FALL 2018

A COMPREHENSIVE SCAN OF THE 50 STATES & THE DISTRICT OF COLUMBIA

Center for Connected Health Policy
The National Telehealth Policy Resource Center

STATE TELEHEALTH LAWS

& REIMBURSEMENT POLICIES

State Telehealth Laws and Medicaid Program Policies

INTRODUCTION

The Center for Connected Health Policy's (CCHP) Fall 2018 release of its report on "State Telehealth Laws and Reimbursement Policies" offers policymakers, health advocates, and other interested health care professionals a freshly redesigned summary guide of telehealth-related policies, laws, and regulations for all 50 states and the District of Columbia. States continue to pursue their own unique set of telehealth policies as more and more legislation is introduced each year. Some states have incorporated policies into law, while others have addressed issues such as definition, reimbursement policies, licensure requirements, and other important issues in their Medicaid Program Guidelines.

While this guide focuses primarily on Medicaid fee-for-service policies, information on managed care is noted in the report if it was available. The report also indicates any particular areas where we were unable to find information. Every effort was made to capture the most recent policy language in each state as of September 2018. Recently passed legislation and regulation have also been included in this version of the document with their effective date noted in the report (if applicable). This information also is available electronically in the form of an interactive map and search tool accessible on our website cchpca.org. Consistent with previous editions, the information will be updated biannually, as laws, regulations and administrative policies are constantly changing.

TELEHEALTH POLICY TRENDS

While many states are beginning to expand telehealth reimbursement, others continue to restrict and place limitations on telehealth delivered services. Although each state's laws, regulations, and Medicaid program policies differ significantly, certain trends are evident when examining the various policies. Live video Medicaid reimbursement, for example, continues to far exceed reimbursement for store-and-forward and remote patient monitoring (RPM). However, over the past year there has been a slight uptake in remote patient monitoring reimbursement, although generally on a limited basis. Store-and-forward reimbursement remains limited with many states only reimbursing for teleradiology (which CCHP does not count as store and forward) or other very specific specialties or forms of store-and-forward. For example, Connecticut is allowing for store-and-forward reimbursement for physician-to-physician email consults (known as eConsult) exclusively, while Virginia has store-and-forward and RPM reimbursement, but limited it to specific specialties. Other noteworthy trends include the addition of the home and schools as an eligible originating site in some states, and the inclusion of teledentistry and substance use disorder services as a specialty qualifying for Medicaid reimbursement and/or required to be reimbursed by private insurers.

Additionally, some state Medicaid programs have begun incorporating specific documentation and/or confidentiality, privacy and security guidelines within their manuals for telehealth specifically. On the private payer side, some states have passed wide ranging laws to require telehealth reimbursement (most recently Kansas), while others limit reimbursement to specific specialties, such as Utah (telepsychiatry only). Laws and regulations allowing practitioners to prescribe medications through live video interactions have also increased, as well as a few states even allowing for the prescription of controlled substances over telehealth within federal limits.

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A few additional significant findings include:

- Forty-nine states and Washington DC provide reimbursement for some form of live video in Medicaid fee-for-service. This number has remained the same since Spring 2018.
- Eleven state Medicaid programs reimburse for store-and-forward. However, four additional jurisdictions (D.C., HI, MS, NY and NJ) have laws requiring Medicaid reimburse for store-and-forward but as of the creation of this edition, yet to have any official Medicaid policy indicating this is occurring.
- Twenty state Medicaid programs provide reimbursement for RPM. As is the case for store-and-forward, four jurisdictions (D.C., HI, NY and NJ) have laws requiring Medicaid reimburse for RPM but don't have any official Medicaid policy. Kentucky Medicaid is also required to create a RPM pilot, but CCHP has not seen any evidence that the pilot has been established.
- Seven state Medicaid programs (Alaska, Arizona, Maryland, Minnesota, Nevada, Virginia and Washington) reimburse for all three, although certain limitations apply.

HOW TO USE THIS REPORT

Telehealth policies are organized into three categories that address Medicaid reimbursement, private payer law and professional regulation/health & safety. Within those category areas, topic focuses include modality of reimbursement (for Medicaid), requirements and parity (for private payer law), licensing, consent and online prescribing (for professional regulation/health & safety). In many instances the specific policy is found in law and/or regulations and administrative policy, but that is not always the case. This report primarily addresses the individual state's policies that govern telehealth use when seeking Medicaid coverage for service. However, we have also included a specific category that describes whether a state has established any specific policies that require private insurers to pay for telehealth services. A glossary is also available at the end of the report.

We hope you find the report useful, and welcome your feedback and questions. You can direct your inquiries to Mei Kwong, CCHP Executive Director or Christine Calouro, Policy Associate, at info@cchpca.org. We would also like to thank our colleagues at each of the twelve HRSA-funded Regional Telehealth Resource Centers who contributed to ensuring the accuracy of the information in this document. For further information, visit cchpca.org.

This report is for informational purposes only, and is not intended as a comprehensive statement of the law on this topic, nor to be relied upon as authoritative. Always consult with counsel or appropriate program administrators.

Mei Wa Kwong, JD
Executive Director
October 2018

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A Comprehensive Scan of the 50 States and the District of Columbia: Findings and Highlights

The Fall 2018 release of the Center for Connected Health Policy's (CCHP) report of state telehealth laws and Medicaid reimbursement policies is the sixteenth updated version of the report since it was first released in 2013. This version of the report reflects a reformatted and redesigned layout for the information itself. Like its previous iterations, the report is updated on a biannual basis, in spring and fall. An interactive map version of the report (also reformatted) is available on CCHP's website, cchpca.org. Due to constant changes in laws, regulations, and policies, CCHP will continue to update the information in both PDF and map formats twice a year to keep it as accurate and timely as possible.

It should be noted that even if a state has enacted telehealth policies in statute and/or regulation, these policies may not have been incorporated into its Medicaid program. Throughout the report, CCHP has notated changes in law that have not yet been incorporated into the Medicaid program, as well as laws and regulations that have been approved, but not yet taken effect.

METHODOLOGY

CCHP examined state law, state administrative codes, and Medicaid provider manuals as the report's primary resources. Additionally, other potential sources such as releases from a state's executive office, Medicaid notices, transmittals or Agency newsletters were also examined for relevant information. In some cases, CCHP directly contacted state Medicaid personnel in order to clarify specific policy issues. Most of the information contained in this report specifically focuses on fee-for-service; however, information on managed care plans has also been included if available from the utilized sources. Newly approved regulations related to specific telehealth standards for various professions are noted in the "Miscellaneous" section of the state's Professional Regulation/Health & Safety category area.

The survey focused on three primary areas for telehealth policy including Medicaid reimbursement, private payer laws and professional regulation/health & safety requirements. Within the larger categories listed above, information is organized into various topic and subtopic areas, based upon the frequency they have appeared in discussions and questions around telehealth reimbursement and laws. These topic areas include:

- Medicaid Reimbursement:
  - Definition of the term telemedicine/telehealth
  - Reimbursement for live video
  - Reimbursement for store-and-forward
  - Reimbursement for remote patient monitoring (RPM)
  - Reimbursement for email/phone/fax
  - Consent issues
  - Out of state providers
- Private payer laws
  - Definitions
  - Requirements

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    - Parity (service and payment)

- Professional Regulation
    - Definitions
    - Consent
    - Online Prescribing
    - Cross-State Licensing

KEY FINDINGS

No two states are alike in how telehealth is defined and regulated. While there are some similarities in language, perhaps indicating states may have utilized existing verbiage from other states, noticeable differences exist. These differences are to be expected, given that each state defines its Medicaid policy parameters, but it also creates a confusing environment for telehealth participants to navigate, particularly when a health system or practitioner provides health care services in multiple states. In most cases, states have moved away from duplicating Medicare's restrictive telehealth policy, with some reimbursing a wide range of practitioners and services, with little to no restrictions.

As noted previously, even if a state has enacted telehealth policies in statute and/or regulation, these policies may not have been incorporated into its Medicaid program. In the findings below, there are a few cases in which a law has passed requiring Medicaid reimbursement of a specific telehealth modality or removal of restrictions, but Medicaid policies have yet to reflect this change. CCHP has based its findings on current Medicaid policy according to those listed in their program regulations, manuals or other official documentation. Requirements in newly passed legislation will be incorporated into the findings section of future editions of CCHP's report once they are implemented in the Medicaid program, and CCHP has located official documentation confirming this.

Below are summarized key findings in each category area contained in the report.

DEFINITIONS

States alternate between using the term "telemedicine" or "telehealth". In some states both terms are explicitly defined in law and/or policy and regulations. "Telehealth" is sometimes used to reflect a broader definition, while "telemedicine" is used mainly to define the delivery of clinical services. Additional variations of the term, primarily utilizing the "tele" prefix are also becoming more prevalent. For example, the term "telepractice" is being used frequently as it relates to physical and occupational therapy, behavioral therapy, and speech language pathology. "Telesychiatry" is also a term commonly used as an alternative when referring specifically to psychiatry services. Many professional boards are also adopting definitions of telehealth specific to their particular profession, in some cases, creating many different definitions for the term within a state's administrative code. For example, Wyoming passed legislation encouraging each Board to adopt their own definition of the term "telehealth". This has the potential to add to the already complex telehealth policy environment.

Some states put specific restrictions within the definitions, which often limit the term to "live" or "interactive", excluding store-and-forward and RPM from the definition and subsequently from reimbursement. The most common restriction states place on the term telemedicine/telehealth is the exclusion of email, phone, and/or fax from the definition. Forty-nine states and the District of Columbia have a definition in law, regulation, or their Medicaid program for telehealth, telemedicine, or both. Only Alabama lacks a legal definition for either term.

MEDICAID REIMBURSEMENT

Forty-nine states and the District of Columbia have some form of Medicaid reimbursement for telehealth in their public

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program. The only state that CCHP determined did not have any written definitive Medicaid reimbursement policy is Massachusetts.
However, the extent of reimbursement for telehealth delivered services is less clear in some states than others. For example, Iowa's Medicaid program issued a broad regulatory statement confirming that they do provide reimbursement for telehealth in 2016. This policy change came as a result of IA Senate Bill 505 which required the Department of Human Services to adopt formal rules regarding their longstanding (although unwritten) policy to provide reimbursement for telehealth. However, the rule that was adopted simply states that "in-person contact between a provider and patient is not required for payment for services otherwise covered and appropriately provided through telehealth as long as it meets the generally accepted health care practices and standards prevailing in the applicable professional community." Neither the legislation nor the rule provides a definition of telehealth, which leaves the policy vague and up for interpretation. Therefore, it is unclear whether store-and-forward or RPM services would fall under the umbrella of this telehealth policy.

It should be noted that Massachusetts employs managed care plans in its Medicaid program. CCHP does not examine whether specific participating managed care plans provided any form of telehealth reimbursement.

Live Video

The most predominantly reimbursed form of telehealth modality is live video, with every state offering some type of live video reimbursement in their Medicaid program (except Massachusetts). However, what and how it is reimbursed varies widely. The spectrum ranges from a Medicaid program in a state like New Jersey, which will only reimburse for telepsychiatry services, to states like California, which reimburses for live video across a wide variety of medical specialties. In addition to restrictions on specialty type, many states have restrictions on:

- The type of services that can be reimbursed, e. g. office visit, inpatient consultation, etc.;
- The type of provider that can be reimbursed, e. g. physician, nurse, physician assistant, etc.; and
- The location of the patient, referred to as the originating site.

These restrictions have been noted within the report to the extent possible.

While there has been no change to the number of states offering reimbursement for live video, many states have made adjustments to their policies, in many cases broadening reimbursement to include more specialties, services (CPT codes) and eliminating originating site restrictions. For example, reimbursement for teledentistry has grown significantly over the past year, with AZ, CA, GA, MN, NC, NY, and WA all offering reimbursement in the specialty. Other states are taking steps to eliminate unnecessary restrictions. This has been evident in the state of Vermont, which took steps earlier this year to eliminate provider type restrictions in their Medicaid program (now only requiring that a provider be enrolled in the Medicaid program), as well as eliminated the need to document the reason that the visit was occurring over telemedicine as opposed to in-person. Likewise Arkansas also eliminated their list of eligible providers and originating sites, allowing for any enrolled Medicaid provider to provide services to a Medicaid beneficiary.

Store-and-Forward

Store-and-forward services are only defined and reimbursed by a handful of state Medicaid Programs. In many states, the definition of telemedicine and/or telehealth stipulates that the delivery of services must occur in "real time," automatically excluding store-and-forward as a part of telemedicine and/or telehealth altogether in those states. Of those states that do reimburse for store-and-forward services, some have limitations on what will be reimbursed. For example, California only reimburses for teledermatology, teleophthalmology and teledentistry. Currently, eleven state Medicaid programs reimburse for store-and-forward. This number does not include states that only reimburse for teleradiology (which is commonly reimbursed, and not always considered 'telehealth'). Maryland's Medicaid program specifies that while they don't reimburse for store-and-forward, they do not consider use of the technology in dermatology, ophthalmology and

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radiology to fit into the definition of store-and-forward. Because these are specialties that typically fit into the store-and-forward definition in other states (for example, California), Maryland was included as reimbursing for store-and-forward for purposes of this report. States that do reimburse for store-and-forward include:

1. Alaska
2. Arizona
3. Connecticut
4. California
5. Georgia
6. Maryland
7. Minnesota
8. New Mexico
9. Nevada
10. Virginia
11. Washington

Recent legislation passed in the District of Columbia (D.C.) requires D.C. Medicaid to begin reimbursing store-and-forward. However, the law doesn't apply to Medicaid until its fiscal effect is included in an approved budget and financial plan. CCHP has not been able to locate any update to D.C.'s Medicaid regulations or manuals to reflect this change and therefore has not counted it in this list.

In addition to the states above, four other states have laws requiring Medicaid reimburse for store-and-forward services, but CCHP has not been able to locate any official Medicaid policy indicating that they are in fact reimbursing. They include Mississippi, New Jersey, New York and Hawaii. Note that Hawaii and New York both have approved Medicaid State Plan Amendments allowing them to reimburse for store-and-forward within their Medicaid programs but CCHP is still awaiting official written Medicaid policy indicating that they are actively reimbursing for store-and-forward. Other states that CCHP has included in this list in the past including Missouri, Illinois and Oklahoma were removed because CCHP determined that their reimbursement of store-and-forward was not clear within their written policies this update. In some cases, although a definition of telehealth or telemedicine applicable to their Medicaid program included store-and-forward, there was no further indication of the modality being reimbursed, or the only specialty referenced was teleradiology which CCHP does not count as store-and-forward reimbursement for purposes of this list.

It should also be noted that Connecticut has limited reimbursement to a very specific type of store-and-forward they term "eConsult", which is a certain secure email system that allows healthcare providers to engage in email consultations with each other regarding a particular patient.

Remote Patient Monitoring (RPM)

Twenty states have some form of reimbursement for RPM in their Medicaid programs. As with live video and store-and-forward reimbursement, many of the states that offer RPM reimbursement have a multitude of restrictions associated with its use. The most common of these restrictions include only offering reimbursement to home health agencies, restricting the clinical conditions for which symptoms can be monitored, and limiting the type of monitoring device and information that can be collected.

For example, Colorado requires the patient to be receiving services for at least one of the following: congestive heart failure, chronic obstructive pulmonary disease, asthma, or diabetes. Further, the patient must still meet other conditions. The states that currently offer some type of RPM reimbursement in their Medicaid program are:

1. Alabama
2. Alaska
3. Arizona
4. Colorado
5. Illinois
6. Indiana
7. Kansas
8. Louisiana
9. Maine
10. Maryland
11. Minnesota
12. Mississippi
13. Missouri
14. Nebraska
15. South Carolina
16. Texas
17. Utah
18. Vermont
19. Virginia
20. Washington

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Recent legislation passed in the District of Columbia requires D.C. Medicaid to begin reimbursing remote patient monitoring. However, the law doesn't apply to Medicaid until its fiscal effect is included in an approved budget and financial plan. CCHP has not been able to locate any update to D.C.'s Medicaid regulations or manuals to reflect this change and therefore has not counted it in this list.

As is the situation with store-and-forward, Hawaii, New York and New Jersey all have laws requiring the Medicaid programs reimburse for RPM, however there is no official written Medicaid policy indicating that they have implemented it and how a provider can seek reimbursement, therefore CCHP has not counted them in its official count. Additionally, while Kentucky Medicaid is required to establish a RPM pilot project, CCHP has not been able to locate any official announcement from their Medicaid program of such a pilot. Also, RPM is sometimes reimbursed through other state Departments separate from Medicaid, for example, South Dakota, where RPM is reimbursed through their Department of Aging Services.

Note that the states listed are only for RPM in the home where some specific information related to technology or telecommunication could be found. Some states reimburse for home health services, but no further details of what modality was reimbursed could be located. Additionally, some states may already be reimbursing for tele-ICU (a form of RPM); however, these were not included.

Email/Phone/Fax

Email, telephone, and fax are rarely acceptable forms of delivery unless they are in conjunction with some other type of system. States either are silent or explicitly exclude these forms, sometimes even within the definition of telehealth and/or telemedicine.

Transmission/Facility Fee

Thirty-four states will reimburse either a transmission, facility fee, or both. Of these, the facility fee is the most common. Policies often stipulate a specific list of facilities eligible to receive the facility fee. Medicare also reimburses for a facility fee for the originating site provider.

Eligible Providers

While many state Medicaid programs are silent, some states limit the types of providers that can provide services at the distant site through telehealth. These lists vary from being extremely selective in the provider types that are eligible (for example, only physicians, certified registered nurse practitioner and certified nurse midwives in Pennsylvania), to more expansive eligible provider lists, such as in Virginia, which includes over thirteen provider types. Because federally qualified health centers (FQHCs) and rural health centers (RHCs) bill as entities rather than as providers, these lists often exclude them. Medicare has also excluded these clinics from billing for telehealth delivered services as distant site providers (although they do qualify for the originating site facility fee). States that explicitly allow FQHCs and/or RHCs to bill as distant site providers include:

1. Arkansas (RHC)
2. District of Columbia (FQHC & RHC)
3. Georgia (FQHC & RHC)
4. Idaho (FQHC & RHC)
5. Illinois (FQHC & RHC)
6. Indiana (FQHC & RHC)
7. Maine (FQHC & RHC)
8. Maryland (FQHC)
9. Missouri (RHC)
10. Ohio (FQHC)
11. Pennsylvania (FQHC & RHC) – Behavioral Health only
12. Utah (FQHC & RHC)
13. Wisconsin (FQHC & RHC)

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Geographic & Facility Originating Site Restrictions

The practice of restricting reimbursable telehealth services to rural or underserved areas, as is done in the Medicare program, is decreasing. New Hampshire was the last remaining state to follow Medicare's telehealth policy, restricting originating sites to rural health professional shortage areas or non-Metropolitan Statistical Area (MSA), but eliminated the policy with the passage of recent legislation, although other Medicare restrictions on telehealth are still maintained in New Hampshire Medicaid. States that continue to have telehealth geographic restrictions are more ambiguous in their policies. In South Dakota's Medicaid program, they simply state that an originating and distant site cannot be located in the same community. However, only six states currently have these types of restrictions, continuing the trend to eliminate such limitations. Some are restricted to only certain specialties, such as Maryland's geographic restriction only applying to mental health, and Minnesota's geographic requirement only applying to Medication Therapy Management Services. Although Hawaii passed a law prohibiting a geographic limitation for telehealth in their Medicaid program, such language is still present in their Medicaid regulation.

A more common practice is for state Medicaid programs to limit the type of facility that may be an originating site, often excluding the home as a reimbursable site, impacting RPM as a result. Currently twenty-three jurisdictions have a specific list of sites that can serve as an originating site for a telehealth encounter. This number has remained unchanged since April 2017. During this update, although some states eliminated their originating site list (such as Arkansas), others added an eligible site list, (such as Nevada). Additionally, more state Medicaid programs are now explicitly allowing the home to serve as an originating site, with thirteen states (DE, CO, MD, MI, MN, MT, NV, NY, SC, TX, VT, WA and WY) adding the home explicitly into their Medicaid policy since Aug. 2016. In some cases, certain restrictions apply. Most states that allow the home as an originating site do note that they are not eligible for an originating site facility fee. Some state Medicaid programs only allow the home to serve as an originating site for certain specialties such as mental health, while others require a provider to be physically with the patient in the home to qualify for reimbursement. More states are also allowing schools to serve as an originating site, with fifteen jurisdictions explicitly allowing schools to be originating sites for telehealth delivered services, although restrictions often apply.

CONSENT

Thirty-eight jurisdictions include some sort of informed consent requirement in their statutes, administrative code, and/or Medicaid policies. This requirement can sometimes apply to the Medicaid program, a specific specialty or all telehealth encounters that occur in the state, depending on how and where the policy is written. States with informed consent policies include:

1. Alabama
2. Arizona
3. Arkansas
4. California
5. Colorado
6. Connecticut
7. District of Columbia
8. Delaware
9. Georgia
10. Idaho
11. Indiana
12. Kansas
13. Kentucky
14. Louisiana
15. Maine
16. Maryland
17. Michigan
18. Minnesota (alcohol & abuse program)
19. Mississippi
20. Missouri
21. Nebraska
22. New Hampshire
23. New Jersey
24. New York
25. Ohio
26. Oklahoma
27. Oregon (Physical Therapy & Community Treatment)
28. Pennsylvania
29. Rhode Island
30. South Carolina
31. Tennessee
32. Texas
33. Vermont
34. Virginia
35. Washington
36. West Virginia
37. Wisconsin
38. Wyoming

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LICENSURE

Nine state medical (or osteopathic) boards issue special licenses or certificates related to telehealth. The licenses could allow an out-of-state provider to render services via telemedicine in a state where they are not located, or allow a clinician to provide services via telehealth in a state if certain conditions are met (such as agreeing that they will not open an office in that state). States with such licenses are:

1. Alabama
2. Louisiana
3. Maine
4. Minnesota
5. New Mexico
6. Ohio
7. Oregon
8. Tennessee (Osteopathic Board only)
9. Texas

The Tennessee Medical Board eliminated their telemedicine license effective Oct. 31, 2016. 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. Tennessee's Osteopathic Board will continue to issue telemedicine licenses as of this time.

Like Tennessee, Montana and Nevada also both dropped their telemedicine special license in 2016, and are among twenty-four states and one jurisdiction (D.C.) that adopted the Federation of State Medical Boards (FSMB)'s Interstate Medical Licensure Compact (IMLC) in its place. The Compact allows for an Interstate Commission to form an expedited licensure process for licensed physicians to apply for licenses in other states. Jurisdictions that have adopted the IMLC Compact language include:

1. Alabama
2. Arizona
3. Colorado
4. District of Columbia
5. Idaho
6. Illinois
7. Iowa
8. Kansas
9. Maine
10. Maryland
11. Minnesota
12. Mississippi
13. Montana
14. Nebraska
15. Nevada
16. New Hampshire
17. Pennsylvania (Implementation delayed)
18. South Dakota
19. Tennessee (Implementation delayed)
20. Utah
21. Vermont
22. West Virginia
23. Washington
24. Wisconsin
25. Wyoming

Besides the IMLC, there are also three additional Compacts to be aware of that are currently active or soon to be active, including:

- The Nurses Licensure Compact which currently has 31 state members.
- The Physical Therapy Compact which currently has 21 members.
- The Psychology Interjurisdictional Compact which currently has 7 members (Compact doesn't become active until 1/1/2020 unless another state adopts Compact with an earlier effective date).

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Still other states have laws that don't specifically address telehealth and/or telemedicine licensing, but make allowances for practicing in contiguous states, or in certain situations where a temporary license might be issued provided the specific state's licensing conditions are met.

ONLINE PRESCRIBING

There are a number of nuances and differences across the states related to the use of technology and prescribing. However, most states consider using only an internet/online questionnaire to establish a patient-provider relationship (needed to write a prescription in most states) as inadequate. States may also require that a physical exam be administered prior to a prescription being written, but not all states require an in-person examination, and some specifically allow the use of telehealth to conduct the exam. Other states have relaxed laws and regulations around online prescribing. For example, while more stringent policies typically exist restricting practitioners from prescribing controlled substances through telehealth, a few states have begun opting to explicitly allow for the prescribing of controlled substances within federal limits. Many of these laws have passed as a result of the opioid epidemic and the need to prescribe certain medications associated with medication assisted therapy (MAT). Most recently, West Virginia passed new legislation explicitly allowing a practitioner to provide aspects of medication-assisted treatment (MAT) through telehealth if it is within their scope of practice. New York's Office of Alcoholism and Substance Abuse Services also adopted special requirements for the prescribing of buprenorphine (commonly used in MAT). Michigan and Virginia also passed laws in 2017 allowing for the prescribing of Schedule II-V controlled substances through telehealth under certain circumstances. In addition to more states explicitly allowing for the prescribing of controlled substances using telehealth, some Medicaid programs are also beginning to pay for medication therapy management services when provided through telehealth including, MN, MI and LA. Indiana Medicaid also issued a clarification to their providers prohibiting prescription via telemedicine of controlled substances except in cases in which the opioid is partial agonist and is being used to treat or manage opioid dependence.

An increasing number of states are also passing legislation directing healthcare professional boards to adopt practice standards for its providers who utilize telehealth. Medical and Osteopathic Boards often address issues of prescribing in such regulatory standards. This often occurs immediately following the passage of a private payer reimbursement bill in a state. This was most recently the case with North Dakota, whose Board of Medicine passed telehealth practice standards following the passage of the state's first private payer telehealth reimbursement bill in 2017. The new rule does allow a patient and licensee to establish a relationship over telemedicine.

PRIVATE PAYERS

Currently, thirty-nine states and DC have laws that govern private payer telehealth reimbursement policies. Kansas, Iowa and Utah passed telehealth private payer reimbursement legislation, although they all don't go into effect until Jan. 1, 2019. Additionally, only a few private payer laws require that the reimbursement amount for a telehealth-delivered service be equal to the amount that would have been reimbursed had the same service been delivered in-person. Because so many states now have private payer reimbursement bills, the more common policy change in relation to private payers, is to amend a law to expand its applicability to additional specialties or policy types. For example, Michigan recently expanded the applicability of their private payer law to include dental coverage.

Utah, on the other hand, who recently passed their first private payer bill, singles out telepsychiatry services. While they are not the only state to limit private payer telehealth reimbursement requirements to a specific specialty (see Arizona and Alaska), they are the first state to make a distinction between in-network and out-of-network providers in their law. Under the new law (effective Jan. 1, 2019), a health benefit plan is required to cover mental health services for in-network physicians, or out-of-network psychiatrists only if an in-network consultant is not made available within seven business days after the initial request.

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Kansas was the only state to add a telehealth private payer law since CCHP's Spring 2018 update. In their law, Kansas decided to include a provision that ensures insurers are not requiring patients to utilize telemedicine in lieu of receiving in-person services from an in-network provider. This type of provision may become more common in private payer laws, as policymakers look to build in protections for patients.

ADDITIONAL FINDINGS & POTENTIAL FUTURE TRENDS

CCHP noted in the April 2017 update of this report that states were moving away from the GT modifier and utilizing either the newly adopted CMS place of service code 02 or the 95 modifier adopted by the American Medical Association, or a combination of two or more of these. States that CCHP identified in its search that adopted either code are listed below.

02 POS Code	95 Modifier
Arkansas	California
Hawaii	Hawaii
Indiana	Indiana
Iowa	Michigan
Kansas	North Dakota
Minnesota	Texas
Missouri	Washington
Montana	
Utah	
Vermont	
Washington	
Wisconsin	

*Not a complete list.

During this update, four new states added the requirement to use the 02 POS code and three states added the requirement to use the 95 modifier.

To learn more about state telehealth related legislation, visit CCHP's interactive map at cchpca.org.

This report is for informational purposes only, and is not intended as a comprehensive statement of the law on this topic, nor to be relied upon as authoritative. Always consult with counsel or appropriate program administrators.

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Alabama

Medicaid Program: Alabama Medicaid

Program Administrator: Alabama Medicaid Agency

Regional Telehealth Resource Center: Southeast Telehealth Resource Center

Covers the States of: Alabama, Florida, Georgia & South Carolina

www.setrc.us

Medicaid Telehealth Reimbursement

Summary

Alabama Medicaid reimburses for live video under some circumstances. They make no reference to store-and-forward reimbursement, but the program reimburses for In-Home Monitoring through the Patient's 1st program for diabetes and Chronic Heart failure, although it's not considered to fall under the telemedicine program.

For all telemedicine services, an appropriately trained staff member or employee familiar with the patient or the treatment plan must be immediately available in-person to the patient.

Source: *AL Medicaid Management Information System Provider Manual, (28-17), (Aug. 2018) & AL Admin. Code r. 560-X-6-.14.*

Effective for dates of service 1/16/2012 and thereafter, all physicians with an Alabama license, enrolled as a provider with the Alabama Medicaid Agency, regardless of location, are eligible to participate in the Telemedicine Program to provide medically necessary telemedicine services to Alabama Medicaid eligible recipients. In order to participate in the telemedicine program:

- Physicians must be enrolled with Alabama Medicaid with a specialty type of 931 (Telemedicine Service)
- Physician must submit the telemedicine Service Agreement/Certification form
- Physician must obtain prior consent from the recipient before services are rendered. This will count as part of each recipient's benefit limit of 14 annual physician office visits currently allowed.

Source: *AL Medicaid Management Information System Provider Manual, (28-17), (Aug. 2018).*

Definitions

There is no explicit definition of "telemedicine" given in state Medicaid policy. However, the provider manual states, "Services must be administered via an interactive audio and video telecommunications system which permits two-way communication between the distant site physician and the origination site where the recipient is located (this does not include a telephone conversation, electronic mail message, or facsimile transmission between the physician, recipient, or a consultation between two physicians)."

Source: *AL Medicaid Management Information System Provider Manual, (28-17), (Aug. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

Alabama Medicaid reimburses for live video for certain services.

Source: *AL Medicaid Management Information System Provider Manual, (28-17), (Aug. 2018) & AL Admin. Code r. 560-X-6-.14.*

Eligible Services / Specialties

Alabama Medicaid reimburses for the following services:

- Consults;
- Office or other outpatient visits;
- Individual psychotherapy;
- Psychiatric diagnostic services;
- Neurobehavioral status exams.

However, for some specialties, special conditions or circumstances must be present for reimbursement to occur.

Source: *AL Medicaid Management Information System Provider Manual, (28-17), (Aug. 2018) & AL Admin. Code r. 560-X-6-.14.*

Eligible Providers

No reference found.

Eligible Sites

For rehabilitative services, the originating site must be:

- Physician's office;
- Hospital;
- Critical Access Hospital;
- Rural Health Clinic;
- Federally Qualified Health Center;
- Community mental health center (to include co-located sites with partnering agencies;
- Public health department.

Source: *AL Medicaid Management Information System Provider Manual, (105-12), (Aug. 2018).*

Geographic Limits

For rehabilitative services, the originating site must be located in Alabama. The distant site may be located outside of Alabama as long as the physician has an Alabama license and is enrolled as an Alabama Medicaid provider.

Source: *AL Medicaid Management Information System Provider Manual, (105-12), (Aug. 2018).*

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Medicaid Telehealth Reimbursement		
Live Video	Facility/Transmission Fee	No reimbursement for originating site or transmission fees. **Source:** *AL Medicaid Management Information System Provider Manual, (28-17), (Aug. 2018) & AL Admin Code r. 560-X-6-.14.*
Store-and-Forward	Policy	No reference found.
	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Policy

Alabama Medicaid will reimburse remote patient monitoring through the In Home Monitoring Program. The program is a joint effort between the Agency, the University of Alabama and the Alabama Department of Public Health (ADPH). Must be referred to the Patient's 1st program by any source including a physician, Patient 1st care coordinator, patient care network, patient or caregiver, the Health Department, hospitals, home health agencies or community based organizations.

Source: *AL Medicaid Management Information System Provider Manual, (39-33), (Aug. 2018).*

Conditions

Patients with the following medical conditions may register for the program:

- Diabetes
- Congestive Heart Failure

Source: *AL Medicaid Management Information System Provider Manual, (39-33), (Aug. 2018).*

Provider Limitations

Data is transmitted to an ADPH nurse care manager.

Other Restrictions

The Alabama Department of Public Health (ADPH) Nurse Care Manager evaluates the patient, provides any needed equipment such as a scale, glucometer, blood pressure cuff and phone with a speaker.

Data transmission occurs through a secure telephone call.

Source: *AL Medicaid Management Information System Provider Manual, (39-33), (Aug. 2018).*

Email / Phone / Fax

No reimbursement for email.
No reimbursement for telephone.
No reimbursement for FAX.

Source: *AL Medicaid Management Information System Provider Manual, (28-17), (Aug. 2018).*

Consent

A written informed consent is required prior to an initial telemedicine service.

Source: *AL Medicaid Management Information System Provider Manual, (28-17), (Aug. 2018).*

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Medicaid Telehealth Reimbursement	Out of State Providers		Providers must have an Alabama license. **Source:** *AL Medicaid Management Information System Provider Manual, (28-17), (Aug. 2018).*
	Miscellaneous		No reference found.
Private Payer Laws	Definitions		No reference found.
	Requirements		No reference found.
	Parity	Service Parity	No reference found.
		Payment Parity	No reference found.

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Professional Regulation / Health & Safety

Definitions

No reference found.

Consent

No reference found.

Online Prescribing

The Alabama Board of Medical Examiners holds the position that, when prescribing medications to an individual, the prescriber, when possible, should personally examine the patient. Prescribing medications for patients the physician has not personally examined may be suitable for certain circumstances, including telemedicine.

Licensees are expected to adhere to federal and state statute regarding prescribing of controlled substances.

Source: *AL Admin. Code. r. 540-X-9-.11.*

Cross-State Licensing

"A special purpose license allowing practitioners licensed in other states to practice across state lines may be issued."

Source: *Code of AL Sec. 34-24-502 – 507.*

AL passed legislation to be a part of the interstate licensing compact.

Source: *AL Act 2015-197 (2015).*

Miscellaneous

Professional Board Telehealth-Specific Regulations

- AL Board of Optometrists (**Source:** *AL Admin Code 630-X-13-.02*)
- AL Board of Nursing (**Source:** *AL Admin Code 610-X-6-.16*).

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Alaska

Medicaid Program: Alaska Medicaid

Program Administrator: Alaska Dept. of Health and Social Services, Division of Public Assistance

Regional Telehealth Resource Center: Northwest Regional Telehealth Resource Center

Covers the States of: Alaska, Oregon, Idaho, Montana, Utah, Washington & Wyoming

www.nrtrc.org

Medicaid Telehealth Reimbursement

Summary

Alaska reimburses for Live Video, Store & Forward and Remote Patient Monitoring, although some restrictions apply.

Definitions

"Alaska Medicaid will pay for telemedicine services delivered in the following manner:

- **Interactive method:** Provider and patient interact in 'real-time' using video/camera and/or dedicated audio conference equipment.
- **Store-and-forward method:** The provider sends digital images, sounds, or previously recorded video to a consulting provider at a different location. The consulting provider reviews the information and reports back his or her analysis.
- **Self-monitoring method:** The patient is monitored in his or her home via a telemedicine application, with the provider indirectly involved from another location."

Source: *State of AK Dept. of Health and Social Svcs., Alaska Medical Assistance Provider Billing Manuals for Community Behavioral Health Services, Early and Periodic Screening, Diagnosis, and Treatment, Hospice Care, Inpatient Psychiatric Services, Independent Laboratory Services, Appendices. (Accessed Aug. 2018).*

"Telemedicine means the practice of health care delivery, evaluation, diagnosis, consultation, or treatment, using the transfer of medical data through audio, video, or data communications that are engaged in over two or more locations between providers who are physically separated from the patient or from each other."

Source: *AK Admin. Code, Title 7, 12.449 (2012).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

Alaska's Medicaid program will reimburse for services "provided through the use of camera, video, or dedicated audio conference equipment on a real-time basis."

Source: *AK Admin. Code, Title 7, 110.625(a) (2012).*

Alaska Medicaid will pay for a covered medical service furnished through telemedicine application if the service is:

- Covered under traditional, non-telemedicine methods;
- Provided by a treating, consulting, presenting or referring provider; and
- Appropriate for provision via telemedicine.

Source: *AK Dept of Health and Social Svcs., AK Alaska Medical Assistance Provider Billing Manuals, Section1: Physician, Advance Nurse Practitioner, MHPC, Therapies, Audiology, School Based Services, Physician Assistant, RBRS, SBS, Tribal, Vision: Services, Policies and Procedures, (Accessed Aug. 2018) & AK Admin. Code, Title 7, 110.630.*

Eligible Services / Specialties

Medically necessary office consultations provided via telemedicine may be covered only when used as a second opinion and the provider is of a different specialty than the requesting provider. Documentation requirements apply.

Source: *Alaska Medicaid Policy Clarification: office Consultations via Telemedicine Applications. March 30, 2017.*

Eligible services:

- Initial or one follow-up office visit;
- Consultation made to confirm diagnosis;
- A diagnostic, therapeutic or interpretive service;
- Psychiatric or substance abuse assessments;
- Individual psychotherapy or pharmacological management services.

Source: *AK Dept of Health and Social Svcs., AK Alaska Medical Assistance Provider Billing Manuals, Section1: Physician, Advance Nurse Practitioner, MHPC, Therapies, Audiology, School Based Services, Physician Assistant, RBRS, SBS, Tribal, Vision: Services, Policies and Procedures, (Accessed Aug. 2018) & AK Admin. Code, Title 7, 110.630.*

No reimbursement for:

- Home and community-based waiver services;
- Pharmacy;
- Durable medical equipment;
- Transportation;
- Accommodation services;
- End-stage renal disease;
- Direct-entry midwife;
- Private duty nursing;
- Personal care assistants;
- Visual care, dispensing or optician services;
- Technological equipment and systems associated with telemedicine application.

Source: *AK Admin. Code, Title 7, 110.635*
& AK Dept of Health and Social Svcs., AK Alaska Medical Assistance Provider Billing Manual, Section1: Physician, Advance Nurse Practitioner, Physician Assistant: Services, Policies and Procedures, (Accessed Aug. 2018)

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

Office consultations performed by a provider of the same specialty within the same organization are not covered.

Source: *Alaska Medicaid Policy Clarification: office Consultations via Telemedicine Applications. March 30, 2017.*

Eligible Sites

No reference found.

Geographic Limits

No reference found.

Facility/Transmission Fee

The department will pay only for professional services for a telemedicine application of service. The department will not pay for the use of technological equipment and systems associated with a telemedicine application to render the service.

Source: *AK Admin. Code, Title 7, 110.635(b).*

Community Behavioral Health Services
The department will pay a community behavioral health services provider for facilitation of a telemedicine session if:

- The Telemedicine communication equipment is supplied by the provider;
- The electronic connection used by the treating provider and the recipient are established and maintained by the provider;
- The provider remains available during the telemedicine session to reestablish failed connection before the intended end of the telemedicine session; and
- The provider documents in the recipient's clinical record a note summarizing the facilitation of each telemedicine session (although the facilitating provider is not required to document a clinical problem or treatment goal as these are to be documented by the treating provider).

This service may be rendered to the following eligible recipients:

- Child or adult experiencing a substance use disorder or emotional disturbance
- Adult experiencing a serious mental illness

Source: *AK Admin. Code, Title 7, 135.290.*

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Policy	Alaska Medicaid will reimburse for services delivered through store-and-forward. **Source:** *AK Dept. of Health and Social Svcs., Alaska Medical Assistance Provider Billing Manual, Section1: Physician, Advance Nurse Practitioner, Physician Assistant: Services, Policies and Procedures. (Accessed Aug. 2018).* To be eligible for payment under store-and-forward the service must be "provided through the transference of digital images, sounds, or previously recorded video from one location to another to allow a consulting provider to obtain information, analyze it, and report back to the referring provider." **Source:** *AK Admin. Code, Title 7, 110.625(a).*
	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.
	Transmission Fee	The department will pay only for professional services for a telemedicine application of service. The department will not pay for the use of technological equipment and systems associated with a telemedicine application to render the service. **Source:** *AK Admin. Code, Title 7, 110.635(b).*
Remote Patient Monitoring	Policy	Alaska Medicaid will reimburse for services delivered through self-monitoring. **Source:** *AK Dept of Health and Social Svcs., Alaska Medical Assistance Provider Billing Manual, Section1: Physician, Advance Nurse Practitioner, Physician Assistant: Services, Policies and Procedures, (Accessed Aug. 2018).* To be eligible for payment under self-monitoring or testing, "the services must be provided by a telemedicine application based in the recipient's home, with the provider only indirectly involved in the provision of the service." **Source:** *AK Admin. Code, Title 7, 110.625(a).*

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Medicaid Telehealth Reimbursement		
Remote Patient Monitoring	Conditions	No reference found.
	Provider Limitations	No reference found.
	Other Restrictions	No reference found.
Email / Phone / Fax		No reimbursement for telephone. No reimbursement for FAX. **Source:** *AK Dept. of Health and Social Svcs., Alaska Medical Assistance Provider Billing Manual, Section1: Physician, Advance Nurse Practitioner, Physician Assistant: Services, Policies and Procedures. (accessed Aug. 2018.)* Reimbursement for phone, only if part of a dedicated audio conference system. No reimbursement for FAX. **Source:** *Source: AK Admin Code, Title 7, 110.625.*
Consent		No reference found.

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Medicaid Telehealth Reimbursement	Out of State Providers		No reference found.
	Miscellaneous		Documentation requirements for telemedicine consultations include: • Statement that the service was provided using telemedicine • The address location of the patient • The address location of the provider • The method of telemedicine used • The names of all persons participating in the telemedicine service and their role in the encounter • The inquiry from the requesting provider • The consulting provider's report back to the requesting provider. **Source:** *Alaska Medicaid Policy Clarificaon: office Consultations via Telemedicine Applications. March 30, 2017.*
Private Payer Laws	Definitions		No reference found.
	Requirements		Private payers required to provide coverage for mental health benefits provided through telemedicine. **Source:** *AK Statute, Sec. 21.54.102 (HB 234 – 2016).*
	Parity	Service Parity	None.

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Private Payer Laws	Parity	Payment Parity	None.
Professional Regulation/Health & Safety	Definitions		No reference found.
	Consent		No reference found.
	Online Prescribing		The guiding principles for telemedicine practice in the American Medical Association (AMA), Report 7 of the Council on Medical Service (A-14), Coverage of and Payment for Telemedicine, dated 2014, and the Federation of State Medical Boards (FSMB), Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine, dated April 2014, are adopted by reference as the standards of practice when providing treatment, rendering a diagnosis, prescribing, dispensing, or administering a prescription or controlled substance without first conducting an in-person physical examination. **Source:** *AK 12 AAC 40.943.* A physician is not subject to disciplinary sanctions for rendering a diagnosis, treatment or prescribing a prescription drug (except a controlled substance) without a physical examination if the physician or another health care provider is available for follow up care and the physician requests that the person consent to sending a copy of all records of the encounter to the person's primary care provider. The AK Medical Board is required to adopt regulations that establish guidelines for a physician who is rendering a diagnosis, treatment or prescribing without conducting a physical exam. **Source:** *AK Statute, Sec. 08.64.364 (SB 74 – 2016).* Physicians are prohibited from prescribing medications based solely on a patient-supplied history received by telephone, FAX, or electronic format **Source:** *AK Admin. Code, Title 12, Sec. 40.967.*

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Professional Regulation/Health & Safety

Cross-State Licensing

No reference found.

Miscellaneous

The Department of Commerce, Community and Economic Development is required to adopt regulations for establishing and maintaining a registry of businesses performing telemedicine in the state.

Source: *AK Statute, Sec. 44.33.381. (SB 74 – 2016).*

See business registry regulations for more details.

Source: *AK Admin Code. Sec. 600, Article 5.*

Professional Board Telehealth-Specific Regulations

- Medical Board (**Source:** *AK 12 AAC 40.943*).

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Arizona

Medicaid Program: Arizona Health Care Cost Containment System (AHCCCS)

Program Administrator: Arizona Health Care Cost Containment System Administration

Regional Telehealth Resource Center: Southwest Telehealth Resource Center

Covers the States of: Arizona, Colorado, Nevada, New Mexico, and Utah

www.southwesttrc.org

Medicaid Telehealth Reimbursement

Summary

Arizona Health Care Cost Containment System (AHCCCS) reimburses for live video for certain services delivered at specific originating sites by specific providers. They reimburse for store-and-forward for specific specialties and for remote patient monitoring for patients with chronic heart failure. Restrictions apply for all the above.

All services provided via telemedicine must be reasonable, cost effective and medically appropriate. Services are billed by the consulting provider. Tele-presenter services are not billable.

Source: *AZ Health Care Cost Containment System, AHCCCS Fee-For- Service Provider Manual, Ch. 10: Individual Practitioner Services, (10-41), (4/5/2018) & IHS/Tribal Provider Billing Manual (8/42), (4/5/2018). (Accessed Aug. 2018).*

Definitions

Service delivery via telemedicine can be in one of two models: Real time means the interactive, two-way transfer of information and medical data, which occurs at two sites simultaneously: the hub site and spoke site … Diagnostic, consultation and treatment services are delivered through interactive, audio, video and/or communication. Store-and-forward means transferring medical data from one site to another through the use of a camera or similar device that records (stores) an image that is sent (forwarded) via telecommunication to another site for consultation.

Source: *AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Manual, Ch. 10: Individual Practitioner Services, (10-41), (4/5/2018) & IHS/Tribal Provider Billing Manual, (8/42), (4/5/2018). (Accessed Aug. 2018).*

Telemedicine is “the practice of health care delivery, diagnosis, consultation and treatment and the transfer of medical data through interactive audio, video or data communications that occur in the physical presence of the member, including audio or video communications sent to a health care provider for diagnostic or treatment consultation.”

Telehealth (or telemonitoring) is “the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance. Telehealth includes such technologies as telephones, facsimile machines, electronic mail systems, and remote member monitoring devices, which are used to collect and transmit member data for monitoring and interpretation. While they do not meet the Medicaid definition of telemedicine they are often considered under the broad umbrella of telehealth services. Even though such technologies are not considered telemedicine, they may nevertheless be covered service.”

Source: *AZ Health Care Cost Containment System, AHCCCS Medical Policy for AHCCCS Covered Services, Ch. 300, (320-21). Oct. 2016. (Accessed Aug. 2018).*

Telemedicine means the practice of health care delivery, diagnosis, consultation, and treatment and the transfer of medical data through interactive audio, video, and data communications that occur in the physical presence of the patient.

Source: *AZ Health Care Cost Containment System Telehealth Policy. Mar. 2015. (Accessed Oct. 2017).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

Fee for Service Provider Manual
AHCCCS will reimburse for medically necessary services provided via live video in their fee for service program.

Source: *AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Manual, Ch. 10: Individual Practitioner Services, (4/5/2018) & IHS/Tribal Provider Billing Manual, (8/42), (4/5/2018). (Accessed Aug. 2018).*

Eligible Services / Specialties

Eligible services:

- Cardiology;
- Dermatology;
- Endocrinology;
- Hematology/oncology;
- Home Health
- Infectious diseases;
- Neurology;
- Obstetrics/gynecology;
- Oncology/radiation;
- Ophthalmology;
- Orthopedics;
- Pain clinic;
- Pathology;
- Pediatrics and pediatric sub-specialties;
- Radiology;
- Rheumatology;
- Surgery follow-up and consults;
- Behavioral health services
    1. Diagnostic consultation and evaluation;
    2. Psychotropic medication adjustment and monitoring;
    3. Individual and family counseling;
    4. Case management

Source: *AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Manual, Ch. 10: Individual Practitioner Services, (4/5/2018) & IHS/Tribal Provider Billing Manual, (8/42), (4/5/2018). (Accessed Aug. 2018).*

Additional Covered Services (listed in Telehealth Policy)

- Behavioral Health
- Inpatient consultation
- Medical Nutrition Therapy (MTN)
- Office, outpatient, and surgery follow-up-consultations
- Pain management
- Pharmacy management

Telehealth policy lists covered codes.

Source: *AZ Health Care Cost Containment System Telehealth Policy. Mar. 2015. (Accessed Aug. 2018).*

Behavioral health services are covered for AHCCS and KidsCare patients.

Covered behavioral health services:

- Diagnostic consultation and evaluation;
- Psychotropic medication adjustment and monitoring;
- Individual and family counseling;
- Case management.

Source: *AZ Health Care Cost Containment System, AHCCCS Fee-For- Service Provider Manual, Ch. 10: Individual Practitioner Services, (10-41), (4/5/2018) & IHS/Tribal Provider Billing Manual (8/42), (4/5/2018). (Accessed Aug. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

AHCCCS Policy Manual
AHCCCS covers real-time teledentistry for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) aged members when provided by a registered dental providers.

Source: *AZ Health Care Cost Containment System, AHCCCS Medical Policy for AHCCCS Covered Services, Ch. 300, (320-21). Oct. 2016. (Accessed Aug. 2018).*

Teledentistry services will be reimbursed for enrollees under the age of 21.

Source: *AZ Statute, Sec. 36.1.*

Eligible Providers

Eligible Providers

- Physician
- Registered nurse practitioner
- Physician assistant
- Certified nurse midwife
- Clinical psychologist
- Licensed clinical social worker
- Licensed marriage and family therapist
- Licensed professional counselor

Out-of-state providers may provide and bill for spoke and/or hub telehealth services.

Source: *AZ Health Care Cost Containment System Telehealth Policy. Mar. 2015. (Accessed Aug. 2018).*

The patient's primary care provider (PCP), attending physician, other medical professional employed by the PCP, or an attending physician who is familiar with the patient's condition may be present.

Other medical professionals:

- Registered nurses;
- Licensed practical nurses;
- Clinical nurse specialists;
- Registered nurse midwives;
- Registered nurse practitioners;
- Physician assistants;
- Physical, occupational, speech, and respiratory therapists;
- Trained telepresenter familiar with the recipient's medical condition.

Source: *AZ Health Care Cost Containment System, AHCCCS Fee-For- Service Provider Manual, Ch. 10: Individual Practitioner Services, (10-41), (4/5/2018) & IHS/Tribal Provider Billing Manual (8/42), (4/5/2018). (Accessed Aug. 2018).*

Eligible Sites

Eligible hub or spoke sites for Indian Health Services or tribal providers:

- Indian Health Service clinic;
- Tribally-governed facility;
- Urban clinic for American Indians;
- Physician or other provider office;
- Hospital;
- Federally Qualified Health Center (FQHC).

Source: *AZ Health Care Cost Containment System Telehealth Policy. Mar. 2015. (Accessed Aug. 2018).*

Fee for service manual definitions:

Hub site – "the location of the telemedicine consulting provider, which is considered the place of service."

Spoke site – "the location where the recipient is receiving the telemedicine service."

Source: *AZ Health Care Cost Containment System, AHCCCS Fee-For- Service Provider Manual, Ch. 10: Individual Practitioner Services, (10-41), (4/5/2018) & IHS/Tribal Provider Billing Manual, (8/42), (4/5/2018). (Accessed Aug. 2018).*

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Medicaid Telehealth Reimbursement		
Live Video	Geographic Limits	No reference found.
	Facility/Transmission Fee	A facility fee is not an AHCCCS covered service. **Source:** *AZ Health Care Cost Containment System Telehealth Policy. Mar. 2015. (Accessed Aug. 2018).*
Store-and-Forward	Policy	AHCCCS will reimburse for store-and-forward in their fee-for-service program. **Source:** *AZ Health Care Cost Containment System, AHCCCS Fee-For- Service Provider Manual, Ch. 10: Professional and Technical Services, (10-41), (4/5/2018) & IHS/Tribal Provider Billing Manual, (8/42), (10/5/2016). (Accessed Aug. 2018).*
	Eligible Services/Specialties	The same services are covered for store-and-forward, as for real time, except for the field of Behavioral Health Services. Real time telemedicine is the only type of reimbursement available in the field of Behavioral Health Services. **Source:** *AZ Health Care Cost Containment System, AHCCCS Fee-For- Service Provider Manual, Ch. 10: Professional and Technical Services, (10-41), (4/5/2018) & IHS/Tribal Provider Billing Manual, (8/42), (10/5/2016). (Accessed Aug. 2018).* AHCCCS only covers store-and-forward for (and is subject for review) the following: • Dermatology • Radiology • Ophthalmology • Pathology AHCCCS does not consider asynchronous or “store-and-forward” applications to be telemedicine, but it may be utilized to deliver services. **Source:** *Arizona Health Care Cost Containment System. AHCCCS Medical Policy Manual for AHCCCS Covered Services, Ch. 300, Policy 320 Services With Special Circumstances, (320-21). Oct. 2016. (Accessed Aug. 2017).*

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Eligible Services/Specialties	The following exceptions may be eligible for reimbursement, but are not considered a "tele-medicine service": • A provider in the role of tele-presenter may be providing a separately billable service, such as an electrocardiogram or an X-ray. The service is covered, but not the tele-presenting. • A consulting distant-site provider may offer a service that does not require real-time patient interaction. Reimbursement only for dermatology, radiology, ophthalmology, and pathology. It is subject to review by AHCCCS Medical Management. • When a patient in a rural area presents within three hours of onset of stroke symptoms, AHCCCS will reimburse the consulting neurologist if the consult is placed for assistance in determining appropriateness of thrombolytic therapy even when the patients' condition is such that real-time video interaction cannot be achieved. • Additional exceptions for Behavioral Services apply. **Source:** *AZ Health Care Cost Containment System, AHCCS Medical Policy Manual, Medical Policy for AHCCCS Covered Services, Ch. 300, Policy 320: Services With Special Circumstances, (320-23). Oct. 2016. (Accessed Aug. 2018).*
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	Telemonitoring is considered necessary for members with Congestive Heart Failure (CHF). **Source:** *AZ Health Care Cost Containment System .AHCCCS Medical Policy Manual for AHCCCS Covered Services, Ch. 300, Policy 320 Services With Special Circumstances, (320-23). Oct. 2016. (Accessed Aug. 2018).*
	Conditions	The following conditions must be met for Congestive Heart Failure (CHF) patients: • Observation/inpatient admission with primary or secondary discharge diagnosis of CHF within the past two months, or readmission within the past six months; AND • A symptom level at the New York Heart Association class II or greater; CHF is identified by one of the specified ICD-10 diagnostic codes (see manual). **Source:** *AZ Health Care Cost Containment System .AHCCCS Medical Policy Manual for AHCCCS Covered Services, Ch. 300, Policy 320 Services With Special Circumstances, (320-23). Oct. 2016. (Accessed Aug. 2018).*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Provider Limitations

No reference found.

Other Restrictions

Other limitations apply. See manual.

Source: *AZ Health Care Cost Containment System .AHCCCS Medical Policy Manual for AHCCCS Covered Services, Ch. 300, Policy 320 Services With Special Circumstances, (320-23). Oct. 2016. (Accessed Aug. 2018).*

Email / Phone / Fax

No reference found.

Consent

If there will be a recording of the interactive video service, a separate consent must be obtained. See manual for full requirements.

Source: *AZ Health Care Cost Containment System .AHCCCS Medical Policy Manual for AHCCCS Covered Services, Ch. 300, Policy 320 Services With Special Circumstances, p. 180 (320-23). Oct. 2016. (Accessed Aug. 2018).*

Out of State Providers

For teledentistry services: A consultation by a non-Arizona licensed provider may occur if:

- It is to a specific patient in the AHCCCS program;
- The provider is registered with AHCCCS;
- The provider is licensed in the state the consultation is being provided from, or the provider is employed by an Indian Health Services, Tribal or Urban Indian Health program and appropriately licensed based on IHS and Tribal facility requirements.

Source: *AZ Health Care Cost Containment System, AHCCS Medical Policy Manual, Medical Policy for AHCCCS Covered Services, Ch. 300, Policy 320: Services With Special Circumstances, (320-23). Oct. 2016. (Accessed Aug. 2018).*

Miscellaneous

No reference found.

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Private Payer Laws

Definitions

"Telemedicine means the interactive use of audio, video or other electronic media for the purpose of diagnosis, consultation or treatment. Does not include the sole use of an audio-only telephone, a video-only system, a facsimile machine, instant messages or electronic mail."

Source: *AZ Statute 20-841.09.*

Under State Administrative Code, Department of Insurance, Health Care Services Organizations Oversight, "telemedicine means diagnostic, consultation, and treatment services that occur in the physical presence of an enrollee on a real-time basis through interactive audio, video, or data communication."

Source: *AZ Admin. Code Sec. R20-6-1902.*

Requirements

Health Care Service Organizations (HCSO) must provide coverage for specified health care services that are provided through telemedicine if the health care service would be covered were it provided through in-person consultation between the enrollee and a health care provider and provided to an enrollee receiving the service in Arizona. Only applies to specific conditions and settings.

Source: *AZ Rev. Statues. Sec. 20-841.09.*

Health Care Service Organizations (HCSO) are allowed, but not mandated, to provide access to covered services through telemedicine, telephone, and email.

Source: *AZ Admin. Code Sec. R20-6-1915.*

Parity

Service Parity

No parity. Requirement for telehealth coverage only applies to the following conditions and settings:

- Trauma
- Burn
- Cardiology
- Infectious diseases
- Mental health disorders
- Neurologic diseases including strokes
- Dermatology
- Pulmonology
- Urology (Eff. Jan. 2020)
- Pain Medicine (Eff. Jan. 2019)
- Substance Abuse (Eff. Jan. 2019)

Source: *AZ Rev. Statues. Sec. 20-841.09.*

Payment Parity

None.

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Professional Regulation/Health & Safety

Definitions

Under Arizona Statute, Public Health & Safety, "telemedicine means the practice of health care delivery, diagnosis, consultation and treatment and the transfer of medical data through interactive audio, video or data communications that occur in the physical presence of the patient, including audio or video communications sent to a health care provider for diagnostic or treatment consultation."

Source: *AZ Revised Statute Sec. 36-3601.*

Under the Board of Behavioral health, "telepractice" means providing behavioral health services through interactive audio, video or electronic communication that occurs between the behavioral health professional and the client, including any electronic communication for evaluation, diagnosis and treatment, including distance counseling, in a secure platform, and that meets the requirements of telemedicine pursuant to section 36-3602.

Source: *AZ Revised Statute Sec. 32-3251(15) (2015).*

Consent

Providers must obtain and document oral or written consent before delivery of services. Oral consent should be documented on the patient's medical record.

Source: *AZ Revised Statute Sec. 36-3602 (2012).*

Online Prescribing

Physicians are prohibited from issuing a prescription to patients without having a physical or mental health status examination to establish a provider-patient relationship.

The physical or mental health status examination can be conducted during a real-time telemedicine encounter.

Source: *Arizona Revised Statute Sec. 32-1401 (SB 1339).*

Cross State Licensing

AZ enacted the Interstate Medical Licensure Compact.

Source: *ARS Sec. 32-3241.*

An out-of-state doctor may engage in a single or infrequent consultation with an Arizona physician.

Source: *AZ Revised Statute Sec. 32-1421.*

Arizona adopted the interjurisdictional Compact of the Association of State and Provincial Psychology Boards (PSYPACT). (The Compact becomes effective 1/1/2020 unless a seventh state enacts the Compact before then).

Source: *HB 2503 (2016).*

Member of Nurse Licensure Compact.

Source: *Nurse Licensure Compact. Current NLC States and Status. (Accessed. Sept. 2018.)*

Member of Physical Therapy Compact.

Source: *HB2504 (2016). PT Compact.*

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Miscellaneous

Arizona explicitly prohibits the use of telemedicine to provide an abortion.

Source: *AZ Revised Statute Sec. 36-3604 (2012).*

Professional regulation with telehealth specific standards

- Board of Psychologist Examiners (**Source:** *AAZ Reg. Sec. R4-26-109).*

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Arkansas

Medicaid Program: Arkansas Medicaid

Program Administrator: Arkansas Department of Human Services

Regional Telehealth Resource Center: South Central Telehealth Resource Center

Covers the States of: Arkansas, Mississippi & Tennessee

www.learntelehealth.org

Medicaid Telehealth Reimbursement

Summary

Arkansas Medicaid reimburses for live video when the telemedicine service is comparable to an in-person service. Store-and-forward and remote patient monitoring is included in Medicaid's definition of telemedicine, but there was no specific information found regarding reimbursement of the modalities.

Definitions

Telemedicine is defined as the use of electronic information and communication technology to deliver healthcare services including without limitation, the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient. Telemedicine includes store-and-forward technology and remote patient monitoring.

Source: *AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated Aug. 1, 2018. (Accessed Aug. 2018). & Section III Billing Documentation. Rule 305.00. Updated Aug. 1, 2018. (Accessed Aug. 2018). & AR Admin. Rule 016.06.18.*

Store-and-forward technology is the transmission of a patient's medical information from a healthcare provider at an originating site to a healthcare provider at a distant site. Remote patient monitoring means the use of electronic information and communication technology to collect personal health information and medical data from a patient at an originating site that is transmitted to a healthcare provider at a distant site for use in the treatment and management of medical conditions that require frequent monitoring.

Source: *AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated Aug. 1, 2018. (Accessed Aug. 2018). & Section III Billing Documentation. Rule 305.00. Updated Aug. 1, 2018. (Accessed Aug. 2018). & AR Admin. Rule 016.06.18.*

Rural Health Centers
Arkansas Medicaid defines telemedicine services as medical services performed as electronic transactions in real-time

Source: *AR Medicaid Provider Manual. Section II Rural Health. Rule 211.300. Updated Oct. 13, 2003. (Accessed Aug. 2018).*

Telemedicine means the use of electronic information and communication technology to deliver healthcare services, including without limitation the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient. Telemedicine includes store-and-forward and remote patient monitoring. Telemedicine does not include the use of audio-only communication including without limitation interactive audio; a facsimile machine; text messaging; or electronic mail systems.

Source: *AR Code 23-79-1601(7).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

Arkansas Medicaid provides payment to a licensed or certified healthcare professional or a licensed or certified entity for services provided through telemedicine if the service provided through telemedicine is comparable to the same service provided in-person.

Coverage and reimbursement for services provided through telemedicine will be on the same basis as for services provided in-person. While a distant site facility fee is not authorized under the Telemedicine Act, if reimbursement includes payment to an originating site (as outlined in the above paragraph), the combined amount of reimbursement to the originating and distant sites may not be less than the total amount allowed for healthcare services provided in-person.

Source: *AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated Aug. 1, 2018. (Accessed Aug. 2018). & Section III Billing Documentation. Rule 305.00. Updated Aug. 1, 2018. (Accessed Aug. 2018). & AR Admin. Rule 016.06.18 & AR Code 23-79-1602(d) (2).*

Rural Health Centers
In order for a telemedicine encounter to be covered by Medicaid, the practitioner and the patient must be able to see and hear each other in real time.

Source: *AR Medicaid Provider Manual. Section II Rural Health. Rule 211.300. Updated Oct. 13, 2003. (Accessed Aug. 2018).*

Eligible Services / Specialties

Arkansas Medicaid must provide coverage and reimbursement for healthcare services provided through telemedicine on the same basis as they provide coverage and reimbursement for health services provided in-person. They are not required to reimburse for healthcare services provided through telemedicine that are not comparable to the same service provided in-person.

Source: *AR Code 23-79-1602.*

Telemedicine is listed as an allowed delivery mode under the Outpatient Behavioral Health Services manual.

Source: *AR Medicaid Provider Manual. Section II OBHS. Rule 252.111. Updated Aug. 1, 2018. (Accessed Aug. 2018).*

Rural Health Centers
Arkansas Medicaid covers RHC encounters and two ancillary services (fetal echography and echocardiology) as “telemedicine services”. Physician interpretation of fetal ultrasound is covered as a telemedicine service if the physician views the echography or echocardiography output in real time while the patient is undergoing the procedure.

Source: *AR Medicaid Provider Manual. Section II Rural Health. Rule 211.300. Updated Oct. 13, 2003. (Accessed Aug. 2018).*

Eligible Providers

The professional or entity at the distant site must be an enrolled Arkansas Medicaid Provider.

Source: *AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated Aug. 1, 2018. (Accessed Aug. 2018). & Section III Billing Documentation. Rule 305.00. Updated Aug. 1, 2018. (Accessed Aug. 2018). & AR Admin. Rule 016.06.18.*

The distant site provider should use the GT modifier and Place of Service 02 when billing CPT or HCPCS codes.

Source: *AR Medicaid Provider Manual. Section III Billing Documentation. Rule 305.00. Updated Aug. 1, 2018. (Accessed Aug. 2018). & AR Admin. Rule 016.06.18.*

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Medicaid Telehealth Reimbursement		
Live Video	Eligible Sites	No reference found.
Live Video	Geographic Limits	No reference found.
Live Video	Facility/Transmission Fee	Payment will include a reasonable facility fee to the originating site operated by a licensed or certified healthcare professional or licensed or certified healthcare entity if the professional or entity is authorized to bill Arkansas Medicaid directly for healthcare services. **Source:** *AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated Aug. 1, 2018. (Accessed Aug. 2018). & Section III Billing Documentation. Rule 305.00. Updated Aug. 1, 2018. (Accessed Aug. 2018). & AR Admin. Rule 016.06.18.* The originating site submits a telemedicine claim under the billing providers "pay to" information using HCPCS code Q3014. In the case of in-patient services, HCPCS code Q3014 is not separately reimbursable because it is included in the hospital per diem. See manual for further instructions. **Source:** *AR Medicaid Provider Manual. Section III Billing Documentation. Rule 305.00. Updated Aug. 1, 2018. (Accessed Aug. 2018). & AR Admin. Rule 016.06.18.* **Federally Qualified Health Centers** Use procedure code T1014 to indicate telemedicine charges. The charge associated with the procedure code should be an amount attributable to the telemedicine service, such as line (or wireless) charges. Medicaid will deny the charge and capture it in the same manner as with ancillary charges. **Source:** *AR Medicaid Provider Manual. Section II FQHC. Rule 262.120. Updated Nov. 1, 2017. (Accessed Aug. 2018).* Arkansas Medicaid must provide a reasonable facility fee to an originating site operated by a licensed healthcare entity or healthcare professional. **Source:** *AR Code 23-79-1602(d) (3).*
Store-and-Forward	Policy	Although store-and-forward is included in Medicaid's definition of telemedicine, no information was found regarding reimbursement of store-and-forward.

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	Although remote patient monitoring is included in Medicaid's definition of telemedicine, no information was found regarding reimbursement of remote patient monitoring.
	Conditions	No reference found.
	Provider Limitations	No reference found.

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Medicaid Telehealth Reimbursement

Other Restrictions

No reference found.

Email / Phone / Fax

Once a professional relationship is established, the healthcare provider may provide healthcare services through telemedicine, including interactive audio, if the healthcare services are within the scope of practice for which the healthcare provider is licensed or certified and in accordance with the safeguards established by the healthcare professionals licensing board. The use of interactive audio is not reimbursable under Arkansas Medicaid.

Source: *AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated Aug. 1, 2018. (Accessed Aug. 2018). & AR Admin. Rule 016.06.18.*

Consent

A provider must obtain informed consent, as required by applicable state and federal laws, rules and regulations.

Source: *AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated Aug. 1, 2018. (Accessed Aug. 2018). & AR Admin. Rule 016.06.18.*

Out of State Providers

A healthcare provider treating patients in Arkansas through telemedicine shall be fully licensed or certified to practice in Arkansas and is subject to the rules of the appropriate state licensing or certification board. This requirement does not apply to the acts of a healthcare provider located in another jurisdiction who provides only episodic consultation services.

Source: *AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated Aug. 1, 2018. (Accessed Aug. 2018). & Section III Billing Documentation. Rule 305.00. Updated Aug. 1, 2018. (Accessed Aug. 2018). & AR Admin. Rule 016.06.18.*

Miscellaneous

The distant site provider is prohibited from utilizing telemedicine with a patient unless a professional relationship exists between the provider and patient. See manual for ways to establish the relationship. A professional relationship is established if the provider performs a face-to-face examination using real time audio and visual telemedicine technology that provides information at least equal to such information as would have been obtained by an in-person examination; or if the establishment of a professional relationship is permitted via telemedicine under the guidelines outlined in ASMB regulations. Telemedicine may be used to establish the professional relationship only for situations in which the standard of care does not require an in-person encounter and only under the safeguards established by the healthcare professional's licensing board (See ASMB Regulation 38 for these safeguards including the standards of care). See manual for full list of requirements on establishing a professional relationship. Special requirements also exist for providing telemedicine services to a minor in a school setting (see manual).

A healthcare provider providing telemedicine services within Arkansas shall follow applicable state and federal laws, rules and regulations regarding:

- Informed consent;
- Privacy of individually identifiable health information;
- Medical record keeping and confidentiality, and
- Fraud and abuse.

Source: *AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated Aug. 1, 2018. (Accessed Aug. 2018). & AR Admin. Rule 016.06.18.*

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Private Payer Laws

Definitions

Telemedicine means the use of electronic information and communication technology to deliver healthcare services, including without limitation the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient. Telemedicine includes store-and-forward and remote patient monitoring. Telemedicine does not include the use of audio-only communication including without limitation interactive audio; a facsimile machine; text messaging; or electronic mail systems.

Source: *AR Code 23-79-1601(7).*

Requirements

A health plan shall cover the telehealth-delivered healthcare services on the same basis it would if the services were delivered in-person. A health benefit plan is not required to reimburse for a healthcare service provided through telemedicine that is not comparable to the same service provided in-person. A health benefit plan may voluntarily reimburse for healthcare services provided through means of telephone, facsimile, text message or electronic mail.

A healthcare plan must provide a reasonable facility fee to an originating site operated by a healthcare professional or licensed healthcare entity if licensed to bill the health benefit plan.

A health benefit plan cannot prohibit its providers from charging patients directly for telephone calls that aren't reimbursed by the plan.

A health plan may not impose:

- An annual or lifetime dollar maximum on coverage for services provided through telemedicine unless it applies to the aggregate of all items and services covered
- A deductible, copayment, coinsurance, benefit limitation or maximum benefit that is not equally imposed upon other healthcare services; or
- A prior authorization requirement that exceeds the requirements for in-person healthcare services.

Source: *AR Code Sec. 23-79-1602.*

Parity

Service Parity

Health plans must reimburse "on the same basis" if the service were delivered in-person. A health benefit plan is not required to reimburse for a healthcare service provided through telemedicine that is not comparable to the same service provided in-person.

Source: *AR Code 23-79-1602.*

Payment Parity

The combined amount of reimbursement that a health benefit plan allows for the compensation to the distant site and the originating site shall not be less than the total amount allowed for healthcare services provided in-person.

Source: *AR Code 23-79-1602.*

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Professional Regulation/Health & Safety

Definitions

"Telemedicine means the use of electronic information and communication technology to deliver healthcare services, including without limitation the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient. Telemedicine includes store-and-forward technology and remote patient monitoring."

Source: *AR Code Sec. 17-80-402.*

The Board of Examiners in Speech-Language Pathology and Audiology defines "telepractice" as tele-speech, teleaudiology, teleSLP, telehealth or telerehabilitation when used separately or together.

It defines "telepractice service" as the application of telecommunication technology equivalent in quality to services delivered face-to-face to deliver speech-language pathology or audiology services, or both, at a distance for assessment, intervention or consultation, or both.

Source: *AR Code Sec. 17-100-103.*

Consent

The healthcare professional shall follow applicable state and federal laws, rules and regulations for informed consent.

Source: *AR Code 17-80-404.*

Online Prescribing

A distant site provider will not utilize telemedicine to treat a patient located in Arkansas unless a professional relationship exists between the healthcare provider and the patient or as otherwise meets the definition of a professional relationship as defined in Section 17-80-402. Existence of a professional relationship is not required in the following circumstances:

- Emergency situations where life or health of the patient is in danger or imminent danger or
- Simply providing information in a generic nature not meant to be specific to an individual patient.

Source: *AR Code 17-80-402.*

A proper physician or physician assistant/patient relationship can be established via real time audio and video telemedicine.

Source: *AR Rules and Regulation. Sec. 060.00.16.*

A patient completing a medical history online and forwarding it to a physician is not sufficient to establish the relationship, nor does it qualify as store-and-forward technology.

A physician may not use telemedicine to issue a prescription for a controlled substance under schedules II through V unless they have seen the patient in-person or a relationship exists through consultation or referral; on-call or cross coverage situations; or through an ongoing personal or professional relationship.

Source: *AR Rules and Regulation. Sec. 060.00.16. Reg. 38, codified in ACA Sec. 17-80-117.*

When abortion inducing drugs are used, the initial administration must occur in the same room and in the physical presence of the prescribing physician.

Source: *AR Rules and Regulation. Sec. 060.00.16.*

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Professional Regulation/Health & Safety

Online Prescribing

Without a prior and proper patient-provider relationship, providers are prohibited from issuing prescriptions solely in response to an Internet questionnaire, an Internet consult, or a telephone consult.

Source: *AR Code Annotated Sec. 17-92-1003.*

Under specified circumstances, the standard of care must not require an in-person encounter. A professional relationship cannot be established only through:

- An internet questionnaire
- Email message
- Patient generated medical history
- Audio only communication, including without limitation interactive audio
- Text messaging
- Facsimile machine
- Any combination thereof

Source: *AR Code 17-80-403.*

A written medical marijuana certification is not allowed when an assessment is performed through telemedicine.

Source: *AR Code 17-80-403.*

Arkansas prohibits the use of telemedicine to administer drugs that provide medical abortions.

Source: *AR Code 20-16-603.*

Cross-State Licensing

An out-of-state physician utilizing an electronic medium who performs an act that is part of a patient care service that was initiated in Arkansas, including interpretation of an X-ray, that would affect the diagnosis or treatment, is engaged in the practice of medicine and subject to regulation by the Arkansas State Medical Board.

Source: *AR Code Revised 17-95-206.*

Healthcare providers must be fully licensed or certified in Arkansas to provide services in the state unless the out-of-state provider is only providing episodic consultation services.

Source: *AR Code 17-80-403.*

AR Medical Board required to perform an analysis of the Interstate Medical Licensure Compact to determine whether the State of AR should participate.

Source: *SB 78 (2017).*

Member of Nurse Licensure Compact.

Source: *Nurse Licensure Compact. Current NLC States and Status. (Accessed. Sept. 2018).*

Miscellaneous

Professional Telehealth-Specific Regulations

- AR Board of Examiners in Speech-Language Pathology and Audiology
  Source: *Rules and Regulations Board of Examiners in Speech-Language Pathology and Audiology, Sec. 12.*
- AR Board of Nursing: Advanced Practice Registered Nurse
  Source: *Rule 67.00.17-005, Sec 14.*

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California

Medicaid Program: Medi-Cal

Program Administrator: California Dept. of Health Care Services (DHCS)

Regional Telehealth Resource Center: California Telehealth Resource Center

Covers the States of: California

www.caltrc.org

Medicaid Telehealth Reimbursement

Summary

Medi-Cal reimburses for a limited set of services via live video. Specific CPT/HCPCS codes are outlined in the Medi-Cal manual. Medi-Cal will also reimburse store-and-forward for teledermatology, tele-ophthalmology and teledentistry for certain CPT/HCPCS codes.

Definitions

Telehealth [according to the Telehealth Advancement Act of 2011] "is the mode of delivering health care services and public health utilizing information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management and self-management of a patient's health care while the patient is at the originating site and the health care provider is at the distant site."

"Telemedicine [according to CMS] is the use of medical information exchanged from one site to another using interactive telecommunications equipment that includes, at a minimum, audio and video equipment permitting two-way, real time, interactive communication between the patient and physician or practitioner at the distant site to improve a patient's health. Medi-Cal uses the term telemedicine when it makes a distinction from telehealth."

Source: *CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth. (Sept. 2017) (Accessed Sept. 2018).*

Live Video

Policy

Medi-Cal will reimbursement for services provided via live video. Services must be billed with modifiers GT or 95.

Source: *CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth. (Sept. 2017), (Accessed Sept. 2018).*

Medi-Cal will reimburse for services provided via live video.

Source: *Sec. 14132.72 of the Welfare and Institutions Code.*

For Denti-Cal, live transmissions are only billable if the beneficiary requests it.

Source: *Denti-Cal Provider Handbook. (4-13 to 4-15). (Sept. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Specific eligible CPT/HCPCS codes are provided in Medi-Cal and Denti-Cal manuals.

Source: *CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth. (Sept. 2017), (Accessed Apr. 2018) & Denti-Cal Provider Handbook. (4-13 to 4-15). (Sept. 2018).*

CA Children's Services Program lists eligible CPT/HCPCS codes in Numbered Letters 16-1217 & 09-0718. Codes specifically include tele-speech, tele-auditory verbal therapy, tele-auditory habilitation and tele-auditory rehabilitation services in the home, with the parent or guardian working with the speech therapist at the distant site.

Source: *Department of Health Care Services. Numbered letter 16-1217 to the CA Children's Services Program and Genetically Handicapped Persons Program (GHPP). Dec. 22, 2017. Accessed Sept. 2018 & Number Letter 09-0718 to CA Children's Services Program. (Jul. 10, 2018). (Accessed Sept. 2018).*

Eligible Providers

Allied dental professionals are not permitted to bill for teledentistry.

Source: *Denti-Cal Provider Handbook. (4-13 to 4-15). (Apr. 2018).*

Eligible Sites

The type of setting where services are provided is not limited.

Source: *CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth. (Sept. 2017), (Accessed Sept. 2018).*

CA Children's Services Program lists eligible CPT/HCPCS codes related to tele-speech, tele-auditory verbal therapy, tele-auditory habilitation and tele-auditory rehabilitation services in the home, with the parent or guardian working with the speech therapist at the distant site.

Source: *Department of Health Care Services. Number Letter 09-0718 to CA Children's Services Program. (Jul. 10, 2018). (Accessed Sept. 2018).*

Geographic Limits

No reference found.

Facility/Transmission Fee

Medi-Cal will reimburse the originating site a facility fees, and originating and distant site for live video transmission costs.

Source: *CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth. (Sept. 2017), (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Policy	Medi-Cal will reimburse for store-and-forward services for certain specialties. **Source:** *Sec. 14132.725 of the Welfare and Institutions Code.*
Store-and-Forward	Eligible Services/Specialties	Eligible specialties include tele-dermatology, tele-ophthalmology and teledentistry. See Medi-Cal and Denti-Cal manual for eligible codes. **Source:** *Sec. 14132.725 of the Welfare and Institutions Code & CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth. (Sept. 2017), (Accessed Sept. 2018) & Denti-Cal Provider Handbook. (4-13 to 4-15). (Sept. 2018).*
Store-and-Forward	Geographic Limits	No reference found.
Store-and-Forward	Transmission Fee	The originating site is eligible for a facility fee. A transmission fee is only reimbursed for live video, and therefore store-and-forward is not eligible. **Source:** *CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth. (Sept. 2017), (Accessed Sept. 2018).*
Remote Patient Monitoring	Policy	No reference found.
Remote Patient Monitoring	Conditions	No reference found.

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Medicaid Telehealth Reimbursement

Provider Limitations

No reference found.

Other Restrictions

No reference found.

Email / Phone / Fax

Medi-Cal does not reimburse for telephone calls, electronic mail messages or facsimile transmissions.

Source: *CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth. (Sept. 2017), (Accessed Sept. 2018).*

Consent

Provider must obtain oral consent from the patient and document it in the patient record.

Source: *CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth. (Sept. 2017), (Accessed Sept. 2018).*

Out of State Providers

For rules pertaining to out-of-state providers, see Medi-Cal's Out-of-State providers FAQs.

