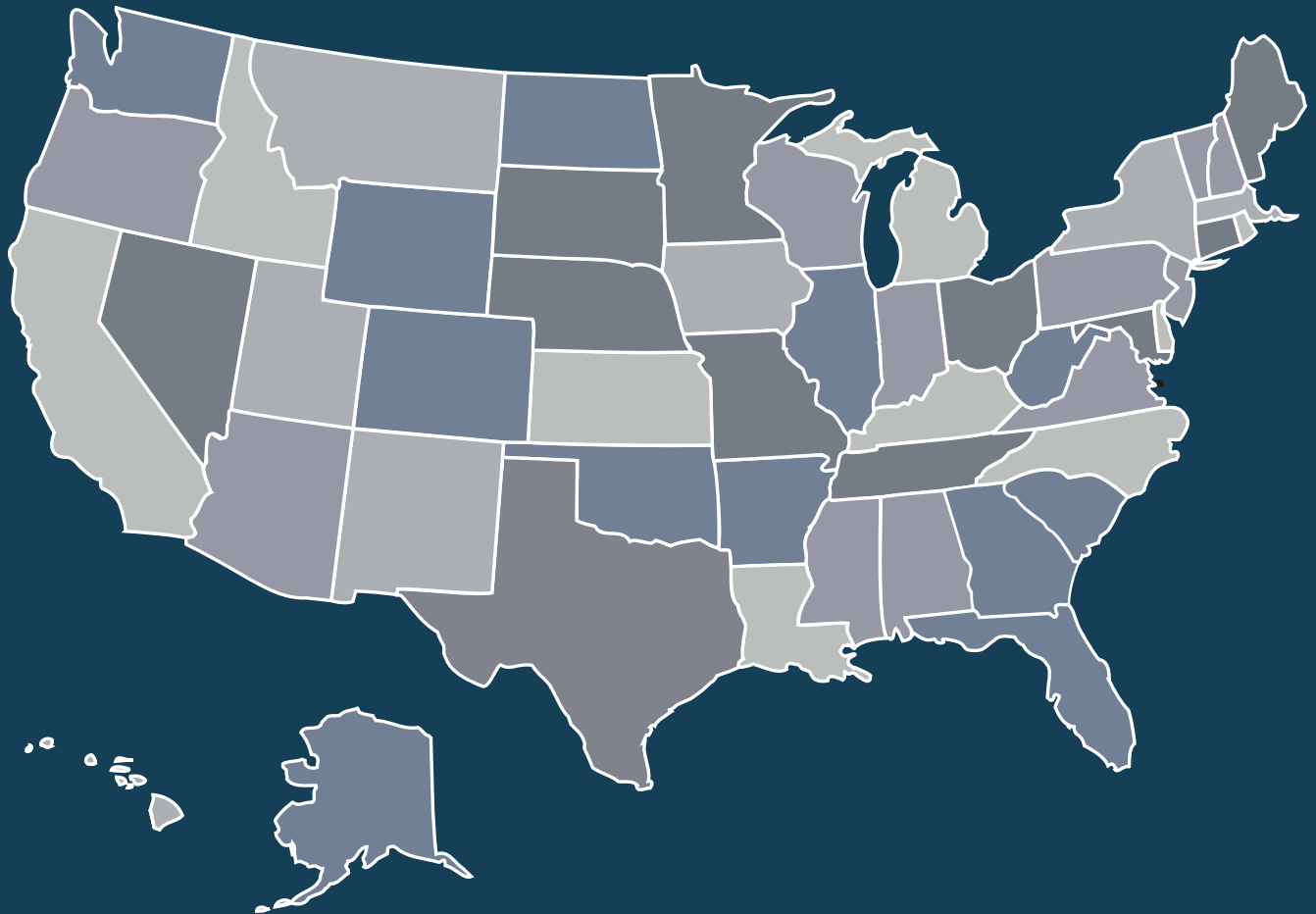




Center for  
**Connected**<sup>®</sup>  
**Health Policy**

The National Telehealth Policy Resource Center



# STATE TELEHEALTH LAWS AND REIMBURSEMENT POLICIES

A COMPREHENSIVE SCAN OF THE 50 STATES AND DISTRICT OF COLUMBIA



APRIL 2017

# State Telehealth Laws and Medicaid Program Policies

## Introduction

The Center for Connected Health Policy's (CCHP) updated fifth annual edition of "State Telehealth Laws and Reimbursement Policies" offers policymakers, health advocates, and other interested health care professionals the most current 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 March 2017. 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](http://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. However, over the past year there has been a slight uptake in Medicaid policy allowing for store-and-forward as well as remote patient monitoring reimbursement, although generally on a limited basis. For example, Connecticut is allowing for store-and-forward reimbursement for physician-to-physician email consults (known as eConsult) exclusively, while Missouri has added store and forward and remote patient monitoring reimbursement, but limited it to specific specialties. Nevada recently incorporated store-and-forward reimbursement by noting that they will cover asynchronous telehealth and lists no further limitations. While Hawaii made significant changes to their telehealth law (effective Jan. 2017), requiring both private payers and Medicaid to cover store and forward and remote patient monitoring, and eliminating their rural requirement, implementation of the Medicaid portion of the law has been delayed pending approval of a State Plan Amendment by the Centers for Medicare and Medicaid (CMS). Other noteworthy trends include the addition of the home as an eligible originating sites in some states, and the inclusion of teledentistry as a specialty qualifying for Medicaid reimbursement and/or required to be reimbursed by private insurers.

A few additional significant findings include:

- Forty-eight states and Washington DC provide reimbursement for some form of live video in Medicaid fee-for-service. This number has remained relatively consistent over the past two years.
- Thirteen state Medicaid programs reimburse for store and forward, an increase of one state (NV) since the Aug. 2016 edition. Hawaii's Medicaid reimbursement of store and forward has been postponed pending approval of a State Plan Amendment.
- Twenty-two state Medicaid programs provide reimbursement for remote patient monitoring, up three states from Aug. 2016. Kentucky's law has not yet gone into effect, and Hawaii's law hasn't yet been implemented.
- Nine state Medicaid programs (Alaska, Arizona, Hawaii, Illinois, Minnesota, Mississippi, Missouri, Virginia and Washington) reimburse for all three, although certain limitations apply. This is an increase of two states since Aug. 2016.

## How to Use this Report

Telehealth policies are organized into eleven categories that address the distinct issues of definition, Medicaid reimbursement by type of service, licensing, and other related requirements. The first column indicates whether policy has been codified into law and/or in state regulation. The second column indicates whether the policy is defined administratively in the Medicaid program, unless otherwise noted. 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, Project Director of the CCHP National Telehealth Resource Center for Policy at [meik@cchpca.org](mailto:meik@cchpca.org), or Christine Calouro, Program Associate, at [christinec@cchpca.org](mailto:christinec@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](http://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.**

Mario Gutierrez  
Executive Director  
April 2017

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

The Center for Connected Health Policy's (CCHP) annual report of state telehealth laws and Medicaid reimbursement policies is the fifth edition of this report. An interactive map version of the report is available on CCHP's website, [cchpca.org](http://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 a few 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 "Comment" section of the state's page.

The survey focused on eleven specific telehealth-related policy areas. These areas were chosen based upon the frequency they have appeared in discussions and questions around telehealth reimbursement and laws. These areas are:

- 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
- Location of service provided
- Reimbursement for transmission and/or facility fees
- Online prescribing
- Private payer laws

- Cross-state licensure

## 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.

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. In some cases, “telehealth” is 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 recently 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 limits 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-eight states and the District of Columbia have a definition in law, regulation, or their Medicaid program for telehealth, telemedicine, or both. Two states, Alabama and New Jersey, still lack a legal definition for both terms.

### Medicaid Reimbursement

Forty-eight states and the District of Columbia have some form of reimbursement for telehealth in their public program. The two states that we determined did not have any written definitive reimbursement policies are:

- Massachusetts
- Rhode Island

Early last year, Iowa's Medicaid program issued a broad regulatory statement confirming that they do provide reimbursement for telehealth. 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.

Although CCHP counted Hawaii in the states that offer store and forward and RPM reimbursement, it should be noted that Hawaii's revisions to their telehealth law, which was scheduled to go into effect in Jan. 2017, has not yet been implemented in the state's Medicaid program pending approval of a State Plan Amendment by the Centers for Medicare and Medicaid (CMS).

It should be noted that Massachusetts employs managed care plans in its Medicaid program. We did not examine whether the 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 for the two states listed above). 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 in the number of states offering reimbursement for live video since Aug. 2016, 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, HI, MN, MO, MT, and NY all offering reimbursement in the specialty.

### **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, thirteen states 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'). Nevada passed legislation in the 2016 legislative session to provide reimbursement for store and forward in their Medicaid programs, simply stating that the program reimburses for "asynchronous telehealth" without going into further detail. States that do reimburse for store-and-forward include:

- Alaska
- Arizona
- Connecticut
- California
- Hawaii (Implementation delayed pending SPA approval by CMS)
- Illinois
- Minnesota
- Mississippi
- Missouri
- New Mexico
- Nevada

- Virginia

- Washington

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-two states have some form of reimbursement for RPM in their Medicaid programs, which is an increase of three states since CCHP’s Aug. 2016 edition. However, Kentucky’s law requiring KY Medicaid to establish a RPM pilot project has not yet gone into effect, and Hawaii’s law requiring Medicaid cover telehealth (defined as including RPM), has not yet been implemented, as previously noted. 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 condition 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. In Minnesota, RPM reimbursement is only available for skilled nursing visits and in the Elderly Waiver and Alternative Care programs. Utah reimburses RPM through a Medicaid skilled nursing facility pilot program for diabetes patients living in rural areas only and other conditions still apply. Utah also allows for outpatient long-term cardiac monitoring when there is prior authorization and additional criteria are met. Alaska’s Medicaid program has the least restrictive RPM reimbursement policy, requiring only that services be provided by a telemedicine application based in the recipient’s home with the provider only indirectly involved in service provision.

The states that currently offer some type of RPM reimbursement in their Medicaid program are:

- |  |                                |                  |
|--|--------------------------------|------------------|
| • Alabama  | • Illinois                     | • Missouri       |
| • Alaska   | • Indiana                      | • Nebraska       |
| • Arizona  | • Kansas                       | • New York       |
| • Colorado   | • Kentucky (Eff. July 1, 2017) | • South Carolina |
| • Hawaii<br>(Implementation delayed pending SPA approval by CMS) | • Louisiana                    | • Texas          |
|  | • Maine                        | • Utah           |
|  | • Minnesota                    | • Vermont        |
|  | • Mississippi                  | • Virginia       |
|  |                                | • Washington     |

In addition to state Medicaid programs, Pennsylvania and South Dakota offer RPM reimbursement 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-one states will reimburse either a transmission, facility fee, or both. Medicare also reimburses for a facility fee for the originating site provider.

### **Location of Service**

Although the practice of restricting reimbursable telehealth services to rural or underserved areas, as is done in the Medicare program, is decreasing, some states continue to maintain this policy. New Hampshire is the only state that was found that currently follows Medicare's telehealth policy, restricting originating sites to rural health professional shortage areas or non-Metropolitan Statistical Area (MSA). Other states are more ambiguous in their geographical restrictions on telehealth. 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 (down from nine previously), continuing the trend to eliminate such limitations. States that have removed such a policy in recent years are Colorado, Idaho, Nebraska, Nevada and Missouri. Although Hawaii currently has a geographic restriction in their Medicaid program, this should be eliminated when recently passed legislation takes effect.

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. However, unlike in previous years when the number has steadily increased, this year it has decreased by two, and more state Medicaid programs are now explicitly allowing the home to serve as an originating site, with three states (DE, CO and OH) adding the home explicitly into their Medicaid policy since Aug. 2016. 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 also require a licensed in-state provider to be physically located within the state in order to enroll as a Medicaid provider (for example California), while others have clarified that this is in fact not necessary (for example, Virginia).

### **Consent**

Twenty-nine 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:

- Alabama
- Arizona
- California
- Colorado
- Connecticut
- District of Columbia
- Delaware
- Georgia
- Idaho
- Indiana
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Mississippi
- Missouri
- Nebraska
- Nevada
- New Jersey
- New York
- Ohio
- Pennsylvania
- Tennessee
- Texas
- Vermont
- Virginia



- West Virginia
- Wyoming

## 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:

- Alabama
- Louisiana
- Maine
- Minnesota
- New Mexico
- Ohio
- Oregon
- Tennessee (Osteopathic Board only)
- 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.

