\) waiver; Comprehensive Aggregate Cap Home and Community Based Services \(or “CAC”\) Waiver; Tennessee Self-Determination Waiver Program](#)

STATUS: Active, ends no longer than 6 months following expiration of PHE.

EASING PRESCRIBING REQUIREMENTS

Last updated 06/14/2021

Office of the Governor: [Health Carriers Encouraged to Cover Telemedicine](#)

STATUS: Expired May 31, 2021

EASING CONSENT REQUIREMENTS

Last updated 06/14/2021

Governor: [Executive Order \(includes telehealth supervision waiver\)](#)

STATUS: Expired December 29, 2020

CROSS-STATE LICENSING

Last updated 06/14/2021

Governor: [Executive Order \(includes telemedicine coverage requirement\)](#)

STATUS: Expired

Governor: [Out-of State Providers, Behavioral Health Professionals, Audiology and Speech Language Pathology Professionals, & Telemedicine Access](#)

STATUS: Expired February 27, 2021

PRIVATE PAYER

Last updated 06/14/2021

Office of the Governor: [Health Carriers Encouraged to Cover Telemedicine](#)

STATUS: Expired May 31, 2021

Governor: [Executive Order \(includes telemedicine coverage requirement\)](#)

STATUS: Expired

Governor: [Out-of State Providers, Behavioral Health Professionals, Audiology and Speech Language Pathology Professionals, & Telemedicine Access](#)

STATUS: Expired February 27, 2021

Department of Insurance: [COVID-19 Guidance to Health Carriers](#)

STATUS: Active

MISCELLANEOUS

Last updated 06/14/2021

No Reference Found

Medicaid

OVERVIEW

Last updated 06/14/2021

TennCare reimburses for live video only for crisis-related services. A law requires reimbursement for additional telehealth services and provider-based telemedicine, which includes store-and-forward. Remote patient monitoring may be offered by health insurance entities.

TennCare services are offered through managed care entities. Each MCO has its own telehealth policy. Coverage and reimbursement for live video and store-and-forward may vary between MCOs.

DEFINITIONS

Last updated 06/14/2021

Telehealth means the use of real-time interactive audio, video telecommunications or electronic technology, or store-and-forward telemedicine services by a healthcare services provider to deliver healthcare services to a patient within the scope of practice of the healthcare services provider when such provider is at a qualified site other than the site

where the patient is located; and the patient is at a qualified site at a school clinic staffed by a healthcare services provider and equipped to engage in the telecommunications described in this section or a public elementary or secondary school staffed by a health care services provider and equipped to engage in the telecommunications described in this section and does not include audio only conversation; an electronic mail message or facsimile transmission; and for the provision of behavioral health services when real-time, interactive audio, video telecommunications or electronic technology or store-and-forward telemedicine are unavailable, telehealth includes audio-only conversation.

SOURCE: [TN Code Annotated, Sec. 56-7-1002](#), as amended by [House Bill 620](#) & [Senate Bill 429, \(2021 Session\)](#), (Accessed Jun. 2021).

“Healthcare services provider” means an individual acting within the scope of a valid license issued pursuant to title 63 or title 68, chapter 24, part 6, or any state-contracted crisis service provider employed by a facility licensed under title 33.

“Provider-based telemedicine”: Means the use of Health Insurance Portability and Accessibility Act (HIPAA) (42 U.S.C. § 1320d et seq.) compliant real-time, interactive audio, video telecommunications, or electronic technology, or store-and-forward telemedicine services, used over the course of an interactive visit by a healthcare services provider to deliver healthcare services to a patient within the scope of practice of the healthcare services provider when:

- The healthcare services provider is at a qualified site other than the site where the patient is located and has access to the relevant medical record for that patient;
- The patient is located at a location the patient deems appropriate to receive the healthcare service that is equipped to engage in the telecommunication described in this section; and
- The healthcare services provider makes use of HIPAA compliant real-time, interactive audio, video telecommunications or electronic technology, or store-and-forward telemedicine services to deliver healthcare services to a patient within the scope of practice of the healthcare services provider as long as the healthcare services provider, the healthcare services provider’s practice group, or the healthcare system has established a provider-patient relationship by submitting to a health insurance entity evidence of an in-person encounter between the healthcare service provider, the healthcare services provider’s practice group, or the healthcare system and the patient within sixteen (16) months prior to the interactive visit; and
- Does not include:
 - An audio-only conversation;

- An electronic mail message or phone text message;
- A facsimile transmission;
- Remote patient monitoring; or
- Healthcare services provided pursuant to a contractual relationship between a health insurance entity and an entity that facilitates the delivery of provider-based telemedicine as the substantial portion of the entity's business.