Source: *CA Department of Health Care Services. Medi-Cal: Out-of-state providers FAQs. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Miscellaneous

Medi-Cal covers telehealth to the extent services are allowable and reimbursed according to the department's telehealth manual in the California Children's Services Program (CCS), Genetically Handicapped Person's Program (GHPP) and Child Health and Disability Prevention Program (CHDP).

Source: *CA Department of Health Care Services. Medi-Cal Special Programs FAQs. (Accessed Sept. 2018).*

Telehealth services and supports are among the services and supports authorized to be included by individual program plans developed for disabled individuals by regional centers that contract with the State Department of Developmental Disabilities.

Source: *Welfare and Institutions Code Sec. 4512.*

Medicaid must ensure that all managed care covered services are available and accessible to enrollees of Medicaid managed care plans in a timely manner. Telecommunications technologies can be used as a means to meet time and distance standards in some circumstances. See regulation for details.

Source: *CA Welfare and Institutions Code Sec. 14197.*

Private Payer Laws

Definitions

"Telehealth means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store-and-forward transfers."

Source: *CA Business & Professions Code Sec. 2290.5.*

Requirements

Private payers cannot require that in-person contact occur before payment is made for covered telehealth services, subject to contract terms and conditions. Health plans cannot limit the settings where services are provided. Settings are still subject to contract terms and conditions.

Source: *CA Health & Safety Code Sec. 1374.13.*

Parity

Service Parity

Private payers cannot require that in-person contact occur before covering a telehealth delivered service, but it is subject to the terms and conditions of the contract.

Source: *CA Health & Safety Code Sec. 1374.13.*

Payment Parity

No explicit payment parity.

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Professional Regulation/Health & Safety

Definitions

"Telehealth means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store-and-forward transfers."

Source: *CA Business & Professions Code Sec. 2290.5.*

Consent

The originating site provider must obtain and document verbal or written patient consent prior to service delivery.

Source: *CA Business & Professions Code Sec. 2290.5.*

Occupational Therapy
Informed consent must be obtained by the occupational therapist prior to the use of telehealth to deliver services.

Source: *CA Code of Regulations, Title 16, Div. 39, Art. 8, Sec. 4172.*

Behavioral Sciences
A licensee must obtain informed consent from a client.

Source: *CA Code of Regulations, Title 16, Div. 18, Art. 1, Sec. 1815.5.*

Online Prescribing

Providers are prohibited from prescribing or dispensing dangerous drugs or dangerous devices on the Internet without an appropriate prior examination and medical indication.

Source: *CA Business & Professions Code Sec. 2242.1(a).*

Remote Dispensing Site Pharmacies
Remote dispensing site pharmacies are permitted to dispense or provide pharmaceutical care services in medically underserved areas. A supervising pharmacy must provide telepharmacy services to the remote dispensing site pharmacy and shall not be located greater than 150 road miles from the remote dispensing site pharmacy.

Source: *CA Business & Professionals Code Sec. 4130-4135.*

Cross-State Licensing

No reference found.

Miscellaneous

Professional regulation with telehealth specific standards

- CA Board of Occupational Therapy (**Source:** *Title 16, Div. 39, Sec. 4172*).
- CA Board of Behavioral Sciences (**Source:** *Title 16, Div. 18, Art. 1, Sec. 1815.5*).

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Colorado

Medicaid Program: Colorado Medicaid

Program Administrator: Colorado Dept. of Health Care Policy and Financing

Regional Telehealth Resource Center: Southwest Telehealth Resource Center

Covers the States of: Arizona, Colorado, Nevada, New Mexico & Utah

www.southwesttrc.org

Medicaid Telehealth Reimbursement

Summary

Colorado Medicaid reimburses for live video for medical and mental health services. They also provide reimbursement for remote patient monitoring for patients with certain chronic conditions. Colorado Medicaid requires a member to be present and participating in a telemedicine service, excluding the possibility of utilizing store-and-forward.

Definitions

Telemedicine is not a unique service, but a means of providing selected services approved by Health First Colorado through live interactive audio and video telecommunications equipment.

Source: *CO Department of Health Care Policy and Financing. "Telemedicine" (6/18). (Accessed Sept. 2018).*

Telehealth services include the installation and on-going remote monitoring of clinical data through technologic equipment in order to detect minute changes in the client's clinical status that will allow Home Health agencies to intercede before a chronic illness exacerbates requiring emergency intervention or inpatient hospitalization

Source: *CO Medical Assistance Program, Home Health Billing Manual, p. 12 (6/18), (Accessed Sept. 2018).*

Telehealth allows for the monitoring of a member's health status remotely via equipment, which transmits data from the member's home to the member's home health agency. The purpose of providing telehealth services is to assist in the effective management and monitoring of members whose medical needs can be appropriately and cost-effectively met at home through the frequent monitoring of data and early intervention.

Source: *CO Department of Health Care Policy and Financing. "Home Health Telehealth". (Accessed Sept. 2018).*

Live Video

Policy

CO Medicaid will cover telemedicine direct member services which can involve up to two collaborating providers and the member. It is also acceptable for an originating provider not to be present, as long as the telecommunication equipment facilitates live contact between a member and a distant provider.

Source: *CO Department of Health Care Policy and Financing. "Telemedicine" (6/18). (Accessed Sept. 2018).*

Services shall be subject to reimbursement policies developed by the medical assistance program. Reimbursement must be the same as in-person services.

Source: *CO Revised Statutes 25.5-5-320.*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Colorado Medicaid will reimburse for medical and mental health services.

Source: *CO Revised Statutes 25.5-5-320.*

Eligible Providers

A primary care provider (PCP) is eligible to be reimbursed as the 'originating provider'. In order for a PCP to be reimbursed as a distant provider, the PCP must be able to facilitate an in-person visit in the state of CO if necessary for treatment of the member's condition.

A specialist is eligible to be an originating provider or distant provider.

Source: *CO Department of Health Care Policy and Financing. "Telemedicine" (6/18). (Accessed Sept. 2018).*

Eligible Sites

If no originating provider is present, then the location of the originating site is at the member's discretion and can include the member's home.

Source: *CO Department of Health Care Policy and Financing. "Telemedicine" (6/18). (Accessed Sept. 2018).*

Geographic Limits

No reference found.

Facility/Transmission Fee

The originating site is eligible for a facility fee.

Providers eligible for the originating site facility fee include:

- Physician
- Clinic
- Osteopath
- FQHC
- Doctorate Psychologist
- MA Psychologist
- Physician Assistant
- Nurse Practitioner

Other sites can serve as an originating site, but cannot collect the facility fee.

Using modifier GT adds $5.00 to the procedure code billed for the service for distant site providers for the transmission fee. A specific list of eligible codes is provided in the manual. Other codes can be billed, but don't pay the telemedicine transmission fee.

Source: *CO Department of Health Care Policy and Financing. "Telemedicine" (6/18). (Accessed Sept. 2018).*

The CO Medical Assistance Program will reimburse for transmission costs, at a rate set by their state department.

Source: *CO Revised Statutes 25.5-5-320.*

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Medicaid Telehealth Reimbursement	Store-and-Forward	Policy	The member must be present during any Telemedicine Direct Member Services that involve two collaborating providers. **Source:** *CO Department of Health Care Policy and Financing. "Telemedicine" 6/18. (Accessed Sept. 2018).*
		Eligible Services/Specialties	No reference found.
		Geographic Limits	No reference found.
		Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	The CO Medical Assistance Program will reimburse for Remote Patient Monitoring at a flat fee set by the state board. **Source:** *(Reimbursement): CO Revised Statutes 25.5-5-321.* **Source:** *(Requirements): 10 CO Code of Regulation 2505-10 8.524.* CO Medicaid reimburses telehealth monitoring for qualified clients (see requirements below). **Source:** *CO Medical Assistance Program, Home Health Billing Manual, p. 12 (6/18), (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Conditions

The following requirements must be met:

- The patient is receiving services from a home health provider for at least one of the following: congestive heart failure, chronic obstructive pulmonary disease, asthma, or diabetes;
- The patient requires monitoring at least five times weekly to manage the disease, as ordered by a physician or podiatrist;
- The patient has been hospitalized two or more times in the last 12 months for conditions related to the disease;
- The patient or caregiver misses no more than five monitoring events in a 30-day period;
- The patient's home has space for all program equipment and full transmission capability.

Source: *(Reimbursement): CO Revised Statutes 25.5-5-321 & 10 CO Code of Regulation 2505-10 8.524 & CO Department of Health Care Policy and Financing. "Home Health Telehealth". (Accessed Sept. 2018).*

Provider Limitations

Acute home health agencies and long-term home health agencies are reimbursed for the initial installation and education of telehealth monitoring equipment and can be billed once per client per agency. The agency can also bill for every day they receive and review the client's clinical information.

No prior authorization needed, but agencies should notify the Department or its designee when a client is enrolled in the service.

Source: *CO Medical Assistance Program, Home Health Billing Manual, p. 12 (6/18), (Accessed Sept. 2018).*

Other Restrictions

Additional restrictions apply. See Colorado Code of Regulations for more information.

Medicaid Home Health will reimburse for services only if the patient has no other insurance.

Source: *10 CO Code of Regulation 2505-10 8.524.*

Email / Phone / Fax

No reimbursement for telephone.

No reimbursement for FAX.

Source: *CO Department of Health Care Policy and Financing. "Telemedicine" (6/18). (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Consent

The Medicaid requirement for face-to-face contact between provider and member may be waived prior to treating the member through telemedicine for the first time. The rendering provider must furnish each member with all of the following written statements which must be signed by the member or the member's legal representative:

- The member retains the option to refuse the delivery of health care services via telemedicine at any time without affecting the member's right to future care or treatment and without risking the loss or withdrawal of any program benefits to which the member would otherwise be entitled.
- All applicable confidentiality protections shall apply to the services.
- The member shall have access to all medical information resulting from the telemedicine services as provided by applicable law for client access to his or her medical records.

These requirements do not apply in an emergency.

Source: *CO Department of Health Care Policy and Financing. "Telemedicine" (6/18). (Accessed Sept. 2018).*

Out of State Providers

No reference found.

Miscellaneous

Managed care may or may not reimburse telemedicine costs.

Source: *CO Department of Health Care Policy and Financing. "Telemedicine" (6/18). (Accessed Sept. 2018).*

Provider of telemedicine services are required to implement certain confidentiality procedures.

Source: *CO Department of Health Care Policy and Financing. "Telemedicine" (6/18). (Accessed Sept. 2018).*

Costs and salaries associated with telemedicine visits at an FQHC are included in the cost report and are not billable encounters. The services are reimbursed through the prospective payment system.

Source: *CO Department of Health Care Policy and Financing. "Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)" (Accessed Sept. 2018).*

Private Payer Laws

Definitions

Telehealth means a mode of delivery of healthcare services through telecommunications systems, including information, electronic, and communication technologies, to facilitate the assessment, diagnosis, consultation, treatment, education, care management, or self-management of a covered person's health care while the covered person is located at an originating site and the provider is located at a distant site. The term includes synchronous interactions, store-and-forward transfers and services provided through HIPAA Compliant interactive audio visual communication or the use of a HIPAA compliant application via a cellular telephone. Telehealth does not include the delivery of health care services via voice only telephone communication or text messaging, facsimile machine or electronic mail.

Source: *CO Revised Statutes 10-16-123(2) (h) (4) (e) (I & II).*

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Private Payer Laws

Requirements

A health benefit plan that is issued, amended or renewed shall not restrict or deny coverage solely because the service is provided through telehealth or based on the communication technology or application used to deliver the telehealth services, subject to the terms and conditions of the plan. A health plan is not required to pay for consultation provided by a provider by telephone or facsimile unless the consultation is provided through HIPAA compliant interactive audio-visual communication or the use of a HIPAA compliant application via a cellular telephone.

A carrier shall include in the payment for telehealth interactions reasonable compensation to the originating site for the transmission cost incurred during the delivery of health care services through telehealth except for when the originating site is a private residence.

Source: *CO Revised Statutes 10-16-123.*

Parity

Service Parity

CO insurers cannot deny coverage solely because the service is provided through telehealth. However, use of the word solely, may mean they can find other reasons, such as the service doesn't meet the appropriate standard of care in the insurer's view.

Payment Parity

No explicit payment parity.

Professional Regulation/Health & Safety

Definitions

"Telehealth" means a mode of delivery of health care services through telecommunication systems, including information, electronic, and communication technologies, to facilitate the assessment, diagnosis, consultation, treatment, education and care management of a resident's health care when the resident and practitioner are located at different sites. Telehealth includes 'telemedicine' as defined in Section 12-36-102.5(8), C.R.S."

Source: *6 CO Regs. Rule 1011-1. Ch. 5.*

"Telemedicine means the delivery of medical services and any diagnosis, consultation, or treatment using interactive audio, interactive video, or interactive data communication."

Source: *CO Revised Statutes 12-36-102.5.*

Consent

Providers shall give all first-time patients a written statement that includes the following:

- The patient may refuse telemedicine services at any time, without loss or withdrawal of treatment;
- All applicable confidentiality protections shall apply to the services;
- The patient shall have access to all medical information from the services, under state law.

Source: *CO Revised Statutes 25.5-5-320.*

Workers' Compensation
The patient needs to give consent.

Source: *7 CO Regs. Rule 18.*

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Professional Regulation/Health & Safety

Online Prescribing

Pharmacists are prohibited from dispensing prescription drugs if they know, or should have known, that it was on the basis of an internet-based questionnaire, an internet-based consult, or a telephone consultation, all without a valid pre-existing patient-practitioner relationship.

Source: *3 CO Code of Regulation 719-1.*

Workers' Compensation
The physician-patient relationship/psychologist-patient relationship can be established through live audio/video services.

Source: *7 CO Regs. Rule 18.*

Cross State Licensing

Member of the interstate medical licensure compact.

Source: *HB 1047 (2016).*

Colorado adopted the interjurisdictional Compact of the Association of State and Provincial Psychology Boards (PSYPACT). (The Compact becomes effective 1/1/2020 unless a seventh state enacts the Compact before then).

Source: *HB 1017 (2018).*

Member of the Physical Therapy Compact.

Source: *HB 1057 (2017).*

Member of the Nurses Licensure Compact.

Source: *Current NLC States & Status. Nurse Licensure Compact. Accessed. Sept. 2018.*

Miscellaneous

Colorado law includes in its definition of "health care services" the rendering of services via telemedicine.

Source: *CO Revised Statutes 10-16-102.*

Worker's Compensation Telehealth/Telemedicine Definition
Telehealth - a mode of delivery of health care services through telecommunications systems, including information, electronic, and communication technologies, to facilitate the assessment, diagnosis, consultation, treatment, education, care management, and/or self-management of an injured worker's health care while the injured worker is located at an originating site and the provider is located at a distant site. The term includes synchronous interactions and store-and-forward transfers. The term does not include the delivery of health care services via telephone with audio only function, facsimile machine, or electronic mail systems.

Telemedicine means two-way, real time interactive communication between the injured worker, and the provider at the distant site. This electronic communication involves, at minimum, audio and video telecommunications equipment. Telemedicine enables the remote diagnoses and evaluation of injured workers in addition to the ability to detect fluctuations in their medical condition(s) at a remote site in such a way as to confirm or alter the treatment plan, including medications and/or specialized therapy.

Source: *7 CCR 1101-3, Rules 16.*

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Connecticut

Medicaid Program: Medical Assistance Program

Program Administrator: Connecticut Department of Social Services

Regional Telehealth Resource Center: Northeast Telehealth Resource Center

Covers the States of: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey New York, Rhode Island & Vermont

www.netrc.org

Medicaid Telehealth Reimbursement

Summary

Connecticut Medicaid is required to cover telemedicine services for categories of health care that the commissioner determines are appropriate, cost effective and likely to expand access. The CT Medicaid Program manuals do not mention reimbursement for telemedicine but does indicate that while they do not provide reimbursement for behavioral health services provided electronically or over the phone, there is an exception for case management behavioral health services for clients age eighteen and under. Additionally, Connecticut does provide reimbursement for electronic consults (store-and-forward) between providers under certain circumstances.

There is no reference to remote patient monitoring.

Definitions

Definition for Telemedicine Demonstration Program for FQHCs: "Telemedicine means the use of interactive audio, interactive video or interactive data communication in the delivery of medical advice, diagnosis, care or treatment…Telemedicine does not include the use of facsimile or audio-only telephone."

Source: *CT General Statute 17b-245c.*

Live Video

Policy

CT Medicaid is required (within available state and federal resources) to provide coverage for telehealth services for categories of health care services that the commissioner determines are clinically appropriate to be provided through telehealth, cost effective for the state and likely to expand access to services for whom accessing healthcare poses an undue hardship.

Source: *CT Public Act No. 16-198 (SB 298 – 2016).*

Connecticut's Medical Assistance Program will not pay for information or services provided to a client by a provider electronically or over the telephone, however there is an exception for case management behavioral health services for clients age eighteen and under.

Source: *CT Provider Manual. Physicians and Psychiatrists. Sec. 17b-262-342. Pg. 9, Aug, 2013 and CT Provider Manual. Psychologists. Sec. 17b-262-472. Pg. 7. (Accessed Sept. 2018) & CT Provider Manual. Behavioral Health. Sec. 17b-262-918. Feb. 1, 2013. Pg. 6. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement	Live Video	
	Eligible Services / Specialties	Case management behavioral health services for clients age eighteen and under is the only service allowed. **Source:** *CT Provider Manual. Behavioral Health. Sec. 17b-262-918. Feb. 1, 2013. Pg. 6. (Accessed Sept. 2018).*
	Eligible Providers	No reference found.
	Eligible Sites	No reference found.
	Geographic Limits	No reference found.
	Facility/Transmission Fee	No reference found.

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Policy	Federally Qualified Health Centers, outpatient office settings, outpatient hospital settings and clinic settings can be reimbursed for electronic consults (e-consults) for specialty care (provider to provider communication). **Source:** *CT Policy Transmittal 2017-07. Effective July 1, 2017. (Accessed Sept. 2018).*
	Eligible Services/Specialties	Provider to provider specialty care is the only service that qualifies. **Source:** *CT Policy Transmittal 2017-07. Effective July 1, 2017. (Accessed Sept. 2018).*
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	No reference found.

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Medicaid Telehealth Reimbursement		
Remote Patient Monitoring	Conditions	No reference found.
	Provider Limitations	No reference found.
	Other Restrictions	No reference found.
Email / Phone / Fax		The department shall not pay for information or services provided to a client over the telephone except for case management. **Source:** *CT Provider Manual. Clinic. Sec. 17b-262-823. Ch. 8, pg. 87, Jan. 31, 2018. (Accessed Sept. 2018).*
Consent		No reference found.
Out of State Providers		No reference found.

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	Miscellaneous		No reference found.
Private Payer Laws	Definitions		"Telehealth" means the mode of delivering health care or other health services via information and communication technologies to facilitate the diagnosis, consultation and treatment, education, care management and self-management of a patient's physical and mental health, and includes (A) interaction between the patient at the originating site and the telehealth provider at a distant site, and (B) synchronous interactions, asynchronous store-and-forward transfers or remote patient monitoring. Telehealth does not include the use of facsimile, audio-only telephone, texting or electronic mail." See private payers section. **Source:** *CT General Statute 19a, Sec. 906.*
	Requirements		Each individual health insurance policy and group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 shall provide coverage for treatment provided via telehealth if it was covered if provided in-person and shall be subject to the same terms and conditions of the policy. No telehealth provider can charge a facility fee. **Source:** *CT Public Act No. 15-88 (2015); SB 467.*
	Parity	Service Parity	Coverage must be provided for telehealth if it would be covered in-person, subject to the terms and conditions of the policy. **Source:** *CT Public Act No. 15-88 (2015); SB 467.*
		Payment Parity	No explicit payment parity.

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Professional Regulation/Health & Safety

Definitions

"Telehealth" means the mode of delivering health care or other health services via information and communication technologies to facilitate the diagnosis, consultation and treatment, education, care management and self-management of a patient's physical and mental health, and includes (A) interaction between the patient at the originating site and the telehealth provider at a distant site, and (B) synchronous interactions, asynchronous store-and-forward transfers or remote patient monitoring. Telehealth does not include the use of facsimile, audio-only telephone, texting or electronic mail." See private payers section.

Source: *CT General Statute 19a, Sec. 906.*

Consent

At the time of the initial telehealth interaction, the provider shall provide information to the patient regarding treatment information, limitations of the telehealth platform, and obtain consent from the patient to provide telehealth services and disclose to the patient's primary care provider records of the telehealth interaction.

Source: *CT Public Act No. 15-88 (2015); SB 467; SB 302 (2018).*

Online Prescribing

No telehealth provider shall prescribe any schedule I, II or III controlled substance through the use of telehealth, except a schedule II or III controlled substance other than an opioid drug, in a manner consistent with federal law, for the treatment of a person with a psychiatric disability or substance use disorder, including but not limited to medication assisted treatment.

Source: *CT Public Act No. 15-88 (2015); SB 467; SB 302 (2018).*

Cross-State Licensing

Department of Public Health may establish a process of accepting an applicant's license from another state and may issue that applicant a license to practice medicine in the state without examination, if certain conditions are met.

Source: *CT General Statutes Sec. 20-12.*

Miscellaneous

No reference found.

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District of Columbia

Medicaid Program: District of Columbia Medicaid

Program Administrator: District of Columbia Dept. of Health Care Financing

Regional Telehealth Resource Center: Mid-Atlantic Telehealth Resource Center

Covers the States of: Delaware, Kentucky, Maryland, New Jersey, North Carolina, Pennsylvania, Virginia, and West Virginia as well as the District of Columbia

www.matrc.org

Medicaid Telehealth Reimbursement

Summary

Medicaid is required to pay for telehealth services (which includes live video, store-and-forward and remote patient monitoring) if the same service would be covered when delivered in-person. This law was recently amended to expand reimbursement to store-and-forward and remote patient monitoring, but doesn't apply to Medicaid until its fiscal effect is included in an approved budget and financial plan. Consequently, D.C's regulations and manuals have not yet been updated to reflect the changes.

Source: *DC Code Sec. 31-3863.*

Definitions

Recently Passed Legislation*
"Telehealth" means the delivery of health care services, including services provided via synchronous interaction and asynchronous store-and-forward, through the use of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, remote patient monitoring, or treatment. The term "telehealth" shall not include services delivered through audio-only telephones, electronic mail messages, or facsimile transmissions.

Source: *DC Code Sec. 31-3861.*

Telehealth is defined as the delivery of healthcare services through the use of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment, provided, that services delivered through audio-only telephones, electronic mail messages, or facsimile transmissions are not included. For the purposes of coverage by the Department of Health Care Finance (DHCF), telehealth and telemedicine shall be deemed synonymous.

Telemedicine is a service delivery model that delivers healthcare services through a two-way, real time interactive video-audio communication for the purpose of evaluation, diagnosis, consultation, or treatment.

Source: *DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99 & Physicians Billing Manual. DC Medicaid. 8/21/2018. Sec. 12-7. Pgs. 53-56. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

Recently Passed Legislation*
DC Medicaid must reimburse for health services through telehealth under certain circumstances.

Source: *DC Code Sec. 31-3861.*

Effective June 23, 2016 DC Medical Assistance Program will reimburse eligible providers for eligible healthcare services rendered via telemedicine in DC. Patient must be with a provider at the originating site.

Source: *DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99 & Physicians Billing Manual. DC Medicaid. 8/21/2018. Sec. 12-7. Pgs. 53-56. (Accessed Sept. 2018).*

Eligible Services / Specialties

Recently Passed Legislation*
DC Medicaid must reimburse for health services through telehealth if:

- The health care services are covered when delivered in-person; or
- The health care services are covered under the District's Medicaid State Plan and any implementing regulations, including:
  - Evaluation, consultation and management;
  - Behavioral health care services;
  - Diagnostic, therapeutic, interpretive and rehabilitation services;
  - Medication adherence management services;
  - Remote patent monitoring, subject to prior authorization by the Department; and
  - Any other service as authorized by the Director of the Department through rules issued pursuant to section 4e.

Must use the reimbursement codes designated for telehealth by the Department.

Source: *DC Code Sec. 31-3861.*

Covered Services:

- Evaluation and management
- Consultation
- Behavioral healthcare services
- Speech therapy

Distant site providers may only bill for the appropriate codes outlined (see manual).

Source: *DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99 & Physicians Billing Manual. DC Medicaid. 8/21/2018. Sec. 12-7. Pgs. 53-56. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

Reimbursement to a distant site for professional services shall not be shared with a referring provider at an originating site.

Source: *DC Code Sec. 31-3861.*

Must be an approved telemedicine provider. The following providers are considered an eligible originating site, as well as eligible distant site provider:

- Hospital
- Nursing facility
- Federally Qualified Health Center
- Clinic
- Physician Group/Office
- Nurse Practitioner Group/Office
- DCPS
- DCPCS
- Core Service Agency

Source: *DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99 & Physicians Billing Manual. DC Medicaid. 8/21/2018. Sec. 12-7. Pgs. 53-56. (Accessed Sept. 2018).*

Eligible Sites

Must be an approved telemedicine provider. The following providers are considered an eligible originating site, as well as eligible distant site provider:

- Hospital
- Nursing facility
- Federally Qualified Health Center
- Clinic
- Physician Group/Office
- Nurse Practitioner Group/Office
- DCPS
- DCPCS
- Core Service Agency

See emergency notice for special rules around reimbursement of Local Education Agencies and Core Service Agencies.

Source: *DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99; & Physicians Billing Manual. DC Medicaid. 8/21/2018. Sec. 12-7. Pgs. 53-56. (Accessed Sept. 2018); & DC Department of Health Care Finance. Transmittal #18-08. Feb. 23, 2018.*

Source:

Geographic Limits

No reference found.

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Medicaid Telehealth Reimbursement		
Live Video	Facility/Transmission Fee	**Recently Passed Legislation*** For health care services delivered through telehealth during the period between October 1, 2018, and October 1, 2019, an originating site shall receive a payment from the Department equivalent to the lesser of the reimbursement paid by the Department to a provider or the originating site facility fee of $25. Beginning October 2, 2019, the facility fee for the originating site shall be determined in accordance with the Medicare Economic Index, as determined by the United States Centers for Medicaid and Medicaid Services. **Source:** *DC Code Sec. 31-3861.* No transaction or facility fee. **Source:** *DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99 & Physicians Billing Manual. DC Medicaid. 8/21/2018. Sec. 12-7. Pgs. 53-56. (Accessed Sept. 2018).*
Store-and-Forward	Policy	**Recently Passed Legislation*** A patient receiving asynchronous store-and-forward health care services shall have the right to interact with a provider via synchronous interaction and shall be informed of this right at the time the store-and-forward services are delivered. If the provider cannot provide a synchronous interaction within 30 days of the patient's request they won't be reimbursed. **Source:** *DC Code Sec. 31-3861.* No reimbursement for store-and-forward. **Source:** *DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99 & Physicians Billing Manual. DC Medicaid. 8/21/2018. Sec. 12-7. Pgs. 53-56. (Accessed Sept. 2018).*
	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.
	Transmission Fee	**Recently Passed Legislation*** For health care services delivered through telehealth during the period between October 1, 2018, and October 1, 2019, an originating site shall receive a payment from the Department equivalent to the lesser of the reimbursement paid by the Department to a provider or the originating site facility fee of $25. Beginning October 2, 2019, the facility fee for the originating site shall be determined in accordance with the Medicare Economic Index, as determined by the United States Centers for Medicaid and Medicaid Services. **Source:** *DC Code Sec. 31-3861.*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Policy

Recently Passed Legislation*
Reimbursement for remote patient is provided as long as long as providers establish protocols that govern the:

- Authentication and authorization of patients;
- Process for monitoring, tracking, and responding to changes in a patient's clinical condition;
- Acceptable and unacceptable parameters for a patient's clinical condition;
- Response of monitoring staff to abnormal parameters of a patient's vital signs, symptoms, or lab results;
- Process for notifying the patient's provider of significant changes in the patient's clinical condition;
- Prevention of unauthorized access to the provider's information-technology systems;
- Provider's compliance with the security and privacy requirements of the Health Insurance Portability and Accountability Act of 1996, approved August 21, 1996 (110 Stat. 1936; 42 U.S.C. Section 1320d et seq.);
- Storage, maintenance, and transmission of patient information;
- Synchronization and verification of patient data, as appropriate; and
- Notification of the patient's discharge from remote patient monitoring services.

Source: *DC Code Sec. 31-3861.*

No reimbursement for remote patient monitoring.

Source: *DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99 & Physicians Billing Manual. DC Medicaid. 8/21/2018. Sec. 12-7. Pgs. 53-56. (Accessed Sept. 2018).*

Conditions

No reference found.

Provider Limitations

Recently Passed Legislation*
To receive payment for remote patient monitoring services delivered through telehealth, a provider shall:

- Assess and monitor a patient's clinical data, including appropriate vital signs, pain levels, other biometric measures specified in the plan of care, and the patient's response to prior changes in the plan of care;
- Assess changes, if any, in the condition of the patient observed during the course of remote patient monitoring that may indicate the need for a change in the plan of care; and
- Develop and implement a patient plan addressing:
  - Management and evaluation of the plan of care, including changes in visit frequency or addition of other health care services;
  - Coordination of care regarding telehealth findings; and
  - Coordination and referral to other providers, as needed.

The equipment used by a provider to deliver remote patient monitoring services through telehealth shall:

- Be maintained in good repair and kept free from safety hazards;
- Be newly purchased or, if previously used, sanitized before installation in the patient's home;
- Accommodate non-English language options; and
- Provide technical and clinical support services to the patient user.

Source: *DC Code Sec. 31-3861.*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Other Restrictions

No reference found.

Email / Phone / Fax

DC Medicaid does not reimburse for service delivery using audio-only telephones, e-mail messages or facsimile transmissions.

Source: *DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99 & Physicians Billing Manual. DC Medicaid. 8/21/2018. Sec. 12-7. Pgs. 53-56. (Accessed Sept. 2018).*

Consent

Written consent required.

Source: *DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99 & Physicians Billing Manual. DC Medicaid. 8/21/2018. Sec. 12-7. Pgs. 53-56. (accessed Sept. 2018).*

Out of State Providers

No reference found.

Miscellaneous

A telemedicine visit meets the definition of an encounter for a FQHC.

Source: *DC Municipal Regulation. Title 29, Chapter 45, Sec. 4599.*

Special reimbursement parameters for FQHCs:

- When FQHC is originating site: An FQHC provider must deliver an FQHC-eligible service in order to be reimbursed the appropriate PPS or fee for service (FFS) rate at the originating site;
- When FQHC is distant site: An FQHC provider must deliver an FQHC-eligible service in order to be reimbursed the appropriate PPS or FFS rate; and
- When FQHC is Originating and Distant Site: In instances where the originating site is an FQHC, the distant site is an FQHC, and both sites deliver a service eligible for the same clinic visit/encounter all-inclusive PPS code, only the distant site will be eligible to be reimbursed for the appropriate PPS rate for an FQHC-eligible service.

Source: *DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99 & Physicians Billing Manual. DC Medicaid. 8/21/2018. Sec. 12-7. Pgs. 53-56. (accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Miscellaneous

Telemedicine section also appears in Provider Manuals on:

- FQHCs
- Clinics
- Inpatient Hospital
- Outpatient Hospital

As a condition of participation, Medicaid providers using telemedicine will be required to respond to requests for information on their telemedicine program.

Source: *DC Department of Health Care Finance. Transmittal #18-08. Feb. 23, 2018.*

DHCF is required to send a Telemedicine Program Evaluation survey to providers, effective Jan. 1, 2017.

Source: *DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99.*

Private Payer Laws

Definitions

"Telehealth" means the delivery of healthcare services through the use of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment; provided, that services delivered through audio-only telephones, electronic mail messages, or facsimile transmissions are not included.

Source: *DC Code Sec. 31-3861.*

Requirements

Private payers are required to pay for telehealth services if the same service would be covered when delivered in-person.

A health insurer may not impose any annual or lifetime dollar maximum on coverage for telehealth services.

Source: *DC Code Sec. 31-3862.*

Parity

Service Parity

A health plan must reimburse a provider for the diagnosis, consultation or treatment of the patient when the service is delivered by telehealth.

Payment Parity

No explicit payment parity.

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Professional Regulation/Health & Safety

Definitions

Telemedicine - The practice of medicine by a licensed practitioner to provide patient care, treatment or services, between a licensee in one location and a patient in another location with or without an intervening healthcare provider, through the use of health information and technology communications, subject to the existing standards of care and conduct.

Source: *DC Regs. Sec. 17-4699.*

Consent

Must obtain and document consent.

Source: *DC Code Sec. 17-4618.*

Online Prescribing

A physician-patient relationship can be established through real-time telemedicine.

Source: *DC Code Sec. 17-4618.*

Cross-State Licensing

Recently Passed Legislation
DC enacted the Interstate Medical Licensure Compact.

Must have license to practice medicine in the District of Columbia.

Source: *DC Code Sec. 17-4618.*

Miscellaneous

Professional Board Telehealth-Specific Regulations

- Department of Health (applies to the Board of Medicine)

Source: *DCMR Title 17, Ch. 46 Sec. 4618.*

* *Applies upon the date of inclusion of its fiscal effect in an approved budget and financial plan.*

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Delaware

Medicaid Program: Delaware Medical Assistance Program (DMAP)

Program Administrator: Delaware Health and Social Services Dept., Division of Social Services

Regional Telehealth Resource Center: Mid-Atlantic Telehealth Resource Center

Covers the States of: Delaware, Kentucky, Maryland, New Jersey, North Carolina, Pennsylvania, Virginia, and West Virginia as well as the District of Columbia

www.matrc.org

Medicaid Telehealth Reimbursement

Summary

Delaware Medical Assistance Program (DMAP) reimburses for live video telemedicine for certain providers and for patients at specific sites. DMAP does not reimburse for store-and-forward and makes no reference to remote patent monitoring.

Definitions

"Telemedicine" is a cost-effective alternate to face-to-face encounters where access to care is compromised due to the lack of available service providers in the patient's geographical location. This definition is modeled on Medicare's definition for telehealth services located at 42 CFR Sec. 410.78. Note that the Federal Medicaid statute does not recognize telemedicine as a distinct service.

For purposes of DMAP, telemedicine is the use of medical or behavioral health information exchanged from one site to another site via an electronic interactive (two-way, real time) telecommunications system to improve a patient's health.

Source: *DE Medical Assistance Program. Practitioner Provider Specific Manual, 6/22/18. Ch. 16 Telemedicine (Accessed Sept. 2018) & Adult Behavioral Health Service Certification and Reimbursement. Dec. 14, 2016. Sec. 1.8. (Accessed Sept. 2018).*

Live Video

Policy

DE Medicaid reimburses for live video telemedicine services for up to three different consulting providers for separately identifiable telemedicine services provided to a member per date of service.

Source: *DE Medical Assistance Program. Practitioner Provider Specific Manual, 6/22/18. Ch. 16 Telemedicine (Accessed Sept. 2018) & Adult Behavioral Health Service Certification and Reimbursement. Dec. 14, 2016. Sec. 1.8. (Accessed Sept. 2018).*

The GT modifier (which indicates the service occurred via interactive audio and video telecommunication system) can be used for Early and Periodic Screening, Diagnostic and Treatment Services through the School Based Health Services program.

Source: *DE School Based Health Services Specific Policy Manual, pg. 62 (Sept. 1, 2016). (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement	Live Video	
	Eligible Services / Special-	The GT modifier (which indicates the service occurred via interactive audio and video telecommunication system) can be used for Early and Periodic Screening, Diagnostic and Treatment Services through the School Based Health Services program. **Source:** *DE School Based Health Services Specific Policy Manual, pg. 62 (Sept. 1, 2016). (Accessed Sept. 2018).*
	Eligible Providers	Eligible distant site providers include: • Inpatient/outpatient hospitals • Physicians (or PAs under the physician's supervision) • Certified Nurse Practitioners • Nurse Midwives • Licensed Psychologists • Licensed Clinical Social Workers • Licensed Professional Counselors of Mental Health • Speech Language Therapists • Audiologists • Other providers as approved by the DMAP **Source:** *DE Medical Assistance Program. Practitioner Provider Specific Manual, 6/22/18. Ch. 16 Telemedicine (Accessed Sept. 2018) & Adult Behavioral Health Service Certification and Reimbursement. Dec. 14, 2016. Sec. 1.8. (Accessed Sept. 2018).*
	Eligible Sites	An originating site can include the member's place of residence, day program or alternative location in which the member is physically present and telemedicine can be effectively utilized. **Source:** *DE Medical Assistance Program. Practitioner Provider Specific Manual, 6/22/18. Ch. 16 Telemedicine (Accessed Sept. 2018) & Adult Behavioral Health Service Certification and Reimbursement. Dec. 14, 2016. Sec. 1.8. (Accessed Sept. 2018).* Medical Professional Sites: • Physicians (or PAs under the supervision of a physician) • Certified Nurse Practitioner • Medical and Behavioral Health Therapists **Source:** *DE Medical Assistance Program. Practitioner Provider Specific Manual, 6/22/18. Ch. 16 Telemedicine (Accessed Sept. 2018) & Adult Behavioral Health Service Certification and Reimbursement. Dec. 14, 2016. Sec. 1.8. (Accessed Sept. 2018).* An approved originating site may include the DMAP member's place of residence. **Source:** *19 DE Reg. 191.*
	Geographic Limits	No reference found.

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Medicaid Telehealth Reimbursement		
Live Video	Facility/Transmission Fee	A facility fee for the following originating site providers is covered: • Outpatient hospitals • Inpatient Hospitals • FQHCs • RHCs • Renal Dialysis Centers • Skilled Nursing Facilities • Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) • Intermediate Care Facilities/Institutions for Mental Diseases (ICF/IMDs) • Outpatient Mental Health/Substance Abuse Centers/Clinics • Community Mental Health Centers/Clinics • Public Health Clinics • PACE Centers • Assisted Living Facilities • School-based Wellness Centers • Other sites approved by DMAP Patient's home qualifies as originating site, but does not warrant an originating site fee. Facility fees for the distant site are not covered. **Source:** *DE Medical Assistance Program. Practitioner Provider Specific Manual, 6/22/18. Ch. 16 Telemedicine (Accessed Sept. 2018).*
Store-and-Forward	Policy	Asynchronous or "store-and-forward" applications do not meet the DMAP definition of telemedicine. **Source:** *DE Medical Assistance Program. Practitioner Provider Specific Manual, 6/22/18. Ch. 16 Telemedicine (Accessed Sept. 2018) & Adult Behavioral Health Service Certification and Reimbursement. Dec. 14, 2016. Sec. 1.8. (Accessed Sept. 2018).*
	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	No reference found.
	Conditions	No reference found.
	Provider Limitations	No reference found.
	Other Restrictions	No reference found.

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Medicaid Telehealth Reimbursement

Email / Phone / Fax

Telephone, chart review, electronic mail messages, facsimile transmissions or internet services for online medical evaluations are not considered telemedicine.

Source: *DE Medical Assistance Program. Practitioner Provider Specific Manual, 6/22/18. Ch. 16 Telemedicine (Accessed Sept. 2018).*

Federally Qualified Health Centers
Telephone consultations are covered services that are included in the payment made to the FQHC and should not be billed as an encounter.

Source: *Delaware FQHC Provider Specific Policy Manual, pg. 5. (Accessed Sept. 2018).*

Consent

Recipient must provide consent to use telemedicine. It must be obtained by either the referring, consulting, or distant provider. An exception is made for involuntary detention and commitment.

Source: *DE Medical Assistance Program. Practitioner Provider Specific Manual, 6/22/18. Ch. 16 Telemedicine (Accessed Sept. 2018) & Adult Behavioral Health Service Certification and Reimbursement. Dec. 14, 2016. Sec. 1.8. (Accessed Sept. 2018).*

Out of State Providers

The Distant site provider must be located within the continental US.

Source: *DE Medical Assistance Program. Practitioner Provider Specific Manual, 6/22/18. Ch. 16 Telemedicine (Accessed Sept. 2018).*

Miscellaneous

Provider manual lays out three different models for prescribing:

- **First Model:** Distant site provider consults with referring provider about appropriate medication. Referring provider executes prescription.
- **Second Model:** Consulting provider works with medical professional at the originating site to provide front line care, including prescription writing.
- **Third Model:** The consulting provider prescribes and sends/calls-in the initial prescription.

For stimulants, narcotics and refills, hard copy prescriptions can be written and sent via delivery service to the referring site for the consumer to pick up a couple days after the appointment (see manual for more details).

Source: *DE Medical Assistance Program. Practitioner Provider Specific Manual, 6/22/18. Ch. 16 Telemedicine (Accessed Sept. 2018) & Adult Behavioral Health Service Certification and Reimbursement. Dec. 14, 2016. Sec. 1.8. (Accessed Sept. 2018).*

Confidentiality, privacy and electronic security standards for telemedicine as well as a contingency plan required of telemedicine sites is listed in the DE Behavioral Health Service Certification and Reimbursement manual.

Source: *DE Medical Assistance Program. Adult Behavioral Health Service Certification and Reimbursement. Dec. 14, 2016. Sec. 1.8. (Accessed Sept. 2018).*

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Private Payer Laws

Definitions

Group and Blanket Insurance, & Health Insurance Contracts
Also applies to: Physicians, Podiatry, Optometry, Chiropractic, Dentistry, Nursing, Occupational Therapy, Physical Therapy, Mental Health, Psychology, Dietetic and Nutrition Therapy, Pharmacy, and Clinical Social Work
Telehealth means the use of information and communications technologies consisting of telephone, remote patient monitoring devices or other electronic means which support clinical health care, provider consultation, patient and professional health-related education, public health, health administration, and other services as described in regulation.

Source: *Title 18, Sec. 3370; & Title 18, Sec. 3571R; DE Code Title 24, Sec. 1702, Sec. 502, Sec. 701, Sec. 1101, Sec. 1902, Sec. 2002, Sec. 2101, Sec. 2502, Sec. 3002, Sec. 3502, Sec. 3802, Sec. 2500, & Sec. 3902.*

Group and Blanket Insurance, & Health Insurance Contracts
Telemedicine means a form of telehealth which is the delivery of clinical health care services by means of real time two-way audio, visual or other telecommunications or electronic communications, including the application of secure video conferencing or store-and-forward transfer technology to provide or support healthcare delivery which facilitate the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient's health care by a health care provider practicing within his or her scope of practice as would be practiced in-person with a patient, and legally allowed to practice in the state, while such patient is at an originating site and the health care provider is at a distant site.

Source: *Title 18, Sec. 3370; & Title 18, Sec. 3571R.*

Requirements

Private payers must provide coverage for the cost of health care services provided through telemedicine, and telehealth as directed through regulations by the Department. Insurers must pay for telemedicine services at the same rate as in-person. Payment for telemedicine must include reasonable compensation to the originating or distant site for the transmission cost.

Source: *Title 18, Sec. 3370; & Title 18, Sec. 3571R.*

Parity

Service Parity

A payer must reimburse the provider for the diagnosis, consultation, or treatment of the patient on the same basis as in-person services for telemedicine.

Source: *Title 18, Sec. 3370; & Title 18, Sec. 3571R.*

Payment Parity

Insurers must pay for telemedicine services at the same rate as in-person.

Source: *Title 18, Sec. 3370; & Title 18, Sec. 3571R.*

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Professional Regulation/Health & Safety

Definitions

Applies to: Physical Therapy, dietetics and nutrition services "Telehealth, as set forth in the Board's rules and regulations, means the use of electronic communications to provide and deliver a host of health-related information and healthcare services, including physical therapy and athletic training related information and services, over large and small distances. Telehealth encompasses a variety of healthcare and health promotion activities, including education, advice, reminders, interventions, and monitoring of intervention."

Source: *DE Code. Title 24, Sec. 2602.*

Applies to: Occupational Therapy "Telehealth" means the use of information and communications technologies consisting of telephones, remote patient monitoring devices or other electronic means which support clinical health care, provider consultation, patient and professional health-related education, public health, health administration, and other services as described in regulation.

Source: *DE Code. Title 24, Sec. 2002.*

Applies to: Physicians, Podiatry, Optometry, Chiropractic, Dentistry, Nursing, Occupational Therapy, Mental Health, Psychology, Dietetic and Nutrition Therapy, Clinical Social Work
Telemedicine means a form of telehealth which is the delivery of clinical health care services by means of real time two-way audio, visual or other telecommunications or electronic communications, including the application of secure video conferencing or store-and-forward transfer technology to provide or support healthcare delivery which facilitate the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient's health care by a licensee practicing within his or her scope of practice as would be practiced in-person with a patient and with other restrictions as defined in regulation.

Source: *DE Code Title 24, Sec. 1702, Sec. 502, Sec. 701, Sec. 1101, Sec. 1902, Sec. 2002, Sec. 2101, Sec. 2502, Sec. 3002, Sec. 3502, Sec. 3802, & Sec. 3902.*

Applies to: Mental Health Counseling, Chemical Dependency Counseling, or Marriage and Family Therapy
"Telehealth Services" means the practice of Mental Health Counseling, Chemical Dependency Counseling, or Marriage and Family Therapy (hereinafter referred to as Behavioral Health Practice) by distance communication technology such as but not necessarily limited to telephone, email, Internet-based communications, and videoconferencing.

Source: *DE Admin. Code Title 24, Sec. 3000.*

NOTE: DE Professional Boards each have a different definition of telehealth/telepractice/telemedicine. See "Comments" section for references.

Consent

Informed consent must be obtained to establish a physician-patient relationship over telehealth.

Source: *Title 24, Sec. 1769D & DE Code Title 24, Sec. 1933.*

Applies to: Mental Health Counseling, Chemical Dependency Counseling, or Marriage and Family Therapy
Informed consent required by Boards (see regulation citations in "Comment" area).

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Pharmacists are prohibited from dispensing prescription drug orders through an Internet pharmacy if the pharmacist knows that the prescription order was issued solely on the basis of an Internet consultation or questionnaire, or medical history form submitted to an Internet pharmacy through an Internet site.

Source: *DE Code, Title 16 Sec. 4744.*

APRNs and Physicians
Establishing a proper provider-patient relationship includes:

- Verifying the location of requesting patient;
- Disclosing the provider's identity and credentials;
- Obtaining consent;
- Establishing a diagnosis through acceptable medical practices, including a physical exam;
- Discuss with patient the diagnosis;
- Ensure availability of distant site provider or coverage of patient for follow up care; and
- Provide written visit summary to patient.

Physician & APRNs
Without a prior patient-provider relationship providers are prohibited from issuing prescriptions based on internet questionnaire, internet consult or a telephone consult.

Prescriptions through telemedicine and under a physician-patient relationship may include controlled substances, subject to limitations set by the Board.

Source: *Title 24, Sec. 1769D & DE Code Title 24, Sec. 1933.*

Physicians
Prior to a diagnosis and treatment a physician using telemedicine must either provide:

- An appropriate in-person exam;
- Have another DE licensed practitioner at the originating site with the patient at the time of diagnosis;
- Diagnosis must be based using both audio and visual communication; or
- The service meets standards of establishing a patient-physician relationship included as part of evidenced-based clinical practice guidelines in telemedicine developed by major medical specialty societies.

After a relationship has been established, subsequent treatment of the same patient with the same physician need not satisfy the limitations of this section.

This section shall not limit the practice of radiology or pathology.

Source: *Title 24, Sec. 1769D.*

A remote audio only examination is not an "appropriate in-person examination".

No opioid prescribing is permitted via telemedicine with the exception of addiction treatment programs offering medication assisted treatment that have received a Division of Substance Abuse and Mental Health (DSAMH) waiver to use telemedicine through DSAMH's licensure or renewal process. All other controlled substance prescribing utilizing telemedicine is held to the same standards of care and requisite practice as prescribing for in-person visits.

For formation of the physician-patient relationship using audio and visual communications, the audio and visual communications must be live, real-time communications.

Source: *DE Admin Code. Sec. 1700. Sec. 19.*

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Professional Regulation/Health & Safety

Cross-State Licensing

Member of Nurses Licensure compact.

Source: *Nurse Licensure Compact. Current NLC States and Status. Accessed Sept. 2018.*

Miscellaneous

Professional regulation with telehealth specific standards

- Physical Therapists and Athletic Trainers (**Source:** *DE Statute Title 24, Sec. 2602*)
- Board of Mental Health and Chemical Dependency Professionals (**Source:** *24 DAC 3000*)
- Board of Clinical Social Work Examiners (**Source:** *24 DAC 3900*)
- Respiratory Care Practice Advisory Council (**Source:** *24 DAC 1769D*)
- Board of Examiners in Optometry (**Source:** *24 DAC 2100*)
- Board of Occupational Therapy Practice (**Source:** *24 DAC 2000*)
- Board of Speech/Language Pathologists, Audiologists and Hearing Aid Dispensers (**Source:** *24 DAC 3700*)
- Board of Dietetics/Nutrition (**Source:** *24 DAC 3800*)
- Board of Dentistry and Dental Hygiene (**Source:** *24 DAC 1100*)
- Genetic Counselor Advisory Council (**Source:** *24 DAC 1799*)
- Pharmacy (**Source:** *24 DAC 2500*)

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Florida

Medicaid Program: Florida Medicaid

Program Administrator: Florida Dept. of Children and Families

Regional Telehealth Resource Center: Southeast Telehealth Resource Center

Covers the States of: Alabama, Florida, Georgia & South Carolina

www.setrc.us

Medicaid Telehealth Reimbursement

Summary

FL Medicaid reimburses for real time interactive telemedicine according to administrative code, but Medicaid Manuals only indicate reimbursement in Community Behavioral Health Services. No reference was found in regards to reimbursement for store-and-forward or remote patient monitoring.

Definitions

Telemedicine is "the use of telecommunication and information technology to provide clinical care to individuals at a distance, and to transmit the information needed to provide that care."

Source: *FL Dept. of Health, Child Protection Team Program, Program Handbook, p.79 (Jun. 2015). (Accessed Apr. 2018). FL may no longer be utilizing this handbook definition of telehealth. Refer to Admin Code 59G-1.057.*

Live Video

Policy

Some telemedicine services reimbursed in the Community Behavioral Health Services, per the Fee Schedule.

Source: *Community Behavioral Health Services Fee Schedule. Jan. 1, 2017. (Accessed Sept. 2018).*

FL Medicaid reimburses for real time interactive telemedicine.

Source: *FL Admin Code 59G-1.057.*

Eligible Services / Specialties

Some telemedicine services reimbursed in the Community Behavioral Health Services, per the Fee Schedule.

Source: *Community Behavioral Health Services Fee Schedule. Jan. 1, 2017. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement		
Live Video	Eligible Providers	No reference found.
	Eligible Sites	No reference found.
	Geographic Limits	No reference found.
	Facility/Transmission Fee	No reference found.
Store-and-Forward	Policy	No reference found.
	Eligible Services/Specialties	No reference found.

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Medicaid Telehealth Reimbursement		
Live Video	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	No reference found.
	Conditions	No reference found.
	Provider Limitations	No reference found.
	Other Restrictions	No reference found.

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Medicaid Telehealth Reimbursement

Email / Phone / Fax

No reimbursement for telephone, chart review, electronic mail messages or facsimile transmissions.

Source: *FL Admin Code 59G-1.057.*

Consent

No reference found.

Out of State Providers

No reference found.

Miscellaneous

Florida created a Telehealth Advisory Council for purpose of making recommendations to the Governor and the Legislature about telehealth.

The state's Agency for Health Care Administration, the Department of Health (DOH) and the Office of the Insurance Regulation was also required to survey FL providers on their utilization of telehealth.

Source: *FL Report on Telehealth Utilization and Accessibility. Dec. 2016. (Accessed Apr. 2018).*

In 1998, the Child Protection Team (CPT) Program implemented a telemedicine network that links CPT teams with remote or satellite CPT offices, or local facilities, such as hospital emergency rooms, county health departments, or child advocacy centers, to facilitate telemedicine assessments for abuse, abandonment, and neglect of children in remote or rural areas.

Only specially trained CPT physicians, advanced registered nurse practitioners or physician assistants can perform these exams. And only specifically trained registered nurses at presenting sites may participate in the exam.

Source: *Florida Department of Health, Child Protection Team Program, Policy and Procedure Handbook, p. 30 (Jun. 2015). (Accessed Apr. 2018).*

Florida Children's Medical Services (CMS) is a collection of programs for special needs children. CMS' Telemedicine Program services are provided by approved CMS Network providers to Medicaid children enrolled in CMS. Eligible sites are limited.

Source: *Florida Children's Medical Services, Families, Health Services (Accessed Apr. 2018).*

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Private Payer Laws	Definitions		No reference found.
	Requirements		No reference found.
	Parity	Service Parity	No reference found.
		Payment Parity	No reference found.
Professional Regulation/Health & Safety	Definitions		"Telemedicine means the practice of medicine by a licensed Florida physician or physician assistant where patient care, treatment, or services are provided through the use of medical information exchanged from one site to another via electronic communications. Telemedicine shall not include the provision of health care services only through an audio only telephone, email messages, text messages, and facsimile transmission. **Source:** *FL Admin Code 64B8-9.0141 & 64B15-14.0081.*
	Consent		No reference found.

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Professional Regulation/Health & Safety

Online Prescribing

Controlled substances shall not be prescribed through the use of telemedicine, except for the treatment of psychiatric disorders.

Exception: physicians can order controlled substances through the use of telemedicine for patients hospitalized in a facility licensed pursuant to Ch. 395, F.S.

Prescribing medication solely on the basis of an electronic medical questionnaire is not allowed.

A physician-patient relationship may be established through telemedicine.

Source: *FL Admin Code 64B8-9.0141 & 64B15-14.0081.*

Prior to e-prescribing, physicians and physician assistants must document a patient evaluation, including history and physical examination, to establish the diagnosis for which any drug is prescribed, and discuss treatment options with the patient.

These rules don't apply in emergency situations.

Source: *FL Admin. Code 64B8-9.014.*

Cross State Licensing

Member of the Nurses Licensure Compact.

Source: *Current NLC States & Status. Nurse Licensure Compact. (Accessed. Sept. 2018.)*

Miscellaneous

At the time of license renewal all practitioners must fill out a Telehealth Practitioner Survey.

Source: *FL Admin Code 64B8-9.008.*

Professional Board Telehealth-Specific Regulations

- FL Board of Medicine (**Source:** *FL Admin Code 64B8-9.0141*).
- FL Board of Osteopathic Medicine (**Source:** *FL Admin Code 64B15-14.0081*).

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Georgia

Medicaid Program: Georgia Medicaid

Program Administrator: Georgia Dept. of Community Health

Regional Telehealth Resource Center: Southeast Telehealth Resource Center

Covers the States of: Alabama, Florida, Georgia & South Carolina

www.setrc.us

Medicaid Telehealth Reimbursement

Summary

Georgia Medicaid reimburses for live video under some circumstances. Store-and-forward is not reimbursable as interactive telecommunications is a condition of payment, however GA Medicaid will reimburse for the technical component of x-rays, ultrasounds, etc. as well as store-and-forward teledentistry. There is no reference to remote patient monitoring.

Definitions

Telemedicine is the use of medical information exchange from one site to another via electronic communications to improve patient's health status. It is the use of two-way, real time interactive communication equipment to exchange the patient information from one site to another via an electronic communication system. This includes audio and video communications equipment.

Closely associated with telemedicine is the term "telehealth," which is often used to encompass a broader definition of remote healthcare that does not always involve clinical services. Telehealth is the use of telecommunications technologies for clinical care (telemedicine), patient teachings and home health, health professional education (distance learning), administrative and program planning, and other diverse aspects of a health care delivery system.

Source: *GA Dept. of Community Health, GA Medicaid Telemedicine Guidance Handbook, p. 4, (Jul. 2018). (Accessed Sep. 2018).*

Live Video

Policy

Georgia Medicaid reimbursement for telehealth is specific to clinical services rendered via telemedicine. See each program manual for associated telemedicine guidelines.

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

The service must be medically necessary and the procedure individualized, specific, and consistent with symptoms or confirmed diagnosis of an illness or injury under treatment, and not in excess of the member's needs.

Eligible services:

- Office visits;
- Pharmacologic management;
- Limited office psychiatric services;
- Limited prevention intervention services;
- Limited radiological services;
- A limited number of other physician fee schedule services.

See telemedicine manual for list of eligible telemedicine codes.

Non-Covered Services:

1. Telephone conversations.
2. Electronic mail messages.
3. Facsimile.
4. Services rendered via a webcam or internet based technologies (i.e., Skype, Tango, etc.) that are not part of a secured network and do not meet HIPAA encryption compliance.
5. Video cell phone interactions.
6. The cost of telemedicine equipment and transmission.
7. Store-and-forward transactions
8. Failed or unsuccessful transmissions.

Source: *GA Dept. of Community Health, GA Medicaid Telemedicine Guidance Handbook, p. 4 & 7, (Jul. 2018). (Accessed Sep. 2018).*

Georgia Medicaid will reimburse for mental health services for residents in nursing homes via telemedicine (although not available in all areas of the state) for "dual eligibles" (Medicaid and Medicare).

Nursing facilities and community behavioral health rehabilitation (CBHRS) service providers can arrange for the provision of specialized services to residents either in nursing facilities, via telemedicine or at the CBHRS location for residents in the Preadmission Screening and Resident Review Serious Mental Illness and dually diagnosed populations.

Source: *GA Dept. of Community Health, Division of Medical Assistance, Part II Policies and Procedures for Community Behavioral Health Rehabilitation Services, p. 23 & 29 (Jul. 2018). (Accessed Sep. 2018) & GA Dept. of Community Health, Division of Medical Assistance, Part II Policies and Procedures for Nursing Facility Services, p. H-7 (p. 161). (Jul. 2018). (Accessed Sep. 2018).*

Eligible Providers

Eligible distant practitioners:

- Physicians
- Nurse practitioner
- Physician assistant
- Nurse-midwives
- Clinical nurse specialists
- Certified registered nurse anesthetists
- Dentists and dental hygienistsCommunity mental health centers;
- Community behavioral health providers;
- Community mental health centers;
- Clinical psychologists (CPs) and clinical social workers (CSWs);
- Speech language pathologists;
- Registered dietitians or nutrition professionals.

Source: *GA Dept. of Community Health, GA Medicaid Telemedicine Guidance Handbook, p. 5, (Jul. 2018). (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement	Live Video		
		Eligible Providers	FQHCs and RHCs are authorized to serve as a distant site for telehealth services, and may bill the cost of the visit. **Source:** *GA Dept. of Community Health, Policies and Procedures for Federally Qualified Health Center Services and Rural Health Clinic Services, p. 22, (Aug. 2018), (Accessed Sep. 2018).*
		Eligible Sites	Eligible originating sites: • Provider offices; • Hospitals; • Rural Health Clinics (RHC); • Federally Qualified Health Centers (FQHC); • Hospital based or CAH based renal Dialysis Centers; • Skilled nursing facilities; • Local Education Authorities and School Based Clinics; • County Boards of Health; • Emergency Medical Services Ambulances; and • Pharmacies **Source:** *GA Dept. of Community Health, GA Medicaid Telemedicine Guidance Handbook, p. 5, (Jul. 2018). (Accessed Sep. 2018).* Local Education Agencies are allowed to enroll in the Health Check Program to serve as telemedicine originating sites only. **Source:** *GA Dept. of Community Health, Children's Intervention School Services (CISS). VI-4 p.9. (Jul. 2018). & GA Dept. of Community Health, Health Check EPSDT. (Jul. 2018). X-6. p. 68. (Accessed Sep. 2018).*
		Geographic Limits	No reference found.
		Facility/Transmission Fee	Rural Health Clinics, FQHCs and LEAs enrolled as Health Check providers can collect a telehealth originating site facility fee. **Source:** *GA Dept. of Community Health, Policies and Procedures for Federally Qualified Health Services and Rural Health Clinic Services, p. 22, (Jul. 2018). & GA Dept. of Community Health, Health Check EPSDT. (Jul. 2018). X-5. p.68. (Accessed Sep. 2018).* FQHCs and RHCs cannot bill an originating site fee and distant site fee for telehealth services on the same encounter. **Source:** *GA Dept. of Community Health, Policies and Procedures for Federally Qualified Health Center Services and Rural Health Clinic Services, p. 22, (Aug. 2018), (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Policy	Georgia Medicaid will not reimburse for store-and-forward because an interactive telecommunication system is a condition of payment. The exception is that Georgia Medicaid allows for reimbursement of teledentistry.
	Eligible Services/Specialties	Reimbursement can be made for technical component of store-and-forward applications such as an MRI, X-rays or ultrasounds. However, no other reimbursement can be made. **Source:** *GA Dept. of Community Health, GA Medicaid Telemedicine Guidance Handbook, p. 6, (Jul. 2018). (Accessed Sep. 2018).* Georgia Medicaid allows for reimbursement of store-and-forward teledentistry. **Source:** *GA Dept. of Community Health, GA Medicaid Dental Services Handbook. (Jul. 2018). (Accessed Sep. 2018).*
	Geographic Limits	No reference found.
	Transmission Fee	The originating site fee (billed as D9996) associated with a real time teledentistry exam is supposed to cover the asynchronous sending of information by a dental hygienist to a dentist for review. **Source:** *GA Dept. of Community Health, GA Medicaid Dental Services Handbook. (Jul. 2018). (Accessed Sep. 2018).*
Remote Paitent Monitoring	Policy	No reference found.
	Conditions	No reference found.

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Medicaid Telehealth Reimbursement		
Remote Paitent Monitoring	Provider Limitations	No reference found.
	Other Restrictions	No reference found.
Email / Phone / Fax		No reimbursement for FAX. No reimbursement for telephone. No reimbursement for email. **Source:** *GA Dept. of Community Health, GA Medicaid Telemedicine Guidance Handbook, p. 7, (Jul. 2018). (Accessed Sep. 2018).*
Consent		The referring provider must obtain prior written consent. **Source:** *GA Dept. of Community Health, GA Medicaid Telemedicine Guidance Handbook, p. 6, (Jul. 2018). (Accessed Sep. 2018).*
Out of State Providers		Providers must have a Georgia license. **Source:** *GA Dept. of Community Health, GA Medicaid Telemedicine Guidance Handbook, p. 6, (Jul. 2018). (Accessed Sep. 2018).*
Miscellaneous		No reference found.

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Private Payer Laws

Definitions

"Telemedicine means the practice, by a duly licensed physician or other health care provider acting within the scope of such provider's practice, of health care delivery, diagnosis, consultation, treatment, or transfer of medical data by means of audio, video, or data communications which are used during a medical visit with a patient or which are used to transfer medical data obtained during a medical visit with a patient. Standard telephone, facsimile transmissions, unsecured e-mail, or a combination thereof do not constitute telemedicine services."

Source: *Official Code of GA Annotated Sec. 33-24-56.4 (2012).*

Requirements

Requires payment of telemedicine for services that are covered under the plan, subject to contract terms and conditions.

Source: *Official Code of GA Annotated Sec. 33-24-56.4 (2012).*

Parity

Service Parity

Services must be appropriately provided through telemedicine and in accordance with generally accepted health care practices and standards prevailing in the applicable professional community at the time the services were provided. It Is also subject to all the terms and conditions of the applicable health benefit plan.

Source: *Official Code of GA Annotated Sec. 33-24-56.4 (2012).*

Payment Parity

No explicit payment parity.

Professional Regulation/Health & Safety

Definitions

Applies to: Interactive Physical Therapy Services
"Telehealth" is the use of electronic communications to provide and deliver a host of health related information and health care services including, but not limited to physical therapy related information and services, over large and small distances. Telehealth encompasses a variety of health care and health promotion activities including, but not limited to, education, advice, reminders, interventions, and monitoring of interventions.

Source: *GA Rules & Regulations. Sec. 490-9-.06.*

Consent

No reference found.

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Professional Regulation/Health & Safety

Online Prescribing

Physicians are prohibited from prescribing controlled substances or dangerous drugs based solely on an electronic consult.

Source: *GA Rules & Regulations revised 360-3-.02 (2012).*

Cross-State Licensing

Must be a Georgia licensed practitioner.

Source: *GA Admin. Code Sec. 360-3-.07.*

Member of Nurse Licensure Compact.

Source: *Nurse Licensure Compact. Current NLC States and Status. (Accessed Sept. 2018).*

Miscellaneous

Professional Board Telehealth-Specific Regulations

- GA Composite Medical Board (**Source:** *GA Admin. Code Sec. 360-3-.07*).
- GA Board of Physical Therapy (**Source:** *GA Admin. Code Sec. 490-9-.06*).

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Hawaii

Medicaid Program: Hawaii Medicaid

Program Administrator: Hawaii Dept. of Human Services

Regional Telehealth Resource Center: Pacific Basin Telehealth Resource Center

Covers the States of: Hawaii & US affiliated Pacific Islands

www.pbtrc.org

Medicaid Telehealth Reimbursement

Summary

Hawaii Medicaid reimburses for live video. Although their statute prohibits HI Medicaid from placing any restrictions on originating sites, regulations creating restrictions on the types of originating site eligible for reimbursement and their geographic location still exist in Hawaii Rules. HI indicated in a memo that a state plan amendment was approved that allows for the changes in Hawaii Medicaid policy based on the statutory requirements, but it did not provide any specifics on removing the originating site or geographic restrictions currently present in HI rules.

Additionally, according to Hawaii's statutory definition of telehealth, they should also be reimbursing for store-and-forward and remote patient monitoring, however CCHP has yet to find any documentation from Hawaii Medicaid that they are reimbursing for these modalities.

Definitions

"Telehealth" means the use of telecommunications services, as defined in section 269-1, to encompass four modalities: store-and-forward technologies, remote monitoring, live consultation, and mobile health; and which shall include but not be limited to real-time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit patient medical information, including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, for the purpose of delivering enhanced health care services and information while a patient is at an originating site and the health care provider is at a distant site. Standard telephone contacts, facsimile transmissions, or e-mail text, in combination or by itself, does not constitute a telehealth service for the purposes of this section."

Source: *HI Revised Statutes Ch. 346, § 346-59.1(g).*

Live Video

Policy

Hawaii Medicaid is required under statute to reimburse telehealth equivalent to reimbursement for the same services provided via face-to-face contact.

Source: *HI Revised Statutes § 346-59.1(b).*

Hawaii Quest will reimburse for live video, as long as it "includes audio and video equipment, permitting real-time consultation among the patient, consulting practitioner and referring practitioner."

Source: *Code of HI Rules 17-1737-15.1(c).*

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Medicaid Telehealth Reimbursement	Live Video		
		Eligible Services / Specialties	GT, GQ or 95 modifier must be use. See Attachment A in Med-QUEST Memo for full list of CPT codes that are "prime candidates" for telehealth services. Distant site providers should use the 02 Place of Service Code. Codes listed in Attachment A are considered prime candidates for telehealth reimbursement. **Source:** *HI Department of Human Services. Med-QUEST Division. Memo 17-01A & Attachment A & Hawaii State Plan Amendment 16-0004. Medicaid.gov. Approval Letter, (Accessed Sept. 2018).*
		Eligible Providers	No reference found.
		Eligible Sites	Eligible originating sites: • The office of a physician or practitioner; • Hospitals; • Critical Access Hospitals; • Rural Health Clinics; • Federally Qualified Health Centers; • Federal telehealth demonstration project sites. **Source:** *Code of HI Rules 17-1737. – Law passed & state plan amendment accepted prohibiting this limitation, however the prohibiting language is still present in regulation.* Approved state plan amendment authorizes HI Medicaid to remove geographic and originating site requirements. **Source:** *HI State Plan Amendment 16-0004 & Med-QUEST Memo 17-01A. (Accessed Sept. 2018).*
		Geographic Limits	In addition, originating sites must be located in one of the following: • A federally designated Rural Health Professional Shortage Area; • A county outside of a Metropolitan Statistical Area; • An entity that participates in a federal telemedicine demonstration project. **Source:** *Code of HI Rules 17-1737. – Law passed & state plan amendment accepted prohibiting this limitation, however the prohibiting language is still present in regulation.* Approved state plan amendment authorizes HI Medicaid to remove geographic and originating site requirements. **Source:** *HI State Plan Amendment 16-0004 & Med-QUEST Memo 17-01A. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement		
Live Video	Facility/Transmission Fee	No reference found.
Store-and-Forward	Policy	Hawaii Medicaid and private payers are required to cover appropriate telehealth services (which includes store-and-forward) equivalent to reimbursement for the same services provided in-person. **Source:** *HI Revised Statutes § 346 & 431:10A-116.3 (SB 2395 - 2016).* Hawaii Quest requires under the definition of originating site that the patient to be "present and participating in the telehealth visit" when the telehealth service is being provided therefore excluding store-and-forward from reimbursement. **Source:** *HI Revised Statutes Ch. 346, § 59.1.*
Store-and-Forward	Eligible Services/Specialties	**Federally Qualified Health Centers** Telemedicine-based retinal imaging and interpretation is not a covered service for PPS reimbursement. A face-to-face encounter with a member by an ophthalmologist or optometrist is eligible for PPS reimbursement, regardless of whether retinal imaging or interpretation is a component of the services provided. **Source:** *Med-QUEST Provider Manual. Ch. 21: Federally Qualified Health Centers. Mar. 2016, p. 4. (Accessed Sept. 2018).*
Store-and-Forward	Geographic Limits	No reference found.
Store-and-Forward	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	Hawaii Medicaid and private payers are required to cover appropriate telehealth services (which includes store-and-forward and remote patient monitoring) equivalent to reimbursement for the same services provided in-person. **Source:** *HI Revised Statutes Ch. 346, § 59.1.*

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Medicaid Telehealth Reimbursement			
	Remote Patient Monitoring	Conditions	No reference found.
		Provider Limitations	No reference found.
		Other Restrictions	No reference found.
	Email / Phone / Fax		No reference found.
	Consent		No reference found.
	Out of State Providers		No reference found.

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Miscellaneous

Hawaii and Alaska are the only two states with Medicare coverage of store-and-forward services.

Private Payer Laws

Definitions

"Telehealth" means the use of telecommunications services, as defined in section 269-1, to encompass four modalities: store-and-forward technologies, remote monitoring, live consultation, and mobile health; and which shall include but not be limited to real-time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit patient medical information, including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, for the purpose of delivering enhanced health care services and information while a patient is at an originating site and the health care provider is at a distant site. Standard telephone contacts, facsimile transmissions, or e-mail text, in combination or by itself, does not constitute a telehealth service for the purposes of this section."

Source: *HI Revised Statutes § 431:10A-116.3(g).*

Applies to network adequacy: Telehealth means health care services provided through telecommunications technology by a health care professional who is at a location other than where the covered person is located.

Source: *HI Revised Statutes Ch. 431.*

Requirements

Insurance plans cannot require face-to-face contact between a health provider and a patient as a prerequisite for payment for services appropriately provided through telehealth.

All insurers must provide to current and prospective insureds a written disclosure of covered benefits associated with telehealth services.

Source: *HI Revised Statutes § 431:10A-116.3.*

Parity

Service Parity

Coverage may be subject to all the terms and conditions of the plan agreed upon among the enrollee or subscriber, the insurer and the health care provider.

Source: *HI Revised Statutes § 431:10A-116.3(b).*

Payment Parity

Reimbursement for services provided through telehealth must be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and patient.

Source: *HI Revised Statutes § 431:10A-116.3(c).*

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Professional Regulation/Health & Safety

Definitions

"Telehealth" means the use of telecommunications services, as defined in section 269-1, to encompass four modalities: store-and-forward technologies, remote monitoring, live consultation, and mobile health; and which shall include but not be limited to real-time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit patient medical information, including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, for the purpose of delivering enhanced health care services and information while a patient is at an originating site and the health care provider is at a distant site. Standard telephone contacts, facsimile transmissions, or e-mail text, in combination or by itself, does not constitute a telehealth service for the purposes of this section."

Source: *HI Revised Statutes Ch. 453-1.3.*

Consent

No reference found.

Online Prescribing

Prescribing providers must have a provider-patient relationship prior to prescribing. This includes:

- A face-to-face history and appropriate physical exam to make a diagnosis and therapeutic plan;
- Discussion of diagnosis or treatment with the patient;
- Ensure the availability of appropriate follow-up care.

Source: *HI Revised Statutes § 329-1.*

Treatment recommendations made via telemedicine are appropriate for traditional physician-patient settings that do not include a face-to-face visit, but in which prescribing is appropriate, including on-call telephone encounters and encounters for which a follow-up visit is arranged.

Issuing a prescription based solely on an online questionnaire is prohibited.

A physician-patient relationship may be established via telehealth if the patient is referred to the telehealth provider by another health care provider who has conducted an in-person consultation and has provided all pertinent patient information to the telehealth provider.

Source: *HI Revised Statutes § 453-1.3.*

For purposes of prescribing medical cannabis, a bona fide physician-patient relationship may be established via telehealth, and a nurse-patient relationship can be established via telehealth; provided that treatment recommendations that certify a patient for the medical use of cannabis via telehealth shall be allowed only after an initial in-person consultation between the certifying physician or advanced practice registered nurse and the patient.

Source: *HI Revised Statutes § 329-126 (HB 2729 - 2018).*

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Professional Regulation/Health & Safety

Cross-State Licensing

A licensed out-of-state practitioner of medicine or surgery can utilize telemedicine to consult with a Hawaii licensed physician or osteopathic physician as long as they don't open an office or meet with patients in the state; the HI licensed provider retains control of the patient; and the laws and rules relating to contagious diseases are not violated.

Commissioned medical officers or psychologists employed by the US Department of Defense and credentialed by Tripler Army Medical Center are exempt from licensing requirements when providing services to neighbor island beneficiaries within a Hawaii national guard armory.

Source: *HI Revised Statutes Sec. 453-2(3-4).*

Licensed out-of-state radiologists who are located in Hawaii, may provide services via telemedicine to patients located in the radiologist's home state.

Source: *HI Revised Statutes § 453-2(b) (7).*

Miscellaneous

Professional liability insurance for health care providers must provide malpractice coverage for telehealth equivalent to coverage for the same services provided via face-to-face contact.

Source: *HI Revised Statutes §671-7(a).*

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Idaho

Medicaid Program: Idaho Medicaid

Program Administrator: Idaho Dept. of Health and Welfare

Regional Telehealth Resource Center: Northwest Regional Telehealth Resource Center

Covers the States of: Alaska, Oregon, Idaho, Montana, Utah, Washington & Wyoming

www.nrtrc.org

Medicaid Telehealth Reimbursement

Summary

Idaho Medicaid reimburses for live video telehealth for certain providers and for specific services. There is no reference to store-and-forward or remote patient monitoring.

Definitions

Telehealth: Health care services delivered by a provider to a participant through the use of electronic communications, information technology, synchronous interaction between a provider at a distant site and a patient at an originating site.

Source: *Medicaid Telehealth Policy, p 6. Rev. 7/1/2018. (Accessed Sept. 2018).*

Children's Waiver Services: "Telehealth is an electronic real-time synchronized audio-visual contact between a consultant and participant related to the treatment of the participant. The consultant and participant interact as if they were having a face-to-face service."

Source: *ID Administrative Code 16.03.10.681(07).*

Live Video

Policy

Idaho Medicaid reimburses for specific services via live video telehealth, consistent with ID Administrative Code.

Source: *Medicaid Telehealth Policy. Rev. 7/1/2018, p. 1-2. (Accessed Sept. 2018).*

Rendering providers must provide timely coordination of services, within three business days, with the participant's primary care provider who should be provided in written or electronic format a summary of the visit, prescriptions and DME ordered.

Source: *Idaho Medicaid Provider Handbook. General Provider and Participant Information. Sept. 5, 2018, p.. 60. (Accessed Sept. 2018).*

Telehealth services that are properly identified in accordance with billing requirements are covered under Medicaid for physicians, within limitations defined by the Department in the Idaho Medicaid Provider Handbook. Subject to primary care provider communication requirements.

Telehealth services are covered for advanced practice registered nurses enrolled as Healthy Connections providers, within the limitations defined in the Idaho Medicaid Provider Handbook.

Source: *ID Administrative Code 16.03.09 Sec. 210, 502 & 565.*

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Services must be equal in quality to services provided in-person.

Source: *Idaho Medicaid Provider Handbook. General Provider and Participant Information. Sept. 5, 2018, p. 60. (Accessed Sept. 2018).*

Allowable codes are listed as part of the Medicaid Fee Schedule. Additionally, five codes were added on July 1, 2018 for psychiatric crisis and early intervention service codes.

Claims must include a HCPCS modifier GT. FQHC, RHC or IHS providers must include the GT modifier with the CPT Code with their encounter.

Source: *ID Medicaid. Telehealth Allowable Codes effective Jan. 1, 2017. (Accessed Sept. 2018) & Medicaid Information Release MA 18-07 All Medicaid Provider Letter. Updated Telehealth Policy. July 1, 2018. (Accessed Sept. 2018) & ID Medicaid Provider Handbook General Billing Instructions. Pg. 64. Sept. 5, 2018 & Idaho Medicaid Provider Handbook. General Provider and Participant Information. Sept. 5, 2018, p. 17. (Accessed Sept. 2018).*

Physician/Non-Physician Practitioner Services:

- Primary Care Services
- Specialty Services
- Psychotherapy with evaluation and management
- Psychiatric diagnostic interview
- Pharmacological management
- Tobacco Use Cessation

Physician or Psychiatric Nurse Practitioner only services:

- Psychiatric crisis services

Behavioral health services can be delivered via telehealth under a managed care contract.

Community Based Rehabilitation Services (CBRS)
CBRS supervision can be delivered via telehealth in educational environments, but not separately reimbursable.

Developmental Disabilities
Therapeutic consultation and crisis intervention can be delivered via telehealth technology through the Bureau of Developmental Disability Services.

Early Intervention Services (EIS) for Infants and Toddlers
Services can be delivered via telehealth as long as the provider is employed by or contracted with the Idaho Infant Toddler Program and meet the IDEA Part C requirements.

Primary Care
Primary care services can be delivered via telehealth. Providers must be licensed by the Idaho Board of Medicine.

Therapy Services
Licensed occupational and physical therapists and speech language pathologists can provide services through telehealth. Evaluations must be performed as an in-person visit to the participant and is not covered through telehealth.

The therapist must certify that the services can be safely and effectively done with telehealth. The physician order must specifically allow the services to be provided via telehealth.

Interpretation Services and Technical Specifications
Idaho Medicaid reimburses for oral and sign language interpretive services in conjunction with a reimbursable Medicaid service.

Source: *Medicaid Telehealth Policy. Rev. 7/1/2018. (Accessed Sept. 2018) & ID MMIS Provider Handbook. Speech, Language and Hearing Service Providers. Jul. 2, 2018, & Occupational and Physical Therapy Services 7/2/2018 & Idaho Medicaid Provider Handbook. General Provider and Participant Information. Sept. 5, 2018. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Children's Waiver Services
Telehealth resources may be used to provide consultation during a crisis intervention.

Source: *ID Administrative Code 16.03.10.683 (06f).*

Community Based Rehabilitation Services (CBRS) supervision is included in the CBRS reimbursement rate. It is not separately reimbursable.

Source: *Medicaid Telehealth Policy. Rev. 7/1/2018. (Accessed Sept. 2018).*

Eligible Providers

Eligible Providers:

- Physician or non-physician practitioner
- Psychiatric Nurse Practitioner
- Physical Therapist
- Occupational Therapist
- Speech language pathologists

Only one eligible provider may be reimbursed for the same service per participant per date of service.

Healthy Connections Eligible Providers (if enrolled as primary care providers):

- Advanced practice registered nurse
- Physician assistants
- Certified nurse midwives

Therapeutic Consultation and Crisis Intervention Providers

- Developmental Disabilities Agency; or
- Independent Medicaid provider under agreement with the Department or Infant Toddler program

Above providers must also have a Doctoral or Master's degree in psychology, education, and applied behavioral analysis or in a related discipline. Additional criteria apply.