Montana and Nevada also both dropped their telemedicine special license in 2016, however unlike Tennessee, they are among eighteen states that adopted the Federation of State Medical Boards (FSMB)'s Interstate Medical Licensure Compact 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. The specific details about how the compact will function are not yet available. States that have adopted the FSMB's Compact language include:

- Alabama
- Arizona
- Colorado
- Idaho
- Illinois
- Iowa
- Kansas
- Minnesota
- Mississippi
- Montana
- Nevada
- New Hampshire
- Pennsylvania
- South Dakota
- Utah
- West Virginia
- Wisconsin
- Wyoming

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. 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. Three states in particular (VA, MI and OH) have passed laws or adopted regulation recently allowing for the prescribing of certain controlled substances when certain conditions are met.

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.

## Private Payers

Currently, thirty-five jurisdictions have laws that govern private payer telehealth reimbursement policies. However, Rhode Island's law doesn't go into effect until Jan. 1, 2018. Not all of these laws mandate reimbursement. 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.

## Additional Findings

CCHP noticed in this update that three states responded to changes made in telehealth billing codes by CMS and AMA. Montana now requires use of the new place of service (POS) code (02) adopted by CMS in the 2017 Physician Fee Schedule, with the potential for eliminating the modifiers that have traditionally been used to indicate a service occurred over telehealth (GT and GQ) in the future. Texas, on the other hand, adopted the modifier developed by the American Medical Association (AMA) last year "95" to indicate that services occurred over telehealth. The "95" modifier may also eventually replace the GT and GQ modifiers. Meanwhile, Washington has adopted both the POS code and AMA modifier. Given how fast these states adapted these new billing changes into their Medicaid program, it may be a precursor to a larger trend in the near future.

Colorado recently passed legislation restricting plans from limiting telehealth to a specific technology or application. This could also start a trend, as many health insurance companies are now partnering with technology vendor service providers, and in some cases forcing providers and patients into using these vendors. This legislation is aimed at prohibiting health plans from restricting the use of telehealth to specific companies.

## Current Legislation

In the 2017 legislative session, forty-four states have introduced over 200 telehealth-related pieces of legislation. Many bills address different aspects of reimbursement in regards to both private payers and Medicaid, with some bills making changes to existing reimbursement laws. Many states have also proposed legislation that would direct licensure boards to establish standards for the practice of telehealth within their given profession. A few states have also begun introducing legislation or proposing regulation that would allow for telehealth to be counted towards network adequacy requirements for both Medicaid managed care plans and the private sector. **Where appropriate, newly passed and/or approved legislation and regulations are noted for each state. However, many of these changes may not currently be in effect.**

To learn more about state telehealth related legislation, visit CCHP's interactive map at [cchpca.org](http://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.**

## Alabama

**Medicaid Program:** Alabama Medicaid

**Program Administrator:** Alabama Medicaid Agency

**Regional Telehealth Resource Center:**

Southeast Telehealth Resource Center

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STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
No reference found.	<p>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).”</p> <p><i>Source: AL Medicaid Management Information System Provider Manual, p. 574 (28-17), (Jan. 2017).</i></p>
<b>Live Video Reimbursement</b>	
No reference found.	<p>Alabama Medicaid reimburses for live video for the following services:</p> <ul style="list-style-type: none"> <li>• Consults;</li> <li>• Office or other outpatient visits;</li> <li>• Individual psychotherapy;</li> <li>• Psychiatric diagnostic services;</li> <li>• Neurobehavioral status exams.</li> </ul> <p>However, for some specialties, special conditions or circumstances must be present for reimbursement to occur.</p> <p>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.</p> <p><i>Source: AL Medicaid Management Information System Provider Manual, p. 574 (28-17), (Jan. 2017) &amp; AL Admin. Code r. 560-X-6-.14 (2011).</i></p>
<b>Store and Forward Reimbursement</b>	
No reference found.	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found.	<p><u>In Home Monitoring Program</u></p> <p>Alabama Medicaid will reimburse remote patient monitoring through the In Home Monitoring Program.</p> <p>Patients with the following medical conditions may register for the program:</p> <ul style="list-style-type: none"> <li>• Diabetes</li> <li>• Congestive Heart Failure</li> </ul> <p>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.</p> <p>Data transmission occurs through a secure telephone call.</p> <p><i>AL Medicaid Management Information System Provider Manual, p. 755 (39-32), (Jan. 2017).</i></p>
<b>Email/Phone/FAX</b>	
<p>No reimbursement for telephone. No reference found for email or FAX.</p> <p><i>Source: AL Admin Code r. 560-X-6-.14 (2011).</i></p>	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>AL Medicaid Management Information System Provider Manual, p. 574 (28-17), (Jan. 2017).</i></p>
<b>Online Prescribing</b>	
No reference found.	No reference found.
<b>Consent</b>	
No reference found.	<p>A written informed consent is required prior to an initial telemedicine service.</p> <p><i>AL Medicaid Management Information System Provider Manual, p. 574 (28-17), (Jan. 2017).</i></p>
<b>Location</b>	
No reference found.	<p>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.</p> <p>For rehabilitative services, the originating site must be:</p> <ul style="list-style-type: none"> <li>• Physician's office;</li> <li>• Hospital;</li> <li>• Critical Access Hospital;</li> <li>• Rural Health Clinic;</li> <li>• Federally Qualified Health Center;</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> <li>Community mental health center (to include co-located sites with partnering agencies;</li> <li>Public health department.</li> </ul> <p><i>AL Medicaid Management Information System Provider Manual, p. 833 (105-12), (Jan. 2017).</i></p>
<b>Cross-State Licensing</b>	
<p>“A special purpose license allowing practitioners licensed in other states to practice across state lines may be issued.”</p> <p><i>Source: Code of AL Sec. 34-24-502 - 507 (2012).</i></p> <p>AL passed legislation to be a part of the interstate licensing compact</p> <p><i>Source: AL Act 2015-197 (2015).</i></p>	<p>Providers must have an Alabama license.</p> <p><i>AL Medicaid Management Information System Provider Manual, p. 574 (28-17), (Jan. 2017).</i></p>
<b>Private Payers</b>	
No reference found.	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	<p>No reimbursement for originating site or transmission fees.</p> <p><i>AL Medicaid Management Information System Provider Manual, p. 574 (28-17), (Jan. 2017).</i></p>
<b>Miscellaneous</b>	
<p>The Alabama Board of Medical Examiners adopted new rules to establish standards for telehealth medical services. See "comments" section for additional details not included in the categories above.</p>	<p>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:</p> <ul style="list-style-type: none"> <li>Physicians must be enrolled with Alabama Medicaid with a specialty type of 931 (Telemedicine Service)</li> <li>Physician must submit the telemedicine Service Agreement/Certification form</li> <li>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.</li> </ul> <p><i>Source: AL Medicaid Management Information System Provider Manual, p. 574 (28-17), (Jan. 2017).</i></p>

**Comment:****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*).

# Alaska

**Medicaid Program:** Alaska Medicaid

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

**Regional Telehealth Resource Center:**

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STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>“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.”</p> <p><i>Source: AK Admin. Code, Title 7, 12.449 (2012).</i></p>	<p>“Alaska Medicaid will pay for telemedicine services delivered in the following manner:</p> <ul style="list-style-type: none"> <li>• Interactive method: Provider and patient interact in ‘real time’ using video/camera and/or dedicated audio conference equipment.</li> <li>• 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.</li> <li>• Self-monitoring method: The patient is monitored in his or her home via a telemedicine application, with the provider indirectly involved from another location.”</li> </ul> <p><i>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 Mar. 2017).</i></p> <p>Telemedicine is identical to a "traditional" health-care visit except it uses a different "mode of delivery;" with telemedicine, the healthcare provider and the patient are not in the same physical location. Instead, providers use telemedicine applications, such as video, audio, and/or digitized image transmissions, to link the patient and the provider.</p> <p>There are two primary telemedicine methods, or applications: Interactive and store-and-forward. With the interactive method, video/camera equipment and/or audio equipment is used to hold a "real-time" (live) consultation between a patient and a healthcare provider at a different location. The store-and-forward method, however, requires healthcare providers to send digital images, sounds, or previously recorded video to another provider at a different location. This "consulting" provider then reviews the information and reports his or</p>



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	<p>her findings to the provider who sent the information.</p> <p><i>Source: State of AK Dept. of Health and Social Svcs., Alaska Medical Assistance Provider Billing Manuals for Tribal Facility Services. Updated 6/4/13. (Accessed Mar. 2017).</i></p>
<b>Live Video Reimbursement</b>	
<p>(See Medicaid column)</p>	<p>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”</p> <p><i>Source: AK Admin. Code, Title 7, 110.625(a) (2012).</i></p> <p>Alaska Medicaid will pay for a covered medical service furnished through telemedicine application if the service is:</p> <ul style="list-style-type: none"> <li>• Covered under traditional, non-telemedicine methods;</li> <li>• Provided by a treating, consulting, presenting or referring provider;</li> <li>• Appropriate for provision via telemedicine</li> </ul> <p>Eligible services:</p> <ul style="list-style-type: none"> <li>• Initial or one follow-up office visit;</li> <li>• Consultation made to confirm diagnosis</li> <li>• A diagnostic, therapeutic or interpretive service</li> <li>• Psychiatric or substance abuse assessments;</li> <li>• Individual psychotherapy or pharmacological management services.</li> </ul> <p><i>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 Mar. 2017) &amp; AK Admin. Code, Title 7, 110.630.</i></p> <p>No reimbursement for:</p> <ul style="list-style-type: none"> <li>• Home and community-based waiver services;</li> <li>• Pharmacy;</li> <li>• Durable medical equipment;</li> <li>• Transportation;</li> <li>• Accommodation services;</li> <li>• End-stage renal disease;</li> <li>• Direct-entry midwife;</li> <li>• Private duty nursing;</li> <li>• Personal care assistants;</li> <li>• Visual care, dispensing or optician services;</li> <li>• Technological equipment and systems associated with telemedicine application.</li> </ul> <p><i>Source: AK Admin. Code, Title 7, 110.635 (2012) &amp; AK Dept of Health and Social Svcs., AK Alaska Medical Assistance Provider Billing Manual, Section1: Physician, Advance Nurse Practitioner,</i></p>

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	<i>Physician Assistant: Services, Policies and Procedures, (Accessed Mar. 2017)</i>
<b>Store and Forward Reimbursement</b>	
<i>(See Medicaid column)</i>	<p>Alaska Medicaid will reimburse for services delivered through store-and-forward.</p> <p><i>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 Mar. 2017)</i></p> <p>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.”</p> <p><i>Source: AK Admin. Code, Title 7, 110.625(a) (2012).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
<i>(See Medicaid column)</i>	<p>Alaska Medicaid will reimburse for services delivered through self-monitoring.</p> <p><i>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 Mar. 2017)</i></p> <p>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.”</p> <p><i>Source: AK Admin. Code, Title 7, 110.625(a) (2012).</i></p>
<b>Email/Phone/FAX</b>	
<i>(see Medicaid column)</i>	<p>No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>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 Mar. 2017)</i></p> <p>Reimbursement for phone, only if part of a dedicated audio conference system. No reimbursement for FAX.</p> <p><i>Source: AK Admin Code, Title 7, 110.625 (2012).</i></p>
<b>Online Prescribing</b>	
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	No reference found.