SOURCE: [TN Code Annotated, Sec. 56-7-1003, \(Accessed Jun. 2021\)](#).

TN Department of Mental Health and Substance Abuse Services

“Telehealth is the use of electronic information and telecommunication technologies to support clinical care between an individual with mental illness and/or substance abuse issues and a healthcare practitioner.”

“Telehealth systems provide a live, interactive audio-video communication or videoconferencing connection between the individual in need of services and the crisis service delivery system.”

SOURCE: [TN Dept. of Mental Health and Substance Abuse Services. Office of Crisis Services and Suicide Prevention. Minimal Standards of Care. p. 46, \(2017\)](#), & [TN Dept. of Mental Health and Substance Abuse Services. Office of Crisis Services Telecommunications Guideline. p. 4 \(Accessed Jun. 2021\)](#).

LIVE VIDEO

Last updated 06/14/2021

POLICY

Telehealth Services

A health insurance entity (includes Medicaid) shall provide coverage for healthcare services provided during a telehealth encounter in a manner that is consistent with what the health insurance policy or contract provides for in-person encounters for the same service, and shall reimburse for healthcare services provided during a telehealth encounter without distinction or consideration of the geographic location, or any federal, state, or local designation or classification of the geographic area where the patient is located. Any provisions not stipulated in the telehealth services section of the insurance code shall be governed by the terms and conditions of the health insurance contract.

SOURCE: [TN Code Annotated, Title 56, Ch. 7, Part 1002, \(Accessed Jun. 2021\)](#).

Provider-based Telemedicine

A health insurance entity shall provide coverage for healthcare services provided during a provider-based telemedicine encounter in a manner that is consistent with what the health insurance policy or contract provides for in-person encounters for the same service, and shall reimburse for healthcare services provided during a provider-based telemedicine encounter without distinction or consideration of the geographic location, or any federal, state, or local designation or classification of the geographic area where the patient is located.

This section does not require a health insurance entity to provide coverage for healthcare services that are not medically necessary, unless the terms and conditions of an applicable health insurance policy provide that coverage.

SOURCE: [TN Code Annotated, Title 56, Ch. 7, Part 1003, \(Accessed Jun. 2021\)](#).

ELIGIBLE SERVICES/SPECIALTIES

Telehealth Services

This section does not require a health insurance entity to provide coverage for healthcare services that are not medically necessary, unless the terms and conditions of an applicable health insurance policy provide that coverage.

For a healthcare service for which coverage or reimbursement is provided under the Medical Assistance Act of 1968, compiled in title 71, chapter 5, part 1, or provided under title 71, chapter 3, part 11, “medically necessary” means a healthcare service that is determined by the bureau of TennCare to satisfy the medical necessity standard set forth in 71-5-144; and

For all other healthcare services, “medically necessary” means healthcare services that a healthcare services provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing, or treating an illness, injury, or disease or the symptoms of an illness, injury, or disease, and that are:

- In accordance with generally accepted standards of medical practice;

- Clinically appropriate, in terms of type, frequency, extent, site and duration; and considered effective for the patient's illness, injury or disease; and
- Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury, or disease excluding any costs paid pursuant to subsection (i).

SOURCE: [TN Code Annotated, Sec. 56-7-1002, \(Accessed Jun. 2021\)](#).

A health insurance entity shall provide coverage under a health insurance policy or contract for covered healthcare services delivered through provider-based telemedicine and shall not exclude from coverage a healthcare service solely because it is provided through provider-based telemedicine and is not provided through an in-person encounter between a healthcare services provider and a patient. They shall also reimburse healthcare services providers who are out-of-network for provider-based telemedicine care services under the same reimbursement policies applicable to other out-of-network healthcare services providers.

This section does not require a health insurance entity to pay total reimbursement for a provider-based telemedicine encounter in an amount that exceeds the amount that would be paid for the same service provided by a healthcare services provider for an in-person encounter.

This section does not require a health insurance entity to provide coverage for healthcare services that are not medically necessary, unless the terms and conditions of an applicable health insurance policy provide that coverage.

This section does not require a health insurance entity to provide coverage or reimbursement for healthcare services delivered by means of provider-based telemedicine (which includes store-and-forward) if the applicable health insurance policy would not provide coverage or reimbursement for the same healthcare services if delivered by in-person means.

SOURCE: [TN Code Annotated, Sec. 56-7-1003, \(Accessed Jun. 2021\)](#).