Source: *Medicaid Telehealth Policy. Rev. 7/1/2018. (Accessed Sept. 2018) & ID MMIS Provider Handbook. Speech, Language and Hearing Service Providers. Jul. 2, 2018 & Occupational and Physical Therapy Services 7/2/2018, (Accessed Sept. 2018).*

Eligible Sites

Telehealth services as an encounter by a facility are reimbursable if the services are delivered in accordance with the ID Medicaid Telehealth Policy.

Source: *Idaho MMIS Provider Handbook: Ambulatory Health Care Facility. Aug. 2019, p. 10 (Accessed Sept. 2018).*

Geographic Limits

No reference found.

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Medicaid Telehealth Reimbursement	Live Video	Facility/Transmission Fee	No reimbursement for use of equipment at either the distant or originating site. **Source:** *Medicaid Telehealth Policy. Rev. 7/1/2018, p. 4 & Idaho Medicaid Provider Handbook. General Provider and Participant Information. Sept. 5, 2018, p. 62. (Accessed Sept. 2018).*
	Store-and-Forward	Policy	Idaho Medicaid will only reimburse for “two-way live video services”. **Source:** *Medicaid Telehealth Policy. Rev. 7/1/2018. (Accessed Sept. 2018).*
		Eligible Services/Specialties	No reference found.
		Geographic Limits	No reference found.
		Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	No reference found.

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Conditions

No reference found.

Provider Limitations

No reference found.

Other Restrictions

No reference found.

Email / Phone / Fax

No reimbursement for telephone, email, text or fax.

Source: *Idaho Medicaid Provider Handbook. General Provider and Participant Information. Sept. 5, 2018, p. 60 & Medicaid Telehealth Policy. Rev. 7/1/2018. (Accessed Sept. 2018).*

Reimbursement not available in fee-for-service for telephone, email or fax between a physician and participant.

Source: *ID Administrative Code 16.03.09 Sec. 502 (07b).*

Consent

A written consent is required, which must disclose the delivery models, provider qualifications, treatment methods, or limitations and telehealth technologies.

Source: *Medicaid Telehealth Policy. Rev. 7/1/2018, p. 4. & Idaho Medicaid Provider Handbook. General Provider and Participant Information. Sept. 5, 2018, p. 61. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Out of State Providers

Providers of telehealth services must be licensed by the Idaho Board of Medicine or in the case of therapeutic consultation and crisis intervention for children's developmental disabilities services, providers must meet staff qualifications.

Source: *Medicaid Telehealth Policy. Rev. 7/1/2018 & Idaho Medicaid Provider Handbook. General Provider and Participant Information. Sept. 5, 2018, p. 60. (Accessed Sept. 2018).*

Miscellaneous

Technical Requirements:

- Video must be provided in real time with full motion video and audio.
- Transmission of voice must be clear and audible
- Telehealth services that cannot be provided as effectively as in-person services are not covered.
- Notation must be made in the patient's record to designate services delivered via telehealth.

Provider Requirements

- Providers at the distant site must disclose to the patient the performing provider's identity, location, telephone number and Idaho license number.
- Telehealth providers must have a systematic quality assurance and improvement program for telehealth that is documented, implemented and monitored.
- Providers must develop and document evaluation processes and participant outcomes.

See Telehealth Policy for additional documentation requirements.

Services that have been interrupted or terminated early due to equipment problems will not be reimbursed.

Only one provider may be reimbursed for the same service per patient and date of service.

Source: *Medicaid Telehealth Policy. Rev. 7/1/2018 & Idaho Medicaid Provider Handbook. General Provider and Participant Information. Sept. 5, 2018. (Accessed Sept. 2018).*

Private Payer Laws

Definitions

No reference found.

Requirements

No reference found.

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Private Payer Laws	Parity	Service Parity	No reference found.
		Payment Parity	No reference found.
Professional Regulation/Health & Safety	Definitions		Telehealth services means health care services provided by a provider to a person through the use of electronic communications, information technology, asynchronous store-and-forward transfer or synchronous interaction between a provider at a distant site and a patient at an originating site. Such services include, but are not limited to, clinical care, health education, home health and facilitation of self-managed care and caregiver support. **Source:** *ID Code Sec. 54-5703(6).*
	Consent		A patient's consent must be obtained. **Source:** *ID Code Sec. 54-5708.*
	Online Prescribing		Prescribing physicians must have prescriber-patient relationship, which includes a documented patient evaluation adequate to establish diagnoses and identify underlying conditions and/or contraindications to the treatment. Prescriptions based solely on online questionnaires or consults outside of an ongoing clinical relationship are prohibited. **Source:** *ID Code § 54-1733.* Prescriptions can be issued using telehealth as long as there is an established provider-patient relationship, provided that the prescription is not for a controlled substance unless prescribed in compliance with 21 USC section 802(54)(A). If a provider-patient relationship is not yet established, the provider must take appropriate steps to establish the relationship by use of two-way audio and visual interaction, provided that the applicable Idaho community standard of care has been satisfied. **Source:** *ID Code Sec. 54-5705 & 5707.*

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Professional Regulation/Health & Safety

Cross-State Licensing

Member of the Interstate Medical Licensure Compact.

Source: *ID House Bill 150. ID Code Title 54, Ch. 18.*

Member of Nurses Licensure Compact.

Source: *Nurse Licensure Compact. Current NLC States and Status. (Accessed. Sept. 2018).*

Miscellaneous

Professional Board Telehealth-Specific Regulations

- ID Board of Medicine (**Source:** *IDAPA 22.01.15*)
- ID Board of Dentistry (**Source:** *IDAPA 19.01.01 Rule 66*)
- ID Board of Psychologist Examiners (**Source:** *IDAPA 24.12.01 Sec. 601*)

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Illinois

Medicaid Program: Illinois Medicaid

Program Administrator: Illinois Dept. of Healthcare and Family Services

Regional Telehealth Resource Center: Upper Midwest Telehealth Resource Center

Covers the States of: Illinois, Indiana, Michigan & Ohio

www.umtrc.org

Medicaid Telehealth Reimbursement

Summary

IL Medicaid reimburses for live video telemedicine and telepsychiatry services for specific providers. A recent law change will require them to expand reimbursement to other behavioral health professions beginning in Jan. 2019. Although IL definitions of telemedicine and telehealth encompass store-and-forward there is no mention of store-and-forward reimbursement. IL Medicaid will provide reimbursement for home uterine monitoring.

Definitions

"Telemedicine" is the use of a telecommunication system to provide medical services for the purpose of evaluation and treatment when the patient is at one medical provider location and the rendering provider is at another location.

Source: *IL Admin. Code, Title 89,140.403 (2012) & IL Dept. of Healthcare and Family Svcs., Handbook for Practitioners. Ch. A-200 Policy and Procedures, p. 10, (Oct. 2016); Handbook for Podiatrists, F-200, p. 3 (Oct. 2016) (Accessed Sept. 2018).*

"Telehealth" means services provided via a telecommunication system.

Source: *IL Admin. Code, Title 89,140.403.*

"Telehealth is defined as the use of a telecommunication system to provide medical services between places of lesser and greater medical capability and/or expertise, for the purpose of evaluation and treatment. Medical data exchanged can take the form of multiple formats: text, graphics, still images, audio and video. The information or data exchanged can occur in real time (synchronous) through interactive video or multimedia collaborative environments or in near real time (asynchronous) through "store-and-forward" applications."

Source: *IL Dept. of Healthcare and Family Svcs., Expansion of Telehealth Services, Informational Notice, Jan. 1, 2010. (Accessed Sept. 2018) & IL Dept. of Healthcare and Family Svcs., Handbook for Practitioners. Ch. A-200 Policy and Procedures, p. 35, (Oct. 2016); Handbook for Podiatrists, F-200, p. 27 (Oct. 2016) & Handbook for Encounter Clinic Services, pg. 16-17 (Aug. 2016) (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

New Approved Legislation (Effective Jan. 1, 2019)
The Department of Healthcare and Family Services must reimburse psychiatrists, federally qualified health centers, clinical psychologists, clinical social workers, advanced practice registered nurses certified in psychiatric and mental health nursing and mental health professionals and clinicians to provide behavioral health services to recipients via telehealth. The Department can establish by rule the reimbursement criteria, however the Department cannot require a professional be physically present in the same room as the patient for the entire time during which the patient is receiving telehealth services.

Source: *SB 3049 (2018), 305 ILCS 5/5-5.25.*

Illinois Medicaid will reimburse for live video under the following conditions:

- A physician or other licensed health care professional [or other licensed clinician, mental health professional or qualified mental health professional, for telepsychiatry] must be present with the patient at all times with the patient at the originating site*;
- The distant site provider must be a physician, physician assistant, podiatrist or advanced practice nurse who is licensed by Illinois or the state where the patient is located. For telepsychiatry, it must be a physician who has completed an accredited general psychiatry residency program or an accredited child and adolescent psychiatry residency program;
- The originating and distant site provider must not be terminated, suspended or barred from the Department's medical programs;
- Telepsychiatry: The distant site provider must personally render the telepsychiatry service;
- Medical data may be exchanged through a telecommunication system. For telepsychiatry it must be an interactive telecommunication system;
- The interactive telecommunication system must, at a minimum, have the capability of allowing the consulting distant site provider to examine the patient sufficiently to allow proper diagnosis of the involved body system. The system must also be capable of transmitting clearly audible heart tones and lung sounds, as well as clear video images of the patient and any diagnostic tools, such as radiographs.
- Telepsychiatry: Group psychotherapy is not a covered telepsychiatry service.

Source: *IL Admin. Code Title 89, 140.403.*

* According to an All Provider Letter dated Jan. 10, 2018, IL Medicaid will no longer requires a physician or other licensed health care professional to be physically present in the same room at all times while the patient is receiving telehealth services.

Source: *Provider Notice Changes to Professional Claims for Telehealth Services. Jan. 10, 2018. (Accessed Sept. 2018).*

Eligible Services / Specialties

Appropriate CPT codes must be billed with the GT modifier for telemedicine and telepsychiatry services. See Practitioner Services Handbook Appendices A-10 for telehealth billing examples.

Source: *IL Handbook for Practitioner Services. Ch. A-200 (May 2017) & IL Dept. of Healthcare and Family Svcs., Expansion of Telehealth Services, Informational Notice, Jan. 1, 2010; & Provider Notice Changes to Professional Claims for Telehealth Services. Jan. 10, 2018 (Accessed Sept. 2018).*

There is no reimbursement for group psychotherapy as a telepsychiatry service.

Source: *IL Admin. Code Title 89, 140.403.*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

For telemedicine services, the distant site provider must be a physician, physician assistant, podiatrist or advanced practice nurse who is licensed by Illinois or the state where the patient is located;

For telepsychiatry, distant site provider must be a physician, licensed health care professional or other licensed clinician, mental health professional or qualified mental health professional.

Source: *Handbook for Podiatrists, F-200, p. 28 (Oct. 2016) & Handbook for Practitioner Services. Ch. A-200, p. 36 (May 2017) (Accessed Sept. 2018).*

An encounter clinic serving as the distant site shall be reimbursed as follows:

- If the originating site is another encounter clinic, the distant site encounter clinic shall receive no reimbursement from the Department. The originating site encounter clinic is responsible for reimbursement to the distant site encounter clinic; and
- If the originating site is not an encounter clinic, the distant site encounter clinic shall be reimbursed for its medical encounter. The originating site provider will receive a facility fee.

Encounter Rate Clinics, Federally Qualified Health Centers (FQHC), and Rural Health Clinics, are allowed to render telemedicine services.

Source: *IL Dept. of Healthcare and Family Svcs., Expansion of Telehealth Services, Informational Notice, Jan. 1, 2010. (Accessed Sept. 2018) & Handbook for Encounter Clinic Services. Ch. D-200, pg. 17. Aug. 2016. (Accessed Sept. 2018) & IL Admin. Code Title 89, 140.403.*

Distant Site providers who are encounter clinics may not seek reimbursement for their services when the Originating Site is an encounter clinic, since the clinic is responsible for reimbursement to the Distant Site provider.

Source: *IL Dept. of Healthcare and Family Svcs., Expansion of Telehealth Services, Informational Notice, Jan. 1, 2010. (Accessed Sept. 2018) & IL Handbook for Practitioner Services. Ch. A-200 (May 2017) & IL Admin. Code Title 89, 140.403. & Handbook for Encounter Clinic Services. Ch. D-200, pg. 17. Aug. 2016. (Accessed Sept. 2018).*

Eligible Sites

A physician or other licensed health care professional must be present with the patient at all times at the originating site.*

Source: *IL Admin. Code Title 89, 140.403.*

** According to an All Provider Letter dated Jan. 10, 2018, IL Medicaid will no longer requires a physician or other licensed health care professional to be physically present in the same room at all times while the patient is receiving telehealth services.*

Source: *Provider Notice Changes to Professional Claims for Telehealth Services. Jan. 10, 2018. (Accessed Sept. 2018).*

Eligible originating site providers include:

- Physician's office
- Podiatrist's office
- Local health departments;
- Community mental health centers;
- Outpatient hospitals;

An encounter clinic is eligible as an originating site, and responsible for ensuring and documenting that the distant site provider meets the department's requirements for telehealth and telepsychiatry services, since the clinic is responsible for reimbursement to the distant site provider.

Source: *IL Dept. of Healthcare and Family Svcs., Expansion of Telehealth Services, Informational Notice, Jan. 1, 2010 & IL Dept. of Healthcare and Family Svcs., Handbook for Practitioners. Ch. A-200 Policy and Procedures, p. 35; Handbook for Podiatrists, F-200, p. 27 (Oct. 2016) & Handbook for Encounter Clinic Services. Ch. D-200, pg. 17. Aug. 2016. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement		
Live Video	Eligible Sites	Local education agencies may submit telehealth services as a certified expenditure. **Source:** *IL Admin. Code Title 89, 140.403(c)(1)(B).* Non-enrolled providers rendering services as a Distant Site provider shall not be eligible for reimbursement from the department, but may be reimbursed by the Originating Site provider. **Source:** *IL Dept. of Healthcare and Family Svcs., Expansion of Telehealth Services, Informational Notice, Jan. 1, 2010 & IL Dept. of Healthcare and Family Svcs. Handbook for Practitioners. Ch. A-200 Policy and Procedures, p. 36; Handbook for Podiatrists, F-200, p. 28 (Oct. 2016) (Accessed Sept. 2018).*
	Geographic Limits	No reference found.
	Facility/Transmission Fee	There is reimbursement for originating site facility fees. Eligible facilities include: • Physician's office; • Podiatrist's office; • Local health departments; • Community mental health centers; • Outpatient hospitals. Originating site providers who receive reimbursement for the patient's room and board are not eligible for facility fees. **Source:** *IL Handbook for Practitioners Rendering Medical Services, Ch. A-200, Policy and Procedures for Medical Services, p. 36 (Oct. 2016), Handbook for Podiatrists, F-200, p. 27 (Oct. 2016); & IL Dept. of Healthcare and Family Svcs., Expansion of Telehealth Services, Jan. 1, 2010. (Accessed Sept. 2018).*
Store-and-Forward	Policy	Although store-and-forward is included within the definitions of telehealth in IL Medicaid manuals and administrative code (see descriptions below), there are no details provided on store-and-forward reimbursement and other areas of policy indicate that the GT (live video) modifier is required for telehealth services. **Source:** *Provider Notice Changes to Professional Claims for Telehealth Services. Jan. 10, 2018. (Accessed Sept. 2018).* The Illinois Medicaid definition encompasses store-and-forward. "The information or data exchanged can occur in real time (synchronous) through interactive video or multimedia collaborative environments or in near real time (asynchronous) through "store-and-forward" applications." **Source:** *IL Dept. of Healthcare and Family Svcs., Expansion of Telehealth Services, Informational Notice, Jan. 1, 2010. (Accessed Apr. 2018) & IL Dept. of Healthcare and Family Svcs., Handbook for Practitioners. Ch. A-200 Policy and Procedures, p. 35; Handbook for Podiatrists, F-200, p. 27 (Oct. 2016); & Handbook for Encounter Clinic Services pg. 17-18 (Aug. 2016) (Accessed Sept. 2018).* Additionally, IL Admin Code encompasses store-and-forward, defining it as the "review the medical case without the patient being present." **Source:** *IL Administrative Code, Title 89 ,140.403.*

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	IL Medicaid will cover home uterine monitoring with prior approval and when patient meets specific criteria. Payment is only for the items and not for the service. **Source:** *IL Dept. of Healthcare and Family Services, Handbook for Durable Medical Equipment, Chapter M-200, Policy and Procedures for Medical Equipment and Supplies, p. 56 (Sept. 2015). (Accessed Sept. 2018).*
	Conditions	Only for home uterine monitoring. **Home uterine monitoring** • Must be at least 24 weeks gestation; gestation of less than 24 weeks may require additional information • Hospitalized for preterm labor at 24-36 weeks • Cessation of labor accomplished by administration of tocolytics (terbutaline, pro-cardia, etc.) • Discharged to home on oral or subcutaneous tocolytics • Multiple gestation pregnancy • History of preterm labor and delivery • Cervical status change (lengthening or dilation) • Cervical effacement • Contraction threshold • Gravida/para

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Medicaid Telehealth Reimbursement		
Remote Patient Monitoring	Conditions	**Pregnancy-Induced Hypertension Monitor** • Covered for diagnosis of pregnancy-induced hypertension, previous pregnancy induced hypertension or pre-eclampsia • Hospitalizations for symptoms related to pregnancy induced; i.e., hypertension, headaches, edema in face, hands and feet • Blurred vision • Right upper quadrant pain • 24 hour urine results greater than 300 mg of total protein • Antihypertensive medications • Pre-pregnancy and current blood pressure readings. Will not be covered for patients with a diagnosis of chronic hypertension. **Source:** *IL Dept. of Healthcare and Family Services, Handbook for Durable Medical Equipment, Chapter M-200, Policy and Procedures for Medical Equipment and Supplies, p. 56 (Sept. 2015). (Accessed Sept. 2018).*
	Provider Limitations	No reference found.
	Other Restrictions	No reference found.
Email / Phone / Fax		No reimbursement for telephone. No reimbursement for FAX. No reimbursement for text or email. **Source:** *IL Dept. of Healthcare and Family Services, Handbook for Practitioners Rendering Medical Services, Chapter A-200, Policy and Procedures for Medical Services, p. 35, Handbook for Podiatrists, F-200, p. 27 (Oct. 2016) & IL Administrative Code, Title 89 ,140.403 (2012). (Accessed Sept. 2018).*
Consent		No reference found.

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Medicaid Telehealth Reimbursement

Out of State Providers

For medical services, the provider rendering the service at the distant site can be a physician, physician assistant, podiatrist or advanced practice nurse, who is licensed by the State of Illinois or by the state where the patient is located.

For psychiatric services, the provider rendering the service at the distant site must be a physician licensed by the State of Illinois, or by the state where the patient is located, who has completed an approved general psychiatry residency program or a child and adolescent psychiatry residency program.

Source: *IL Handbook for Practitioners Rendering Medical Services, Chapter A-200, Policy and Procedures for Medical Services, p. 36, Handbook for Podiatrists, F-200, p. 28 (Oct. 2016) & Handbook for Encounter Clinic Services pg. 17-18 (Aug. 2016). (Accessed Sept. 2018).*

Miscellaneous

Specific documentation requirements apply for telehealth services. See administrative code for details.

Source: *IL Administrative Code, Title 89 ,140.403(d) (2012). (Accessed Sept. 2018).*

Private Payer Laws

Definitions

"Telehealth services" means the delivery of covered health care services by way of an interactive telecommunication system.

Source: *IL Insurance Code. Sec. 356z.22.*

Requirements

If an insurer provides coverage for telehealth services, then it shall not:

- Require in-person contact occur between a health care provider and a patient;
- Require the health care provider to document a barrier to an in-person consultation;
- Require telehealth use when it is not appropriate; or
- Require the use of telehealth when the patient chooses an in-person consultation.

Source: *SB 647 (2014) IL Insurance Code. Sec. 356z.22.*

Newly Approved Legislation (Effective Jan. 1, 2019)
If an insurer is providing coverage for telehealth services, it must provide coverage for licensed dietitian nutritionists and certified diabetes educators who counsel senior diabetes patients in the senior diabetes patients' home to remove the hurdle of transportation for senior diabetes patients to receive treatment.

Source: *HB 5351 (2018).*

Parity

Service Parity

Payers are not required to cover telehealth services, they are only required to meet certain requirements if they choose to do so (see above).

Source: *IL Insurance Code. Sec. 356z.22.*

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Private Payer Laws

Parity

Payment Parity

No payment parity.

Professional Regulation/Health & Safety

Definitions

"Telehealth" means the evaluation, diagnosis, or interpretation of electronically transmitted patient-specific data between a remote location and a licensed health care professional that generates interaction or treatment recommendations. "Telehealth" includes telemedicine and the delivery of health care services provided by way of an interactive telecommunications system, as defined in subsection (a) of Section 356z.22 of the Illinois Insurance 20 Code.

Source: *IL Compiled Statutes, Chapter 225, 150/5.*

Telemedicine means the performance of any of the activities listed in Section 49, including, but not limited to, rendering written or oral opinions concerning diagnosis or treatment of a patient in Illinois by a person in a different location than the patient as a result of transmission of individual patient data by telephonic, electronic, or other means of communication. "Telemedicine" does not include the following:

- periodic consultations between a person licensed under this Act and a person outside the State of Illinois;
- a second opinion provided to a person licensed under this Act;
- diagnosis or treatment services provided to a patient in Illinois following care or treatment originally provided to the patient in the state in which the provider is licensed to practice medicine; and
- health care services provided to an existing patient while the person licensed under this Act or patient is traveling.

Source: *IL Compiled Statutes, Chapter 225, 60/49.5.*

Under the Department of Public Health, telemedicine means the provision of clinical services to patients by physicians and practitioners from a distance via electronic communications.

Source: *IL Admin. Code, Title 77, Sec. 250.310*

Consent

No reference found.

Online Prescribing

No reference found.

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Professional Regulation/Health & Safety

Cross-State Licensing

Illinois adopted legislation to join the Interstate Medical Licensure Compact.

Source: *IL Public Act 099-0076 (2015).*

Member of Psychology Interjurisdictional Compact (takes effect Jan. 1, 2020).

Source: *IL HB 1853 (2018).*

Must have an IL medical license. An out-of-state person providing a service to a patient in IL through telemedicine submits himself or herself to the jurisdiction of the courts of IL.

Source: *IL Compiled Statutes, Chapter 225, 60/49.5.*

Miscellaneous

Health professionals authorized by statute to engage in the practice of telehealth to the extent of his or her scope of practice include physicians, physician assistants, optometrists, advanced practice nurses, clinical psychologists licensed in IL and mental health professionals and clinicians authorized by Illinois law to provide mental health services.

Dentists, occupational therapists, pharmacists, physical therapists, clinical social workers, speech language pathologists, audiologists and hearing instrument dispensers will be added to those allowed to provide telehealth services, effective Jan. 1, 2019.

Source: *IL Compiled Statutes, Chapter 225, 150/5. & HB 5070 (2018).*

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Indiana

Medicaid Program: Indiana Medicaid

Program Administrator: Indiana Family and Social Services Administration

Regional Telehealth Resource Center: Upper Midwest Telehealth Resource Center

Covers the States of: Illinois, Indiana, Michigan & Ohio

www.umtrc.org

Medicaid Telehealth Reimbursement

Summary

Indiana Medicaid reimburses for live video telemedicine for certain services and providers. Indiana Medicaid does not reimburse for store-and-forward although store-and-forward can still be used to facilitate other reimbursable services. Indiana Medicaid defines telehealth as including remote patient monitoring (RPM) services and reimburses home health agencies for RPM for patients with diabetes, congestive heart failure and COPD.

Definitions

Telehealth services are defined as the scheduled remote monitoring of clinical data through technologic equipment in the member's home.

Source: *IN Medicaid Medical Policy Manual. Mar. 2018. P. 291-296 & Telemedicine and Telehealth Module, Jan. 11, 2018, p. 1. (Accessed Sept. 2018).*

Telemedicine services refer to a specific method of delivery of certain services, including medical exams and consultations, which are already reimbursed by Medicaid. Telemedicine uses video conferencing equipment to allow a medical provider to deliver an exam or other services to a patient at a distant location.

In any telemedicine service, there will be a hub site, a spoke site, an attendant to connect the patient to the specialist at the hub site, a computer or television so that the patient has real-time, interactive and face-to-face communication with the hub specialist/consultant via the interactive television technology.

Source: *IN Medicaid Medical Policy Manual. Mar. 2018. P. 291-296. (Accessed Sept 2018).*

Telemedicine services are defined as the use of videoconferencing equipment to allow a medical provider to render an exam or other service to a patient at a distant location.

Source: *Telemedicine and Telehealth Module, Jan. 11, 2018, p. 1. (Accessed Sept. 2018).*

Telemedicine has the same meaning as IC 25-1-9.5-6: "Telemedicine means the delivery of health care services using electronic communications and information technology, including:

- Secure videoconferencing
- Interactive audio-using store-and-forward technology; or
- Remote patient monitoring technology;

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Medicaid Telehealth Reimbursement

Definitions

Between a provider in one location and a patient in another location. The term does not include:

- Audio-only communication
- A telephone call
- Electronic mail
- An instant messaging conversation
- Facsimile
- Internet questionnaire
- Telephone consultation
- Internet consultation"

Source: *IIN Code 25-1-9.5.*

"Telehealth services mean the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across a distance."

Telemedicine services has the same meaning as "telemedicine" in IN Code 25-1-9.5-6.

Source: *IN Code, 12-15-5-11.*

Telehealth services means the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across a distance.

Source: *405 IN Admin Code 5-2-27.*

Live Video

Policy

Indiana Code requires reimbursement for video conferencing for FQHCs, Rural Health Clinics, Community Mental Health Centers, Critical Access Hospitals and a provider determined by the office to be eligible, providing a covered telemedicine service.

Source: *IN Code, 12-15-5-11.*

A telemedicine encounter requires a distant site, originating site, an attendant to connect the patient to the provider at the distant site, and a computer or television monitor to allow the patient to have real-time, interactive; and face-to-face communication with the distant provider via IATV technology.

Source: *IN Admin. Code, Title 405, 5-38-3. & IN Medicaid Medical Policy Manual. Mar. 2018. P. 291. (Accessed Sept 2018).*

The patient must be physically present and participating in the visit.

Source: *IN Admin. Code, Title 405, 5-38-4 & IN Medicaid Medical Policy Manual. Mar. 2018. P. 293. (Accessed Sept 2018).*

Eligible Services / Specialties

Reimbursable CPT codes include:

- Office or other outpatient visit
- Psychotherapy
- Psychiatric diagnostic interviews
- End Stage Renal Disease (ESRD)

Must use GT Modifier. Payment amount is equal to the current professional fee schedule. Modifier 95 is used for informational purposes.

Source: *Telemedicine and Telehealth Module, Jan. 11, 2018, p. 1. (Accessed Sept. 2018).*

Providers are encouraged to use the 02 place of service code.

Source: *IHCP Bulletin BT201807. Mar. 2, 2018. (Accessed Sept. 2018).*

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For ESRD related services, IHCP requires at least one monthly visit to be a traditional clinical encounter to examine the vascular access site.

In addition to the services listed above, Medical Policy Manual indicates reimbursement for the following:

- Consultations
- Pharmacologic management

Source: *IN Medicaid Medical Policy Manual. Mar. 2018. P. 294 & 295. (Accessed Sept 2018).*

Group and family crisis psychotherapy telemedicine services are covered.

Source: *IHCP Bulletin BT201454. Mar. 28, 2014. (Accessed Sept 2018).*

Federally qualified health centers and rural health centers are eligible distant sites as long as services meet both the requirements of a valid encounter and an approved telemedicine service as defined in the IHCP's telemedicine policy.

Source: *IN Medicaid Medical Policy Manual. Mar. 2018. P. 294. (Accessed Sept 2018).*

Services Not Reimbursed:

- Ambulatory surgical centers;
- Outpatient surgical services;
- Home health agencies or services;
- Radiological services;
- Laboratory services;
- Long-term care facilities, including nursing facilities, intermediate care facilities, or community residential facilities for the developmentally disabled;
- Anesthesia services or nurse anesthetist services;
- Audiological services;
- Chiropractic services;
- Care coordination services with the member not present;
- Durable medical equipment, and home medical equipment providers
- Optical or optometric services;
- Podiatric services;
- Physical therapy services;
- Services billed by school corporations; (only prohibited in policy manual)
- Speech therapy services; (only prohibited in telemedicine module and policy manual)
- Transportation services;
- Services provided under a Medicaid home and community-based waiver.
- Provider to provider consultations (only prohibited in administrative code)

Source: *IN Admin. Code, Title 405, 5-38-4; IN Medicaid Medical Policy Manual. Mar. 2018. P. 2895 & Telemedicine and Telehealth Module, Jan. 11, 2018, p. 1. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

The hub site physician or practitioner must determine if it is medically necessary for a medical professional to be at the spoke site.

Source: *IN Medicaid Medical Policy Manual. Mar. 2018. P. 293 & IN Admin. Code, Title 405, 5-38-4.*

Provider types listed under Services Not Reimbursed (under Eligible Services/Specialties section) are not eligible to be reimbursed for telemedicine.

Source: *IN Admin. Code, Title 405, 5-38-4.*

Reimbursement for telemedicine services is available to the following providers regardless of the distance between the provider and recipient:

- Federally Qualified Health Centers
- Rural Health Clinics
- Community mental health centers
- Critical access hospitals
- A provider, as determined by the office to be eligible, providing a covered telemedicine service

Source: *IN Admin Code, 405 5-38-4(3) & Telemedicine and Telehealth Module, Jan. 11, 2018, p. 2. (Accessed Sept. 2018). & IN Code 12-15-5-11.*

Eligible Sites

Services may be rendered in an inpatient, outpatient or office setting.

Source: *IN Admin. Code, Title 405, 5-38-3 & IN Medicaid Medical Policy Manual. Mar. 2018. P. 291. (Accessed Sept. 2018).*

Federally qualified health centers and rural health clinics may be reimbursed if it is medically necessary for a medical professional to be with the member, and the service provided includes all components of a valid encounter code.

Source: *IN Medicaid Medical Policy Manual. Mar. 2018. P. 294. (Accessed Sept. 2018).*

For a medical professional to receive reimbursement for professional services in addition to payment for spoke/originating site services, medical necessity must be documented. If it is medically necessary for a medical professional to be with the member at the spoke/originating site, the spoke/originating site is permitted to bill an evaluation and management code in addition to the fee for spoke services. There must be documentation in the patient's medical record to support the need for the provider's presence at the spoke site. The documentation is subject to post-payment review.

Source: *(hub-spoke provider reimbursement): IN Admin. Code, Title 405, 5-38-4 & IN Medicaid Medical Policy Manual. Jan. 2018. P. 293-4 & Telemedicine and Telehealth Module, Jan. 11, 2018, p. 3. (Accessed Sept. 2018).*

Geographic Limits

There is reimbursement for telemedicine services only when the hub and spoke sites are greater than 20 miles apart, except no distance requirements for federally qualified health centers, rural health clinics, community mental health centers and critical access hospitals.*

*According to IHCP Bulletin, effective April 1, 2018 the 20 mile requirement between the distant and originating sites is eliminated.

Source: *Telemedicine and Telehealth Module, Jan. 11, 2018, p. 2. & IHCP Bulletin BT201807. Mar. 2, 2018. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement	Live Video	Facility/Transmission Fee	Spoke sites are reimbursed a facility fee. **Source:** *Telemedicine and Telehealth Module, Jan. 11, 2018, p. 3. (Accessed Sept. 2018).*
	Store-and-Forward	Policy	Indiana Medicaid will not reimburse for store-and-forward services. However, restrictions placed on store-and-forward reimbursement shall not disallow the permissible use of store-and-forward technology to facilitate other reimbursable services. **Source:** *IN Admin. Code, Title 405, 5-38-2 & 4 & Telemedicine and Telehealth Module, Jan. 11, 2018, p. 1. (Accessed Sept. 2018) & IN Medicaid Provider Manual. Mar. 2018 pg. 294. (Accessed Sept. 2018).*
		Eligible Services/Specialties	No reference found.
		Geographic Limits	No reference found.
		Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	Indiana Code requires Medicaid to reimburse providers who are licensed as a home health agency for telehealth services. **Source:** *IN Code, 12-15-5-11(c).*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Conditions

The member must be receiving services from a home health agency. Member must initially have two or more of the following events related to one of the conditions listed below within the previous twelve months:

- Emergency room visit
- Inpatient hospital stay

An emergency room visit that results in an inpatient hospital admission does not constitute two separate events.

Member must have one of the following conditions:

- Chronic obstructive pulmonary disease
- Congestive heart failure
- Diabetes

Source: *IN Admin Code, Title 405, 5-16-3.1(d) & Telemedicine and Telehealth Module, Jan. 11, 2018, p. 5. & IN Medicaid Medical Policy Manual. Mar. 2018. P. 292. (Accessed Sept. 2018).*

Provider Limitations

IN Medicaid required to reimburse home health agencies for telehealth services.

Source: *IN Code 12-15-5-11.*

Reimbursement for home health agencies under certain conditions. A registered nurse must perform the reading of transmitted health information provided from the member in accordance with the written order of the physician.

Source: *IN Admin Code, Title 405, 5-16-3.1(d)(5) & Telemedicine and Telehealth Module, Jan. 11, 2018, p. 5. & IN Medicaid Medical Policy Manual. Mar. 2018. P. 292. (Accessed Sept. 2018).*

Other Restrictions

Treating physician must certify the need for home health services and document that there was a face-to-face encounter with the individual.

Source: *IN Admin Code, Title 405, 5-16-3.1(e).*

Prior authorization is required for all telehealth services and must be submitted separately from other home health service prior authorization requests. Services may be authorized for up to 60 days. See Telehealth Module for additional requirements.

Source: *Telemedicine and Telehealth Module, Jan. 11, 2018, p. 5. & IN Medicaid Medical Policy Manual. Mar. 2018. P. 292. (Accessed Sept. 2018).*

Member must also be receiving or approved for other IHCP home health services.

Source: *IN Medicaid Medical Policy Manual. Mar. 2018. P. 292.*

Email / Phone / Fax

Telemedicine is not the use of:

- Telephone transmitter for transtelephonic monitoring; or
- Telephone or any other means of communication for consultation from one provider to another.

Source: *IN Medicaid Medical Policy Manual. Mar. 2018. P. 291 & Telemedicine and Telehealth Module, Jan. 11, 2018, p. 1. & IN Medicaid Medical Policy Manual. Mar. 2018. P. 291. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Consent

The spoke site must obtain patient consent. The consent must be maintained at the hub and spoke sites.

Source: *IN Medicaid Medical Policy Manual. Mar. 2018. P. 295 & Telemedicine and Telehealth Module, Jan. 11, 2018, p. 4. (Accessed Sept. 2018).*

Out of State Providers

No reference found.

Miscellaneous

For patients receiving ongoing telemedicine services, a physician should perform a traditional clinical evaluation at least once a year, unless otherwise stated in policy. The hub physician should coordinate with the patient's primary care physician.

Source: *IN Medicaid Policy Manual. Mar. 2018. P. 294. (Accessed Sept. 2018).*

Documentation must be maintained at the distant and originating locations to substantiate the services provided. It must indicate the services were provided via telemedicine and location of the distant and originating sites. Documentation is subject to post-payment review.

Source: *IN Medicaid Medical Policy Manual. Mar. 2018. P. 295.*

Medicaid Clarification: Indiana Code does allow a provider to use telemedicine to prescribe a controlled substance to a not-previously examined patient. Opioids, however, cannot be prescribed via telemedicine except in cases in which the opioid is partial agonist and is being used to treat or manage opioid dependence.

Source: *IHCP Bulletin BT201807. Mar. 2, 2018. (Accessed Sept. 2018).*

Private Payer Laws

Definitions

"Telemedicine services" means health care services delivered by use of interactive audio, video, or other electronic media, including:

- Medical exams and consultations
- Behavioral health, including substance abuse evaluations and treatment
- The term does not include delivery of health care services through telephone for transtelephonic monitoring; telephone or any other means of communication for the consultation for one (1) provider to another provider.

Source: *IN Code, 27-8-34 & 27-13-1-34.*

Requirements

Accident and sickness insurance (dental or vision insurance is excluded) policies and individual or group contracts must provide coverage for telemedicine services in accordance with the same clinical criteria as would be provided for services provided in-person.

Coverage for telemedicine services may not be subject to a dollar limit, deductible or coinsurance requirement that is less favorable to a covered individual than those applied to the same health services delivered in-person.

A separate consent cannot be required.

Source: *IN Code, 27-8-34-6 & 27-13-7-22.*

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Private Payer Laws	Parity	Service Parity	Coverage must be provided in accordance with the same criteria as would be provided in-person. **Source:** *IN Code, 27-8-34-6 & 27-13-7-22.*
		Payment Parity	No explicit payment parity.
Professional Regulation/Health & Safety	Definitions		"Telemedicine means the delivery of health care services using electronic communications and information technology, including: • Secure videoconferencing • Interactive audio-using store-and-forward technology; or • Remote patient monitoring technology; Between a provider in one location and a patient in another location. The term does not include: • Audio only communication • A telephone call • Electronic mail • An instant messaging conversation • Facsimile • Internet questionnaire • Telephone consultation • Internet consultation" **Source:** *IN Code, 25-1-9.5-6 (HB 1263 – 2016).*
	Consent		A health care provider (as defined in Indiana Code 16-18-2-163(a)) may not be required to obtain a separate additional written health care consent for the provision of telemedicine services. **Source:** *IN Code, 16-36-1-15 (2015).*

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Professional Regulation/Health & Safety

Online Prescribing

A documented patient evaluation, including history and physical evaluation adequate to establish diagnoses and identify underlying conditions or contraindications to the treatment recommended or provided, must be obtained prior to issuing prescriptions electronically or otherwise.

Source: *IN Admin. Code, Title 844, 5-3-2 (2012).*

Indiana has established a pilot program to provide telehealth services to patients in Indiana without the establishment of an in-person patient-physician relationship. The pilot includes the issuance of prescription when medically necessary, with the exception of controlled substances.

Source: *IN Code, 25-22.5-14.*

A provider may not issue a prescription unless they have established a provider-patient relationship. At a minimum that includes:

- Obtain the patient's name and contact information;
- Disclose the prescriber's name and credentials;
- Obtain informed consent from the patient;
- Obtain the patient's medical history and information necessary to establish a diagnosis
- Discuss with the patient the diagnosis, evidence for the diagnosis and risks and benefits of the various treatment options;
- Create and maintain a medical record, and with consent notify the patient's primary care provider of any prescriptions the provider has issued
- Issue proper instructions for appropriate follow-up care
- Provide a telemedicine visit summary to the patient, including information that indicates any prescriptions that is being prescribed.

Source: *IN Code, 25-1-9.5-7.*

A prescription for a controlled substance can be issued for a patient the prescriber has not previously examined if the following conditions are met:

- The prescriber has satisfied the applicable standard of care in the treatment of the patient.
- The issuance of the prescription is within the prescriber's scope of practice and certification.
- The prescription meets the requirements outline in the following section and it is not an opioid. However, opioids may be prescribed if the opioid is a partial agonist that is used to treat or manage opioid dependence.
- The prescription is not for an abortion inducing drug.
- The prescription is not for an ophthalmic device including glasses, contact lenses or low vision devices.

Additionally, the following conditions must be met:

- The prescriber maintains a valid controlled substance registration under IC 35-48-3.
- The prescriber meets the conditions set forth in 21 U.S.C. 829 et seq.
- The patient has been examined in-person by a licensed Indiana health care provider and the licensed health care provider has established a treatment plan to assist the prescriber in the diagnosis of the patient.
- The prescriber has reviewed and approved the treatment plan described in subdivision (3) and is prescribing for the patient pursuant to the treatment plan.
- The prescriber complies with the requirements of the INSPECT program (IC 35-48-7).

Source: *IN Code 25-1-9.5-8.*

Cross-State Licensing

A provider located outside Indiana may not establish a provider-patient relationship with an individual in Indiana unless the provider and the provider's employer or the provider's contractor have certified in writing to the Indiana Professional Licensing Agency that the provider agrees to be subject to the jurisdiction of the courts of law of Indiana and Indiana Substantive and Procedural Laws. This certification must be filed by a provider's employer or contractor at the time of initial certification and renewed when the provider's license is renewed.

Source: *IN Code, 25-1-9.5-9.*

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Miscellaneous

Indiana establishes a telehealth services pilot program utilizing telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, treatment, supervision and information across a distance.

Source: *IN Administrative Code 844 Section 5-8-1.*

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Iowa

Medicaid Program: Iowa Medicaid Enterprise (IME)

Program Administrator: Iowa Dept. of Human Services

Regional Telehealth Resource Center: Great Plains Telehealth Resource and Assistance Center

Covers the States of: Iowa, Minnesota, Nebraska, North Dakota, South Dakota, & Wisconsin

www.gptrac.org

Medicaid Telehealth Reimbursement

Summary

Iowa Medicaid pays for telehealth as long as it meets accepted health care practices and standards. The Medicaid program does not have a definition for telehealth, and therefore it is unknown if the term encompasses store-and-forward or remote patient monitoring.

Definitions

No reference found.

Live Video

Policy

Department of Human Services is required to adopt rules to provide telehealth coverage under Medicaid. Such rules must provide that in-person contact between a health care professional and a patient is not required as a prerequisite for payment.

Source: *IA Senate File 505 (2015), Sec. 12(23), pg. 32-33.*

In-person contact between a health care professional and patient is not required for payment for services otherwise covered and appropriately provided through telehealth as long as it meets the generally accepted health care practices and standards prevailing in the applicable professional community.

Services provided in-person or through telehealth shall be treated as equivalent for purposes of reimbursement.

Source: *IA Admin Code Sec. 441, 78.55 (249A).*

Eligible Services / Specialties

No reference found.

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Medicaid Telehealth Reimbursement		
Live Video	Eligible Providers	No reference found.
	Eligible Sites	No reference found.
	Geographic Limits	No reference found.
	Facility/Transmission Fee	No reference found.
Store-and-Forward	Policy	No reference found.
	Eligible Services/Specialties	No reference found.

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	No reference found.
	Conditions	No reference found.
	Provider Limitations	No reference found.
	Other Restrictions	No reference found.

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Medicaid Telehealth Reimbursement	Email / Phone / Fax	No reference found.
	Consent	No reference found.
	Out of State Providers	No reference found.
	Miscellaneous	Iowa Medicaid uses the 02 POS code adopted by Medicare. **Source:** *IAC 441-79.1(7)b(1).*
Private Payer Laws	Definitions	"Telehealth means the delivery of health care services through the use of interactive audio and video. Telehealth does not include the delivery of health care services through an audio-only telephone, electronic mail message, or facsimile transmission." **Source:** *IA Code 514C.32; House File 2305 (2018).*
	Requirements	Policies, contracts, or plans providing third-party payment or prepayment of health or medical expenses shall not discriminate between coverage benefits for health care services that are provided in-person and the same health care services provided through telehealth. (Effective Jan. 1, 2019). **Source:** *IA Code 514C.32; IA House File 2305 (2018).*

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Private Payer Laws

Parity

Service Parity

Health care services must be appropriately delivered by telehealth in accordance with accepted health care practices and standards, including all rules adopted by professional licensing boards.

Source: *IA Code 514C.32; IA House File 2305 (2018).*

Payment Parity

No explicit payment parity.

Professional Regulation/Health & Safety

Definitions

Telecommunications and Technology Commission
"Telemedicine means use of a telecommunications system for diagnostic, clinical, consultative, data, and educational services for the delivery of health care services or related health care activities by licensed health care professionals, licensed medical professionals, and staff who function under the direction of a physician, a licensed health care professional, or hospital, for the purpose of developing a comprehensive, statewide telemedicine network or education."

Source: *IA Admin. Code, 751 7.1(8D).*

Consent

No reference found.

Online Prescribing

Pharmacists are prohibited from dispensing prescription drugs if the pharmacist knows or should have known that the prescription was issued solely on the basis of an Internet-based questionnaire, an Internet-based consult, or a telephone consult, and was completed without a pre-existing patient-provider relationship.

Source: *IA Admin. Code, 657 8.19(5).*

A physician must be physically present with a woman at the time an abortion-inducing drug is provided.

Source: *IA Admin. Code, 653 13.10(3).*

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Professional Regulation/Health & Safety

Cross-State Licensing

Iowa adopted the Federation of State Medical Board (FSMB)'s model language for an interstate medical licensure compact.

Source: *IA Admin. Code, 657 8.19(5).*

Member of Physical Therapy Compact.

Source: *HF 2296 (2018). PTC States.*

Member of Nurse Licensure Compact.

Source: *Current NLC States and Status. NCSBN. (Accessed Sept. 2018).*

Miscellaneous

Professional Board Telehealth-Specific Regulations

- IA Board of Medicine (**Source:** *IA Admin Code Sec. 653.13.11*)
- IA Board of Physical and Occupational Therapists (**Source:** *IA Admin Code Sec. 645-201.3 & 645-208.3*)

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Kansas

Medicaid Program: Kansas Medicaid

Program Administrator: Kansas Dept. of Health and Environment

Regional Telehealth Resource Center: Heartland Telehealth Resource Center

Covers the States of: Kansas, Missouri & Oklahoma

www.heartlandtrc.org

Medicaid Telehealth Reimbursement

Summary

Kansas Medicaid covers live video telemedicine for certain services. Additionally, they also cover remote patient monitoring that is in real-time through home health agencies and with prior authorization.

A recently passed piece of legislation (HB 2028) requires all insurers (including Medicaid) to cover medically necessary services, subject to the terms and conditions of the contract. Medicaid specifically must provide reimbursement for speech language pathology services and audiology services. However, the bill does not go into effect until Jan. 1, 2019.

Definitions

"Telemedicine is the use of communication equipment to link health care practitioners and patients in different locations. This technology is used by health care providers for many reasons, including increased cost efficiency, reduced transportation expenses, improved patient access to specialists and mental health providers, improved quality of care, and better communication among providers."

Source: *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-28 (Jun 2018). (Accessed Sept. 2018).*

Recently Approved Legislation (Effective Jan. 1, 2019)
"Telemedicine," including "telehealth," means the delivery of healthcare services or consultations while the patient is at an originating site and the healthcare provider is at a distant site. Telemedicine shall be provided by means of real-time two-way interactive audio, visual, or audio-visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support healthcare delivery, that facilitate the assessment, diagnosis, consultation, treatment, education and care management of a patient's healthcare. "Telemedicine" does not include communication between:

(A) Healthcare providers that consist solely of a telephone voice-only conversation, email or facsimile transmission; or
(B) a physician and a patient that consists solely of an email or facsimile transmission.

Source: *KS HB 2028 (2018).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

Recently Approved Legislation (Effective Jan. 1, 2019)
Insurers (including Medicaid) cannot exclude from coverage a service solely because the service is provided through telemedicine, rather than in-person contact or based upon the lack of a commercial office for the practice of medicine, when such service is delivered by a healthcare provider.

Source: *KS HB 2028 (2018).*

Kansas Medicaid will reimburse for live video for certain services.

Source: *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-28 (Jun 2018). (Accessed Sept. 2018).*

Eligible Services / Specialties

Eligible services:

- Office visits;
- Individual psychotherapy;
- Pharmacological management services.

The consulting expert must bill with the 02 place of service code. The GT modifier is not required except for services provided on or before December 31, 2017. Patient must be present at originating site.

See manual for list of acceptable CPT codes. Telemedicine will be reimbursed at the same rate as face-to-face services.

KMAP does not recognize CPT Codes 99241-99245 and 99251-99255.

Source: *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-28 (Jun 2018). (Accessed Sept. 2018).*

Mental health assessment can be delivered either face-to-face or through telemedicine.

Source: *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 8-8 (Jul. 2018). (Accessed Sept. 2018).*

Recently Approved Legislation (Effective Jan. 1, 2019)
Kansas Medicaid is required to provide coverage for speech-language pathology services and audiology services provided by a speech-language pathologist or audiologist licensed by Kansas department for aging and disability services by means of telehealth if such services would be covered when delivered in-person. The Department of Health and Environment is required to prepare an impact report that assesses the financial and social effects of this coverage on or before January 13, 2020.

Source: *KS HB 2028 (2018).*

Eligible Providers

No reference found.

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Medicaid Telehealth Reimbursement		
Live Video	Eligible Sites	No reference found.
	Geographic Limits	No reference found.
	Facility/Transmission Fee	The originating site may bill code Q3014 for the originating site fee with the appropriate POS code. **Source:** *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-28 (Jun. 2018). (Accessed Sept. 2018).*
Store-and-Forward	Policy	Kansas Medicaid requires the patient to be present at the originating site indicating store-and-forward will not be reimbursed. **Source:** *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-29 (June. 2018). (Accessed Sept. 2018).*
	Eligible Services/Specialties	No reference found.

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Geographic Limits	No reference found.
Store-and-Forward	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	Kansas Medicaid will reimburse for home telehealth. The policy states: "Home telehealth uses real-time, interactive, audio/video telecommunication equipment to monitor patients in the home setting, as opposed to a nurse visiting the home. This technology may be used to monitor the beneficiary for significant changes in health status, provide timely assessment of chronic conditions and provide other skilled nursing services." **Source:** *Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, Home Health, p. 8-28 (Feb 2018). (Accessed Sept. 2018).*
Remote Patient Monitoring	Conditions	Providers may use T1030 and T1031 for the provision of telehealth visits to assist beneficiaries in managing their diabetes. **Source:** *Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, Home Health, p. AIII-6. (Feb 2018). (Accessed Sept. 2018).*
Remote Patient Monitoring	Provider Limitations	Services must be provided by a registered nurse or licensed practical nurse. Agencies may bill skilled nursing services on the same date of service as telehealth services. **Source:** *Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, Home Health, p. 8-28 (Feb 2018). (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Other Restrictions

Providers must submit literature to the fiscal agent's Provider Enrollment team pertaining to the telecommunication equipment the agency has chosen that will allow thorough physical assessments such as: assessment of edema, rashes, bruising, skin conditions, and other significant changes in health status.

Providers must enroll and satisfy demonstration requirements to be enrolled.

Providers are eligible for reimbursement of home telehealth services that meet the following criteria:

- Prescribed by a physician;
- Considered medically necessary;
- Signed beneficiary consent for telehealth services;
- Skilled nursing service;
- Does not exceed program limitations (two visits per week for non-Home and Community Based Services beneficiaries)

Prior authorization required.

Source: *Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, Home Health, p. AIII-18 to 19. (Feb 2018). (Accessed Sept. 2018).*

HCBS beneficiaries eligible for face-to-face skilled nursing visits provided by a home health agency may receive home telehealth visits with documentation of medical necessity and prior authorization (PA). The PA must include units to cover the duration and frequency of home telehealth visits.

Oral medication administration or monitoring is not considered skilled care.

Source: *Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, Home Health, p. AIII-8. (Feb 2018). (Accessed Sept. 2018).*

Email / Phone / Fax

No reimbursement for email.
No reimbursement for telephone.
No reimbursement for FAX.

Source: *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-29 (Jun. 2018). (Accessed . 2018).*

Consent

Written consent for telehealth home services is required.

Source: *KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, Home Health Agency, p. AIII-19 (Feb 2018) (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement	Out of State Providers		No reference found.
	Miscellaneous		No reference found.
Private Payer Laws	Definitions		**Recently Passed Legislation (Effective Jan. 1, 2019)** "Telemedicine," including "telehealth," means the delivery of healthcare services or consultations while the patient is at an originating site and the healthcare provider is at a distant site. Telemedicine shall be provided by means of real-time two-way interactive audio, visual, or audio-visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support healthcare delivery, that facilitate the assessment, diagnosis, consultation, treatment, education and care management of a patient's healthcare. "Telemedicine" does not include communication between: (A) Healthcare providers that consist solely of a telephone voice-only conversation, email or facsimile transmission; or (B) a physician and a patient that consists solely of an email or facsimile transmission. **Source:** *KS HB 2028 (2018).*
	Requirements		Insurers cannot exclude from coverage a service solely because the service is provided through telemedicine, rather than in-person contact or based upon the lack of a commercial office for the practice of medicine, when such service is delivered by a healthcare provider. No additional documentation for telemedicine is required. **Source:** *KS HB 2028 (2018).*
	Parity	Service Parity	Payment can be limited to only services that are medically necessary, subject to the terms and conditions of the covered individual's health benefits plan. **Source:** *KS HB 2028 (2018).*

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Private Payer Laws

Parity

Payment Parity

Payment for covered services delivered through telemedicine may be established by an insurance company, nonprofit health service corporation, nonprofit medical and hospital service corporation or health maintenance organization in the same manner as payment or reimbursement for covered services that are delivered via in-person contact are established.

Source: *KS HB 2028 (2018).*

Professional Regulation/Health & Safety

Definitions

Recently Passed Legislation (Effective Jan. 1, 2019)
"Telemedicine," including "telehealth," means the delivery of healthcare services or consultations while the patient is at an originating site and the healthcare provider is at a distant site. Telemedicine shall be provided by means of real-time two-way interactive audio, visual, or audio-visual communications, including the application of secure video conferencing
or store-and-forward technology to provide or support healthcare delivery, that facilitate the assessment, diagnosis, consultation, treatment, education and care management of a patient's healthcare. "Telemedicine" does not include communication between:

(A) Healthcare providers that consist solely of a telephone voice-only conversation, email or facsimile transmission; or
(B) a physician and a patient that consists solely of an email or facsimile transmission.

Source: *KS HB 2028 (2018).*

Consent

No reference found.

Online Prescribing

Physicians must have a pre-existing patient-prescriber relationship. Physicians are prohibited from prescribing drugs on the basis of an internet-based questionnaire or consult, or telephone consult.

Source: *KS Admin. Regs., Sec. 68-2-20.*

Telemedicine may be used to establish a valid provider-patient relationship.

The State Board of Healing Arts in consultation with the state board of pharmacy and nursing, must adopt rules and regulations related to the prescribing of drugs, including controlled substances via telemedicine by Dec. 31, 2018.

Source: *KS HB 2028 (2018).*

Cross-State Licensing

Kansas adopted the Federation of State Medical Board (FSMB)'s model language for an interstate medical licensure compact.

Source: *House Bill 2615 – 2015.*

Member of Nurses Licensure Compact.

Source: *Current NLC States and Status. NCSBN. Accessed Sept. 2018.*

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Miscellaneous

No reference found.

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Kentucky

Medicaid Program: Kentucky Medicaid

Program Administrator: Kentucky Dept. for Medicaid Services

Regional Telehealth Resource Center: Mid-Atlantic Telehealth Resource Center

Covers the States of: Delaware, Kentucky, Maryland, North Carolina, New Jersey, Pennsylvania, Virginia, and West Virginia as well as the District of Columbia

www.matrc.org

Medicaid Telehealth Reimbursement

Summary

Recently Adopted Legislation (Effective Jul. 1, 2019)
KY Medicaid is required to reimburse for covered services provided to a Medicaid recipient through telehealth. The Department must establish requirements for telehealth coverage and reimbursement which are equivalent to the coverage for the same service provided in-person unless the telehealth provider and the Medicaid program agree to a lower reimbursement rate for telehealth services, or the Department establishes a different reimbursement rate.

KY Medicaid is restricted from doing the following:

- Requiring a Medicaid provider to be physically present with a Medicaid recipient, unless the provider determines that it is medically necessary to perform those services in-person;
- Requiring prior authorization, medical review or administrative clearance for telehealth that would not be required if a service were provided in-person;
- Requiring a Medicaid provider to be employed by another provider or agency in order to provide telehealth services that would not be required if that service were provided in-person;
- Require demonstration that it is necessary to provide services to a Medicaid recipient through telehealth;
- Restrict or deny coverage of telehealth based solely on the communication technology or application used to deliver the telehealth service; OR
- Require a Medicaid provider to be part of a telehealth network.

Source: *KY Revised Statutes. 205.5591.*

Definitions

Recently Adopted Legislation (Effective Jul. 1, 2019)
Telehealth means the delivery of health care-related services by a Medicaid provider who is a health care provider licensed in Kentucky to a Medicaid recipient through a face-to-face encounter with access to real-time interactive audio and video technology o store-and-forward services that are provided via asynchronous technologies as the standard practice of care where images are sent to a specialist for evaluation. The requirement for a face-to-face encounter shall be satisfied with the use of asynchronous telecommunications technologies in which the health care provider has access to the Medicaid recipient's medical history prior to the telehealth encounter; shall not include the delivery of services through electronic mail, text chat, facsimile or standard audio-only telephone call; and shall be delivered over a secure communications connection that complies with federal HIPAA.

"Telehealth consultation means a medical or health consultation, for purposes of patient diagnosis or treatment, that meets the definition of telehealth in this section."

Source: *KY Revised Statutes. 205.510.*

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Medicaid Telehealth Reimbursement

Definitions

Telehealth means two-way, real time interactive communication between a patient and a physician or practitioner located at a distant site for the purpose of improving a patient's health through the use of interactive telecommunication equipment that includes, at a minimum, audio and video equipment.

Source: *KY 907 KAR 1:055E.*

"Telemedicine" means two-way, real time interactive communication between a patient and a physician or practitioner located at a distant site for the purpose of improving a patient's health through the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment.

Source: *KY 907 KAR 9:005.*

"Telehealth medical services: The originating-site or spoke site is the location of the eligible Kentucky Medicaid recipient at the time the telehealth service is being furnished via an interactive telehealth service communications system. The distant or hub site is the location of the provider and is considered the place of service. An interactive telehealth service communication system includes interactive audio and video equipment permitting two-way real time interactive communication between the patient and the practitioner at the originating and distant-sites."

Source: *KY State Plan Amendment. Attachment 3.1-B. Approved 3/9/2011. (Accessed Sept. 2018).*

Live Video

Policy

Kentucky Medicaid will reimburse for a "telehealth consultation", which includes live video.

Source: *KY Revised Statutes 205.559.*

Reimbursement shall not be denied solely because an in-person consultation between a provider and a patient did not occur.

Source: *KY Revised Statutes § 205.559. (Effective until Jul. 1, 2019).*

Telehealth services, provided at an originating site is covered to the same extent the service and provider are covered when furnished face-to-face.

Source: *KY State Plan Amendment. Attachment 3.1-B. Approved 3/9/2011. (Accessed Sept. 2018).*

Telehealth consultation requires two-way interactive video, referral by a health care provider and a referral by a recipient's lock-in provider (if applicable).

Source: *KY Admin. Regs. Title, 907, 3:170 Sec. 2, (6)a-c. (Accessed Sept. 2018).*

Eligible Services / Specialties

Coverage is limited to:

- Consultation
- Mental health evaluation and management services
- Individual and group psychotherapy
- Pharmacologic management
- Psychiatric/psychological/mental health diagnostic interview examinations
- Individual medical nutrition therapy consultation services

Source: *KY State Plan Amendment. Attachment 3.1-B. Approved 3/9/2011 & KY Admin. Regs. Title, 907, 3:170. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Additional Covered Services in Administrative Regulations:

- Individual diabetes self-management training
- Occupational Therapy evaluation or treatment (provided by OTs)
- Physical therapy evaluation or treatment (provided by PTs)
- Speech therapy evaluation or treatment (provided by speech therapist)
- Neurobehavioral status examination
- End-stage renal disease monitoring, assessment or counseling consultation

All telehealth services have additional restrictions.

Source: *KY Admin. Regs. Title, 907, 3:170.*

Telehealth services are subject to utilization review.

Source: *KY State Plan Amendment. Attachment 3.1-B. Approved 3/9/2011 & KY Admin. Regs. Title, 907, 3:170. (Accessed Sept. 2018).*

Prior authorization is needed for select telehealth procedures.

Source: *KY State Plan Amendment. Attachment 3.1-B. Approved 3/9/2011. (Accessed Sept. 2018).*

Covered Services in a Community Mental Health Center

- Psychiatric diagnostic interview examination
- Pharmacologic management
- Group psychotherapy
- Mental health evaluation or management emergency services
- Mental health assessment
- Individual psychotherapy

Source: *KY Admin. Regs. Title, 907, 3:170.*

Live video GT modifier for “telehealth consultation” accepted by Medicaid.

Source: *KY Primary Care Services for Non-Federally Qualified Health Clinic Medicaid Manual. Pg. 34 Sept. 2017. (Accessed Sept. 2018).*

Eligible Providers

Eligible providers for services NOT in a Community Mental Health Center:

- A psychiatrist;
- A licensed clinical social worker;
- A psychologist;
- A licensed professional clinical counselor;
- A licensed marriage and family therapist;
- A physician;
- An APRN;
- Speech-language pathologist;
- Occupational therapist;
- Physical therapist; or
- Licensed dietitian or certified nutritionist;
- Registered nurse or dietitian
- Optometrist (not in Medicaid SPA, only listed in regulation)
- Chiropractor (not in Medicaid SPA, only listed in regulation)
- Physician assistant (not in Medicaid SPA, only listed in regulation)

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Medicaid Telehealth Reimbursement		
Live Video	Eligible Providers	Eligible providers for services in a Community Mental Health Center: • A psychiatrist; • A physician; • Psychologist with a license in accordance with KRS 319.010(6); • A licensed marriage and family therapist; • A licensed professional clinical counselor; • A psychiatric medical resident; • A psychiatric registered nurse; • A licensed clinical social worker; • An advanced practice registered nurse Restrictions apply for all professionals. **Source:** *KY State Plan Amendment. Attachment 3.1-B. Approved 3/9/2011 & KY Admin. Regs. Title, 907, 3:170. (Accessed Sept. 2018)*
	Eligible Sites	No reference found.
	Geographic Limits	No reference found.
	Facility/Transmission Fee	No reference found.
Store-and-Forward	Policy	KY Medicaid does not cover other forms of store-and-forward, as a telehealth consultation requires a two-way interactive video. **Source:** *KY Admin. Regs. Title, 907, 3:170, Sec. 1(47).*

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Eligible Services/Specialties	Kentucky reimburses for tele-radiology but there is no other reference to reimbursing for other specialties. **Source:** *KY Physician Medicaid Manual. Aug. 2017. Pg. 40. (Accessed Sept. 2018).* Beginning Jul. 1, 2019 KY Medicaid is required to reimburse telehealth consultations, which encompasses store-and-forward. **Source:** *KY Revised Statutes 205.559.*
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	Not later than July 1, 2017 the department must establish a pilot project which creates coverage provisions and reimbursement criteria for telemonitoring services. CCHP has found no information regarding the commencement of this pilot. **Source:** *KY Rev. Statute. Ch. 205. (HB 95 – 2016).*
	Conditions	No reference found.
	Provider Limitations	No reference found.

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Other Restrictions

No reference found.

Email / Phone / Fax

No reimbursement for email.
No reimbursement for telephone.
No reimbursement for FAX.

Source: *KY Revised Statutes § 205.559 (2)(b).*

Consent

The Cabinet must ensure informed consent.

Source: *KY Statute Sec. 205.5591 (2).*

Before providing a telehealth consultation, providers must document written patient informed consent.

This includes:

- The patient may refuse the telehealth consultation at any time without affecting the right to future care or treatment, and without risking the loss or withdrawal of a benefit to which the patient is entitled;
- The recipient shall be informed of alternatives to the telehealth consult;
- The recipient shall have access to medical information resulting from the telehealth consult as provided by law;
- The dissemination, storage, or retention of an identifiable recipient image or other information from the telehealth consult shall comply with all state and federal confidentiality laws and regulations;
- The patient shall have the right to be informed of the parties who will be present at the spoke site and the hub site during the telehealth consult, and shall have the right to exclude anyone from either site;
- The patient shall have the right to object to the videotaping of a telehealth consult.

Source: *KY Admin. Regs. Title, 907, 3:170.*

Out of State Providers

KY Medicaid program required to only allow providers licensed in Kentucky to receive reimbursement for telehealth services.

Source: *KY Statute Sec. 205.5591 (4).*

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Medicaid Telehealth Reimbursement

Miscellaneous

The Cabinet is required to do the following:

- Develop policies and procedures to ensure the proper use and security for telehealth, including but not limited to confidentiality and data integrity, privacy and security, informed consent privileging and credentialing, reimbursement and technology;
- Promote access to health care provided via telehealth;
- Maintain a list of Medicaid providers who may deliver telehealth services of Medicaid recipients throughout the commonwealth;
- Require that specialty care be rendered by a health care provider who is recognized and actively participating in the Medicaid program; and
- Require that any required prior authorization requesting a referral or consultation for specialty care be processed by the patient's primary care provider and that any specialist coordinates care with the patient's primary care provider.

Source: *KY Statute Sec. 205.5591 (2).*

Providers must be approved through the Kentucky e-Health/Telehealth Network Board. Must be approved member of KY telehealth network.

Source: *KY State Plan Amendment. Attachment 3.1-B. Approved 3/9/2011 & KY Admin. Regs. Title, 907, 3:170. (Accessed Sept. 2018). *Law going into effect Jul. 1, 2019 restricts Medicaid from requiring providers be members of a specific telehealth network. (KY SB 112 – 2018).*

For FQHCs and RHCs a "visit" is defined as occurring in-person or via telehealth.

Source: *KY 907 KAR 1:055 (37).*

The department reimburses a telehealth provider eligible for reimbursement for a telehealth consultation an amount equal to the amount paid for a comparable in-person service if the service was provided by a physician, and if the service was provided by an advanced practice registered nurse. This is not the case if the service was provided and billed through a FQHC, FQHC look-alike, RHC or primary care center; a hospital outpatient department, home health agency or nursing home. Reimbursement for a telehealth consultation provided by a practitioner who is employed by a provider or is an agent of a provider is a matter between the provider and practitioner. A managed care organization is not obligated to reimburse the same amount as the department reimburses.

Source: *KY Admin. Regs. Title, 907, 3:170, Sec. 5.*

Private Payer Laws

Definitions

Recently Adopted Legislation (Effective Jul. 1, 2019)
Telehealth means the delivery of health care-related services by a health care provider who is licensed in Kentucky to a patient or client through a face-to-face encounter with access to real-time interactive audio and video technology or store-and-forward services that are provided via asynchronous technologies as the standard practice of care where images are sent to a specialist for evaluation. The requirement for a face-to-face encounter shall be satisfied with the use of asynchronous telecommunications technologies in which the health care provider has access to the patient's or client's medical history prior to the telehealth encounter; Shall not include the delivery of services through electronic mail, text chat, facsimile, or standard audio-only telephone call; and Shall be delivered over a secure communications connection that complies with HIPAA.

Source: *KY Revised Statute Sec. 304.17A-005.*

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Private Payer Laws

Requirements

Effective until Jul. 1, 2019
Kentucky law states that insurers may not deny coverage because it is "provided through telehealth and not provided through face-to-face consultation" therefore requiring reimbursement for live video. A health benefit plan may provide coverage for a consultation at a site not within the telehealth network at the discretion of the insurer.

Source: *KY Revised Statutes § 304.17A-138 (2012).*

Recently Adopted Legislation (Effective Jul. 1, 2019)
A health benefit plan shall reimburse for covered services provided to an insured person through telehealth. A health benefit plan shall not:

- Require a provider be physically present with a patient or client, unless the provider determines that it is necessary to perform those services in-person;
- Require prior authorization, medical review, or administrative clearance for telehealth that would not be required if a service were provided in-person;
- Require demonstration that it is necessary to provide services to a patient or client through telehealth;
- Require a provider to be employed by another provider or agency in order to provide telehealth services that would not be required if that service were provided in-person;
- Restrict or deny coverage of telehealth based solely on the communication technology or application used to deliver the telehealth services; or
- Require a provider to be part of a telehealth network.

A provider must be licensed in Kentucky to receive reimbursement for telehealth services.

Source: *KY Revised Statute Sec 304.17A-138.*

Parity

Service Parity

Payers shall not exclude services solely because the service is provided through telehealth.

Source: *KY Revised Statutes § 304.17A-138 (2012).*

Payment Parity

Recently Adopted Legislation (Effective Jul. 1, 2019)
Telehealth coverage and reimbursement shall be equivalent to the coverage for the same service provided in-person unless the telehealth provider and the health benefit plan contractually agree to a lower reimbursement rate for telehealth services.

Source: *KY Revised Statutes § 304.17A-138.*

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Professional Regulation/Health & Safety

Definitions

Dietitians or Nutritionists & Jail Standards (Department of Corrections)
"Telehealth means the use of interactive audio, video, or other electronic media to deliver health care. It includes the use of electronic media for diagnosis, consultation, treatment, transfer of health or medical data, and continuing education."

Source: *KY Revised Statutes § 310.200 & KAR Title 501, Ch. 13, Sec. 010.*

Consent

The treating physician who delivers or facilitates the telehealth service shall obtain the informed consent of the patient before services are provided.

Source: *KY Revised Statutes § 311.5975 (2012).*

Patient consent must be obtained by:

- Physicians;
- Chiropractors;
- Nurses;
- Dentists;
- Dieticians or nutritionist;
- Pharmacist;
- Psychologists or psychological associate;
- Occupational therapists;
- Optometrist
- Physical therapists;
- Speech language pathologists or audiologists;
- Social workers;
- Marriage/family therapists;
- Respiratory care practitioners.

Source: *Cited in various sections of law. Originated from HB 177 (2000).*

Also see listing of Professional Board Regulation in Miscellaneous section for regulatory requirements for informed consent by profession.

The Board of Speech Language Pathology and Audiology requires their licensees to inform the client in writing, in an initial in-person meeting, about:

- The limitations of using technology in the provision of telepractice;
- Potential risks to confidentiality of information due to technology in the provision of telepractice;
- Potential risks of disruption in the use of telepractice;
- When and how the licensee will respond to routine electronic messages;
- In what circumstances the licensee will use alternative communications for emergency purposes;
- Who else may have access to client communications with the licensee;
- How communications can be directed to a specific licensee;
- How the licensee stores electronic communications from the client; and
- That the licensee may elect to discontinue the provision of services through telehealth.

Source: *KY 201 KAR 17:110.*

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Professional Regulation/Health & Safety

Online Prescribing

Prior to prescribing in response to any communication transmitted or received by computer or other electronic means, physicians must establish a proper physician-patient relationship. This includes:

- Verification that the person requesting medication is in fact who the patient claims to be;
- Establishment of a documented diagnosis through the use of accepted medical practices;
- Maintenance of a current medical record.

An electronic, online, or telephone evaluation by questionnaire are inadequate for the initial or any follow-up evaluation.

Source: *KY Revised Statutes § 311.597.*

A "good faith prior examination" (needed to establish a physician-patient relationship) can be done through telehealth.

Source: *KY Rev. Statute 218A.010.*

The Board of Speech Language Pathology and Audiology does not allow for the establishment of a practitioner-patient relationship via telehealth. They require an in-person meeting to occur first. A practitioner-patient relationship is required to issue a prescription.

Source: *KY 201 KAR 17:110.*

A physician performing or inducing an abortion shall be present in-person and in the same room with the patient. The use of telehealth shall not be allowed in the performance of an abortion.

Source: *KY Revised Statute Sec. 311.728.*

Cross-State Licensing

A provider must be licensed in Kentucky with the exception of persons who, being nonresidents of Kentucky and lawfully licensed to practice medicine or osteopathy in their states of actual residence, infrequently engage in the practice of medicine or osteopathy within this state, when called to see or attend particular patients in consultation and association with a Kentucky-licensed physician.

Source: *KY Revised Statutes § 311.560.*

Member of Nurse Licensure Compact.

Source: *Nurse Licensure Compact. Current NLC States and Status. NCSBN. (Accessed Sept. 2018).*

Member of Physical Therapy Compact.

Source: *HB 227-2017. PT Compact. (Accessed Sept. 2018).*

Miscellaneous

Professional Board Telehealth-Specific Regulations

- Speech Language Pathology and Audiology (**Source:** *Title 201, Ch. 17, Sec. 110*)
- Board of Optometric Examiners (**Source:** *Title 201, Ch. 5, Sec. 055*)
- Physical Therapy (**Source:** *Title 201, Ch. 22, Sec. 160*)
- Dieticians and Nutritionists (**Source:** *Title 201, Ch. 33, Sec. 070*)
- Applied Behavior Analysis (**Source:** *Title 201, Ch. 43, Sec. 10*)
- Nursing (**Source:** *Title 201, Ch. 20, Sec. 520*)
- Board of Psychology (**Source:** *Title 201, Ch. 26, Sec. 310*)
- Occupational Therapy (**Source:** *Title 201, Ch. 28, Sec. 235*)

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Louisiana

Medicaid Program: Louisiana Medicaid

Program Administrator: Louisiana Dept. of Health and Hospitals

Regional Telehealth Resource Center: TexLa Telehealth Resource Center

Covers the States of: Texas & Louisiana

www.texlatrc.org

Medicaid Telehealth Reimbursement

Summary

Live video telemedicine is covered for distant site providers enrolled in Louisiana Medicaid. There is no reimbursement for the originating site. Activity and sensor monitoring, health status monitoring and medication dispensing and monitoring are forms of remote patient monitoring that are covered by Louisiana Medicaid. There is no reference to store-and-forward.

Definitions

"Telemedicine is the use of medical information exchanges from one site to another via electronic communications to improve a recipient's health. Electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between the patient at the originating site, and the physician or practitioner at the distant site."

Source: *LA Dept. of Health and Hospitals, Professional Svcs. Provider Manual, Chapter Five of the Medicaid Svcs. Manual, p. 168 (As revised on Apr. 13, 2018). (Accessed Sept. 2018).*

Live Video

Policy

Louisiana Medicaid reimburses the distant site for services provided via telemedicine.

Covered services must be identified on claims submissions by appending the modifer "GT".

Source: *LA Dept. of Health and Hospitals, Professional Svcs. Provider Manual, Chapter Five of the Medicaid Svcs. Manual, p. 168 (As revised on Apr. 13, 2018). (Accessed Sept. 2018).*

Eligible Services / Specialties

Louisiana Medicaid reimburses for "services provided via an interactive audio and video telecommunications system."

Source: *LA Register, Volume 31, 2032 (2012).*

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Medicaid Telehealth Reimbursement		
Live Video	Eligible Providers	The distant site provider must be enrolled as a Louisiana Medicaid provider to receive reimbursement for covered services. **Source:** *LA Dept. of Health and Hospitals, Professional Svcs. Provider Manual, Chapter Five of the Medicaid Svcs. Manual, p. 168 (As revised on Apr. 13, 2018). (Accessed Sept. 2018).*
	Eligible Sites	No reference found.
	Geographic Limits	No reference found.
	Facility/Transmission Fee	Louisiana Medicaid only reimburses the distant site provider. **Source:** *LA Dept. of Health and Hospitals, Professional Svcs. Provider Manual, Chapter Five of the Medicaid Svcs. Manual, p. 168 (As revised on Apr. 13, 2018). (Accessed Sept. 2018).*
Store-and-Forward	Policy	Louisiana Medicaid will not provide reimbursement for store-and-forward based upon the definition of “telemedicine” which describes telemedicine as including “audio and video equipment permitting two-way, real time interactive communication” therefore excluding store-and-forward. **Source:** *LA Dept. of Health and Hospitals, Professional Svcs. Provider Manual, Chapter Five of the Medicaid Svcs. Manual, p. 168 (As revised on Apr. 13, 2018). (Accessed Sept. 2018).*
	Eligible Services/Specialties	No reference found.

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	Under the Community Choices Waiver, Louisiana Medicaid will reimburse an installation fee and a monthly maintenance fee for: • TeleCare Activity and Sensor Monitoring, • Health status monitoring, and • Medication dispensing and monitoring. Personal Emergency Response System (PERS) is also reimbursed under Community Choices Waiver, which sends alerts when emergency services are needed by the recipient. **Activity and Sensor Monitoring** At a minimum the system must: • Monitor the home's points of egress and entrance; • Detect falls; • Detect movement or lack of movement; • Detect whether doors are opened or closed; and • Provide a push button emergency alert system. **Health Status Monitoring** Could be beneficial for patient with chronic conditions for monitoring weight, oxygen saturation measurements and vital signs. **Medication Dispensing and Monitoring** A remote monitoring system that is pre-programed to dispense and monitor the recipient's compliance with medication therapy. Provider or caregiver is notified when there are missed doses. **Standards** Providers of assistive devices and medical equipment must be a licensed home health agency. Certain standards apply for the medical equipment and supplies used (see manual). **Source:** *LA Dept. of Health and Hospitals, Community Choices Waiver Provider Manual, Chapter Seven of the Medicaid Svcs. Manual, p. 29-30 (as revised on Mar. 29, 2018). (Accessed Sept. 2018).*
	Conditions	Health status monitoring: May be beneficial to individuals with congestive heart failure, diabetes or pulmonary disease. **Source:** *LA Dept. of Health and Hospitals, Community Choices Waiver Provider Manual, Chapter Seven of the Medicaid Svcs. Manual, p. 29-30 (as revised on Mar. 29, 2018). (Accessed Sept. 2018).* Services must be based on verified need. **Source:** *LA Dept. of Health and Hospitals, Community Choices Waiver Provider Manual, Chapter Seven of the Medicaid Svcs. Manual, p. 29-30 (as revised on Mar. 29, 2018). (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Provider Limitations

Providers must meet the following requirements:

- Be UL listed/certified or have 501(k) clearance;
- Be web-based;
- Be compliant with the requirements of the Health Insurance Portability and Accountability Act (HIPAA);
- Have recipient specific reporting capabilities for tracking and trending;
- Have a professional call center for technical support based in the United States; and
- Have on-going provision of web-based data collection for each recipient, as appropriate. This includes response to recipient self-testing, manufacturer's specific testing, self-auditing and quality control.

Source: *LA Dept. of Health and Hospitals, Community Choices Waiver Provider Manual, Chapter Seven of the Medicaid Svcs. Manual, p. 31-32 (as revised on Mar. 29, 2018). (Accessed Sept. 2018).*

Other Restrictions

Limitations

- Services must be pre-approved.
- Services must be based on verified need.
- Benefit must be determined by an independent assessment (done by appropriate professional who has no fiduciary relationship with the manufacturer, supplier or vendor) on any item that costs over $500.
- All items must reduce reliance on other Medicaid state plan or waiver services.
- All items must meet applicable standards of manufacture, design and installation.
- The items must be on the Plan of Care developed by the support coordinator.

A recipient is not able to receive simultaneously Telecare Activity and Sensor Monitoring services and traditional PERS services.

Where applicable, recipients must use Medicaid State Plan, Medicare or other available payers first.

Source: *LA Dept. of Health and Hospitals, Community Choices Waiver Provider Manual, Chapter Seven of the Medicaid Svcs. Manual, p. 32-33 (as revised on Mar. 29, 2018). (Accessed Sept. 2018).*

Email / Phone / Fax

No reference found.

Consent

No reference found.

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Medicaid Telehealth Reimbursement

Out of State Providers

No reference found.

Miscellaneous

The recipients record at both the originating and distant site should reflect that the service was provided using telemedicine.

Source: *LA Dept. of Health and Hospitals, Professional Svcs. Provider Manual, Chapter Five of the Medicaid Svcs. Manual, p. 168 (As revised on Apr. 13, 2018). (Accessed Sept. 2018).*

Private Payer Laws

Definitions

No reference found.

Requirements

Reimbursement must be made to the originating site physician if he/she is physically present during the exam and interact with the distant-site physician.

Originating-site physician fees shall be at least 75 percent of the normal fee for an intermediate office visit.

No reference found for distant-site physician reimbursement.

Source: *LA Revised Statutes 22:1821 (2012).*

Parity

Service Parity

No reference found.

Payment Parity

Originating-site physician fees shall be at least 75 percent of the normal fee for an intermediate office visit.