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<p>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.</p> <p>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.</p> <p><i>Source: AK Statute, Sec. 08.64.364 (SB 74 – 2016).</i></p> <p>Physicians are prohibited from prescribing medications based solely on a patient-supplied history received by telephone, FAX, or electronic format.</p> <p><i>Source: AK Admin. Code, Title 12, Sec. 40.967.</i></p>	
<b>Consent</b>	
No reference found.	No reference found.
<b>Location</b>	
No reference found.	No reference found.
<b>Cross-State Licensing</b>	
No reference found.	No reference found.
<b>Private Payers</b>	
<p>Private payers required to provide coverage for mental health benefits provided through telemedicine.</p> <p><i>Source: AK Statute, Sec. 21.54.102 (HB 234 – 2016).</i></p>	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	<p>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.</p> <p><i>Source: AK Admin. Code, Title 7, 110.635(b) (2012).</i></p> <p><b>Community Behavioral Health Services</b> The department will pay a community behavioral health services provider for facilitation of a telemedicine session if:</p> <ul style="list-style-type: none"> <li>• The Telemedicine communication equipment is supplied by the provider;</li> <li>• The electronic connection used by the treating provider and the recipient are established and maintained by the provider;</li> <li>• The provider remains available during the telemedicine session to reestablish failed connection before the intended end of the telemedicine session; and</li> </ul>

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	<ul style="list-style-type: none"> <li>• 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).</li> </ul> <p>This service may be rendered to the following eligible recipients:</p> <ul style="list-style-type: none"> <li>• Child or adult experiencing a substance use disorder or emotional disturbance</li> <li>• Adult experiencing a serious mental illness</li> </ul> <p><i>Source: AK Admin. Code, Title 7, 135.290.</i></p>
<b>Miscellaneous</b>	
<p>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.</p> <p><i>Source: AK Statute, Sec. 44.33.381. (SB 74 – 2016).</i></p>	

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

# 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

PO Box 245105

Tucson, AZ 85724

(520) 626-4498

[www.southwesttrc.org](http://www.southwesttrc.org)

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<b>Definition of telemedicine/telehealth</b>	
<p>Under Arizona Statute, Public Health &amp; 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."</p> <p><i>Source: AZ Revised Statute Sec. 36-3601 (2012).</i></p> <p>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."</p> <p><i>Source: AZ Admin. Code Sec. R20-6-1902 (2012).</i></p> <p>"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."</p> <p><i>Source: AZ Statute 20-841.09.</i></p> <p>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.</p>	<p>Service delivery via telemedicine can be in one of two models: <i>Real time</i> 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. <i>Store-and-forward</i> 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.</p> <p><i>Source: AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Manual, Ch. 10: Professional and Technical Services, (10-38), (10/5/2016) &amp; IHS/Tribal Provider Billing Manual, (8/42), (10/5/2016). (Accessed Mar. 2017).</i></p> <p>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."</p> <p>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".</p>

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<p>NOTE: Rules regarding the use of telepractice will be adopted beginning Nov. 1, 2015.</p> <p><i>Source: AZ Revised Statute Sec. 32-3251(15) (2015).</i></p>	<p><i>Source: AZ Health Care Cost Containment System, AHCCCS Medical Policy for AHCCCS Covered Services, Ch. 300, (320-21). Oct. 2016. (Accessed Mar. 2017).</i></p> <p>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.</p> <p><i>Source: AZ Health Care Cost Containment System Telehealth Policy. Mar. 2015. (Accessed Mar. 2017).</i></p>
Live Video Reimbursement	
<p>Health Care Service Organizations (HCSO) are allowed, but not mandated, to provide access to covered services through telemedicine, telephone, and email.</p> <p><i>Source: AZ Admin. Code Sec. R20-6-1915 (2012)</i></p> <p>Private payers are required to provide coverage for live video consultations when treating specific conditions and the originating site is located in a rural region.</p> <p>Allowed Conditions</p> <ul style="list-style-type: none"> <li>• Trauma</li> <li>• Burn</li> <li>• Cardiology</li> <li>• Infectious diseases</li> <li>• Mental health disorders</li> <li>• Neurologic diseases including strokes</li> <li>• Dermatology</li> <li>• Pulmonology (<i>Eff. Jan. 2018</i>)</li> </ul> <p>A rural region is defined as:</p> <ul style="list-style-type: none"> <li>• An area that is located in a county with a population of less than nine hundred thousand persons; or</li> <li>• A city or town that is located in a county with a population of nine hundred thousand persons or more and whose nearest boundary is more than thirty miles from the boundary of a city that has a population of five hundred thousand persons or more.</li> </ul> <p><i>Rural requirement is eliminated beginning in Jan. 2018.</i></p> <p><i>Source: AZ Statutes 20-841.09.</i></p>	<p><u>Fee for Service Provider Manual</u></p> <p>AHCCCS will reimburse for medically necessary services provided via live video in their fee for service program.</p> <p>Eligible services:</p> <ul style="list-style-type: none"> <li>• Cardiology;</li> <li>• Dermatology;</li> <li>• Endocrinology;</li> <li>• Hematology/oncology;</li> <li>• Home Health</li> <li>• Infectious diseases;</li> <li>• Neurology;</li> <li>• Obstetrics/gynecology;</li> <li>• Oncology/radiation;</li> <li>• Ophthalmology;</li> <li>• Orthopedics;</li> <li>• Pain clinic;</li> <li>• Pathology;</li> <li>• Pediatrics and pediatric sub-specialties;</li> <li>• Radiology;</li> <li>• Rheumatology;</li> <li>• Surgery follow-up and consults;</li> </ul> <p><i>Source: AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Manual, Ch. 10: Professional and Technical Services, (10/5/2016) &amp; IHS/Tribal Provider Billing Manual, (8/42), (10/5/2016). (Accessed Mar. 2017).</i></p> <p><u>Additional Covered Services (Located in AHCCCS Policy Manual)</u></p> <ul style="list-style-type: none"> <li>• Behavioral Health</li> <li>• Diagnostic consultation and Evaluation <ol style="list-style-type: none"> <li>1. Psychotropic medication adjustment and monitoring</li> <li>2. Individual and family counseling</li> <li>3. Case management</li> </ol> </li> </ul> <p><i>(Home health not listed as a covered service in this manual)</i></p> <p><i>Source: AZ Health Care Cost Containment System, AHCCCS Medical Policy for AHCCCS Covered Services, Ch. 300, (320-21).</i></p>

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	<p data-bbox="829 254 1162 279"><i>Oct. 2016. (Accessed Mar. 2017).</i></p> <p data-bbox="829 310 1487 336">Additional Covered Services (listed in Telehealth Policy)</p> <ul data-bbox="873 344 1401 562" style="list-style-type: none"> <li>• Behavioral Health</li> <li>• Inpatient consultation</li> <li>• Medical Nutrition Therapy (MTN)</li> <li>• Office, outpatient, and surgery follow-up-consultations</li> <li>• Pain management</li> <li>• Pharmacy management</li> </ul> <p data-bbox="829 594 1268 619">Telehealth policy lists covered codes.</p> <p data-bbox="829 651 1450 701"><i>Source: AZ Health Care Cost Containment System Telehealth Policy. Mar. 2015. (Accessed Mar. 2017).</i></p> <p data-bbox="829 732 1052 758"><b><u>Eligible Providers</u></b></p> <ul data-bbox="873 766 1382 1014" style="list-style-type: none"> <li>• Physician</li> <li>• Registered nurse practitioner</li> <li>• Physician assistant</li> <li>• Certified nurse midwife</li> <li>• Clinical psychologist</li> <li>• Licensed clinical social worker</li> <li>• Licensed marriage and family therapist</li> <li>• Licensed professional counselor</li> </ul> <p data-bbox="829 1045 1446 1096">Out-of-state providers may provide and bill for spoke and/or hub telehealth services.</p> <p data-bbox="829 1127 1450 1178"><i>Source: AZ Health Care Cost Containment System Telehealth Policy. Mar. 2015. (Accessed Mar. 2017).</i></p> <p data-bbox="829 1209 1479 1260">Behavioral health services are covered for AHCCS and KidsCare patients.</p> <p data-bbox="829 1291 1248 1316">Covered behavioral health services:</p> <ul data-bbox="873 1348 1401 1520" style="list-style-type: none"> <li>• Diagnostic consultation and evaluation;</li> <li>• Psychotropic medication adjustment and monitoring;</li> <li>• Individual and family counseling;</li> <li>• Case management.</li> </ul> <p data-bbox="829 1551 1471 1669">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.</p> <p data-bbox="829 1701 1162 1726">Other medical professionals:</p> <ul data-bbox="873 1757 1284 1955" style="list-style-type: none"> <li>• Registered nurses;</li> <li>• Licensed practical nurses;</li> <li>• Clinical nurse specialists;</li> <li>• Registered nurse midwives;</li> <li>• Registered nurse practitioners;</li> <li>• Physician assistants;</li> </ul>



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	<ul style="list-style-type: none"> <li>• Physical, occupational, speech, and respiratory therapists;</li> <li>• Trained telepresenter familiar with the recipient’s medical condition.</li> </ul> <p>All services provided via telemedicine must be reasonable, cost effective and medically appropriate. Services are billed by the consulting provider. Telepresenter services are not billable.</p> <p><i>Source: AZ Health Care Cost Containment System, AHCCCS Fee-For- Service Provider Manual, Ch. 10: Professional and Technical Services, (10-39), (10/5/2016) &amp; IHS/Tribal Provider Billing Manual (8/42), (10/5/2016). (Accessed Mar. 2017).</i></p> <p><u>AHCCCS Policy Manual</u>            AHCCCS covers real-time teledentistry for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) aged members when provided by a registered dental providers.</p> <p><i>Source: AZ Health Care Cost Containment System, AHCCCS Medical Policy for AHCCCS Covered Services, Ch. 300, (320-21). Oct. 2016. (Accessed Mar. 2017).</i></p> <p>Teledentistry services will be reimbursed for enrollees under the age of 21.</p> <p><i>Source: AZ Statute, Sec. 36.1.</i></p>
<b>Store and Forward Reimbursement</b>	
<p>The definition of “telemedicine”, which describes telemedicine as occurring in the “physical presence” of the patient, would exclude store and forward.</p> <p><i>Source: AZ Admin. Code Sec. R20-6-1902 (2012).</i></p>	<p><u>Fee for Service Provider Manual</u>            AHCCCS will reimburse for store-and-forward in their fee-for-service program. The same services are covered for store and forward, as for real time.</p> <p>Real time telemedicine is the only type of reimbursement available in the field of Behavioral Health Services.</p> <p><i>Source: AZ Health Care Cost Containment System, AHCCCS Fee-For- Service Provider Manual, Ch. 10: Professional and Technical Services, (10-38), (10/5/2016) &amp; IHS/Tribal Provider Billing Manual, (8/42), (10/5/2016). (Accessed Mar. 2017).</i></p> <p><u>AHCCCS Policy Manual</u>            AHCCCS only covers for store and forward (and is subject for review) the following:</p> <ul style="list-style-type: none"> <li>• Dermatology</li> <li>• Radiology</li> <li>• Ophthalmology</li> <li>• Pathology</li> </ul> <p>AHCCCS does not consider asynchronous or “store and forward” applications to be telemedicine, but it may be utilized to deliver services.</p>

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	<p><i>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 Mar. 2017).</i></p> <p>The following exceptions may be eligible for reimbursement, but are not considered a “telemedicine service”:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Additional exceptions for Behavioral Services apply.</li> </ul> <p><i>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 Mar. 2017).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found.	<p>Telemonitoring is considered necessary for members with Congestive Heart Failure (CHF) when the following conditions are met:</p> <ol style="list-style-type: none"> <li>1. Observation/inpatient admission with primary or secondary discharge diagnosis of CHF within the past two months, or readmission within the past six months; AND</li> <li>2. 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).</li> </ol> <p>Other limitations apply. See manual.</p> <p><i>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.</i></p>

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	2016. (Accessed Mar. 2017).
<b>Email/Phone/FAX</b>	
<p>Health Care Service Organizations are allowed, but not mandated, to provide covered services through telemedicine, telephone, and email.</p> <p><i>Source: AZ Admin. Code Sec. R20-6-1915 (2012).</i></p> <p>No Phone No Email No Fax</p> <p><i>Source: AZ Statutes 20-841.09.</i></p>	No reference found.
<b>Online Prescribing</b>	
<p>Physicians are prohibited from issuing a prescription to patients without having a physical or mental health status examination to establish a provider-patient relationship.</p> <p>The physical or mental health status examination can be conducting during a real-time telemedicine encounter.</p> <p><i>Source: Arizona Revised Statute Sec. 32-1401 (SB 1339).</i></p>	No reference found.
<b>Consent</b>	
<p>Providers must obtain and document oral or written consent before delivery of services. Oral consent should be documented on the patient's medical record.</p> <p><i>Source: AZ Revised Statute Sec. 36-3602 (2012).</i></p>	<p>If there will be a recording of the interactive video service, a separate consent must be obtained. See manual for full requirements.</p> <p><i>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 Mar. 2017).</i></p>
<b>Location</b>	
<p>Private payers are required to provide coverage when the originating site is located in a rural region, which is defined as:</p> <ul style="list-style-type: none"> <li>• An area that is located in a county with a population of less than nine hundred thousand persons; or</li> <li>• A city or town that is located in a county with a population of nine hundred thousand persons or more and whose nearest boundary is more than thirty miles from the boundary of a city that has a population of five hundred thousand persons or more.</li> </ul> <p><i>Rural requirement is eliminated beginning in Jan. 2018.</i></p> <p><i>Source: AZ Statutes 20-841.09.</i></p>	<p>Eligible hub or spoke sites for Indian Health Services or tribal providers:</p> <ul style="list-style-type: none"> <li>• Indian Health Service clinic;</li> <li>• Tribally-governed facility;</li> <li>• Urban clinic for American Indians;</li> <li>• Physician or other provider office;</li> <li>• Hospital;</li> <li>• Federally Qualified Health Center (FQHC).</li> </ul> <p><i>Source: AZ Health Care Cost Containment System Telehealth Policy. Mar. 2015. (Accessed Mar. 2017).</i></p> <p>Fee for service manual definitions:</p> <p>Hub site – “the location of the telemedicine consulting provider, which is considered the place of service.”</p> <p>Spoke site – “the location where the recipient is</p>