Mental Health & Substance Abuse Services

TennCare will reimburse for live video for crisis-related services or an assessment for emergency admission by an in-patient psychiatric facility.

Please see Telecommunications Guidelines for policy guidance.

SOURCE: [TN Dept. of Mental Health and Substance Abuse Services. Office of Crisis Services and Suicide Prevention. Minimal Standards of Care. p. 46 & 56, \(2017\) \(Accessed Jun. 2021\).](#)

SOURCE: [TN Dept. of Mental Health and Substance Abuse Services. Office of Crisis Services Telecommunications Guidelines, p. 4 \(2012\) \(Accessed Jun. 2021\).](#)

ELIGIBLE PROVIDERS

Provider based telemedicine

A provider-based telemedicine provider who seeks to contract with or who has contracted with a health insurance entity to participate in the health insurance entity's network is subject to the same requirements and contractual terms as any other healthcare services provider in the health insurance entity's network.

“Healthcare services provider” means an individual acting within the scope of a valid license issued pursuant to title 63 or title 68, chapter 24, part 6, or any state-contracted crisis service provider employed by a facility licensed under title 33 .

SOURCE: [TN Code Annotated, Sec. 56-7-1003, \(Accessed Jun. 2021\).](#)

Telehealth Services

“Healthcare services provider” means an individual acting within the scope of a valid license issued pursuant to title 63 or any state-contracted crisis service provider employed by a facility licensed under title 33.

SOURCE: [TN Code Annotated, Sec. 56-7-1002, \(Accessed Jun. 2021\).](#)

ELIGIBLE SITES

Telehealth Services

“Qualified site” means the s the office of a healthcare services provider, a hospital licensed under title 68, a facility recognized as a rural health clinic under federal Medicare regulations, a federally qualified health center, a facility licensed under title 33, or another location deemed acceptable by the health insurance entity; and

Includes, for the provision of behavioral health services provided via telehealth, the patient's home or a remote location chosen by the patient.

SOURCE: [TN Code Annotated, Sec. 56-7-1002](#), as amended by [House Bill 620](#) & [Senate Bill 429, \(2021 Session\)](#), (Accessed Jun. 2021).

Provider-Based Telemedicine

“Qualified site” means the primary or satellite office of a healthcare services provider, a hospital licensed under title 68, a facility recognized as a rural health clinic under federal medicare regulations, a federally qualified health center, a facility licensed under title 33, or any other location deemed acceptable by the health insurance entity

SOURCE: [TN Code Annotated, Sec. 56-7-1003](#), (Accessed Jun. 2021).

Mental Health & Substance Abuse Services

Crisis service providers may connect from:

- Emergency departments;
- Jails;
- Detention centers; and
- Other similar locations

All telehealth sites shall ensure that telehealth equipment is located in a space conducive to a clinical environment.

SOURCE: [TN Dept. of Mental Health and Substance Abuse Services. Office of Crisis Services and Suicide Prevention. Minimal Standards of Care. p. 46 & 50, \(2017\) \(Accessed Feb. 2021\)](#) & [TN Dept. of Mental Health and Substance Abuse Services. Office of Crisis Services Telecommunications Guidelines, p. 4 & 8, \(2012\) \(Accessed Jun. 2021\)](#).

GEOGRAPHIC LIMITS

Reimbursement and coverage must be provided for telehealth services and provider based telemedicine without any distinction or consideration of the geographic location or any federal, state, or local designation, or classification of the geographic area where the patient is located.

SOURCE: [TN Code Annotated, Title 56, Ch. 7, Part 1002](#), & [Part 1003](#), (Accessed Jun. 2021).

FACILITY/TRANSMISSION FEE

A health insurance entity shall reimburse an originating site hosting a patient as part of a telehealth encounter an originating site fee in accordance with the federal centers for Medicare and Medicaid services telehealth services rule 42 C.F.R. § 410.78 and at an amount established prior to the effective date of this act by the federal centers for Medicare and Medicaid services.

SOURCE: [TN Code Annotated, Sec. 56-7-1002](#), (Accessed Jun. 2021).

STORE-AND-FORWARD

Last updated 06/14/2021

POLICY

“Store-and-forward telemedicine services”: (A) Means the use of asynchronous computer-based communications between a patient and healthcare services provider at a distant site for the purpose of diagnostic and therapeutic assistance in the care of patients; and (B) Includes the transferring of medical data from one (1) site to another through the use of a camera or similar device that records or stores an image that is sent or forwarded via telecommunication to another site for consultation.

This section does not require a health insurance entity to provide coverage for healthcare services that are not medically necessary, unless the terms and conditions of an applicable health insurance policy provide that coverage.