Source: *LA Revised Statutes 22:1821 (2012).*

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Professional Regulation/Health & Safety

Definitions

Medical Board
"Telemedicine is the practice of health care delivery, diagnosis, consultation, treatment, and transfer of medical data using interactive telecommunication technology that enables a health care practitioner and a patient at two locations separated by distance to interact via two-way video and audio transmissions simultaneously. Neither a telephone conversation nor an electronic mail message between a health care practitioner and patient, or a true consultation as may be defined by rules promulgated by the board pursuant to the Administrative Procedure Act, constitutes telemedicine."

Source: *LA Revised Statutes 37:1262.*

Public Health & Safety
Telehealth means a mode of delivering healthcare services that utilizes information and communication technologies to enable the diagnosis, consultation, treatment, education, care management and self-management of patients at a distance from healthcare providers. Telehealth allows services to be accessed when providers are in a distant site and patients are in the originating site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store-and-forward transfers.

Source: *LA Revised Statutes HB 1Title 40 Sec. 1223.3 & Title 46, Part LXXV, Ch. 1, Sec. 103 (Speech Language Pathology/Audiology).*

Speech-Language Pathology & Audiology
Telehealth is a mode of delivering audiology and speech-language pathology services that utilizes information and communication technologies to enable the diagnosis, consultation, treatment, education care management, and self-management of clients at a distance from the audiologist or speech-language pathologist provider services to be accessed when providers are in a distant site and patients are in the originating site. Telehealth facilitates self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

Source: *Title 46, Part LXXV, Ch. 1, Sec. 103 (Speech Language Pathology/Audiology).*

Physician's Use of Telemedicine in Practice
Telemedicine - the practice of health care delivery, diagnosis, consultation, treatment, and transfer of medical data by a physician using interactive telecommunication technology that enables a physician and a patient at two locations separated by distance to interact via two-way video and audio transmissions simultaneously. Neither an electronic mail message between a physician and a patient, or a true consultation constitutes telemedicine for the purposes of this Part. A physician practicing by telemedicine may utilize interactive audio without the requirement of video if, after access and review of the patient's medical records, the physician determines that he or she is able to meet the same standard of care as if the healthcare services were provided in-person.

Source: *LA Admin. Code 46:XLV.75.*

Consent

Physicians must inform telemedicine patients of the relationship between the physician and patient, and the role of any other health care provider with respect to management of the patient. The patient may decline to receive telemedicine services and withdraw from such care at any time.

Source: *LA Admin. Code 46:XLV.7511 (2012).*

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Louisiana law requires that a physician who uses telemedicine establish a proper physician-patient relationship. Physicians must:

- Verify the identity of the patient;
- Conduct an appropriate exam;
- Establish a proper diagnosis;
- Discuss the diagnosis and risks and benefits of various treatment options;
- Ensure the availability of follow up care;
- Create and/or maintain a medical record.

Source: *LA Admin. Code 46:XLV.7503 (2012).*

Telemedicine, including the issuance of any prescription via electronic means, shall be held to the same prevailing and usually accepted standards of medical practice as those in traditional, face-to-face settings.

An online, electronic or written mail message, or a telephonic evaluation by questionnaire or otherwise, does not satisfy the standards of appropriate care.

To establish a physician-patient relationship an in-person visit is not required if the technology is sufficient to provide the physician the pertinent clinical information.

No physician shall authorize or order the prescription, dispensation or administration of any controlled substance unless; a. the physician has had at least one in-person visit with the patient within the past year; provided, however, the requirement for an in-person visit shall not apply to a physician who holds an unrestricted license to practice medicine in LA and who practices telemedicine upon any patient being treated at a healthcare facility that is required to be licensed pursuant to the laws of LA and which holds a current registration with the U.S. Drug Enforcement Administration; b. the prescription is issued for a legitimate medical purpose; c. the prescription is in conformity with the standard of care applicable to an in-person visit; and d. the prescription is permitted by and in conformity with all applicable state and federal laws and regulations.

Source: *LA Admin. Code 46:XLV.408, Ch. 7503-05 & 7513.*

For physicians practicing telemedicine and treating a patient at a healthcare facility that is required to be licensed according to the laws of LA and holds a current registration with the US Drug Enforcement Administration:

- Physician must use the same standard of care as in-person.
- Physician must be authorized to prescribe any controlled dangerous substance without necessity of conducting an appropriate in-person patient history or physical examination.
- Physician shall not be subject to any regulation prohibition or restriction on the use of telemedicine that is more restrictive than those that are otherwise applicable to their entire profession.

Source: *LA Statute Sec. 37:1271.1 (HB 480 – 2016).*

No physician practicing telemedicine can prescribe a controlled dangerous substance prior to conducting an appropriate in-person patient history or physical examination of the patient.

Source: *LA Revised Statutes 37:1271(B)(3).*

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Professional Regulation/Health & Safety

Cross-State Licensing

A telemedicine license may be issued to out-of-state physicians, as long as they hold a full and unrestricted license in another state or U.S. territory.

Out-of-state telemedicine providers cannot open an office, meet with patients or receive calls from patients within Louisiana.

Source: *LA Revised Statutes 37:1276.1 (2012).*

LA state agencies and professional boards can regulate the use of telehealth including licensing of out-of-state healthcare providers.

Source: *LA Revised Statutes 40:1223.4.*

A physician may practice in the state with a full license, or hold a telemedicine permit.

Source: *LA Admin. Code 46:XLV.7507.*

Member of Physical Therapy Compact.

Source: *SB 203 (2018). PT Compact. (Accessed Sept. 2018).*

Member of Nurse Licensure Compact.

Source: *Nurse Licensure Compact. Current NLC States and Status. NCSBN. (Accessed Sept. 2018).*

Miscellaneous

Professional Board Telehealth-Specific Regulations

- Louisiana Medical Board (Title 46, Part XLV, Subpart 1, Subchapter C, Ch. 75)
- Speech Language Pathology and Audiology (Title 46, Part LXXV, Ch. 1, Sec. 130).

Louisiana has specific standards for its telemedicine physicians.

Source: *LA Statute Sec. 37:1271 & House Bill 1280 (2014).*

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Maine

Medicaid Program: MaineCare

Program Administrator: Maine Dept. of Health and Human Services

Regional Telehealth Resource Center: Northeast Regional Telehealth Resource Center

Covers the States of: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island & Vermont

www.netrc.org

Medicaid Telehealth Reimbursement

Summary

Maine Medicaid (MaineCare) reimburses for live video telehealth under certain conditions, and remote patient monitoring for patients with certain risk factors. Although their definition of telehealth is broad enough to include store-and-forward, there is no mention of store-and-forward reimbursement within their policies.

Definitions

Telehealth is the use of information technology by a Health Care Provider to deliver clinical services at a distance for the purpose of diagnosis, disease monitoring, or treatment. Telehealth Services may be either telephonic or interactive (combined video/audio).

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4., p. 2 (Apr. 9, 2018) & Code of ME Rules 10-144-101, Ch. 1, Sec. 4. (Accessed Sept. 2018).*

Telehealth as it pertains to the delivery of health care services, means the use of interactive real-time visual and audio or other electronic media for the purpose of consultation and education concerning and diagnosis, treatment, care management and self-management of a patient's physical and mental health and includes real-time interaction between the patient and the telehealth provider, synchronous encounters, asynchronous encounters, store-and-forward transfers and remote patient monitoring. "Telehealth" includes telephonic services when interactive telehealth services are unavailable or when a telephonic service is medically appropriate for the underlying covered service.

Source: *ME Statute Sec. 22:855.3173-H.*

Live Video

Policy

If the Member is eligible for the underlying covered service and providing it via telehealth is medically appropriate and is of comparable quality as if it had been delivered in-person, the telehealth service is eligible for reimbursement.

No reimbursement for communication between health care providers when the member is not present at the originating site.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

There is a specific list of codes provided in the manual.

Non-Covered services include:

- Medical equipment
- Personal care aide
- Pharmacy services
- Assistive technology services
- Non-emergency medical transportation
- Ambulance services
- Services that require physical contact
- Any service medically inappropriate for telehealth services

See manual for full list of exclusions.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4., p. 5-6. (Accessed Sept. 2018).*

Eligible Providers

A health care provider must also be:

- Acting within the scope of his or her license
- Enrolled as a MaineCare provider; and
- Otherwise eligible to deliver the underlying Covered Service

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.03., p. 3. (Accessed Sept. 2018).*

If approved by HRSA and the state, a FQHC, RHC, or IHC may serve as the provider site and bill under the encounter rate.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.p. 10. (Apr. 9, 2018). (Accessed Sept. 2018).*

Eligible Sites

FQHCs, RHCs or IHCs may be originating sites.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4., p. 10. (Apr. 9, 2018). (Accessed Sept. 2018).*

Geographic Limits

No reference found.

Facility/Transmission Fee

A facility fee is provided to a health care provider at the originating site.

An originating facility fee may only be billed in the event that the originating site is in a healthcare provider's facility.

When an FQHC or RHC serves as the originating site, the facility fee is paid separately from the center or clinic all-inclusive rate.

The Department does not reimburse a transmission fee.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. p. 1, 6, 10. (Apr. 9, 2018). (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Policy	Provider manual indicates coverage of "telehealth services" which is inclusive of store-and-forward, however the manual only discusses interactive telehealth, and remote patient monitoring in detail. Additionally, the manual only discusses the use of the GT modifier (live interactive video), and does not mention the GQ modifier (asynchronous). **Source:** *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Accessed Sept. 2018).*
	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	ME Medicaid provides coverage for telemonitoring services (which may or may not take place in real time) under certain circumstances. Covered telemonitoring services include: • Evaluation of the member to determine if telemonitoring services are medically necessary; • Evaluation of Member to ensure cognitively and physically capable of operating equipment; • Evaluation of residence; • Education and training; • Remote monitoring and tracking of data by a RN, NP, PA or physician and response with appropriate clinical interventions; • Monthly telephonic services; • Maintenance of equipment; and • Removal/disconnection of equipment **Source:** *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.04. p. 4-5. (Accessed Sept. 2018).* **Home and Community Benefits for the Elderly and for Adults with Disabilities** Real time remote support monitoring is covered under Home and Community Benefits for the Elderly and for Adults with Disabilities. Services may include a range of technological options including in-home computers, sensors and video camera linked to a provider that enables 24/7 monitoring. **Source:** *MaineCare Benefits Manual, Home and Community Benefits for the Elderly and for Adults with Disabilities, 10-144 Ch. II, Sec. 19, p. 13 (Jun. 1, 2017). (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Conditions

In order to be eligible for telemonitoring a member must:

- Be eligible for home health services;
- Have a diagnosis of a health condition requiring monitoring of clinical data at a minimum of five times per week, for at least one week;
- Have documentation in the patient's medical record that the patient is at risk of hospitalization or admission to an emergency room or have continuously received Telemonitoring Services during the past calendar year and have a continuing need for such services, as documented by an annual note from a health care provider;
- Have telemonitoring services included in the Member's plan of care;
- Reside in a setting suitable to support telemonitoring equipment; and
- Have the physical and cognitive capacity to effectively utilize the telemonitoring equipment or have a caregiver willing and able to assist with the equipment.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.02. p. 2-3. (Accessed Sept. 2018).*

Home and Community Benefits for the Elderly and for Adults with Disabilities
Final approval must be obtained from the Department, Office of Aging and Disability Services while considering:

- Number of hospitalizations in the past year;
- Use of emergency room in the past year;
- History of falls in the last six months resulting from injury;
- Member lives alone or is home alone for significant periods of time;
- Service access challenges and reasons for those challenges;
- History of behavior indicating that a member's cognitive abilities put them at a significant risk of wandering; and
- Other relevant information.

Source: *MaineCare Benefits Manual, Home and Community Benefits for the Elderly and for Adults with Disabilities, 10-144 Ch. II, Sec. 19, p. 13 (Jun. 1, 2017). (Accessed Sept. 2018).*

Provider Limitations

In order to be reimbursed for services, Health Care providers:

- Must be enrolled as MaineCare providers in order to be reimbursed for services;
- Be a certified Home Health Agency pursuant to the MaineCare Benefits Manual Ch. II Section 40 ("Home Health Services");
- The Provider ordering the service must be a Provider with prescribing privileges (physician, nurse practitioner or physician's assistant);
- Must document that they have had a face-to-face encounter with the member before a physician may certify eligibility for services under the home health benefit. This may be accomplished through interactive telehealth services, but not by telephone or e-mail.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.01. (Accessed Sept. 2018).*

Other Restrictions

Department required to adopt regulations that comply with the following:

- May not include any requirement that a patient have a certain number of ER visits or hospitalizations related to the patient's diagnosis in the criteria for a patient's eligibility for telemonitoring services;
- Must include qualifying criteria for a patient's eligibility of telemonitoring services that include documentation in a patient's medical record that the patient is at risk of hospitalization or admission to an ER;
- Must provide that group therapy for behavioral health or addiction services covered by the MaineCare program may be delivered through telehealth; and
- Must include requirements for individual providers and the facility or organization in which the provider works for providing telehealth and telemonitoring services.

Source: *ME Statute Sec. 3173-H.*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Other Restrictions

A health care provider must document that a face-to-face encounter with the member occurred before they are eligible for a home health benefit. This can occur through interactive telehealth services, but not by telephone or e-mail.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.03. (Accessed Sept. 2018).*

ME established the ME Telehealth and Telemonitoring advisory group to evaluate difficulties related to telehealth and telemonitoring services and make recommendations to the department to improve it statewide.

Source: *ME Statute Sec. 3173-I.*

Home and Community Benefits for the Elderly and for Adults with Disabilities
Use of remote monitoring requires sufficient Back Up Plans and the SCA will be responsible for ensuring that the member has at least two adequate back-up plans prior to making a referral for this service.

Source: *MaineCare Benefits Manual, Home and Community Benefits for the Elderly and for Adults with Disabilities, 10-144 Ch. II, Sec. 19, p. 13 (Jun. 1, 2017). (Accessed Sept. 2018).*

Email / Phone / Fax

Telephonic services may be reimbursed if the following conditions are met:

- Interactive telehealth services are unavailable; and
- A telephonic service is medically appropriate for the underlying covered service.

Services may not be delivered through electronic mail.

Interprofessional telephone/internet assessment are among the listed reimbursable procedure codes.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Accessed Apr. 2018).*

For Indian Health Services, a second tier consultation can utilize direct email communications or telephone consultation.

Source: *MaineCare Benefits Manual, Indian Health Services, 10-144 Ch. II, p. 5 (March 21, 2012). (Accessed Sept. 2018).*

Telephone is also covered for:

- Targeted Case Management Services for purposes of monitoring and follow up activities can take place over the telephone.
- Telephone can be used under the Home and Community Benefits for the Elderly and for Adults with Disabilities for purposes of monitoring.
- Behavioral Health Services for purposes of crisis resolution services when at least one face-to-face contact is made with the member within seven days prior to the first contact related to the crisis resolution service.

Source: *MaineCare Benefits Manual, Targeted Case Management Services, 10-144 Ch. 101, Sec. 13, p. 6 (Mar. 20, 2014) & MaineCare Benefits Manual, Home and Community Benefits for the Elderly and for Adults with Disabilities, 10-144 Ch. II, Sec. 19, p. 13 (Jun. 1, 2017) & MaineCare Benefits Manual, Behavioral Health Services, 10-44 Ch. II, Sec. 65, p. 10 (Nov. 26, 2016). (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Consent

Providers must deliver written educational information to patients at their visit.

This information should be in a format and manner that the Member is able to understand and include the following:

- Description of the telehealth services and what to expect;
- Explanation that the use of telehealth for this service is voluntary and that the member is able to refuse the telehealth visit at any time without affecting the right to future care or treatment or loss or withdrawal of MaineCare benefit;
- Explanation that MaineCare will pay for transportation to a distant appointment if needed;
- Explanation that the Member will have access to all information resulting from the telehealth service provided by law;
- The dissemination, storage or retention of an identifiable Member image or other information shall comply with federal and state laws and regulations requiring confidentiality;
- Informed of all parties who will be present at the receiving and originating site and have the right to exclude anyone from either site; and
- Member has the right to object to videotaping or other recording of consult.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. p. 8. (Accessed Sept. 2018).*

Member's record must document consent for RPM.

Source: *MaineCare Benefits Manual, Home and Community Benefits for the Elderly and for Adults with Disabilities, 10-144 Ch. II, Sec. 19, p. 13 (June. 1, 2017). (Accessed Sept. 2018).*

Out of State Providers

Healthcare Providers must be licensed or certified in the state of Maine.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.01. (Accessed Sept. 2018).*

Miscellaneous

MaineCare will pay for transportation to a distant appointment if needed.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.06. (Apr. 9, 2018). (Accessed Sept. 2018).*

The Department is required to report on the utilization of telehealth and telemonitoring services within the MaineCare program annually beginning in 2018.

The Department is required to conduct educational outreach to providers and MaineCare members on telehealth and telemonitoring.

Source: *ME Statute Sec. 3173-H.*

Tele-pharmacy is allowed.

Tele-pharmacy is a method of delivering prescriptions dispensed by a pharmacist to a remote site. Pharmacies using tele-pharmacy must follow all applicable State and Federal regulations, including use of staff qualified to deliver prescriptions through tele-pharmacy.

Providers may dispense prescriptions via tele-pharmacy; pre-authorization is required.

Source: *MaineCare Benefits Manual, Ch. 2, Pharmacy Services, 10-144 Chapter 101, p. 5 & 30. 80.01 & 07 (Sept. 1, 2017) (Accessed Sept. 2018).*

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Private Payer Laws

Definitions

"Telemedicine, as it pertains to the delivery of health care services, means the use of interactive audio, video or other electronic media for the purpose of diagnosis, consultation or treatment. 'Telemedicine' does not include the use of audio-only telephone, facsimile machine or e-mail."

Source: *ME Revised Statutes Annotated. Title 24, Sec. 4316.*

Requirements

A health plan may not deny coverage on the basis that the coverage is provided through telemedicine if the health care service would have been covered through an in-person consultation between a covered person and a health care provider. Coverage must be determined in a manner consistent with coverage for services provided through in-person consultation.

Source: *ME Revised Statutes Annotated. Title 24 Sec. 4316.*

Parity

Service Parity

A health plan may not deny coverage on the basis that the coverage is provided through telemedicine if the health care service would have been covered through an in-person consultation between a covered person and a health care provider.

Source: *ME Revised Statutes Annotated. Title 24 Sec. 4316.*

Payment Parity

Coverage must be determined in a manner consistent with coverage for services provided through in-person consultation.

Source: *ME Revised Statutes Annotated. Title 24 Sec. 4316.*

Professional Regulation/Health & Safety

Definitions

Board of Licensure in Medicine & Board of Osteopathic Licensure
"Telemedicine" means the practice of medicine or the rendering of health care services using electronic audio-visual communications and information technologies or other means, including interactive audio with asynchronous store-and-forward transmission, between a licensee in one location and a patient in another location with or without an intervening health care provider. Telemedicine includes asynchronous store-and-forward technologies, remote monitoring, and real-time interactive services, including teleradiology and telepathology. Telemedicine shall not include the provision of medical services only through an audio-only telephone, e-mail, instant messaging, facsimile transmission, or U.S. mail or other parcel service, or any combination thereof.

Source: *ME Regulation Sec. 02-373-6 & 02-383-6.*

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Professional Regulation/Health & Safety

Consent

Board of Licensure in Medicine & Board of Osteopathic Licensure
A licensee who uses telemedicine shall ensure the patient provides appropriate informed consent for the health care services provided, including consent for the use of telemedicine, which must be documented in the patient's medical record.

Source: *ME Regulation Sec. 02-373-6 & 02-383-6.*

Online Prescribing

Board of Licensure in Medicine & Board of Osteopathic Licensure
Prior to providing treatment, including issuing prescriptions, electronically or otherwise, a licensee who uses telemedicine in providing health care shall interview the patient to collect the relevant medical history and perform a physical examination, when medically necessary, sufficient for the diagnosis and treatment of the patient. An internet questionnaire that is a static set of questions provided to the patient, to which the patient responds with a static set of answers, in contrast to an adaptive interactive and responsive online interview, does not constitute an acceptable medical interview and physical examination for the provision of treatment, including issuance of prescriptions, electronically or otherwise, by the licensee.

A valid physician-patient relationship may be established between a licensee who uses telemedicine in providing health care and a patient who receives telemedicine services through consultation with another licensee or through a telemedicine encounter if the standard of care does not require an in-person encounter and in accordance with evidence-based standards for practice and telemedicine practice guidelines that address the clinical and technological aspects of telemedicine.

Source: *ME Regulation Sec. 02-373-6 & 02-383-6.*

Cross-State Licensing

Adopted the Interstate Medical Licensure Compact.

Source: *ME Code, Ch. 145, Sec. 18507-24. (SP 467-2017).*

Member of Nurse Licensure Compact.

Source: *Nurse Licensure Compact. Current NLC States and Status. NCSBN. (Accessed Sept. 2018).*

A physician who is not licensed in Maine can practice medicine in Maine through interstate telemedicine if they are licensed in the state they are providing telemedicine from, their license is in good standing, the physician does not open an office, meet patients or receive calls in the state and agrees to provide only consultative services as requested by other physicians, APRNs or PAs, and the physician annually registers with the board and pays a fee.

Source: *32 MSRA Sec. 3300-D.*

The Board may issue an interstate telemedicine consultation registration to an applicant who:

- Submits an administratively complete application on forms approved by the Board;
- Pays the appropriate licensure application fee;
- Demonstrates that the applicant is a physician and is fully licensed without restriction to practice medicine in the state from which the physician provides telemedicine services;
- Meets the examination requirement;
- Has not had a license to practice medicine revoked or restricted in any state or jurisdiction; and
- Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.

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Professional Regulation/Health & Safety

Cross-State Licensing

A physician registered for the interstate telemedicine consultation shall not:

- Open an office in this State;
- Meet with patients in this State;
- Receive calls in this State from patients; and
- Shall provide only consultative services as requested by a physician, advanced practice registered nurse or physician assistant licensed in this State who retains ultimate authority over the diagnosis, care and treatment of the patient.

Source: *ME Regulation Sec. 02-373 Ch. 1, pg 13-14.*

Miscellaneous

Professional regulation with telehealth specific standards

- Board of Licensure in Medicine (**Source:** *ME Regulation Sec. 02-373-6*)
- Board of Osteopathic Licensure (**Source:** *ME Regulation 02-383-6*)

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Maryland

Medicaid Program: MD Medicaid Assistance Program

Program Administrator: MD Dept. of Social Services

Regional Telehealth Resource Center: Mid-Atlantic Telehealth Resource Center
Covers the States of: Delaware, Kentucky, Maryland, New Jersey, North Carolina, Pennsylvania, Virginia, and West Virginia as well as the District of Columbia

www.matrc.org

Medicaid Telehealth Reimbursement

Summary

Maryland Medicaid covers live video telehealth conducted by specific providers and specific originating sites. Although the Medicaid program does not reimburse for store-and-forward, dermatology, ophthalmology and radiology are excluded from the definition of store-and-forward. Maryland Medicaid does reimburse for remote patient monitoring for patients with certain chronic conditions and exhibiting certain risk factors.

Definitions

Telemedicine means, as it relates to the delivery of health care services, the use of interactive audio, video, or other telecommunications or electronic technology:

1. By a health care provider to deliver a health care service that is within the scope of practice of the health care provider at a site other than the site at which the patient is located; and
2. That enables the patient to see and interact with the health care provider at the time the health care service is provided to the patient.

Source: *MD Health General Code 15-105.2.*

"Telehealth means the delivery of medically necessary somatic or behavioral health services to a patient at an originating site by distant site provider, through the use of technology-assisted communication."

Source: *Code of Maryland Admin. Regs. Sec. 10.09.49.02.*

Live Video

Policy

Reimbursement for telehealth is required for services appropriately delivered through telehealth and may not exclude from coverage a health care service solely because it is through telehealth.

The Department may require providers to submit a registration form to include information required for the processing of telehealth claims.

Source: *MD General Health Code Sec. 15-105.2 & Insurance Code 15-139.*

Managed Care
MCOs shall provide coverage for medically necessary telemedicine services.

Source: *Code of Maryland Admin. Regs. Sec. 10.09.67.31.*

Maryland Medicaid provides a telehealth program that employs a "hub-and-spoke" model. Communication must be in real time, and the participant must be at an originating site with a telepresenter.

Source: *MD Medicaid Telehealth Program. Telehealth Provider Manual. Updated May 2, 2018. (Accessed Sept. 2018).*

Mental Health
The Department shall grant approval to a telemental health provider to be eligible to receive State or federal funds for providing interactive telemental health services.

Source: *Code of Maryland Admin. Regs. Sec. 10.21.30.03.*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Covered Services - Somatic and behavioral health services: Providers must contact the participant's healthchoice MCO or Beacon Health Option with questions regarding prior authorization requirements for telehealth services.

Source: *MD Medicaid Telehealth Program. Telehealth Provider Manual. Updated May 2, 2018. (Accessed Sept. 2018).*

Medically necessary services are covered by the Maryland Medical Assistance Program as long as they are:

- Distinct from services provided by the originating site provider;
- Able to be delivered using technology-assisted communication; and
- Clinically appropriate to be delivered via telehealth;

Source: *Code of Maryland Admin. Regs. Sec. 10.09.49.05.*

Services should be billed with the GT modifier.

Source: *Code of Maryland Admin. Regs. Sec. 10.09.49.11.*

Mental Health Eligible Services:

- Diagnostic interview
- Individual therapy
- Family therapy
- Group therapy for the individual
- Outpatient evaluation and management
- Outpatient office consultation
- Initial inpatient consultation
- Emergency department services

Source: *Code of Maryland Admin. Regs. Sec. 10.21.30.09.*

Eligible Providers

Recently Approved Legislation (Now Effective – Expires in two years at the end of September 30, 2020)
If the Department specifies by regulation the types of health care providers eligible to receive reimbursement, the types of health care providers shall include:

- Primary care providers; and
- Psychiatrists who are providing assertive community treatment or mobile treatment services to program recipients located in a home or community-based setting.

Health services provided by a psychiatrist described above is equivalent to the same health care service when provided through in-person consultation.

Source: *Senate Bill 704 (2018).*

Eligible distant site provider:

- Nurse midwife
- Nurse practitioner
- Psychiatric nurse practitionerPhysician;
- A physician assistant; or
- A provider fluent in American Sign Language providing telehealth services to a deaf or hard of hearing participant;

The following sites can register as distant site providers:

- A community-based substance use disorder provider;
- An opioid treatment program;
- An outpatient mental health center; or
- A Federally Qualified Health Center.

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

Telehealth providers must be enrolled in the Maryland Medical Assistance Program and register as an originating or distant site via an online form before rendering telehealth services. Additionally, providers billing for behavioral health services must register with the Department's administrative service organization (ASO) before rendering behavioral health services

Source: *MD Medicaid Telehealth Program. Telehealth Provider Manual. Updated Mar 2, 2018. (Accessed Sept. 2018) & Code of Maryland Admin. Regs. Sec. 10.09.49.07.*

Mental Health
Eligible Providers:

- Outpatient mental health centers
- Telemental health (TMH) providers who are individual psychiatrists.

Telemental health providers may be private practice, part of a hospital, academic, health or mental health care system. Public Mental Health System (PMHS) approved community-based providers or individual practitioners may engage in agreements with TMH providers for services. Fee-for-service reimbursement shall be at an enhanced rate, as stipulated by the Department, provided all applicable provisions of this chapter are met and funds are available.

Source: *Code of Maryland Admin. Regs. Sec. 10.21.30.03-04.*

Eligible Sites

Eligible originating sites:

- College or university student health or counseling office
- Community-based substance use disorder provider
- Deaf or hard of hearing participant's home or any other secure location approved by the participant and provider
- Elementary, middle, high or technical school with a supported nursing, counseling or medical office
- Local health department
- FQHC
- Hospital, including emergency department
- Nursing facility
- Private office
- Opioid treatment program
- Outpatient mental health center
- Renal dialysis center; or
- Residential crisis services site

Telehealth providers must be enrolled in the Maryland Medical Assistance Program and register as an originating or distant site via an online form before rendering telehealth services. Additionally, providers billing for behavioral health services must register with the Department's administrative service organization (ASO) before rendering behavioral health services.

Source: *MD Medicaid Telehealth Program. Telehealth Provider Manual. Updated May 2, 2018. (Accessed Sept. 2018) & Code of Maryland Admin. Regs. Sec. 10.09.49.07.*

SBHC with FQHC or local health department sponsoring entities may register as originating sites and bill the telehealth transmission fee code after the SBHC receives approval from MSDE enrolls as a Medicaid provider.

Source: *MD Medicaid Telehealth Program, Telehealth Provider Manual, updated May 2, 2018. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement		
Live Video	Eligible Sites	**Mental Health** Eligible Originating Sites: • County government offices appropriate for private clinical evaluation services; • Critical Access Hospital; • Federally Qualified Health Center; • Hospital; • Outpatient mental health center; • Physician's office; • Rural Health Clinic; • Elementary, middle, high, or technical school with a supported nursing, counseling or medical office; or • College or university student health or counseling office. **Source:** *Code of Maryland Admin. Regs. Sec. 10.21.30.05.*
	Geographic Limits	**Mental Health** To be eligible a beneficiary must reside in one of the designated rural geographic areas or whose situation makes person-to-person psychiatric services unavailable. **Source:** *Code of Maryland Admin. Regs. Sec. 10.21.30.05.*
	Facility/Transmission Fee	Originating sites may bill for a transmission fee code Q3014. **Source:** *MD Medicaid Telehealth Program. Telehealth Provider Manual. Updated May 2, 2018. (Accessed Sept. 2018).* Originating sites are eligible for a transmission fee. Fee set in COMAR 10.09.07D; or by the Health Services Cost Review Commission for sites located in regulated space. Transmission fees paid to the originating site may be used to pay for: Line or per minute usage charges or both; and any additional programmatic, administrative, clinical or contingency support at the originating site. **Source:** *Code of Maryland Admin. Regs. Sec. 10.09.49.11.*
Store-and-Forward	Policy	The department may provide reimbursement for services delivered through store-and-forward technology. **Source:** *Health General Code 15-105.2.* Maryland Medicaid does not cover store-and-forward, however dermatology, ophthalmology and radiology are covered under Physician services of COMAR. **Source:** *MD Medicaid Telehealth Program. Telehealth Provider Manual. Updated May 2, 2018. (Accessed Sept. 2018).*
	Eligible Services/Specialties	MD Medicaid does not cover store-and-forward. However, dermatology, ophthalmology and radiology are excluded from definition of store-and-forward. They do reimburse for these services according to COMAR 10.09.02.07. **Source:** *Code of Maryland Admin. Regs. Sec. 10.09.49.10.*

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	The department may provide reimbursement for services delivered through remote patient monitoring technology. **Source:** *Health General Code 15-105.2.* MD Medicaid reimburses for remote patient monitoring for certain chronic conditions. **Source:** *Remote Patient Monitoring. MD Department of Health. (Accessed Sept. 2018).* No reimbursement for home health monitoring services under telehealth manual. **Source:** *MD Medicaid Telehealth Program. Telehealth Provider Manual. Updated May 2, 2018. (Accessed Sept. 2018).*
	Conditions	Medicaid recipients diagnosed with one of the following conditions qualify: • Chronic Obstructive Pulmonary Disease • Congestive Heart Failure • Diabetes (Type 1 or 2) The participant must be enrolled in Medicaid, consent to RPM, have an internet connection and capability to use monitoring tools and have one of the following scenarios within the most recent 12 month period: • Two hospital admissions with the same qualifying medical condition as the primary diagnosis • Two emergency room department visits with the same qualifying medical condition as the primary diagnosis • One hospital admission and one emergency department visit with the same qualifying medical condition as the primary diagnosis. **Source:** *MD Home Health Transmittal No. 64. Jan. 10, 2018. (Accessed Sept. 2018).*
	Provider Limitations	Eligible Providers: • Home Health Agencies • Hospitals • Clinics • Federally Qualified Health Centers • Managed Care Organizations • Health Professionals (Physicians, Nurses, Physician Assistants) **Source:** *Remote Patient Monitoring. MD Department of Health. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Other Restrictions

Preauthorization required.

RPM reimbursement rate covers equipment installation, participant education for using the equipment, and daily monitoring of the information transmitted for abnormal data measurements.

Reimbursement does not include RPM equipment, upgrades to RPM equipment or internet service for participants.

Source: *MD Home Health Transmittal No. 64. Jan. 10, 2018. (Accessed Sept. 2018).*

Email / Phone / Fax

No reimbursement for email.
No reimbursement for telephone.
No reimbursement for FAX.

No reimbursement for email, phone or telephone conversations between providers.

Source: *MD Medicaid Telehealth Program. Telehealth Provider Manual. Updated May 2, 2018. (Accessed Sept. 2018).*

Consent

The originating site must obtain consent. If the participant is unable to provide consent, the medical record must contain in writing an explanation as to why the participant was unable to consent to telehealth services.

Source: *MD Medicaid Telehealth Program. Telehealth Provider Manual. Updated May 2, 2018. Accessed Sept. 2018.*

Consent is required unless there is an emergency.

Source: *Code of Maryland Admin. Regs. Sec. 10.09.49.06.*

Mental Health
An individual must voluntarily consent to telemental health services, which must be documented in the individual's medical record.

Source: *Code of Maryland Admin. Regs. Sec. 10.21.30.05.*

Out of State Providers

No reference found.

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Medicaid Telehealth Reimbursement

Miscellaneous

Technology requirements for providers:

- A camera with specific resolution, focus, and zoom capabilities
- Have display monitor sufficient in size
- Bandwidth speed and image resolution sufficient to provide quality video
- Audio equipment that ensures clear communication, unless engaging with a participant who is deaf or hard of hearing
- Creates audio transmission with less than 300 millisecond delay
- Secure and HIPAA compliant telehealth communication

Must ensure HIPAA compliance.

Provider manual outlines various telehealth provider scenarios.

Source: *MD Medicaid Telehealth Program. Telehealth Provider Manual. Updated May 2, 2018. (Accessed Sept. 2018).*

Providers of health care services delivered through telehealth must use video and audio transmission with less than a 300 millisecond delay. Other minimum technology requirements apply.

Source: *Code of Maryland Admin. Regs. Sec. 10.09.49.08.*

Providers may not store at originating or distant site video images or audio portion of telemedicine services for future use.

Source: *Code of Maryland Admin. Regs. Sec. 10.09.49.09.*

Private Payer Laws

Definitions

Telehealth means, as it relates to the delivery of health care services, the use of interactive audio, video or other telecommunications or electronic technology by a licensed health care provider to deliver a health care service within the scope of practice of the health care provider at a location other than the location of the patient. Telehealth does not include audio only telephone between a health care provider and a patient; an electronic mail message between a health care provider and a patient; or a facsimile transmission between a healthcare provider and patient.

Source: *MD Insurance Code 15-139.*

Requirements

Insurers must provide coverage under a health insurance policy for health care services appropriately delivered through telehealth and may not exclude coverage solely because it is provided through telehealth and not in-person. The health care services appropriately provided through telehealth must include counseling for substance use disorder.

A health insurer can undertake utilization review, including preauthorization to determine the appropriateness of any health care service whether delivered in-person or through telehealth if the appropriateness is determined in the same manner.

Source: *MD Insurance Code Annotated Sec. 15-139.*

Parity

Service Parity

Insurers must reimburse a health care provider for the diagnosis, consultation and treatment of an insured patient that can be appropriately provided through telehealth.

Source: *MD Insurance Code Annotated Sec. 15-139.*

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Private Payer Laws

Parity

Payment Parity

No explicit payment parity.

Professional Regulation/Health & Safety

Definitions

Audiologists, Hearing Aid Dispensers and Speech Language Pathologists:
"Telehealth means the use of telecommunications and information technologies for the exchange of information from one site to another, for the provision of health care to an individual from a provider through hardwire or Internet connection."

Source: *MD Health Occupations Annotated Sec. 2-101.*

Board of Physicians:
"Telemedicine means the practice of medicine from a distance in which intervention and treatment decisions and recommendations are based on clinical data, documents, and information transmitted through telecommunications systems."

Source: *Code of Maryland Admin. Regs. Sec. 10.32.05.02.*

Perinatal and Neonatal Referral Center Standards:
"Telemedicine" means the use of interactive audio, video, or other telecommunications or electronic technology by a licensed health care provider to deliver a health care service within the scope of practice of the health care provider at a site other than the site at which the patient is located, in compliance with COMAR 10.32.05.and including at least two forms of communication.

Source: *MD COMAR Sec. 30.08.12.01.*

Consent

Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech Language Pathologists
Telehealth providers must inform patients and consultants of the following:

- The inability to have direct, physical contact with the patient is a primary difference between telehealth and direct in-person service delivery;
- The knowledge, experiences, and qualifications of the consultant providing data and information to the provider of the telehealth services need not be completely known to and understood by the provider;
- The quality of transmitted data may affect the quality of services provided by the provider;
- That changes in the environment and test conditions could be impossible to make during delivery of telehealth services.

Telehealth services may not be provided by correspondence only.

Source: *Code of MD Reg., 10.41.06.04.*

Except when providing interpretive services, the physician must obtain and document patient consent.

Source: *Code of Maryland Admin. Regs. Sec. 10.32.05.06.*

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Professional Regulation/Health & Safety

Online Prescribing

A physician-patient relationship can be established through real time auditory communications or real time visual and auditory communications.

Source: *Code of Maryland Admin. Regs. Sec. 10.32.05.05.*

Cross-State Licensing

Member of the Interstate Medical Licensure Compact.

Source: *Senate Bill 234 (2018).*

Member of Nurse Licensure Compact.

Source: *Nurse Licensure Compact. Current NLC States and Status. NCSBN. (Accessed Sept. 2018).*

MD has exceptions to its MD-only licensed physicians for physicians practicing in the adjoining states of Delaware, Virginia, West Virginia, and Pennsylvania.

Source: *MD Health Occupations Code Annotated Sec. 14-302.*

A physician providing services through telemedicine must have a Maryland license if they are located in Maryland, or if the patient is in Maryland.

Source: *Code of Maryland Admin. Regs. Sec. 10.32.05.03.*

Miscellaneous

Specific standards apply for physicians utilizing a website to communicate with patients.

Source: *Code of Maryland Admin. Regs. Sec. 10.32.05.02 & 10.32.02.*

Professional Telehealth-Specific Regulations

- Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech Language Pathologists (**Source:** *COMAR 10.41.06*).
- Board of Physicians (**Source:** *COMAR 10.32.05*)

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Massachusetts

Medicaid Program: MassHealth

Program Administrator: MA Dept. of Health and Human Services

Regional Telehealth Resource Center: Northeast Regional Telehealth Resource Center

Covers the States of: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island & Vermont

www.netrc.org

Medicaid Telehealth Reimbursement

Summary

Massachusetts Medicaid (MassHealth) makes no reference to reimbursement of telehealth or telemedicine within their policies. There is, however a 2014 budget bill that allocated funds for the reimbursement of remote patient monitoring telehealth. CCHP has found no further details regarding this.

It should be noted that Massachusetts is a managed care state, and that some individual Medicaid managed care plans may reimburse for telehealth delivered services.

Definitions

No reference found.

Live Video

Policy

No reference found.

Eligible Services / Specialties

No reference found.

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Medicaid Telehealth Reimbursement		
Live Video	Eligible Providers	No reference found.
	Eligible Sites	No reference found.
	Geographic Limits	No reference found.
	Facility/Transmission Fee	No reference found.
Store-and-Forward	Policy	No reference found.
	Eligible Services/Specialties	No reference found.

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	In the FY 2014 State Budget, MA appropriates funds for the reimbursement of telehealth remote patient monitoring provided by home health agencies as a service to clients reimbursable through Medicaid, as long as it is for short term reimbursement. **Source:** *MA EOHHS and MassHealth. 4000-300 (2014).*
	Conditions	No reference found.
	Provider Limitations	No reference found.
	Other Restrictions	No reference found.

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Medicaid Telehealth Reimbursement	Email / Phone / Fax	No reference found.
	Consent	No reference found.
	Out of State Providers	No reference found.
	Miscellaneous	No reference found.
Private Payer Laws	Definitions	"Telemedicine as it pertains to the delivery of health care services, shall mean the use of interactive audio, video or other electronic media for the purpose of diagnosis, consultation or treatment. 'Telemedicine' shall not include the use of audio-only telephone, facsimile machine or e-mail." **Source:** *Annotated Laws of MA. Part I, Title XXII, Ch. 175, Sec. 47BB.*
	Requirements	Private payers may provide coverage of telemedicine services, subject to contract terms and conditions, and must be consistent with coverage for health care services provided through in-person consultations. **Source:** *Annotated Laws of MA. Part I, Title XXII, Ch. 175, Sec. 47BB.*

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Private Payer Laws	Parity	Service Parity	Private payers may provide coverage of telemedicine services. **Source:** *Annotated Laws of MA. Part I, Title XXII, Ch. 175, Sec. 47BB.*
		Payment Parity	Coverage shall be consistent with coverage for health care services provided through in-person consultation. **Source:** *Annotated Laws of MA. Part I, Title XXII, Ch. 175, Sec. 47BB.*
Professional Regulation/Health & Safety	Definitions		No reference found.
	Consent		No reference found.
	Online Prescribing		Prior to any e-prescribing, there must be a physician-patient relationship that conforms to certain minimum norms and standards of care, which includes taking a medical history and conducting an appropriate exam. **Source:** *"Internet Prescribing," MA Board of Registration in Medicine. Dec. 17, 2003 & Prescribing Practices Policy and Guidelines. Policy 15-05, pg. iii (Sec. 4), Adopted Oct. 8, 2015. (Accessed Sept. 2018).*
	Cross-State Licensing		No reference found.

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Miscellaneous

No reference found.

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Michigan

Medicaid Program: Michigan Medicaid

Program Administrator: Michigan Dept. of Community Health

Regional Telehealth Resource Center: Upper Midwest Telehealth Resource Center

Covers the States of: Illinois, Indiana, Michigan & Ohio

www.umtrc.org

Medicaid Telehealth Reimbursement

Summary

Michigan Medicaid reimburses for live video telemedicine for certain healthcare professionals, for patients located at certain originating sites for specific services. There is no reimbursement for store-and-forward or remote patient monitoring.

Definitions

"Telemedicine is the use of telecommunication technology to connect a patient with a health care professional in a different location."

Source: *MI Dept. of Community Health, Medicaid Provider Manual, p. 1667, Oct. 1, 2018 (Accessed Sept. 2018).*

Assertive Community Treatment Program
Telepractice is the use of telecommunications and information technologies for the provision of psychiatric services to ACT consumers and is subject to the same service provisions as psychiatric services provided in-person.

Source: *MI Dept. of Community Health, Medicaid Provider Manual, p. 343 Oct. 1, 2018 (Accessed Sept. 2018).*

Behavioral Health Treatment Services (BHT)
Telepractice is the use of telecommunications and information technologies for the exchange of encrypted patient data for the provision of services (e.g., access or travel to needed medical services may be prohibitive).

Source: *MI Dept. of Community Health, Medicaid Provider Manual, p. 470 Oct. 1, 2018 (Accessed Sept. 2018).*

Medication Therapy Management
Telepractice is the use of telecommunications and information technologies for the exchange of encrypted patient data for the provision of services. Telepractice must be obtained through real-time interactions between the beneficiary's physical location (origin site) and the pharmacist provider's physical location (distant site).

Source: *MI Dept. of Community Health, Medicaid Provider Manual, p. 1598 Oct. 1, 2018 (Accessed Sept. 2018).*

Speech-Language and Audiology Services; Medication Therapy Management
"Telepractice is the use of telecommunications and information technologies for the exchange of encrypted patient data for the provision of speech, language and hearing services. Telepractice must be obtained through real-time interaction between the patient's physical location (patient site) and the provider's physical location (provider site)."

Source: *MI Dept. of Community Health, Medicaid Provider Manual, p. 1759 Oct. 1, 2018 (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

Live video telemedicine is reimbursed, and should primarily be used when travel is prohibitive for the beneficiary or there is an imminent health risk justifying immediate medical need for services. Where face-to-face visits are required, telemedicine services may be used in addition to the required face-to-face visit, but cannot be used as a substitute.

Source: *Dept. of Community Health, Medicaid Provider Manual, p. 1667, Oct. 1, 2018 (Accessed Sept. 2018).*

Assertive Community Treatment Program
All telepractice interactions shall occur through real-time interactions between the ACT consumer and the physician/nurse practitioner from their respective physical location. Psychiatric services are the only ACT services that are approved to be provided in this manner.

Source: *MI Dept. of Community Health, Medicaid Provider Manual, p. 343 Oct. 1, 2018 (Accessed Sept. 2018).*

Eligible Services / Specialties

Michigan Medicaid reimburses for the following services categories via live video:

- Inpatient Consults;
- Office or other outpatient consults
- Office or other outpatient services
- Psychiatric diagnostic procedures
- Subsequent hospital care
- Training services, diabetes
- End stage renal disease (ESRD) related services. However, there must be at least one in-person visit per month, by a physician, nurse practitioner, or physician's assistant, to examine the vascular site for ESRD services.
- Behavior change intervention, individual
- Behavior health and/or substance use disorder treatment
- Education service, telehealth
- Nursing facility subsequent care

Procedure codes and modifier information is contained in the MDHHS Telemedicine Services Database.

Source: *Dept. of Community Health, Medicaid Provider Manual, p. 1667, Oct. 1, 2018 (Accessed Sept. 2018).*

Speech-Language and Audiology Services
Speech, language and hearing services may be reimbursed. Requires an annual referral from a physician.

Source: *MI Dept. of Community Health, Medicaid Provider Manual, p. 1759, Oct. 1, 2018 (Accessed Sept. 2018).*

Assertive Community Treatment Program
The telepractice modifier, 95, must be used in conjunction with ACT encounter reporting code H0039 when telepractice is used.

Source: *MI Dept. of Community Health, Medicaid Provider Manual, p. 343 Oct. 1, 2018 (Accessed Sept. 2018).*

Telepractice for BHT Services
Telepractice services must be prior authorized. Telepractice must be obtained through real-time interaction between the child's physical location (patient site) and the provider's physical location (provider site). Telepractice services are provided to patients through hardwire or internet connection. It is the expectation that providers, facilitators, and staff involved in telepractice are trained in the use of equipment and software prior to servicing patients, and services provided via telepractice are provided as part of an array of comprehensive services that include in-person visits and assessments with the primary supervising BHT provider. Qualified providers of behavioral health services are able to arrange telepractice services for the purposes of teaching the parents/guardians to provide individualized interventions to their child and to engage in behavioral health clinical observation and direction (i.e. increase oversight of the provision of services to the beneficiary to support the outcomes of the behavioral plan of care developed by the primary supervising BHT provider).

Source: *MI Dept. of Community Health, Medicaid Provider Manual, p. 470 Oct. 1, 2018 (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

Physicians and practitioners are eligible to be distant site providers.

Source: *Dept. of Community Health, Medicaid Provider Manual, p. 1668, Oct. 1, 2018 (Accessed Sept. 2018).*

Telepractice for BHT Services
Qualified providers include:

- Board certified behavior analysts
- Board certified assistant behavior analysts
- Licensed psychologists
- Limited licensed psychologists
- Qualified behavioral health professionals

Occupational, physical and speech therapists are not included in this policy.

A facilitator trained in telepractice technology must be physically present with the patient.

Source: *MI Dept. of Community Health, Medicaid Provider Manual, p. 470 Oct. 1, 2018 (Accessed Sept. 2018).*

Medication Therapy Management (MTM)
In the event that the beneficiary is unable to physically access a face-to-face care setting, an eligible pharmacist may provide MTM services via telepractice. Services must be provided through hardwire or internet connection.

Source: *Dept. of Community Health, Medicaid Provider Manual, p. 1598, Oct. 1, 2018 (Accessed Sept. 2018).*

Prepaid Inpatient Health Plans/Community Mental Health (PIHP/CMH) can be either originating or distant sites.

Source: *MI Dept. of Community Health, Medicaid Provider Manual, p. 334, Oct. 1, 2018 (Accessed Sept. 2018).*

Speech-Language and Audiology Services
Eligible providers:

- Licensed speech-language pathologist
- Licensed Audiologist in Michigan
- Speech language pathologist and/or audiology candidate under the direction of a qualified SLP or audiologist
- A limited licensed speech language pathologist under the direction of a fully licensed SLP or audiologist

Source: *MI Dept. of Community Health, Medicaid Provider Manual, p. 1759, Oct. 1, 2018 (Accessed Sept. 2018).*

Eligible Sites

Speech-Language and Audiology Services
The patient site may be located within the school, at the patient's home or any other established site deemed appropriate by the provider.

Source: *MI Dept. of Community Health, Medicaid Provider Manual, p. 1759, Oct. 1, 2018 (Accessed Sept. 2018).*

Eligible originating sites:

- County mental health clinics or publicly funded mental health facilities;
- Federally Qualified Health Centers;
- Hospitals (inpatient, outpatient, or Critical Access Hospitals);
- Physician or other providers' offices, including medical clinics;
- Hospital-based or CAH-based Renal Dialysis Centers;
- Rural Health Clinics;
- Skilled nursing facilities;
- Tribal Health Centers

Source: *MI Dept. of Community Health, Medicaid Provider Manual, p. 1668, Oct. 1, 2018 (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement		
Live Video	Eligible Sites	Prepaid Inpatient Health Plans/Community Mental Health (PIHP/CMH) can be either originating or distant sites. **Source:** *MI Dept. of Community Health, Medicaid Provider Manual, p. 334, Oct. 1, 2018 (Accessed Sept. 2018).* **Behavioral Health Therapy** Eligible patient site: • Center • Clinic • Patient's home • Any other established site deemed appropriate by the provider Room must be free of distractions. A trained facilitator must be present at the patient site. **Source:** *MI Dept. of Community Health, Medicaid Provider Manual, p. 470 Oct. 1, 2018 (Accessed Sept. 2018).*
	Geographic Limits	No reference found.
	Facility/Transmission Fee	Originating site may bill for a facility fee. MDHHS will reimburse the originating site provider the lesser of charge or the current Medicaid fee screen. **Source:** *Dept. of Community Health, Medicaid Provider Manual, p. 267, Oct. 1, 2018 (Accessed Sept. 2018).*
Store-and-Forward	Policy	Telecommunication systems using store-and-forward technology are not included in MI Medicaid's telemedicine policy. **Source:** *Dept. of Community Health, Medicaid Provider Manual, p. 1668 (Accessed Sept. 2018).*
	Eligible Services/Specialties	No reference found.

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	No reference found.
	Conditions	No reference found.
	Provider Limitations	No reference found.
	Other Restrictions	No reference found.

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Medicaid Telehealth Reimbursement	Email / Phone / Fax	No reference found.
	Consent	No reference found.
	Out of State Providers	Telemedicine services must be provided by a health care professional who is licensed, registered or otherwise authorized to engage in his or her health care profession in the state where the patient is located. **Source:** *Dept. of Community Health, Medicaid Provider Manual, p. 499, Oct. 1, 2018 (Accessed Sept. 2018).* **Behavioral Health Therapy** Must be fully licensed in MI or be a practitioner who holds a limited license and is under the direction of a licensed psychologist. **Source:** *Dept. of Community Health, Medicaid Provider Manual, p. 470, Oct. 1, 2018 (Accessed Sept. 2018).*
	Miscellaneous	No reimbursement for remote access for surgical procedures, and use of robotics. **Source:** *Dept. of Community Health, Medicaid Provider Manual, p. 1667, Oct. 1, 2018 (Accessed Sept. 2018).*
Private PayerLaws	Definitions	"Telemedicine means the use of an electronic media to link patients with health care professionals in different locations. To be considered telemedicine, the health care professional must be able to examine the patient via a real-time, interactive audio or video, or both, telecommunications system, and the patient must be able to interact with the off-site health care professional at the time the services are provided." **Source:** *MI Compiled Law Svcs. Sec. 500.3476.*
	Requirements	Insurers (including dental care corporations) shall not require face-to-face contact between a health care professional and a patient for services appropriately provided through telemedicine, as determined by the insurer. Telemedicine services shall be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the patient is located. Telemedicine services are subject to all terms and conditions of the contract. **Source:** *MI Compiled Law Services Sec. 500.3476.*

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Private PayerLaws

Parity

Service Parity

Insurers must cover services appropriately provided through telemedicine, as determined by the insurer.

Source: *MI Compiled Law Services Sec. 500.3476.*

Payment Parity

No explicit payment parity.

Professional Regulation/Health & Safety

Definitions

"Telehealth" means the use of electronic information and telecommunication technologies to support or promote long-distance clinical health care, patient and professional health-related education, public health, or health administration. Telehealth may include, but is not limited to, telemedicine. As used in this subdivision, "telemedicine" means that term as defined in section 3476 of the insurance code of 1956, 1956 PA 218, MCL 500.3476.

Source: *MI Compiled Laws Sec. 333.16283.*

Consent

Consent must directly or indirectly be obtained by a health care professional utilizing telehealth.

Source: *MI Compiled Laws Sec. 333.16284.*

Online Prescribing

Providers must have an existing physician-patient relationship.

Source: *MI Compiled Laws Sec. 333.17751.*

Controlled substances cannot be prescribed unless the prescribing is in a bona fide prescriber-patient relationship with the patient. A "bona fide prescriber-patient relationship" means a treatment or counseling relationship between a prescriber and a patient in which both of the following are present:

- The prescriber has reviewed the patient's relevant medical or clinical records and completed a full assessment of the patient's medical history and current medical condition, including a relevant medical evaluation of the patient conducted in-person or through telehealth.
- The prescriber has created and maintained records of the patient's condition in accordance with medically accepted standards.

Source: *MI Compiled Laws Sec. 333.7303a.*

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Professional Regulation/Health & Safety

Online Prescribing

A health professional providing telehealth service to a patient may prescribe the patient a drug if both the following are met:

- The health professional is a prescriber who is acting within the scope of his or her practice; and
- If the health professional is prescribing a controlled substance, the health professional must meet the requirements of this act applicable to that health professional for prescribing a controlled substance.

The health professional must also provide a referral for health care services that are geographically accessible to the patient, if medically necessary. They also must make himself or herself (or a delegated health professional) available for follow-up care or refer the patient to another health professional for follow-up care.

Source: *MI Compiled Laws, Sec. 16285.*

Cross-State Licensing

No reference found.

Miscellaneous

The Department is required to study the use of telemedicine to perform competency examinations by forensic psychiatrists.

Source: *SB 270 (2017).*

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Minnesota

Medicaid Program: Medical Assistance

Program Administrator: MN Dept. of Human Services

Regional Telehealth Resource Center: Great Plains Telehealth Resource and Assistance Center

Covers the States of: Iowa, Minnesota, Nebraska, North Dakota, South Dakota, & Wisconsin

www.gptrac.org

Medicaid Telehealth Reimbursement

Summary

Minnesota Medicaid provides reimbursement for live video and store-and-forward through their Medical Assistance program for certain providers when patients are located at specific originating sites. Many of their individual programs have their own unique requirements for telemedicine reimbursement. Additionally, tele-home-care (remote monitoring) is reimbursed with prior authorization under Home Care Services and the Elderly Waiver (EW) and Alternative Care (AC) program, but specific reimbursement criteria is not listed.

Definitions

"Telemedicine is defined as the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site. A communication between licensed health care providers, or a licensed health care provider and a patient that consists solely of a telephone conversation, e-mail, or facsimile transmission does not constitute telemedicine consultations or services. Telemedicine may be provided by means of real-time two-way, interactive audio and visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support health care delivery, which facilitate the assessment, diagnosis, consultation, treatment, education, and care management of a patient's health care."

Source: *MN Statute 256B.0625.Subdivision 3b(d).*

"Telemedicine is defined as the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site."

Source: *MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised May 5, 2018. (Accessed Sept. 2018).*

Chemical Dependency Treatment
"Telemedicine" means the delivery of a substance use disorder treatment service while the client is at an originating site and the licensed health care provider is at a distant site as specified in section 254B.05, subdivision 5, paragraph (f).

Source: *MN Statute Sec. 245G.01.*

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Medicaid Telehealth Reimbursement

Live Video

Policy

Medical assistance covers medically necessary services and consultations delivered by a licensed health care provider via telemedicine in the same manner as if the service was delivered in-person. Coverage is limited to three telemedicine services per week per enrollee.

Source: *MN Statute Sec. 256B.0625, Subdivision 3b(d).*

Minnesota's Medical Assistance program reimburses live video for fee-for-service programs.

To be eligible for reimbursement, providers must self-attest that they meet the conditions of the MHCP telemedicine policy by completing the Provider Assurance Statement for Telemedicine form.

Source: *MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised May 5, 2018. (Accessed Sept. 2018).*

Eligible Services / Specialties

Examples of eligible services:

- Consultations
- Telehealth consults: emergency department or initial inpatient care
- Subsequent hospital care services with the limitation of one telemedicine visit every 30 days per eligible provider
- Subsequent nursing facility care services with the limitation of one telemedicine visit every 30 days
- End-stage renal disease services
- Individual and group medical nutrition therapy
- Individual and group diabetes self-management training with a minimum of one hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training
- Smoking cessation
- Alcohol and substance abuse (other than tobacco) structured assessment and intervention services

Two-way interactive video consultation may be billed when no physician is in the ER and the nursing staff is caring for the patient at the originating site. The ER physician bills the ER CPT codes with place of service 02.

Telemedicine consults are limited to three per calendar week per patient. Payment is not available for sending materials to a recipient, other provider or facility.

Non-covered services:

- Electronic connections that are not conducted over a secure encrypted website as specified by the Health Insurance Portability & Accountability Act of 1996 Privacy & Security rules (e.g., Skype)
- Prescription renewals
- Scheduling a test or appointment
- Clarification of issues from a previous visit
- Reporting test results
- Non-clinical communication
- Communication via telephone, email or facsimile
- Day treatment
- Partial hospitalization programs
- Residential treatment services
- Case management face-to-face contact

Source: *MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised May 5, 2018. (Accessed Sept. 2018).*

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Mental health telemedicine - Mental health services that are otherwise covered by medical assistance as direct face-to-face services may be provided via two-way interactive video. Use of two-way interactive video must be medically appropriate to the condition and needs of the person being served. Reimbursement is at the same rates and under the same conditions that would otherwise apply to the service. The interactive video equipment and connection must comply with Medicare standards in effect at the time the service is provided.

Source: *MN Statute Sec. 256B.0625, Subd. 46.*

Assertive Community Treatment and Intensive Residential Treatment Services
Physician services, whether billed separately or included in the rate, may be delivered by telemedicine when it is within the scope practice and the provider is a member of the intensive residential treatment services treatment team.

Source: *MN Senate File 1458 (2015). MN Statute Sec 256B.0622, subdivision 8(e).*

Individualized Education Program (IEP)
Telemedicine coverage applies to a child or youth who is MA eligible, has an IEP and the service provided is identified in the IEP. Whether the originating site is a home or school must be documented in the child's health record. Limited to three visits per week per child or youth.

To be eligible for reimbursement, the school or school district must self-attest that the telemedicine services provided by the professional provider either employed by or contracted by the school meet all of the conditions of the MHCP telemedicine policy by completing the Provider Assurance Statement for Telemedicine (DHS-6806) (PDF).

Non-Covered Services

- Services that are less effective than if provided in-person, face-to-face
- Supervision evaluations or visits
- Evaluations or assessments
- Personal care assistants
- Nursing services
- Transportation services
- Electronic connections that are conducted over a website that is not secure and encrypted as specified by the Health Insurance Portability & Accountability Act of 1996 Privacy & Security rules (for example, Skype)
- Prescription renewals
- Scheduling a test or appointment
- Clarification of issues from a previous visit
- Reporting test results
- Non-clinical communication
- Communication via telephone, email or fax

Use GT modifier and 02 place of service code. See IEP manual for specific documentation and billing requirements.

Source: *MN Dept. of Human Svcs., Provider Manual, IEP Services, Revised 11/16/17 (Accessed Sept. 2018).*

Mental Health Services
Providers authorized to provide mental health services may conduct the same services via telemedicine, except:

- Day treatment
- Partial hospitalization programs
- Residential treatment services
- Case management, face-to-face contact

Providers should bill with the GT modifier.

Source: *MN Dept. of Human Svcs., Provider Manual, Telemedicine Delivery of Mental Health Services, Revised 12/17/15 (Accessed Sept. 2018).*

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Alcohol and Drug Abuse Services
Non-covered Services

- Telemedicine for alcohol and drug abuse services

However, telemedicine guidance from MN on Alcohol and Drug Abuse Services released on Oct. 19, 2017 indicates that they will provide reimbursement when it is medically appropriate and recipient has consented to using telemedicine to receive services.

Source: *(Alcohol and drug abuse): MN Dept. of Human Svcs., Provider Manual, Alcohol and Drug Abuse Svcs. Jul. 10, 2017 & Alcohol and Drug Abuse Services Telemedicine, Oct. 19, 2017 (Accessed Sept. 2018).*

Dental
Teledentistry services through live video and store-and-forward are allowed. Coverage is limited to children, pregnant women, and limited adult benefits. See list of codes, documentation and billing requirements in provider manual. A provider must self-attest to meet all the conditions of the MHCP telemedicine policy by completing the Provider Assurance Statement for telemedicine.

Noncovered Services:

- Electronic connections that are not conducted over a secure encrypted website as specified by the Health Insurance Portability & Accountability Act of 1996 Privacy & Security rules (for example, Skype)
- Prescription renewals
- Scheduling appointment
- Clarification of issues from a previous visit
- Reporting diagnostic results
- Non-clinical communication
- Communication via telephone, email or fax

Source (dental): *MN Dept. of Human Svcs., Provider Manual, Dental Svcs. Dec. 22, 2017 (Accessed Sept. 2018).*

Early Intensive Developmental and Behavioral Intervention (EIDBI) EIDBI Services
Telemedicine is an option for Early Intensive Developmental and Behavioral Intervention (EIDBI) EIDBI services. Either the person or his/her family must be present via two-way interactive video while the provider delivers EIDBI telemedicine services. Use 02 place of service code. Coverage is limited to three telemedicine services per recipient per calendar week.

Eligible services include:

- Comprehensive multi-disciplinary evaluation
- Coordinated care conference
- Family/caregiver training and counseling
- Intervention observation and direction

See EIDBI Benefits grid for more information.

Source: *MN Dept. of Human Svcs., Provider Manual, EIDBI services, Nov. 17, 2017 & Benefits grid, July 2018 (Accessed Sept. 2018) & Source: MN Dept. of Human Services, EIDBI Benefit Policy Manual, EIDBI Telemedicine Services. 2/17/18. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Rehabilitation Services
MHCP allows payment for some rehabilitation services through telemedicine. Physical and occupational therapists, speech-language pathologists and audiologists may use telemedicine to deliver certain covered rehabilitation therapy services that they can appropriately deliver via telemedicine. Service delivered by this method must meet all other rehabilitation therapy service requirements and providers must adhere to the same standards and ethics as they would if the service was provided face-to-face. Must use GT or GQ modifiers. Providers must self-attest that they meet all of the conditions of MHCP telemedicine policy by completing the "Provider Assurance Statement for Telemedicine".

Limited to three sessions per week per recipient. Payment not available for sending materials to a recipient, other providers or other facilities.

Noncovered services:

- Electronic connections that are not conducted over a secure encrypted website as specified by HIPAA
- Scheduling a test or appointment
- Clarification of issues from a previous visit
- Reporting test results
- Non-clinical communication
- Communication via telephone, email or fax

Source: *MN Dept. of Human Svcs., Provider Manual, Rehabilitation Svcs. Aug. 3, 2016 (Accessed Sept. 2018).*

Medication Therapy Management Services (MTMS)
Under certain circumstances MTMS can be delivered via interactive video. See section on "eligible sites" for more information. To be eligible providers must submit a provider assurance statement, use equipment compliant with HIPAA (see manual for details) and use the GT modifier and 02 POS code.

Source: *MN Dept. of Human Svcs., Provider Manual, Medication Therapy Management Svcs. Mar. 8, 2018 (Accessed Sept. 2018).*

Eligible Providers

Providers must use the new place of service code 02 beginning Nov. 1, 2017.

Eligible providers:

- Physician
- Nurse practitioner
- Physician assistant
- Nurse midwife
- Clinical nurse specialist
- Registered dietitian or nutrition professional
- Dentist, dental hygienist, dental therapist, advanced dental therapist
- Mental health professional, when following requirements and service limitations
- PharmacistCertified genetic counselor
- Podiatrist
- Speech therapist
- Therapist
- Occupational therapist
- Audiologist
- Public health nursing organizations

Source: *MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised May 9, 2018. (Accessed Sept. 2018).*

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Individualized Education Program (IEP)
Eligible providers include the following:

- Charter schools
- Education districts
- Intermediate districts
- Public school districts
- Tribal schools (schools that receive funding from the Bureau of Indian Affairs-BIA)
- Service cooperatives
- Special education cooperatives
- State academies

Source: *MN Dept. of Human Svcs., Provider Manual, IEP Services, Revised 11/16/17 (Accessed Sept. 2018).*

Early Intensive Developmental and Behavioral Intervention (EIDBI) EIDBI services
Eligible Providers:

- Physician
- Nurse practitioner
- Clinical psychologist
- Clinical social worker
- Speech therapist
- Physical therapist
- Occupational therapist.

Mental health practitioners working under the supervision of a mental health professional are also eligible. A comprehensive multi-disciplinary evaluation provider, qualified supervising professional, (Level I or Level II) EIDBI provider may apply to provide EIDBI services via telemedicine if they meet the qualifications and complete the Telemedicine Assurance Statement.

Source: *MN Dept. of Human Services, EIDBI Benefit Policy Manual, EIDBI Telemedicine Services. 2/17/18. (Accessed Sept. 2018).*

Mental Health Services
All providers eligible to deliver mental health services may deliver the same services via telemedicine. See manual for specific requirements a provider must follow when delivering services via telemedicine except the following:

- Day treatment
- Partial hospitalization programs
- Residential treatment services
- Case Management, face-to-face contact

Source: *MN Dept. of Human Svcs., Provider Manual, Telemedicine Delivery of Mental Health Services, Revised 12/17/15 (accessed Sept. 2018).*

Alcohol and Drug Abuse Services
All providers eligible to deliver the same services they are authorized to provide via telemedicine as long as they self-attest to meeting all of the conditions of the MHCP telemedicine policy by completing the Provider Assurance Statement for Telemedicine. Individual, non-residential treatment is the only substance use disorder service currently reimbursed via telemedicine.

Noncovered services include:

- Electronic connections that are not conducted over a secure encrypted web site as specified by the Health Insurance Portability & Accountability Act of 1996 Privacy & Security rules (e.g. Skype)
- Prescription renewals
- Scheduling a test or appointment
- Reporting test results
- Non-clinical communication
- Communication via telephone, email or facsimile

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

Limited to three telemedicine services per week per recipient. Payment is not available to providers for sending materials. See manual for documentation requirements. Use the GT modifier.

Source: *MN Dept. of Human Svcs., Provider Manual, Alcohol and Drug Abuse Services Telemedicine, Oct. 19, 2017 (Accessed Sept. 2018).*

Rehabilitation Services

Eligible providers:

- Speech-language pathologists
- Physical therapists
- Physical therapist assistants
- Occupational therapists
- Occupational therapy assistants
- Audiologists

Physical therapist assistants and occupational therapy assistants providing services via telemedicine must follow the same supervision policy as indicated in "Rehabilitation Service Practitioners". No distant site limitations beyond provider types. Providers must self-attest that they meet all of the conditions of MHCP telemedicine policy by completing the "Provider Assurance Statement for Telemedicine". See manual for documentation requirements.

Source: *MN Dept. of Human Svcs., Provider Manual, Rehabilitation Svcs. Aug. 3, 2016 (Accessed Sept. 2018).*

Eligible Sites

Authorized originating sites include:

- Office of physician or practitioner
- Hospital (inpatient or outpatient)
- Critical access hospital (CAH)
- Rural health clinic (RHC) and Federally Qualified Health Center (FQHC)
- Hospital-based or CAH-based renal dialysis center (including satellites)
- Skilled nursing facility (SNF)
- End-stage renal disease (ESRD) facilities
- Community mental health center
- Dental clinic
- Residential facilities, such as a group home and assisted living, shelter or group housing
- Home (a licensed or certified health care provider may need to be present to facilitate the delivery of telemedicine services provided in a private home)
- School
- Correctional facility-based office

Source: *MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised May 9, 2018. (Accessed Sept. 2018).*

Individualized Education Program (IEP)
Eligible originating sites, the location of the child or youth at the time the service is provided. Document in the child's health record:

- Home
- School

Source: *MN Dept. of Human Svcs., Provider Manual, Individualized Education Program, 11/16/18 (Accessed Sept. 2018).*

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Medication Therapy Management Services (MTMS)
Qualified members who must travel more than twenty miles for enrolled MHCP MTMS provider may have the services delivered via interactive video to an ambulatory care site in which there is no enrolled MTMS provider in the local trade area. Services must meet the following criteria:

- Both the patient site and the pharmacist site must be located in a pharmacy, clinic, hospital or other ambulatory care site;
- The origination site must meet the MTMS privacy and space requirements except that the space would need to seat only two people;
- Qualified members may have the service delivered via interactive video to their residence if the service is performed during a covered home care visit;
- The pharmacist provider's site must be located in a pharmacy, clinic, hospital or other ambulatory care site.

See manual for privacy, equipment and reimbursement requirements.

Source: *MN Dept. of Human Svcs., Provider Manual, Medication Therapy Management Svcs. Mar. 8, 2016 (Accessed Sept. 2018).*

Alcohol and Drug Abuse Services
Eligible originating sites:

- Substance abuse disorder treatment facility (residential or outpatient)
- Office of physician or practitioner
- Hospital (inpatient or outpatient)
- Withdrawal management facility
- Drug court office
- Correctional facility-based office (including jails)
- School
- Community mental health center (CCBHC)
- Residential facility such as a group home and assisted living
- Home (a licensed or certified health care provider may need to be present to facilitate the delivery of telemedicine services provided in a private home)

Source: *MN Dept. of Human Svcs., Provider Manual, Alcohol and Drug Abuse Services Telemedicine, Oct. 19, 2017 (Accessed Sept. 2018).*

Dental
Eligible Originating Sites:

- Health care facility
- Long-term care facility
- Public health agency or institution
- Public or private school authority
- Private non-profit or charitable organizations
- Social services agency or program
- Residential setting in the presence of licensed healthcare providers

Affiliate practice or originator within Minnesota Board of Dentistry defined scope of practice must be present at originating site:

- Dentist
- Advanced dental therapists
- Dental therapists
- Dental hygienists
- Licensed dental assistants
- Other licensed health care professionals

Source (dental): *MN Dept. of Human Svcs., Provider Manual, Dental Svcs. Dec. 22, 2017 (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Sites

Rehabilitation Services
Eligible originating sites:

- Office of physician or practitioner
- Hospital (inpatient or outpatient)
- Critical access hospital (CAH)
- Rural health clinic (RHC) and Federally Qualified Health Center (FQHC)
- Hospital-based or CAH-based renal dialysis center (including satellites)
- Skilled nursing facility (SNF)
- End-stage renal disease (ESRD) facilities
- Community mental health center
- Dental clinic
- Residential facilities, such as a group home and assisted living
- Home (a licensed or certified health care provider may need to be present to facilitate the delivery of telemedicine services provided in a private home)
- School

Source: *MN Dept. of Human Svcs., Provider Manual, Rehabilitation Svcs. Aug. 3, 2016 (Accessed Sept. 2018).*

Geographic Limits

Medication Therapy Management Services (MTMS)
Qualified members who must travel more than twenty miles for enrolled MHCP MTMS provider may have the services delivered via interactive video to an ambulatory care site in which there is no enrolled MTMS provider in the local trade area.

Source: *MN Dept. of Human Svcs., Provider Manual, Medication Therapy Management Svcs. Mar. 8, 2016 (Accessed Sept. 2018).*

Facility/Transmission Fee

Mental Health
Early Intensive Developmental and Behavioral Intervention (EIDBI) EIDBI Services
MHCP does not reimburse for connection charges or origination, set-up or site fees.

Source: *MN Dept. of Human Services, EIDBI Benefit Policy Manual, EIDBI Telemedicine Services. 2/17/18. & MN Dept. of Human Svcs., Provider Manual, Telemedicine Delivery of Mental Health Services, Revised 12/17/15 (accessed Sept. 2018).*

Store-and-Forward

Policy

Telemedicine may be provided through store-and-forward technology to provide or support health care delivery.

Source: *MN Statute Sec. 256B.0625.*

Minnesota's Medical Assistance program reimburses for services delivered through store-and-forward technology. Medical information may include, but is not limited to video clips, still images, x-rays, MRIs, EKGs, Laboratory results, audio clips and text. Payment will be made for only one reading or interpretation of diagnostic tests. Store-and-forward substitutes for an interactive encounter with the patient present, although the patient is not present in real-time.

Source: *MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised May 9, 2018. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Store-and-Forward

Policy

Providers must use the new place of service code 02 beginning Nov. 1, 2017.
Eligible providers:

- Physician
- Nurse practitioner
- Physician assistant
- Nurse midwife
- Clinical nurse specialist
- Registered dietitian or nutrition professional
- Dentist, dental hygienist, dental therapist, advanced dental therapist
- Mental health professional, when following requirements and service limitations
- Pharmacist
- Certified genetic counselor
- Podiatrist
- Speech therapist
- Therapist
- Occupational therapist
- Audiologist
- Public health nursing organizations

Source: *MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised Feb. 13, 2018. (Accessed Apr. 2018).*

Eligible Services/Specialties

See Live Video Eligible Services section for examples of eligible telemedicine services as well as noncovered services.

Dental
Teledentistry services through store-and-forward is allowed. Coverage is limited to children, pregnant women, and limited adult benefits. See list of codes, documentation and billing requirements in provider manual. A provider must self-attest to meet all the conditions of the MHCP telemedicine policy by completing the Provider Assurance Statement for telemedicine.

Noncovered Services:

- Electronic connections that are not conducted over a secure encrypted website as specified by the Health Insurance Portability & Accountability Act of 1996 Privacy & Security rules (for example, Skype)
- Prescription renewals
- Scheduling appointment
- Clarification of issues from a previous visit
- Reporting diagnostic results
- Non-clinical communication
- Communication via telephone, email or fax

Source (dental): *MN Dept. of Human Svcs., Provider Manual, Dental Svcs. Dec. 22, 2017 (Accessed Sept. 2018).*

Rehabilitation Services
MHCP allows payment for some rehabilitation services through telemedicine. Physical and occupational therapists, speech-language pathologists and audiologists may use telemedicine to deliver certain covered rehabilitation therapy services that they can appropriately deliver via telemedicine. Service delivered by this method must meet all other rehabilitation therapy service requirements and providers must adhere to the same standards and ethics as they would if the service was provided face-to-face. Must use GQ modifier for store-and-forward. Providers must self-attest that they meet all of the conditions of MHCP telemedicine policy by completing the “Provider Assurance Statement for Telemedicine”.

Limited to three sessions per week per recipient. Payment not available for sending materials to a recipient, other providers or other facilities.

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Medicaid Telehealth Reimbursement

Store-and-Forward

Eligible Services/Specialties

Noncovered services:

- Electronic connections that are not conducted over a secure encrypted website as specified by HIPAA
- Scheduling a test or appointment
- Clarification of issues from a previous visit
- Reporting test results
- Non-clinical communication
- Communication via telephone, email or fax

Eligible providers:

- Speech-language pathologists
- Physical therapists
- Physical therapist assistants
- Occupational therapists
- Occupational therapy assistants
- Audiologists

Physical therapist assistants and occupational therapy assistants providing services via telemedicine must follow the same supervision policy as indicated in "Rehabilitation Service Practitioners". No distant site limitations beyond provider types. Providers must self-attest that they meet all of the conditions of MHCP telemedicine policy by completing the "Provider Assurance Statement for Telemedicine". See manual for documentation requirements.

Source: *MN Dept. of Human Svcs., Provider Manual, Rehabilitation Svcs. Aug. 3, 2016 (Accessed Sept. 2018).*

Geographic Limits

Authorized originating sites include:

- Office of physician or practitioner
- Hospital (inpatient or outpatient)
- Critical access hospital (CAH)
- Rural health clinic (RHC) and Federally Qualified Health Center (FQHC)
- Hospital-based or CAH-based renal dialysis center (including satellites)
- Skilled nursing facility (SNF)
- End-stage renal disease (ESRD) facilities
- Community mental health center
- Dental clinic
- Residential facilities, such as a group home and assisted living, shelter or group housing
- Home (a licensed or certified health care provider may need to be present to facilitate the delivery of telemedicine services provided in a private home)
- School
- Correctional facility-based office

Source: *MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised May 9, 2018. (Accessed Sept. 2018).*

Dental
Eligible Originating Sites:

- Health care facility
- Long-term care facility
- Public health agency or institution
- Public or private school authority
- Private non-profit or charitable organizations
- Social services agency or program
- Residential setting in the presence of licensed healthcare providers

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Geographic Limits	Affiliate practice or originator within Minnesota Board of Dentistry defined scope of practice must be present at originating site: • Dentist • Advanced dental therapists • Dental therapists • Dental hygienists • Licensed dental assistants • Other licensed health care professionals **Source:** *MN Dept. of Human Svcs., Provider Manual, Dental Svcs. Dec. 22, 2017 (Accessed Sept. 2018).* **Rehabilitation Services** Eligible originating sites: • Office of physician or practitioner • Hospital (inpatient or outpatient) • Critical access hospital (CAH) • Rural health clinic (RHC) and Federally Qualified Health Center (FQHC) • Hospital-based or CAH-based renal dialysis center (including satellites) • Skilled nursing facility (SNF) • End-stage renal disease (ESRD) facilities • Community mental health center • Dental clinic • Residential facilities, such as a group home and assisted living • Home (a licensed or certified health care provider may need to be present to facilitate the delivery of telemedicine services provided in a private home) • School **Source:** *MN Dept. of Human Svcs., Provider Manual, Rehabilitation Svcs. Aug. 3, 2016 (Accessed Sept. 2018).*
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	There is reimbursement for “telehomecare” under Elderly Waiver (EW) and Alternative Care (AC) programs. **Source:** *MN Dept. of Human Svcs., Provider Manual, Elderly Waiver (EW) and Alternative Care (AC) Program, As revised 5/22/18, (Accessed Sept. 2018).* Prior authorization for home care services is required for all tele-home-care visits. **Source:** *MN Dept. of Human Svcs., Provider Manual, Home Care Svcs., As revised Jan. 23, 2015 (Accessed Sept. 2018).*
	Conditions	No reference found.

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Provider Limitations

No reference found.

Other Restrictions

No reference found.

Email / Phone / Fax

No reimbursement for email
No reimbursement for phone
No reimbursement for fax

Source: *MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised May 9, 2018. (Accessed Sept. 2018).*

"A communication between two physicians that consists solely of a telephone conversation, e-mail or facsimile transmission does not constitute a telemedicine consultation or service."

Source: *: MN Statute Sec. 256B.0625, Subsection 3(b)(d).*

Case management for Child Welfare Case Management services is covered through telephone in certain circumstances.

Source: *MN Dept. of Human Svcs., Provider Manual, Child Welfare Case Management Services, As revised Jul. 17, 2017. (Accessed Sept. 2018).*

Consent

For alcohol and drug abuse services, the member must have consented to receiving services over telemedicine.