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	<p>receiving the telemedicine service.”</p> <p><i>Source: AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Manual, Ch. 10: Professional and Technical Services, (10-38), (10/5/2016) &amp; IHS/Tribal Provider Billing Manual, (8/42), (10/5/2016). (Accessed Mar. 2017).</i></p>
<b>Cross-State Licensing</b>	
<p>An out-of-state doctor may engage in a single or infrequent consultation with an Arizona physician.</p> <p><i>Source: AZ Revised Statute Sec. 32-1421 (2012).</i></p>	<p>For teledentistry services: A consultation by a non-Arizona licensed provider may occur if:</p> <ul style="list-style-type: none"> <li>• It is to a specific patient in the AHCCCS program;</li> <li>• The provider is registered with AHCCCS;</li> <li>• 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.</li> </ul> <p><i>Source: AZ Health Care Cost Containment System, AHCCCS Medical Policy Manual, Medical Policy for AHCCCS Covered Services, Ch. 300, Policy 320: Services With Special Circumstances, (320-23). Oct. 2016. (Accessed Mar. 2017).</i></p>
<b>Private Payers</b>	
<p>Private payers are required to provide coverage for live video consultations when treating specific conditions and the originating site is located in a rural region.</p> <p>Allowed Conditions</p> <ul style="list-style-type: none"> <li>• Trauma</li> <li>• Burn</li> <li>• Cardiology</li> <li>• Infectious diseases</li> <li>• Mental health disorders</li> <li>• Neurologic diseases including strokes</li> <li>• Dermatology</li> <li>• Pulmonology (<i>Eff. Jan. 2018</i>)</li> </ul> <p>A rural region is defined as:</p> <ul style="list-style-type: none"> <li>• An area that is located in a county with a population of less than nine hundred thousand persons; or</li> <li>• A city or town that is located in a county with a population of nine hundred thousand persons or more and whose nearest boundary is more than thirty miles from the boundary of a city that has a population of five hundred thousand persons or more.</li> </ul> <p><i>Rural requirement is eliminated beginning in Jan. 2018.</i></p> <p><i>Source: AZ Statutes 20-841.09.</i></p>	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Site/Transmission Fee</b>	
No reference found.	A facility fee is not an AHCCCS covered service.  <i>Source: AZ Health Care Cost Containment System Telehealth Policy. Mar. 2015. (Accessed Mar. 2017).</i>
<b>Miscellaneous</b>	
Arizona explicitly prohibits the use of telemedicine to provide an abortion.  <i>Source: AZ Revised Statute Sec. 36-3604 (2012).</i>	

Professional regulation with telehealth specific standards

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

# Arkansas

**Medicaid Program:** Arkansas Medicaid

**Program Administrator:** Arkansas Department of Human Services

**Regional Telehealth Resource Center**  
 South Central Telehealth Resource Center  
 4301 W. Markham St. #519  
 Little Rock, AR 72205  
 (855) 664-3450  
[learntelehealth.org](http://learntelehealth.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p><b><u>Recently Passed Legislation (Effective Jan. 1, 2018)</u></b>            “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.</p> <p>...</p> <p>Telemedicine does not mean the use of audio-only communication, including without limitation interactive audio; a facsimile machine; text messaging; or electronic mail systems.”</p> <p><i>Source: AR Code Sec. 17-80-402 (SB 146 – 2017)</i></p>	<p>Arkansas Medicaid defines telemedicine services as “medical services performed as electronic transactions in real time. 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.”</p> <p><i>Source: 016 06 06 Code of AR Rules and Regs. (CARR) 024 (2012).</i></p> <p>The Medicaid manual describes telemedicine as, “Interactive electronic consultations are physician consultations, ‘face-to-face’ in real time, via two-way electronic data exchange.”</p> <p><i>Source: AR Provider Manual, Section II: Physician/Independent Labe/CRNA/Radiation Therapy Center, p. 32. (Accessed Mar. 2017)</i></p> <p>Arkansas Medicaid defines telemedicine services as medical services performed as electronic transactions in real time. 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. 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.</p> <p><i>Source: AR Provider Manual, Section II: Rural Health Clinic, p. 6 &amp; Federally Qualified Health Centers, p. 10 (Accessed Mar. 2017).</i></p> <p>“Telemedicine” means the medium of delivering clinical healthcare services by means of real-time two-way electronic audio-visual communications, including without limitation the application of secure video conferencing, to provide or support healthcare delivery that facilitates the assessment, diagnosis, consultation, or treatment of a patient’s health care while the patient is at an originating site and the healthcare professional is at a distant site.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><i>Source: AR Code 23-79-1601(5).</i></p>
<p><b>Live Video Reimbursement</b></p>	
<p>A health plan shall cover the telehealth-delivered healthcare services on the same basis it would if the services were delivered in-person.</p> <p><i>Source: AR Code 23-79-1602(c) (1).</i></p> <p>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. (See Online Prescribing section below).</p> <p>Existence of a professional relationship is not required in the following circumstances:</p> <ul style="list-style-type: none"> <li>• Emergency situations where life or health of the patient is in danger or imminent danger or</li> <li>• Simply providing information in a generic nature not meant to be specific to an individual patient.</li> </ul> <p><i>Source: AR Code 17-80-402</i></p>	<p>Arkansas Medicaid will reimburse for up to two visits per patient, per year. A benefit extension request may be approved if it is medically necessary.</p> <p>Covered visits:</p> <ul style="list-style-type: none"> <li>• Consults;</li> <li>• Fetal echography and echocardiography (must be transmitted in real time);</li> <li>• Non-emergency visits in a physician’s office, a clinic or a hospital outpatient department;</li> <li>• Inpatient hospital visits;</li> <li>• Federally Qualified Health Centers (FQHC) encounters.</li> </ul> <p>Specific CPT codes apply. See manual for special billing instructions.</p> <p>AR Medicaid covers telemedicine evaluation and management services of an attending physician at the local site only when the physician is physically attending the patient and is presenting the case to a consulting physician at the remote site by means of telemedicine media.</p> <p><i>Source: AR Provider Manual, Section II: Physician/Independent Lab/CRNA/Radiation Therapy Center, p. 68 &amp; 129. (Accessed Mar. 2017)</i></p> <p><i>Source: (fetal echography and echocardiography): AR Provider Manual, Section II: Hospital/CAH/End Stage Renal Disease, p. 32. and Section II: Rural Health Clinics, p. 6. (Accessed Mar. 2017)</i></p> <p><i>Source (FQHC only): AR Provider Manual, Section II: Federally Qualified Health Center, p. 11. (Accessed Mar. 2017)</i></p> <p>There is reimbursement for live video for “Telepsych” services under the Rehabilitative Services for Persons with Mental Illness (RSPMI) program. See Medicaid manual for list of rehabilitative services that can be provided through telemedicine to beneficiaries under age 21 and above age 21.</p> <p><b>Note:</b> These services are only available when, at a minimum, the Arkansas Telehealth Network (ATN) recommended audio video standards for real-time, two-way interactive audiovisual transmissions are met. Providers also must be able to link or connect to ATN, to ensure HIPAA compliance. Providers must receive prior authorization. An employee of the clinic must also be in the same room as the beneficiary.</p> <p><i>Source: AR Provider Manual, Section II: Rehabilitative Services for Persons with Mental Illnesses, p. 15. (Accessed Mar. 2017)</i></p>



STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>Live video services will be reimbursed the same as if the services were provided in-person if conditions in AR Code 17-80-117 such as provision of services provided by an Arkansas licensed or certified healthcare provider, professional relationship (see Comments section) and eligible originating site.</p> <p><i>Source: AR Code 23-79-1602.</i></p>
<b>Store and Forward Reimbursement</b>	
<p><b><u>Recently Passed Legislation (Effective Jan. 1, 2018)</u></b> Health plans required to reimburse for telemedicine, which includes store and forward.</p> <p><i>Source: AR Code 23-79-1602 (SB 146 – 2017).</i></p>	<p>No reimbursement. Arkansas Medicaid requires telemedicine to occur in real-time.</p> <p><i>Source: AR Provider Manual, Section II: Physician/Independent Labe/CRNA/Radiation Therapy Center, p. 68. (Accessed Mar. 2017)</i></p> <p>Store and forward shall not be considered telemedicine, but the use of it is not prohibited.</p> <p><i>Source: AR Code 17-80-117(b) (4) (A).</i></p> <p>Radiology procedures are reimbursed as telemedicine when billed properly.</p> <p><i>Source: AR Provider Manual, Section II: Physician/Independent Labe/CRNA/Radiation Therapy Center, p. 132. (Accessed Mar. 2017)</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
<p><b><u>Recently Passed Legislation (Effective Jan. 1, 2018)</u></b> Health plans required to reimburse for telemedicine, which includes RPM.</p> <p><i>Source: AR Code 23-79-1602 (SB 146 – 2017).</i></p>	No reference found.
<b>Email/Phone/FAX</b>	
No reference found.	No reference found.
<b>Online Prescribing</b>	
<p>A proper physician/patient relationship can be established via real time audio and video telemedicine.</p> <p><i>Source: AR Rules and Regulation. Sec. 060.00.16.</i></p> <p><b><u>Recently Passed Regulation (Now Effective)</u></b>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.</p> <p>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.</p>	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p><i>Source: AR Rules and Regulation. Sec. 060.00.16. Reg. 38, codified in ACA Sec. 17-80-117.</i></p> <p>When abortion inducing drugs are used, the initial administration must occur in the same room and in the physical presence of the prescribing physician.</p> <p><i>Source: AR Rules and Regulation. Sec. 060.00.16.</i></p> <p>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.</p> <p><i>Source: AR Code Annotated Sec. 17-92-1003 (2012).</i></p> <p><b>Recently Passed Legislation (Effective Jan. 1, 2018)</b></p> <p>Under specified circumstances, the standard of care must not require an in-person encounter. A professional relationship cannot be established only through:</p> <ul style="list-style-type: none"> <li>• An internet questionnaire</li> <li>• Email message</li> <li>• Patient generated medical history</li> <li>• Audio only communication, including without limitation interactive audio</li> <li>• Text messaging</li> <li>• Facsimile machine</li> <li>• Any combination thereof</li> </ul> <p><i>Source: AR Code 17-80-403, (SB 146 – 2017).</i></p> <p>The standards of appropriate practice in traditional health care professional-patient settings shall govern the licensed healthcare professional's treatment recommendations made via electronic means, including issuing a prescription via telemedicine.</p> <p><i>Source: AR Code 17-80-117(b).</i></p>	
<b>Consent</b>	
<p>The healthcare professional shall follow applicable state and federal laws, rules and regulations for informed consent.</p> <p><i>Source: AR Code 17-80-117(c) (1).</i></p>	<p>The healthcare professional shall follow applicable state and federal laws, rules and regulations for informed consent.</p> <p><i>Source: AR Code 17-80-117(c) (1).</i></p>
<b>Location</b>	
<p>Patients must be in a physician's office or a hospital.</p> <p><i>Source: 016 06 Code of AR Rules and Regs. (CARR) 036 (2012).</i></p>	<p><u>Eligible Originating Site</u></p> <ul style="list-style-type: none"> <li>• In-patient or non-emergency hospital</li> <li>• Physician office or clinic</li> <li>• Ambulatory surgical center</li> <li>• FQHC; or</li> <li>• Emergency department.</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><i>Source: AR Provider Manual, Section II: Physician/Independent Lab/CRNA/Radiation Therapy Center, p. 128. (Accessed Mar. 2017)</i></p>
<b>Cross-State Licensing</b>	
<p>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.</p> <p><i>Source: AR Code Revised 17-95-206 (2012)</i></p> <p>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.</p> <p><i>Source: AR Code 17-80-117(d) (1-2).</i></p> <p><b><u>Recently Passed Legislation</u></b> AR Medical Board required to perform an analysis of the Interstate Medical Licensure Compact to determine whether the State of AR should participate.</p> <p><i>Source: SB 78 (2017)</i></p>	<p>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.</p> <p><i>Source: 17-80-117(d) (1-2).</i></p>
<b>Private Payers</b>	
<p>A health plan shall cover the telehealth-delivered healthcare services on the same basis it would if the services were delivered in-person.</p> <p><i>Source: AR Code 23-79-1602.</i></p>	<p>No reference found.</p>
<b>Site/Transmission Fee</b>	
<p><b><u>Recently Passed Legislation (Effective Jan. 1, 2018)</u></b> 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.</p> <p><i>Source: AR Code Sec. 23-79-1602 (SB 146 – 2017).</i></p>	<p>A facility fee is not prohibited, but it is not mandated.</p> <p><i>Source: AR Code 23-79-1602(d) (3).</i></p>
<b>Miscellaneous</b>	
<p>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.</p> <p>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.</p>	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p><i>Source: AR Code Sec. 17-100-103.</i></p> <p><b><u>Recently Passed Legislation (Effective Jan. 1, 2018)</u></b>  A health benefit plan cannot prohibit its providers from charging patients directly for telephone calls that aren't reimbursed by the plan.</p> <p><i>Source: AR Code Sec. 23-79-1602 (SB 146 – 2017).</i></p>	