This section does not require a health insurance entity to provide coverage or reimbursement for healthcare services delivered by means of telehealth/provider-based telemedicine (which includes store-and-forward) if the applicable health insurance policy would not provide coverage or reimbursement for the same healthcare services if delivered by in-person means.

SOURCE: [TN Code Annotated, Sec. 56-7-1003](#) & [1002](#), (Accessed Jun. 2021).

Mental Health & Substance Abuse Services

TennCare will not reimburse for store-and-forward based upon definition of “telehealth systems” which describes it as “live interactive audio-video”.

SOURCE: [TN Dept. of Mental Health and Substance Abuse Services. Office of Crisis Services and Suicide Prevention. Minimal Standards of Care. p. 46, \(2017\) \(Accessed Feb. 2021\)](#) & [TN Dept. of Mental Health and Substance Abuse Services. Office of Crisis Services Telecommunications Guidelines, p. 4, \(2012\) \(Accessed Jun. 2021\)](#).

ELIGIBLE SERVICES/SPECIALTIES

No Reference Found

GEOGRPAHIC LIMITS

“Qualified site” means the s the office of a healthcare services provider, a hospital licensed under title 68, a facility recognized as a rural health clinic under federal Medicare regulations, a federally qualified health center, a facility licensed under title 33, or another location deemed acceptable by the health insurance entity; and

Includes, for the provision of behavioral health services provided via telehealth, the patient’s home or a remote location chosen by the patient.

SOURCE: [TN Code Annotated, Sec. 56-7-1002](#), as amended by [House Bill 620](#) & [Senate Bill 429, \(2021 Session\)](#), (Accessed Jun. 2021).

Reimbursement and coverage must be provided for telehealth services without any distinction or consideration of the geographic location or any federal, state, or local designation, or classification of the geographic area where the patient is located.

SOURCE: [TN Code Annotated, Sec. 56-7-1003](#) & [1002](#), (Accessed Jun. 2021).

TRANSMISSION FEE

No Reference Found

REMOTE PATIENT MONITORING

Last updated 06/14/2021

POLICY

“Remote patient monitoring services” means using digital technologies to collect medical and other forms of health data from a patient and then electronically transmitting that information securely to healthcare providers in a different location for interpretation and recommendation.

A health insurance entity may consider any remote patient monitoring service a covered medical service if the same service is covered by Medicare. The appropriate parties may negotiate the rate for these services in the manner in which is deemed appropriate by the parties

SOURCE: [TN Code Annotated, Sec. 56-7-101, \(Accessed Jun. 2021\)](#).

CONDITIONS

No Reference Found

PROVIDER LIMITATIONS

No Reference Found

OTHER RESTRICTIONS

No Reference Found

EMAIL, PHONE & FAX

Last updated 06/14/2021

Telehealth does not include:

- An audio-only conversation;
- An electronic mail message; or
- A facsimile transmission; and

For the provision of behavioral health services when real-time, interactive audio, video telecommunications or electronic technology or store-and-forward telemedicine are unavailable, telehealth includes audio-only conversation.

SOURCE: [TN Code Annotated, Sec. 56-7-1002](#), as amended by [House Bill 620](#) & [Senate Bill 429, \(2021 Session\)](#), (Accessed Jun. 2021).

CONSENT REQUIREMENTS

Last updated 06/21/2021

Privacy policies must be reviewed with the individual before beginning a telehealth assessment and the review must be documented in the patient record. The patient must be informed about privacy policies and given an opportunity to request an in-person assessment before receiving a telehealth assessment.

SOURCE: [TN Dept. of Mental Health and Substance Abuse Services. Office of Crisis Services and Suicide Prevention. Minimal Standards of Care. p. 49-50, \(2017\) \(Accessed Jun. 2021\)](#).

The individual being evaluated via telehealth must be informed of the process and given an opportunity to request an in-person face-to-face assessment before conducting a telehealth assessment. This should be documented in his/her record.

Explanation of the process shall include a statement that services will not be withheld if the telehealth encounter is refused and the individual may terminate the telehealth assessment at any time.

Documentation must contain a statement that the telehealth process was explained to the individual and whether or not an objection was raised.

SOURCE: [TN Dept. of Mental Health and Substance Abuse Services. Office of Crisis Services Telecommunications Guidelines, p. 8, \(2012\) \(Accessed Jun. 2021\)](#).