Source: *MN Dept. of Human Svcs., Provider Manual, Alcohol and Drug Abuse Services Telemedicine, Oct. 19, 2017 (Accessed Sept. 2018).*

Out of State Providers

Out-of-state coverage policy applies to services provided via telemedicine. See out-of-state providers section of manual.

Source: *MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised May 9, 2018. (Accessed Sept. 2018). MN Dept of Human Services, Provider Manual, Provider Basics: Out-of-State Providers. Revised 12/6/12 (Accessed Sept. 2018).*

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Miscellaneous

Early Intensive Developmental and Behavioral Intervention (EIDBI) services
Services must be:

- Documented in the person's individual treatment plan (ITP)
- Compliant with HIPAA and security requirements and regulation
- Medically appropriate to the condition and needs of the person and/or family.

Source: *MN Dept. of Human Services, EIDBI Benefit Policy Manual, EIDBI Telemedicine Services. 2/17/18. (Accessed Sept. 2018).*

Private Payer Laws

Definitions

"Telemedicine" means the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site. A communication between a licensed health care provider and a patient that consists solely of an e-mail or facsimile transmission does not constitute telemedicine consultations or services. Telemedicine may be provided by means of real-time two-way, interactive audio and visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support health care delivery, which facilitate the assessment, diagnosis, consultation, treatment, education, and care management of a patient's health care.

Source: *MN Statute Sec. 62A.67.*

Requirements

Private payers are required to provide coverage for telemedicine in the same manner, and at the same reimbursement rate, as other services provided in-person.

A health carrier can establish criteria that a health care provider must meet to demonstrate the safety or efficacy of delivering a service via telemedicine. They can also require a health care provider to agree to certain documentation or billing practices to protect against fraud.

Source: *MN Statute Sec. 62A.672.*

Parity

Service Parity

A health carrier shall reimburse on the same basis that would apply to those services if the service had been delivered in-person. However, the carrier can establish criteria that a health care provider must meet to demonstrate the safety or efficacy of delivering a service via telemedicine. They can also require a health care provider to agree to certain documentation or billing practices to protect against fraud.

Source: *MN Statute Sec. 62A.672.*

Payment Parity

A health carrier must reimburse at the same rate as the health carrier would for in-person delivered services.

Source: *MN Statute Sec. 62A.672.*

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Professional Regulation/Health & Safety

Definitions

"Telemedicine" means the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site. A communication between a licensed health care provider and a patient that consists solely of an e-mail or facsimile transmission does not constitute telemedicine consultations or services. Telemedicine may be provided by means of real-time two-way, interactive audio and visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support health care delivery, which facilitate the assessment, diagnosis, consultation, treatment, education, and care management of a patient's health care.

Source: *MN Statute Sec 147.033.*

Consent

No reference found.

Online Prescribing

A physician-patient relationship may be established through telemedicine.

Source: *MN Statute 147.033.*

A prescription or drug order is not valid unless it can be established that the prescription or order was based on a documented patient evaluation, including an examination, adequate to establish a diagnosis and identify underlying conditions and contraindications to treatment.

This includes the referring provider performing an in-person examination and a consultant issuing the prescription when providing services by telemedicine.

Source: *MN Statute Sec. 151.37.*

Cross-State Licensing

A physician licensed in another state can provide telemedicine services to a patient in Minnesota if their license has never been revoked or restricted in any state, they agree to not open an office in Minnesota, meet with patients in Minnesota, or receive calls in Minnesota from patients and they register with the state's board.

Source: *MN Statute Sec. 147.032.*

Minnesota adopted the Federation of State Medical Board (FSMB)'s model language for an interstate medical licensure compact.

Source: *MN Senate File 253 (2015). MN Statute Sec. 147.38.*

Miscellaneous

No reference found.

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Mississippi

Medicaid Program: Mississippi Medicaid

Program Administrator: Mississippi Division of Medicaid

Regional Telehealth Resource Center: South Central Telehealth Resource Center

Covers the States of: Arkansas, Mississippi & Tennessee

www.learntelehealth.org

Medicaid Telehealth Reimbursement

Summary

Mississippi Medicaid reimburses certain providers for live video telehealth when there is a telepresenter with the patient. They also reimburse for store-and-forward teleradiology, and for remote patient monitoring for patients with certain chronic conditions.

Definitions

Telemedicine means the delivery of health care services such as diagnosis, consultation, or treatment through the use of interactive audio, video or other electronic media. Telemedicine must be "real-time" consultation, and it does not include the use of audio-only telephone, e-mail or facsimile.

Source: *MS Code Sec. 83-9-351(1)(d). (Accessed Sept. 2018).*

The Division of Medicaid defines telemedicine as a method which uses electronic information and communication equipment to supply and support health care when remoteness disconnects patients and links primary care physicians, specialists, providers, and beneficiaries which includes, but is not limited to, telehealth services, remote patient monitoring services, teleradiology services, store-and-forward and continuous glucose monitoring services.

The Division of Medicaid defines telehealth services as the delivery of health care by an enrolled Medicaid provider, through a real-time communication method, to a beneficiary who is located at a different site. The interaction must be live, interactive, and audiovisual.

Source: *MS Admin. Code Title 23, Part 225, Rule. 1.1 (Accessed Sept. 2018).*

Telehealth service is defined as the practice of health care delivery by a provider to a beneficiary who is under the care of a provider at a different geographical location.

Source: *State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 3.1-A. 3/31/15. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

Mississippi Medicaid and private payers are required to provide coverage for live video consultations.

Source: *MS Code Sec. 83-9-351. (Accessed Sept. 2018).*

Telehealth services allowed when delivered by an enrolled Medicaid provider acting within their scope of practice and license and in accordance with state and federal guidelines, including authorization of prescription medication at both the originating and distant site.

Source: *MS Admin. Code Title 23, Part 225, Rule. 1.1 (Accessed Sept. 2018).*

Medicaid covers medically necessary health services via telehealth when that service is covered in an in-person setting and is live, interactive and audiovisual.

Source: *State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 3.1A. 3/31/15. (Accessed Sept. 2018).*

Eligible Services / Specialties

The Division of Medicaid covers medically necessary telehealth services as a substitution for an in-person visit or encounter for consultations, office visits and/or outpatient visits.

Noncovered Services:

- Telehealth services in the inpatient setting;
- Separate reimbursement for installation or maintenance of telehealth equipment;
- The following modalities, which MS Medicaid does not consider telehealth: telephone conversation, chart review, electronic mail messages, facsimile transmission, internet services for online medical evaluations, or communication through social media.

The Division of Medicaid reimburses a provider delivering the medically necessary telehealth service at the distant site the current applicable MS Medicaid fee for the service provided if it is a service covered in an in-person setting.

Source: *MS Admin. Code Title 23, Part 225, Rule. 1.3-1.5 (Accessed Sept. 2018).*

There is live video reimbursement for Medicaid mental health medication evaluation and management.

Source: *MS Admin. Code Title 23, Part 206, Rule. 1.9, pg. 28. (Accessed Sept. 2018).*

Eligible Providers

Any enrolled Medicaid provider may provide telehealth services at the originating site. The following enrolled Medicaid providers may provide telehealth services at the distant site:

- Physicians,
- Physician assistants,
- Nurse practitioners,
- Psychologists,
- Licensed Clinical Social Workers (LCSW),
- Licensed Professional Counselors (LPCs),
- Board Certified Behavior Analysts or Board Certified Behavior Analyst Doctorals

Source: *MS Admin. Code Title 23, Part 225, Rule. 1.2(C). (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Sites

There must be an enrolled Medicaid provider that performs the duties of the telepresenter at the originating site by:

- Acting within their scope-of-practice and license and be physically present in the room at all times during the telehealth service; or
- Providing direct supervision to qualified healthcare professionals acting within their scope of practice who must be an enrolled Medicaid provider and be physically present during the entirety of the telehealth service.

Source: *MS Admin Code Title 23, Part 225, Rule 1.2(C). (Accessed Sept. 2018).*

An originating site fee is covered in the following originating sites:

- Office of a physician or practitioner;
- Outpatient Hospital (including a Critical Access Hospital (CAH));
- Rural Health Clinic (RHC);
- Federally Qualified Health Center (FQHC);
- Community Mental Health/Private Mental Health Centers;
- Therapeutic Group Homes;
- Indian Health Service Clinic; or
- School-based clinic.

Source: *State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 3.1-A. 3/31/15. (Accessed Sept. 2018).*

Geographic Limits

No reference found.

Facility/Transmission Fee

The Division of Medicaid reimburses the originating site the Mississippi Medicaid telehealth originating site facility fee for telehealth services per completed transmission.

The following enrolled Medicaid providers are eligible to receive the originating site facility fee for telehealth services per transmission:

- Office of a physician or practitioner,
- Outpatient hospital, including a Critical Access Hospital (CAH),
- Rural Health Clinic (RHC),
- Federally Qualified Health Center (FQHC),
- Community Mental Health/Private Mental Health Center,
- Therapeutic Group Home,
- Indian Health Service Clinic, and
- School-based clinic.

In order for the originating site to receive the originating site facility fee the telepresenter must be an enrolled Medicaid provider:

- Acting within their scope-of-practice and license and physically present in the room at all times during the telehealth service, or
- Providing direct supervision to a qualified healthcare professional acting within their scope-of-practice who is physically present in the room at times during the telehealth service.

Source: *MS Admin. Code Title 23, Part 225, Rule. 1.5(A).*

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Medicaid Telehealth Reimbursement

Live Video

Facility/Transmission Fee

Facility fee provided per completed transmission.

Source: *State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 4.19-B. 3/31/15. (Accessed Sept. 2018).*

RHCs and FQHCs acting in the role of a telehealth originating site provider with no other separately identifiable service being provided will only be paid the telehealth originating site fee per completed transmission and will not receive reimbursement for an encounter.

Source: *State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 4.19-B, Rural Health Centers & Federally Qualified Health Center. 6/30/16. (Accessed Sept. 2018).*

Store-and-Forward

Policy

Private payers, MS Medicaid and employee benefit plans are required to provide coverage at the same level as in-person consultation for store-and-forward telemedicine services.

A health insurance or employee benefit plan can limit coverage to health care providers in a telemedicine network approved by the plan.

Patients receiving medical care through store-and-forward must be notified of their right to receive interactive communication with the distant site provider. Telemedicine networks unable to offer this will not be reimbursed for store-and-forward telemedicine services.

Source: *MS Code Sec. 83-9-353. (Accessed Sept. 2018).*

Telehealth services must be live, interactive and audiovisual.

Source: *State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 3.1-A. 3/31/15. (Accessed Sept. 2018).*

There is reimbursement for tele-radiology services, however there is no reference to reimbursing for other specialties in regulation.

A consulting provider is a licensed physician that interprets the radiological images and is licensed in the state within the US in which he/she practices and distant site as the location of the teleradiology consulting provider. The referring provider is defined as a licensed physician, physician assistant or nurse practitioner who orders the radiological service who must be licensed in the state within the United States which he/she practices.

Source: *MS Admin Code Title 23, Part 225, Rule. 3.1 & Mississippi Division of Medicaid. Radiology Services Provider Reference Guide, pg. 4-5. March 2013. (Accessed Sept. 2018).*

Eligible Services/Specialties

Store-and-forward includes, but is not limited to teleradiology. The Division of Medicaid covers one technical and one professional component for each teleradiology procedure only for providers enrolled in MS Medicaid and when there are no geographically local radiologist providers to interpret the images.

Source: *MS Admin. Code Title 23, Part 225, Rule. 3.1 & 3.3 (Accessed Sept. 2018).*

Geographic Limits

MS Medicaid only covers teleradiology when there are no geographically local radiologist providers to interpret images.

Source: *MS Admin. Code Title 23, Part 225, Rule. 3.3 (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Store-and-Forward

Transmission Fee

No transmission fee.

Remote Patient Monitoring

Policy

Private payers, MS Medicaid and employee benefit plans are required to provide coverage for remote patient monitoring services for Mississippi-based telehealth programs affiliated with a Mississippi health care facility.

A one-time telehealth installation/training fee is also reimbursed.

Source: *MS Code Sec. 83-9-353. (Accessed Sept. 2018).*

The Division of Medicaid reimburses for remote patient monitoring:

- Of devices when billed with the appropriate code, and
- For disease management:
  - A daily monitoring rate for days the beneficiary's information is reviewed.
  - Only one (1) unit per day is allowed, not to exceed thirty-one (31) days per month.
  - An initial visit to install the equipment and train the beneficiary may be billed as a set-up visit. Only one set-up is allowed per episode even if monitoring parameters are added after the initial set-up and installation.
  - Only one (1) daily rate will be reimbursed regardless of the number of diseases/chronic conditions being monitored.

Source: *MS Admin. Code Title 23, Part 225, Rule. 2.5. (Accessed Sept. 2018).*

Conditions

To qualify for reimbursement patients must meet all of the following criteria:

- Be diagnosed in the last 18 months with one or more chronic condition, as defined by CMS.
- Have a recent history of costly services use due to one or more chronic conditions as evidenced by two or more hospitalizations, including emergency room visits in the past twelve months; and
- The patient's healthcare provider recommends disease management services via remote patient monitoring.

Source: *MS Code Sec. 83-9-353. (Accessed Sept. 2018).*

The Division of Medicaid covers remote patient monitoring, for disease management when medically necessary, prior authorized by the Utilization Management/Quality Improvement Organization (UM/QIO), Division of Medicaid or designee, ordered by a physician, physician assistant, or nurse practitioner for a beneficiary who meets the following criteria:

- Has been diagnosed with one (1) or more of the following chronic conditions of diabetes, congestive heart failure (CHF), or chronic obstructive pulmonary disease (COPD);
- Has had two (2) or more hospitalizations in the previous twelve (12) months for one (1) of the chronic conditions listed above;
- Hospitalizations for two (2) different chronic conditions cannot be combined to satisfy the two (2) or more hospitalizations requirement; and
- Is capable of using the remote patient monitoring equipment and transmitting the necessary data or has a willing and able person to assist in completing electronic transmission of data.

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Conditions

The Division of Medicaid covers remote patient monitoring of devices when medically necessary, ordered by a physician, physician assistant or nurse practitioner which includes, but not limited to:

- Implantable pacemakers,
- Defibrillators,
- Cardiac monitors,
- Loop recorders, and
- External mobile cardiovascular telemetry.

Source: *MS Admin. Code 23, Part 225, Rule. 2.3. (Accessed Sept. 2018).*

Provider Limitations

Remote patient monitoring services must be delivered by an enrolled Medicaid provider acting within their scope-of-practice and license and in accordance with state and federal guidelines. Must be ordered by a physician, physician assistant or nurse practitioner.

Source: *MS Admin. Code Title 23, Part 225, Rule. 2.2 & 2.3. (Accessed Sept. 2018).*

A health insurance or employee benefit plan can limit coverage to health care providers in a telemedicine network approved by the plan.

Source: *MS Code Sec. 83-9-353(18). (Accessed Sept. 2018).*

Other Restrictions

Remote patient monitoring prior authorization request form must be submitted to request telemonitoring services.

The law lists specific technology requirements.

Source: *MS Code Sec. 83-9-353. (Accessed Sept. 2018).*

Remote patient monitoring services must be provided in the beneficiary's private residence.

Source: *MS Admin. Code 23, Part 225, Rule. 2.3. (Accessed Sept. 2018).*

Email / Phone / Fax

No reimbursement for email.
No reimbursement for telephone.
No reimbursement for facsimile.

Source: *MS Admin. Code 23, Part 225, Rule. 1.4(C). (Accessed Sep. 2018).*

Not considered telehealth:

- Telephone conversations;
- Chart reviews;
- Electronic mail messages;
- Facsimile transmission;
- Internet services for online medical evaluations; or
- The installation or maintenance of any telecommunication devices or systems.

Source: *State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 3.1-A. 3/31/15. (Accessed Sept. 2018).*

Consent

Signed consent for using telehealth is required.

Source: *MS Admin. Code 23, Part 225, Rule 1.6. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Out of State Providers

For teleradiology, consulting and referring provider is a licensed physician (or PA or NP for referring providers) who interprets the radiological image, at the distant site and who must be licensed in the state within the United States in which he/she practices.

Source: *Code of MS Rules 23-225, Rule 3.1. (Accessed Sept. 2018).*

Miscellaneous

See documentation requirements.

Source: *Source: Code of MS Rules 23-225 (Accessed Sept. 2018).*

Private Payer Laws

Definitions

Telemedicine means the delivery of health care services such as diagnosis, consultation, or treatment through the use of interactive audio, video or other electronic media. Telemedicine must be "real-time" consultation, and it does not include the use of audio-only telephone, e-mail or facsimile.

Source: *MS Code Sec. 83-9-351. (Accessed Sept. 2018).*

Worker's Compensation
"Telemedicine is the practice of medicine using electronic communication, information technology or other means between a physician in one location and a patient in another location with or without an intervening health care provider. This definition does not include the practice of medicine through postal or courier services."

Source: *MS Admin. Code Title 20, Part 2. (Accessed Sept. 2018).*

Requirements

A health insurance or employee benefit plan can limit coverage to health care providers in a telemedicine network approved by the plan.

All health insurance and employee benefit plans in this state must provide coverage for telemedicine services to the same extent that the services would be covered if they were provided through in-person consultation.

A health insurance or employee benefit plan is not prohibited from providing coverage for only those services that are medically necessary, subject to the terms and conditions of the covered person's policy.

The originating site is eligible to receive a facility fee.

Source: *MS Code Sec. 83-9-351 & MS Code Sec. 83-9-353. (Accessed Sept. 2018).*

Store-and-forward and Remote Patient Monitoring
All health insurance and employee benefit plans in this state must provide coverage and reimbursement for the asynchronous telemedicine services of store-and-forward telemedicine services and remote patient monitoring services based on the criteria set out in this section.

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Private Payer Laws

Requirements

To qualify for remote patient monitoring services, patients must meet all of the following criteria:

- Be diagnosed in the last 18 months with one or more chronic conditions, as defined by CMS;
- Have a recent history of costly services due to one or more chronic conditions as evidenced by two or more hospitalizations, including emergency room visits in the last 12 months; and
- The patient's healthcare provider recommends disease management services via remote patient monitoring.

Patients receiving medical care through store-and-forward must be notified of their right to receive interactive communication with the distant site specialist health care provider and shall receive an interactive communication with the distant specialist upon request. If requested, the communication may occur at the time of consultation or within 30 days of the patient's request. Telemedicine networks unable to offer this will not be reimbursed for store-and-forward telemedicine services.

Remote patient monitoring prior authorization request form must be submitted to request telemonitoring services and include:

- An order for home telemonitoring, signed and dated by a prescribing physician
- A plan of care, signed and dated by the prescribing physician
- The client's diagnosis and risk factors that qualify the client for home telemonitoring services
- Attestation that the client is sufficiently cognitively intact and able to operate the equipment or has a willing and able person to assist
- Attestation that the client is not receiving duplicative services via disease management services.

The entity providing remote patient monitoring must be located in Mississippi and have protocols in place meeting specified criteria listed in Mississippi law.

The law lists specific technology requirements, non-English language options, and 24/7 technical and clinical support services available.

Monitoring of a client's data cannot be duplicated by another provider.

The service must include

- An assessment, problem identification, and evaluation including:
  - Assessment and monitoring of clinical data
  - Detection of condition changes based on the telemedicine encounter
- Implementation of a management plan through one or more of the following:
  - Teaching regarding medication management
  - Teaching regarding other interventions
  - Management and evaluation of the plan of care
  - Coordination of care with the ordering health care provider
  - Coordination and referral to other medical providers as needed
  - Referral for an in-person visit or the emergency room as needed

Source: *MS Code Sec. 83-9-353. (Accessed Sept. 2018).*

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Private Payer Laws

Parity

Service Parity

All health insurance plans must provide coverage for telemedicine services, including live video and store-and-forward, to the same extent as in-person consultations. Remote patient monitoring is also reimbursed based on the criteria outlined in MS code.

A health insurance plan may charge a deductible, co-payment, or coinsurance for a health care service provided through telemedicine so long as it does not exceed the deductible, co-payment, or coinsurance applicable to an in-person consultation.

A health insurance or employee benefit plan can limit coverage to health care providers in a telemedicine network approved by the plan.

Source: *MS Code Sec. 83-9-351 & MS Code Sec. 83-9-353. (Accessed Sept. 2018).*

Payment Parity

No explicit payment parity.

Remote Patient Monitoring Reimbursement
Remote patient monitoring services are required to include reimbursement for a daily monitoring rate at a minimum of ten dollars per day each month and sixteen dollars per day when medication adherence management services are included, not to exceed 31 days per month.

A one-time installation/training fee for remote patient monitoring services will also be reimbursed at a minimum rate of fifty dollars per patient, with a maximum of two installation/training fees per calendar year.

These reimbursement rates are only eligible to Mississippi-based telehealth programs affiliated with a Mississippi health care facility.

Source: *MS Code Sec. 83-9-353. (Accessed Sept. 2018).*

Professional Regulation/Health & Safety

Definitions

Practice of Medicine
Telemedicine is the practice of medicine using electronic communication, information technology or other means between a physician in one location and a patient in another location with or without an intervening health care provider. This definition does not include the practice of medicine through postal or courier services.

Source: *MS Admin. Code Title 30, Part 2635, Rule 5.1. (Accessed Sept. 2018).*

Cross-State Practice
Telemedicine, or the practice of medicine across state lines, shall be defined to include any one or both of the following:

- Rendering of a medical opinion concerning diagnosis or treatment of a patient within this state by a physician located outside this state as a result of transmission of individual patient data by electronic or other means from within this state to such physician or his agent; or
- The rendering of treatment to a patient within this state by a physician located outside this state as a result of transmission of individual patient data by electronic or other means from within this state to such physician or his agent.

Source: *MS Code Sec. 73-25-34(1). (Accessed Sept. 2018).*

Consent

The physician should obtain the patient's informed consent before providing care. The patient should be provided with information relative to treatment, the risk and benefits of being treated via a telemedicine network and how to receive follow-up care or assistance.

Source: *MS Admin. Code Title 30, Sec. 2635, Rule 5.3. (Accessed Sept. 2018).*

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Professional Regulation/Health & Safety

Online Prescribing

A prescription for a controlled substance based solely on a consumer's completion of an online medical questionnaire is not a valid prescription.

Source: *MS Code Sec. 41-29-137 (Accessed Sept. 2018).*

To establish the physician patient relationship through telemedicine, it must include:

- Verify the identity of the person;
- Conduct an appropriate history and physical examination (which can be conducted via telemedicine);
- Establish a diagnosis through the use of acceptable medical practice;
- Discuss with the patient the diagnosis, risks and benefits of various treatment options to obtain informed consent;
- Insuring the availability of appropriate follow up care; and
- Maintaining a complete medical record available to patient and other treating health care providers.

Physicians using telemedicine to provide medical care must provide an appropriate examination prior to diagnosis and treatment of a patient. The exam does not need to be in-person if the technology is sufficient to provide the same information to the physician as if the exam had been performed face-to-face.

Source: *MS Admin. Code Title 30, Sec. 2635, Rule 5.4 & 5.5. (Accessed Sept. 2018).*

Cross-State Licensing

No person may engage in the practice of medicine across state lines in Mississippi unless they first obtain a license to do so from the State Board of Medical Licensure and meet all educational and licensure requirements as determined by the Board. These requirements are not required where the evaluation, treatment and/or the medical opinion to be rendered by a physician outside the state is requested by a physician duly licensed to practice medicine in the state, and the physician who has requested the evaluation, treatment and/or medical opinion has already established a doctor/patient relationship with the patient to be evaluated and/or treated.

Source: *MS Code Sec. 73-25-34. (Accessed Sept. 2018).*

The practice of medicine is deemed to occur in the location of the patient, therefore physicians practicing telemedicine must have a Mississippi medical license. The interpretation of clinical laboratory studies as well as pathology and histopathology studies performed by physicians without Mississippi licensure is not the practice of telemedicine if a Mississippi licensed physician is responsible for accepting, rejecting, or modifying the interpretation.

Source: *MS Admin. Code Title 30, Sec. 2635, Rule 5.2 & 5.4. (Accessed Sept. 2018).*

Member of the Interstate Medical Licensure Compact.

Source: *The IMLC. Interstate Medical Licensure Compact. (Accessed Sept. 2018).*

Member of the Nurse Licensure Compact.

Source: *Current NLC States and Status. Nurse Licensure Compact (NLC). (Accessed Sept. 2018).*

Member of the Physical Therapy Compact.

Source: *Compact Map. PT Compact. (Accessed Sept. 2018).*

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Miscellaneous

A physician treating a patient through a telemedicine network must maintain a complete record of the patient's care.

No physician practicing telemergency medicine shall be authorized to function in a collaborative/consultative role unless their practice location is a Level One Hospital Trauma Center that is able to provide continuous twenty-four hour coverage and has an existing air ambulance system in place. Coverage will be authorized only for those emergency departments of licensed hospitals who have an average daily census of thirty or fewer acute care/medical surgical occupied beds as defined by their Medicare Cost Report.

Source: *MS Admin. Code Title 30, Sec. 2635, Rule 5.6 & 5.7. (Accessed Sept. 2018).*

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Missouri

Medicaid Program: HealthNet

Program Administrator: Missouri Dept. of Social Services

Regional Telehealth Resource Center: Heartland Telehealth Resource Center

Covers the States of: Kansas, Missouri & Oklahoma

www.heartlandtrc.org

Medicaid Telehealth Reimbursement

Summary

**** A Feb. 2018 Medicaid Bulletin states that MO regulation Title 13, 70-3.190 will soon be rescinded and to not follow this regulation. To view the telehealth requirements contained in this regulation, reference the regulatory text (see source).***

Source: *MO Department of Social Services. Provider Bulletin. Vol. 40, No. 47. Feb. 2, 2018. (Accessed Sept. 2018) & MO Code of State Regulation, Title 13, 70-3.190. (Accessed Sept. 2018).*

Definitions

"Telehealth" or "telemedicine", the delivery of health care services by means of information and communication technologies which facilitate the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while such patient is at the originating site and the health care provider is at the distant site. Telehealth or telemedicine shall also include the use of asynchronous store-and-forward technology.

Source: *MO Revised Statute Title XII Public Health and Welfare Sec. 208.670 which references Title XII Sec. 191.1145.*

Telehealth Services are medical services provided through advanced telecommunications technology from one location to another. Medical information is exchanged in real-time communication from an originating site, where the participant is located, to a distant site, where the provider is located, allowing them to interact as if they are having a face-to-face, hands-on session.

A Telehealth service requires the use of a two (2)-way interactive video technology.

Source: *MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 201 (May 23, 2018); MO HealthNet, Physician Manual, Telehealth Services, p. 284 (May 23, 2018). (Accessed Sept. 2018).*

Live Video

Policy

The department of social services shall reimburse providers for services provided through telehealth if such providers can ensure services are rendered meeting the standard of care that would otherwise be expected should such services be provided in-person. Reimbursement for telehealth services shall be made in the same way as reimbursement for in-person contact; however, consideration shall also be made for reimbursement to the originating site.

Source: *MO Revised Statute Ch. 208 Sec. 208.670.*

Telehealth services are only covered if medically necessary.

Source: *MO Department of Social Services. Physician Provider Manual. Sec. 13.69. pg. 285. 5/23/18. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Coverage is limited to:

- Consultations made to confirm a diagnosis; or
- Evaluation and management services; or
- A diagnosis, therapeutic, or interpretative service; or
- Individual psychiatric or substance abuse assessment diagnostic interview examinations; or
- Individual psychotherapy
- Pharmacologic management (for RHCs)

Source: *MO HealthNet, Physician Manual, Telehealth Services, Sec. 13.69, p. 285 (May 23, 2018) MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 210 (May 23, 2018) & (Pharmacologic management): MO HealthNet, Rural Health Clinic, p. 165 (May 23, 2018). (Accessed Sept. 2018).*

POS 02 should be used for telehealth furnished from the distant site. Distant services provided on school grounds should be billed with POS 03 and a GT modifier.

Source: *MO HealthNet Provider Bulletin. Vol. 41, No. 10. Aug. 17, 2018. (Accessed Sept. 2018).*

Rural Health Clinics (As Distant Site Providers)
Eligible services:

- Consultations
- Office or other outpatient visits
- Psychiatric diagnostic procedures
- Psychotherapy

Source: *MO HealthNet, Rural Health Clinic, p. 166 (May 23, 2018). (Accessed Sept. 2018).*

Eligible Providers

Eligible providers:

- Physicians;
- Advanced registered Nurse Practitioners, including Nurse Practitioners with a mental health specialty;
- Psychologists.

Source: *MO HealthNet, Physician Manual, Telehealth Services, Sec. 13.69, p. 285 (May 23, 2018) MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 210 (May 23, 2018) (Accessed Sept. 2018).*

POS 02 should be used for telehealth furnished from the distant site. Distant services provided on school grounds should be billed with POS 03 and a GT modifier.

Source: *MO HealthNet Provider Bulletin. Vol. 41, No. 10. Aug. 17, 2018. (Accessed Sept. 2018).*

RHCs must bill with their non-RHC provider number when they are either the distant or originating site to receive the facility fee.

Source: *MO HealthNet, Rural Health Clinic, p. 166 (May 23, 2018). (Accessed Sept. 2018).*

Comprehensive Substance Treatment and Rehabilitation (CSTAR):
Medication services may be provided via telehealth.

Source: *MO HealthNet, Provider Manual, CSTAR, Section 13, p. 200 (May 23, 2018). (Accessed Sept. 2018).*

Anesthesiologist monitoring telemetry in the operating room is a non-covered service.

Source: *MO HealthNet, Physician Manual, p. 209 (May 23, 2018). (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Sites

The department shall not restrict the originating site through rule or payment so long as the provider can ensure services are rendered meeting the standard of care that would otherwise be expected should such services be provided in-person.

Source: *MO Revised Statute Ch. 208 Sec. 208.670.*

No originating site for services or activities provided under this section shall be required to maintain immediate availability of on-site clinical staff during the telehealth services, except as necessary to meet the standard of care for the treatment of the patient's medical condition if such condition is being treated by an eligible health care provider who is not at the originating site, has not previously seen the patient in-person in a clinical setting, and is not providing coverage for a health care provider who has an established relationship with the patient.

Source: *MO Revised Statute Sec. 191.1145.*

RHCs must bill with their non-RHC provider number when they are either the distant or originating site to receive the facility fee.

Source: *MO HealthNet, Rural Health Clinic, p. 166 (May 23, 2018). (Accessed Sept. 2018).*

The originating site is where the MO HealthNet participant receiving the telehealth service is physically located. The originating site and distant site can be billed by the same provider for the same date of service as long as the distant site is not located in the originating site facility.

Source: *MO Department of Social Services. Provider Bulletin. Vol. 40, No. 47. Feb. 2, 2018. (Accessed Sept. 2018).*

Originating sites must be one of the following:

- Physician or other health care provider office;
- Hospital;
- Critical Access Hospital;
- Rural Health Clinic;
- Federally Qualified Health Center;
- Missouri state habilitation center or regional office;
- Community mental health center;
- Missouri state mental health facility;
- Missouri state facility.

Source: *MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 210 (May 23, 2018). (Accessed Sept. 2018).*
Source: *MO HealthNet, Physician Manual, Telehealth Services, p. 285 (May 23, 2018). (Accessed Sept. 2018).*

RHCs must bill with their non-RHC provider number when they are either the distant or originating site to receive the facility fee.

Source: *MO HealthNet, Rural Health Clinic, p. 166 (May 23, 2018). (Accessed Sept. 2018).*

Geographic Limits

Payment for services rendered via telehealth shall not depend on any minimum distance requirement between the originating and distant site.

Source: *MO Revised Statute Ch. 208 Sec. 208.670.*

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Medicaid Telehealth Reimbursement		
Live Video	Facility/Transmission Fee	Reimbursement for telehealth services shall be made in the same way as reimbursement for in-person contact; however, consideration shall also be made for reimbursement to the originating site. **Source:** *MO Revised Statute Ch. 208 Sec. 208.670.* Providers can bill Q3014 for the telehealth originating site facility fee. **Source:** *MO Department of Social Services. Provider Bulletin. Vol. 40, No. 47. Feb. 2, 2018. (Accessed Sept. 2018).* FQHCs and RHCs are eligible for an originating site facility fee. **Source:** *MO Department of Social Services. Provider Bulletin. Vol. 40, No. 21. Aug. 29, 2017. (Accessed Sept. 2018).* Originating sites are eligible to receive a facility fee; distant sites are not eligible. The cost of an optional telepresenter is included in the facility fee. **Source:** *MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 212 (May 23, 2017). (Accessed Sept. 2018).* **Source:** *MO HealthNet, Physician Manual, Telehealth Services, p. 286 (May 23, 2017). (Accessed Sept. 2018).*
Store-and-Forward	Policy	Reimbursement for asynchronous store-and-forward may be capped at the reimbursement rate had the service been provided in-person. **Source:** *MO Revised Statute Ch. 208 Sec. 208.670.* HealthNet will not reimburse for store-and-forward. **Source:** *MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 209 (May 23, 2018); MO HealthNet, Physician Manual, Telehealth Services, p. 284 (May 23, 2018). (Accessed Sept. 2018).*
	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Policy

Subject to appropriations, the department shall establish a statewide program that permits reimbursement under the MO HealthNet program for home telemonitoring services.

Source: *MO Revised Statute Sec. 208.686.*

Personal Emergency Response Systems (an electronic device that is programmed to signal a response center once the help button is activated) is available for patients at high risk of being institutionalized.

Source: *MO HealthNet, Provider Manual, Developmental Disabilities Waiver Manual, Section 13, p. 23 (Jul. 15, 2016). (Accessed Sept. 2018).*

Conditions

Eligible conditions:

- Pregnancy
- Diabetes
- Heart disease
- Cancer
- Chronic obstructive pulmonary disease
- Hypertension
- Congestive heart failure
- Mental illness or serious emotional disturbance
- Asthma
- Myocardial infarction or
- Stroke

The beneficiary must also exhibit two or more the following risk factors:

- Two or more hospitalizations in the prior twelve-month period;
- Frequent or recurrent emergency department admissions;
- A documented history of poor adherence to ordered medication regimens;
- A documented history of falls in the prior six-month period;
- Limited or absent informal support systems;
- Living alone or being home alone for extended periods of time;
- A documented history of care access challenges; or
- A documented history of consistently missed appointments with health care providers.

Source: *MO Revised Statute Sec. 208.686.*

Provider Limitations

The program must ensure the home health agency or hospital shares telemonitoring clinical information with participant's physician.

Source: *MO Revised Statute Sec. 208.686.*

Other Restrictions

If, after implementation, the department determines that the program established under this section is not cost effective, the department may discontinue the program and stop providing reimbursement under the MO HealthNet program for home telemonitoring services. The department shall promulgate rules and regulations to implement the provisions of this section.

Source: *MO Revised Statute Sec. 208.686.*

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Medicaid Telehealth Reimbursement

Email / Phone / Fax

No reimbursement for email.
No reimbursement for phone.
No reimbursement for fax.
No reimbursement for a consultation between healthcare providers.
No reimbursement for services provided via videophone.

Source: *MO HealthNet, Physician Manual, Telehealth Services, p. 284 (May 23, 2018). (Accessed Sept. 2018).*

Consent

Prior to the provision of telehealth services in a school, the parent or guardian of the child shall provide authorization for the provision of such service. Such authorization shall include the ability for the parent or guardian to authorize services via telehealth in the school for the remainder of the school year.

Source: *MO Revised Statute. XII Public Health and Welfare. Ch. 208, Sec. 208.677.*

Providers must obtain written patient consent before delivery of telehealth services. Each of the written information must be provided in a format and manner that the participant can understand:

- The participant shall have the option to refuse the Telehealth service at anytime without affecting the right to future care and treatment and without risking the loss or withdrawal of a MO HealthNet benefit to which the participant is entitled;
- The participant shall be informed of alternatives to the Telehealth service that are available to the participant;
- The participant shall have access to medical information resulting from the Telehealth service as provided by law;
- The dissemination, storage, or retention of an identifiable participant image or other information from the Telehealth service must not occur without the written informed consent of the participant or the participant's legally authorized representative;
- The participant shall have the right to be informed of the parties who will be present at the originating site and the distant site during the Telehealth service and shall have the right to exclude anyone from either site; and
- The participant shall have the right to object to the videotaping or other recording of a Telehealth service.

Source: *MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 213 (May 23, 2018); MO HealthNet, Physician Manual, Telehealth Services, p. 287 (May 23, 2018) & MO HealthNet, Rural Health Clinic, p. 167-8 (May 23, 2018), (Accessed Sept. 2018)*

Out of State Providers

Payment cannot be made to entities outside of the US, and US territories.

Source: *MO HealthNet, Physician Manual, Telehealth Services, p. 64 (May 23, 2018). (Accessed Sept. 2018).; MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 59 (May 23, 2018); MO HealthNet, Physician Manual, Telehealth Services, p. 64 (May 23, 2018) & MO HealthNet, Rural Health Clinic, p. 56 (May 23, 2018), (Accessed Sept. 2018).*

Miscellaneous

Special documentation requirements apply.

Source: *MO HealthNet, Physician Manual, Telehealth Services, p. 64 (May 23, 2018). (Accessed Sept. 2018); MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 212-3 (May 23, 2018); MO HealthNet, Physician Manual, Telehealth Services, p. 286-7 (May 23, 2018) & MO HealthNet, Rural Health Clinic, p. 166-7 (May 23, 2018), (Accessed Sept. 2018).*

A telehealth service must be performed on a private dedicated telecommunications line approved through the Missouri Telehealth Network (MTN).

Source: *MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 213 (May 23, 2018) & & MO HealthNet, Rural Health Clinic, p. 167 (May 23, 2018). (Accessed Sept. 2018).*

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Private Payer Laws

Definitions

"Telehealth" or "telemedicine", the delivery of health care services by means of information and communication technologies which facilitate the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while such patient is at the originating site and the health care provider is at the distant site. Telehealth or telemedicine shall also include the use of asynchronous store-and-forward technology.

Source: *MO Revised Statute Title XXIV Business and Professions, Sec. 376.1900, which references Sec. Title XII Public Health and Welfare Sec. 208.760 which references Title XII Sec. 191.1145.*

Requirements

Health carriers shall not deny coverage for a health care service on the basis that the health care service is provided through telehealth if the same service would be covered if provided through face-to-face diagnosis, consultation, or treatment.

A health carrier may not exclude an otherwise covered health care service from coverage solely because the service is provided through telehealth rather than face-to-face consultation or contact between a health care provider and a patient.

A health carrier shall not be required to reimburse a telehealth provider or a consulting provider for site origination fees or costs for the provision of telehealth services; however, subject to correct coding, a health carrier shall reimburse a health care provider for the diagnosis, consultation, or treatment of an insured or enrollee when the health care service is delivered through telehealth on the same basis that the health carrier covers the service when it is delivered in-person.

A health carrier or health benefit plan may limit coverage for health care services that are provided through telehealth to health care providers that are in a network approved by the plan or the health carrier.

Source: *MO Revised Statutes § 376.1900.*

Missouri Consolidated Health Care Plan (State employees and retirees health plan)
Telehealth services are covered on the same basis that the service would be covered when it is delivered in-person. Telehealth site origination fees or costs for the provision of telehealth services are not covered.

Source: *MO Consolidated State Reg. 22:10-3.057.*

Parity

Service Parity

A health carrier may not exclude an otherwise covered health care service from coverage solely because the service is provided through telehealth rather than face-to-face consultation or contact between a health care provider and a patient. A health carrier or health benefit plan may limit coverage for health care services that are provided through telehealth to health care providers that are in a network approved by the plan or the health carrier.

Source: *MO Revised Statutes § 376.1900.*

Payment Parity

No explicit payment parity.

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Professional Regulation/Health & Safety

Definitions

"Telehealth" or "telemedicine", the delivery of health care services by means of information and communication technologies which facilitate the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while such patient is at the originating site and the health care provider is at the distant site. Telehealth or telemedicine shall also include the use of asynchronous store-and-forward technology.

Source: *MO Revised Statute Sec. 191.1145.*

Licensing of Physicians and Surgeons
Telehealth means the use of medical information exchanged from one site to another via electronic communications to improve the health status of a patient.

Source: *MO Code of State Regulation. Title 20, 2150-2.001.*

Consent

Collaborative Care Arrangement
Telehealth providers (including Advanced Practice Registered Nurses who are providing nursing services under a collaborative practice arrangement) are required to obtain patient (or the patient's guardian's) consent and document consent in patient's record.

Source: *MO Code of State Regulation. Title 20, 2150-2.240 & Sec. 20, 2150-5.100 & MO Revised Statute Title XXII Occupations and Professions Ch. 335.175.*

Online Prescribing

Prescribing or dispensing drugs without sufficient examination is prohibited.

Source: *MO Revised Statutes § 334.100(2)(h).*

A telemedicine encounter can establish a physician-patient relationship if the standard of care does not require an in-person encounter and in accordance with evidence-based standards of practice and telemedicine practice guidelines that address the clinical and technological aspects of telemedicine.

In order to establish a physician-patient relationship through telemedicine:

- The technology utilized shall be sufficient to establish an informed diagnosis as though the medical interview and physical examination has been performed in-person; and
- Prior to providing treatment, including issuing prescriptions, a physician who uses telemedicine shall interview the patient, collect or review relevant medical history, and perform an examination sufficient for the diagnosis and treatment of the patient. A questionnaire completed by the patient, whether via the internet or telephone, does not constitute an acceptable medical interview and examination for the provision of treatment by telehealth.

Source: *MO Revised Statute Ch. 191 Sec. 191.1146.*

In addition, in order to prescribe, the relationship includes:

- Obtaining a reliable medical history and performing a physical examination of the patient, adequate to establish the diagnosis for which the drug is being prescribed and to identify underlying conditions or contraindications to the treatment recommended or provided;
- Having sufficient dialogue with the patient regarding treatment options and the risks and benefits of treatment or treatments;
- If appropriate, following up with the patient to assess the therapeutic outcome;
- Maintaining a contemporaneous medical record that is readily available to the patient and, subject to the patient's consent, to the patient's other health care professionals; and
- Maintaining the electronic prescription information as part of the patient's medical record.

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Professional Regulation/Health & Safety

Online Prescribing

The requirements of subsection 1 (see above) may be satisfied by the prescribing physician's designee when treatment is provided in:

- A hospital;
- A hospice program;
- Home health services provided by a home health agency;
- Accordance with a collaborative practice agreement;
- Conjunction with a physician assistant licensed;
- Conjunction with an assistant physician;
- Consultation with another physician who has an ongoing physician-patient relationship with the patient, and who has agreed to supervise the patient's treatment, including use of any prescribed medications; or
- On-call or cross-coverage situations.

No health care provide shall prescribe any drug, controlled substance, or other treatment to a patient based solely on an evaluation over the telephone; except that, a physician, such as a physician's on-call designee, an advanced practice registered nurse in a collaborative practice arrangement with such physician, a physician assistant in a supervision agreement with such physician, or an assistant physician in a supervision agreement with such physician may prescribe any drug, controlled substance, or other treatment that is within his or her scope of practice to a patient based solely on a telephone evaluation if a previously established and ongoing physician-patient relationship exists between such physician and the patient being treated.

No health care provider shall prescribe any drug, controlled substance, or other treatment to a patient based solely on an internet request or an internet questionnaire.

Source: *MO Revised Statute Sec. 334.108.*

Cross-State Licensing

In order to treat patients in this state through the use of telemedicine or telehealth, health care providers shall be fully licensed to practice in this state and shall be subject to regulation by their respective professional boards.

Does not apply to:

- Informal consultation performed by a health care provider licensed in another state, outside of the context of a contractual relationship, and on an irregular or infrequent basis without the expectation or exchange of direct or indirect compensation;
- Furnishing of health care services by a health care provider licensed and located in another state in case of an emergency or disaster; provided that, no charge is made for the medical assistance; or
- Episodic consultation by a health care provider licensed and located in another state who provides such consultation services on request to a physician in this state.

Source: *MO Revised Statute Ch. 191 Sec. 191.1145.*

Member of Psychology Interjurisdictional Compact (PSYPACT).

Source: *MO HB 1719 (2018). (Accessed Sept. 2018).*

Member of Physical Therapy Compact.

Source: *PT Compact Map. (Accessed Sept. 2018).*

Member of Nurses Licensure Compact.

Source: *Nurse Licensure Compact. Current NLC States and Status. NCSBN. (Accessed Sept. 2018).*

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Miscellaneous

No reference found.

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Montana

Medicaid Program: Montana Medicaid

Program Administrator: MT Dept. of Public Health and Human Services

Regional Telehealth Resource Center: Northwest Regional Telehealth Resource Center

Covers the States of: Alaska, Idaho, Montana, Oregon, Utah, Washington, and Wyoming.

https://www.nrtrc.org/

Medicaid Telehealth Reimbursement

Summary

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.

Definitions

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 (Jun. 2018). (Accessed Sep. 2018).*

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 Sep. 2018).*

Live Video

Policy

MT Medicaid reimburses for medically necessary telemedicine services to eligible members. Providers must be enrolled as Montana Medicaid providers.

Telemedicine should not be used 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 (Jun. 2018). (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

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 Sep. 2018).*

Telehealth services are available for Speech Therapy when ordered by a physician or mid-level practitioner. The order is valid for 180 days.

Source: *MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, Therapies Manual, Covered Services (Aug. 2017). (Accessed Sep. 2018).*

Eligible Providers

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

The place of service is considered to be the location of the distance provider providing the telemedicine service.

Source: *MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, Physician Related Svcs., Telemedicine (Jun. 2018). (Accessed Sep. 2018).*

Eligible Sites

Telemedicine can be provided in a member's residence; the distance provider is responsible for the confidentiality requirements.

Source: *MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Jun. 2018) (Accessed Sep. 2018).*

Geographic Limits

The originating and distant providers may not be within the same facility or community or have the same tax ID number.

Source: *MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Jun. 2018) & Montana Healthcare Programs Notice. July 26, 2017. (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

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

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 (Jun. 2017). (Accessed Sep. 2018).*

There is no facility fee reimbursement when the originating site is a member's residence.

Source: *MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Sec. 5.1 (Jun. 2018). (Accessed Sep. 2018).*

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 Sep. 2018).*

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 (Mar. 2018). (Accessed Sep. 2018).*

Store-and-Forward

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 (Jun. 2018). (Accessed Sep. 2018).*

Eligible Services/Specialties

No reference found.

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	There is no reimbursement for remote patient monitoring 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 (Jun. 2018). (Accessed Sep. 2018).*
	Conditions	No reference found.
	Provider Limitations	No reference found.
	Other Restrictions	No reference found.

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Medicaid Telehealth Reimbursement

Email / Phone / Fax

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 (Jun. 2018). (Accessed Sep. 2018).*

No reimbursement for telephone services in home.

Source: *MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, Audiology Svcs., Covered Services (Sep. 2017); Rural Health Clinics & Federally Qualified Health Center, Covered Services (Mar. 2018); Physical Therapy, Occupational Therapy and Speech Therapy, Covered Services (Sep. 2017); Hospital Outpatient Services, Covered Services (Jun. 2018); Hospital Inpatient Services, Covered Services (Jun. 2018). (Accessed Sep. 2018).*

Consent

No reference found.

Out of State Providers

Providers must be licensed in the state of Montana.

Source: *MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Jun. 2018). (Accessed Sep. 2018).*

Miscellaneous

Effective Jan. 1, 2017 the new place of service code is “02”.

Source: *MT Dept. of Public Health and Human Svcs., Program Notice. Feb. 7, 2017. (Accessed Sep. 2018).*

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 (Jun. 2018). (Accessed Sep. 2018).*

Confidentially requirements apply (see manual).

Source: *MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Jun. 2018). (Accessed Sep. 2018).*

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Private Payer Laws

Definitions

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 Sep. 2018).*

Requirements

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
- 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 private 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. (Accessed Sep. 2018).*

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Private Payer Laws

Parity

Service Parity

Private payers are required to provide coverage for services delivered through telemedicine 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. (Accessed Sep. 2018).*

Payment Parity

No explicit payment parity.

Professional Regulation/Health & Safety

Definitions

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(13). (Accessed Sep. 2018).*

Consent

No reference found.

Online Prescribing

No reference found.

Cross-State Licensing

Member of the Interstate Medical licensure Compact.

Source: *The IMLC. Interstate Medical Licensure Compact. (Accessed Sep. 2018).*

Member of the Nurse Licensure Compact.

Source: *Current NLC States and Status. Nurse Licensure Compact. (Accessed Sep. 2018).*

Member of the Physical Therapy Compact.

Source: *Compact Map. Physical Therapy Compact. (Accessed Sep. 2018).*

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Professional Board Telehealth-Specific Regulations

- MT Board of Speech-Language Pathology (*MT Admin Rules, Sec. 24.222.9 (Accessed Sep. 2018*).

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Nebraska

Medicaid Program: Nebraska Medicaid

Program Administrator: NE Dept. of Health and Human Services

Regional Telehealth Resource Center: Great Plains Telehealth Resource and Assistance Center

Covers the States of: Iowa, Minnesota, Nebraska, North Dakota, South Dakota, and Wisconsin

https://www.gptrac.org

Medicaid Telehealth Reimbursement

Summary

Nebraska Medicaid reimburses for live video, store-and-forward, and remote patient monitoring under some circumstances. Reimbursement for store-and-forward is only specified for teleradiology.

Definitions

Telehealth consultation means any contact between a client and a health care practitioner relating to the health care diagnosis or treatment of such client through telehealth. For the purposes of telehealth, a consultation includes any service delivered through telehealth.

Telemonitoring is the remote monitoring of a client's vital signs, biometric data, or subjective data by a monitoring device which transmits such data electronically to a health care practitioner for analysis and storage.

Source: *NE Admin. Code Title 471 Sec. 1-006.02, Ch. 1, Manual Letter #52-2016. & NE Rev. Statute, 71-8503 (Accessed Sep. 2018).*

Telehealth means the use of medical information electronically exchanged from one site to another, whether synchronously or asynchronously, to aid a health care practitioner in the diagnosis or treatment of a patient. Telehealth includes services originating from a patient's home or any other location where such patient is located, asynchronous services involving the acquisition and storage of medical information at one site that is then forwarded to or retrieved by a health care practitioner at another site for medical evaluation, and telemonitoring.

Source: *NE Rev. Statute, 71-8503(3).*

Policy

Nebraska Medicaid provides coverage for telehealth at the same rate as in-person services when the technology meets industry standards and is HIPAA compliant.

Medicaid will reimburse a consulting health care provider if after obtaining and analyzing the transmitted information, the consulting provider reports back to the referring health care practitioner. Payment is not made to the referring health care practitioner who sends the medical documentation.

Practitioner consultation is not covered for behavioral health when the client has an urgent psychiatric condition requiring immediate attention by a licensed mental health practitioner.

Source: *NE Admin. Code Title 471 Sec. 1-006.08-.09, Ch. 1, Manual Letter #52-2016. (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

In-person contact is not required for reimbursable services under the Medicaid program, subject to reimbursement policies developed. This policy also applies to managed care plans who contract with the Department only to the extent that:

- Services delivered via telehealth are covered and reimbursed under the fee-for-service program and
- Managed care contracts are amended to add coverage of services delivered via telehealth and appropriate capitation rate adjustments are incorporated.

Reimbursement shall, at a minimum, be set at the same rate as a comparable in-person consult and the rate must not depend on the distance between the health care practitioner and the patient.

The Department of Health and Human Services will establish rates for transmission cost reimbursement for telehealth consultations, which will include all applicable two-way, real-time, interactive communications, unless provided by an internet service provider.

Source: *NE Revised Statutes Sec. 71-8506. (Accessed Sep. 2018).*

Children's Behavioral Health
A trained staff member must be immediately available to a child receiving telehealth behavioral health service. This requirement may be waived by a legal guardian and in cases where there is a threat that the child may harm themselves or others, a safety plan must be developed before the telehealth interaction takes place.

Source: *NE Admin. Code Title 471, Sec. 1-006.05, Ch. 1, Manual Letter #52-2016. (Accessed Sep. 2018).*

Eligible Services / Specialties

Federally Qualified Health Centers & Rural Health Clinics
FQHC & RHC core services provided via telehealth are not covered under the encounter rate.

Source: *NE Admin. Code Title 471, Sec. 29-004.04, Ch. 29, Manual Letter #11-2010. & NE Admin. Code Title 471, Sec. 34-007, Ch. 34, Manual Letter #11-2010. (Accessed Sep. 2018).*

Assertive Community Treatment (ACT)
ACT Team Interventions may be provided via telehealth when provided according to certain regulations.

Source: *NE Admin. Code Title 471 Sec. 35-013.11, Ch. 35, Manual Letter #89-2008. (Accessed Sep. 2018).*

Indian Health Service (IHS) Facilities
Telehealth services may be used to conduct a face-to-face visit for the provision of medically necessary Medicaid-defined services in an IHS or Tribal facility.

Source: *NE Admin. Code Title 471 Sec. 11-001 & 11-003.02A, Ch. 11, Manual Letter #51-2018. (Accessed Sep. 2018).*

Services for Individuals with Developmental Disabilities
Providers may conduct observations for the development, modification, evaluation, or implementation of a behavioral support plan in-person or by telehealth.

Source: *NE Admin. Code Title 403 Sec. 004.04, Ch. 4. & Sec. 004.04, Ch. 5 (Accessed Sep. 2018).*

Eligible Providers

Nebraska Medicaid-enrolled providers licensed, registered, or certified to practice in Nebraska are eligible for reimbursement.

Source: *NE Rev. Statute, 71-8503(2).*

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Medicaid Telehealth Reimbursement		
Live Video	Eligible Sites	Health care practitioners must assure that the originating sites meet the standards for telehealth, including providing a place where the client's right for confidential and private services is protected. **Source:** *NE Admin. Code Title 471 Sec. 1-006.04, Ch. 1, Manual Letter #52-2016. (Accessed Sep. 2018).*
	Geographic Limits	No reference found.
	Facility/Transmission Fee	Nebraska Medicaid reimburses for transmission costs for two-way, real-time interactive communication, unless provided by an internet service provider. An originating site fee is paid to the Medicaid-enrolled facility hosting the client. **Source:** *NE Admin. Code Title 471 Sec. 1-006.010-.11, Ch. 1, Manual Letter #52-2016. (Accessed Sep. 2018).* **Federally Qualified Health Centers & Rural Health Clinics** Telehealth transmission cost related to non-core services will be the lower of: • The provider's submitted charge; or • The maximum allowable amount **Source:** *NE Admin. Code Title 471, Sec. 29-004.04A, Ch. 29, Manual Letter #11-2010. & NE Admin. Code Title 471, Sec. 34-007.01, Ch. 34, Manual Letter #11-2010. (Accessed Sep. 2018).* **Managed Care** Telehealth transmission is covered as a part of the behavioral health benefits package. **Source:** *NE Admin. Code Title 482, Sec. 5-004, Ch. 5, Manual Letter #64-2013. (Accessed Sep. 2018).*
Store-and-Forward	Policy	Asynchronous service is included in the definition for telehealth in Nebraska statutes. **Source:** *NE Rev. Statute, 71-8503(3).*
	Eligible Services/Specialties	Nebraska Medicaid will reimburse for tele-radiology when it meets the American College of Radiology standards for tele-radiology. There is no other reference to reimbursing for other specialties. **Source:** *NE Admin. Code Title 471 Sec. 1-006.06, Ch. 1, Manual Letter #52-2016. (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	Medicaid will reimburse for telemonitoring when all of the following requirements are met: • Telemonitoring is covered only when the services are from the originating site; • The client is cognitively capable to operate the equipment or has a willing and able person to assess in the transmission of electronic data; • The originating site has space for all program equipment and full transmission capability; • The provider maintains a client's record supporting the medical necessity of the service. Paid at daily per diem-rate and includes: • Review and interpretation of client data; • Equipment and all supplies, accessories, and services necessary for proper functioning and use of equipment; • Medically necessary visits to the home by a health care practitioner; • Training on the use of the equipment and completion of necessary records. No additional or separate payment is allowed. **Source:** *NE Admin. Code Title 471 Sec. 1-006.07, Ch. 1, Manual Letter #52-2016. (Accessed Sep. 2018).*
	Conditions	No reference found.
	Provider Limitations	No reference found.

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Other Restrictions

No reference found.

Email / Phone / Fax

No reimbursement for telephone. Follow-up calls after the initial evaluation are included in the cost of the evaluation. Reimbursement may be made for telephone consultations with another physician if the name of the consulting physician is indicated on or in the claim.

Source: *NE Admin. Code Title 471, Sec. 18-004.38, Ch. 18, Manual Letter #59-2003. & NE Admin. Code Title 471, Sec. 18-004.50B, Ch. 18, Manual Letter #93-2008. (Accessed Sep. 2018).*

Consent

Written or email consent required before initial service delivery. Must include this information:

- A list of alternative care options, including in-person services;
- All existing laws and protections including: confidentiality protections, patient access to all medical information from the consult, and dissemination of client identifiable information;
- Whether the telehealth consultation will be recorded;
- Patient shall be informed of all parties present at both ends of the consult, and the patient may exclude anyone from either site;
- For telehealth behavioral health services, a safety plan must be developed;
- Special rules apply for a child who is receiving telehealth behavioral health services;
- Written consent will become part of the client's medical record and a copy must be provided to the client or authorized representative; and
- If the client is a child or otherwise unable to sign the consent form, the client's legally authorized representative shall provide the consent.

Sample patient consent form available in Manual Appendix.

Source: *NE Admin. Code Title 471 Sec. 1-006.05, Ch. 1, Manual Letter #52-2016. (Accessed Sep. 2018).*

Written patient consent is required prior to an initial telehealth consultation. If the patient is a minor, incapacitated, or mentally incompetent such that they are unable to sign the written statement, written consent must be obtained from the patient's legally authorized representative. Consent is not required in emergency situations.

Source: *NE Revised Statutes Sec. 71-8505 (Accessed Sep. 2018).*

Out of State Providers

Out-of-State Telehealth Services are covered:

- When the distant site is located in another state and the originating site is located in Nebraska; or
- When the Nebraska client is located at an originating site in another state, whether or not the provider's distant site is located in or out of Nebraska.

Source: *NE Admin. Code Title 471 Sec. 1-006.12, Ch. 1, Manual Letter #52-2016. (Accessed Sep. 2018).*

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	Miscellaneous		NE Medicaid does provide an outpatient cardiac rehabilitation program consisting of physical exercise or conditioning and concurrent telemetric monitoring are considered a valuable therapeutic modality. When a program is provided by a hospital to its outpatients, the service is covered as an outpatient service. **Source:** *NE Admin. Code Title 471, Sec. 10-005.19, Ch. 10, Manual Letter 48-95. (Accessed Sep., 2018).*
Private Payer Laws	Definitions		Telehealth means the use of medical information electronically exchanged from one site to another, whether synchronously or asynchronously, to aid a health care provider in the diagnosis or treatment of a patient. Telehealth includes services originating from a patient's home or any other location where such patient is located, asynchronous services involving the acquisition and storage of medical information at one site that is then forwarded to or retrieved by a health care provider at another site for medical evaluation, and telemonitoring. Telemonitoring means the remote monitoring of a patient's vital signs, biometric data, or subjective data by a monitoring device which transmits such data electronically to a health care provider for analysis and storage. **Source:** *NE Revised Statutes. Sec. 44-312(1). (Accessed Sep. 2018).*
	Requirements		Private payers and self-funded employee benefit plans must provide, upon the request of a policyholder, certificate holder, or health care provider, a description of the telehealth and telemonitoring services covered under the relevant policy, certificate, contract, or plan. The description must include: • Description of services in telehealth and telemonitoring (including any coverage for transmission costs); • Exclusions or limitations (including limitation on transmission costs); • Requirements for licensing status; • Requirements for signed written consent. **Source:** *NE Revised Statute, Sec. 44-312. (Accessed Sep. 2018).*
	Parity	Service Parity	Private payers and self-funded employee benefit plans are prohibited from excluding a service from coverage solely because the service is delivered through telehealth and is not provided through in-person consultation or contact between a licensed health care provider and a patient. This does not apply to policies, certificates, contracts, or plans that provide coverage for a specified disease or other limited-benefit coverage. **Source:** *NE Revised Statutes, Sec. 44-7,107. (Accessed Sep. 2018).*
		Payment Parity	No explicit payment parity.

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Professional Regulation/Health & Safety

Definitions

Uniform Credentialing Act (Licensed/Credentialed Health Professionals)
Telehealth means the use of medical information electronically exchanged from one site to another, whether synchronously or asynchronously, to aid a credential holder in the diagnosis or treatment of a patient. Telehealth includes services originating from a patient's home or any other location where such patient is located, asynchronous services involving the acquisition and storage of medical information at one site that is then forwarded to or retrieved by a credential holder at another site for medical evaluation, and telemonitoring.

Source: *NE Revised Statutes Sec. 38-120.01. (Accessed Sep. 2018).*

Telemonitoring means the remote monitoring of a patient's vital signs, biometric data, or subjective data by a monitoring device which transmits such data electronically to a credential holder for analysis and storage.

Source: *NE Revised Statutes Sec. 38-120.02. (Accessed Sep. 2018).*

Consent

No reference found.

Online Prescribing

A physician or physician assistant may establish a provider-patient relationship through telehealth and may prescribe while using telehealth.

Source: *NE Revised Statute 38-2063. (Accessed Sep. 2018).*

Cross-State Licensing

Member of the Interstate Medical Licensure Compact.

Source: *The IMLC. Interstate Medical Licensure Compact. (Accessed Sep. 2018).*

Member of the Psychology Interjurisdictional Compact of the Association of State and Provincial Psychology Boards.

Source: *Legislative Updates. Psypact. (Accessed Sep. 2018).*

Member of the Nurse Licensure Compact.

Source: *Current NLC States and Status. Nurse Licensure Compact (NLC). (Accessed Sep. 2018).*

Member of the Physical Therapy Compact.

Source: *Compact Map. Physical Therapy Compact. (Accessed Sep. 2018).*

Miscellaneous

A stroke system of care task force shall recommend eligible essential health care services for acute stroke care provided through telehealth.

Source: *NE Revised Statutes 71-4209. (Accessed Sep. 2018).*

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Nevada

Medicaid Program: Nevada Medicaid

Program Administrator: Division of Health Care Financing and Policy (DHCFP)

Regional Telehealth Resource Center: Southwest Telehealth Resource Center

Covers the States of: Arizona, Colorado, Nevada, New Mexico, and Utah

https://southwesttrc.org

Medicaid Telehealth Reimbursement

Summary

Nevada Medicaid and the Nevada Check Up (NCU) program reimburses for live video and store-and-forward services under specific conditions. There is no reimbursement for remote patient monitoring.

Definitions

"Telehealth is the use of a telecommunications system to substitute for an in-person encounter for professional consultations, office visits, office psychiatry services, and a limited number of other medical services."

"Telehealth" is defined as the delivery of service from a provider of health care to a patient at a different location through the use of information and audio-visual communication technology, not including standard telephone, facsimile, or electronic mail.

Source: *NV Dept. of Health and Human Svcs.,Medicaid Services Manual, Section 3400, p. 1 (Jul. 27, 2017). (Accessed Sep. 2018).*

Live Video

Policy

Nevada Medicaid and Nevada Check Up program will reimburse for live video, as long as services have parity with face-to-face services and health care professionals follow Medicaid's policies for specific services they are providing, as well as practice standards established by licensing agencies. Reimbursement must satisfy federal requirements for efficiency, economy, and quality of care.

Telehealth services follow the same prior authorization requirements as services provided in-person. Utilization of telehealth services does not require prior authorization. However, individual services may require prior authorization, whether delivered in-person or by telehealth.

End Stage Renal Disease requires at least one in-person visit, indicated in the medical records. Interactive audio/video telecommunications systems may be used for providing additional visits.

Source: *NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3403, p. 2; 3403.5, p. 3; & 3403.7, p. 4 (Jul. 27, 2017). & Nevada Dept. of Health and Human Services Billing Guidelines Telehealth Billing Instructions, p. 1 (Jun. 27, 2018). (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

Medicaid Managed Care plans must include coverage for services provided through telehealth to the same extent as though provided in-person or by other means.

Medicaid Managed Care plans shall not:

- Require an enrollee to establish an in-person relationship with a provider or provide any additional consent to or reason for obtaining services through telehealth;
- Require a provider of health care to demonstrate that it is necessary to provide services to an enrollee through telehealth or receive any additional type of certification or license;
- Refuse to provide services through telehealth because the distant site or originating site; or
- Require covered services to be provided through telehealth as a condition of providing coverage for such services.

A Medicaid Managed Care plan may not require an enrollee to obtain prior authorization for any service provided through telehealth that is not required for the service when provided in-person.

Medicaid Managed Care plans are not required to:

- Ensure that covered services are available to an enrollee through telehealth at a particular originating site;
- Provide coverage for a service that is not a covered service or that is not provided by a covered provider of health care; or
- Enter into a contract with any provider of health care or cover any service if the insurer is not otherwise required by law to do so.

Source: *NV Revised Statute Sec. 695G.162. (Accessed Sep. 2018).*

Eligible Services / Specialties

Telehealth services are covered in:

- Physician Office Services
- Podiatry
- Community Paramedicine Services
- Medical Nutrition Therapy

Source: *NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 603.2, p. 3; 603.7, p. 20; 604.2, p. 2; & 608.2, p. 3 (Jan. 1, 2018).*

Services NOT Covered:

- Basic skills training and peer-to-peer services provided by a Qualified Behavioral Assistant
- Personal care services provided by a Personal Care Attendant
- Home Health Services provided by a RN, occupational therapist, physical therapist, speech therapist, respiratory therapist, dietician or Home Health Aide
- Private Duty Nursing services provided by a RN

Source: *NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3403.6, p. 3 (Jul. 27, 2017). (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

Telehealth may be used by any Nevada Medicaid and Nevada Check Up provider working within their scope of practice.

Source: *Nevada Dept. of Health and Human Services Billing Guidelines Telehealth Billing Instructions, p.1 (Jun. 27, 2018) (Accessed Sep. 2018).*

A distant site provider must be an enrolled Medicaid provider.

Licensed Clinical Psychologists, Licensed Clinical Social Workers and clinical staff may bill and receive reimbursement for psychotherapy, but not for medical evaluation and management services.

Source: *NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3403.2, p. 2 & Section 3403.5, p. 2 (Jul. 27, 2017). (Accessed Sep. 2018).*

Eligible Sites

Eligible sites:

- Office of provider
- Critical Access Hospital (CAH)
- Rural Health Clinic (RHC)
- Federally Qualified Health Center (FQHC)
- Hospital
- End Stage Renal Disease (ESRD) Facility
- Skilled Nursing Facility (SNF)
- Community Mental Health Centers (CMHC)
- Indian Health Services/Tribal Organization/Urban Indian Organization
- School-Based Health Centers
- Schools
- Family Planning Clinics
- Public Health Clinics
- Comprehensive Outpatient Rehabilitation Facilities
- Community Health Clinics (State Health Division)
- Special Children's Clinics
- Human Immunodeficiency Virus (HIV) Clinics
- Therapy offices
- Chiropractic offices
- Emergency Medical Services (EMS) performing Community Paramedic Services
- Recipient's smart phone (no facility fee)
- Recipient's home computer (no facility fee)

Source: *Nevada Dept. of Health and Human Services Billing Guidelines Telehealth Billing Instructions, p. 1-2 (Jun. 27, 2018) (Accessed Sep. 2018).*

Geographic Limits

A Medicaid Managed Care Organization may not refuse to provide coverage of telehealth services because of the distant or originating site.

Source: *NV Revised Statute Sec. 695G.162. (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Facility/Transmission Fee

Originating site is qualified to receive a facility fee if they are an enrolled Medicaid provider. If a patient is receiving telehealth services at a site not enrolled in Medicaid, the originating site is not eligible to receive a facility fee.

Facilities that are eligible for encounter reimbursement may bill for an encounter in lieu of an originating site facility fee, if the distant site is for ancillary services.

Source: *NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3403.1, p. 1-2 (Jul. 27, 2017). (Accessed Sep. 2018).*

A facility fee is not billable if the telecommunication system used is a recipient's smart phone or home computer.

Source: *Nevada Dept. of Health and Human Services Billing Guidelines Telehealth Billing Instructions, p. 1 (Jun. 27, 2018) (Accessed Sep. 2018).*

Some provider types that may bill for an originating site facility fee include:

- Some Special Clinic provider types
- Some Applied Behavior Analysis provider types
- Therapists
- Chiropractors
- Providers at End-Stage Renal Disease Facilities

Source: *NV Dept. of Health and Human Svcs. Announcement 1048 & 1202. (Accessed Sep. 2018).*

Sites eligible for an originating site facility fee include:

- Office of provider
- Critical Access Hospital (CAH)
- Rural Health Clinic (RHC)
- Federally Qualified Health Center (FQHC)
- Hospital
- End Stage Renal Disease (ESRD) Facility
- Skilled Nursing Facility (SNF)
- Community Mental Health Centers (CMHC)
- Indian Health Services/Tribal Organization/Urban Indian Organization
- School-Based Health Centers
- Schools
- Family Planning Clinics
- Public Health Clinics
- Comprehensive Outpatient Rehabilitation Facilities
- Community Health Clinics (State Health Division)
- Special Children's Clinics
- Human Immunodeficiency Virus (HIV) Clinics
- Therapy offices
- Chiropractic offices
- Emergency Medical Services (EMS) performing Community Paramedic Services

Source: *Nevada Dept. of Health and Human Services Billing Guidelines Telehealth Billing Instructions, p. 1-2 (Jun. 27, 2018) (Accessed Sep. 2018).*

Store-and-Forward

Policy

Reimbursement is available for services delivered via asynchronous telehealth. Photographs must be specific to the patient's condition and adequate for rendering or confirming a diagnosis or a treatment plan.

Source: *NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3403, p. 2 & Section 3403.4, p. 9 (Jul. 27, 2017). (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Eligible Services/Specialties	No reference found.
Store-and-Forward	Geographic Limits	No reference found.
Store-and-Forward	Transmission Fee	Store-and-forward services are not eligible for originating site facility fees. **Source:** *NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3403.4, p. 9 (Jul. 27, 2017). (Accessed Sep. 2018).* A facility fee is not billable if the telecommunication system used is a recipient's smart phone or home computer. **Source:** *Nevada Dept. of Health and Human Services Billing Guidelines Telehealth Billing Instructions, p. 1 (Jun. 27, 2018) (Accessed Sep. 2018).*
Remote Patient Monitoring	Policy	No reference found.
Remote Patient Monitoring	Conditions	No reference found.
Remote Patient Monitoring	Provider Limitations	No reference found.

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Medicaid Telehealth Reimbursement		
Remote Patient Monitoring	Other Restrictions	No reference found.
Email / Phone / Fax		No reimbursement for email. No reimbursement for telephone, except psychiatric treatment in crisis intervention. No reimbursement for FAX. **Source:** *NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 603, p. 4 (Jan. 1, 2018) & NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3403, p. 1 (Jul. 27, 2017). (Accessed Sep. 2018).*
Consent		No reference found.
Out of State Providers		No reference found.
Miscellaneous		No reference found.

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Private Payer Laws

Definitions

"Telehealth" means the delivery of services from a provider of health care to a patient at a different location through the use of information and audio-visual communication technology, not including standard telephone, facsimile or electronic mail.

Source: *NV Revised Statutes Sec. 616C.730(d) & Sec. 629.515(4)(c). (Accessed Sep. 2018).*

Requirements

Insurers shall not:

- Require an enrollee to establish an in-person relationship with a provider or provide any additional consent to or reason for obtaining services through telehealth;
- Require a provider of health care to demonstrate that it is necessary to provide services to an enrollee through telehealth or receive any additional type of certification or license;
- Refuse to provide services through telehealth because the distant site or originating site; or
- Require covered services to be provided through telehealth as a condition of providing coverage for such services.

A policy may not require an enrollee to obtain prior authorization for any service provided through telehealth that is not required for the service when provided in-person.

Insurers are not required to:

- Ensure that covered services are available to an enrollee through telehealth at a particular originating site;
- Provide coverage for a service that is not a covered service or that is not provided by a covered provider of health care; or
- Enter into a contract with any provider of health care or cover any service if the insurer is not otherwise required by law to do so.

These requirements also apply to state employee health insurance policies.

Prepaid limited health service organizations are also subject to these requirements to the extent reasonably acceptable.

Source: *NV Revised Statute Sec. 689A.0463; Sec. 689B.0369; Sec. 689C.195; Sec. 616C.730; Sec. 695A.265; Sec. 695B.1904; Sec. 695C.1708; Sec. 695D.216; Sec. 695F.090(i); & Sec. 695G.162. (Accessed Sep. 2018).*

When making any determination concerning the availability and accessibility of the services of any network health plan, the Commissioner of Insurance shall consider services that may be provided through telehealth.

Source: *NV Revised Statues Sec. 687B.490(7). (Accessed Sep. 2018).*

Parity

Service Parity

Every health plan policy issued must include coverage for services provided through tele-health to the same extent as though provided in-person or by other means.
This also applies to state employee health insurance policies.

This also applies to prepaid limited health service organizations to the extent reasonably acceptable.

Source: *NV Revised Statute Sec. 689A.0463(1); Sec. 689B.0369(1); Sec. 689C.195(1); Sec. 616C.730(1); Sec. 695A.265(1); Sec. 695B.1904(1); Sec. 695C.1708(1); Sec. 695D.216(1); Sec. 695F.090(i); & Sec. 695G.162(1). (Accessed Sep. 2018).*

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Private Payer Laws

Parity

Payment Parity

No explicit payment parity.

Professional Regulation/Health & Safety

Definitions

Telehealth means the delivery of services from a provider of health care to a patient at a different location through the use of information and audio-visual communication technology, not including standard telephone, facsimile or electronic mail.

Source: *NV Revised Statutes Sec. 629.515(2)(c). (Accessed Sep. 2018).*

Consent

No reference found.

Online Prescribing

A provider of health care who is located at a distant site and uses telehealth to direct or manage the care or render a diagnosis of a patient who is located in Nevada or write a treatment order or prescription for such a patient must comply with all state and federal laws that would apply if the provider was located within the state including holding a valid license or certificate to practice in Nevada.

Source: *NV Revised Statutes Sec. 629.515(3) (Accessed Sep. 2018).*

A physician-patient relationship, required to fill prescriptions that call for schedule II, III, or IV controlled substances, may be established in-person, electronically, telephonically, or by fiber optics, including without limitation via telehealth within or outside Nevada or the United States within 6 months preceding the date the prescription is issued.

Source: *NV Revised Statutes Sec. 639.235(4). (Accessed Sep. 2018).*

If a practitioner prescribes a schedule II, III, or IV controlled substance for the treatment of pain, they may not prescribe more than one additional prescription that increases the dose unless they meet with the patient in-person or through telehealth to reevaluate the treatment plan.

Source: *NV Revised Statutes Sec. 639.23911(2). (Accessed Sep. 2018).*

Before prescribing a schedule II, III, or IV controlled substance to continue the treatment of pain of a patient who has used the controlled substance for 90 consecutive days or more, a practitioner must meet with the patient in-person or through telehealth to review the treatment plan and determine whether continuation of treatment using the controlled substance is medically appropriate, in addition to other requirements.

Source: *NV Revised Statutes Sec. 639.23913(c). (Accessed Sep. 2018).*

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Professional Regulation/Health & Safety

Online Prescribing

An advanced practice registered nurse authorized to prescribe controlled substances may do so electronically, telephonically or by fiber optics, including telehealth, from within or outside Nevada or the United States.

Source: *NV Revised Statutes Sec. 632.237(4). (Accessed Sep. 2018).*

Cross-State Licensing

A practitioner must hold a valid Nevada License or certificate to practice his or her profession, including a special purpose license before providing services via telehealth unless he or she is a provider of health care services who is providing services within the scope of his or her employment by or pursuant to a contract entered into with an urban Indian organization.

Source: *NV Revised Statutes Sec. 629.515(1) (Accessed Sep. 2018).*

A physician licensed in another state may be issued a special purpose license to deliver services electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside Nevada or the United States.

Source: *NV Revised Statutes Sec. 630.261(e). (Accessed Sep. 2018).*

Member of the Interstate Medical Licensure Compact.

Source: *The IMLC. Interstate Medical Licensure Compact. (Accessed Sep. 2018).*

Member of the Psychology Interjurisdictional Compact of the Association of State and Provincial Psychology Boards.

Source: *Legislative Updates. Psypact. (Accessed Sep. 2018).*

Miscellaneous

The Board of Medicine is required to adopt regulations regarding a physician assistant's use of equipment that transfers information concerning the medical condition of a patient electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside Nevada or the United States.

Source: *NV Revised Statutes Sec. 630.275(10). (Accessed Sep. 2018).*

A hospital may grant staff privileges to a provider of health care who is at another location for the purpose of providing services through telehealth.

Source: *NV Revised Statutes Sec. 449.1925. (Accessed Sep. 2018).*

The NV Board of Pharmacy is required to adopt regulations regarding the practice of telepharmacy.

Source: *NV Revised Statutes Sec. 639.0727. (Accessed Sep. 2018).*

There are specific standards for telepractice for speech-language pathology and audiology.

Source: *NV Revised Statutes Sec. 637B.244. (Accessed Sep. 2018).*

Professional Board Telehealth-Specific Regulations

- Board of Nursing (Telenursing) (**Source:** *NV Admin. Code Sec. 632.249. (Accessed Sep. 2018)*.
- Board of Pharmacy (Telepharmacy) (**Source:** *NV Admin Code Sec. 639.391-.399. (Accessed Sep. 2018).*

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New Hampshire

Medicaid Program: New Hampshire Medicaid

Program Administrator: Dept. of Health and Human Services

Regional Telehealth Resource Center: Northeast Telehealth Resource Center

Covers the States of: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island & Vermont

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Medicaid Telehealth Reimbursement

Summary

New Hampshire Medicaid follows the Center for Medicare and Medicaid Services requirements and Federal regulations for the use of telehealth and telemedicine. Reimbursement is available for live video under some circumstances. There is no reimbursement for store-and-forward or remote patient monitoring services, based on Medicare restrictions.

Definitions

"Telehealth services" and the term "telemedicine" shall comply with 42 C.F.R. section 410.78 and the Centers for Medicare and Medicaid Services requirements.

Source: *NH Revised Statutes 167:4-d (Accessed Sep. 2018).*

Live Video

Policy

Limited reimbursement for some live video services. NH Medicaid follows the reimbursement policies of Medicare with the exception of CMS' geographic requirement. However, CMS' restrictions on modality, originating site, services, and distance providers still apply.

A Medicaid program is not prohibited from providing coverage for only those services that are medically necessary and subject to all other terms and conditions of the coverage.

Source: *NH Revised Statutes 167:4-d (Accessed Sep. 2018).*

Eligible Services / Specialties

New Hampshire Medicaid complies with the Centers for Medicare and Medicaid Service requirements for telehealth. See Medicare's list of CPT codes for a full list of services reimbursable under New Hampshire Medicaid.

Source: *NH Revised Statutes 167:4-d & Centers for Medicare and Medicaid Services. Medicare Learning Network Booklet, p. 5-8. (Feb. 2018). (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

Providers who may receive reimbursement (based on Medicare list):

- Physician
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Nurse-midwife
- Clinical psychologist and clinical social worker (may not seek payment for medical evaluation and management services)
- Registered dietician or nutrition professional
- Nurse anesthetist

Source: *NH Revised Statutes 167:4-d & 42 CFR Sec. 410.78(b)(2). (Accessed Sep. 2018).*

Eligible Sites

Authorized originating sites are (based on Medicare list):

- The offices of physicians or practitioners
- Hospitals
- Critical Access Hospitals (CAHs)
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
- Skilled Nursing Facilities (SNFs) and
- Community Mental Health Centers (CMHCs)

Source: *NH Revised Statutes 167:4-d & Centers for Medicare and Medicaid Services. Medicare Learning Network Booklet, p. 5-8. (Feb. 2018). (Accessed Sep. 2018).*

Geographic Limits

New Hampshire Medicaid does not follow 42 CFR 410.78(b)(4), listing geographic and site restrictions on originating sites. No other reference found.