**COMMENTS:***New Regulations Passed*

- AR Board of Examiners in Speech-Language Pathology and Audiology (*Source: Title 17-100-202, Sec. 12*) [http://www.abespa.com/pdf/rules\\_regs092615.pdf](http://www.abespa.com/pdf/rules_regs092615.pdf)

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

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

A “professional relationship” between healthcare provider and patient means at a minimum:

- The healthcare professional has previously conducted an in-person examination and is available to provide appropriate follow-up care, when necessary, at medically necessary intervals;
- The healthcare professional personally knows the patient and the patient's relevant health status through an ongoing personal or professional relationship, and is available to provide appropriate follow-up care, when necessary, at medically necessary intervals;
- The treatment is provided by a healthcare professional in consultation with, or upon referral by, another healthcare professional who has an ongoing relationship with the patient and who has agreed to supervise the patient's treatment, including follow-up care;
- An on-call or cross-coverage arrangement exists with the patient's regular treating healthcare professional or another healthcare professional who has established a professional relationship with the patient;
- A relationship exists in other circumstances as defined by rule of the Arkansas State Medical Board for healthcare professionals under its jurisdiction and their patients; or
- A relationship exists in other circumstances as defined by rule of a licensing or certification board for other healthcare professionals under the jurisdiction of the appropriate board and their patients if the rules are no less restrictive than the rules of the Arkansas State Medical Board.

*Source: 17-80-402.*

# California

**Medicaid Program:** Medi-Cal

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

**Regional Telehealth Resource Center:**

California Telehealth Resource Center (CTRC)

2001 P Street, Suite 100

Sacramento, CA 95811

(916) 341-3378 / (877) 590-8144

[www.caltrc.org](http://www.caltrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>“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.”</p> <p><i>Source: CA Business &amp; Professions Code Sec. 2290.5 (2012).</i></p> <p>Telemedicine is “the ability of physicians and patients to connect via technology other than through virtual interactive physician/patient capabilities, especially enabling rural and out-of-area patients to be seen by specialists remotely.”</p> <p><i>Source: CA Code of Reg. Title 10 Sec. 6410.</i></p>	<p>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.”</p> <p>“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.”</p> <p><i>Source: CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth. Pg. 1. (Dec. 2013) (Accessed Mar. 2017).</i></p>
<b>Live Video Reimbursement</b>	
<p>Private payers may reimburse for live video. (See “Private Payers” section).</p> <p><i>Source: CA Health &amp; Safety Code Sec. 1374.13 (2012).</i></p> <p>(also see Medicaid column)</p>	<p>Medi-Cal will reimbursement for services provided via live video.</p> <p><i>Source: CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth. Pg. 1. (Dec. 2013), (Accessed Mar. 2017).</i></p>
<b>Store and Forward Reimbursement</b>	
<p>Private payers may reimburse for store and forward.</p> <p><i>Source: CA Business &amp; Professions Code Sec. 2290.5 (2012).</i></p> <p>(also see Medicaid column)</p>	<p>Medi-Cal will reimburse for store and forward services for tele-dermatology, tele-ophthalmology and teledentistry.</p> <p><i>Source: Sec. 14132.725 of the Welfare and Institutions Code.</i></p> <p><i>Source (tele-dermatology &amp; tele-ophthalmology): CA Department of Health Care Services. Medi-Cal Part 2 General Medicine</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><i>Manual. Telehealth. Pg. 5. (Dec. 2013), (Accessed Mar. 2017).</i></p> <p>Allied dental professionals are not permitted to bill for teledentistry.</p> <p>Live transmissions are only billable if the beneficiary requests it.</p> <p>Specific list of acceptable CPT codes included in Denti-Cal Handbook.</p> <p><i>Source: Denti-Cal Provider Handbook. (4-11 to 4-12) Pg. 111-112. (Mar. 2017).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found.	No reference found.
<b>Email/Phone/FAX</b>	
No reference found.	<p>Medi-Cal does not reimburse for telephone calls, electronic mail messages or facsimile transmissions.</p> <p><i>Source: CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth. Pg. 5. (Dec. 2013), (Accessed Mar. 2017).</i></p>
<b>Online Prescribing</b>	
<p>Providers are prohibited from prescribing or dispensing dangerous drugs or dangerous devices on the Internet without an appropriate prior examination and medical indication.</p> <p><i>Source: CA Business &amp; Professions Code Sec. 2242.1(a).</i></p>	No reference found.
<b>Consent</b>	
<p>The originating site provider must obtain and document verbal or written patient consent prior to service delivery.</p> <p><i>CA Health &amp; Safety Code Sec. 1374.13.</i></p> <p><b>Occupational Therapy</b> Informed consent must be obtained by the occupational therapist prior to the use of telehealth to deliver services.</p> <p><i>Source: CA Code of Regulations, Title 16, Div. 39, Art. 8, Sec. 4172.</i></p> <p><b>Behavioral Sciences</b> A licensee must obtain informed consent from a client.</p> <p><i>Source: CA Code of Regulations, Title 16, Div. 18, Art. 1, Sec. 1815.5.</i></p>	<p>Provider must obtain oral consent from the patient and document it in the patient record.</p> <p><i>Source: CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth. Pg. 2. (Dec. 2013), (Accessed Mar. 2017).</i></p>
<b>Location</b>	
Health plans cannot limit the settings where services are provided. Settings are still subject to contract terms and conditions.	<p>The type of setting where services are provided is not limited.</p> <p><i>Source: CA Department of Health Care Services. Medi-Cal Part 2</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<i>Source: CA Health &amp; Safety Code Sec. 1374.13 (2012).</i>	<i>General Medicine Manual. Telehealth. Pg. 1. (Dec. 2013), (Accessed Mar. 2017).</i>
<b>Cross-State Licensing</b>	
No reference found.	No reference found.
<b>Private Payers</b>	
Private payers cannot require that in-person contact occur before payment is made for covered telehealth services, subject to contract terms and conditions.  <i>Source: CA Health &amp; Safety Code Sec. 1374.13 (2012).</i>	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	Medi-Cal will reimburse the originating site a facility fees, and originating and distant site for live video transmission costs.  <i>Source: CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth. Pg. 2. (Dec. 2013), (Accessed Mar. 2017).</i>
<b>Miscellaneous</b>	
The CA Board of Occupational Therapy adopted a new rule titled, "Standards of Practice for Telehealth," to establish standards and expectations associated with the delivery of occupational therapy services via information and communication technology.  Any licensed health care provider or marriage and family therapist, intern or trainee is an authorized telehealth provider.  <i>Source: CA Business and Professions Code Sec. 2290.5.</i>	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).  <i>Source: CA Department of Health Care Services. Medi-Cal Special Programs FAQs. (Accessed Mar. 2017).</i>  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.  <i>Source: Welfare and Institutions Code Sec. 4512.</i>

**Comments:***New Regulations Passed*

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



## Colorado

**Medicaid Program:** Colorado Medicaid

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

**Regional Telehealth Resource Center:**

Southwest Telehealth Resource Center

PO Box 245105

Tucson, AZ 85724

(520) 626-4498

[www.southwesttrc.org](http://www.southwesttrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>“Telemedicine means the delivery of medical services and any diagnosis, consultation, or treatment using interactive audio, interactive video, or interactive data communication.”</p> <p><i>Source: CO Revised Statutes 12-36-102.5 (2012).</i></p> <p>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.</p> <p><i>Source: CO Revised Statutes 10-16-123(2) (h) (4) (e) (I &amp; II) (2015).</i></p> <p>"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."</p> <p><i>Source: 6 CO Regs. Rule 1011-1. Ch. 5.</i></p> <p>"Telemedicine" or "telehealth" means, for the purposes of this regulation, a mode of delivery of health care</p>	<p>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.</p> <p><i>Source: CO Department of Health Care Policy and Financing. "Telemedicine" 2/17. (Accessed Mar. 2017).</i></p> <p>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.</p> <p><i>Source: CO Medical Assistance Program, Home Health Billing Manual, p. 12 (3/17), (Accessed Mar. 2017).</i></p> <p>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.</p> <p><i>Source: CO Department of Health Care Policy and Financing. "Home Health Telehealth". (Accessed Mar. 2017). &lt;<a href="https://www.colorado.gov/pacific/hcpf/home-health-telehealth">https://www.colorado.gov/pacific/hcpf/home-health-telehealth</a>&gt;</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>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 terms include synchronous interactions and store-and-forward transfers. The terms do not include the delivery of health care services via telephone, facsimile machine or electronic mail systems.</p> <p><i>Source: 3 CCR 702-4, 4-2-53.</i></p> <p><b><u>Worker's Compensation</u></b>  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.</p> <p><i>Source: 7 CCR 1101-3, Rules 16.</i></p>	
<b>Live Video Reimbursement</b>	
<p>A health benefit plan that is issued, amended or renewed shall not restrict or deny coverage solely because the service is provided through telehealth.</p> <p><i>Source: CO Revised Statutes 10-16-123.</i></p> <p><i>(also see Medicaid column &amp; "Private Payers" section)</i></p>	<p>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.</p> <p>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.</p> <p>A specialist is eligible to be an originating provider or distant provider.</p> <p>Managed care may or may not reimburse telemedicine costs.</p> <p><i>Source: CO Department of Health Care Policy and Financing. "Telemedicine" 2/17. (Accessed Mar. 2017).</i></p> <p>Colorado Medicaid will reimburse for medical and mental health services. Services shall be subject to reimbursement policies developed by the medical</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>assistance program.</p> <p>Reimbursement must be the same as in-person services.</p> <p><i>Source: CO Revised Statutes 25.5-5-320.</i></p>
<b>Store and Forward Reimbursement</b>	
<p>A health benefit plan that is issued, amended or renewed shall not restrict or deny coverage solely because the service is provided through telehealth. Reimbursement based upon the definition of “telehealth”.</p> <p><i>Source: CO Revised Statutes 10-16-123.</i></p>	<p>The member must be present during any Telemedicine Direct Member Services that involve two collaborating providers.</p> <p><i>Source: CO Department of Health Care Policy and Financing. “Telemedicine” 2/17. (Accessed Mar. 2017).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
<p>(see Medicaid column)</p>	<p>The CO Medical Assistance Program will reimburse for Remote Patient Monitoring at a flat fee set by the state board when all these requirements are met:</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• The patient requires monitoring at least five times weekly to manage the disease, as ordered by a physician or podiatrist;</li> <li>• The patient has been hospitalized two or more times in the last 12 months for conditions related to the disease;</li> <li>• The patient or caregiver misses no more than five monitoring events in a 30-day period;</li> <li>• The patient’s home has space for all program equipment and full transmission capability.</li> </ul> <p><i>Source: (Reimbursement): CO Revised Statutes 25.5-5-321.</i>  <i>Source: (Requirements): 10 CO Code of Regulation 2505-10.</i></p> <p>Additional restrictions apply. See Colorado Code of Regulations for more information.</p> <p>Medicaid Home Health will reimburse for services only if the patient has no other insurance.</p> <p><i>Source: 10 CO Code of Regulation 2505-10.</i></p> <p>CO Medicaid reimburses telehealth monitoring for qualified clients (see above requirements).</p> <p>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.</p>