OUT OF STATE PROVIDERS

Last updated 06/14/2021

No Reference Found

MISCELLANEOUS

Last updated 06/14/2021

No Reference Found

Private Payer

DEFINITIONS

Last updated 06/14/2021

Telehealth means the use of real-time interactive audio, video telecommunications or electronic technology, or store-and-forward telemedicine services by a healthcare services provider to deliver healthcare services to a patient within the scope of practice of the healthcare services provider when such provider is at a qualified site other than the site where the patient is located; and the patient is at a qualified site at a school clinic staffed by a healthcare services provider and equipped to engage in the telecommunications described in this section or a public elementary or secondary school staffed by a health care services provider and equipped to engage in the telecommunications described in this section and does not include audio only conversation; an electronic mail message or facsimile transmission; and for the provision of behavioral health services when real-time, interactive audio, video telecommunications or electronic technology or store-and-forward telemedicine are unavailable, telehealth includes audio-only conversation.

SOURCE: [TN Code Annotated, Sec. 56-7-1002](#), as amended by [House Bill 620](#) & [Senate Bill 429, \(2021 Session\)](#), (Accessed Jun. 2021).

“Provider-based telemedicine”: Means the use of Health Insurance Portability and Accessibility Act (HIPAA) (42 U.S.C. § 1320d et seq.) compliant real-time, interactive audio, video telecommunications, or electronic technology, or store-and-forward telemedicine services, used over the course of an interactive visit by a healthcare services provider to

deliver healthcare services to a patient within the scope of practice of the healthcare services provider when:

- The healthcare services provider is at a qualified site other than the site where the patient is located and has access to the relevant medical record for that patient;
- The patient is located at a location the patient deems appropriate to receive the healthcare service that is equipped to engage in the telecommunication described in this section; and
- The healthcare services provider makes use of HIPAA compliant real-time, interactive audio, video telecommunications or electronic technology, or store-and-forward telemedicine services to deliver healthcare services to a patient within the scope of practice of the healthcare services provider as long as the healthcare services provider, the healthcare services provider's practice group, or the healthcare system has established a provider-patient relationship by submitting to a health insurance entity evidence of an in-person encounter between the healthcare service provider, the healthcare services provider's practice group, or the healthcare system and the patient within sixteen (16) months prior to the interactive visit; and
- Does not include:
 - An audio-only conversation;
 - An electronic mail message or phone text message;
 - A facsimile transmission;
 - Remote patient monitoring; or
 - Healthcare services provided pursuant to a contractual relationship between a health insurance entity and an entity that facilitates the delivery of provider-based telemedicine as the substantial portion of the entity's business.

SOURCE: [TN Code Annotated, Sec. 56-7-1003, \(Accessed Feb. 2021\)](#).

REQUIREMENTS

Last updated 06/14/2021

Telehealth Services

A health insurance entity shall provide coverage for healthcare services provided during a telehealth encounter in a manner that is consistent with what the health insurance policy or contract provides for in-person encounters for the same service, and shall reimburse for healthcare services provided during a telehealth encounter without distinction or

consideration of the geographic location, or any federal, state, or local designation or classification of the geographic area where the patient is located.

A provider must be at a qualified site other than the site where the patient is located; and the patient is at a qualified site, at a school clinic staffed by a healthcare services provider and equipped to engage in the telecommunications described in this section, or at a public elementary or secondary school staffed by a healthcare services provider and equipped to engage in the telecommunications described in this section.

A health insurance entity cannot exclude from coverage, a healthcare service solely because it is provided through telehealth and is not provided through an in-person encounter.

“Qualified site” means the s the office of a healthcare services provider, a hospital licensed under title 68, a facility recognized as a rural health clinic under federal Medicare regulations, a federally qualified health center, a facility licensed under title 33, or another location deemed acceptable by the health insurance entity; and

Includes, for the provision of behavioral health services provided via telehealth, the patient’s home or a remote location chosen by the patient.

SOURCE: [TN Code Annotated, Sec. 56-7-1002](#), as amended by [House Bill 620](#) & [Senate Bill 429](#), (2021 Session), (Accessed Jun. 2021).

A health insurance entity shall reimburse an originating site hosting a patient as part of a telehealth encounter an originating site fee in accordance with the federal centers for Medicare and Medicaid services telehealth services rule 42 C.F.R. § 410.78 and at an amount established prior to the effective date of this act by the federal centers for Medicare and Medicaid services.

This section does not require a health insurance entity to provide coverage for healthcare services that are not medically necessary, unless the terms and conditions of an applicable health insurance policy provide that coverage.