Source: *NH Revised Statutes 167:4-d (Accessed Sep. 2018).*

Facility/Transmission Fee

New Hampshire Medicaid complies with the Centers for Medicare and Medicaid Service requirements for telehealth. Based on the Medicare requirements, originating sites are eligible for a facility fee.

Source: *NH Revised Statutes 167:4-d & Centers for Medicare and Medicaid Services. Medicare Learning Network Booklet, p. 9. (Feb. 2018). (Accessed Sep. 2018).*

Store-and-Forward

Policy

There is no reimbursement for store-and-forward as telehealth must use interactive telecommunications systems permitting two-way, real-time interactive communication.

Source: *NH Revised Statutes 167:4-d & Centers for Medicare and Medicaid Services. Medicare Learning Network Booklet, p. 4. (Feb. 2018). (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement		
Live Video	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	There is no reimbursement for remote patient monitoring as telehealth must use interactive telecommunications systems permitting two-way, real-time interactive communication. **Source:** *NH Revised Statutes 167:4-d & 42 CFR Sec. 410.78(a)(3). (Accessed Sep. 2018).*
	Conditions	No reference found.
	Provider Limitations	No reference found.

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Medicaid Telehealth Reimbursement	Remote Patient Monitoring	Other Restrictions	No reference found.
	Email / Phone / Fax		No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX. **Source:** *NH Revised Statutes 167:4-d & 42 CFR Sec. 410.78(a)(3). (Accessed Sep. 2018).*
	Consent		Parental consent is required when delivering medical services reimbursed by Medicaid to children in public schools. **Source:** *NH Revised Statutes 167:3-k (Accessed Sep. 2018).*
	Out of State Providers		No reference found.
	Miscellaneous		As of December 1, 2013 New Hampshire Medicaid transitioned to a managed care model of administration under three health plans. These plans each have their own telehealth coverage policy. **Source:** *Provider Quick Reference Guide. (Accessed Sep. 2018).*
Private Payer Laws	Definitions		"Telemedicine, as it pertains to the delivery of health care services, means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. Telemedicine does not include the use of audio-only telephone or facsimile." **Source:** *NH Revised Statutes Annotated, 415-J:2 (2012). (Accessed Sep. 2018).*

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Private Payer Laws	Requirements		Insurers are not prohibited from providing coverage for only those services that are medically necessary and subject to the terms and conditions of the covered person's policy. **Source:** *NH Revised Statutes Annotated, 415-J:3 (2012) (Accessed Sep. 2018).*
	Parity	Service Parity	Insurers may not deny coverage for services on the sole basis that the coverage is provided through telemedicine if the health care service would be covered if it were provided through in-person consultation between the covered person and a health care provider. **Source:** *NH Revised Statutes Annotated, 415-J:3 (2012) (Accessed Sep. 2018).*
		Payment Parity	No explicit payment parity.
Professional Regulation/Health & Safety	Definitions		Telemedicine means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. Telemedicine shall not include the use of audio-only telephone or facsimile. **Source:** *NH Revised Statutes Annotated, 329:1-d-I (Accessed Sep. 2018).*
	Consent		Patient consent is required prior to forwarding medical records to the patient's primary care or treating provider, if appropriate. **Source:** *NH Revised Statutes Annotated, 329:1-d-V(c) (Accessed Sep. 2018).*

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Professional Regulation/Health & Safety

Online Prescribing

A physician-patient relationship requires an in-person exam that may take place via a face-to-face two-way real time interactive communication. Prescribing drugs to individuals without a physician-patient relationship is prohibited, except under the following conditions:

- Writing admission orders for a newly hospitalized patient;
- A patient of another provider for whom the prescriber is taking call;
- A prescription for a patient who has been examined by a physician assistant, nurse practitioner, or other licensed practitioner;
- Medication on a short-term basis for a new patient prior to the patient's first appointment;
- When providing limited treatment to a family member in accordance with the American Medical Association Code of Medical Ethics.

Source: *NH Revised Statutes Annotated, Sec. 329:1-c. (Accessed Sept 2018).*

It is unlawful to prescribe through telemedicine a controlled drug classified in schedule II through IV.

Source: *NH Revised Statutes Annotated, 329:1-d. (Accessed Sept 2018).*

A prescription of a non-opioid controlled drug classified in schedule II through IV via telemedicine shall be limited to certain practitioners who are treating a patient with whom the prescriber has an in-person practitioner-patient relationship, for purposes of monitoring or follow-up care, and who are treating patients at a state designated community mental health center or a Substance Abuse and Mental Health Services Administration-certified state opioid treatment program, and shall require an initial in-person exam by a practitioner licensed to prescribe the drug.

A prescription of an opioid controlled drug classified in schedule II through IV via telemedicine shall be limited to prescribers who are treating patients at a Substance Abuse and Mental Health Services Administration-certified state opioid treatment program, and shall require an initial in-person exam by a practitioner licensed to prescribe the drug.

Subsequent in-person exams must be by a practitioner licensed to prescribe the drug at intervals appropriate for the patient, medical condition, and drug, but not less than annually.

Source: *NH Revised Statutes Annotated 318-B:2(XVI).*

Cross-State Licensing

Member of the Nurse Licensure Compact.

Source: *Current NLC States and Status. Nurse Licensure Compact. (Accessed Sep. 2018).*

Member of the Physical Therapy Compact.

Source: *Compact Map. Physical Therapy Compact. (Accessed Sep. 2018).*

Member of the Interstate Medical Licensure Compact.

Source: *The IMLC. Interstate Medical Licensure Compact. (Accessed Sep. 2018).*

An out-of-state physician providing services via telemedicine or teleradiology shall be deemed to be in the practice of medicine and required to be licensed in New Hampshire. This does not apply to physicians who provide consultation services.

Source: *NH Revised Statutes Annotated, 329:1-d-II & NH Revised Statutes Annotated, 329:1-b (Accessed Sep. 2018).*

Miscellaneous

A committee has been established to study health care reimbursement for telemedicine and telehealth in New Hampshire. The committee must report its findings by Nov. 1, 2018.

Source: *NH HB 1471 (2018). (Accessed Sep. 2018).*

A board of medical imaging professionals and radiation therapists shall adopt rules relative to standards of care for the practice of telemedicine or telehealth.

Source: *NH Revised Statutes Annotated, 328-J:7-XIII. (Accessed Sep. 2018).*

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New Jersey

Medicaid Program: New Jersey Medicaid

Program Administrator: New Jersey Dept. of Human Services

Regional Telehealth Resource Center: Northeast Telehealth Resource Center & Mid-Atlantic Telehealth Resource Center

Northeast Telehealth Resource Center Covers the States of: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island & Vermont

Mid-Atlantic Telehealth Resource Center Covers the States of: Delaware, Kentucky, Maryland, New Jersey, North Carolina, Pennsylvania, Virginia, West Virginia, and Washington DC

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Medicaid Telehealth Reimbursement

Summary

New Jersey Medicaid reimburses for live video and remote patient monitoring under certain circumstances. Store-and-forward is not explicitly included in reimbursement; however, it could be covered within the definition of telemedicine. Individual Medicare managed care plans may have their own individual policies regarding telehealth and telemedicine.

Definitions

Telemedicine means the delivery of a health care service using electronic communications, information technology, or other electronic or technological means to bridge the gap between a health care provider who is located at a distant site and a patient who is located at an originating site, either with or without the assistance of an intervening health care provider. Telemedicine does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text or facsimile transmission.

Telehealth means the use of information and communications technologies, including telephones, remote patient monitoring devices or other electronic means to support clinical health care, provider consultation, patient and professional health related education, public health, health administration and other services.

Source: *NJ Statute C.30:4D-6K(e) & NJ Statute C.45:1-61 (SB 291-2017). (Accessed Sep. 2018).*

Live Video

Policy

NJ Medicaid must provide coverage and payment for telemedicine or telehealth delivered services on the same basis as when the services are delivered through in-person contact and consultation in NJ. The reimbursement rate may not exceed the rate of in-person contact. Reimbursement is provided either to the individual practitioner who delivered the reimbursable services, or to the agency, facility, or organization that employs the individual practitioner, as appropriate.

NJ Medicaid and NJ FamilyCare programs may limit coverage to services that are delivered by participating health care providers, but may not charge a deductible, copayment, or coinsurance for a health care service, delivered through telemedicine or telehealth, in an amount that exceeds the deductible, copayment, or coinsurance amount that is applicable to an in-person consultation.

The commissioner will apply for a State Plan amendment as necessary to implement this.

Source: *NJ Statute C.30:4D-6k. (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Psychiatric Services
Telepsychiatry may be utilized by mental health clinics and/or hospital providers of outpatient mental health services to meet their physician related requirements including but not limited to intake evaluations, periodic psychiatric evaluations, medication management and/or psychotherapy sessions for clients of any age.

Before any telepsychiatry services can be provided, each participating program must establish related policies and procedures.

Mental health clinics and hospital providers are limited to billing for services permitted by the Division of Medical Assistance and Health Services.

Source: *NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 23, No. 21, December 2013 (Accessed Sep. 2018).*

For the Screening and Outreach Program, designed to provide clinical assessment and crisis stabilization services to consumers, a psychiatric evaluation may be completed through the use of telepsychiatry, provided that the screening service has a Division-approved plan setting forth its policies and procedures for providing a psychiatric assessment via telepsychiatry that meets certain criteria (see regulation).

Source: *NJAC 10:31-2.3. (Accessed Sep. 2018).*

Eligible Providers

Psychiatric Services

- Psychiatrist
- Psychiatric Advanced Practice Nurse

Source: *NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 23, No. 21, December 2013 (Accessed Sep. 2018).*

Eligible Sites

Psychiatric Services
A patient may receive services at the mental health clinic or outpatient hospital program.

Source: *NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 23, No. 21, December 2013 (Accessed Sep. 2018).*

Geographic Limits

No reference found.

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Medicaid Telehealth Reimbursement		
Live Video	Facility/Transmission Fee	No reference found.
Store-and-Forward	Policy	Insurers and NJ Medicaid must provide reimbursement for telemedicine or telehealth on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when services are delivered through in-person contact and consultation. Store-and-forward is not explicitly included, but could fit into these definitions. **Source:** *NJ Statute C.30:4D-6k. (Accessed Sep. 2018).*
	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Policy

Insurers and NJ Medicaid must provide reimbursement for telemedicine or telehealth on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when services are delivered through in-person contact and consultation. Remote patient monitoring is included within definition of telehealth.

Source: *NJ Statute C.30:4D-6k. (Accessed Sep. 2018).*

Conditions

No reference found.

Provider Limitations

No reference found.

Other Restrictions

No reference found.

Email / Phone / Fax

Telemedicine does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text or facsimile transmission.

Telehealth means the use of information and communications technologies, including telephones.

Source: *NJ Statute C.45:1-61 (SB 291-2017). (Accessed Sep. 2018).*

Consent

Informed consent is required for telepsychiatry. If a patient chooses not to participate in telepsychiatry, they must be made aware of other face-to-face options and services. If they choose to participate, they must be informed of the location of the psychiatrist/advanced practice nurse providing the telepsychiatry service.

Source: *NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 23, No. 21, December 2013 (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement

Out of State Providers

A psychiatrist or psychiatric APN may be off-site, but must be licensed in the State of New Jersey.

Source: *NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 23, No. 21, December 2013 (Accessed Sep. 2018).*

Miscellaneous

New Jersey's Medicaid Program is managed care, with five participating health plans. The health plans may or may not have their own telehealth related policies.

Source: *NJ Medicaid & Managed Care. Division of Medical Assistance and Health Services. (Accessed Sep. 2018).*

Psychiatric Services
If a physical evaluation is required as part of a psychiatric assessment, the hosting provider must have a registered nurse available to share the results of the physical evaluation.

NJ Medicaid does not reimburse for any costs associated with the provision of telepsychiatry services.

Additional requirements are listed in the telepsychiatry memo.

Source: *NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 23, No. 21, December 2013 (Accessed Sep. 2018).*

Private Payer Laws

Definitions

Telemedicine means the delivery of a health care service using electronic communications, information technology, or other electronic or technological means to bridge the gap between a health care provider who is located at a distant site and a patient who is located at an originating site, either with or without the assistance of an intervening health care provider. Telemedicine does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text or facsimile transmission.

Telehealth means the use of information and communications technologies, including telephones, remote patient monitoring devices or other electronic means to support clinical health care, provider consultation, patient and professional health related education, public health, health administration and other services.

Source: *NJ Statute C.26:2S-29(e). & NJ Statute C.45:1-61 (SB 291-2017). (Accessed Sep. 2018).*

Requirements

A carrier that offers a health benefits plan shall provide coverage and payment for health care services delivered to a covered person through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered through in-person contact and consultation. Reimbursement payments under this section may be provided either to the individual practitioner who delivered the reimbursable services, or to the agency, facility, or organization that employs the individual practitioner who delivered the reimbursable services, as appropriate.

A carrier may limit coverage to services that are delivered by health care providers in the health benefits plan's network, but may not charge any deductible, copayment, or coinsurance for a health care service, delivered through telemedicine or telehealth, in an amount that exceeds the deductible, copayment, or coinsurance amount that is applicable to an in-person consultation.

Source: *NJ Statute C.26:2S-29.(Accessed Sept 2018).*

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Private Payer Laws

Parity

Service Parity

Insurers must provide coverage and payment for health services delivered through telemedicine or telehealth on the same basis as when the services are delivered through in-person contact and consultation.

A health care plan is not prohibited from providing coverage only for services that are medically necessary, subject to the terms and conditions of the plan.

A health care plan may not require a covered person to use telemedicine or telehealth in lieu of receiving an in-person service from an in-network provider.

Source: *NJ Statute C.26:2S-29. (Accessed Sep. 2018).*

The above also applies to contracts purchased by the State Health Benefits Commission and the School Employees' Health Benefits Commission.

Source: *NJ Statute C.52:14-17.29w & C.52:14-17.46.6h (Accessed Sep. 2018).*

Payment Parity

Reimbursement must be made for health care services delivered through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate for in-person contact.

A health care plan may limit coverage to services that are delivered by health care providers in a plan's network, but may not charge any deductible, copayment, or coinsurance for a health care service in an amount that exceeds the deductible, copayment, or coinsurance amount that is applicable to an in-person consultation.

Source: *NJ Statute C.26:2S-29. (Accessed Sep. 2018).*

The above also applies to contracts purchased by the State Health Benefits Commission and the School Employees' Health Benefits Commission.

Source: *NJ Statute C.52:14-17.29w & C.52:14-17.46.6h (Accessed Sep. 2018).*

Professional Regulation/Health & Safety

Definitions

Telemedicine means the delivery of a health care service using electronic communications, information technology, or other electronic or technological means to bridge the gap between a health care provider who is located at a distant site and a patient who is located at an originating site, either with or without the assistance of an intervening health care provider. Telemedicine does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text or facsimile transmission.

Telehealth means the use of information and communications technologies, including telephones, remote patient monitoring devices or other electronic means to support clinical health care, provider consultation, patient and professional health related education, public health, health administration and other services.

Source: *NJ Statute C.45:1-61 (SB 291-2017). (Accessed Sep. 2018).*

Consent

With a patient's oral, written, or digital consent, the patient's medical information may be forwarded directly to the patient's primary care provider or health care provider of record, or, upon request by the patient, to other health care providers.

Source: *NJ Statute C.45:1-62. (Accessed Sep. 2018).*

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Professional Regulation/Health & Safety

Online Prescribing

The prescription of Schedule II controlled substances through telemedicine or telehealth is authorized only after an initial in-person examination, and subsequent in-person visit with the patient is required every three months for the duration of prescription. Does not apply when prescribing stimulant for use by a minor under the age of 18 provided the health care provider is using live video when treating the patient and the health care provider has obtained written consent for the waiver form the minor patient's parent or guardian.

Source: *NJ Statute C.45:1-62. (Accessed Sep. 2018).*

A provider patient relationship shall include:

- Properly identifying the patient, using at minimum the patient's name, date of birth, phone number, and address.
- Disclosing and validating the provider's identity and credentials, such as license, title, specialty, and board certifications.
- Review of patient's medical records, prior to initiating contact.
- Determining whether the provider will be able to meet the standard of care, prior to initiating contact.

See statute for exceptions.

Source: *NJ Statute C.45:1-63(a). (Accessed Sep. 2018).*

Cross-State Licensing

Member of the Physical Therapy Compact.

Source: *Compact Map. Physical Therapy Compact. (Accessed Sep. 2018).*

Must be licensed in the State of New Jersey. Subject to New Jersey jurisdiction if either the patient or the provider is located in NJ at the time services are provided.

Source: *NJ Statute C.45:1-62. (Accessed Sep. 2018).*

Miscellaneous

Each telehealth or telemedicine organization operating in the State shall annually register with the Department of Health and submit an annual report. See statute for details.

Source: *NJ Statute C.45:1-64. (Accessed Sep. 2018).*

Six months after the effective date, a Telemedicine and Telehealth Review Commission will be established which will review reports and make recommendations.

Source: *NJ Statute C.45:1-65. (Accessed Sep. 2018).*

Telemedicine practice standards indicate live video is allowed. Store-and-forward allowed when used in combination with two-way audio without video, if after assessing and reviewing the patient's medical records, the provider determines that the provider is able to meet the same standard of care as if the health care service was being provided in-person.

See statute for additional telemedicine/telehealth practice standards.

Source: *NJ Statute C.45:1-62. (Accessed Sep. 2018).*

A mental health screener, screening service, or screening psychiatrist subject to C.30:4-27.1:

- Shall not be required to obtain a separate authorization in order to engage in telemedicine or telehealth for mental health screening purposes; and
- Shall not be required to request and obtain a waiver from existing regulations, prior to engaging in telemedicine or telehealth.

Source: *NJ Statute C.45:1-62(f) (Accessed Sep. 2018).*

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New Mexico

Medicaid Program: New Mexico Medicaid

Program Administrator: New Mexico Human Services Dept., Medical Assistance Division (MAD)

Regional Telehealth Resource Center: Southwest Telehealth Resource Center

Covers the States of: Arizona, Colorado, Nevada, New Mexico & Utah

www.southwesttrc.org

Medicaid Telehealth Reimbursement

Summary

New Mexico Medicaid reimburses for live video telehealth at the same rate as when services are provided in-person as well as store-and-forward. There is no reference to remote patient monitoring.

Definitions

No reference found.

Live Video

Policy

New Mexico Medicaid will reimburse for live video at the same rate as when the services are furnished without the use of a telecommunication system.

Source: *NM Administrative Code 8.310.2. (Accessed Sept. 2018).*

Telemedicine is also covered by NM Managed Care.

Source: *NM Medical Assistance Division Managed Care Policy Manual, p. 258. Apr. 2017. (Accessed Sept. 2018).*

Managed Care Program
The benefits package includes telemedicine services.

Source: *NM Admin Code Sec. 8.309.4.16 & 8.308.9.18. (Accessed Sept. 2018).*

Provision of telemedicine services does not require that a certified Medicaid healthcare provider be physically present with the patient at the originating site unless the telemedicine consultant at the distant site deems it necessary.

Source: *NM Administrative Code 8.310.2.12 (M). (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

No reference found.

Eligible Providers

No reference found.

Eligible Sites

School-based services provided via telemedicine are covered.

Source: *NM Administrative Code 8.320.6.13(H). (Accessed Sept. 2018).*

An interactive telehealth communication system must include both interactive audio and video, and be delivered on a real-time basis at both the originating and distant sites. The originating site can be any medically warranted site. Coverage for services rendered through telemedicine shall be determined in a manner consistent with Medicaid coverage for health care services provided through in-person consultation.

Source: *NM Administrative Code 8.310.2.12 (M). (Accessed Sept. 2018).*

Geographic Limits

No reference found.

Facility/Transmission Fee

Reimbursement is made to the originating site for an interactive telehealth system fee at the lesser of the following:

- Provider's billed charge;
- Maximum allowed by MAD for the specific service or procedure.

A telemedicine originating-site communication fee is also covered if the eligible recipient was present at and participated in the telemedicine visit at the originating site.

Source: *NM Administrative Code 8.310.2.12 (M(4)). (Accessed Sept. 2018).*

An originating site facility fee is not payable if telemedicine is used to connect an employee or staff member of a facility to the eligible recipient being seen at the same facility.

Source: *NM Register. Volume XXV, No. 20. Oct. 30, 2014. (Accessed Sept. 2018).*

Indian Health Services
A telemedicine facility fee is paid. Both the originating and distant sites may be IHS or tribal facilities at two different locations, or a distant site can be under contract to the IHS or tribal facility and would qualify to be an enrolled provider.

Source: *NM Administrative Code 8.310.12.12.(Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Policy	New Mexico Medicaid does reimburse for store-and-forward. To be eligible, the service must be provided through the transfer of digital images, sounds, or previously recorded video from one location to another. It does not need to occur in real time. **Source:** *NM Administrative Code 8.310.2. (Accessed Sept. 2018).*
	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.
	Transmission Fee	Reimbursement is made to the originating site for an interactive telehealth system fee at the lesser of the following: • Provider's billed charge; • Maximum allowed by MAD for the specific service or procedure. **Source:** *NM Administrative Code 8.310.2.12 (M(4)). (Accessed Sept. 2018).*
Remote Patient Monitoring	Policy	No reference found.
	Conditions	No reference found.

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Medicaid Telehealth Reimbursement		
Remote Patient Monitoring	Provider Limitations	No reference found.
	Other Restrictions	No reference found.
Email / Phone / Fax		No reference found.
Consent		No reference found.
Out of State Providers		When the originating site is in New Mexico and the distant site is outside New Mexico, the distant-site provider at the distant site must be licensed in New Mexico for telemedicine, or meet federal requirements for Indian Health Service or tribal contract facilities. **Source:** *NM Administrative Code 8.310.2.12 (M). (Accessed Sept. 2018).*
Miscellaneous		MCOs must: • Promote and employ broad-based utilization of statewide access to Health Insurance Portability and Accountability Act (HIPAA)-compliant telemedicine service systems including, but not limited to, access to text telephones or teletype (TTYs) and 711 telecommunication relay services; • Follow state guidelines for telemedicine equipment or connectivity;

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Medicaid Telehealth Reimbursement

Miscellaneous

- Follow accepted HIPAA and 42 CFR part two regulations that affect telemedicine transmission, including but not limited to staff and contract provider training, room setup, security of transmission lines, etc; the MCO shall have and implement policies and procedures that follow all federal and state security and procedure guidelines;
- Identify, develop, and implement training for accepted telemedicine practices;
- Participate in the needs assessment of the organizational, developmental, and programmatic requirements of telemedicine programs;
- Report to HSD on the telemedicine outcomes of telemedicine projects and submit the telemedicine report; and
- Ensure that telemedicine services meet the following shared values, which are ensuring: competent care with regard to culture and language needs; work sites are distributed across the state, including native American sites for both clinical and educational purposes; and coordination of telemedicine and technical functions at either end of network connection.

The MCO shall participate in project extension for community healthcare outcomes (ECHO), in accordance with state prescribed requirements and standards, and shall:

- Work collaboratively with HSD, the university of New Mexico, and providers on project ECHO;
- Identify high needs, high cost members who may benefit from project ECHO participation;
- Identify its PCPs who serve high needs, high cost members to participate in project ECHO;
- Assist project ECHO with engaging its MCO PCPs in project ECHO's center for Medicare and Medicaid innovation (CMMI) grant project;
- Reimburse primary care clinics for participating in the project ECHO model;
- Reimburse "intensivist" teams;
- Provide claims data to HSD to support the evaluation of project ECHO;
- Appoint a centralized liaison to obtain prior authorization approvals related to project ECHO; and
- Track quality of care and outcome measures related to project ECHO.

Source: *NM Regulation 8.308.9.18.*

Private Payer Laws

Definitions

Telemedicine means the use of interactive simultaneous audio and video or store-and-forward technology using information and telecommunications technologies by a health care provider to deliver health care services at a site other than the site where the patient is located, including the use of electronic media for consultation relating to the health care diagnosis or treatment of the patient in real time or through the use of store-and-forward technology.

Source: *NM Statute. 59A-22-49.3. (Accessed Sept. 2018).*

Requirements

An insurer shall allow covered benefits to be provided through telemedicine services. Covered services through telemedicine are determined in a manner consistent with coverage for health care services provided through in-person consultation.

A determination that a service is not covered through the use of telemedicine are subject to review and appeal. Plans cannot require a health care provider to be physically present with the patient at the originating site unless the consulting provider deems it necessary.

Telemedicine services shall be encrypted and conform to state and federal privacy laws.

Source: *NM Statute. 59A-22-49.3. (Accessed Sept. 2018).*

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Private Payer Laws

Parity

Service Parity

An insurer shall allow covered benefits to be provided through telemedicine services.

Source: *NM Statute. 59A-22-49.3. (Accessed Sept. 2018).*

Payment Parity

No explicit payment parity.

Covered services through telemedicine are determined in a manner consistent with coverage for health care services provided through in-person consultation.

Source: *NM Statute. 59A-22-49.3. (Accessed Sept. 2018).*

Professional Regulation/Health & Safety

Definitions

Medicine and Surgery
"The practice of medicine across state lines means the rendering of a written or otherwise documented medical opinion concerning diagnosis or treatment of a patient within this state, by a physician located outside this state, as a result of transmission of individual patient data by electronic, telephonic or other means from within this state, to the physician or the physician's agent, OR the rendering of treatment to a patient within this state, by a physician located outside this state, as a result of transmission of individual patient data by electronic, telephonic or other means from within this state to the physician or the physician's agent."

Source: *NM Statutes Annotated, 1978 Sec. 61-6-6 (2012). (Accessed Sept. 2018).*

"Telehealth means the use of electronic information, imaging and communication technologies, including interactive audio, video and data communications as well as store-and-forward technologies, to provide and support health care delivery, diagnosis, consultation, treatment, transfer of medical data and education."

Source: *NM Statutes Annotated Sec. 24-1G-3. (Accessed Sept. 2018).*

Speech-Language Pathology, Audiology and Hearing Aid Dispensing Practices Board
"Telehealth" means the use of telecommunications and information technologies for the exchange of information from one site to another for the provision of audiology, speech-language pathology or hearing aid dispensing services to an individual from a provider through hardwire or internet connection.

Source: *NMAC 16.26.1.7(AA). (Accessed Sept. 2018).*

Osteopathic Medicine
"Telemedicine" means the practice of medicine across state lines using electronic communications, information technology or other means between a licensed osteopathic physician out of state and a patient in New Mexico. Telemedicine involves the application of secure videoconferencing or store-and-forward technology to provide or support healthcare delivery by replicating the traditional interaction of the in-person encounters between a provider and a patient.

Source: *16.17.1.7 NMAC. (Accessed Sept. 2018).*

Consent

Hearing, Speech and Audiology Practitioners
A licensed audiologist, speech-language pathologist or hearing aid dispenser using telecommunication technology to deliver services to a client shall provide notice to the client, guardian, caregiver and multi-disciplinary team as appropriate, including but not limited to the right to refuse telehealth services, options for service delivery and instruction on filing and resolving complaints.

Source: *16.26.2.20 NMAC. (Accessed Sept. 2018).*

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Professional Regulation/Health & Safety

Online Prescribing

Prescribing, dispensing or administering drugs or medical supplies to a patient when there is no established physician-patient relationship, including prescribing over the internet or via other electronic means that is based solely on an on-line questionnaire is unprofessional conduct, except for:

- Physicians and physician assistants on call for another practitioner, or responsible for another practitioner's patients in an established clinic or office, or acting as locum tenens where a physician-patient relationship has previously been established and documented in the practitioner's or clinic's record;
- Physicians and physician assistants in emergency room or urgent care settings;
- Prescriptions written to prepare a patient for special examination(s) or laboratory testing;
- Prescribing or dispensing for immunization programs;
- The provision of treatment for partners of patients with sexually transmitted diseases when this treatment is conducted in accordance with the expedited partner therapy guidelines and protocol published by the New Mexico department of health; and
- The provision of consultation, recommendation, or treatment during a face-to-face telehealth encounter online, using standard videoconferencing technology, where a medical history and informed consent are obtained and a medical record generated by the practitioner, and a physical examination is:
  - Recorded as appropriate by the practitioner, or a practitioner such as a physician, a physician or anesthesiologist assistant, or an advanced practice nurse, with the results communicated to the telehealth practitioner; or
  - Waived when a physical examination would not normally be part of a typical physical face-to-face encounter with the patient for the specific services being provided.

Source: *16.10.8.8 NMAC. (Accessed Sept. 2018).*

Cross-State Licensing

NM issues telemedicine licenses to providers who hold a full, unrestricted license in another state and has good moral character.

Source: *NM Statutes Annotated, 1978 Sec. 61-6-11.1 and 16.10.2.11.*

NM Board of Osteopathic Medicine will issue telemedicine license.

Source: *NM Statute Chapter 61, Article 10, Sec. 11.1. (Repealed – Effective July 1, 2022).*

New Mexico is a member of the Nurse Licensure Compact.

Source: *Nurse Licensure Compact. Current NLC States and Status. NCSBN. (Accessed Sept. 2018).*

Miscellaneous

Professional regulation with telehealth specific standards

- Speech Language Pathology, Audiology, and Hearing Aid Dispensing Practice Board

Source: *NMAC 16.26.2.20.7. (Accessed Sept. 2018).*

An audiologist, speech-language pathologist or hearing aid dispenser shall not deliver services to a client solely through the use of regular mail, facsimile or electronic mail, although these methods of communication may be used to supplement the face-to-face delivery of services or through the use of telecommunication technology.

Source: *16.26.2.20 NMAC. (Accessed Sept. 2018).*

New Mexico is also the home of Project ECHO. The project's mission is to develop the capacity to safely and effectively treat chronic, common, and complex diseases in rural and underserved areas, and to monitor outcomes of this treatment utilizing technology.

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New York

Medicaid Program: New York Medicaid

Program Administrator: New York State Dept. of Health

Regional Telehealth Resource Center: Northeast Telehealth Resource Center

Covers the States of: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island & Vermont

www.netrc.org

Medicaid Telehealth Reimbursement

Summary

New York Medicaid offers live video reimbursement and some reimbursement for home health services.

Definitions

Telemedicine is the use of interactive audio and video telecommunications technology to support "real time" interactive patient care and consultations between healthcare practitioners and patients at a distance.

Source: *NY Dept. of Health, Medicaid Update, Vol. 31, Number 3, March 2015, p. 18. (Accessed Sept. 2018).*

Live Video

Policy

Reimbursement policy applies to fee-for-service. Managed care plans may cover telemedicine at their own option and establish their own payment guidelines and structure.

Telemedicine consultations are covered when medically necessary and when the following requirements are met:

- The patient must be physically present at the originating "spoke" site; the consulting practitioner is located at the "hub" site.
- The practitioner at the "hub" site, who is performing the consultation, must be licensed in New York State, enrolled in New York State Medicaid and credentialed and privileged at both the "hub" and "spoke" sites according to the applicable setting-specific standards.
- The request for the telemedicine consultation, the medical necessity for the telemedicine consultation and the findings of the distant "hub site" practitioner must be documented in the patient's medical record.
- The telemedicine consultation must be "real time," and provided via a fully interactive, secure two-way audio visual telecommunication system ("store-and-forward" is not covered by Medicaid).

Source: *NY Dept. of Health, Medicaid Update, Vol. 31, Number 3, March 2015, p. 18-19. (Accessed. Sept. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

NY Medicaid will reimburse for medically necessary services if patient is in a certain location (see live video eligible site section) and certain requirements are met (see live video policy section).

Source: *NY Dept. of Health, Medicaid Update, Vol. 31, Number 3, March 2015, p. 18-19. (Accessed. Sept. 2018).*

Medicaid will cover genetic counseling services via telemedicine.

Source: *NY Dept. of Health, Medicaid Update, Vol. 31, Number 8, July 2015, p. 15. (Accessed. Sept. 2018).*

Medicaid will reimburse the "spoke" site the Federal Prospective Payment System (PPS) rate. The "spoke" site will be responsible for paying the consulting practitioner, who is located at the "hub" site. Telepsychiatric services must meet certain conditions to be eligible for Medicaid reimbursement.

Source: *NY Regulations Title 14 NYCRR Section 599.17.*

Eligible Providers

Providers who may deliver telemedicine services include:

- Physician specialists, including psychiatrists;
- Certified Diabetes Educators (CDEs);
- Certified Asthma Educators (CAEs or A-ECs)
- Clinical Psychologists;
- Dentists;
- Psychiatric Nurse Practitioners;
- Genetic Counselors;
- Licensed Clinical Social Workers (LCSW) and Licensed Master Social Workers (LMSW) only when employed by an Article 28 clinic. LCSWs and LMSW can only provide services to Medicaid enrollees under age 21 and pregnant women up to 60 days post-partum.

Source: *NY Dept. of Health, Medicaid Update, Vol. 31, Number 3, March 2015, p. 18-19. (Accessed. Sept. 2018).*

Home Telehealth
Subject to the approval of the state director of the budget, the commissioner may authorize the payment of medical assistance funds for demonstration rates or fees established for home telehealth services as defined in Section 2999-cc.

Source: *NY Statute, Social Services Law SOS §367-u.*

For the Home Telehealth program, a telehealth provider is:

- Licensed physician
- Licensed physician assistant
- Licensed dentist
- Licensed nurse practitioner
- Licensed registered professional nurse
- Licensed podiatrist
- Licensed optometrist
- Licensed psychologist
- Licensed social worker
- Licensed speech language pathologist or audiologist
- Licensed midwife
- Certified diabetes educator
- Certified asthma educator
- Certified genetic counselor
- Hospital
- Home care services agency
- Hospice
- Physical or occupational therapist
- Or any other provider as determined by the Commissioner.

Source: *NY Public Health Law Article 29 – G Section 2999-cc. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

Telepsychiatric services must meet certain conditions to be eligible for Medicaid reimbursement.

Source: *NY Regulations Title 14 NYCRR Section 599.17.(Accessed Sept. 2018).*

Eligible Sites

New York Medicaid will reimburse for live video services for medically necessary services provided to patients in:

- Hospitals (emergency room, outpatient department, Inpatient) established under Article 28 of the New York Public Health Law;
- Diagnostic and Treatment Centers (D&TCs) established under Article 28 of the New York Public Health Law;
- FQHCs that have “opted into” NY Medicaid Ambulatory Patient Groups (APG);
- Non-FQHC School Based Health Centers (SBHCs)
- Practitioner offices;
- Article 28 facilities providing dental services;

Source: *NY Dept. of Health, Medicaid Update, Vol. 31, Number 3, March 2015, p. 18-19. (Accessed. Sept. 2018).*

The distant site or “hub” is where the medical specialist providing the consultation or service is located. The originating site or “spoke” is where the referring health professional and patient are located.

Source: *NY Dept. of Health, Medicaid Update, Vol. 31, Number 3, March 2015, p. 18. (Accessed Sept. 2018).*

Geographic Limits

No reference found.

Facility/Transmission Fee

Code Q3014 may be billed under certain circumstances.

Source: *NY Dept. of Health, Medicaid Update, Vol. 31, Number 3, March 2015, p. 21. (Accessed. Sept 2018).*

The originating site can bill for administrative expenses only when a telepsychiatric connection is being provided and a physician or NP is not present at the originating site with the patient at the time of the encounter.

Source: *NY Code of Rules and Regs. Title 14, Sec. 596. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Policy	NY Medicaid is authorized to establish fees to reimburse the cost of telehealth store-and-forward technology, per a State Plan Amendment submitted and approved by CMS. Store-and-forward technology may be utilized in the specialty areas of dermatology, ophthalmology and other disciplines, as determined by the Commissioner. Services must reduce the need for on-site or in-office visits. **Source:** *CMS Approved state plan amendment 16-0015. Attachment 3.1A. (Accessed Sept. 2018).*
	Eligible Services/Specialties	For the home telehealth program, store-and-forward services may be reimbursed. **Source:** *NY Public Health Law Article 29 – G Section 2999-dd. (Accessed Sept. 2018).*
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	NY Medicaid is authorized to establish fees to reimburse the cost of telehealth remote patient monitoring, per a State Plan Amendment submitted and approved by CMS. Remote patient monitoring (RPM) can include synchronous or asynchronous electronic information and communication technologies to collect personal health information and medical data. RPM may be provided by a facility licensed under Article 28 of Public Health Law or by a physician, nurse practitioner, midwife or physician assistant who has examined the patient and with whom has an established relationship. **Source:** *CMS Approved state plan amendment 16-0015. Attachment 3.1A. (Accessed Sept. 2018).* RPM included within definition of “telehealth” in statute requiring Medicaid not exclude from payment the delivery of home health services through telehealth. **Source:** *Social Services Law Article 367-u. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Conditions

No reference found.

Provider Limitations

No reference found.

Other Restrictions

No reference found.

Email / Phone / Fax

No payment for telephone.

Source: *NY Medicaid Program. Physician Policy Guidelines. Version 2015-4. Oct. 15, 2015. P. 19. (Accessed. Sept. 2018).*

Telepsychiatry services does not include telephone, video cell phone, or e-mail.

Source: *NY Code of Rules and Regs. Title 14, Sec. 596. (Accessed Sept. 2018).*

Consent

Mental Health
Part of obtaining approval for telepsychiatry services is obtaining informed consent.

Source: *NY Code of Rules and Regs. Title 14, Sec. 596. (Accessed Sept. 2018).*

Out of State Providers

No reference found.

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Medicaid Telehealth Reimbursement

Miscellaneous

NY Department of Health is encouraging Medicaid Managed Care (MMC) plans to allow for telehealth services. They are allowing MMC plans to request reimbursement of additional cost effective alternative telehealth services.

Source: *NY Department of Health Memorandum, Telehealth Innovation in Medicaid Managed Care, Sept. 18, 2017. (Accessed Sept. 2018).*

New York hospitals acting as originating (spoke) sites must ensure that all physicians at distant (hub) sites are appropriately credentialed and privileged.

Source: *NY Dept. of Health, Medicaid Update, Vol. 31, Number 3, March 2015, p. 19. (Accessed Sept. 2018).*

Subject to federal financial participation and the approval of the director of the budget, the commissioner shall not exclude from the payment of medical assistance funds the delivery of health care services through telehealth, as defined in subdivision four of section two thousand nine hundred ninety-nine-cc of the public health law.

Source: *Social Services Law Article 367-u. (Accessed Sept. 2018).*

Private Payer Laws

Definitions

Telehealth means the use of electronic information and communications technologies by a health care provider to deliver health services to an insured individual while such individual is located at a site that is different from the site where the health care provider is located.

Source: *NY Insurance Law Article 32 Section 3217-h & Article 43 Section 4306-g. (Accessed Sept. 2018).*

Requirements

A health plan shall not exclude from coverage services that are provided via telehealth if they would otherwise be covered under a policy, provided that an insurer may exclude coverage of a service by a health care provider where the provider is not otherwise covered under the policy.

An insurer may subject the coverage of a service to reasonable utilization management and quality assurance requirements that are consistent with those established for the same service not delivered via telehealth.

Source: *NY Insurance Law Article 32 Section 3217-h & NY Insurance Law Article 43 Section 4306-g. (Accessed Sept. 2018).*

Parity

Service Parity

A health plan shall not exclude from coverage services that are provided via telehealth if they would otherwise be covered under a policy, provided that an insurer may exclude coverage of a service by a health care provider where the provider is not otherwise covered under the policy.

Source: *NY Insurance Law Article 32 Section 3217-h & NY Insurance Law Article 43 Section 4306-g. (Accessed Sept. 2018).*

Payment Parity

No explicit payment parity.

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Professional Regulation/Health & Safety

Definitions

For the home telehealth program, term "telehealth" means the use of electronic information and communication technologies by telehealth providers to deliver health care services, which shall include the assessment, diagnosis, consultation, treatment, education, care management and/or self-management of a patient. Telehealth shall not include delivery of health care services by means of audio-only telephone communication, facsimile machines, or electronic messaging alone, though use of these technologies is not precluded if used in conjunction with telemedicine, store-and-forward technology or remote patient monitoring.

Source: *NY Public Health Law Article 29 – G Section 2999-cc. (Accessed Sept. 2018).*

Related to Credentialing and Privileging Health Care Practitioners Providing Telemedicine
"Telemedicine means the delivery of clinical health care services by means of real time two-way electronic audio-visual communications which facilitate the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient's health care, while such patient is at the originating site and the health care provider is at a distant site."

Source: *NY Consolidated Law Service Public Health Sec. 2805-u.(Accessed Sept. 2018).*

Telemedicine means the use of synchronous, two-way electronic audio visual communications to deliver clinical health care services, which shall include the assessment, diagnosis, and treatment of a patient, while such a patient is at the originating site and a telehealth provider is at a distant site.

Source: *NY Public Health Law Article 29 – G Section 2999-cc. (Accessed Sept. 2018).*

Under Public Health, originating sites are limited to:

- Licensed health facilities in Articles 28 (hospitals) and 40 (hospice);
- A facility as defined in Section 1.03, subdivision six of the Mental Hygiene Law which includes and place in which services for the mentally disabled are provided and includes but is not limited to a psychiatric center, development center, institute, clinic, ward, institution or building;
- Certified and non-certified day and residential programs funded or operated by the office for people with developmental disabilities;
- Private physician's or dentist's offices located in New York;
- Public, private and charter elementary and secondary schools, school age childcare programs and child day care centers within the state of New York;
- Adult care facility licensed under title two of article seven of the social services law;
- The patient's place of residence located within the state of New York or other temporary location located within or outside the state of New York.

Source: *NY Public Health Law Article 29 – G Section 2999-cc. (Accessed Sept. 2018).*

Consent

No reference found.

Online Prescribing

Office of Alcoholism and Substance Abuse Services (OASAS)
OASAS Telepractice Standards outlines practitioner requirements for prescribing buprenorphine.

Source: *NY Office of Alcoholism and Substance Abuse Services. Telepractice Standards for OASAS Designated Providers. Aug. 2018. (Accessed Sept. 2018).*

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Professional Regulation/Health & Safety

Cross-State Licensing

No reference found.

Miscellaneous

Telepsychiatry shall not be utilized in certain personalized Recovery Oriented Services program or Assertive Community Treatment programs.

Source: *NY Code of Rules and Regs. Title 14, Sec. 596. (Accessed Sept. 2018).*

Telehealth shall not include delivery of health care services by means of audio-only telephone communication, facsimile machines, or electronic messaging alone, though use of these technologies is not precluded if used in conjunction with telemedicine, store-and-forward technology or remote patient monitoring.

Source: *NY Public Health Law Article 29 – G Section 2999-cc. (Accessed Sept. 2018).*

Office for People with Developmental Disabilities (OPWDD)
Telehealth is a new mechanism that is available to deliver clinical care.

Source: *OPWDD. Emergency/Proposed Regulations. 679.1(c)(4). Regulations are effective through the revision process.*

Office of Alcoholism and Substance Abuse Services (OASAS)
Telepractice services may be authorized by the Office of Alcoholism and Substance Abuse Services for the delivery of certain addiction services provided by practitioners employed by or under contract by the Office as long as the practitioner and patient are in sites approved by the Office pursuant to a plan submitted by a certified program in application for a telepractice designation.

Source: *Title 14 NYCRR , §830.5 (Accessed Sept. 2018).*

OASAS has specific telepractice standards for its providers. See regulation for details.

Source: *NY Office of Alcoholism and Substance Abuse Services. Telepractice Standards for OASAS Designated Providers. Aug. 2018. Accessed Sept. 2018.*

For the home telehealth program, store-and-forward services may be reimbursed.

Source: *NY Public Health Law Article 29 – G Section 2999-dd. (Accessed Sept. 2018).*

The patient must be present for telepsychiatry services for Medicaid reimbursement. Telepsychiatry is also defined as “real-time”.

Source: *NY Code of Rules and Regs. Title 14, Sec. 596. (Accessed Sept. 2018).*

Demonstration rates of payment or fees shall be established for telehealth services provided by a certified home health agency, a long term home health care program or AIDS home care program, or for telehealth services by a licensed home care services agency under contract with such an agency or program, in order to ensure the availability of technology-based patient monitoring, communication and health management. Reimbursement is provided only in connection with Federal Food and Drug Administration-approved and interoperable devices that are incorporated as part of the patient’s plan of care.

Source: *NY Consolidated Law Service Public Health Sec. 3614-3c. (Accessed Sept. 2018).*

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Professional Regulation/Health & Safety

Miscellaneous

The Department of Health, Office of Mental Health and Office of Alcoholism and Substance Abuse Services and Office of People with Developmental Disabilities required to coordinate on the issuance of a single guidance document that will:

- Identify any differences in regulations or policies issued by the agencies including reimbursement; and
- Be designed to assist consumers, providers and health plans in understanding and facilitating the appropriate use of telehealth in addressing barriers to care.

Source: *NY Public Health Law Article Section 2999-dd (SB 7507, 2018). (Accessed Sept. 2018).*

Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD) are prohibited from being delivered via telehealth.

Source: *14 NYCRR § 635-13.4. (Accessed Sept. 2018).*

Each agency that operates a clinic treatment facility shall provide the Office for People with Developmental Disabilities (OPWDD) information it requests, including but not limited to the following: services provided by CPT/HCPCS and/or CDT codes, where such services were delivered, including the location of both the provider and the individual when services are delivered via telehealth, (i.e., on-site or at a certified satellite site, or, prior to April 1, 2016, off-site) and revenues by funding source or payee. These data shall correspond to the identical time period of the cost report.

Source: *14 NYCRR § 679.6. (Accessed Sept. 2018).*

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North Carolina

Medicaid Program: North Carolina Medicaid

Program Administrator: Dept. of Health and Human Services, Division of Medical Assistance

Regional Telehealth Resource Center: Mid-Atlantic Telehealth Resource Center

Covers the States of: Delaware, Kentucky, Maryland, New Jersey, North Carolina, Pennsylvania, Virginia, West Virginia, and Washington DC.

www.matrc.org

Medicaid Telehealth Reimbursement

Summary

NC Medicaid reimburses live video telemedicine for medical and tele-psychiatry services as long as certain conditions are met. They do not provide reimbursement for store-and-forward, and make no reference to remote patient monitoring.

Definitions

"Telemedicine is the use of two-way real-time interactive audio and video between places of lesser and greater medical capability or expertise to provide and support health care, when distance separates participants who are in different geographical locations."

Source: *NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 1, Jan. 1, 2018. (Accessed Sept. 2018).*

Live Video

Policy

North Carolina Medicaid and NC Health Choice will reimburse for live video medical services and tele-psychiatry services. All of the following conditions must be met:

- The beneficiary must be present at the time of consultation;
- The medical examination must be under the control of the consulting provider;
- The distant site of the service must be of a sufficient distance from the originating site to provide services to a beneficiary who does not have readily available access to such specialty services; and
- The consultation must take place by two-way real-time interactive audio and video telecommunications system.

Source: *NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 1-7, Jan. 1, 2018. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

All services must be:

- Medically necessary;
- The procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- The procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide;
- The procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

Providers must obtain prior approval from NC Medicaid for all services delivered via telemedicine and tele-psychiatry. Providers must submit:

- Prior approval request;
- All health records and any other records to document that the patient has met the specific criteria for telemedicine services.

Special provisions apply for the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program. See manual.

Source: *NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 1-7, Jan. 1, 2018. (Accessed Sept. 2018).*

Teledentistry
Synchronous real time dentistry is covered through D9995. Reimbursement rate TBD.

Source: *NC Div. of Medical Assistance. Medicaid Bulletin. Jan. 2018. (Accessed Sept. 2018).*

Eligible Providers

Eligible medical providers:

- Physicians;
- Nurse practitioners;
- Nurse midwives;
- Physician's assistants.

Eligible tele-psychiatry providers:

- Physicians;
- Advanced practice psychiatric nurse practitioners;
- Advanced practice psychiatric clinical nurse specialists;
- Licensed psychologists Ph.D. level;
- Licensed clinical social workers (LCSW);
- Community diagnostic assessment agencies.

Source: *NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 1-7, Jan. 1, 2018. (Accessed Sept. 2018).*

System changes have been completed to allow non-psychiatric Nurse Practitioners (NPs) and Physician Assistants (PAs) to receive reimbursement for the following CPT codes.

- 90791 - Psychiatric diagnostic evaluation
- 90792 - Psychiatric diagnostic evaluation with medical services

NPs and PAs enrolled in the Medicaid or North Carolina Health Choice (NCHC) programs may bill Medicaid or NCHC for these services.

Source: *NC Div. of Medical Assistance, NC Medicaid Bulletin: July 2018. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement		
Live Video	Eligible Sites	No reference found.
Live Video	Geographic Limits	"The distant site of the service must be of a sufficient distance from the originating site to provide services to a beneficiary who does not have readily available access to such specialty services." No reimbursement if: • The recipient is located in a jail, detention center, or prison; • The consulting provider is not a Medicaid-enrolled provider; • The consulting provider does not follow established criteria for the service provided **Source:** *NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 1-7, Jan. 1, 2018. (Accessed Sept. 2018).*
Live Video	Facility/Transmission Fee	Originating-site provider facility fees paid to: • Physicians; • Nurse practitioners; • Nurse midwives; • Advanced practice psychiatric nurse practitioners; • Advanced practice psychiatric clinical nurse specialists; • Licensed psychologists (Ph.D. level); • Licensed clinical social workers (LCSW); • Physician's assistants; • Hospitals (inpatient or outpatient); • Federally Qualified Health Centers; • Rural Health Clinics; • Local health departments; • Local Management Entities. No facility fees for distant-site providers. **Source:** *NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 7, Jan. 1, 2018. (Accessed Sept. 2018).*
Store-and-Forward	Policy	North Carolina Medicaid will not reimburse for Store-and-forward. **Source:** *NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 5, Jan. 1, 2018. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	No reference found.
	Conditions	No reference found.
	Provider Limitations	No reference found.

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Other Restrictions

No reference found.

Email / Phone / Fax

No reimbursement for email.
No reimbursement for telephone.
No reimbursement FAX.
No reimbursement for video cell phone interaction.

Source: *NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 4-5, Jan. 1, 2018. (Accessed Sept. 2018).*

Due to higher than normal number of influenza cases, NC Medicaid is offering telephonic evaluation and management services to beneficiaries. It must be rendered by a physician, nurse practitioner or physician assistant to established patients. If the phone call follows an office visit performed and reported within the past seven days for the same diagnosis, then the telephone services are considered part of the previous office visit and are not separately billed.

Source: *NC Div. of Medical Assistance, NC Medicaid Special Bulletin: Feb. 2018. (Accessed Sept. 2018).*

Consent

No reference found.

Out of State Providers

No reference found.

Miscellaneous

Criteria for eligible beneficiaries:

- Must be enrolled in the NC Medicaid program or NC Health Choice
- Providers must verify each Medicaid or NCHC beneficiary's eligibility each time a service is rendered
- The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for the NCHC Program. Children must be between the ages of 6-18 (one of many restrictions in program).

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Medicaid Telehealth Reimbursement

Miscellaneous

Other Limitations:

- Up to three different consulting providers may be reimbursed for a separately identifiable telemedicine or telepsychiatry service per date of service
- Only one facility fee is allowed per date of service per beneficiary
- There is no reimbursement to the referring provider at the originating site on the same date of service unless the referring provider is billing for a separately identifiable billable service. Health records must document that all the components of the service being billed were provided.
- These services are subject to the same restrictions as face-to-face contacts.

Source: *NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 1-7, Jan. 1, 2018. (Accessed Sept. 2018).*

The Office of Rural Health and Community Care shall oversee and monitor the establishment of a statewide telepsychiatry program.

Source: *NC General Statutes Article 3, Ch. 143B, Sect. 12A.2B. (b). (Accessed Sept. 2018).*

Providers must comply with the following in effect at the time the service was rendered:

- All applicable agreements, federal, state and local laws and regulations including HIPAA and medical retention requirements.
- All Medicaid's clinical coverage policies, guidelines, policies, provider manuals, implementation updates and bulletins published by CMS, DHHS, its divisions or its fiscal agent.

Source: *NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 7, Jan. 1, 2018. (Accessed Sept. 2018).*

Private Payer Laws

Definitions

No reference found.

Requirements

No reference found.

Parity

Service Parity

None.

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	Payment Parity	None.
Professional Regulation/Health & Safety	Definitions	**Maternal and Child Health and Women's Health** Telemedicine is the use of audio and video between places of lesser and greater medical capability or expertise to provide and support health care when distance separates participants who are in different geographical locations. **Source:** *NC General Statute 130A-125. (Accessed Sept. 2018).*
	Consent	No reference found.
	Online Prescribing	No reference found.
	Cross-State Licensing	Member of the Physical Therapy Compact. **Source:** *HB 57 (2017).* Member of the Nurses Licensure Compact. **Source:** *Current NLC States & Status. Nurse Licensure Compact. Accessed. Sept. 2018.*
	Miscellaneous	Telemedicine may be utilized for neonatal or infant echocardiograms. **Source:** *10A N.C.A.C. 43K.0102. (Accessed Sept. 2018).* Telemedicine may be used to perform the initial examination required when an individual comes into custody of law enforcement. **Source:** *N.C. Gen. Stat. § 122C-263. (Accessed Sept. 2018).* Department of Health and Human Services required to study and recommend a telemedicine policy for consideration by the General Assembly & study the Psychology Interjurisdictional Compact. **Source:** *HB 283 (Session Law 2017-133). (Accessed Sept. 2018).* The Commission is required to address follow up protocols to ensure early treatment for newborn infants diagnosed with congenital heart defects, to include telemedicine (live video). **Source:** *NC General Statute 130A-125 (Accessed Sept. 2018).*

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North Dakota

Medicaid Program: North Dakota Medicaid

Program Administrator: North Dakota Dept. of Human Services

Regional Telehealth Resource Center: Great Plains Telehealth Resource and Assistance Center

Covers the States of: Iowa, Minnesota, Nebraska, North Dakota, South Dakota, and Wisconsin

www.gptrac.org

Medicaid Telehealth Reimbursement

Summary

North Dakota reimburses for live video telemedicine for most services, with a few exceptions. They do not provide reimbursement for store-and-forward and no reference was found for remote patient monitoring.

Definitions

Telemedicine is the use of interactive audio-video equipment to link practitioners and patients at different sites.

Source: *Medicaid Medical Policy. North Dakota Department of Human Services: Services Rendered via Telehealth. (July 2018) (Accessed Sept. 2018).*

Live Video

Policy

North Dakota Medicaid will reimburse for live video services as long as the patient is present during the service. Actual visual contact (face-to-face) must be maintained between practitioner and patient.

Source: *Medicaid Medical Policy. North Dakota Department of Human Services: Services Rendered via Telehealth. (July 2018) (Accessed Sept. 2018).*

Telemedicine services are covered by Medicaid under the following criteria:

- The recipient must be present during the provision of the service;
- Be medically appropriate with necessary supporting documentation in patient's clinical medical record;
- The appropriate CPT codes are used by the consulting site along with a GT modifier and 95; and
- The originating site uses HCPC code Q3014.

Separate long distance charges required for out-of-network sites are billable to ND Medicaid. Medicaid will pay for the actual cost charged by the telephone company.

Source: *ND Dept. of Human Svcs., General Information For Providers, Medicaid and Other Medical Assistance Programs, p. 129 (Apr. 2012) (Accessed Sept. 2018).*

Source: *Medicaid Medical Policy. North Dakota Department of Human Services: Services Rendered via Telehealth. (July 2018) (Accessed Sept. 2018).*

Indian Health Services

Reimbursement for telemedicine is reimbursed at the all-inclusive rate regardless of whether the originating site is outside the "four walls" of the facility or clinic.

Source: *Medicaid Medical Policy. North Dakota Department of Human Services: Services Rendered via Telehealth. (July 2018) (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Except for the Non Covered services noted below, telemedicine can be used for services covered by Medicaid, and otherwise allowed, per CPT, to be rendered via telemedicine.

NON COVERED SERVICES: Therapies provided in a group setting; Store-and-forward Targeted Case Management for High Risk Pregnant Women; and Infants Targeted Case Management for Individuals in need of Long-Term Care Services.

Source: *Medicaid Medical Policy. North Dakota Department of Human Services: Services Rendered via Telehealth. (July 2018) (Accessed Sept. 2018).*

Eligible Providers

Reimbursement is made for services provided by licensed professional enrolled with ND Medicaid and within the scope of practice per their licensure only.

Source: *Medicaid Medical Policy. North Dakota Department of Human Services: Services Rendered via Telehealth. (July 2018) (Accessed Sept. 2018).*

Physicians at both the originating and consulting sites may bill for services. Supplies needed for any procedures performed are considered part of the procedure and are not separately billable.

Source: *ND Dept. of Human Svcs., General Information For Providers, Medicaid and Other Medical Assistance Programs, p. 129 (Apr. 2012) (Accessed Sept. 2018).*

Eligible Sites

No reference found.

Geographic Limits

No reference found.

Facility/Transmission Fee

Reimbursement will be made to the originating site as a facility fee only in place of service office, inpatient hospital, outpatient hospital, or skilled nursing facility/nursing facility. There is no additional reimbursement for equipment, technicians or other technology or personnel utilized in the performance of the telemedicine service.

Source: *Medicaid Medical Policy. North Dakota Department of Human Services: Services Rendered via Telehealth. (July 2018) (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Policy	North Dakota Medicaid does not reimburse for store-and-forward. **Source:** *Medicaid Medical Policy. North Dakota Department of Human Services: Services Rendered via Telehealth. (July 2018) (Accessed Sept. 2018).*
	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	No reference found.
	Conditions	No reference found.

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Medicaid Telehealth Reimbursement		
Remote Patient Monitoring	Provider Limitations	No reference found.
	Other Restrictions	No reference found.
Email / Phone / Fax		No reference found for email. No reimbursement for telephone. No reference found for FAX. **Source:** *ND Dept. of Human Svcs., General Information For Providers, Medicaid and Other Medical Assistance Programs, p. 126 (April 2012) (accessed Sept. 2018).*
Consent		No reference found.
Out of State Providers		No reference found.
Miscellaneous		No reference found.

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Private Payer Laws

Definitions

Telehealth:

- Means the use of interactive audio, video or other telecommunications technology that is used by a health care provider or health care facility at a distant site to deliver health services at an originating site and that is delivered over a secure connection that complies with the requirements of state and federal laws.
- 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.
- Does not include the use of audio only telephone, electronic mail, or facsimile transmissions.

Source: *ND Code Sec. 26.1-36-09.15. (Accessed Sept. 2018).*

Requirements

An insurer must provide coverage for telehealth delivered health services which is the same coverage for health services delivered by in-person means.

A policy is not required to provide coverage for health services that are not medically necessary, subject to the terms and conditions of the policy.

Source: *ND Code Sec. 26.1-36-09.15(5)(a). (Accessed Sept. 2018).*

North Dakota's Worker Compensation Act provides reimbursement for live video.

Eligible services:

- Office or other outpatient visits;
- New evaluation visits and established management visits;
- Individual psychotherapy visits;
- Pharmacologic management visits.

The patient must be present and participate in the appointment.
The professional fee is equal to comparable in-person services.
The organization may pay the originating site facility fee, not to exceed twenty dollars.

Source: *ND Admin. Code 92-01-02-34 (3d). (Accessed Sept. 2018).*

Parity

Service Parity

An insurer must provide coverage for telehealth delivered services to the same extent as the same coverage for in-person services. They are not required to provide coverage for health services that are not medically necessary.

Source: *ND Code Sec. 26.1-36-09.15(2). (Accessed Sept. 2018).*

Payment Parity

Payment of expenses may be established through negotiations conducted between the insurer and health services providers in the same manner as reimbursement of expenses for covered services that are delivered by in-person means.

Source: *ND Code Sec. 26.1-36-09.15(3). (Accessed Sept. 2018).*

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Professional Regulation/Health & Safety

Definitions

"Telemedicine" means the practice of medicine using electronic communication, information technologies, or other means between a licensee in one location and a patient in another location, with or without an intervening health care provider. The term includes direct interactive patient encounters as well as asynchronous store-and-forward technologies and remote monitoring.

Source: *ND Admin Code 50-2-15 (Accessed Sept. 2018).*

Stroke system of care task force
"Telemedicine services means the use of interactive audio, video, and other electronic media used for the purpose of diagnosis, consultation, or treatment of acute stroke."

Source: *ND Statute Sec. 23-43-05. (Accessed Sept. 2018).*

North Dakota uses federal definitions for "internet" and "practice of telemedicine" set in the Ryan Haight Online Pharmacy Consumer Protection Act of 2008.

Source: *ND Century Code, Sec. 19-02.1-15.1(1)(d). (Accessed Sept. 2018).*

"Telemedicine means the practice of medicine by a practitioner, other than a pharmacist, who is at a location remote from the patient, and is communicating with the patient, or health care professional who is treating the patient, using a telecommunications system."

Source: *Ryan Haight Online Pharmacy Consumer Protection Act of 2008 [Pub. L. 110-425; 21 U.S.C. 802-803]. (Accessed Sept. 2018).*

Physical Therapy:
"Telehealth" is the use of electronic communications to provide and deliver a host of health-related information and healthcare services, including, but not limited to physical therapy related information and services, over large and small distance. Telehealth encompasses a variety of healthcare and health promotion activities, including, but not limited to, education, advice, reminders, interventions, and monitoring of interventions.

Source: *ND Admin. Code 61.5-01-02-01.(Accessed Sept. 2018).*

Consent

Physical Therapy:
The physical therapist may use telehealth technology as a vehicle for providing only services that are legally or professionally authorized. The patient's written or verbal consent will be obtained and documented prior to such consultation.

Source: *ND Admin. Code 61.5-01-02-01.(Accessed Sept. 2018).*

Online Prescribing

A valid prescription via e-prescribing means a prescription has been issued for a legitimate medical purpose, in the usual course of professional practice, by a practitioner who has first conducted an in-person medical evaluation of the patient. An in-person medical evaluation can include the referring practitioner having performed the exam, in the case of telemedicine.

Source: *ND Centennial Code, Sec. 19-02.1-15.1. (Accessed Sept. 2018).*

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Professional Regulation/Health & Safety

Cross State Licensing

The ND Medical Board may engage in reciprocal licensing agreements with out-of-state licensing agencies, but is not required to do so.

Source: *ND Century Code Sec. 43-17-21 (Accessed Sept. 2018).*

Member of the Physical Therapy Compact.

Source: *HB 1157 (2017).*

Member of the Nurses Licensure Compact.

Source: *Current NLC States & Status. Nurse Licensure Compact. Accessed. Sept. 2018.*

Miscellaneous

Under the Worker's Compensation Act, the originating sites may receive a facility fee, not to exceed $20.

Source: *ND Admin. Code 92-01-02-34 (3d).(Accessed Sept. 2018).*

The board shall provide health benefits coverage under a contract for insurance pursuant to section 54-52.1-04 or under a self-insurance plan pursuant to section 54-52.1-04.2 which provides coverage of health services delivered by means of telehealth in the same manner as provided under section 26.1-36-09.15.

Source: *ND Statute Sec. 54-52.1-04.13. (Accessed Sept. 2018).*

Professional Board Telehealth-Specific Regulations

- North Dakota Board of Medicine

Source: *ND Admin Code 50-2-15. (Accessed Sept. 2018).*

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Ohio

Medicaid Program: Ohio Medicaid

Program Administrator: Ohio Department of Job and Family Services

Regional Telehealth Resource Center: Upper Midwest Telehealth Resource Center

Covers the States of: Illinois, Indiana, Michigan & Ohio

www.umtrc.org

Medicaid Telehealth Reimbursement

Summary

Ohio Medicaid reimburses for live video telemedicine. They do not provide reimbursement for store-and-forward or remote patient monitoring.

Definitions

1. "Telemedicine" is the direct delivery of services to a patient via synchronous, interactive, real-time electronic communication that comprises both audio and video elements. The following activities are not telemedicine:

   a. The delivery of service by electronic mail, telephone, or facsimile transmission;
   b. Conversations between practitioners regarding the patient without the patient present either physically or via synchronous, interactive, real-time electronic communication; and
   c. Audio-video communication related to the delivery of service in an intensive care unit.

Source: *Fact Sheet: Telemedicine Billing Guidance (Dec. 2016) (Accessed Sept. 2018) & OAC 5160-1-18. (Accessed Sept. 2018).*

Telehealth service means a health care service delivered to a patient through the use of interactive audio, video, or other telecommunications or electronic technology from a site other than the site where the patient is located.

Source: *OH Revised Statute, Sec. 5164.95. (Accessed Sept. 2018).*

Live Video

Policy

Ohio Medicaid covers live video telemedicine for certain eligible providers, specific services and at specified originating sites.

Source: *OH Fact Sheet: Telemedicine Billing Guidance (Dec. 2016) & OH Admin Code 5160-1. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

The department of Medicaid is required to establish standards for Medicaid payment for health care services the department determines are appropriate to be covered when provided as telehealth services.

Source: *OH Revised Code, Sec. 5164.95. (Accessed Sept. 2018).*

See fact sheet for list of eligible CPT codes.

Source: *OH Fact Sheet: Telemedicine Billing Guidance (Dec. 2016). (Accessed Sept. 2018) & OH Admin Code 5160-1. (Accessed Sept. 2018).*

Eligible Providers

Eligible Distant Site Providers

- Physicians (MD, DO)
- Psychologists
- Federally Qualified Health Center (medical and mental health)

Eligible Sites

"Originating site" is the physical location of the patient at the time a health care service is provided through the use of telemedicine. The originating site may be one of five places:

a. The office of a medical doctor, doctor of osteopathic medicine, optometrist, or podiatrist;
b. A federally qualified health center, as defined in chapter 5160-28 of the Administrative Code, rural health center, or primary care clinic;
c. An outpatient hospital;
d. An inpatient hospital; or
e. A nursing facility.

Source: *OAC 5160-1-18. (Accessed Sept. 2018).*

Provider types eligible as an originating site, either using a Q3014 HCPCS code or a GQ modifier:

- Primary Care Clinic
- Outpatient Hospital
- Rural Health Clinic (Medical)
- Federally Qualified Health Clinic (Medical)
- Physician
- Professional Medical Group
- Podiatrist
- Optometrist

See fact sheet for additional billing rules.

Source: *Fact Sheet: Telemedicine Billing Guidance (Dec. 2016), (Accessed Sept. 2018).*

Excluded places of service for originating or distant site providers:

- Home
- Inpatient hospital
- Nursing facility
- Inpatient psychiatric hospitals
- Other POS exclusions for E&M and psychiatric codes

Source: *Fact Sheet: Telemedicine Billing Guidance (Dec. 2016), (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement		
Live Video	Geographic Limits	When the originating site is located within a five mile radius from the distant site, providers are not eligible for reimbursement. **Source:** *OAC 5160-1-18. (Accessed Sept. 2018).*
Live Video	Facility/Transmission Fee	Originating site eligible for a facility fee using HCPCS code Q3014. See transmittal letter for additional billing rules. **Source:** *Fact Sheet: Telemedicine Billing Guidance (Dec. 2016), (Accessed Sept. 2018).* No originating site provider may receive both a telemedicine originating fee and payment for an evaluation and management service provided to a patient on the same day. No institutional (facility) claim may be submitted by the distant site provider for the health care service delivered through the use of telemedicine. **Source:** *OAC Ann. 5160-1-18. (Accessed Sept. 2018).*
Store-and-Forward	Policy	Telemedicine is defined as being "synchronous, interactive, real-time", excluding the use of store-and-forward technology. **Source:** *OAC 5160-1-18. (Accessed Sept. 2018). & Fact Sheet: Telemedicine Billing Guidance (Dec. 2016) (Accessed Sept. 2018).*
Store-and-Forward	Eligible Services/Specialties	No reference found.
Store-and-Forward	Geographic Limits	No reference found.

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	No reference found.
	Conditions	No reference found.
	Provider Limitations	No reference found.
	Other Restrictions	No reference found.
Email / Phone / Fax		Electronic mail, telephone and facsimile transmission are not telemedicine. **Source:** *OH Admin. Code 5160-1-18. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement	Consent		The originating site is responsible for obtaining informed consent. **Source:** *OAC 5160-1-18. (Accessed Sept. 2018).*
	Out of State Providers		No reference found.
	Miscellaneous		No reference found.
Private Payer Laws	Definitions		No reference found.
	Requirements		No reference found.
	Parity	Service Parity	None.
		Payment Parity	None.

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Professional Regulation/Health & Safety

Definitions

Physicians – Obtaining a Telemedicine certificate by an out of state provider.
The practice of telemedicine means the practice of medicine in this state through the use of any communication, including oral, written, or electronic communication, by a physician located outside this state.

Source: *OH Revised Code Annotated, 4731.296. (Accessed Sept. 2018).*

Physical Therapy Practice
"Telehealth means the use of electronic communications to provide and deliver a host of health-related information and healthcare services, including, but not limited to physical therapy related information and services, over large and small distances."

Source: *OH Admin. Code 4755-27-01. (Accessed Sept. 2018).*

Speech Language Pathology
Telehealth means the use of telecommunications and information technologies for the exchange of information from one site to another for the provision of audiology or speech-language pathology services to an individual from a provider through hardwire or internet connection.

Source: *OH Admin. Code 4753-2-01 (Accessed Sept. 2018).*

Consent

Speech Language Pathology
A provider is required to inform the patient of specific telehealth limitations.

Source: *OH Admin. Code 4753-2-01. (Accessed Sept. 2018).*

Informed consent is required ("patient's agreement or signed authorization"). Must be documented in patient's record.

Source: *OH Admin. Code 4731-11-09. (Accessed Sept. 2018).*

Online Prescribing

A physician shall not prescribe, personally furnish or otherwise provide, or cause to be provided any controlled substance or non-controlled substance to a person on whom the physician has never conducted a physical examination, with the exceptions listed below.

Non-Controlled Substances Exceptions
Prescribing is allowed when a patient is remote from the physician by complying with the following:

- Establish the patient's identity and physical location;
- Obtain the patient's informed consent;
- Forward medical record to patient's primary care provider (upon consent);
- Conduct an appropriate evaluation;
- Establish or confirm a diagnosis and treatment plan;
- Document information in patient's medical record;
- Provide appropriate follow-up care;
- Make medical record of the visit available to patient; and
- Use appropriate technology sufficient to conduct all steps.

Additional restrictions apply for controlled substances. See regulation.

Source: *OH Admin. Code 4731-11-09. (Accessed Sept. 2018).*

A patient evaluation performed within the previous twenty-four months via telemedicine by a healthcare provider acting within the scope of their professional license is acceptable for satisfying the criteria to be an "active patient."

Source: *OAC 4731-11-01. (Accessed Sept. 2018).*

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Professional Regulation/Health & Safety

Cross-State Licensing

Ohio issues telemedicine certificates that allow the holder to engage in the practice of telemedicine in the state. Providers with telemedicine certificates cannot practice in OH without a special activity certificate.

The OH Medical Board may issue, without examination, a telemedicine certificate to a person who meets all of the following requirements:

- Holds a current, unrestricted license to practice medicine and surgery or osteopathic medicine and surgery or osteopathic medicine and surgery issued by another state that requires license holders to complete at least fifty hours of continuing medical education every two years.
- The person's principal place of practice is in that state.
- The person does not hold a license issued under this chapter authorizing the practice of medicine and surgery or osteopathic medicine and surgery in this state.
- The person meets the same age, moral character, and educational requirements individuals must meet under sections 4731.09 and 4731.14 of the Revised Code and, if applicable, demonstrates proficiency in spoken English in accordance with section 4731.142 of the Revised Code.

Source: *OH Revised Code Annotated, Sec. 4731.296.*

The [state medical] board shall convert a telemedicine certificate to a license issued under section 4731.14 of the Revised Code on receipt of a written request from the certificate holder. Once the telemedicine certificate is converted, the holder is subject to all requirements and privileges attendant to a license issued under section 4731.14 of the Revised Code, including continuing medical education requirements.

Source: *OH Revised Code Ann. 4731-296. (Accessed Sept. 2018).*

Physical Therapy
Physical therapists and physical therapist assistants must hold a valid OH physical therapy license to treat a patient located in Ohio via telehealth.

Source: *OH Admin. Code 4755-27-01.*

Miscellaneous

Professional Board Telehealth-Specific Regulations

- State Board of Speech Language Pathology and Audiology (**Source:** *OH Admin. Code 4753-2-01*).

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Oklahoma

Medicaid Program: SoonerCare

Program Administrator: Oklahoma Health Care Authority

Regional Telehealth Resource Center: Heartland Telehealth Resource Center

Covers the States of: Kansas, Missouri and Oklahoma

www.heartlandtrc.org

Medicaid Telehealth Reimbursement

Summary

SoonerCare reimburses for live video telehealth. Store-and-Forward and Remote Patient Monitoring must be compensable by the Oklahoma Health Care Authority (OHCA) in order to be reimbursed.

Definitions

For purposes of SoonerCare reimbursement, telemedicine is the use of interactive audio, video or other electronic media for the purpose of diagnosis, consultation or treatment that occur in real time and when the member is actively participating during the transmission.

Source: *Health Care Authority, Providers, Telehealth. (Accessed Sept. 2018).*

Telehealth means the mode of delivering healthcare services via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management and self-management of patients, at a distance from health care providers.

Source: *OK Admin. Code Sec. 317:30-3-27 (a).*

Live Video

Policy

SoonerCare (Oklahoma's Medicaid program) reimburses for live video when:

- The GT modifier is billed
- Proper documentation to include services rendered, location and services provided via telemedicine is maintained

Source: *OK Health Care Authority, Telehealth (Accessed Sept. 2018).*

Eligible Services / Specialties

OHCA has discretion and final authority to approve or deny telehealth services based on agency and/or SoonerCare members' needs. See Medicaid Telehealth webpage for full list of eligible CPT Codes for Medical and Behavioral Health Services. Services provided by telehealth must be billed with the appropriate modifier.

Source: *OK Admin. Code Sec. 317:30-3-27 & Health Care Authority, Providers, Telehealth (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement		
Live Video	Eligible Providers	To participate, a provider must: Be contracted with SoonerCare and appropriately licensed, bill for services using the appropriate modifier (GT), and maintain documentation of services, to include: service rendered, location at which service was rendered, and that service was provided via telemedicine. (Documentation of services must follow all other SoonerCare documentation guidelines as well.) **Source:** *Source: Oklahoma Health Care Authority, Telehealth. (Accessed Sept. 2018).* For behavioral health, certain services are only reimbursed when provided by a licensed psychiatrist, certified mobile team or psychiatric facility. **Source:** *Oklahoma Health Care Authority, Behavioral Health Services Reimbursable via telemedicine. Updated July 18, 2018. (Accessed Sept. 2018).*
	Eligible Sites	The medical or behavioral health related service must be provided at an appropriate site for the delivery of telehealth services. An appropriate telehealth site is one that has the proper security measures in place; the appropriate administrative, physical and technical safeguards should be in place that ensures the confidentiality, integrity and security of electronic protected health information. The location of the room for the encounter at both ends should ensure comfort, privacy and confidentiality. Both visual and audio privacy are important, placement and selection of the rooms should consider this. Appropriate telehealth equipment and networks must be used considering factors such as appropriate screen size, resolution and security. Providers and/or members may provide or receive telehealth services outside of Oklahoma when medically necessary. **Source:** *OK Admin. Code Sec. 317:30-3-27(c). (Accessed Sept. 2018).*
	Geographic Limits	No reference found.
	Facility/Transmission Fee	The cost of telehealth equipment and transmission is not reimbursable by SoonerCare. **Source:** *OK Admin. Code Sec. 317:30-3-27(c). (Accessed Sept. 2018).*
Store-and-Forward	Policy	Health care services delivered by telehealth such as remote patient monitoring, store-and-forward, or any other telehealth technology must be compensable by OHCA in order to be reimbursed. If the technical component of an X-ray, ultrasound or electrocardiogram is performed during a telehealth transmission, the technical component can be billed by the provider that provided that service. The professional component of the procedure and the appropriate visit code should be billed by the provider that rendered that service. **Source:** *OK Admin. Code Sec. 317:30-3-27(d). (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement		
Live Video	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.
	Transmission Fee	The cost of telehealth equipment and transmission is not reimbursable by SoonerCare. **Source:** *OK Admin. Code Sec. 317:30-3-27(c). (Accessed Sept. 2018).*
Remote Patient Monitoring	Policy	Health care services delivered by telehealth such as remote patient monitoring, store-and-forward, or any other telehealth technology must be compensable by OHCA in order to be reimbursed. **Source:** *OK Admin. Code Sec. 317:30-3-27(d). (Accessed Sept. 2018).*
	Conditions	No reference found.
	Provider Limitations	No reference found.

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Other Restrictions

No reference found.

Email / Phone / Fax

No reimbursement for email.
No reimbursement for telephone.
No reimbursement for FAX.

Source: *OK Admin. Code Sec. 317:30-3-27(b). (Accessed Sept. 2018).*

Consent

No reference found.

Out of State Providers

A patient may receive telehealth services outside of Oklahoma when medically necessary. Out of state providers must comply with all laws and regulations of the provider's location, including health care and telemedicine requirements.

Source: *Health Care Authority, Providers, Telehealth & OK Admin. Code Sec. 317:30-3-27. (Accessed Sept. 2018).*

If the provider is outside of Oklahoma, the provider must comply with all laws and regulations of the provider's location, including health care and telehealth requirements.

Source: *OK Admin. Code Title 317 Oklahoma Health Care Authority: 30-3-27(c). (Accessed Sept. 2018).*

Miscellaneous

All telehealth activities must comply with the HIPAA Security Standards, OHCA policy, and all other applicable State and Federal laws and regulations.

Source: *OK Admin. Code Sec. 317:30-3-27(c). (Accessed Sept. 2018).*

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Private Payer Laws

Definitions

"Telemedicine means the practice of health care delivery, diagnosis, consultation, treatment, including but not limited to, the treatment and prevention of strokes, transfer of medical data, or exchange of medical education information by means of audio, video, or data communications. Telemedicine is not a consultation provided by telephone or facsimile machine."

Source: *OK Statute, Title 36, Sec. 6802. (Accessed Sept. 2018).*

Requirements

For services determined to be appropriately provided by means of telemedicine, health care insurer programs, workers' compensation programs and state Medicaid managed care contracts shall not require person-to-person contact between a health care practitioner and patient.

Source: *OK Statute, Title 36 Sec. 6803. (Accessed Sept. 2018).*

Parity

Service Parity

If a provider determines that telemedicine is an appropriate way to deliver care, an insurer cannot require face-to-face contact.

Payment Parity

No explicit payment parity.

Source: *OK Statute, Title 36 Sec. 6803. (Accessed Sept. 2018).*

Professional Regulation/Health & Safety

Definitions

Telemedicine means the practice of health care delivery, diagnosis, consultation, evaluation and treatment, transfer of medical data or exchange of medical education information by means of a two-way, real-time interactive communication, not to exclude store-and-forward technologies, between a patient and a physician with access to and reviewing the patient's relevant clinical information prior to the telemedicine visit. "Telemedicine" and "store-and-forward technologies" shall not include consultations provided by telephone audio-only communication, electronic mail, text message, instant messaging conversation, website questionnaire, nonsecure video conference or facsimile machine.