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	<p>No prior authorization needed, but agencies should notify the Department or its designee when a client is enrolled in the service.</p> <p><i>Source: CO Medical Assistance Program, Home Health Billing Manual, p. 12 (3/17), (Accessed Mar. 2017).</i></p>
<b>Email/Phone/FAX</b>	
<p>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.</p> <p><i>Source: CO Revised Statutes 10-16-123.</i></p>	<p>No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: CO Department of Health Care Policy and Financing. "Telemedicine" 2/17. (Accessed Mar. 2017).</i></p>
<b>Online Prescribing</b>	
<p>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.</p> <p><i>Source: 3 CO Code of Regulation 719-1 (2012).</i></p> <p><b><u>Workers' Compensation</u></b> The physician-patient relationship/psychologist-patient relationship can be established through live audio/video services.</p> <p><i>Source: 7 CO Regs. Rule 18.</i></p>	<p>No reference found.</p>
<b>Consent</b>	
<p>Providers shall give all first-time patients a written statement that includes the following:</p> <ul style="list-style-type: none"> <li>• The patient may refuse telemedicine services at any time, without loss or withdrawal of treatment;</li> <li>• All applicable confidentiality protections shall apply to the services;</li> <li>• The patient shall have access to all medical information from the services, under state law.</li> </ul> <p><i>Source: CO Revised Statutes 25.5-5-320 (2012).</i></p> <p><b><u>Workers' Compensation</u></b> The patient needs to give consent.</p> <p><i>Source: 7 CO Regs. Rule 18.</i></p>	<p>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:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• All applicable confidentiality protections shall apply to the services.</li> <li>• 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.</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>These requirements do not apply in an emergency.</p> <p><i>Source: CO Department of Health Care Policy and Financing. "Telemedicine" 2/17. (Accessed Mar. 2017).</i></p>
<b>Location</b>	
<p><b>Workers' Compensation</b> Telehealth facilities can bill for the originating site fee unless it's a private residence.</p> <p>Authorized originating sites include:</p> <ul style="list-style-type: none"> <li>• The office of a physician or practitioner</li> <li>• A hospital</li> <li>• A critical access hospital (CAH)</li> <li>• A rural health clinic (RHC)</li> <li>• A federally qualified health center (FQHC)</li> <li>• A hospital based or critical access hospital based renal dialysis center (including satellite)</li> <li>• A skilled nursing facility (SNF)</li> <li>• Community Mental Health Center</li> </ul> <p><i>Source: 7 CO Regs. Rule 18.</i></p>	<p>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.</p> <p><i>Source: CO Department of Health Care Policy and Financing. "Telemedicine" 2/17. (Accessed Mar. 2017).</i></p>
<b>Cross-State Licensure</b>	
No reference found.	No reference found.
<b>Private Payers</b>	
<p>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.</p> <p><i>Source: CO Revised Statutes 10-16-123.</i></p>	No reference found.
<b>Site/Transmission Fee</b>	
<p>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.</p> <p><i>Source: CO Revised Statutes 10-16-123.</i></p>	<p>The originating site is eligible for a facility fee.</p> <p>Providers eligible for the originating site facility fee include:</p> <ul style="list-style-type: none"> <li>• Physician</li> <li>• Clinic</li> <li>• Osteopath</li> <li>• FQHC</li> <li>• Doctorate Psychologist</li> <li>• MA Psychologist</li> <li>• Physician Assistant</li> <li>• Nurse Practitioner</li> <li>• Rural Health Clinic</li> </ul> <p>Other sites can serve as an originating site, but cannot collect the facility fee.</p>

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	<p>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.</p> <p><i>Source: CO Department of Health Care Policy and Financing. "Telemedicine" 2/17. (Accessed Mar. 2017).</i></p> <p>The CO Medical Assistance Program will reimburse for transmission costs, at a rate set by their state department.</p> <p><i>Source: CO Revised Statutes 25.5-5-320 (2012).</i></p>
<b>Miscellaneous</b>	
	<p>Provider of telemedicine services are required to implement certain confidentiality procedures.</p> <p><i>Source: CO Department of Health Care Policy and Financing. "Telemedicine" 2/17. (Accessed Mar. 2017).</i></p>

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

*CO Revised Statutes 10-16-102 (2012).*

## Connecticut

**Medicaid Program:** Medical Assistance Program

**Program Administrator:** Connecticut Dept. of Social Services

**Regional Telehealth Resource Center:**

Northeast Telehealth Resource Center

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Augusta, ME 04330

(800) 379-2021

[www.netrc.org](http://www.netrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>“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.”</p> <p><i>Source: CT General Statute 17b-245c.</i></p> <p>“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.</p> <p><i>Source: CT General Statute 19a, Sec. 906</i></p>	<p>No reference found.</p>
<b>Live Video Reimbursement</b>	
<p>CT Medicaid is required (within available state and federal resources) 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.</p> <p><i>Source: CT Public Act No. 16-198 (SB 298 – 2016).</i></p> <p>Reimbursement for services provided via live video.</p> <p><i>Source: CT Public Act No. 15-88 (2015); SB 467.</i></p>	<p>Connecticut's Medical Assistance Program will not pay for information or services provided to a client by a provider electronically or over the telephone.</p> <p><i>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 Mar. 2017).</i></p> <p>Exception:</p> <ul style="list-style-type: none"> <li>• Case management behavioral health services for clients age eighteen and under.</li> </ul> <p><i>Source: CT Provider Manual. Behavioral Health. Sec. 17b-262-918. Feb. 1, 2013. Pg. 6. (Accessed Mar. 2017).</i></p>
<b>Store and Forward Reimbursement</b>	

Reimbursement for services provided via store-and-forward. See private payers section.  <i>Source: CT Public Act No. 15-88 (2015); SB 467.</i>	<b>State Plan Amendment</b> Federally Qualified Health Centers can be reimbursed for electronic consults (e-consults) for specialty care (provider to provider communication).  <i>Source: Notice of Proposed Medicaid State Plan Amendment. CT Department of Social Services. SPA 16-0021. (Accessed Mar. 2017).</i>
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found.	No reference found.
<b>Email/Phone/FAX</b>	
There is no reimbursement for telephone or FAX.  <i>Source: CT General Statutes 17b-245c &amp; CT Public Act No. 15-88 (2015); SB 467.</i>	The department shall not pay for information or services provided to a client over the telephone.  <i>Source: CT Provider Manual. Clinic. Sec. 17b-262-823. Ch. 8, pg. 20, July 17, 2014. (Accessed Mar. 2017).</i>
<b>Online Prescribing</b>	
No telehealth provider shall prescribe schedule I, II or III controlled substances through the use of telehealth.  <i>Source: CT Public Act No. 15-88 (2015); SB 467.</i>	No reference found.
<b>Consent</b>	
At the time of the telehealth interaction, the provider shall provide information to the patient 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.  <i>Source: CT Public Act No. 15-88 (2015); SB 467.</i>	No reference found.
<b>Location</b>	
No reference found.	No reference found.
<b>Cross-State Licensing</b>	
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.  <i>Source: CT General Statutes Sec. 20-12 (2012).</i>	No reference found.
<b>Private Payers</b>	
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 that it was covered if provided in-person and shall be subject to the same terms and conditions of the policy.	No reference found.



<i>Source: CT Public Act No. 15-88 (2015); SB 467.</i>	
<b>Site/Transmission Fee</b>	
No telehealth provider can charge a facility fee. <i>Source: CT Public Act No. 15-88 (2015); SB 467.</i>	No reference found.
<b>Miscellaneous</b>	

**Comments:** In 2012, a new law allowed the Commissioner of Social Services to establish a demonstration project to offer telemedicine as a Medicaid-covered service at Federally Qualified Health Centers. The Commission is considering design options for a pilot.

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

## District of Columbia

**Medicaid Program:** District of Columbia Medicaid

**Program Administrator:** District of Columbia Dept. of Health Care Finance

**Regional Telehealth Resource Center:**

Mid-Atlantic Telehealth Resource Center

PO Box 800711

Charlottesville, VA 22908-0711

(434) 906-4960 / (855) MATRC4U

[www.matrc.org](http://www.matrc.org)

STATE LAW	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>“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.</p> <p><i>Source: DC Code Sec. 31-3861.</i></p>	<p>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.</p> <p>...</p> <p>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.</p> <p><i>Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99 &amp; Physicians Billing Manual. DC Medicaid. 7/12/2016. Sec. 12-7. Pgs. 48-50. (accessed Mar. 2017).</i></p>
<b>Live Video Reimbursement</b>	
<p>Medicaid is required to pay for telehealth services if the same service would be covered when delivered in person.</p> <p><i>Source: DC Code 31-3863.</i></p>	<p>Effective June 23, 2016 DC Medical Assistance Program will reimburse eligible providers for eligible healthcare services rendered via telemedicine in DC.</p> <p>Patient must be with a provider at the originating site.</p> <p>Must be an approved telemedicine provider. The following providers are considered an eligible originating site, as well as eligible distant site provider:</p> <ul style="list-style-type: none"> <li>• Hospital</li> <li>• Nursing facility</li> <li>• Federally Qualified Health Center</li> <li>• Clinic</li> <li>• Physician Group/Office</li> <li>• Nurse Practitioner Group/Office</li> <li>• DCPS</li> <li>• DCPCS</li> <li>• Core Service Agency</li> </ul>

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	<p>Distant site providers may only bill for the appropriate codes outlined (see manual).</p> <p>Special reimbursement parameters for FQHCs:</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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</li> <li>• 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.</li> </ul> <p>Covered Services:</p> <ul style="list-style-type: none"> <li>• Evaluation and management</li> <li>• Consultation</li> <li>• Behavioral healthcare services</li> <li>• Rehabilitation services including speech therapy</li> </ul> <p><i>Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99 &amp; Physicians Billing Manual. DC Medicaid. 7/12/2016. Sec. 12-7. Pgs. 48-50. (accessed Mar. 2017).</i></p> <p>A telemedicine visit meets the definition of an encounter for a FQHC.</p> <p><i>Source: DC Municipal Regulation. Title 29, Chapter 45, Sec. 4599.</i></p>
<b>Store and Forward Reimbursement</b>	
No reference found.	<p>No reimbursement for store and forward.</p> <p><i>Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99 &amp; Physicians Billing Manual. DC Medicaid. 7/12/2016. Sec. 12-7. Pgs. 48-50. (accessed Mar. 2017).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found.	<p>No reimbursement for remote patient monitoring.</p> <p><i>Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99 &amp; Physicians Billing Manual. DC Medicaid. 7/12/2016. Sec. 12-7. Pgs. 48-50. (accessed Mar. 2017).</i></p>
<b>Email/Phone/FAX</b>	
No reimbursement requirement for audio-only telephones, electronic mail messages or facsimile transmissions.	DC Medicaid does not reimburse for service delivery using audio-only telephones, e-mail messages or facsimile transmissions.