For a healthcare service for which coverage or reimbursement is provided under the Medical Assistance Act of 1968, compiled in title 71, chapter 5, part 1, or provided under title 71, chapter 3, part 11, “medically necessary” means a healthcare service that is determined by the bureau of TennCare to satisfy the medical necessity standard set forth in 71-5- 144; and

For all other healthcare services, “medically necessary” means healthcare services that a healthcare services provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing, or treating an illness, injury, or disease or the symptoms of an illness, injury, or disease, and that are:

- In accordance with generally accepted standards of medical practice;
- Clinically appropriate, in terms of type, frequency, extent, site and duration; and considered effective for the patient’s illness, injury or disease; and
- Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient’s illness, injury, or disease excluding any costs paid pursuant to subsection (i).

SOURCE: [TN Code Annotated, Sec. 56-7-1002 \(Accessed Jun. 2021\)](#).

“Qualified site” means the primary or satellite office of a healthcare services provider, a hospital licensed under title 68, a facility recognized as a rural health clinic under federal Medicare regulations, a federally qualified health center, a facility licensed under title 33, or any other location deemed acceptable by the health insurance entity.

A provider-based telemedicine provider who seeks to contract with or who has contracted with a health insurance entity to participate in the health insurance entity’s network is subject to the same requirements and contractual terms as any other healthcare services provider in the health insurance entity’s network.

SOURCE: [TN Code Annotated, Sec. 56-7-1003, \(Accessed Jun. 2021\)](#).

A health insurance entity may consider any remote patient monitoring service a covered medical service if the same service is covered by Medicare. The appropriate parties may negotiate the rate for these services in the manner in which is deemed appropriate by the parties.

SOURCE: [TN Code Annotated, Sec. 56-7-1011, \(Accessed Jun. 2021\)](#).

PARITY

Last updated 06/14/2021

SERVICE PARITY

Provider-based Telemedicine

A health insurance entity shall provide coverage under a health insurance policy or contract for covered healthcare services delivered through provider-based telemedicine and shall not exclude from coverage a healthcare service solely because it is provided through provider-based telemedicine and is not provided through an in-person encounter between a healthcare services provider and a patient. They shall also reimburse healthcare services providers who are out-of-network for provider-based telemedicine care services under the same reimbursement policies applicable to other out-of-network healthcare services providers.

SOURCE: [TN Code Annotated, Sec. 56-7-1003 \(Accessed Jun. 2021\)](#)

Telehealth Services

Health insurance entities (including managed care organizations) participating in the medical assistance program are required to provide coverage for telehealth (which includes live video) delivered services in a manner that is consistent with the health insurance policy or contract provided for in-person services.

SOURCE: [TN Code Annotated, Title 56, Ch. 7, Part 1002. \(Accessed Jun. 2021\)](#)

Remote patient monitoring

A health insurance entity may consider any remote patient monitoring service a covered medical service if the same service is covered by Medicare. The appropriate parties may negotiate the rate for these services in the manner in which is deemed appropriate by the parties.

Reimbursement of expenses for covered remote patient monitoring services must be established through negotiations conducted by the health insurance entity with the healthcare services provider, healthcare system, or practice group in the same manner as the health insurance entity establishes reimbursement of expenses for covered healthcare services that are delivered by in-person means.

SOURCE: [TN Code Annotated, Sec. 56-7-1011, \(Accessed Feb. 2021\)](#)

PAYMENT PARITY

Provider-based Telemedicine

This section does not require a health insurance entity to pay total reimbursement for a provider-based telemedicine encounter in an amount that exceeds the amount that would be paid for the same service provided by a healthcare services provider for an in-person encounter.

This section does not require a health insurance entity to provide coverage for healthcare services that are not medically necessary, unless the terms and conditions of an applicable health insurance policy provide that coverage.

This section does not require a health insurance entity to provide coverage or reimbursement for healthcare services delivered by means of provider-based telemedicine if the applicable health insurance policy would not provide coverage or reimbursement for the same healthcare services if delivered by in-person means.

This section does not require a health insurance entity to pay total reimbursement for a provider-based telemedicine encounter in an amount that exceeds the amount that would be paid for the same service provided by a healthcare services provider for an in-person encounter.

Insurers shall reimburse healthcare services providers who are out-of-network for provider-based telemedicine care services under the same reimbursement policies applicable to other out-of-network healthcare services providers.

SOURCE: [TN Code Annotated, Sec. 56-7-1003 \(Accessed Jun. 2021\)](#)

Telehealth Services

Health Insurance entities are required to reimburse for the diagnosis, consultation, and treatment of an insured patient for a healthcare service covered under a health insurance policy or contract provided through telehealth without distinction of the geographic location or any federal, state, or local designation, or classification of the geographic area where the patient is located.