Source: *Source: Title 59, Sec. 478. (Accessed Sept. 2018).*

"Telemedicine means the practice of health care delivery, diagnosis, consultation, treatment, including but not limited to, the treatment and prevention of strokes, transfer of medical data, or exchange of medical education information by means of audio, video, or data communications. Telemedicine is not a consultation provided by telephone, facsimile machine nor does it include administrative applications such as billing, contracted services, security systems, etc."

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Professional Regulation/Health & Safety

Definitions

This definition excludes phone or Internet contact or prescribing and other forms of communication, such as web-based video, that might occur between parties that does not meet the equipment requirements as specified in OAC 435:10-7-13 and therefore requires an actual face-to-face encounter. Telemedicine physicians who meet the requirements of OAC 435:10-7-13 do not require a face-to-face encounter.

Source: *OK Admin Code 435: 10-1-4. (Accessed Sept. 2018).*

"Telemedicine" means the practice of health care delivery, diagnosis, consultation, evaluation, treatment, transfer of medical data, or exchange of medical education information by means of audio, video, or data communications. Telemedicine uses audio and video multimedia telecommunication equipment which permits two-way real time communication between a health care practitioner and a patient who are not in the same physical location. Telemedicine shall not include consultation provided by telephone or facsimile machine.

Source: *OK Statute Title 43A-1-103. (Accessed Sept. 2018).*

Telepractice means the use of audio, video or data communication to provide speech-language pathology and audiology services to clients who are not present at the same site as the licensee when the service is provided.

Source: *OK Admin Code, 690:10-3-9.(Accessed Sept. 2018).*

Consent

Written consent required.

Source: *OK Admin. Code Sec. 317:30-3-27(f)(6). (Accessed Sept. 2018).*

Online Prescribing

A physician-patient relationship can be established, provided that a physician:

- Holds a license to practice medicine in this state;
- Confirms the patient's identity; and
- Provides the patient with the treating physician's identity and professional credentials.

Telemedicine encounters involving store-and-forward technology shall not be used to establish a valid physician-patient relationship for purpose of prescribing opiates, synthetic opiates, semisynthetic opiates, benzodiazepine or carisprodol, but may be used to prescribe opioid antagonists or partial agonists.

The relationship shall not be based solely on the receipt of patient health information by a physician.

Source: *OK Statutes, Title 59, Sec. 478. (Accessed Sept. 2018).*

Prescribing or administering a drug or treatment without sufficient examination and the establishment of a valid physician-patient relationship is prohibited.

Source: *OK Statute, Title 59, Sec. 509. (Accessed Sept. 2018).*

Telemedicine physicians who meet certain criteria are not subject to the face-to-face requirement to establish a physician-patient relationship.

Source: *OK Admin. Code Sec. 435:10-7-12. (Accessed Sept. 2018).*

A physician-patient relationship includes an in-person patient exam.

Source: *OK Admin. Code Sec. 435:10-1-4. (Accessed Sept. 2018).*

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Professional Regulation/Health & Safety

Cross-State Licensing

Physician treating patients in OK through telemedicine must be fully licensed in OK.

Source: *OK Admin Code Title 435:10-7-13. (Accessed Sept. 2018).*

The State Board of Osteopathic Examiners has the authority to issue a telemedicine license.

Source: *OK Statute, Title 59, Sec. 633. (Accessed Sept. 2018).*

Member of Nurse Licensure Compact.

Source: *Nurse Licensure Compact. Current NLC States and Status.*

Member of Physical Therapy Compact.

Source: *HB 3336 (2018). PT Compact.*

Miscellaneous

OK provides, at no cost, one telecommunications line or wireless connection for telemedicine services to the following:

- Not-for-profit hospitals;
- County health departments;
- City-county health departments;
- Not-for-profit mental health and substance abuse facility;
- Oklahoma Department of Corrections;
- Federally Qualified Health Centers.

Source: *OK Statutes, Title 17 Sec. 139.109. (Accessed Sept. 2018).*

The OK Dept. of Health has begun to develop a statewide telemedicine network.

Source: *Oklahoma Statutes, Title 63 Sec. 1-2702. (Accessed Sept. 2018).*

Professional Board Telehealth-Specific Regulations

- State Board of Medical Licensure and Supervision. **Source:** *(OAC 435:10-7-13) (Accessed Sept. 2018).*
- State Board of Examiners for Speech-Language Pathology and Audiology. **Source:** *(OAC 690:10-3-9). (Accessed Sept. 2018).*

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Oregon

Medicaid Program: Oregon Medicaid

Program Administrator: Oregon Health Authority

Regional Telehealth Resource Center: Northwest Regional Telehealth Resource Center

Covers the States of: Idaho, Montana, Oregon, Utah, Washington, and Wyoming

https://www.nrtrc.org

Medicaid Telehealth Reimbursement

Summary

Oregon Medicaid provides reimbursement for live video and audio under some circumstances. Store-and-forward and remote patient monitoring are not reimbursed.

Definitions

Telemedicine is the use of medical information, exchanged from one site to another, via telephonic or electronic communications, to improve a patient's health status."

Source: *OR Div. of Medical Assistance Program, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610. (Accessed Sep. 2018).*

Live Video

Policy

Oregon Medicaid will reimburse for live video when billed services comply with their billing requirements.

The referring provider is not required to be present with the client for the consult.

The referring provider may bill an evaluation and management code for the patient visit only if a separately identifiable visit is performed. The visit must meet all of the criteria of the code billed.

The authority must provide coverage for behavioral health telemedicine services to the same extent that the service would be covered if they were provided in-person.

Source: *OR Div. of Medical Assistance Program, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610 & Behavior Health Services Rulebook, Div. 172, 410-172-0850. (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement	Live Video	
	Eligible Services / Specialties	Behavioral health services identified as allowable for telephonic delivery are listed in the fee schedule. **Source:** *OR Behavior Health Services Rules 410-172-0850. (Accessed Sep. 2018).*
	Eligible Providers	No reference found.
	Eligible Sites	No reference found.
	Geographic Limits	No reference found.
	Facility/Transmission Fee	Oregon Medicaid will provide transmission fees for originating sites. **Source:** *Div. of Medical Assistance Programs, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610. (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement	Store-and-Forward	
	Policy	Other forms of telecommunications, such as telephone calls, images transmitted via facsimile machines and electronic mail are services not covered: • When those forms are not being used in lieu of videoconferencing, due to limited videoconferencing equipment access; or • When those forms and specific services are not specifically allowed per the Health Service Prioritized List and Practice Guideline. **Source:** *Div. of Medical Assistance Programs, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610. (Accessed Sep. 2018).* **Behavioral Health Services Manual:** Unless specifically authorized by OAR 410-120-1200 other types of telecommunication are not covered such as images transmitted via facsimile machines and electronic mail when: • Those methods are not being used in lieu of videoconferencing, due to limited video conferencing equipment access; or • Those methods and specific services are not specifically allowed pursuant to the Oregon Health Evidence Review Commission's Prioritized List of Health Services and Evidence Based Guidelines. **Source:** *Div. of Medical Assistance Programs, Behavior Health Services Rulebook, Div. 172, 410-172-0850. (Accessed Sep. 2018).*
	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.

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Medicaid Telehealth Reimbursement		
Remote Patient Monitoring	Policy	No reference found.
	Conditions	No reference found.
	Provider Limitations	No reference found.
	Other Restrictions	No reference found.
Email / Phone / Fax		E-mail and telephone is reimbursed when used for patient consulting and "when billed services comply with the practice guidelines set forth by the Health Service Commission (HSC), applicable HSC approved CPT code requirements and are delivered consistent with the HSC practice guideline." Telephone and e-mail services used in behavioral health must instead comply with the practice guidelines set forth by the Health Evidence Review Commission (HERC) and applicable HERC approved CPT code requirements and be delivered consistent with the HERC Evidence-Based Guidelines. E-mail, telephone and fax may be used when videoconferencing is not available. **Source:** *OR Div. of Medical Assistance Programs, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610 & Behavior Health Services Rules 410-172-0850 (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement	Consent	No reference found.
	Out of State Providers	No reference found.
	Miscellaneous	The referring and evaluating practitioner must be licensed to practice medicine within the state of Oregon or within the contiguous area of Oregon and must be enrolled as a Division of Medical Assistance Programs (Division) provider. **Source:** *OR Div. of Medical Assistance Program, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610. (Accessed Sep. 2018).*
Private Payer Laws	Definitions	**Treatment of Diabetes** "Telemedical means delivered through a two-way electronic communication, including but not limited to video, audio, Voice over Internet Protocol or transmission of telemetry that allows a health professional to interact with a patient, a parent or guardian of a patient or another health professional on a patient's behalf, who is at an originating site." **Source:** *OR Revised Statutes Sec. 743A.185(c).*
	Requirements	Health plans must provide coverage of a health service that is provided using synchronous two-way interactive video if the service would be covered when provided in-person, it is a medically necessary service, the service is determined to be safely and effectively provided using live video according to generally accepted health care practices and standards and the technology and application to provide the service meets all standards required by state and federal laws governing privacy and security of protected health information. Plans are not required to reimburse a health professional for a service that is not a covered benefit under the plan or who has not contracted with the plan. **Source:** *OR Revised Statutes Sec. 743A.058(5).*

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Private Payer Laws

Parity

Service Parity

Oregon requires a health benefit plan to provide coverage of a health service that is provided using synchronous two-way interactive video conferencing if:

- The plan provides coverage of the health service when provided in-person by a health professional;
- The health service is medically necessary;
- The health service is determined to be safely and effectively provided using synchronous two-way interactive video conferencing according to generally accepted health care practices and standards; and
- The application and technology used to provide the health service meet all standards required by state and federal laws governing the privacy and security of protected health information.

Plans may not distinguish between originating sites that are rural and urban in providing coverage.

Coverage is subject to the terms and conditions of the health benefit plan and the reimbursement specified in the contract between the plan and the health professional.

Source: *OR Revised Statutes Sec. 743A.058.*

A health benefit plan must provide coverage in connection with the treatment of diabetes if:

- The plan provides coverage of the health service when provided in-person;
- The service is medically necessary;
- The telemedical health service relates to a specific patient; and
- One of the participants in the telemedical health service is a representative of an academic health center.

A health benefit plan may subject coverage of a telemedical health service to all terms and conditions of the plan, including but not limited to deductible, copayment or coinsurance requirements that are applicable to coverage of a comparable health service when provided in-person.

Source: *OR Revised Statutes Sec. 743A.185.*

Payment Parity

No explicit payment parity.

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Professional Regulation/Health & Safety

Definitions

Health Care Provider Incentive Program
"Telehealth" means the provision of health services from a distance using electronic communications.

Source: *OR Admin. Rules 409-036-0010(26).*

Community Treatment and Support Services
Telehealth means a technological solution that provides two-way, video-like communication on a secure line.

Source: *OR Admin. Rules. 309-032-0860(28).*

Dental Care Services
Telehealth means a variety of methods, through the use of electronic and telecommunications technologies, for the distance delivery of health care services, including dental care services and clinical information designed to improve a patient's health status and to enhance delivery of the health care services and clinical information.

Source: *OR Revised Statutes 679.543(1).*

Health Planning
"Telemedicine means the provision of health services to patients by physicians and health care practitioners from a distance using electronic communications."

Source: *OR Revised Statutes 442.015(26).*

Board of Chiropractic Examiners
"Telehealth" means a variety of methods, through the use of electronic and telecommunications technologies, for the distance delivery of health care services, including chiropractic services, excluding in-person services, and clinical information designed to improve the health status of a patient, and to enhance delivery of the health care services and clinical information.

Source: *OR Admin. Rules 811-015-0066.*

Physical Therapy
"Telehealth service means a physical therapy intervention, including assessment or consultation that can be safely and effectively provided using synchronous two-way interactive video conferencing, or asynchronous video communication, in accordance with generally accepted healthcare practices and standards. For purposes of these rules, 'telehealth service' also means, or may be referred to, as 'telepractice, teletherapy, or telerehab'."

Source: *OR Administrative Rule, Sec. 848-040-0100(13).*

Consent

Community Treatment and Support Services
Individuals have a right to consent to services prior to the start of services, except in a medical emergency or as otherwise permitted by law.

Source: *OR Administrative Rule, Sec. 309-032-0341(e).*

Physical Therapy
Patient consent is required prior to initiating telehealth services.

Source: *OR Administrative Rules, Sec. 848-040-0180(3).*

Online Prescribing

No reference found.

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Professional Regulation/Health & Safety

Cross-State Licensing

Member of the Physical Therapy Compact.

Source: *Compact Map. Physical Therapy Compact. (Accessed Sep. 2018).*

Out-of-state physicians may receive a license to practice across state lines in Oregon, as long as they are fully licensed in another state and meet certain requirements.

Source: *OR Revised Statutes Annotated Sec. 677.139.*

A physician granted a license to practice medicine across state lines has the same duties and responsibilities and is subject to the same penalties and sanctions as any other provider licensed in Oregon, including but not limited to:

- A physician shall establish a physician-patient relationship;
- Make a judgment based on some type of objective criteria upon which to diagnose, treat, correct or prescribe;
- Act in the best interest of the patient; and
- Writing prescriptions based only on an Internet sale or consults is prohibited.

Source: *OR Admin. Rules, 847-025-0000.*

Miscellaneous

Oregon requires out-of-state physicians to acquire active tele-monitoring status through the Oregon Medical Board before they can perform intraoperative tele-monitoring on patients during surgery.

The Administrative Code defines "tele-monitoring" as the "intraoperative monitoring of data collected during surgery and electronically transmitted to a physician who practices in a location outside of Oregon via a telemedicine link for the purpose of allowing the monitoring physician to notify the operating team of changes that may have a serious effect on the outcome or survival of the patient. The monitoring physician is in communication with the operation team through a technician in the operating room."

Requirements:

- The facility where the surgery is performed must be a licensed hospital or ambulatory surgical center;
- The facility must grant medical staff membership and/or clinical privileges to the monitoring physician;
- The facility must request the Board grant Telemonitoring active status to the monitoring physician.

Source: *OR Admin. Rules. 847-008-0023.*

Professional Board Telehealth-Specific Regulations

- Dental Care Services (**Source:** *OR Revised Statutes 679.543*(1)).
- Occupational Therapy (**Source:** *OR Admin. Code 339-010-0006*).
- Physical Therapy (**Source:** *OR Admin. Code 848-040-0180*).
- Board of Chiropractic Examiners (**Source:** *OAR 811-0105-0066 - Expires 9/26/18*).

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Pennsylvania

Medicaid Program: Pennsylvania Medical Assistance Program (MA)

Program Administrator: PA Department of Public Welfare

Regional Telehealth Resource Center: Mid-Atlantic Telehealth Resource Center

Covers the States of: Delaware, Kentucky, Maryland, New Jersey, North Carolina, Pennsylvania, Virginia, West Virginia, and Washington DC.

https://www.matrc.org

Medicaid Telehealth Reimbursement

Summary

The Pennsylvania Medical Assistance Program provides reimbursement for live-video under some circumstances. There is no reimbursement available for store-and-forward or remote patient monitoring.

Definitions

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

Source: *PA Department of Public Welfare, Medical Assistance Bulletin 09-12-31, 31-12-31, 33-12-30, May 23, 2012 (Accessed Sep. 2018).*

Live Video

Policy

For FQHCs & RHCs

Telepsychiatry Services – Only applicable to Behavioral Health Managed Care delivery system claims and not fee-for-service delivery. Service is in real-time, interactive audio-video transmission and do not include phone, email or facsimile transmission. Consultation between two healthcare practitioners do not count as a qualifying service. Service providers are limited to psychologists and psychiatrists. Service providers are required to have a service description approved by the Office of Mental Health and Substance Abuse Services 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 Sep. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

See listing for reimbursable procedure codes when the service is provided via interactive telecommunication technology.

Source: *PA Department of Human Services, Medical Assistance Program Fee Schedule for Consultations Performed Using Interactive Telecommunication Technology. (Accessed Sep. 2018).*

Telepsychiatry Services
PA Medicaid will reimburse licensed psychiatrists and licensed psychologists for telepsychiatry outpatient services including:

- Psychiatric diagnostic evaluations
- Psychological Evaluations
- Pharmacological management
- Consultations (with patient/family)
- Psychotherapy

Source: *PA Department of Public Health, Medical Assistance Bulletin OMHSAS-14-01, Mar. 18, 2014 (Accessed Sep. 2018).*

Eligible Providers

Pennsylvania Medicaid will provide reimbursement for live video to all Medicaid enrolled physician specialists.

Eligible Providers (fee for service):

- Physicians
- Certified registered nurse practitioners
- Certified nurse midwives

Providers under a managed care system should contact the appropriate managed care organization.

Source: *PA Department of Public Welfare, Medical Assistance Bulletin 09-12-31, 31-12-31, 33-12-30, May 23, 2012 (Accessed Sep. 2018).*

Providers must have documented endorsement to deliver mental services through telepsych from the county mental health program and the HealthChoices Behavioral Health Managed Care Organization, and this endorsement must be submitted to the PA Office of Mental Health and Substance Abuse Services regional office for final approval.

Source: *PA Department of Public Health, Medical Assistance Bulletin OMHSAS-14-01, Mar. 18, 2014 (Accessed Sep. 2018).*

Eligible Sites

A patient is allowed to access a telemedicine consultation at any enrolled office of the referring provider or any other participating physicians, certified registered nurse practitioner, or certified nurse midwife.

Source: *PA Department of Public Welfare, Medical Assistance Bulletin 09-12-31, 31-12-31, 33-12-30, May 23, 2012 (Accessed Sep. 2018).*

A site where an individual is receiving telepsych services must have an Office of Mental Health and Substance Abuse Services approved program description and be enrolled in the Medical Assistance Program.

Source: *PA Department of Public Health, Medical Assistance Bulletin OMHSAS-14-01, Mar. 18, 2014 (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement		
Live Video	Geographic Limits	Services should be rendered face-to-face whenever practical and appropriate. Providers may consider if the recipient must travel more than 60 minutes in a rural area or 30 minutes in an urban area. **Source:** *PA Department of Public Welfare, Medical Assistance Bulletin 09-12-31, 31-12-31, 33-12-30, May 23, 2012 (Accessed Sep. 2018).*
	Facility/Transmission Fee	Originating site may bill for facility fee. **Source:** *PA Department of Public Welfare, Medical Assistance Bulletin 09-12-31, 31-12-31, 33-12-30, May 23, 2012 (Accessed Sep. 2018). & PA Department of Public Health, Medical Assistance Bulletin OMHSAS-14-01, Mar. 18, 2014 (Accessed Sep. 2018).*
Store-and-Forward	Policy	Pennsylvania Medicaid will not reimburse for store-and-forward because a telemedicine consultation must consist of a two-way, real time interactive communication between the patient and the physician at the distant site. **Source:** *PA Department of Public Welfare, Medical Assistance Bulletin 09-12-31, 31-12-31, 33-12-30, May 23, 2012 (Accessed Sep. 2018).*
	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.

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Medicaid Telehealth Reimbursement		
Remote Patient Monitoring	Policy	No reference found.
	Conditions	No reference found.
	Provider Limitations	No reference found.
	Other Restrictions	No reference found.
Email / Phone / Fax		No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX. **Source:** *PA Department of Public Welfare, Medical Assistance Bulletin 09-12-31, 31-12-31, 33-12-30, May 23, 2012 (Accessed Sep. 2018).*
Consent		Informed consent is required from individuals participating in any services utilizing telepsych. **Source:** *PA Department of Public Health, Medical Assistance Bulletin OMHSAS-14-01, Mar. 18, 2014 (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement	Out of State Providers		When services are provided from a location in another state, the psychiatrist/licensed psychologist must be licensed in Pennsylvania. **Source:** *PA Department of Public Health, Medical Assistance Bulletin OMHSAS-14-01, Mar. 18, 2014 (Accessed Sep. 2018).*
	Miscellaneous		No reference found.
Private Payer Laws	Definitions		No reference found.
	Requirements		No reference found.
	Parity	Service Parity	No reference found.
		Payment Parity	No reference found.

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Professional Regulation/Health & Safety

Definitions

No reference found.

Consent

No reference found.

Online Prescribing

No reference found.

Cross-State Licensing

Member of the Interstate Medical Licensure Compact.

Source: *The IMLC. Interstate Medical Licensure Compact. (Accessed Sep 2018).*

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)*

Miscellaneous

No reference found.

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Rhode Island

Medicaid Program: Rhode Island Medical Assistance Program

Program Administrator: Rhode Island Dept. of Human Services

Regional Telehealth Resource Center: Northeast Telehealth Resource Center

Covers the States of: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, and Vermont.

http://netrc.org

Medicaid Telehealth Reimbursement

Summary

The Rhode Island Medical Assistance Program reimburses for some live-video services and provides no reimbursement for store-and-forward or remote patient monitoring.

Definitions

No reference found.

Live Video

Policy

Rhode Island Medicaid's fee schedule lists several telehealth service CPT codes related to follow-up and inpatient telehealth consultations under procedure/professional services.

Source: *RI Department of Health. Medicaid Fee Schedule Rates. (Accessed Sep. 2018).*

Eligible Services / Specialties

Reimbursement is available for initial inpatient telehealth consultation and follow-up inpatient telehealth consultation.

Source: *RI Department of Health. Medicaid Fee Schedule Rates. (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement		
Live Video	Eligible Providers	No reference found.
	Eligible Sites	No reference found.
	Geographic Limits	No reference found.
	Facility/Transmission Fee	No reference found.
Store-and-Forward	Policy	No reference found.
	Eligible Services/Specialties	No reference found.

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	No reference found.
	Conditions	No reference found.
	Provider Limitations	No reference found.
	Other Restrictions	No reference found.

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Medicaid Telehealth Reimbursement	Email / Phone / Fax	No reference found.
	Consent	No reference found.
	Out of State Providers	No reference found.
	Miscellaneous	No reference found.
Private Payer Laws	Definitions	"Telemedicine" means the delivery of clinical health care services by means of real time two-way electronic audiovisual communications, including the application of secure video conferencing or store-and-forward technology to provide or support health care delivery, which facilitate the assessment, diagnosis, treatment, and care management of a patient's health care while such patient is at an originating site and the health care provider is at a distant site, consistent with applicable federal laws and regulations. Telemedicine does not include an audio-only telephone conversation, email message or facsimile transmission between the provider and patient, or an automated computer program used to diagnose and/or treat ocular or refractive conditions. **Source:** *RI General Law, Sec. 27-81-3(12).*
	Requirements	Each health insurer that issues individual or group accident-and-sickness insurance policies for health-care services and/or provides a health-care plan for health-care services shall provide coverage for the cost of such covered health-care services provided through telemedicine services. **Source:** *RI General Law, Sec. 27-81-4(a).*

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Private Payer Laws

Parity

Service Parity

A health insurer shall not exclude a health care service for coverage solely because the health care service is provided through telemedicine and is not provided through in-person consultation or contact, subject to the terms and conditions of a telemedicine agreement between the insurer and provider.

Source: *RI General Law, Sec. 27-81-4(b).*

Payment Parity

No explicit payment parity.

Professional Regulation/Health & Safety

Definitions

Telemedicine is defined very generally as the delivery of healthcare where there is no in-person exchange. Telemedicine, more specifically, is a mode of delivering healthcare services and public health utilizing information and communication technologies to enable the diagnosis, consultation, treatment, education, care management, and self-management of patients at a distance from health care providers.

Source: *RI Department of Health. Telemedicine. (Accessed Sep. 2018).*

Consent

Informed consent should be employed for the use of patient-physician email and other text-based communications.

The agreement should include:

- Types of transmissions that will be permitted
- Circumstances when alternate forms of communication or office visits should be utilized
- Security measures
- Hold harmless clause for information lost due to technical failures
- Requirement for express patient consent to forward patient-identifiable information to a third party
- A statement noting that the patient's failure to comply with the agreement may result in termination of the e-mail relationship

Source: *RI Department of Health. Telemedicine. (Accessed Sep. 2018).*

Online Prescribing

An established in-person physician-patient relationship is required prior to prescribing controlled substances. There is an exception where a covering physician may prescribe a controlled substance if an established coverage agreement is in place and the quantity reflects the prescription is only for a short duration.

Source: *RI Department of Health. Telemedicine. (Accessed Sep. 2018).*

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Professional Regulation/Health & Safety

Cross-State Licensing

RI allows physicians who have a license in good standing in another state to consult with RI licensed physicians or provide teaching assistance for no more than seven days unless extended with written permission from the director.

Physicians not present in RI may not provide consultation to a patient without an established physician-patient relationship, unless that patient is in the physical presence of a physician licensed in RI.

Source: *RI General Law, Sec. 5-37-16.2(a)(3).*

Miscellaneous

Telemedicine does not include an audio-only telephone conversation, email message or facsimile transmission between the provider and patient.

Source: *RI General Law, Sec. 27-81-3(12).*

See Department of Health Policy for Department of Health Telemedicine Guidelines for other requirements on RI providers.

Source: *RI Department of Health. Telemedicine. (Accessed Sep. 2018).*

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South Carolina

Medicaid Program: South Carolina Medicaid

Program Administrator: South Carolina Health and Human Services Dept.

Regional Telehealth Resource Center: Southeastern Telehealth Resource Center

Covers the States of: Alabama, Florida, Georgia, and South Carolina

http://www.setrc.us

Medicaid Telehealth Reimbursement

Summary

South Carolina Medicaid reimburses for live video under certain circumstances. Store-and-forward is not reimbursed as it does not meet established conditions for the use of telemedicine. The South Carolina Medicaid reimburses for home health monitoring through the Home Aging Program for some conditions when a patient is eligible.

Definitions

"Telemedicine is the use of medical information about a patient that is exchanged from one site to another via electronic communications to provide medical care to a patient in circumstances in which face-to-face contact is not necessary.

In this instance, a physician or other qualified medical professional has determined that medical care can be provided via electronic communication with no loss in the quality or efficacy of the care.

Electronic communication means the use of interactive telecommunication equipment that typically includes audio and video equipment permitting two-way, real-time interactive communication between the patient and the physician or practitioner at the referring site. Telemedicine includes consultation, diagnostic, and treatment services."

Source: *SC Health and Human Svcs. Dept., Physicians Provider Manual, p. 2-34 (Jul. 2018) & Local Education Manual, p. 2-43. (Jul. 2018). (Accessed Sept.2018).*

Live Video

Policy

South Carolina Medicaid will reimburse for live video and covers telemedicine when the service is medically necessary and under the following circumstances:

- The medical care is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's need;
- The medical care can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide.

Source: *SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 2-36 (Jul. 2018) & Local Education Manual, p. 2-45 to 2-45. (Jul. 2018). (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

If there are technological difficulties in performing a medical assessment or problems in a beneficiaries' understanding of telemedicine, face-to-face care must be provided instead.

Source: *SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 2-34 to 2-35 (Jul. 2018) & Local Education Manual, p. 2-45. (Accessed Sept. 2018).*

Telemedicine equipment and transmission must permit encrypted transmission and the speed and image resolution must be technically sufficient to support the service billed. Staff involved in a telemedicine visit must be trained in the use of the telemedicine equipment and component in its operation.

Source: *SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 2-37 (Jul. 2018) & Local Education Manual, p. 2-46. (Accessed Sept. 2018).*

Reimbursement to the health professional delivering the medical service is the same as the current fee schedule amount for the service provided. See appropriate professional manuals for CPT codes. Codes must be billed along with the telemedicine GT modifier.

Source: *SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 2-38 (Jul. 2018) & Local Education Manual, p. 2-47. (Accessed Sept. 2018).*

Telepsychiatry
To qualify for reimbursement, interactive audio and video equipment that permits two-way real-time or near real-time communication with the client, consultant, interpreter, and referring clinician.

Additional requirements include:

- Reimbursement requires the "real-time" presence of a client.
- Reimbursement is available for psychiatric diagnosis assessment with Medicaid and medical evaluation and management codes.
- GT modifier must be used when billing the for telepsychiatric services.
- All equipment must operate at a minimum communication transfer rate of 384 kbps.

Source: *SC Health and Human Svcs. Dept. Community Mental Health Services Provider Manual, p. 2-25 to 2-28. (Jul. 2018). (Accessed Sept. 2018).*

Eligible Services / Specialties

Eligible services include consultation, diagnostic, and treatment services:

- Office or other outpatient visits;
- Inpatient consultation;
- Individual psychotherapy;
- Pharmacologic management;
- Psychiatric diagnostic interview examination and testing;
- Neurobehavioral status examination;
- Electrocardiogram interpretation and report only;
- Echocardiography.

Services provided by allied health professionals are not covered.

Telemedicine services are not an expansion of covered services, but an option for the delivery of certain covered services.

Source: *SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 2-34 to 2-37 (Jul. 2018) & Local Education Manual, p. 2-45. (Jul. 2018). (Accessed Sept 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

Telepsychiatry
Psychiatric Diagnostic assessment with medical services to assess or monitor the client's psychiatric and/or physiological status may be provided via telehealth. These community mental health services are ineligible:

- Injectables;
- Nursing services;
- Crisis intervention;
- Individual, family, group and multiple family psychotherapy;
- Psychological testing which require "hands-on" encounters;
- Mental health assessment by non-physician; and
- Service Plan Development.

Source: *SC Health and Human Svcs. Dept. Community Mental Health Services Provider Manual, p. 2-26 to 2-28 (Jul, 2018). (Accessed Sept. 2018).*

Autism Spectrum Disorder
Telehealth is not covered.

Source: *SC Health and Human Svcs. Autism Spectrum Disorder Provider Manual, p. 2-33 (Jul. 2018). (Accessed Sept 2018).*

Eligible Providers

Distant site eligible, reimbursed providers:

- Physicians;
- Nurse practitioners.
- Physician Assistants.

Distant (consultant) sites must be located in the SC Medical Service Area, which is the state of SC and areas in NC and GA within 25 miles of the SC border.

Source: *SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 2-35 to 2-36. (Jul. 2018) & Local Education Manual, p. 2-43 to 2-44. (Jul. 2018). (Accessed Sept. 2018).*

Eligible Sites

Eligible originating (referring) sites:

- Practitioner offices;
- Hospitals (inpatient and outpatient);
- Rural Health Clinics;
- Federally Qualified Health Centers;
- Community Mental Health Centers;
- Public Schools;
- Act 301 Behavioral Health Centers.

Referring sites (also known as originating sites) must be located in the South Carolina Medical Service Area, which is the state of SC and areas in NC and GA within 25 miles of the SC border.

Source: *SC Health and Human Svcs. Dept., Physicians Provider Manual, p. 2-35 (Jul. 2018) & Local Education Manual, p. 2-43 to 2-44. (Jul. 2018). (Accessed Sept. 2018).*

A patient site presenter may be required to facilitate the delivery of the service.

Source: *SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 2-35 (Jul. 2018) & Local Education Manual, p. 2-43 to 2-44. (Jul. 2018). (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement		
Live Video	Eligible Sites	**Telepsychiatry** Psychiatric diagnostic assessments (via telepsychiatry) may be provided in: • A client's home; • An inpatient or outpatient general hospital; • A Community Mental Health Center; • School; • Nursing Facility; or • Other approved facility **Source:** *SC Health and Human Svcs. Dept. Community Mental Health Services Provider Manual, p. 2-29 (Jul, 2018). (Accessed Sept. 2018).*
Live Video	Geographic Limits	Distant (consultant) sites must be located in the SC Medical Service Area, which is the state of SC and areas in NC and GA within 25 miles of the SC border. **Source:** *SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 2-35 to 2-36. (Jul. 2018) & Local Education Manual, p. 2-43 to 2-44. (Jul. 2018). (Accessed Sept. 2018).*
Live Video	Facility/Transmission Fee	The referring site is only eligible to receive a facility fee for telemedicine services. Claims are submitted with HCPCS code Q3014. If a provider performs separately identifiable service for a beneficiary on the same day as telemedicine, documentation of both services must be clearly and separately identified in the medical record and both services are eligible for reimbursement. RHCs and FQHCs are eligible to receive a facility fee for telemedicine services when operating as the referring site. They may not bill encounter T1015 code if these are the only services being rendered. Hospital providers are eligible to receive a facility fee for telemedicine when operating as the referring site. Claims must be submitted with revenue code 780. **Source:** *SC Health and Human Svcs. Dept., Physicians Provider Manual, p. 2-38 - 2-39 (Jul. 2018) & Local Education Manual, p. 2-47 to 2-48. (Jul. 2018). (Accessed Sept. 2018).*
Store-and-Forward	Policy	South Carolina Medicaid will not reimburse for store-and-forward due to the requirements that the beneficiary must be present and participating in the visit and interactive audio and video telecommunication must be used. **Source:** *SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 2-37 (Jul. 2018) & Local Education Manual, p. 2-46. (Jul. 2018). (Accessed Sept. 2018).*
Store-and-Forward	Eligible Services/Specialties	No reference found.

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Medicaid Telehealth Reimbursement	Store-and-Forward	Geographic Limits	No reference found.
		Transmission Fee	No reference found.
	Remote Patient Monitoring	Policy	**Medicaid Home Again Program for Community Long Term Care.** Medical telemonitoring will be of body weight, blood pressure, oxygen saturation, blood glucose levels, and basic heart rate information. Providers must meet certain conditions to participate. Services to be provided: • Unit of service is one day of direct telemonitoring provided to/for a participant in the participant's place of residence. • The equipment must record at a minimum body weight, blood pressure, oxygen saturation, blood glucose, and basic heart rate information. Data must be transmitted electronically and any transmission costs shall be incurred by the provider of the telemonitoring service. • Daily reimbursement rate is inclusive of monitoring of data, charting data from the monthly monitoring, visits or calls made to the home to follow up with the participants and/or caregiver, phone calls made to primary care physician(s) that are necessary while the participant is receiving the telemonitoring service, all installation of the equipment in the home and training on the equipment's use and care in the home, including equipment removal. • Provider shall provide telemonitoring service seven days per week for all authorized time periods. **Source:** *SC Health and Human Svcs. Dept. Community Long Term Care Provider Manual, p. 6-155 (Apr. 2018). (Accessed Sept. 2018).*
		Conditions	Community Choices waiver participants must have a primary diagnosis of: • Insulin Dependent Diabetes Mellitus; • Hypertension; • Chronic Obstructive Pulmonary Disease; and/or • Congestive Heart Failure **Source:** *SC Health and Human Svcs. Dept. Community Long Term Care Provider Manual, p. 6-154 (Apr. 2018). (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Provider Limitations

Providers must:

- Have equipment that records at a minimum the participant's body weight, blood pressure, oxygen saturation, blood glucose levels, and basic heart rate information. All agencies must also have nursing personnel and health care professionals able to carry out specific duties.
- Agree to participate in all components of the Care Call payment system and have the capability to receive and respond to authorizations for service in an electronic format.
- Have at least one year of experience or otherwise demonstrate competency in the provision of this service.

Source: *SC Health and Human Svcs. Dept. Community Long Term Care Provider Manual, p. 6-154 (Apr. 2018). (Accessed Sept. 2018).*

Other Restrictions

Community Choices waiver participants must meet the following criteria to participate:

- Have a primary diagnosis of Insulin Dependent Diabetes Mellitus, Hypertension, Chronic Obstructive Pulmonary Disease and/or Congestive Heart Failure; and
- History of at least two hospitalizations and/or emergency room visits in the past 12 months; and
- Have a primary care physician that approves the use of telemonitoring service and is solely responsible for receiving and acting upon the information received via the service; and
- Be capable of using the telemonitoring equipment and transmitting the necessary data or have an individual available to do so.

Other requirements on staffing, background checks, installation, equipment, conduct of service and administration are required.

Source: *SC Health and Human Svcs. Dept. Community Long Term Care Provider Manual, p. 6-154 to 6-161 (Apr. 2018). (Accessed Sept. 2018).*

Email / Phone / Fax

No reimbursement for email.
No reimbursement for telephone.
No reimbursement for FAX.
No reimbursement for video cell phone interactions.

Source: *SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 2-37 (Jul. 2018) & Local Education Manual, p. 2-45. (Jul. 2018). (Accessed Sept 2018).*

Licensed Independent Practitioner's Rehabilitative Services.
Service Plan Development, crisis management and consultations between psychologists/LPES to families, schools or other health care providers can be provided telephonically.

Source: *SC Health and Human Svcs. Dept. Licensed Independent Practitioner's Rehabilitative Provider Manual, p. 2-32 to 2-34 & 2-36 to 2-37. (Mar. 2017). (Accessed Sept. 2018).*

Telephone contact related to office procedures or appointment times are not covered.

Source: *SC Health and Human Svcs. Dept. Licensed Independent Practitioner's Rehabilitative Provider Manual, p. 2-41. (Mar. 2017). (Accessed Sept. 2018).*

Consent

A patient's written consent is required prior to the dissemination of any of their images or information to other entities.

Source: *SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 2-38 (Jul. 2018) & Local Education Manual, p. 2-47. (Jul. 2018). (Accessed Sept. 2018).*

A patient may withdraw from the use of telemedicine at any time.

Source: *SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 2-37 (Jul. 2018). & Local Education Manual, p. 2-46. (Jul. 2018). (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Out of State Providers

No reference found.

Miscellaneous

If a beneficiary is a minor child, a parent and/or guardian must present the child for telemedicine services unless otherwise exempted by State or Federal law. The parent and/or guardian need not attend the telemedicine session unless attendance is therapeutically appropriate.

Documentation to substantiate the services provided must be maintained at the medical records at referring and consulting locations. The documentation must include an indication that services were rendered via telemedicine and all other Medicaid documentation guidelines apply. The beneficiary has access to all transmitted medical information, with the exception of live interactive video, as there is often no stored data in such encounters.

Source: *SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 2-37 & 2-39 (Jul. 2018). & Local Education Manual, p. 2-46 to 2-47 (Jul. 2018). (Accessed Sept. 2018).*

Private Payer Laws

Definitions

No reference found.

Requirements

No reference found.

Parity

Service Parity

No reference found.

Payment Parity

No reference found.

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Professional Regulation/Health & Safety

Definitions

Telemedicine means the practice of medicine using electronic communications, information technology, or other means between a licensee in one location and a patient in another location with or without an intervening practitioner.

Source: *SC Code Annotated Sec. 40-47-20(52). (Accessed Sept. 2018).*

South Carolina law addresses telemedicine under veterinary services, stating, "telemedicine is an audio, video, or data communication of medical information."

Source: *SC Code Annotated Sec. 40-69-20(15). (Accessed Sept. 2018).*

Consent

No reference found.

Online Prescribing

A licensee shall not establish a physician-patient relationship by telemedicine for the purpose of prescribing medication when an in-person physical examination is necessary for diagnosis. Schedule II and Schedule III prescriptions are not permitted except for those Schedule II and Schedule III medications specifically authorized by the board, which may include, but not be limited to, Schedule II-nonnarcotic and Schedule III-nonnarcotic medications.

To establish a physician-patient relationship via telemedicine, the provider must:

- Comply with state and federal laws on patient confidentiality
- Adhere to current standards of practice
- Provide an appropriate examination
- Verify the identity and location of the patient and be prepared to inform the patient of the licensee's name, location and professional credentials
- Establish a diagnosis through the use of accepted medical practices
- Ensure availability of follow-up care
- Prescribe within a practice setting fully in compliance with the law
- Maintain a complete record of the patient's care
- Maintain the patient's records' confidentiality
- Be licensed to practice in South Carolina
- Be trained in the use of telemedicine

Schedule II and III prescriptions are not permitted except as specifically authorized by the board.

Source: *SC Code Annotated Sec. 40-47-37(C). (Accessed Sept. 2018).*

Cross-State Licensing

The physician must be licensed in South Carolina; however, they do not need to reside in South Carolina.

Source: *SC Code Annotated Sec. 40-47-37(9).*

Member of the Physical Therapy Compact.

Source: *Compact Map. Physical Therapy Compact. (Accessed Sept. 2018).*

Member of the Nurse Licensure Compact.

Source: *Current NLC States & Status. Nurse Licensure Compact. (Accessed Sept. 2018).*

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Professional Board Telehealth Specific Regulations

- SC Board of Occupational Therapy *(**Source:** SC OT Board eNews. Apr. 2010)*

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South Dakota

Medicaid Program: South Dakota Medicaid

Program Administrator: South Dakota Dept. of Social Services

Regional Telehealth Resource Center: Great Plains Telehealth Resource and Assistance Center

Covers the States of: Iowa, Minnesota, Nebraska, North Dakota, South Dakota, and Wisconsin

https://www.gptrac.org

Medicaid Telehealth Reimbursement

Summary

South Dakota Medicaid provides reimbursement for live video at the same rate as in-person services, under some circumstances. Reimbursement is not provided for store-and-forward or remote patient monitoring services.

Definitions

"Telemedicine is the use of an interactive telecommunications system to provide two-way, real-time, interactive communication between a provider and a Medicaid recipient across a distance."

Source: *SD Medical Assistance Program, Professional Svcs. Manual, p. 22 (Aug. 2018), & SD Medicaid Institutional Billing Manual, p. 27 (Mar. 2018). (Accessed Sept. 2018).*

Office of Adult Services and Aging
"Telehealth services" is a home-based health monitoring system used to collect and transmit an individual's clinical data for monitoring and interpretation.

Source: *SD Regulation 67:40:19(01):1 (Accessed Sept. 2018).*

Live Video

Policy

South Dakota Medicaid will reimburse for limited services at the same rate as in-person services. See manual for complete list of CPT codes.

All telemedicine services must comply with South Dakota Medicaid's Out-Of-State Prior Authorization Requirements.

Source: *SD Medical Assistance Program, Professional Svcs. Manual, p. 22-25 (Aug. 2018) & SD Medicaid Institutional Billing Manual, p. 27 (Mar. 2018). (Accessed Sept. 2018).*

Eligible Services / Specialties

See manuals for specific CPT codes.

Source: *SD Medical Assistance Program, Professional Svcs. Manual, p. 22-25 (Aug. 2018) & SD Medicaid Institutional Billing Manual, p. 27 (Mar. 2018). (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement		
Live Video	Eligible Providers	No reference found.
Live Video	Eligible Sites	No reference found.
Live Video	Geographic Limits	An originating site may not be located in the same community as the distant site, unless the originating site is a nursing facility. **Source:** *SD Medical Assistance Program, Professional Svcs. Manual, p. 22 & 25 (Aug. 2018), & SD Medicaid Institutional Billing Manual, p. 27 (Mar. 2018). (Accessed Sept. 2018).*
Live Video	Facility/Transmission Fee	Originating sites are eligible for a facility fee. Originating sites approved for a facility fee include: • Office of a physician or practitioner • Outpatient Hospital • Critical Access Hospital • Rural Health Clinic • Federally Qualified Health Center • Indian Health Services Clinic • Community Mental Health Center • Nursing Facilities **Source:** *SD Medical Assistance Program, Professional Svcs. Manual, p. 25 (Aug. 2018). (Accessed Sept. 2018).*
Store-and-Forward	Policy	South Dakota Medicaid defines telemedicine as occurring in “real-time”, excluding store-and-forward applications. **Source:** *SD Medical Assistance Program, Professional Svcs. Manual, p. 22 (Aug. 2018). (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	The Office of Adult Services and Aging defines “telehealth services” as a home-based health monitoring system used to collect and transmit an individual’s clinical data for monitoring and interpretation. However, no further information is provided. **Source:** *SD Regulation 67:40:19(01):1 (Accessed Sept. 2018).*
	Conditions	No reference found.
	Provider Limitations	No reference found.

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Medicaid Telehealth Reimbursement	Remote Patient Monitoring	Other Restrictions	No reference found.
	Email / Phone / Fax		No reimbursement for phone. No reimbursement for email. No reimbursement for facsimile. **Source:** *SD Medical Assistance Program, Professional Svcs. Manual, p. 22 (Aug. 2018), & SD Medicaid Institutional Billing Manual, p. 27 (Mar. 2018). (Accessed Sept. 2018).*
	Consent		No reference found.
	Out of State Providers		No reference found.
	Miscellaneous		No reference found.
Private Payer Laws	Definitions		No reference found.

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Private Payer Laws	Requirements		No reference found.
	Parity	Service Parity	No reference found.
		Payment Parity	No reference found.
Professional Regulation/Health & Safety	Definitions		"Telehealth services" is a home-based health monitoring system used to collect and transmit an individual's clinical data for monitoring and interpretation. **Source:** *SD Regulation 67:40:19(01):1 (Accessed Sept. 2018).* **Mental Health Procedures in Criminal Justice** "Telehealth" is a mode of delivering healthcare services that utilizes information and communication technologies to enable the diagnosis, consultation, treatment, education, care management and self-management of patients at a distance from heath care providers. **Source:** *SD Code 23A-50-1 (HB 1183 – 2017). (Accessed Sept. 2018).*
	Consent		No reference found.

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Professional Regulation/Health & Safety

Online Prescribing

No reference found.

Cross-State Licensing

An applicant who holds a valid medical license issued by another state can be licensed through reciprocity in South Dakota if:

- The applicant completed a residency program in the US or Canada;
- Has passed one of the listed licensure examinations. (Please see rule for list);
- Is in good standing with their state's professional board; and
- Has completed a state and federal criminal background investigation.

Source: *SD Regulation 20:78:03:12. (Accessed Sept. 2018).*

Member of Interstate Medical Licensure Compact.

Source: *SD Senate Bill 63 (2015). & Interstate Medical Licensure Compact. (Accessed Sept. 2018).*

Member of Nurse Licensure Compact.

Source: *Current NLC States & Status. Nurse Licensure Compact. (Accessed Sept. 2018).*

Miscellaneous

Office of Adult Service and Aging
In-home services, which is defined as including "telehealth services", may be provided to an individual who demonstrates a need for long-term supports and services through an assessment and the following criteria:

- The individual is residing at home;
- The individual is age 60 or older or is age 18 or older with a disability; and
- The individual is not eligible for other programs which provide the same type of service.

Source: *SD Regulation 67:40:19:04. (Accessed Sept. 2018).*

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Tennessee

Medicaid Program: TennCare

Program Administrator: Dept. of Human Services

Regional Telehealth Resource Center: South Central Telehealth Resource Center

Covers the States of: Arkansas, Mississippi, and Tennessee

http://learntelehealth.org

Medicaid Telehealth Reimbursement

Summary

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

Definitions

"Telehealth 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. Telecommunication Guidelines. p. 4, (July 2012) (Accessed Sep. 2018).*

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

Source: *TN Code Annotated, Title 56, Ch. 7, Part 1002. (Accessed Sep. 2018).*

Live Video

Policy

Health insurance entities (including managed care organizations) participating in the medical assistance program are required to provide coverage for telehealth (which includes live video) delivered services in a manner that is consistent with the health insurance policy or contract provided for in-person services. Any provisions not stipulated in the telehealth services section of the insurance code shall be governed by the terms and conditions of the health insurance contract.

Source: *TN Code Annotated, Title 56, Ch. 7, Part 1002(e) & (g). (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement	Live Video	
	Eligible Services / Special-	**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. **Source:** *TN Dept. of Mental Health and Substance Abuse Services. Telecommunication Guidelines. p. 4 & 14, (July 2012) (Accessed Sep. 2018).*
	Eligible Providers	No reference found.
	Eligible Sites	Eligible Sites: • Office of a healthcare services provider (an individual acting within the scope of a valid license issued pursuant to title 63 or any state-contracted crisis service provider employed by a facility licensed under title 33); • A hospital licensed under title 68; • A facility recognized as a rural health clinic under federal Medicare regulations; • A federally qualified health center; • A school clinic staffed or at a public elementary or secondary school appropriately staffed and equipped; or • Any facility licensed under title 33, or any other location deemed acceptable by the health insurance entity. **Source:** *TN Code Annotated, Title 56, Ch. 7, Part 1002(a)(4) & (6). (Accessed Sep. 2018).*
	Geographic Limits	Reimbursement and coverage must be provided for telehealth services without any distinction or consideration of the geographic location or any federal, state, or local designation, or classification of the geographic area where the patient is located. **Source:** *TN Code Annotated, Title 56, Ch. 7, Part 1002(d)(2) & (e). (Accessed Sep. 2018).*
	Facility/Transmission Fee	No reference found.

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Policy	TN Medicaid Managed Care plans must cover and reimburse for store-and-forward telemedicine services which are defined as: • Using asynchronous computer-based communications between a patient and healthcare services provider at a distant site for the purpose of diagnostic and therapeutic assistance in the care of patients; and • The transferring of medical data from one (1) site to another through the use of a camera or similar device that records or stores an image that is sent or forwarded via telecommunication to another site for consultation. **Source:** *TN Code Annotated, Title 56, Ch. 7, Part 1002(d)(2) & (e). (Accessed Sep. 2018).* **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 video". **Source:** *TN Dept. of Mental Health and Substance Abuse Services. Telecommunication Guidelines. p. 4, (July 2012) (Accessed Sep. 2018).*
	Eligible Services/Specialties	No reference found.
	Geographic Limits	Reimbursement and coverage must be provided for telehealth services without any distinction or consideration of the geographic location or any federal, state, or local designation, or classification of the geographic area where the patient is located. **Source:** *TN Code Annotated, Title 56, Ch. 7, Part 1002(d)(2) & (e). (Accessed Sep. 2018).*
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	No reference found.

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Medicaid Telehealth Reimbursement		
Remote Patient Monitoring	Conditions	No reference found.
	Provider Limitations	No reference found.
	Other Restrictions	No reference found.
Email / Phone / Fax		No reimbursement for telephone. No reimbursement for fax. No reimbursement for email. **Source:** *TN Code Annotated, Title 56, Ch. 7, Part 1002(a)(6)(B).*
Consent		The patient must be informed and given an opportunity to request an in-person assessment before receiving a telehealth assessment. This consent must be documented in the patient's record. **Source:** *TN Dept. of Mental Health and Substance Abuse Services. Telecommunication Guidelines. p. 8, (July 2012) (Accessed Sep. 2018).*
Out of State Providers		No reference found.

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	Miscellaneous		No reference found.
Private Payer Laws	Definitions		Telehealth means the use of real-time interactive audio, video telecommunications or electronic technology, or store-and-forward telemedicine services by a healthcare provider to deliver healthcare services to a patient within the scope of practice of the healthcare services provider when such provider is at a qualified site other than the site where the patient is located; and the patient is at a qualified site or at a school clinic staffed by a healthcare services provider and equipped to engage in the telecommunications described in this section or a public elementary or secondary school staffed by a health care services provider and equipped to engage in the telecommunications described in this section and does not include audio only conversation; an electronic mail message or facsimile transmission. **Source:** *TN Code Annotated, Title 56, Ch. 7, Part 1002.*
	Requirements		A health insurance entity shall provide coverage for healthcare services provided during a telehealth encounter in a manner that is consistent with what the health insurance policy or contract provides for in-person encounters for the same service. Private payers are only required to reimburse for telehealth when the patient is located at a qualified site or a school clinic. Insurers may decide to reimburse for additional sites but are not required to. A health insurance entity cannot exclude from coverage, a healthcare service solely because it is provided through telehealth and is not provided through an in-person encounter. **Source:** *TN Code Annotated, Title 56, Ch. 7, Part 1002. (Accessed Sep. 2018).*
	Parity	Service Parity	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 Sep. 2018).*

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Private Payer Laws

Parity

Payment Parity

Health Insurance entities are required to reimburse for the diagnosis, consultation, and treatment of an insured patient for a healthcare service covered under a health insurance policy or contract provided through telehealth without distinction of the geographic location or any federal, state, or local designation, or classification of the geographic area where the patient is located. The reimbursement is not required to exceed the cost of reimbursement for the same service provided in-person.

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

A health insurance entity is not required to pay total reimbursement for a telehealth encounter, including the use of telehealth equipment, in an amount that exceeds the amount that would be paid for the same service provided by a healthcare services provider in an in-person encounter.

Source: *TN Code Annotated, Title 56, Ch. 7, Part 1002. (Accessed Sep. 2018).*

Professional Regulation/Health & Safety

Definitions

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. (Accessed Sep. 2018).*

Consent

No reference found.

Online Prescribing

Prior to online or telephone prescribing, providers must document and:

- 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. (Accessed Sep. 2018).*

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. (Accessed Sep. 2018).*

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Professional Regulation/Health & Safety

Cross-State Licensing

Tennessee enacted the Interstate Medical Licensure Compact. (Effective Jan. 2019).

Source: *TN Code 63-6-402 (HB 664 – 2017). (Accessed Sep. 2018).*

Tennessee adopted the Nurses Licensure Compact.

Source: *Current NLC States & Status. Nurse Licensure Compact. (Accessed Sep. 2018).*

Tennessee adopted the Physical Therapy Compact.

Source: *Compact Map. Physical Therapy Compact. (Accessed Sep. 2018).*

Tennessee may issue telemedicine licenses to board-certified physicians from out of state (although not required to do so).

Source: *TN Code Annotated Sec. 63-6-209(b).*

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. (Accessed Sep. 2018).*

The TN Osteopathic Board will still issue a telemedicine license.

Source: *TN Rule Annotated, Rule 1050.02.17. (Accessed Sep. 2018).*

Miscellaneous

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."

Initial and subsequent examinations by dentists may be performed via teledentistry technology.

Source: *TN Code Annotated 63-5-108. SB 1214 (2016). (Accessed Sep. 2018).*

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. (Accessed Sep. 2018).*

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Texas

Medicaid Program: Texas Medicaid

Program Administrator: Texas Health and Human Services Commission

Regional Telehealth Resource Center: TexLa Telehealth Resource Center

Covers the States of: Louisiana and Texas

http://www.texlatrc.org

Medicaid Telehealth Reimbursement

Summary

Texas Medicaid reimburses for live video and store-and-forward in some circumstances. Home telemonitoring is reimbursable for some conditions when a provider is approved to deliver those services.

Definitions

"Telehealth service" means a health service, other than a telemedicine medical service, that is delivered by a licensed or certified health professional acting within the scope of the health professional's license or certification who does not perform a telemedicine medical service and that requires the use of advanced telecommunications technology, other than telephone or facsimile technology, including:

- Compressed digital interactive video, audio, or data transmission;
- Clinical data transmission using computer imaging by way of still-image capture and store-and-forward; and
- Other technology that facilitates access to health care services or medical specialty expertise.

Source: *TX Admin. Code, Title 1 Sec. 354.1430(10) & TX Medicaid Telecommunication Services Handbook, pg. 9, (Accessed Sept. 2018).*

"Telehealth Service" means a health service, other than a telemedicine medical service, delivered by a health professional licensed, certified, or otherwise entitled to practice in this state and acting within the scope of the health professional's license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology.

Source: *TX Government Code, Sec. 531.001(7). (Accessed Sept. 2018).*

Telemedicine is defined as a health-care service that is either initiated by a physician who is licensed to practice medicine in Texas or provided by a health professional who is acting under physician delegation and supervision. Telemedicine is provided for the purpose of the following:

- Client assessment by a health professional
- Diagnosis, consultation or treatment by a physician
- Transfer of medical data that requires the use of advanced telecommunications technology, other than telephone or facsimile, including the following: (1) Compressed digital interactive video, audio or data transmission, (2) clinical data transmission using computer imaging by way of still-image and store-and-forward; and (3) Other technology that facilitates access to health-care services or medical specialty expertise.

Source: *TX Admin. Code, Title 1 Sec. 354.1430(10) & TX Medicaid Telecommunication Services Handbook, pg. 5, (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Definitions

"Telemedicine medical service" means a health care service that is initiated by a physician or provided by a health professional acting under physician delegation and supervision, that is provided for purposes of patient assessment by a health professional, diagnosis or consultation by a physician, or treatment, or for the transfer of medical data, and that requires the use of advanced telecommunications technology, other than telephone or facsimile technology, including:

- Compressed digital interactive video, audio, or data transmission;
- Clinical data transmission using computer imaging by way of still-image capture and store-and-forward; and
- Other technology that facilitates access to health care services or medical specialty expertise.

Source: *TX Admin. Code, Title 1 Sec. 354.1430 (11). (Accessed Sept. 2018).*

"Telemedicine medical service" means a health care service delivered by a physician licensed in this state, or a health professional acting under the delegation and supervision of a physician licensed in this state, and acting within the scope of the physician's or health professional's license to a patient at a different location than the physician or health professional using telecommunications or information technology.

Source: *Source: TX Government Code, Sec. 531.001(8). (Accessed Sept. 2018).*

Home telemonitoring is "a health service that requires scheduled remote monitoring of data related to a patient's health and transmission of the data to a licensed home health agency or a hospital".

Source: *TX Government Code, Sec. 531.001(4-a). (Accessed Sept. 2018).*

Telemedicine medical services are defined as healthcare services delivered by a physician licensed in Texas; and health care services delivered by a health professional acting within the scope of the physician's or health professional's license to a patient at a different location than the physician or health professional using telecommunications or information technology.

Telehealth services are defined as health-care services, other than telemedicine medical services, delivered by a health professional licensed, certified or otherwise entitled to practice in Texas and acting within the scope of the health professional's license, certification or entitlement to a patient at a different physical location other than the health professional using telecommunications or information technology.

Source: *Telemedicine and Telehealth Services Benefit Policy Update. Effective Oct. 1, 2018. Information provided Aug. 17, 2018. (Accessed Sept. 2018).*

Live Video

Policy

Synchronous audiovisual interaction is reimbursable under Texas Medicaid.

Source: *Telemedicine and Telehealth Services Benefit Policy Update. Effective Oct. 1, 2018. Information provided Aug. 17, 2018. (Accessed Sept. 2018).*

Provider reimbursement for telemedicine services must be in the same manner as in-person services.

Source: *TX Admin. Code, Title 1 Sec. 355.7001. (Accessed Sept. 2018).*

Telemedicine: Texas health and human services agencies that administer a part of Medicaid are required to provide Medicaid reimbursement for a telemedicine service initiated or provided by a physician. Reimbursement is provided only for a telemedicine medical service initiated or provided by a physician.

Telemedicine services may not be required if an in-person consultation with a physician is reasonably available where the patient resides or works.

Telemedicine providers must make a good-faith effort to identify and coordinate with existing providers, to preserve and protect existing health care systems and medical relationships in an area.

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Medicaid Telehealth Reimbursement

Live Video

Policy

With patient consent, the primary care provider must be notified of the telemedicine medical service for the purpose of sharing medical information. The notification must include a summary of the service, including exam findings, prescribed or administered medications, and patient instructions. If the patient is seen in a school-based setting and does not have a primary care provider, the patient's parent or legal guardian must receive the notification.

Medicaid reimbursement is provided to a physician for a telemedicine medical service provided by the physician, even if the physician is not the patient's primary care physician or provider, if:

- The physician is an authorized health care provider under Medicaid;
- The patient is a child who receives the services in a primary or secondary school-based setting;
- The parent or legal guardian of the patient provides consent before the services is provided; and
- A health professional is present with the patient during the treatment.

Source: *TX Govt. Code Sec. 531.0217. (Accessed Sept. 2018).*

For new conditions, the patient site presenter must be readily available (in the same room or in a proximity determined by the professional providing the telemedicine service) on site at the established medical site to assist with care. Patient site presenter not required for mental health services (except in cases of behavioral emergencies).

Source: *TX Medicaid Telecommunication Services Handbook, pg. 7. (Accessed Sept. 2018).*

See provider manual for special rules for Texas Health Steps program.

Telehealth: Before receiving a telehealth service, the patient must receive an initial evaluation for the same diagnosis or condition by a physician or other qualified healthcare professional licensed in Texas which can be performed in-person or as a telemedicine visit that conforms to 22 TAC Ch. 174. A patient receiving telehealth services must be evaluated annually by a physician or other healthcare professional (in-person or via a telemedicine visit) to determine if the patient has a continued need for the service. Exception for patients receiving telehealth services to treat a mental health diagnosis or condition.

Source: *TX Admin. Code, Title 1, Sec. 354.1432 & TX Medicaid Telecommunication Services Handbook, pg. 9 (Accessed Sept. 2018).*

Eligible Services / Specialties

Telemedicine
Texas Medicaid reimburses for live video for the following services provided through telemedicine:

- Consultations;
- Office or other outpatient visits;
- Psychiatric diagnostic interviews;
- Pharmacologic management;
- Psychotherapy;
- Data transmission;
- Supportive encounters for persons with intellectual disabilities or related conditions.

Source: *TX Admin. Code, Title 1, Sec. 354.1432. & TX Medicaid Behavioral Health and Case Management Svcs. Handbook, p. 36, (Sep. 2018). (Accessed Sept. 2018).*

Telehealth
Texas Medicaid reimburses for live video for codes specified in the TX Medicaid Provider Procedures Manual. See individual manuals for reimbursable services provided through telehealth.

More than one medically necessary telemedicine or telehealth service may be reimbursed for the same date and same place of service if the services are billed by providers of different specialties.

Source: *TX Medicaid Telecommunication Services Handbook, pg. 4, (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

Telemedicine eligible distant site providers:

- Physician
- Certified Nutrition Specialist (CNS)
- Nurse Practitioner (NP)
- Advanced Practice Registered Nurse (APRNs)
- Physician Assistant (PA)
- Certified Nurse Midwife (CNM)

A distant site provider is the physician, or PA, NP or CNS who is supervised by and has delegated authority from a licensed Texas physician who uses telemedicine to provide health care services in Texas. Hospitals may also serve as the distant site provider.

Source: *TX Medicaid Telecommunication Services Handbook, pg. 6. (Accessed Sept. 2018). & TX Admin Code. Title 1, Sec. 354.7001.*

Telehealth eligible distant site providers:

- Licensed professional counselors
- Licensed marriage and family therapist (LMFT)
- Licensed clinical social worker (LCSW)
- Licensed psychologist
- Licensed psychological associate
- Provisionally licensed psychologist
- Licensed dietician
- Durable medical equipment suppliers

Source: *TX Medicaid Telecommunication Services Handbook, pg. 10, (Accessed Sept. 2018). & TX Admin Code. Title 1, Sec. 355.7001.*

A distant site provider is a physician, physician assistant, nurse practitioner, or clinical nurse specialist who is supervised and has delegated authority from a licensed Texas physician.

Source: *Telemedicine and Telehealth Services Benefit Policy Update. Effective Oct. 1, 2018. Information provided Aug. 17, 2018. (Accessed Sept. 2018).*

Eligible Sites

Telemedicine/Telehealth eligible originating (patient) sites:

- An established medical site
- A state mental health facility
- State supported living centers.

A patient's home is not an established medical site, except when services are limited to mental health services delivered through telemedicine. For medical services the following requirements must be met to be provided in the clients' home:

- A patient site presenter is present
- There is a defined physician-client relationship
- The technology is adequate to allow for a real time physical exam
- The physical exam is held to the same standards as in the traditional medical setting.

Source: *TX Medicaid Telecommunication Services Handbook, pg. 7-8 & 11, (Accessed Sept. 2018). TX Admin. Code, Title 1, Sec. 354.1432.*

TX Medicaid is required to reimburse school districts or open enrollment charter schools for telehealth services delivered by a health professional even if the specialist is not the patient's primary care provider if the school district or charter school is an authorized health care provider under Medicaid and the parent or guardian of the patient consents.

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Eligible Sites

A health professional is defined as:

- Licensed social worker, occupational therapist or speech language pathologist
- Licensed professional counselor
- Licensed marriage and family therapist
- Licensed specialist in school psychology.

Source: *TX Government Code Sec. 531.02171.*

Services may take place in a school-based setting if:

- The physician is an authorized health care provider under Medicaid;
- The patient is a child who receives the service in a primary or secondary school-based setting;
- The parent or legal guardian of the patient provides consent before the service is provided; and
- A health professional is present with the patient during treatment.

Source: *TX Bill HB 1878(2015); TX Admin. Code, Title 1, Sec. 355.7001; & TX Admin. Code, Title 1, Sec. 354.1432. (Accessed Sept. 2018).*

A patient's home may be the patient site for telemedicine medical services or telehealth services. Patient site presenters must be enrolled in Texas Medicaid to be eligible for reimbursement for the patient site facility fee for telemedicine medical services.

The use of telemedicine medical services within intermediate care facilities for individuals with intellectual disabilities and/or State Supported Living Centers is subject to the policies established by HHSC.

Source: *Telemedicine and Telehealth Services Benefit Policy Update. Effective Oct. 1, 2018. Information provided Aug. 17, 2018. (Accessed Sept. 2018).*

Other Sites
For telemedicine medical services that are provided at a site other than an established medical site, the following apply:

- Patient-site presenters are not required for pre-existing conditions previously diagnosed by a physician through a face-to-face visit
- All clients must be seen by a physician for an in-person evaluation at least once a year
- Telemedicine medical services may not be used to treat chronic pain with scheduled drugs

A distant site provider may treat an established client's new symptoms that are unrelated to the patient's pre-existing condition, however the client must be advised to see a physician face-to-face within 72 hours. They cannot continue to be treated if they have not seen a physician within 72 hours.

A distant site provider who provides telemedicine services at a site other than an established medical site for a previously diagnosed medical condition must:

- See the client one time in a face-to-face visit before providing telemedicine medical care.
- See the client without an initial face-to-face visit as long as the client has received an in-person evaluation by another physician who has referred the client for additional care and the referral is documented in the medical record.

Source: *TX Medicaid Telecommunication Services Handbook, pg. 8-9, (Accessed Sept. 2018).*

Geographic Limits

No reference found.

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Medicaid Telehealth Reimbursement		
Live Video	Facility/Transmission Fee	Telemedicine patient site locations are reimbursed a facility fee. It is not a benefit if the patient location is the client's home. **Source:** *TX Admin. Code, Title 1 Sec. 355.7001 & TX Medicaid Telecommunication Services Handbook, pg. 7 (Accessed Sept. 2018).* There is distant-site physician reimbursement for assessment and evaluation office visit if the medical condition, illness, or injury for which the patient is receiving the service is not likely, within a reasonable degree of medical certainty, to undergo material deterioration within the 30-day period following the visit. **Source:** *TX Govt. Code Sec. 531.0217(c-1).* Patient site providers must be enrolled in Texas Medicaid to be eligible for reimbursement for the patient site facility fee.
Store-and-Forward	Policy	Asynchronous store-and-forward technology, including asynchronous store-and-forward technology in conjunction with synchronous audio interaction between the distant site provider and the patient in another location is reimbursable under Texas Medicaid. The distant site provider would need to use one of the following: • Clinically relevant photographic or video images, including diagnostic images • The patient's relevant medical records, such as medical history, laboratory and pathology results, and prescriptive histories • Other forms of audiovisual telecommunication technologies that allow the distant site provider to meet the in-person visit standard of care **Source:** *Telemedicine and Telehealth Services Benefit Policy Update. Effective Oct. 1, 2018. Information provided Aug. 17, 2018. (Accessed Sept. 2018).* TX Medicaid Manual states that telemedicine and telehealth services only "involve direct face-to-face interactive video communication between the client and the distant-site provider." **Source:** *TX Medicaid Telecommunication Services Handbook, pg. 4, (Accessed Sept. 2018).* TX Administrative Code the Medicaid Telecommunications Services Handbook include definitions of "Telemedicine Medical Service," "Telehealth Services" and "Telemedicine" which encompasses store-and-forward, stating that it includes "clinical data transmission using computer imaging by way of still-image capture and store-and-forward". **Source:** *TX Admin. Code, Title 1 Sec. 354.1430(10) & TX Medicaid Telecommunication Services Handbook, pg. 5 & 9, (Accessed Sept. 2018).* Provider reimbursement must be the same as in-person services. **Source:** *TX Admin. Code, Title 1 Sec. 355.7001. (Accessed Sept. 2018).*
	Eligible Services/Specialties	No reference found.

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	Texas Medicaid will reimburse for home telemonitoring in the same manner as their other professional services provided by a home health agency. **Source:** *TX Admin Code, Title 1, Sec. 355.7001(3)(e). (Accessed Sept. 2018).* Online evaluation and management for home telemonitoring services is a benefit in the office or outpatient hospital setting when services are provided by a nurse practitioner, clinical nurse specialist, physician assistant or physician provider. Scheduled periodic reporting of client data is required by a registered nurse, nurse practitioner, clinical nurse specialist, or physician assistant who is responsible for reporting data to the prescribing physician even when there have been no readings outside the parameters established in the physician's orders. The procedure code is limited to once per seven days. Scheduled periodic reporting of client data to the physician is required. Setup and daily monitoring is reimbursed when provided by a home health agency or outpatient hospital. There must be prior authorization from TX Medicaid for home telemonitoring. Clients must be diagnosed with diabetes or hypertension and exhibit two or more risk factors (see regulations). **Source:** *TX Medicaid Telecommunication Services Handbook, pg. 11-14, (Accessed Sept. 2018).* The home health agency must maintain extensive documentation in the patient's medical record. Daily home monitoring is a benefit when services are provided by a home health agency or an outpatient hospital and is available for up to 60 days per prior authorization request. **Source:** *TX Medicaid Telecommunication Services Handbook, pg. 12-14, (Accessed Sept. 2018).* Notwithstanding any other law, providers may not receive reimbursement under Medicaid for the provision of home telemonitoring services on or after September 1, 2019. **Source:** *TX Government Code. Sec. 531.02176. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Remote Patient Monitoring

Conditions

Home Telemonitoring is available only to patients who:

- Are diagnosed with diabetes, hypertension; or
- When it is determined by Texas Health and Human Services Commission to be cost effective and feasible the following conditions are also included: pregnancy, heart disease, cancer, chronic obstructive pulmonary disease, congestive heart failure, mental illness, asthma, myocardial infarction or stroke.

Source: *TX Admin Code. Title 1, Sec. 354.1434 & TX Medicaid Telecommunication Services Handbook, pg. 9, & TX Government Code Sec. 531.02164. (Accessed Sept. 2018).*

Provider Limitations

Providers must be enrolled and approved as home telemonitoring services providers.

Source: *TX Admin Code. Title 1, Sec. 354.1434 & TX Medicaid Telecommunication Services Handbook, pg. 3 & 12, (Accessed Sept. 2018).*

Other Restrictions

Patients that meet the condition criteria must exhibit two or more of the following risk factors:

- Two or more hospitalizations in the prior 12-month period;
- Frequent or recurrent emergency room admissions;
- A documented history of poor adherence to ordered medication regimens;
- A documented history of falls in the prior six-month period;
- Limited or absent informal support system;
- Living alone or being home alone for extended periods of time; and
- A documented history of care access challenges.

Source: *TX Admin Code. Title 1, Sec. 354.1434 & TX Medicaid Telecommunication Services Handbook, pg. 12-13, (Accessed Sept. 2018).*

Email / Phone / Fax

No reimbursement for email.
No reimbursement for telephone.
No reimbursement for FAX.
No reimbursement for chart review.

Source: *TX Medicaid Telecommunication Services Handbook, pg. 4, (Accessed Sept. 2018).*

TX Medicaid managed care organizations are not required to provide reimbursement for telemedicine medical services that are provided through only synchronous or asynchronous audio interactions including telephone, email and facsimile, although they may optionally do so.

Source: *Telemedicine and Telehealth Services Benefit Policy Update. Effective Oct. 1, 2018. Information provided Aug. 17, 2018. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Consent

Written or verbal consent must be obtained to allow any other individual (besides the distant site provider, patient site presenter or representative) to be present during a telemedicine or telehealth visit.

A good faith effort must be made to obtain written acknowledgement of notification of privacy practices, when communicating via email or other electronic method.

Before providing services, distant site providers who use telemedicine medical services must give their clients notice regarding telemedicine medical services, including the risks and benefits of being treated via telemedicine, how to receive follow-up care or assistance in the event of an adverse reaction to the treatment or in the event of an inability to communicate as a result of a technological or equipment failure. A signed and dated notice, including an electronic acknowledgment, by the client establishes a presumption of notice.

Source: *TX Medicaid Telecommunication Services Handbook, pg. 5-6 (Accessed Sept. 2018).*

The distant site must obtain informed consent.

A parent must provide written or verbal consent to the distant site provider to allow any other individual, other than the health professional as required by Texas Government Code §531.0217(c-4)(4) for school-based telemedicine medical services, to be physically present in the distant or patient site environment during a telemedicine medical service with a child.

Source: *Telemedicine and Telehealth Services Benefit Policy Update. Effective Oct. 1, 2018. Information provided Aug. 17, 2018. (Accessed Sept. 2018).*

Out of State Providers

An out-of-state physician who is a distant site provider may provide episodic telemedicine medical services without a Texas medical license as outlined in Texas Statute and Regulation.

Distant site providers that provide mental health services must be appropriately licensed or certified in Texas or be a qualified mental health professional community services (QMP-CS).

Source: *Telemedicine and Telehealth Services Benefit Policy Update. Effective Oct. 1, 2018. Information provided Aug. 17, 2018. (Accessed Sept. 2018).*

Miscellaneous

Telemedicine medical services provided at an established medical site may be used for all client visits, including evaluations to establish a defined physician-client relationship between a distant site provider and a client.

Source: *TX Medicaid Telecommunication Services Handbook, pg. 7, (Accessed Sept. 2018).*

Children's Health Insurance Program
Allows reimbursement for live video telemedicine and telehealth services to children with special health care needs.

Source: *TX Govt. Code Sec. 531.02162. (Accessed Sept. 2018).*

Must use the "95" modifier for telemedicine/telehealth services (except for services that already indicate remote delivery in the description). See manual for codes that can be billed with the "95" modifier.

Source: *TX Medicaid Telecommunication Services Handbook, pg. 6 (Accessed Sept. 2018).*

The software system used by the distant site and originating site (when patient presenter is used) must allow secure authentication of the distant site provider and the client.

See provider manual for other information security and documentation requirements.

Source: *TX Medicaid Telecommunication Services Handbook, pg. 5 (Accessed Sept. 2018).*

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Fees for telemedicine, telehealth and home telemonitoring services are adjusted within available funding.

Source: *TX Admin Code. 355.7001. (Accessed Sept. 2018).*

Telehealth eligible originating site presenter:

- An individual who is licensed or certified in Texas to perform health care services
- A qualified mental health professional

A telepresenter is required at the originating site for both telemedicine and telehealth, unless the services relate to mental health. In that situation a patient-site presenter does not have to be readily available unless the client is in a danger to himself/herself or others.

Source: *TX Medicaid Telecommunication Services Handbook, pg. 7-8 (Accessed Sept. 2018).*

A valid practitioner-patient relationship must exist between the distant site provider and patient. The relationship exists if the distant site provider meets the same standard of care required for an in-person service. A relationship is established through in-person services, through telemedicine medical services that meets the delivery modality requirements in TX Occupations Code Sec. 111.005(a)(3); or through the current telemedicine medical service. The relationship can be established through a call coverage agreement established in accordance with the Texas Medical Board rules.

Distant site providers should provide patients with written notification of the physician's privacy practices as well as guidance on appropriate follow-up care.

A distant site provider may issue a valid prescription as part of a telemedicine medical service. If it is for a controlled substance, further requirements apply.

All patient health information generated or utilized during a telemedicine medical service must be stored by the distant site provider in a patient health record. If the distant site provider stores the patient health information in an electronic health record, the provider should use software that complies with Health Insurance Portability and Accountability Act (HIPAA) confidentiality and data encryption requirements, as well as with HHS rules implementing HIPAA.

Documentation for a service provided via telemedicine must be the same as for a comparable in-person service.

If a patient has a primary care provider who is not the distant site provider and the patient or their parent or legal guardian provides consent to a release of information, a distant site provider must provide the patient's primary care provider with the following information:

- A medical record or report with an explanation of the treatment provided by the distant site provider
- The distant site provider's evaluation, analysis, or diagnosis of the patient

Unless the telemedicine medical services are rendered to a child in a school-based setting, distant site providers of mental health services are not required to provide the patient's primary care provider with a treatment summary. For telemedicine medical services provided to a child in a school-based setting, a notification provided by the telemedicine medical services physician to the child's primary care provider must include a summary of the service, exam findings, prescribed or administered medications, and patient instructions.

Source: *Telemedicine and Telehealth Services Benefit Policy Update. Effective Oct. 1, 2018. Information provided Aug. 17, 2018. (Accessed Sept. 2018).*

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Private Payer Laws

Definitions

"Telehealth service" means a health service, other than a telemedicine medical service, delivered by a health professional licensed, certified, or otherwise entitled to practice in this state and acting within the scope of the health professional's license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology.

"Telemedicine medical service" means a health care service delivered by a physician licensed in this state, or a health professional acting under the delegation and supervision of a physician licensed in this state, and acting within the scope of the physician's or health professional's license to a patient at a different physical location than the physician or health professional using telecommunications or information technology.

Source: *TX Insurance Code 1455.001. (Accessed Sept. 2018).*

Requirements

Each issuer of a health benefit plan must adopt and display in a conspicuous manner on their website the policies and payment practices for telemedicine medical services and telehealth services. They, however, are not required to list payment rates.

Source: *TX Insurance Code 1455.0006. (Accessed Sept. 2018).*

Worker's Compensation
A health care provider must bill for telemedicine and telehealth services according to Medicare payment policies as defined in Section 134.203 in the Texas Administrative Code; and provisions of the Texas Administrative Code, Insurance Title. A health care provider may bill and be reimbursed or telemedicine or telehealth services regardless of where the injured employee is located at the time the telemedicine or telehealth services are provided.

Source: *28 TAC 2.133. (Accessed Sept. 2018).*

Parity

Service Parity

Prohibits a health benefit plan from excluding from coverage a service delivered as a telemedicine medical service or a telehealth service solely because the service is not provided in-person. A health plan is not required to provide coverage for services provided by only synchronous or asynchronous audio interaction including audio-only telephone; email or facsimile.

Source: *TX Insurance Code 1455.004 & .005 (SB 1107 – 2017). (Accessed Sept. 2018).*

Payment Parity

A health plan may require a deductible, a copayment, or coinsurance for a covered health care service or procedure delivered as a telemedicine medical service or a telehealth service, however the amount of the deductible, copayment or coinsurance may not exceed the amount of the deductible, copayment, or coinsurance required for the same service provided through an in-person consultation.

Source: *TX Insurance Code Sec. 1455.00(b)4. (Accessed Sept. 2018).*

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Professional Regulation/Health & Safety

Definitions

Telehealth service means a health service, other than a telemedicine medical service, delivered by a health professional licensed, certified, or otherwise entitled to practice in this state and acting within the scope of the health professional's license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology.

Telemedicine service means a health care service delivered by a physician licensed in this state, or a health professional acting under the delegation and supervision of a physician licensed in this state, and acting within the scope of the physician's or health professional's license to a patient at a different physical location than the physician or health professional using telecommunications or information technology.

Source: *TX Occupations Code 111.001 (SB 1107 – 2017). (Accessed Sept. 2018).*

Speech-Language Pathology and Audiology
Telehealth is "the use of telecommunications and information technologies for the exchange of information from one site to another for the provision of speech-language pathology or audiology services to to a client from a provider."

Telehealth services--The application of telecommunication technology to deliver speech-language pathology and/or audiology services at a distance for assessment, intervention, and/or consultation.

Telepractice--The use of telecommunications technology by a license holder for an assessment, intervention, or consultation regarding a speech-language pathology or audiology client.

Telepractice services--The rendering of audiology and/or speech-language pathology services through telepractice to a client who is physically located at a site other than the site where the provider is located.

Source: *TX Admin. Code, Title 40 Ch. 16 Sec. 111.120. (Accessed Sept. 2018).*

Occupational Therapy
Telehealth is a "mode of service delivery for the provision of occupational therapy services delivered by an occupational therapy practitioner to a client at a different physical location using telecommunications or information technology. Telehealth refers only to the practice of occupational therapy by occupational therapy practitioners who are licensed by this Board with clients who are located in Texas at the time of the provision of occupational therapy services. Also may be known as other terms including but not limited to telepractice, telecare, telerehabilitation, and e-health services."

Source: *TX Admin. Code, Title 40 Sec. 362.1(39). (Accessed Sept. 2018).*

Consent

Consent required prior to telemedicine or telehealth services.