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<i>Source: Code Sec. 31-3861.</i>	<i>Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99 &amp; Physicians Billing Manual. DC Medicaid. 7/12/2016. Sec. 12-7. Pgs. 48-50. (accessed Mar. 2017).</i>
<b>Online Prescribing</b>	
No reference found.	No reference found.
<b>Consent</b>	
No reference found.	Written consent required.  <i>Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99 &amp; Physicians Billing Manual. DC Medicaid. 7/12/2016. Sec. 12-7. Pgs. 48-50. (accessed Mar. 2017).</i>
<b>Location</b>	
No reference found.	Eligible originating sites: <ul style="list-style-type: none"> <li>• Hospital</li> <li>• Nursing facility</li> <li>• Federally Qualified Health Center</li> <li>• Clinic</li> <li>• Physician Group/Office</li> <li>• Nurse Practitioner Group/Office</li> <li>• DCPS</li> <li>• DCPCS</li> <li>• Core Service Agency</li> </ul> <i>Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99 &amp; Physicians Billing Manual. DC Medicaid. 7/12/2016. Sec. 12-7. Pgs. 48-50. (accessed Mar. 2017).</i>
<b>Cross-State Licensing</b>	
No reference found.	No reference found.
<b>Private Payers</b>	
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.  <i>Source: DC Code Sec. 31-3862.</i>	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	No transaction or facility fee.  <i>Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99 &amp; Physicians Billing Manual. DC Medicaid. 7/12/2016. Sec. 12-7. Pgs. 48-50. (accessed Mar. 2017).</i>
<b>Miscellaneous</b>	
DHCF required to send a Telemedicine Program Evaluation survey to providers, effective Jan. 1, 2017.  <i>Source: DC Municipal Regulation. Title 29, Ch. 9, Sec. 910, .99.</i>	

## 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

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[www.matrc.org](http://www.matrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>“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.”</p> <p><i>Source: DE Code. Title 24, Sec. 2602.</i></p> <p><b>Group and Blanket Insurance, &amp; Health Insurance Contracts</b>  <b>Also applies to: Physicians, Podiatry, Optometry, Chiropractic, Dentistry, Nursing, Occupational Therapy, Physical Therapy, Mental Health, Psychology, Dietetic and Nutrition Therapy, and Clinical Social Work</b></p> <p>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.</p> <p><i>Source: Title 18, Sec. 3370; &amp; 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, &amp; Sec. 3902.</i></p> <p><b>Group and Blanket Insurance, &amp; Health Insurance Contracts</b></p> <p>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</p>	<p>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.</p> <p>...</p> <p>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.</p> <p><i>Source: DE Medical Assistance Program. Practitioner Provider Specific Manual, 2/1/17. Ch. 16 Telemedicine (accessed Mar. 2017).</i></p>

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<p>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.</p> <p><i>Source: Title 18, Sec. 3370; &amp; Title 18, Sec. 3571R.</i></p> <p><b>Applies to: Physicians, Podiatry, Optometry, Chiropractic, Dentistry, Nursing, Occupational Therapy, Physical Therapy, Mental Health, Psychology, Dietetic and Nutrition Therapy, Clinical Social Work</b></p> <p>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.</p> <p><i>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, &amp; Sec. 3902.</i></p> <p><b>Applies to: Mental Health Counseling, Chemical Dependency Counseling, or Marriage and Family Therapy</b></p> <p>"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.</p> <p><i>Source: DE Admin. Code Title 24, Sec. 3000. <a href="http://regulations.delaware.gov/AdminCode/title24/3000.shtml">http://regulations.delaware.gov/AdminCode/title24/3000.shtml</a></i></p> <p>NOTE: DE Professional Boards each have a different definition of telehealth/telepractice/telemedicine. See "Comments" section for references.</p>	
<b>Live Video Reimbursement</b>	
No reference found.	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. Eligible distant site providers include:

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> <li>• Inpatient/outpatient hospitals</li> <li>• Physicians (or PAs under the physician's supervision)</li> <li>• Certified Nurse Practitioners</li> <li>• Nurse Midwives</li> <li>• Licensed Psychologists</li> <li>• Licensed Clinical Social Workers</li> <li>• Licensed Professional Counselors of Mental Health</li> <li>• Speech Language Therapists</li> <li>• Audiologists</li> <li>• Other providers as approved by the DMAP</li> </ul> <p>Medical Professional Sites:</p> <ul style="list-style-type: none"> <li>• Physicians (or PAs under the supervision of a physician)</li> <li>• Certified Nurse Practitioner</li> <li>• Medical and Behavioral Health Therapists</li> </ul> <p><i>Source: DE Medical Assistance Program. Practitioner Provider Specific Manual, 2/1/17. Ch. 16 Telemedicine (accessed Mar. 2017).</i></p> <p>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.</p> <p><i>Source: DE School Based Health Services Specific Policy Manual, pg. 62 (Apr. 1, 2016). (Accessed Mar. 2017).</i></p>
<b>Store and Forward Reimbursement</b>	
No reference found.	<p>Asynchronous or “store and forward” applications do not meet the DMAP definition of telemedicine.</p> <p><i>Source: DE Medical Assistance Program. Practitioner Provider Specific Manual, 2/1/17. Ch. 16 Telemedicine (accessed Mar. 2017).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found.	No reference found.
<b>Email/Phone/FAX</b>	
No reference found.	<p>Telephone, chart review, electronic mail messages, facsimile transmissions or internet services for online medical evaluations are not considered telemedicine.</p> <p><i>Source: DE Medical Assistance Program. Practitioner Provider Specific Manual, 2/1/17. Ch. 16 Telemedicine (accessed Mar. 2017).</i></p> <p><u>Federally Qualified Health Centers</u> Telephone consultations are covered services that are included in the payment made to the FQHC and should not be billed as an encounter.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><i>Source: Delaware FQHC Provider Specific Policy Manual, pg. 5. (Accessed Mar. 2017).</i></p>
<b>Online Prescribing</b>	
<p>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.</p> <p><i>Source: DE Code, Title 16 Sec. 4744 (2012).</i></p> <p><b>APRNs and Physicians</b> Establishing a proper provider-patient relationship includes:</p> <ul style="list-style-type: none"> <li>• Verifying the location of requesting patient;</li> <li>• Disclosing the provider’s identity and credentials;</li> <li>• Obtaining consent;</li> <li>• Establishing a diagnosis through acceptable medical practices, including a physical exam;</li> <li>• Discuss with patient the diagnosis;</li> <li>• Ensure availability of distant site provider or coverage of patient for follow up care; and</li> <li>• Provide written visit summary to patient</li> </ul> <p><b>Physician &amp; APRNs</b> Without a prior patient-provider relationship providers are prohibited from issuing prescriptions based on internet questionnaire, internet consult or a telephone consult.</p> <p>Prescriptions through telemedicine and under a physician-patient relationship may include controlled substances, subject to limitations set by the Board.</p> <p><i>Source: Title 24, Sec. 1769D &amp; DE Code Title 24, Sec. 1932.</i></p> <p><b>Physicians</b> Prior to a diagnosis and treatment a physician using telemedicine must either provide:</p> <ul style="list-style-type: none"> <li>• An appropriate in-person exam;</li> <li>• Have another DE licensed practitioner at the originating site with the patient at the time of diagnosis;</li> <li>• Diagnosis must be based using both audio and visual communication; or</li> <li>• 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.</li> </ul> <p><i>Source: Title 24, Sec. 1769D.</i></p>	<p>Provider manual lays out three different models for prescribing:</p> <p>First Model: Distant site provider consults with referring provider about appropriate medication. Referring provider executes prescription.</p> <p>Second Model: Consulting provider works with medical professional at the originating site to provide front line care, including prescription writing.</p> <p>Third Model: the consulting provider prescribes and sends/calls-in the initial prescription.</p> <p>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).</p> <p><i>Source: DE Medical Assistance Program. Practitioner Provider Specific Manual, 2/1/17. Ch. 16 Telemedicine (accessed Mar. 2017).</i></p>



STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Consent</b>	
<p>Informed consent must be obtained to establish a physician-patient relationship over telehealth.</p> <p><i>Source: Title 24, Sec. 1769D &amp; DE Code Title 24, Sec. 1932.</i></p> <p><b>Applies to: Mental Health Counseling, Chemical Dependency Counseling, or Marriage and Family Therapy</b></p> <p>Informed consent required by Boards (see regulation citations in “Comment” area).</p>	<p>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.</p> <p><i>Source: DE Medical Assistance Program. Practitioner Provider Specific Manual, 2/1/17. Ch. 16 Telemedicine (accessed Mar. 2017).</i></p>
<b>Location</b>	
<p>An approved originating site may include the DMAP member's place of residence.</p> <p><i>Source: 19 DE Reg. 191.</i></p>	<p>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.</p> <p>The Distant site provider must be located within the continental US.</p> <p><i>Source: DE Medical Assistance Program. Practitioner Provider Specific Manual, 2/1/17. Ch. 16 Telemedicine (accessed Mar. 2017).</i></p>
<b>Cross-State Licensing</b>	
No reference found.	No reference found.
<b>Private Payers</b>	
<p>Private payers must provide coverage for the cost of health care services provided through telemedicine, and telehealth as directed through regulations by the Department.</p> <p>Insurers must pay for telemedicine services at the same rate as in-person.</p> <p><i>Source: Title 18, Sec. 3370; &amp; Title 18, Sec. 3571R.</i></p>	No reference found.
<b>Site/Transmission Fee</b>	
<p>Private payers: Payment for telemedicine must include reasonable compensation to the originating or distant site for the transmission cost.</p> <p><i>Source: Title 18, Sec. 3370; &amp; Title 18, Sec. 3571R.</i></p>	<p>A facility fee for the following originating site providers is covered:</p> <ul style="list-style-type: none"> <li>• Outpatient hospitals</li> <li>• Inpatient Hospitals</li> <li>• FQHCs</li> <li>• RHCs</li> <li>• Renal Dialysis Centers</li> <li>• Skilled Nursing Facilities</li> <li>• Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)</li> <li>• Intermediate Care Facilities/Institutions for Mental Diseases (ICF/IMDs)</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> <li>• Outpatient Mental Health/Substance Abuse Centers/Clinics</li> <li>• Community Mental Health Centers/Clinics</li> <li>• Public Health Clinics</li> <li>• PACE Centers</li> <li>• Assisted Living Facilities</li> <li>• School-based Wellness Centers</li> <li>• Other sites approved by DMAP</li> </ul> <p>Patient's home qualifies as originating site, but does not warrant an originating site fee.</p> <p><i>Source: DE Medical Assistance Program. Practitioner Provider Specific Manual, 2/1/17. Ch. 16 Telemedicine (accessed Mar. 2017).</i></p>
<b>Miscellaneous</b>	

Comments: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: DE Admin. Code Title 24, Sec. 3000*)
- Board of Clinical Social Work Examiners (*Source: 24 DAC 3900*)
- Respiratory Care Practice Advisory Council (*Source: 24 DAC 1770*) Board of Examiners in Optometry (*Source: 24 DAC 2100*)
- Board of Occupational Therapy Practice (*Source: 24 DAC 2000*)

## Florida

**Medicaid Program:** Florida Medicaid

**Program Administrator:** Florida Dept. of Children and Families

**Regional Telehealth Resource Center:**

Southeast Telehealth Resource Center

PO Box 1408

Waycross, GA 31501

(888) 138-7210

www.setrc.us

STATE LAW	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>“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, facsimile transmission,</p> <p><i>Source: FL Admin Code 64B8-9.0141 &amp; 64B15-14.0081.</i></p> <p>Telemedicine: The practice of health care delivery by a practitioner who is located at a site other than the site where a recipient is located for the purposes of evaluation, diagnosis, or treatment.</p> <p><i>Source: FL Admin Code 59G-1.057.</i></p>	<p>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.”</p> <p><i>Source: FL Dept. of Health, Child Protection Team Program, Policy and Procedure Handbook, p.79 (Jun. 2015). (Accessed Mar. 2017).</i></p>
<b>Live Video Reimbursement</b>	
<p>FL Medicaid reimburses for real time interactive telemedicine.</p> <p><i>Source: FL Admin Code 59G-1.057.</i></p>	<p>Some telemedicine services reimbursed in the Community Behavioral Health Services, per the Fee Schedule.</p> <p><i>Source: Community Behavioral Health Services Fee Schedule. Jan. 1, 2017. (Accessed Mar. 2017).</i></p>
<b>Store and Forward Reimbursement</b>	
No reference found.	No reference found.
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found.	No reference found.
<b>Email/Phone/FAX Restrictions</b>	
<p>No reimbursement for telephone, chart review, electronic mail messages or facsimile transmissions.</p> <p><i>Source: FL Admin Code 59G-1.057.</i></p> <p>“Telemedicine shall not include the provision of health</p>	No reference found.