Out-of-network providers providing healthcare services through telehealth must be reimbursed under the same policies applicable to other out-of-network healthcare service providers.

SOURCE: [TN Code Annotated, Title 56, Ch. 7, Part 1002. \(Accessed Jun. 2021\)](#)

Reimbursement of expenses for covered remote patient monitoring services must be established through negotiations conducted by the health insurance entity with the healthcare services provider, healthcare system, or practice group in the same manner as the health insurance entity establishes reimbursement of expenses for covered healthcare services that are delivered by in-person means.

SOURCE: [TN Code Annotated, Sec. 56-7-1011 \(Accessed Jun. 2021\)](#).

Professional Requirements

DEFINITIONS

Last updated 06/14/2021

“Telehealth,” “telemedicine,” and “provider-based telemedicine” mean: The use of real time audio, video, or other electronic media and telecommunication technology that enables interaction between a healthcare provider and a patient for the purpose of diagnosis, consultation, or treatment of a patient at a distant site where there may be no in-person exchange between a healthcare provider and a patient; or Store-and-forward telemedicine services.

“Store-and-forward telemedicine services” means the use of asynchronous computer-based communications between a healthcare provider and patient for the purpose of diagnosis, consultation, or treatment of the patient at a distant site where there may be no in-person exchange between the healthcare provider and the patient.

SOURCE: [TN Code Sec. 63-1-155](#), as amended by [House Bill 552](#) & [Senate Bill 1589 \(2021 Session\)](#), (Accessed Jun. 2021).

Telemedicine is the practice of medicine using electronic communication, information technology or other means, between a licensee in one location and a patient in another location. Telemedicine is not an audio only telephone conversation, email/instant messaging conversation or fax. It typically involves the application or secure video conferencing or store-and-forward to provide or support healthcare delivery by replicating the interaction of a traditional encounter between a provider and a patient.

SOURCE: [TN Rule Annotated, 0880-02-16\(1\)\(g\)](#). (Accessed Jun. 2021).

All behavioral health professional licensure requirements are the same for telehealth as for on-site face-to-face services. However, licensing requirements vary from state to state thus if a professional is providing direct care services across state lines, the behavioral health professional must adhere to the requirements of each state's licensing authority.

SOURCE: [TN Dept. of Mental Health and Substance Abuse Services. Office of Crisis Services Minimum Standards of Care, p. 50, \(2017\) \(Accessed Jun. 2021\).](#)

CONSENT REQUIREMENTS

Last updated 06/14/2021

For the purposes of this section, a healthcare provider-patient relationship with respect to telemedicine or telehealth is created by mutual consent and mutual communication, except in an emergency, between the patient and the provider. The consent by the patient may be expressed or implied consent; however, the provider-patient relationship is not created simply by the receipt of patient health information by a provider unless a prior provider-patient relationship exists. The duties and obligations created by the relationship do not arise until the healthcare provider:

- Affirmatively undertakes to diagnose or treat the patient; or
- Affirmatively participates in the diagnosis or treatment.

SOURCE: [TN Code Sec. 63-1-155 \(Accessed Jun. 2021\).](#)

Dentists who are licensed in this state and who deliver services using teledentistry shall establish protocols for the practice that should include proper methods of keeping the patient fully informed

SOURCE: [TN Code Annotated 63-5-108, \(Accessed Jun. 2021\).](#)

ONLINE PRESCRIBING

Last updated 06/14/2021

For the purposes of this section, a healthcare provider-patient relationship with respect to telemedicine or telehealth is created by mutual consent and mutual communication, except in an emergency, between the patient and the provider. The consent by the patient may be expressed or implied consent; however, the provider-patient relationship is not

created simply by the receipt of patient health information by a provider unless a prior provider-patient relationship exists. The duties and obligations created by the relationship do not arise until the healthcare provider: (1) Affirmatively undertakes to diagnose or treat the patient; or (2) Affirmatively participates in the diagnosis or treatment.

SOURCE: [TN Code Sec. 63-1-155, \(Accessed Jun. 2021\)](#).

For a physician to prescribe or dispense any drug to any individual, whether in person or by electronic means or over the Internet or over telephone lines, unless the physician, or his/her licensed supervisee pursuant to appropriate protocols or medical orders, has first done and appropriately documented, for the person to whom a prescription is to be issued or drugs dispensed, all of the following

- Perform an appropriate history and physical examination;
- Make a diagnosis, consistent with good medical care;
- Formulate a therapeutic plan and discuss it with the patient;
- Ensure the availability for appropriate follow-up care.