Either originating or distant site health professionals shall obtain this consent.

For a child receiving telemedicine services in a primary school-based setting, advance parent or legal guardian consent must be obtained.

Source: *TX Occupational Code Sec. 111.002. & TX Admin. Code, Title 1, Sec. 354.1432. (2016). (Accessed Sept. 2018).*

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A valid practitioner-patient relationship is present between a practitioner providing a telemedicine medical service and a patient receiving the telemedicine medical service as long as the practitioner complies with the same standard of care as would apply in an in-person setting, and complies with one of the following scenarios:

- Has a preexisting practitioner-patient relationship with the patient established;
- Communicates, regardless of the method of communication, with the patient pursuant to a call coverage agreement established in accordance with Texas Medical Board rules with a physician requesting coverage of medical care for the patient; or
- Provides the telemedicine medical services through the use of one of the following methods, as long as the practitioner complies with follow-up requirements and the method allows the practitioner to have access to the relevant clinical information that would be required to meet the standard of care.
    - Synchronous audiovisual interaction
    - Asynchronous store-and-forward technology, including in conjunction with synchronous audio interaction, as long as practitioner uses relevant clinical information from clinically relevant photographic or video images, or the patient's relevant medical records
    - Another form of audiovisual telecommunication technology that allows the practitioner to comply with the appropriate standard of care

A practitioner who provides telemedicine medical services to a patient shall provide the patient with guidance on appropriate follow up care and with the patient's consent, forward the report of the encounter to the patient's primary care physician within 72 hours.

A practitioner-patient relationship is not present for purposes of prescribing an abortifacient or other drug or device to terminate a pregnancy.

The Texas Medical Board, Texas Board of Nursing, Texas Physician Assistant Board and the Texas Pharmacy Board are required to adopt joint rules that establish the determination of a valid prescription, which must allow for the establishment of the practitioner-patient relationship through telemedicine if it meets the standards outlined above.

This section does not apply to mental health services.

Source: *TX Occupations Code 111.005-.008 (SB 1107 – 2017). (Accessed Sept. 2018).*

A valid prescription must be issued for a legitimate medical purpose and meet all other applicable laws before prescribing.

Treatment of chronic pain with scheduled drugs through use of telemedicine is prohibited unless otherwise allowed under federal and state law. Treatment of acute pain with scheduled drugs through telemedicine is allowed unless otherwise prohibited under federal and state law.

Source: *TX Admin. Code, Title 22, Part 9, Ch. 174.5. (Accessed Sept. 2018).*

Establishing a practitioner-patient relationship is not required for prescription of sexually transmitted disease for partners of the physician's established patient, if the physician determines that the patient may have been infected; or drugs or vaccines for after close contact with an infectious disease.

Source: *TX Admin. Code, Title 22, Part 9, Ch. 190.8(1)(L). (Accessed Sept. 2018).*

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Professional Regulation/Health & Safety

Cross-State Licensing

A telemedicine license may be issued for out of state providers.

Source: *TX Admin. Code, Title 22, Sec. 172.12 & TX Occupation Code Section 151.056. (Accessed Sept. 2018).*

An out-of-state physician may provide episodic consultation without a TX medical license.

Source: *TX Admin. Code, Title 22, Part 9, Ch. 174.*

Texas adopted the Nurses Licensure Compact.

Source: *Current NLC States & Status. Nurse Licensure Compact. (Accessed Sept. 2018).*

Texas adopted the Physical Therapy Compact.

Source: *Compact Map. Physical Therapy Compact. (Accessed Sept. 2018).*

Miscellaneous

Professional Board Telehealth-Specific Regulations

- TX Medical Board (**Source:** *TX Admin. Code, Title 22, Part 9, Ch. 174*).
- TX Board of Speech Pathology and Audiology (**Source:** *TX Admin. Code, Ch. 16 Sec. 111.120*).
- TX Board of Occupational Therapy Examiners (**Source:** *TX Admin. Code, Title 40, Ch. 372.1*)

An e-Health Advisory Committee was established under TX Government Code Section 531.012 and is comprised of 15 members, including:

- At least one expert on telemedicine
- At least one expert on home telemonitoring services
- At least one representative of consumers of health services provided through telemedicine.

Source: *TX Admin. Code, Title 1, Sec. 351.823. (2016). (Accessed Sept. 2018).*

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Utah

Medicaid Program: Utah Medicaid

Program Administrator: Utah Department of Health

Regional Telehealth Resource Center: Northwest Regional Telehealth Resource Center & Southwest Telehealth Resource Center

Northwest Regional TRC Covers the States of: Alaska, Idaho, Montana, Oregon, Utah, Washington, and Wyoming

Southwest Regional TRC Covers the States of: Arizona, Colorado, Nevada, New Mexico, and Utah

https://www.nrtrc.org

http://www.southwesttrc.org

Medicaid Telehealth Reimbursement

Summary

Utah Medicaid reimburses for live video. Store-and-forward is not reimbursable as telehealth is required to be a "two-way, real time interactive connection." Home telemetry for outpatient long-term cardiac monitoring is allowable with prior authorization under certain conditions.

Modifier GT is required.

Services with the GQ modifier (indicating asynchronous) is not covered.

Source: *Utah Medicaid Provider Manual: Section I: General Information, p. 44 (Jul. 2018). (Accessed Sep. 2018).*

Providers should use Place of Service code 02 when delivering services from a distance.

Source: *UT Medicaid Provider Bulletin. Oct. 2017. (Accessed Sept. 2018.)*

Definitions

Telemedicine "is two-way, real-time interactive communication between the member and the physician or authorized provider at the distant site. This electronic communication uses interactive telecommunications equipment that includes, at a minimum, audio and video equipment."

Source: *Utah Medicaid Provider Manual: Section I: General Information, p. 43 (Jul. 2018). (Accessed Sep. 2018) & R414-42-1.*

Home Health Services
Telehealth or Telemedicine is a technological method of providing auditory and visual connection between the skilled home health care nurse at a Telehealth site and the patient living in a rural Utah area.

Source: *Utah Medicaid Provider Manual: Home Health Agencies, p. 16 (Aug. 2017). (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

Providers are eligible for reimbursement under Utah's Medical Assistance Program.

Source: *UT Code Annotated Sec. 26-18-13.*

Utah Medicaid covers medically appropriate services delivered via telemedicine.

Limitations:

- Must be HIPAA compliant
- Must comply with Utah Health Information Network Standards for Telehealth

Source: *Utah Medicaid Provider Manual: Section I: General Information, p. 44 (Jul. 2018). (Accessed Sep. 2018).*

Covered services may be delivered by means of telemedicine, as clinically appropriate, including consultation, evaluation and management services, mental health services, substance use disorder services and telepsychiatric consultations. Must comply with Utah Health Information Network standards for telehealth.

The Department pays the lesser of the amount billed or the rate on the fee schedule.

Source: *UT Admin. Code R414-42-3.*

Eligible Services / Specialties

Eligible services include but are not limited to:

- Consultation services
- Evaluation and management services
- Mental health services
- Substance use disorder services
- Telepsychiatric consultations

See manual for high level list of services that can be delivered via telemedicine.

Rural health clinic and federally qualified health clinic services may be delivered via telemedicine.

Source: *Utah Medicaid Provider Manual: Section I: General Information, p. 44-45 (Jul. 2018). (Accessed Sep. 2018).*

The Medicaid program is required to reimburse for personal mental health therapy office visits provided through telemedicine services and telepsychiatric consultations at a rate set by the Medicaid program (includes managed care plans). Also see Misc. section.

Source: *UT Code 26-18-13.5.*

Telepsychiatric consultations between a physician and a board-certified psychiatrist are a covered service. See Medicaid Information Bulletin for specific CPT codes to bill.

Source: *Medicaid Information Bulletin. Jul. 2018. Sec. 18-67.*

Eligible Providers

Rural health clinic and federally qualified health clinic services may be delivered via telemedicine.

Source: *Utah Medicaid Provider Manual: Section I: General Information, p. 44-45 (Jul. 2018). (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement		
Live Video	Eligible Sites	No reference found.
	Geographic Limits	No reference found.
	Facility/Transmission Fee	The provider at the originating site receives no additional reimbursement for the use of telemedicine. **Source:** *Utah Medicaid Provider Manual: Section I: General Information, p. 44 (Jul. 2018). (Accessed Sep. 2018) & R414-42.*
Store-and-Forward	Policy	Utah Medicaid defines telemedicine as “two-way, real time interactive communication” excluding store-and-forward from the definition. **Source:** *Utah Medicaid Provider Manual: Section I: General Information, p. 44 (Jul. 2018). (Accessed Sep. 2018).*
	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	Bulletin indicates The Skilled Nursing Pilot Project has been removed from manual, however it is still listed in the Home Health Services manual, as of their last update in Aug. 2017. See Home Health Services Manual for details. **Source:** *Medicaid Information Bulletin January 2018 & Home Health Services Manual, Aug. 2017. (Accessed Sept. 2018).* Home telemetry for outpatient long-term cardiac monitoring is allowed with prior authorization. Criteria include: • Must be ordered by a neurologist • Member must have had a stroke or TIA with no identifiable cause • Member should have already had 24-hour monitoring done previously • Member should not be currently taking anti-coagulated or Warfarin for any other reason • Member should not have a known contraindication for Warfarin • Outpatient long-term cardiac monitoring may only be authorized for the 30-day test • Data from the test must be reviewed and interpreted by a cardiologist **Source:** *Utah Medicaid Provider Manual: Physician Manual, p. 19 (Jul. 2018). (Accessed Sept. 2018).*
	Conditions	Only for patients with a long-term cardiac health issue. **Source:** *Utah Medicaid Provider Manual: Physician Manual, p. 19 (Jul. 2018). (Accessed Sept. 2018).*
	Provider Limitations	Test must be ordered by a neurologist and reviewed and interpreted by a cardiologist. **Source:** *Utah Medicaid Provider Manual: Physician Manual, p. 19 (Jul. 2018). (Accessed Sept. 2018).*
	Other Restrictions	No reference found.

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Medicaid Telehealth Reimbursement	Email / Phone / Fax	No reference found.
	Consent	No reference found.
	Out of State Providers	No reference found.
	Miscellaneous	No reference found.
Private Payer Laws	Definitions	"Digital health service means the electronic transfer, exchange, or management of related data for diagnosis, treatment, consultation, educational, public health, or other related purposes." **Source:** *UT Code, 26-9f-102.* "Telehealth services" means the transmission of health-related services or information through the use of electronic communication or information technology. "Telemedicine services" means telehealth services including: • Clinical care; • Health education; • Health administration; • Home health; or • Facilitation of self-managed care and caregiver support; and… Must be provided by a provider to a patient through a method of communication that: • Uses asynchronous store-and-forward transfer; or • Uses synchronous interaction; and… Meets industry security and privacy standards, including compliance with: • The federal Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, 110 Stat. 1936, as amended; and • The federal Health Information Technology for Economic and Clinical Health Act, Pub. L. No. 111-5, 123 Stat. 226, 467, as amended. **Source:** *Utah Code, 26-60-102.*

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Private Payer Laws

Requirements

All health insurance plans must disclose whether the insurer provides coverage for telehealth services in accordance with section 26-18-13.5 and terms associated with that coverage.

Source: *UT Code 31A-22-613.5.*

Recently Passed Legislation (Effective: Jan. 1, 2019)
A health benefit plan that offers coverage for mental health services shall:

- Provide coverage for telepsychiatric consultation during or after an initial visit between the patient and a referring in-network physician;
- Provide coverage for a telepsychiatric consultation from an out-of-network board certified psychiatrist if the consultant is not made available to a physician within seven business days after the initial request is made by an in-network provider; and
- Reimburse for the services at the equivalent of the in-network or out-of-network rate set by the benefit plan after taking into account cost-sharing that may be required under the health benefit plan.

An insurer can also meet the requirement to cover telepsychiatric consultation for a patient by providing coverage for behavioral health treatment (see statute for details).

Source: *UT Code, 31A-22-647 (HB 139 – 2018).*

Parity

Service Parity

No service parity.

Payment Parity

No reference found.

Professional Regulation/Health & Safety

Definitions

No reference found.

Consent

No reference found.

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Professional Regulation/Health & Safety

Online Prescribing

Before providing treatment or prescribing a prescription drug, provider must:

- Obtain and document patient's relevant clinical history and current symptoms

Source: *UT Code, 26-60-103.*

Providers must first obtain information in the usual course of professional practice that is sufficient to establish a diagnosis, to identify conditions, and to identify potential risks to the proposed treatment.

Source: *UT Code, 58-1-501.*

Cross-State Licensing

An out-of-state physician may practice without a Utah license if:

- The physician is licensed in another state, with no licensing action pending and at least 10 years of professional experience;
- The services are rendered as a public service and for a noncommercial purpose;
- No fee or other consideration of value is charged, expected or contemplated, beyond an amount necessary to cover the proportionate cost of malpractice insurance;
- The physician does not otherwise engage in unlawful or unprofessional conduct.

Source: *UT Code Annotated Sec. 58-67-305(7).*

A mental health therapist licensed in another state and in good standing can provide short term transitional mental health therapy remotely if:

- The mental health therapist is present in the state where he/she is licensed;
- The client relocates to Utah, and was a client immediately before the relocation;
- The therapy or counseling is provided for a maximum of 45 days after the client relocates;
- Within 10 days of the client's relocation, the mental health therapist provides a written notice to the Division of Occupational and Professional Licensing of their intent to provide therapy/counseling remotely; and
- The mental health therapist does not engage in unlawful or unprofessional conduct.

Source: *UT Code, 58-61-307(k).*

Utah adopted the Federation of State Medical Board (FSMB)'s model language for an interstate medical licensure compact.

Source: *UT Code, 58-67b-101-125.*

Member of Psychology Interjurisdictional Compact.

Source: *UT Code, 58-61b-101.*

Member of the Nurse Licensure Compact

Source: *Nurse Licensure Compact.*

Miscellaneous

If a hospital participates in telemedicine, it shall develop and implement policies governing the practice of telemedicine in accordance with the scope and practice of the hospital.

These policies shall address security, access and retention of telemetric data, and define the privileging of all health professionals who participate in telemedicine.

Source: *UT Admin. Code R432-100-33.*

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Vermont

Medicaid Program: Vermont Medicaid

Program Administrator: State Dept. of Vermont Health Access, under the Agency of Human Services

Regional Telehealth Resource Center: Northeast Telehealth Resource Center

Covers the States of: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island & Vermont

http://netrc.org

Medicaid Telehealth Reimbursement

Summary

Vermont Medicaid reimburses for live video under certain circumstances. There is no reference to store-and-forward other than tele-dermatology and tele-ophthalmology are not reimbursable. Home health monitoring is considered a Medicaid benefit and is available under certain conditions.

Source: *Dept. of VT Health Access, Green Mountain Care Provider Manual, p. 110 (Aug. 2018). (Accessed Sep. 2018).*

Definitions

Telemedicine is defined in Act 64 as "…the delivery of health care services…through the use of live interactive audio and video over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191. Telemedicine does not include the use of audio-only telephone, e-mail, or facsimile."

Source: *Dept. of VT Health Access, Green Mountain Care Provider Manual, p. 105 (Aug. 2018). (Accessed Sep. 2018).*

"Telemedicine means the delivery of health care services such as diagnosis, consultation, or treatment through the use of live interactive audio and video over a secure connection that meets Health Insurance Portability and Accountability Act (HIPAA) requirements. Telemedicine does not include the use of audio-only telephone, e-mail, or facsimile."

Source: *VT Statutes Annotated, Title 8 Sec. 4100k (2017).*

Live Video

Policy

Health insurance plans must provide coverage for health care service delivered through telemedicine by a health care provider at a distant site to a patient at an originating site to the same extent that the plan would cover the services if they were provided through in-person consultation.

An originating site is the location of the patient, whether or not accompanied by a health care provider, at the time services are provided by a health care provider through telemedicine, including a health care provider's office, a hospital, or a health care facility, or the patient's home or another nonmedical environment such as a school-based health center, a university-based health center or patient's workplace.

A distant site is the location of the health care provider delivering services through telemedicine at the time the services are provided.

Source: *VT Statutes Annotated, Title 8 Sec. 4100k & Title 18 Sec. 9361 (2017).*

Live video is reimbursed for clinically appropriate services delivered through telemedicine outside a health care facility or from facility to facility.

Facilities providing live telemedicine services are required to use the GT modifier.

02 place of service code must be on all claims.

Source: *Dept. of VT Health Access, Green Mountain Care Provider Manual, p. 105 (Aug. 2018). (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement		
Live Video	Eligible Services / Specialties	No reference found.
Live Video	Eligible Providers	A distant site is the location of the health care provider delivering services through telemedicine at the time the services are provided. **Source:** *VT Statutes Annotated, Title 8 Sec. 4100k & Title 18 Sec. 9361 (2017).* Must be a Medicaid-enrolled provider.
Live Video	Eligible Sites	An originating site is the location of the patient, whether or not accompanied by a health care provider, at the time services are provided by a health care provider through telemedicine, including a health care provider's office, a hospital, or a health care facility, or the patient's home or another nonmedical environment such as a school-based health center, a university-based health center or patient's workplace. **Source:** *VT Statutes Annotated, Title 8 Sec. 4100k & Title 18 Sec. 9361 (2017).*
Live Video	Geographic Limits	No reference found.
Live Video	Facility/Transmission Fee	A facility fee is reimbursed, unless the facility site provider is employed by the same entity as the distant site provider. **Source:** *Dept. of VT Health Access, Green Mountain Care Provider Manual, p. 105 (Aug. 2018). (Accessed Sep. 2018).* The Department of Vermont Health Access is required to reimburse the health care provider at the distant site and the health care facility at the originating site for services rendered. **Source:** *VT Statutes Annotated, Title 8 Sec. 4100k No. 173 (2017).*
Store-and-Forward	Policy	Health plans (including Medicaid) are allowed but not required to reimburse for tele-ophthalmology and tele-dermatology. **Source:** *VT Statutes Annotated, Title 8 Sec. 4100k. (2017).*

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Eligible Services/Specialties	No reimbursement for tele-ophthalmology or tele-dermatology by store-and-forward. **Source:** *Dept. of VT Health Access, Green Mountain Care Provider Manual, p. 105 (Aug. 2018). (Accessed Sep. 2018).*
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	VT Medicaid is required to cover home telemonitoring services performed by home health agencies or other qualified providers for beneficiaries who have serious or chronic medical conditions. **Source:** *VT Statutes Annotated Title 33 Sec. 1901(g).* Home telemonitoring is a Medicaid benefit. **Source:** *Code of VT Rules Sec. 13-170-770 & Dept. of VT Health Access, Green Mountain Care Provider Manual, p. 140-141 (Aug. 2018). (Accessed Sep. 2018) Source: Dept. of VT Health Access, Green Mountain Care Provider Manual, p. 105 (Aug. 2018). (Accessed Sep. 2018).*
	Conditions	No reference found.
	Provider Limitations	Qualified providers are home health agencies enrolled with Vermont Medicaid. The following healthcare professionals can review data: • Registered nurse • Nurse practitioner • Clinical nurse specialist • Licensed practice nurse under supervision of RN • Physician assistant **Source:** *Code of VT Rules Sec. 13-170-770 & Dept. of VT Health Access, Green Mountain Care Provider Manual, p. 140-141 (Aug. 2018). (Accessed Sep. 2018)* **Source:** *Dept. of VT Health Access, Green Mountain Care Provider Manual, p. 105 (Aug. 2018). (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement	Remote Patient Monitoring	Other Restrictions	Individuals receiving Medicaid telemonitoring must: • Have Medicaid as primary insurance or be dually eligible with non-home bound status; and • Have congestive heart failure; and • Be clinically eligible for home health services; and • Have a physician's plan of care with an order for telemonitoring services. **Source:** *Dept. of VT Health Access, Green Mountain Care Provider Manual, p. 141 (Aug. 2018). (Accessed Sep. 2018).* **Source:** *Dept. of VT Health Access, Green Mountain Care Provider Manual, p. 105 (Aug. 2018). (Accessed Sep. 2018).*
	Email / Phone / Fax		No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX. **Source:** *Dept. of VT Health Access, Green Mountain Care Provider Manual, p. 105 (Aug. 2018). (Accessed Sep. 2018).*
	Consent		No reference found.
	Out of State Providers		No reference found.
	Miscellaneous		No reference found.
Private Payer Laws	Definitions		"Telemedicine means the delivery of health care services such as diagnosis, consultation, or treatment through the use of live interactive audio and video over a secure connection that meets Health Insurance Portability and Accountability Act (HIPAA) requirements. Telemedicine does not include the use of audio-only telephone, e-mail, or facsimile." **Source:** *VT Statutes Annotated, Title 8 Sec. 4100k (2017).*

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Private Payer Laws

Requirements

Health insurance plans must provide coverage for health care service delivered through telemedicine by a health care provider at a distant site to a patient at an originating site to the same extent that the plan would cover the services if they were provided through in-person consultation.

An originating site is the location of the patient, whether or not accompanied by a health care provider, at the time services are provided by a health care provider through telemedicine, including a health care provider's office, a hospital, or a health care facility, or the patient's home or another nonmedical environment such as a school-based health center, a university-based health center or patient's workplace.

A distant site is the location of the health care provider delivering services through telemedicine at the time the services are provided.

Source: *VT Statutes Annotated, Title 8 Sec. 4100k & Title 18 Sec. 9361 (2017).*

A health plan may limit coverage to health care providers in a plan's network. A health plan cannot impose limitations on the number of telemedicine consultations a covered person may receive that exceed limitations on in-person services. Health plans are not prohibited from limiting coverage to only services that are medically necessary and clinically appropriate for delivery through telemedicine, subject to the terms and conditions of the covered person's contract.

Source: *VT Statutes Annotated, Title 8 Sec. 4100k & Title 18 Sec. 9361 (2017).*

Parity

Service Parity

For live video, plans are required to cover services provided through telemedicine to the same extent the plan covers services provided in-person. For store-and-forward, plans are allowed but not required to reimburse for tele-ophthalmology and tele-dermatology.

Source: *VT Statutes Annotated, Title 8 Sec. 4100k. (2017).*

Payment Parity

No explicit payment parity.

Professional Regulation/Health & Safety

Definitions

"Telemedicine means the delivery of health care services such as diagnosis, consultation, or treatment through the use of live interactive audio and video over a secure connection that meets Health Insurance Portability and Accountability Act (HIPAA) requirements. Telemedicine does not include the use of audio-only telephone, e-mail, or facsimile."

Source: *VT Statutes Annotated, Title 8 Sec. 4100k (2017) & Title 18 Sec. 9361 (2017).*

Consent

A health care provider delivering health care services through telemedicine must obtain and document a patient's oral or written informed consent.

Source: *VT Statutes Annotated, Title 18 Sec. 9361 (2017).*

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Professional Regulation/Health & Safety

Online Prescribing

Providers may prescribe, dispense, or administer drugs or medical supplies, or otherwise provide treatment recommendations if they first examine the patient in-person or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically.

Treatment recommendations made via electronic means, including issuing a prescription via electronic means, shall be held to the same standards of appropriate practice as those in traditional provider-patient settings.

Source: *VT Statutes Annotated, Title 18 Sec. 9361 (2017).*

Cross-State Licensing

Vermont enacted the Interstate Medical Licensure Compact.

Source: *VT Act No. 115 (S. 253).*

Miscellaneous

No reference found.

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Virginia

Medicaid Program: Virginia Medicaid

Program Administrator: State Dept. of Medical Assistance Services (DMAS)

Regional Telehealth Resource Center: Mid-Atlantic Telehealth Resource Center

Covers the States of: Delaware, Kentucky, Maryland, New Jersey, North Carolina, Pennsylvania, Virginia, West Virginia, and Washington DC

https://www.matrc.org

Medicaid Telehealth Reimbursement

Summary

Virginia Medicaid reimburses for live video, store-and-forward, and remote patient monitoring under certain circumstances. Plans participating in the Medicare-Medicaid Demonstration Waiver are permitted to use store-and-forward and remote patient monitoring in rural and urban locations and to provide reimbursement for services.

Definitions

"Telemedicine is the real-time or near real-time two-way transfer of medical data and information using an interactive audio/video connection for the purposes of medical diagnosis and treatment."

Source: *VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Covered Svcs. and Limitations, p. 15 (Apr. 5, 2018). (Accessed Sep. 2018).*

"Telemedicine is the real-time or near real-time exchange of information for the purposes of diagnosis and treatment."

Source: *VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Psychiatric Services Provider Manual, Covered Svcs. and Limitations, p. 17 (Aug. 22, 2018) & Mental Health Clinic, p. 12 (Apr. 1, 2017). (Accessed Sep. 2018).*

Telemedicine service providers provide real-time two-way transfer of medical data and information using an interactive audio/video connection for the purposes of medical diagnosis and treatment.

Source: *Physician Provider Manual. Ch. II: Provider Participation Requirements (Nov. 11, 2017) pg. 8. (Accessed Sep. 2018).*

Medicaid-Medicare Waiver
"Telehealth" or "telemedicine" means the real-time or near real-time two-way transfer of data and information using an interactive audio/video connection for the purposes of medical diagnosis and treatment.

Source: *VA Reg Text 12VAC30-121-20. (2016).*

Live Video

Policy

Reimbursement is provided subject to coverage requirements.

Source: *VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Covered Svcs. and Limitations, p. 16 (Apr. 5, 2018) & Billing Instructions, p. 20 (May 2017). (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

See billing information for specific codes.

Eligible services:

- Evaluation and management
- Psychiatric care
- Specialty medical procedures
- Speech therapy
- Radiology service and procedures

Source: *VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Covered Svcs. and Limitations, p. 16 (Apr. 5, 2018) & Billing Instructions, p. 20 (May 2017). (Accessed Sep. 2018).*

Speech therapy is reimbursable for a speech-language pathologist at a remote location and a qualified school aide with the child during a tele-practice session.

Source: *VA Dept. of Medical Assistant Svcs. Medicaid Provider Manual, Local Education Agency Provider Manual, Covered Svcs. and Limitations, p. 11 (Jul 10, 2018). (Accessed Sep. 2018).*

Eligible Providers

Eligible providers:

- Physicians
- Nurse practitioners
- Nurse midwives
- Psychiatrist
- Psychiatric clinical nurse specialist
- Psychiatric nurse practitioner
- Marriage and family therapist/counselor
- School psychologist
- Substance abuse practitioner
- Clinical nurse specialists
- Clinical psychologists
- Clinical social workers
- Local Education Agency (billing speech therapy)
- Providers must have appropriate license from the Department of Behavioral Health and Developmental Services and be enrolled with Magellan

Source: *VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Billing Instructions, p. 28 (May 2017). (Accessed Sep. 2018).*

Eligible Sites

Eligible originating sites locations:

- Provider offices
- Local Education Agency
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospitals
- Nursing Facilities
- Health Department Clinics
- Renal Units
- Community Services Boards
- Residential Treatment Centers

All listed providers are also considered eligible originating site providers.

Source: *VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Billing Instructions, p. 22 (Jun. 30, 2017). (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Geographic Limits

Physicians may be physically located outside of VA but must be located within the continental US to deliver telemedicine services. Telemedicine out-of-state coverage does not include other out-of-state providers such as nurse practitioners.

Source: *VA Dept. of Medical Assistant Svcs., Medicaid Memo. "Updates to Telemedicine Coverage". May 13, 2014. (Accessed Apr. 2018).*

Facility/Transmission Fee

Reimburses a facility fee.

Source: *VA Medicaid Provider Notice May 13, 2014. (Accessed Sep. 2018).*
Source: *VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Billing Instructions, p. 22-24 (May 2017) & VA Medicaid Memo. Clarification of Medicaid Coverage of Diabetic Retinopathy Screening via Telemedicine. Nov. 9, 2016. (Accessed Sep. 2018).*

Store-and-Forward

Policy

DMAS reimburses for diabetic retinopathy screening through telemedicine for Medicaid members with Type 1 or 2 diabetes. Radiology related procedures are also included under telemedicine coverage as well as certain codes for teledermatology.

Source: *VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Billing Instructions, p. 22-24 (May 2017) & VA Medicaid Memo. Clarification of Medicaid Coverage of Diabetic Retinopathy Screening via Telemedicine. Nov. 9, 2016. (Accessed Sep. 2018).*

Medicare-Medicaid Demonstration Waiver:
Participating plans shall be permitted to use telehealth in rural and urban settings and reimburse for store-and-forward applications.

Source: *VA Reg. Text 12VAC30-121-20. (2016).*

Eligible Services/Specialties

Services covered include:

- Radiology and radiology procedures
- Diabetic retinopathy (regardless of the number of fields viewed for all Medicaid Members with Type 1 or Type 2 diabetes)
- Outpatient teledermatology

Source: *VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Billing Instructions, p. 22-24 (May 2017) & VA Medicaid Memo. Clarification of Medicaid Coverage of Diabetic Retinopathy Screening via Telemedicine. Nov. 9, 2016. (Accessed Sep. 2018).*

Geographic Limits

Physicians may be physically located outside of VA but must be located within the continental US to deliver telemedicine services. Telemedicine out-of-state coverage does not include other out-of-state providers such as nurse practitioners.

Source: *VA Dept. of Medical Assistant Svcs., Medicaid Memo. "Updates to Telemedicine Coverage". May 13, 2014. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Store-and-Forward

Transmission Fee

Reimburses a facility fee.

Source: *VA Medicaid Provider Notice May 13, 2014. (Accessed Sep. 2018). Source: VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Billing Instructions, p. 22-24 (May 2017) & VA Medicaid Memo. Clarification of Medicaid Coverage of Diabetic Retinopathy Screening via Telemedicine. Nov. 9, 2016. (Accessed Sep. 2018).*

Remote Patient Monitoring

Policy

VA Medicaid reimburses for Continuous Glucose Monitoring.

Medicare-Medicaid Demonstration Waiver:
Participating plans shall also have the ability to cover remote patient monitoring.

Source: *VA Reg. Text 12VAC30-121-20. (2016).*

Conditions

Coverage is limited to members with Type 1 diabetes, or Type 2 diabetes (when over 16 years old), or pregnant women who are injecting insulin with either Type 1 or 2. Service authorization is required. Additional requirements apply.

Source: *VA Medicaid Memo. Clarification of Existing Medicaid Coverage of Continuous Glucose Monitoring for Medicaid Members. Nov. 2, 2016. (Accessed Sep. 2018).*

Provider Limitations

No reference found.

Other Restrictions

No reference found.

Email / Phone / Fax

No reimbursement for email.
No reimbursement for telephone.
No reimbursement for FAX.

Source: *VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Covered Svcs. and Limitations, p. 16 (Aug. 5, 2018). (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement

Consent

No reference found.

Out of State Providers

Out-of-state physicians must enroll with DMAS contractors to utilize telemedicine in the Medicaid program.

Source: *VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Covered Svcs. and Limitations, p. 16 (Apr. 5, 2018) & Billing Instructions, p. 28 (May 2017). (Accessed Sep. 2018).*

Providers must be licensed in Virginia and enrolled in the state Medicaid program in which they practice medicine. The provider must also hold a Virginia Department of Health Professional license to provide telemedicine services.

Source: *Physician Provider Manual. Ch. II: Provider Participation Requirements (Nov. 21, 2017) pg. 8. (Accessed Sep. 2018).*

Physicians may be physically located outside of VA but must be located within the continental US to deliver telemedicine services. Telemedicine out-of-state coverage does not include other out-of-state providers such as nurse practitioners.

Source: *VA Dept. of Medical Assistant Svcs., Medicaid Memo. "Updates to Telemedicine Coverage". May 13, 2014. (Accessed Sep. 2018).*

Miscellaneous

Use of telemedicine must be noted in the service documentation of the patient record.

The originating site provider or designee must attend the encounter with the member, unless the encounter documentation in the patient record notes the reason staff was not present.

Source: *VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Covered Svcs. and Limitations, p. 15 (Apr. 5, 2018) & Billing Instructions, p. 28 (May 2017). (Accessed Sep. 2018).*

Telemedicine also available in the Governor's Access Plan for the Seriously Mentally Ill (GAP).

Source: *VA Dept. of Medical Assistant Svcs., GAP Manual, (Jan. 12, 2015). (Accessed Sep. 2018).*

For mental health clinics, providers intending to bill telemedicine services must first notify DMAS. This is a one-time activity and needs to occur at least 10 days in advance.

Source: *VA Dept. of Medical Assistant Svcs., Mental Health Clinic, Covered Services and Limitations, p. 12 (Apr. 1, 2017). (Accessed Sep. 2018).*

Dual Eligibles (Medicare and Medicaid)
DMAS established the Commonwealth Coordinated Care program and allows participating plans to reimburse for telehealth for Medicare and Medicaid services as an innovative way to reduce hospital readmissions, reduce ED visits, etc. Participating plans shall encourage the use of telehealth to promote community living and improve behavioral health services. Plans shall be permitted to use telehealth in rural and urban settings and reimburse for store-and-forward. Plans shall also have the ability to cover remote patient monitoring.

Source: *12VAC30-121-70.*

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Private Payer Laws

Definitions

Telemedicine services means the use of electronic technology or media, including interactive audio or video for the purpose of diagnosing or treating a patient or consulting with other health care providers regarding a patient's diagnosis or treatment. 'Telemedicine services' does not include an audio-only telephone, electronic mail message, facsimile transmission, or online questionnaire.

Source: *VA Code Annotated Sec. 38.2-3418.16.*

Requirements

An insurer shall not exclude a service for coverage solely because the service is provided through telemedicine services.

Source: *VA Code Annotated Sec. 38.2-3418.16 (2012).*

Facility fee reimbursement is allowed, but not required.

Source: *VA Code Annotated Sec. 38.2-3418.16 (2012).*

Parity

Service Parity

The treating provider or consulting provider must be reimbursed on the same basis that the insurer is responsible for coverage for the provision of services face-to-face.

Source: *VA Code Annotated Sec. 38.2-3418.16 (2012).*

Payment Parity

No explicit payment parity.

Source: *VA Code Annotated Sec. 38.2-3418.16 (2012).*

Professional Regulation/Health & Safety

Definitions

Telemedicine services means the use of electronic technology or media, including interactive audio or video for the purpose of diagnosing or treating a patient or consulting with other health care providers regarding a patient's diagnosis or treatment. 'Telemedicine services' does not include an audio-only telephone, electronic mail message, facsimile transmission, or online questionnaire.

Source: *VA Code Annotated Sec. 38.2-3418.16 & Sec. 54.1-3303.*

Consent

Informed consent must be obtained and maintained.

Source: *Telemedicine Guidance. Doc. # 85-12. VA Board of Medicine.*

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Professional Regulation/Health & Safety

Online Prescribing

Practitioners prescribing controlled substances must have a “bona fide” relationship with the patient.

Requirements:

- Obtaining a medical or drug history;
- Informing the patient about the benefits and risks of the drug;
- Conducting a patient exam, either physically or by the use of instrumentation and diagnostic equipment, through which images and medical records may be transmitted electronically.

Practitioners can also prescribe Schedule II-V controlled substances under certain circumstances. Additional requirements apply for the prescription of Schedule VI controlled substances via telemedicine.

Source: *VA Code Annotated Sec. 54.1-3303.*

Cross-State Licensing

Member of the Nurses Licensure Compact.

Source: *Current NLC States & Status. Nurse Licensure Compact. (Accessed. Sept. 2018).*

Miscellaneous

Telemedicine Guidance from VA Medical Board

- Prescribing via telemedicine is at the discretion of the prescribing practitioner.
- Informed consent must be obtained and maintained.
- See guidance for additional requirements.

Source: *Telemedicine Guidance. Doc. # 85-12. VA Board of Medicine.*

The Center for Telehealth of the University of Virginia and the Virginia Telehealth Network will establish a telehealth pilot program to expand access to and improve the coordination and quality of health care services in rural and medically underserved areas of the Commonwealth through the use of telemedicine services, for the purpose of providing access to health care services that would not be available to individuals in rural and medically underserved areas of the Commonwealth without the use of telehealth technology.

Source: *VA Senate Bill 369. (2016).*

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Washington

Medicaid Program: Washington Apple Health

Program Administrator: Washington State Health Care Authority

Regional Telehealth Resource Center: Northwest Regional Telehealth Resource Center

Covers the States of: Alaska, Idaho, Montana, Oregon, Utah, Washington, and Wyoming

https://www.nrtrc.org

Medicaid Telehealth Reimbursement

Summary

Washington Medicaid (Apple Health) reimburses for live video, store-and-forward, and remote patient monitoring under some circumstances.

Client must be present and participating in telemedicine visit. Clients under the Family Planning, TAKE CHARGE, First Steps, and School Based Health Care Service program are also eligible for telemedicine through fee-for-service.

For patients with managed care plan coverage, telehealth services will not be reimbursed separately. All services must be arranged and provided by primary care providers. It is not mandatory that the plan pay for telehealth services.

Source: *WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 87 (Aug. 25, 2018); School Based Health Care Services, p. 28 (Jan, 1, 2018) (Accessed Sep. 2018).*

Telemedicine is covered by the Department.

Source: *WA Admin. Code Sec. 182-531-0100.*

Definitions

"Telemedicine is when a health care practitioner uses HIPAA-compliant interactive real-time audio and video telecommunications (including web-based applications) or store-and-forward technology to deliver covered services that are within his or her scope of practice to a client at a site other than the site where the provider is located."

Source: *WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 87 (Aug. 25, 2018); School Based Health Care Services, p. 28 (Jan, 1, 2018) (Accessed Sep. 2018).*

Home Health Services
"Telemedicine means the use of tele-monitoring to enhance the delivery of certain home health skilled nursing services through:

- The collection of clinical data and the transmission of such data between a patient at a distant location and the home health provider through electronic processing technologies. Objective clinical data that may be transmitted includes, but is not limited to, weight, blood pressure, pulse, respirations, blood glucose, and pulse oximetry;
- The provision of certain education related to health care services using audio, video, or data communication instead of a face-to-face visit."

Source: *WA Admin. Code Sec. 182-551-2010.*

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Medicaid Telehealth Reimbursement

Live Video

Policy

Live video is covered for patients with fee-for-service coverage when it is medically necessary. The referring provider is responsible for determining and documenting medical necessity.

Source: *WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 87 & 88 (Aug. 25, 2018). (Accessed Sep. 2018).*

Eligible Services / Specialties

Applied Behavior Analysis (ABA) for Clients Age 20 and Younger
Eligible telemedicine services:

- Program supervision when the child is present
- Family training, which does not require the child's presence

See ABA fee schedule for telemedicine billing instructions.

Source: *WA State Health Care Authority, Medicaid Provider Guide, Applied Behavior Analysis for Clients 20 and Younger, p. 35 (Jul. 3, 2018) & WAC 182-531A-1200. (Accessed Sep. 2018).*

Behavioral Health
Behavioral health organizations who have a contract with the department shall reimburse a provider for behavioral health services provided to a covered person who is under 18 years old through telemedicine or-store-and-forward if:

- The organization provides coverage for behavioral health services when provided in-person; and
- The service is medically necessary

Source: *Revised Code of WA Sec. 71.24.335.*

Teledentistry
Teledentistry can be delivered through a synchronous or asynchronous method. The agency covers teledentistry as a substitute for an in-person, face-to-face, hands-on encounter when medically necessary.

A dentist or authorized dental provider may delegate allowable tasks to dental hygienists and Expanded Function Dental Assistants through teledentistry. Delegation of tasks must be under general supervision.

See manual for acceptable CPT codes.

Source: *WA State Health Care Authority, Medicaid Provider. Dental-Related Services, p. 84. Jul. 2018. (Accessed Sept. 2018).*

Eligible Providers

Rural Health Clinics (RHCs)
RHCs are not authorized to serve as a distant site for telemedicine consultations.

Source: *WA State Health Care Authority, Medicaid Provider Guide, p. 42, Jul. 2018. (Accessed Sept. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Sites

Eligible Originating Sites

- Clinics;
- Dental offices;
- Home or any location determined appropriate by the individual receiving the service;
- Hospitals—inpatient or outpatient;
- Neurodevelopmental centers;
- Schools;
- Rural health clinic;
- Federally qualified health center;
- Physician's or other health care provider's office;
- Community mental health center/chemical dependency settings;
- Skilled nursing facility; or
- Renal dialysis center (included in statute, and administrative code, but not in provider manual)

Source: *RCW 41.05700 & WAC 182-531-1730 & WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 87 (Aug. 25, 2018). (Accessed Sep. 2018).*

Originating site providers are responsible for determining and documenting that telemedicine is medically necessary.

When the originating site is a school, the school district must submit a claim on behalf of both the originating and distant site.

Source: *WA State Health Care Authority, Medicaid Provider Guide, School Based Health Care Services, p. 27 (Jan. 1, 2018) (Accessed Sep. 2018).*

Geographic Limits

Originating sites may not distinguish between rural and urban originating sites.

Source: *Revised Code of WA Sec. 41.05700 & Admin Code 182-531-1730.*

Facility/Transmission Fee

Facility fees for originating sites, except inpatient hospitals.

Source: *WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 89 (Aug. 25, 2018). (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement

Store-and-Forward

Policy

Washington Medicaid reimburses for some store-and-forward services.

Source: *WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 91 (Mar. 1, 2018). & WA State Health Care Authority, Medicaid Provider. Dental-Related Services, p. 83. Jul. 2018. (Accessed Sep. 2018).*

WA Medicaid pays for store-and-forward when all of the following conditions are met:

- There is an associated office visit that can be done either in-person or via asynchronous telemedicine.
- The transmission of information is HIPAA compliant.
- Written informed consent is obtained.

If the consultation results in a face-to-face visit in-person or via telemedicine with the specialist within 60 days of the store-and-forward consult, the agency does not pay for the consult.

Source: *WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 91-92 (Apr. 25, 2018). (Accessed Sep. 2018).*

Eligible Services/Specialties

WA Apple Health pays for store-and-forward for teledermatology. Teledermatology services via store-and-forward must be billed with GQ modifier and 02 POS Code from the distant site. The sending provider bills as usual with the E&M code and no modifier.

See manual for acceptable CPT/HCPCS codes.

Source: *WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 91-92 (Apr. 25, 2018). (Accessed Sep. 2018).*

Teledentistry
Teledentistry can be delivered through a synchronous or asynchronous method. The agency covers teledentistry as a substitute for an in-person, face-to-face, hands-on encounter when medically necessary.

See manual for acceptable CPT codes.

Source: *WA State Health Care Authority, Medicaid Provider. Dental-Related Services, p. 83. Jul. 2018. (Accessed Sep. 2018).*

Behavioral Health Organizations
Store-and-forward reimbursable only for covered services specified in the negotiated agreement between the behavioral health organization and health care provider.

Source: *RCW 71.24.335.*

Geographic Limits

No reference found.

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	The Medicaid agency covers the delivery of home health services and prescription drug monitoring through telemedicine. **Source:** *WA State Health Care Authority, Medicaid Provider Guide, Home Health Svcs. (Acute Care Svcs.), p. 26-28 (Jan. 1, 2018). & WA State Health Care Authority, Medicaid Provider Guide, Mental Health Services Billing Guide, p. 45 (Jul. 1, 2018) (Accessed Sep. 2018).*
	Conditions	Services are provided for clients who have been diagnosed with an unstable condition, and who may be at risk for hospitalization or a more costly level of care. Coverage is limited to one telemedicine interaction, per patient, per day, based on the ordering licensed practitioner's care plan. **Source:** *WA State Health Care Authority, Medicaid Provider Guide, Home Health Svcs. (Acute Care Svcs.), p. 26-28 (Jan. 1, 2018). (Accessed Sep. 2018).*
	Provider Limitations	Must be provided by a Registered Nurse or Licensed Practical Nurse. The Medicaid agency does not require prior authorization for the delivery of home health services through telemedicine. **Source:** *WA State Health Care Authority, Medicaid Provider Guide, Home Health Svcs. (Acute Care Svcs.), p. 26-28 (Jan. 1, 2018). (Accessed Sep. 2018).*
	Other Restrictions	Eligible Services: • Assessment and monitoring of clinical data including, but not limited to, vital signs, pain levels and other biometric measures specified in the plan of care; • Assessment of response to previous changes in the plan of care; • Detection of condition changes based on the telemedicine encounter that may indicate the need for a change in the plan of care; • Implementation of a management plan. **Source:** *WA State Health Care Authority, Medicaid Provider Guide, Home Health Svcs. (Acute Care Svcs.), p. 26-28 (Jan. 1, 2018). (Accessed Sep. 2018).* Home health monitoring not covered in Applied Behavior Analysis Program for clients Age 20 or younger. **Source:** *WA State Health Care Authority, Medicaid Provider Guide, Applied Behavior Analysis for Clients 20 and Younger, p. 36 (Jul. 3, 2018). (Accessed Sep. 2018).*

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Medicaid Telehealth Reimbursement

Email / Phone / Fax

No reimbursement for email.
No reimbursement for telephone.
No reimbursement for FAX.

Source: *Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 87 (Aug. 25, 2018). (Accessed Sep. 2018).*

Consent

Written consent must be obtained for store-and-forward.

Source: *WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 91 (Aug. 25, 2018). (Accessed Sep. 2018).*

Out of State Providers

No reference found.

Miscellaneous

Requires the use of modifier 95 or GT. The GT modifier may be discontinued at a later date.

A new point of service code 02 has been created.

Source: *WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 90 (Aug. 25, 2018). (Accessed Sep. 2018).*

Additional Documentation Requirements for Telemedicine:

- Verification that the service was provided via telemedicine
- The location of the client and a note of any medical personnel with the client
- The location of the provider
- The names and credentials (MD, ARNP, RN, PA, CNA, etc.) of all people involved in the telemedicine visit, and their role in the encounter at both the originating and distant sites

Source: *WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 90 (Aug. 25, 2018). (Accessed Sep. 2018).*

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Private Payer Laws

Definitions

"Telemedicine" means the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. For purposes of this section only, "telemedicine" does not include the use of audio-only telephone, facsimile, or email.

Source: *WA Rev. Code Sec. 48.43.735.*

Requirements

Insurers (including employee health plans and Medicaid Managed Care) must reimburse a provider for services delivered through telemedicine or store-and-forward if:

- The plan provides coverage when provided in-person;
- The health care service is medically necessary;
- The health care service is a service recognized as an essential health benefit under section 1302(b) of the federal patient protection and affordable care act (ACA);
- The health care service is determined to be safely and effectively provided through telemedicine or store-and-forward technology according to generally accepted health care practices and standards, and the technology used to provide the health care service meets the standards required by state and federal laws governing the privacy and security of protected health information.

Source: *RCW 48.43.735.*

Eligible Originating Sites

- Hospital
- Rural health clinic
- Federally qualified health center
- Physician's or other health care provider's office
- Community mental health center
- Skilled nursing facility
- Renal dialysis center, except an independent renal dialysis center
- Home or any location determined appropriate by the individual receiving the service
- Originating sites may not distinguish between rural and urban originating sites

Source: *RCW 48.43.735.*

An originating site (other than a home) can charge a facility fee, but it is subject to a negotiated agreement between the originating site and the health plan.

Source: *RCW 48.43.735.*

If the services are provided via store-and-forward, there must be an associated office visit between the patient and referring health care provider.

Source: *RCW 48.43.735.*

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Private Payer Laws

Parity

Service Parity

Services must be considered an essential health benefit under the ACA and be determined to be safely and effectively provided through telemedicine or store-and-forward.

Source: *RCW 48.43.735.*

Payment Parity

No explicit payment parity.

Professional Regulation/Health & Safety

Definitions

"Telemedicine means the delivery of health care (or behavioral health) services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. For purposes of this section only, 'telemedicine' does not include the use of audio-only telephone, facsimile, or email."

Source: *RCW 70.41.020 & WAC 246-335-610.*

Telemedicine is when a health care practitioner uses HIPAA-compliant, interactive, real-time audio and video telecommunications (including web-based applications) to deliver covered services that are within his or her scope of practice to a client at a site other than the site where the provider is located. Using telemedicine enables the health care practitioner and the client to interact in real-time communication as if they were having a face-to-face session. Telemedicine allows clients, particularly those in medically underserved areas of the state, improved access to essential health care services that may not otherwise be available without traveling long distances.

Source: *WAC 182-531-1730.*

Hospice

"Telehealth" means a collection of means or methods for enhancing health care, public health, and health education delivery and support using telecommunications technology. Telehealth encompasses a broad variety of technologies and tactics to deliver virtual medical, health, and education services.

Source: *WAC 246-335-610.*

Physical and Occupational Therapy

"Telehealth means providing physical therapy [or occupational therapy] via electronic communication where the physical [occupational] therapist or physical [or occupational] therapist assistant and the patient are not at the same physical location."

Source: *WAC 246-915-187 & 246-847-176.*

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Professional Regulation/Health & Safety

Consent

No reference found.

Online Prescribing

The WA Medical Quality Assurance Commission has issued guidelines on the use of the Internet in medical practices. A guideline does not have the force of law, but can be considered by the Commission to be the standard of practice in the state.

A documented patient evaluation, including history and physical evaluation adequate to establish diagnoses and identify underlying conditions and/or contra-indications to the treatment recommended/provided, must be obtained prior to providing treatment, including issuing prescriptions, electronically or otherwise.

Treatment and consultation recommendations made in an online setting, including issuing a prescription via electronic means, will be held to the same standards of appropriate practice as those in in-person settings.

Treatment, including issuing a prescription, based solely on an online questionnaire or consultation does not constitute an acceptable standard of care.

Source: *Washington Medical Quality Assurance Commission, Guidelines for Appropriate Use of the Internet in Medical Practice.*

Cross-State Licensing

Member of the Interstate Medical Licensure Compact.

Source: *RCW 18.71B.*

Member of Physical Therapy Compact.

Source: *HB 1278 (2017).*

Miscellaneous

WA State requires a provider directory to be updated monthly. For each health plan, the associated provider directory must include information about available telemedicine services and specifically described for each provider.

Source: *WAC 284-43-204.*

Professional Board Telehealth-Specific Regulations

- Physical Therapy Practice Board (**Source:** *WAC 246-915-187*)
- Occupational Therapy Practice Board (**Source:** *WAC 246-847-176*)

Collaborative for the advancement of telemedicine was created to develop recommendations on improving reimbursement and access to care, and review the concept of telemedicine payment parity.

Source: *SB 6163 -2018.*
Source (parity): *SB 6399 – 2018.*

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West Virginia

Medicaid Program: West Virginia Medicaid

Program Administrator: Bureau for Medical Services, under the West Virginia Dept. of Health and Human Resources

Regional Telehealth Resource Center: Mid-Atlantic Telehealth Resource Center

Covers the States of: Delaware, Kentucky, Maryland, New Jersey, North Carolina, Pennsylvania, Virginia, West Virginia, and Washington D.C.

https://www.matrc.org

Medicaid Telehealth Reimbursement

Summary

West Virginia Medicaid reimburses for live video under some circumstances. Reimbursement is only made for real time communications, therefore there is no reimbursement for store-and-forward or remote patient monitoring.

Definitions

"Telehealth: The use of electronic information and telecommunications technologies to provide professional health care; is often used to connect practitioners and clinical experts in large hospitals or academic medical centers with patients in smaller hospitals or critical access hospitals which are typically located in more remote locations; and can assure that these remotely located patients enjoy the same access to potentially life-saving technologies and expertise that are available to patients in more populated parts of the country."

"The telecommunication system is defined as an interactive audio and video system that permits real time communication between the member at the originating site and the practitioner at the distant site. The telecommunication technology must allow the treating practitioner at the distant site to perform a medical examination of the member that substitutes for an in-person encounter."

Source: *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17 Practitioner Services: Telehealth Services. Revised Jan. 15, 2016 (Accessed Aug. 2018).*

Telehealth – for purposes of Medicaid, telemedicine seeks to improve a patient's health by permitting two-way, real time interactive communication between the patient, and the physician or practitioner at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment.

Source: *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–200 Definitions and Acronyms. Nov. 1, 2016 (Accessed Aug. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Policy

West Virginia Medicaid reimburses for a limited number of telehealth services that are provided to enrolled members by enrolled practitioners via a telecommunication system. WV Medicaid utilizes CMS guidance on Telehealth Services.

Source: *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17 Practitioner Services: Telehealth Services. Revised Jan. 15, 2016 (Accessed Aug. 2018).*

Eligible Services / Specialties

West Virginia Medicaid reimbursement of telehealth services is limited to certain CPT/HCPCS codes. See manual.

Source: *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17 Practitioner Services: Telehealth Services. Revised Jan. 15, 2016 (Accessed Aug. 2018).*

Targeted case management can be conducted through telemedicine with the exception of the required 90 day face-to-face encounter with the targeted case manager.

Source: *WV Dept. of Health and Human Svcs., Medicaid Provider Manual, Chapter 523: Targeted Case Management, p. 13 (Jul. 1, 2016), (Accessed Aug. 2018).*

WV Medicaid encourages providers to render services via telehealth in the Behavioral Health Clinic Services program.

Source: *WV Dept. of Health and Human Service Medicaid Provider Manual, Chapter—503.12 Licensed Behavioral Health Center Services (Jul. 15, 2018); 504.10 Substance Use Disorder Services (Jul. 1, 2018); 521.9 Behavioral Health Outpatient Services (Jan. 15, 2018); 538.9 School-Based Health Services (Aug. 1, 2017). (Accessed Aug. 2018).*

Eligible Providers

Authorized distant site providers include:

- Physicians;
- Physician Assistants (PA);
- Advanced Practice Registered Nurses (APRN)/Nurse Practitioners (NP)
- APRN/Certified Nurse Midwife (CNM);
- APRN/Clinical Nurse Specialists (CNS);
- Licensed Psychologists (LP); and
- Licensed Independent Clinical Social Worker (LICSW)

Source: *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17 Practitioner Services: Telehealth Services. Revised Jan. 15, 2016 (Accessed Aug. 2018).*

RHCs and FQHCs are not authorized to serve as distant sites for telehealth consultations, which is the location of the practitioner, and may not bill or include the cost of a visit on the cost report.

Source: *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17 Practitioner Services: Telehealth Services. Revised Jan. 15, 2016 (Accessed Aug. 2018).*

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Medicaid Telehealth Reimbursement		
Live Video	Eligible Sites	Authorized originating sites: • Offices of physicians or practitioners; • Private Psychological Practices; • Hospitals; • Critical Access Hospitals (CAH); • Rural Health Clinics (RHCs); • Federally Qualified Health Centers (FQHCs); • Hospital-based or CAH-based Renal Dialysis Centers (including satellites); • Skilled Nursing Facilities (SNF); and • Community Mental Health Centers (CMHC). Independent Renal Dialysis Facilities are not eligible originating sites. **Source:** *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17 Practitioner Services: Telehealth Services. Revised Jan. 15, 2016 (Accessed Apr. 2018).*
	Geographic Limits	WV Medicaid does not limit telehealth services to members in non-metropolitan statistical professional shortage areas as defined by CMS telehealth guidance. **Source:** *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17 Practitioner Services: Telehealth Services. Revised Jan. 15, 2016 (Accessed Aug. 2018).*
	Facility/Transmission Fee	An originating site can bill for a facility fee. **Source:** *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17 Practitioner Services: Telehealth Services. Revised Jan. 15, 2016 (Accessed Aug. 2018).*
Store-and-Forward	Policy	No reimbursement. WV Medicaid only reimburses for real time communications. **Source:** *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17 Practitioner Services: Telehealth Services. Revised Jan. 19, 2016 (Accessed Aug. 2018).*
	Eligible Services/Specialties	No reference found.

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	No reimbursement. WV Medicaid only reimburses for real time communications. **Source:** *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17 Practitioner Services: Telehealth Services. Revised Jan. 15, 2016 (Accessed Aug. 2018).*
	Conditions	No reference found.
	Provider Limitations	No reference found.
	Other Restrictions	No reference found.

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Medicaid Telehealth Reimbursement	Email / Phone / Fax	No reimbursement for FAX. No reimbursement for telephone. No reimbursement for email. **Source:** *WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17.2 Non-Covered Services: Telehealth Services. Revised Jan. 15, 2016 (accessed Aug. 2018).*
	Consent	Patient consent must be obtained. **Source:** *WV Dept. of Health and Human Service Medicaid Provider Manual, Chapter—503.12 Licensed Behavioral Health Center Services (Jul. 15, 2018); 504.10 Substance Use Disorder Services (Jul. 1, 2018); 521.9 Behavioral Health Outpatient Services (Jan. 15, 2018); 538.9 School-Based Health Services (Aug. 1, 2017). (Accessed Aug. 2018).*
	Out of State Providers	No reference found.
	Miscellaneous	Additional instructions regarding telehealth standards and billing available in the following manuals: Licensed Behavioral Health Center Services (Ch. 503); Behavioral Health Outpatient Services (Ch. 521); School-Based Health Services (Ch. 538). Limited to specific CPT codes. **Source:** *WV Dept. of Health and Human Service Medicaid Provider Manual, Chapter—503.12 Licensed Behavioral Health Center Services (Jul. 15, 2018); 521.9 Behavioral Health Outpatient Services (Jan. 15, 2018); 538.9 School-Based Health Services (Aug. 1, 2017). (Accessed Aug. 2018).*
Private Payer Law	Definitions	No reference found.
	Requirements	No reference found.

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Private Payer Law

Parity

Service Parity

No reference found.

Payment Parity

No reference found.

Professional Regulation/Health & Safety

Definitions

"Practice of telemedicine means the practice of medicine using communication tools such as electronic communication, information technology or other means of interaction between a licensed health care professional in one location and a patient in another location, with or without an intervening health care provider, and typically involves secure real time audio/video conferencing or similar secure audio/video services, remote monitoring, interactive video and store-and-forward digital image or health data technology to provide or support health care delivery by replicating the interaction of a traditional inperson encounter between a provider and a patient. The practice of telemedicine occurs in this state when the patient receiving health care services through a telemedicine encounter is physically located in this state."

Source: *WV Code Sec. 30-3-13.*

"Telemedicine technologies" means technologies and devices which enable secure electronic communications and information exchange in the practice of telemedicine, and typically involve the application of secure real time audio/video conferencing or similar secure video services, remote monitoring, or store-and-forward digital image technology to provide or support healthcare delivery by replicating the interaction of a traditional in-person encounter between a physician or podiatrist and a patient.

Source: *WV Code Sec. 30-3-13 & 30-14-12d (SB 47 – 2016).*

Medication Assisted Treatment Program

"Telehealth" means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site.

Source: *WV Code Sec. 16-5Y-2(z)(3)(cc) (SB 454—2016).*

"Telehealth" means the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.

Source: *WV Code, Ch. 16, Article 2D, Sec. 16-2D-2.*

Telemedicine means the practice of medicine using tools such as electronic communication, information technology, store-and-forward telecommunication, or other means of interaction between a physician or podiatrist in one location and a patient in another location, with or without an intervening health care provider.

Source: *WV Code, 30-3-13a.*

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Professional Regulation/Health & Safety

Consent

Must obtain consent.

Source: *WV Code Sec. 30-14-12d (SB 47 – 2016).*

Online Prescribing

A "valid patient-practitioner relationship" can be established through telemedicine in a manner approved by the appropriate board.

Source: *WV Code Sec. 30-5-4.*

A physician-patient relationship cannot be established through audio only communication, text communications or any combination thereof.

A physician-patient relationship can be established through real time video conferencing or store-and-forward (for pathology and radiology).

A physician or podiatrist may not prescribe any pain-relieving controlled substance listed in Schedules II through V of the Uniform Controlled Substance Act as part of a course of treatment for chronic nonmalignant pain solely based upon a telemedicine encounter.

Source: *WV Code Sec. 30-3-13 & 30-14-12d (SB 47 – 2016).*

Prohibits providers from issuing prescriptions, via electronic or other means, for persons without establishing an ongoing physician-patient relationship, wherein the physician has obtained information adequate to support the prescription.

Exceptions:

- Documented emergencies;
- On-call or cross-coverage situations;
- Where patient care is rendered in consultation with another physician who has an ongoing relationship with the patient, and who has agreed to supervise the patient's treatment, including use of any prescribed medications.

Source: *WV Code of State Rules Sec. 11-1A-12.*

A practitioner providing medication-assisted treatment may perform certain aspects of telehealth if permitted under his or her scope of practice.

Source: *WV Code Sec. 16-5Y-5 (SB 273 - 2018).*

Cross-State Licensing

WV adopted the Federation of State Medical Board (FSMB)'s model language for an interstate medical licensure compact.

Source: *WV House Bill 2496 (2015).*

Member of the Physical Therapist Licensure Compact.

Source: *PT Compact*

Member of the Nurse Licensure Compact.

Source: *Nurse Licensure Compact*

Must hold active unexpired WV license.

Source: *WV Code Sec. 30-3-13 & 30-14-12d (SB 47 – 2016).*

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Miscellaneous

Professional Board Regulation:

- Board of Examiners for Speech-Language Pathology and Audiology. (**Source:** *WV Admin. Law Sec. 29-1-15).*

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Wisconsin

Medicaid Program: Forward Medicaid

Program Administrator: Wisconsin Dept. of Health Services

Regional Telehealth Resource Center: Great Plains Telehealth Resource and Assistance Center

Covers the States of: Iowa, Minnesota, Nebraska, North Dakota, South Dakota, and Wisconsin

https://www.gptrac.org

Medicaid Telehealth Reimbursement

Summary

Forward Medicaid allows reimbursement for live video under some circumstances. There is no reimbursement for store-and-forward or remote patient monitoring as services must be delivered at the same functional equivalency as face-to-face care.

Definitions

Telehealth enables a provider who is located at a distant site to render the service remotely to a member located at an originating site using a combination of interactive video, audio, and externally acquired images through a networking environment.

Source: *WI ForwardHealth Update. Feb. 2018. (Accessed Aug. 2018).*

"Telehealth" is a service provided from a remote location using a combination of interactive video, audio, and externally acquired images through a networking environment between an individual at an originating site and a provider at a remote location with the service being of sufficient audio and visual fidelity and clarity as to be functionally equivalent to face-to-face contact. "Telehealth" does not include telephone conversations or Internet-based communications between providers or between providers and individuals.

Source: *Wisconsin Statute 49.45 (29w)(b)1.b.*

Live Video

Policy

ForwardHealth allows for certain covered services to be provided via telehealth.

Source: *WI ForwardHealth Update. Feb. 2018. (Accessed Aug. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Services / Specialties

See Manual for covered telehealth CPT and HCPCS codes.

Source: *WI ForwardHealth Update. Feb. 2018. (Accessed Aug. 2018).*

Mental health services provided through telehealth are reimbursable by the Medical Assistance program if the provider of the service satisfies the following criteria:

- The provider is a certified provider of mental health services under the Medical Assistance program and is an agency that is certified by a mental health program organized under sections 46.23, 51.42 or 51.437.
- The provider and the individual providing the service comply with all Medical assistance coverage policies and standards.
- The provider is certified for telehealth by the department.
- The individual who is providing the service is licensed or registered and in good standing with the appropriate state board.
- The provider is located in the United States.
- The provider is not required to be located in the state.

Source: *Wisconsin Statute 49.45 (29w)(b) (2).*

Eligible Providers

Allowable providers:

- Audiologists
- Nurse midwives
- Nurse practitioners
- Ph.D. psychologists
- Physician assistants
- Physicians
- Psychiatrists
- Professionals providing services in mental health or substance abuse programs certified by the DQA (Division of Quality Assurance)

Ancillary Providers
Claims provided via telehealth by distant site ancillary providers should be billed under the supervising physician's NPI using the lowest appropriate level office or outpatient visit procedure code. These services must be supervised by an onsite physician.

Certified Mental Health And Substance Abuse Treatment Providers
Required to meet telehealth certification requirements to provide telehealth.

Source: *WI ForwardHealth Update. Feb. 2018. (Accessed Aug. 2018).*

Community Health Centers, Tribal FQHCs and RHCs
They may serve as a distant site provider for telehealth services. See manual for details.

Source: *WI ForwardHealth Update. Feb. 2018. (Accessed Aug. 2018).*

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Medicaid Telehealth Reimbursement		
Live Video	Eligible Sites	**Community Health Centers, Tribal FQHCs and RHCs** They may serve as originating site providers for telehealth services. **Distant Site** Tribal FQHCs and RHCs may report services provided via telehealth on the cost settlement report when the FQHC or RHC served as the distant site and the member is an established patient of the tribal FQHC or RHC at the time of the telehealth service. CHCs may not report services provided via telehealth as an encounter. Instead, CHCs should submit claims for distant site services on a professional claim form and will be reimbursed in accordance with the maximum allowable fee schedule. Allowable originating sites: • Hospitals, including emergency departments • Office/clinic • Skilled nursing facility **Source:** *WI ForwardHealth Update. Feb. 2018. (Accessed Aug. 2018).*
	Geographic Limits	No reference found.
	Facility/Transmission Fee	Reimbursement for facility fee. **Source:** *WI ForwardHealth Update. Feb. 2018. (Accessed Aug. 2018).*
Store-and-Forward	Policy	No reimbursement. Services must be functionally equivalent to face-to-face. **Source:** *WI ForwardHealth Update. Feb. 2018. (Accessed Aug. 2018).*
	Eligible Services/Specialties	No reference found.

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Medicaid Telehealth Reimbursement		
Store-and-Forward	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	No reimbursement. Services must be functionally equivalent to face-to-face. **Source:** *WI ForwardHealth Update. Feb. 2018. (Accessed Aug. 2018).*
	Conditions	No reference found.
	Provider Limitations	No reference found.
	Other Restrictions	No reference found.

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Medicaid Telehealth Reimbursement	Email / Phone / Fax	No reimbursement for telephone No reimbursement for written electronic communication (text, email) **Source:** *WI ForwardHealth Update. Feb. 2018. (Accessed Aug. 2018).*
	Consent	Informed consent required. **Source:** *WI ForwardHealth Update. Feb. 2018. (Accessed Aug. 2018).*
	Out of State Providers	Out-of-state providers who do not have border status enrollment with WI Medicaid are required to obtain prior authorization (PA) before providing services. WI Medicaid is prohibited from paying providers located outside of the US and its territories. **Source:** *WI ForwardHealth Update. Feb. 2018. (Accessed Aug. 2018).*
	Miscellaneous	POS code 02 required. **Source:** *WI ForwardHealth Update. Feb. 2018. (Accessed Aug. 2018).*
Private Payer Laws	Definitions	No reference found.
	Requirements	No reference found.

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Private Payer Laws	Parity	Service Parity	No reference found.
		Payment Parity	No reference found.
Professional Regulation/Health & Safety	Definitions		Telemedicine means the practice of medicine when patient care, treatment or services are provided through the use of medical information exchanged from one site to another via electronic communications. Telemedicine does not include the provision of health care services only through an audio only telephone, email messages, text messages, facsimile transmission, mail or parcel service or any combination thereof. **Source:** *Admin. Code MED Ch. 24.*
	Consent		Informed consent required. **Source:** *Admin. Code MED Ch. 24.*
	Online Prescribing		When a physician uses a website to communicate with a patient located in this state, the physician may not provide treatment recommendations, including issuing a prescription unless the following requirements are met: • The physician shall be licensed in the state; • The physician's name and contact information must be made available to the patient; • Informed consent is required; • A documented patient evaluation performed; • A patient health care record is prepared and maintained. Prescribing based on a static electronic questionnaire does not meet the minimum standard of competent medical practice. **Source:** *Admin. Code MED Ch. 24.*

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Professional Regulation/Health & Safety

Cross-State Licensing

WI medical license required.

Source: *Admin. Code MED Ch. 24.*

WI adopted the Federation of State Medical Boards' Interstate Medical Licensure Compact.

Source: *Wisconsin Statute 14.89. WI Act 116 (AB 253, 2015).*

Member of the Nurse Licensure Compact

Source: *Nurse Licensure Compact*

Miscellaneous

Professional Board Telehealth-Specific Regulations

- Medical Examining Board (**Source:** *MED Ch. 24.)*

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Wyoming

Medicaid Program: Wyoming Medicaid

Program Administrator: Office of Equality Care, under the Wyoming Dept. of Health

Regional Telehealth Resource Center: Northwest Regional Telehealth Resource Center

Covers the States of: Alaska, Idaho, Montana, Oregon, Utah, Washington, and Wyoming

https://www.nrtrc.org

Medicaid Telehealth Reimbursement

Summary

Wyoming Medicaid reimburses for live video under some circumstances. There is no reference to store-and-forward or remote patient monitoring reimbursement.

Definitions

"Telehealth is the use of an electronic media to link beneficiaries with health professionals in different locations…This means that the patient must be able to see and interact with the off-site physician at the time services are provided via telehealth technology."

Source: *WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 111 (Revised Jul. 1, 2018). (Accessed Aug. 2018).*

Live Video

Policy

Reimbursement is made for exams performed via a real time interactive audio and video telecommunications system. The patient must be able to see and interact with the off-site practitioner during the exam. A medical professional is not required to be present with the client at the originating site unless medically indicated.

Source: *WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 111 (Revised Jul. 1, 2018). (Accessed Aug. 2018).*

Eligible Services / Specialties

See manual for list of eligible hub site billing codes. Group psychotherapy is not a covered service.

For end-stage renal disease-related services, there must be at least one in-person exam per month of the vascular access site.

Quality assurance/improvement activities relative to telehealth delivered services need to be identified, documented and monitored. An evaluation process must also be instituted.

Progress notes should indicate the visit took place via teleconference.

Source: *WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 114-115 (Revised Jul. 1, 2018). (Accessed Aug. 2018).*

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Medicaid Telehealth Reimbursement

Live Video

Eligible Providers

Wyoming Medicaid reimburses the following eligible providers:

- Physicians;
- Advanced practice nurses with a specialty of psychiatry/mental health;
- Physician's assistant;
- Psychologists and neuropsychologists;
- Mental health professionals (LCSW, LPC, LMFT, LAT);
- Speech therapist.

Provisionally licensed mental health professionals cannot bill Medicaid directly, but must provide services through a supervising provider.

Source: *WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 112 (Revised Jul. 1, 2018). (Accessed Aug. 2018).*

Eligible Sites

Eligible originating sites:

- Hospitals;
- Physician or practitioner offices (includes medical clinics);
- Psychologists or neuropsychologists offices;
- Community mental health or substance abuse treatment centers (CMHC/SATC);
- Advanced practice nurses with specialty of psychiatry/mental health offices;
- Office of a Licensed Mental Health Professional;
- Federally Qualified Health Centers;
- Rural Health Clinics;
- Skilled nursing facilities;
- Indian Health Services Clinics;
- Hospital-based or Critical Access Hospital-based renal dialysis centers (including satellites);
- Development Center;
- Family Planning Clinics;
- Public Health Offices;
- Client's Home.

A medical professional is not required to be present at the originating site, unless medically indicated.

Each site is able to bill their own services as long as they are an enrolled Medicaid provider (includes out-of-state Medicaid providers).

Source: *WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 111-12 (Revised Jul. 1, 2018). (Accessed Aug. 2018).*

Geographic Limits

No reference found.

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Medicaid Telehealth Reimbursement		
Live Video	Facility/Transmission Fee	Yes, for originating site fees. No reimbursement for transmission fees. **Source:** *WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 111 (Jul. 1, 2018). (Accessed Aug. 2018).*
Store-and-Forward	Policy	Wyoming Medicaid states that reimbursement is made for exams performed via a real-time interactive audio and video. **Source:** *WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 111 (Jul. 1, 2018). (Accessed Aug. 2018).*
	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	No reference found.

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Medicaid Telehealth Reimbursement		
Remote Patient Monitoring	Conditions	No reference found.
	Provider Limitations	No reference found.
	Other Restrictions	No reference found.
Email / Phone / Fax		No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX. **Source:** *WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 111 (Jun. 1, 2018). (Accessed Aug. 2018).*
Consent		If the patient and/or legal guardian indicates at any point that he/she wants to stop using the technology, the service should cease immediately and an alternative appointment set up. A telehealth consent form must be completed. **Source:** *WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 115 (Jul. 1, 2018). (Accessed Aug. 2018).*
Out of State Providers		No reference found.

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	Miscellaneous		No reimbursement for patient attendants who instruct the patient on the use of equipment or supervises/monitors a patient during the telehealth encounter. No reimbursement for consults between health professionals. **Source:** *WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 113-114 (Jul. 1, 2018). (Accessed Aug. 2018).*
Private Payer Laws	Definitions		No reference found.
	Requirements		No reference found.
	Parity	Service Parity	No reference found.
		Payment Parity	No reference found.

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Professional Regulation/Health & Safety

Definitions

Physicians and Surgeons
"Telemedicine means the practice of medicine by electronic communication or other means from a physician in a location to a patient in another location, with or without an intervening health care provider."

Source: *WY Statutes Sec. 33-26-102.*

Occupational Therapy
"Occupational therapy telehealth means the provision of occupational therapy services across a distance, using telecommunications technology for the evaluation, intervention or consultation without requiring the occupational therapist and recipient to be physically located in the same place."

Source: *WY Statutes Sec. 33-40-102.*

Board of Chiropractic Examiners
"Telehealth" means the delivery of healthcare services using electronic communications, information technology, or other means between a licensee in one location and a patient in another location with or without an intervening healthcare provider.

Source: *WY Admin Rules. Board of Chiropractic Examiners. Ch. 1, Sec. 3.*

Consent

Written or oral consent required for physical therapy.

Source: *Code of WY Rules 006-062-00001.1.04162018 (2012).*

Online Prescribing

Prescribing a controlled substance through the Internet, World Wide Web or any similar proprietary or common carrier electronic system without a documented physician-patient relationship is subject to review, discipline and consequences to license.

Source: *WY Statutes Annotated Sec. 33-26-402 (2012).*

Cross-State Licensing

WY adopted the Federation of State Medical Board (FSMB)'s model language for an interstate medical licensure compact.

Source: *WY House Bill 107 (2015); WY Statute 33-26-701-703.*

Member of the Nurse Licensure Compact

Source: *Nurse Licensure Compact.*

Miscellaneous

Boards have power to adopt telehealth/telemedicine definitions applicable to their regulated profession and standards for the practice of telemedicine/telehealth.

Source: *WY Code 33-1-303 (HB 164 – 2017).*

Professional Board Telehealth-Specific Regulations

- WY Board of Chiropractic Services (**Source:** *WY Admin. Code, Chiropractic Board, Ch. 11.)*

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Glossary

Asynchronous *(see also Store and Forward)* technologies allow for the electronic transmission of medical information, such as digital images, documents, and pre-recorded videos. Asynchronous transmissions typically do not occur in real time, and take place primarily among medical professionals, to aid in diagnoses and medical consults, when live video or face-to-face patient contact is not necessary.

Broadband refers to the wide bandwidth characteristics of a transmission medium, and its ability to transport multiple signals and traffic types simultaneously. Broadband is often used to transmit telehealth and telemedicine services.

Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare, Medicaid and Children's Health Insurance Program.

Children's Waiver Services Program is a federal program that provides Medicaid-funded home and community-based services to children under age 18 who are eligible for, and at risk of, placement into an Intermediate Care Facility for the Mentally Retarded (ICF/MR).

Consultant Site *(see also Hub Site or Distant Site)* is the site at which the provider delivering a telehealth service is located.

Critical Access Hospital (CAH) is a rural community hospital that receives cost-based reimbursement. The reimbursement that CAHs receive is intended to improve their financial performance and reduce hospital closures.

Current Procedural Terminology (CPT) Code is a medical billing and administrative code set that describes medical, surgical, and diagnostic services. It is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations and payers for administrative, financial and analytical purposes.

Distant Site *(see also Hub Site or Consultant Site)* is the site at which the provider delivering a telehealth service is located.

Durable Medical Equipment (DME) is any medical equipment, such as wheelchairs used in the home.

Echocardiography is a sonogram of the heart.

Echography is a radiologic procedure in which deep structures of the body are recorded with ultrasonic waves.

Electrocardiogram (ECG) is a test of the electrical activity of the heart, which helps detect medical problems such as heart attacks and arrhythmias.

E-Prescribing is the act of offering medical prescriptions over the Internet. Often, e-prescriptions must be accompanied by a valid physician-patient relationship, which may or may not require a face-to-face interaction between the physician and patient, depending on the state.

Facility Fee *(see also Originating Site Fee)* is a fee paid to the originating site to compensate for the cost of facilitating a telemedicine visit.

Federally Qualified Health Centers (FQHCs) are federally designated facilities, which provide primary care and other medical services to underserved populations.

Health Professional Shortage Area (HPSA) are designated by the Health Resources and Services Administration as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility).

Hub Site *(see also Distant Site or Consultant Site)* is the site at which the provider delivering a telehealth service is located.

Informed Consent refers to providers obtaining permission from a patient to perform a specific test, procedure, or in the case of telehealth, service delivery method. Informed consent means that the patient understands the relevant medical facts and risks involved.

Live Video Conferencing *(see also Synchronous)* refers to the use of two-way interactive audio-video technology to connect users, in real time.

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Medicaid is a program that provides medical coverage for people with lower incomes, older people, people with disabilities, and some families and children. Learn more about the program in this section.provides medical coverage and long-term medical care to low-income residents. Medicaid is jointly funded by the federal government and individual states, and is administered by the states.

Medicaid Provider Manual is a document released by each state's Medicaid agency, which serves as the reference document for its Medicaid program.

Medically Underserved Area (MUA) may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services.

Medicare is a health insurance for people age 65 or older, people under 65 with certain disabilities, and people of all ages with End-Stage Renal Disease. (ESRD is permanent kidney failure requiring dialysis or a kidney transplant.)

Modifier is a two-digit code that is added to medical procedure codes, to provide additional information about the billed procedure. In some cases, addition of a modifier can directly affect payment.

Modifier GQ is the modifier for store and forward technologies.

Modifier GT is the modifier for live video conferencing.

Originating Site *(see also Spoke Site or Referring Site)* is the location of the patient receiving a telehealth service.

Originating Site Fee *(see also Facility Fee)* is a fee paid to the originating site to compensate for the cost of facilitating a telemedicine visit.

Referring Site *(see also Spoke Site or Originating Site)* is the location of the patient receiving a telehealth service.

Remote Patient Monitoring uses telehealth technologies to collect medical data, such as vital signs and blood pressure, from patients in one location and electronically transmit that information to health care providers in a different location. The health professionals monitor these patients remotely and, when necessary, implement medical services on their behalf.

Rural Health Clinic is a clinic in a rural, medically underserved area that has a separate reimbursement structure from the standard medical office under the Medicare and Medicaid programs.

Skilled Nursing Facility (SNF) is a facility that houses chronically ill, usually elderly patients, and provides long-term nursing care, rehabilitation, and other services.

Spoke Site *(see also Originating Site or Referring Site)* is the location of the patient receiving a telehealth service.

Store and Forward *(see also Asynchronous)* technologies allow for the electronic transmission of medical information, such as digital images, documents, and pre-recorded videos. Asynchronous transmissions typically do not occur in real time, and take place primarily among medical professionals, to aid in diagnoses and medical consults, when live video or face-to-face patient contact is not necessary.

Synchronous *(see also Live Video Conferencing)* refers to the use of two-way interactive audio-video technology to connect users, in real time, for any type of medical service.

Tele-pharmacy involves a pharmacist in one location directing the dispensing of a prescription to another employee in a separate location.

Tele-presenter is a health professional who sits in the exam room with patients during telemedicine visits and assists the distant-site provider.

The Health Insurance Portability and Accountability Act (HIPAA) is a set of national standards, which includes security and privacy of health data for electronic health care transactions, and national identifiers for providers, health insurance plans and employers.

The program of All-Inclusive Care for the Elderly (PACE) provides comprehensive long-term services and support to Medicaid and Medicare beneficiaries.

Transmission Fee is a fee paid to telemedicine providers for the cost of telecommunications transmission.

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