SOURCE: [TN Rule Annotated, 0880-02-14\(7\)\(a\), \(Accessed Jun. 2021\)](#).

A physician-patient relationship can be established via telemedicine with or without a facilitator present. Certain conditions apply in each case. See rule for details.

SOURCE: [TN Rule Annotated, 0880-02-16\(6\)\(a\), \(Accessed Jun. 2021\)](#).

CROSS-STATE LICENSING

Last updated 06/14/2021

“Healthcare services provider” means an individual acting within the scope of a valid license issued pursuant to title 63, any state-contracted crisis service provider employed by a facility licensed under title 33, or title 68, chapter 24, part 6, as long as the graduate or student is providing telehealth services for the purpose of obtaining hours required for licensure or of otherwise fulfilling the educational requirements to apply for licensure; and is at all times, supervised by an individual who is licensed under this title or title 68, chapter 24, part 6, with an unencumbered license.

Except as provided in Chapter 6 or 9 of this title, in order to practice under this section a healthcare provider must be licensed to practice in this state or be a graduate or student.

An individual licensed in another state who would, if licensed in this state, qualify as a healthcare provider may practice telehealth while providing healthcare services on a volunteer basis through a free clinic.

SOURCE: [TN Code Sec. 63-1-155](#), as amended by [Senate Bill 929](#), [House Bill 967](#), [Senate Bill 1265](#) & [House Bill 508 \(2021 Session\)](#), (Accessed Jun. 2021).

The board has the authority to issue restricted licenses and special licenses based upon licensure to another state for the limited purpose of authorizing the practice of telemedicine to current applicants or current licensees, or both, as it deems necessary.

SOURCE: [TN Code Annotated Sec. 63-6-209\(b\)](#), (Accessed Jun. 2021).

The Tennessee Medical Board eliminated the telemedicine license. Individuals granted a telemedicine license under the former version of the rule may apply to have the license converted to a full license. Under certain circumstances individuals who do not convert to a full license can retain their telemedicine license.

SOURCE: [TN Rule Annotated, Rule 0880-02-16. \(2\)](#) (Accessed Jun. 2021).

The TN Osteopathic Board will still issue a telemedicine license. See rule for details.

SOURCE: [TN Rule Annotated, Rule 1050.02.17.\(2\)](#) (Accessed Jun. 2021).

LICENSURE COMPACTS

Last updated 06/14/2021

Member of the Interstate Medical Licensure Compact.

SOURCE: [Interstate Medical Licensure Compact](#). (Accessed Jun. 2021).

Member of the Nurses Licensure Compact.

SOURCE: [Current NLC States & Status. Nurse Licensure Compact](#). (Accessed Jun. 2021).

Member of the Physical Therapy Compact.

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

Member of Emergency Medical Services Compact.

SOURCE: [Interstate Commission of EMS Personnel Services, Compact Member State, \(Accessed Sept. 2021\)](#).

Member of Psychology Interjurisdictional Compact.

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

MISCELLANEOUS

Last updated 06/14/2021

Teledentistry means “the delivery of dental health care and patient consultation through the use of telehealth systems and technologies, including live, two-way interactions between a patient and a dentist licensed in this state using audiovisual telecommunications technology, or the secure transmission of electronic health records and medical data to a dentist licensed in this state to facilitate evaluation and treatment of the patient outside of a real-time or in-person interaction.”

Any and all services provided via teledentistry shall be consistent with the in-person provision of those services. Any and all services provided via teledentistry shall comply with this chapter and shall be provided in accordance with the rules of the board of dentistry.

SOURCE: [TN Code Annotated 63-5-108, \(Accessed Jun. 2021\)](#).

Worker’s Compensation Reimbursement

Payment shall be based on the Medicare guidelines and coding, with the exception of the geographic restrictions.

SOURCE: [TN Rule Annotated, 0800-2-17-.05. \(5\) \(Accessed Jun. 2021\)](#).

Provider-based telemedicine is subject to utilization review under the Health Care Service Utilization Review Act, compiled in chapter 6, part 7 of this title.

SOURCE: [TN Code Sec. 56-7-1002 & 1003 \(Accessed Jun. 2021\)](#).

Practice of physical therapy means by in-person encounter or via telehealth, telemedicine or provider-based telemedicine.”

SOURCE: [TN Code Annotated 63-13-103](#), as amended by [House Bill 1275](#) & [Senate Bill 1072 \(2021 Session\)](#), (Accessed Jun 2021).

PROFESSIONAL BOARDS STANDARDS

Last updated 06/14/2021

No Reference Found