STATE LAW	MEDICAID PROGRAM
<p>care services only through an audio only telephone, email messages, text messages, facsimile transmission, U.S. Mail or other parcel service, or any combination thereof.”</p> <p><i>Source: FL Admin Code 64B8-9.0141 &amp; 64B15-14.0081.</i></p>	
<b>Online Prescribing</b>	
<p>Controlled substances shall not be prescribed through the use of telemedicine, except for the treatment of psychiatric disorders.</p> <p>Exception: physicians can order controlled substances through the use of telemedicine for patients hospitalized in a facility licensed pursuant to Ch. 395, F.S.</p> <p>Prescribing medication solely on the basis of an electronic medical questionnaire is not allowed.</p> <p>A physician-patient relationship may be established through telemedicine.</p> <p><i>Source: FL Admin Code 64B8-9.0141 &amp; 64B15-14.0081.</i></p> <p>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.</p> <p>These rules don't apply in emergency situations.</p> <p><i>Source: FL Admin. Code 64B8-9.014.</i></p>	No reference found.
<b>Consent</b>	
No reference found.	No reference found.
<b>Location</b>	
No reference found.	No reference found.
<b>Cross State Licensing</b>	
No reference found.	No reference found.
<b>Private Payers</b>	
No reference found.	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	No reference found.
<b>Miscellaneous</b>	
Florida's Board of Medicine and Osteopathic Medicine adopted "Standards for Telemedicine Practice". See "Comments" for details not included in the categories above.	

STATE LAW	MEDICAID PROGRAM
<p><i>Source: FL Admin Code 64B8-9.0141.</i></p> <p>At the time of license renewal all practitioners must fill out a Telehealth Practitioner Survey.</p> <p><i>Source: FL Admin Code 64B8-9.008.</i></p>	

**Comments:** 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 Aug. 2016).*

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 Aug. 2016).*

Professional Board Telehealth-Specific Regulations

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

## Georgia

**Medicaid Program:** Georgia Medicaid

**Program Administrator:** Georgia Dept. of Community Health

**Regional Telehealth Resource Center:**

Southeast Telehealth Resource Center

PO Box 1408

Waycross, GA 31501

(888) 138-7210

[www.setrc.us](http://www.setrc.us)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>“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.”</p> <p><i>Source: Official Code of GA Annotated Sec. 33-24-56.4 (2012).</i></p>	<p>“Telemedicine is the use of medical information exchange from one site to another via electronic communications to improve patients’ 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 telecommunication equipment.”</p> <p>“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 telecommunication 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.”</p> <p><i>Source: GA Dept. of Community Health, GA Medicaid Telemedicine Handbook, p. 2, (Jan. 2016). (Accessed Mar. 2017).</i></p>
<b>Live Video Reimbursement</b>	
<p>Georgia requires coverage of telemedicine services (which includes live video), subject to contract terms and conditions. (See “Private Payers” section).</p> <p><i>Source: GA Rules &amp; Regulations. Sec. 33-24-56.4 (2012).</i></p>	<p>Georgia Medicaid will reimburse for live video when the service is “medically necessary, the procedure is 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.”</p> <p>Eligible services:</p> <ul style="list-style-type: none"> <li>• Office visits;</li> <li>• Pharmacologic management;</li> <li>• Limited office psychiatric services;</li> <li>• Limited radiological services;</li> <li>• A limited number of other physician fee schedule services.</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>Eligible providers who may bill for telemedicine services:</p> <ul style="list-style-type: none"> <li>• Physician</li> <li>• Physician Assistant</li> <li>• Clinical Psychologist</li> <li>• Nurse Practitioner</li> <li>• Clinical Nurse Specialist</li> </ul> <p>Local Education Agencies are allowed to enroll in the Health Check Program to serve as telemedicine originating sites only.</p> <p><i>Source: GA Dept. of Community Health, Children's Intervention School Services (CISS). July 1, 2016. VI-4 (p. 9). (Accessed Mar. 2017).</i></p> <p><i>GA Dept. of Community Health, Health Check EPSDT. Jan. 1, 2017. X-5. p. 58. (Accessed Mar. 2017).</i></p> <p>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).</p> <p>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.</p> <p><i>Source: GA Dept. of Community Health, Division of Medical Assistance, Part II Policies and Procedures for Community Behavioral Health Rehabilitation Services, p. 30 &amp; 36 (Jan. 2017). (Accessed Mar. 2017) &amp; GA Dept. of Community Health, Division of Medical Assistance, Part II Policies and Procedures for Nursing Facilities, p. H-1 (p. 153). Jan. 1, 2017. (Accessed Mar. 2017).</i></p>
<b>Store and Forward Reimbursement</b>	
No reference found.	<p>Georgia Medicaid will not reimburse for store and forward because these services do not include direct, in-person patient contact.</p> <p>However, telemedicine handbook indicates that cardiography, echocardiography, ultrasounds and x-rays are services that can be performed via telemedicine (which is defined as occurring via an interactive telecommunications system).</p> <p><i>Source: GA Dept. of Community Health, GA Medicaid Telemedicine Handbook, p. 4 &amp; p. 8, (Jan. 2016). (Accessed Mar. 2017).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found.	No reference found.
<b>Email/Phone/FAX</b>	
No reimbursement for FAX.	No reimbursement for FAX.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>No reimbursement for telephone. No reimbursement for email.</p> <p><i>Source: Official Code of GA Annotated Sec. 33-24-56.4 (2012).</i></p>	<p>No reimbursement for telephone. No reimbursement for email.</p> <p><i>Source: GA Dept. of Community Health, GA Medicaid Telemedicine Handbook, p. 8, (Jan. 2016). (Accessed Mar. 2017).</i></p>
<b>Online Prescribing</b>	
<p>Physicians are prohibited from prescribing controlled substances or dangerous drugs based solely on an electronic consult.</p> <p><i>Source: GA Rules &amp; Regulations revised 360-3-.02 (2012).</i></p>	<p>No reference found.</p>
<b>Consent</b>	
<p>No reference found in statute.</p>	<p>The referring provider must obtain prior written consent.</p> <p><i>Source: GA Dept. of Community Health, GA Medicaid Telemedicine Handbook, p. 5, (Jan. 2016). (Accessed Mar. 2017).</i></p>
<b>Location</b>	
<p>No reference found.</p>	<p>Eligible originating sites:</p> <ul style="list-style-type: none"> <li>• Provider offices;</li> <li>• Hospitals;</li> <li>• Critical Access Hospitals (CAH);</li> <li>• Rural Health Clinics (RHC);</li> <li>• Federally Qualified Health Centers (FQHC);</li> <li>• Skilled nursing facilities;</li> <li>• Community mental health centers;</li> <li>• GA public health clinics;</li> <li>• School-based clinics.</li> </ul> <p>Eligible distant sites:</p> <ul style="list-style-type: none"> <li>• Provider offices;</li> <li>• Hospitals;</li> <li>• Critical Access Hospitals (CAH);</li> <li>• Rural Health Clinics (RHC);</li> <li>• Federally Qualified Health Centers (FQHC);</li> <li>• Skilled nursing facilities;</li> <li>• Community mental health centers;</li> <li>• GA public health clinics.</li> </ul> <p>Providers located within 50 miles of the GA border who routinely treat GA Medicaid/Peachcare for Kids members may enroll with in-state status. Providers who meet the Medicaid credentialing requirements and are currently enrolled in GA Medicaid are eligible to bill and be reimbursed.</p> <p><i>Source: GA Dept. of Community Health, GA Medicaid Telemedicine Handbook, p. 3-4, (Jan. 2016). (Accessed Mar. 2017).</i></p>



STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>FQHCs and RHCs cannot bill an originating site fee and distant site fee for telehealth services on the same encounter.</p> <p><i>Source: GA Dept. of Community Health, Policies and Procedures for Federally Qualified Health Services and Rural Health Clinic Services, p. 22, (Jan. 2017), (accessed Mar. 2017).</i></p> <p>Local Education Agencies are allowed to enroll in the Health Check Program to serve as telemedicine originating sites only.</p> <p><i>Source: GA Dept. of Community Health, Children’s Intervention School Services (CISS). Jan. 1, 2017. (p. 12) &amp; GA Dept. of Community Health, Health Check EPSDT. Jan. 1, 2017. X-5. p. 59. (Accessed Mar. 2017).</i></p>
<b>Cross-State Licensure</b>	
<p>Must be a Georgia licensed practitioner.</p> <p><i>Source: GA Admin. Code Sec. 360-3-07</i></p>	<p>Providers must have a Georgia license.</p> <p><i>Source: GA Dept. of Community Health, GA Medicaid Telemedicine Handbook, p. 3, (Jan. 2016). (Accessed Mar. 2017).</i></p>
<b>Private Payers</b>	
<p>Requires coverage of telemedicine services, subject to contract terms and conditions.</p> <p><i>Source: GA Rules &amp; Regulations. Sec. 33-24-56.4 (2012).</i></p>	<p>No reference found.</p>
<b>Site/Transmission Fee</b>	
<p>No reference found.</p>	<p>Rural Health Clinics and FQHCs can collect a telehealth origination site facility fee.</p> <p><i>Source: GA Dept. of Community Health, Policies and Procedures for Federally Qualified Health Services and Rural Health Clinic Services, p. 22, (Jan. 2017), (accessed Mar. 2017).</i></p> <p>Originating sites can bill for a facility fee.</p> <p>The cost of telemedicine equipment and transmission is not a covered service (unless a technical component of an x-ray, ultrasound or electrocardiogram is performed).</p> <p><i>Source: GA Dept. of Community Health, GA Medicaid Telemedicine Handbook, p. 3 &amp; 8, (Jan. 2016). (Accessed Mar. 2017).</i></p>
<b>Miscellaneous</b>	
	<p>Other Non-Covered Services:</p> <ul style="list-style-type: none"> <li>• Services rendered via web cam or internet based technologies that are not part of a secured network and do not meet HIPAA encryption compliance</li> <li>• Video cell phone interaction</li> </ul> <p><i>Source: GA Dept. of Community Health, GA Medicaid Telemedicine Handbook, p. 8, (Jan. 2016). (Accessed Mar. 2017).</i></p>

**Comments:**

Professional Board Telehealth-Specific Regulations

- GA Composite Medical Board (Source: *GA Admin. Code Sec. 360-3-07*)

# Hawaii

**Medicaid Program:** Hawaii Quest

**Program Administrator:** Hawaii Dept. of Human Services

**Regional Telehealth Resource Center:**

Pacific Basin Telehealth Resource Center

Telehealth Research Institute, John A. Burns School of Medicine

651 Ilalo Street

Honolulu, HI 96813

(808) 692-1090

[www.pbtrc.org](http://www.pbtrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>"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."</p> <p><i>Source: HI Revised Statutes Ch. 346, § 671, 457-2, 453-1.3, § 431:10A-116.3, 466J-6 &amp; 453-2 (SB 2395).</i></p>	<p>No reference found.</p>
<b>Live Video Reimbursement</b>	
<p>Hawaii Medicaid and private payers are required to cover telehealth services (which includes live video) equivalent to reimbursement for the same services provided in-person.</p> <p><i>Source: HI Revised Statutes § 346 &amp; 431:10A-116.3 (SB 2395 - 2016).</i></p> <p><i>(See Medicaid column &amp; "Private Payers" Section)</i></p>	<p>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."</p> <p><i>Source: Code of HI Rules 17-1737.</i></p>
<b>Store and Forward Reimbursement</b>	
<p>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.</p>	<p>Hawaii Quest requires the patient to be "present and participating in the telehealth visit" therefore excluding store and forward from reimbursement.</p> <p><i>Source: Code of HI Rules 17-1737.</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p><i>Source: HI Revised Statutes § 346 &amp; 431:10A-116.3 (SB 2395 - 2016).</i></p> <p><i>(also see Medicaid column)</i></p>	<p>Telemedicine-based retinal imaging and interpretation is not a covered service for PPS reimbursement.</p> <p><i>Source: Med-QUEST Provider Manual. Ch. 21: Federally Qualified Health Centers. Mar. 2016. (Accessed Aug. 2016).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
<p>Hawaii Medicaid and private payers are required to cover appropriate telehealth services (which includes remote patient monitoring) equivalent to reimbursement for the same services provided in-person.</p> <p><i>Source: HI Revised Statutes § 346 &amp; 431:10A-116.3 (SB 2395 - 2016).</i></p>	<p>No reference found.</p>
<b>Email/Phone/FAX</b>	
<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: HI Revised Statutes § 431:10A-116.3.</i></p> <p><i>(also see Medicaid column)</i></p>	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: Code of HI Rules 17-1737 (2012).</i></p> <p><b>Behavioral Health Services</b> Telephone services may not be billed to Medicaid as an office visit.</p> <p><i>Source: Medicaid Provider Manual. Ch. 15 Behavioral Health Services. Oct. 18, 2002. (Accessed Mar. 2016).</i></p>
<b>Online Prescribing</b>	
<p>Prescribing providers must have a provider-patient relationship prior to e-prescribing. This includes:</p> <ul style="list-style-type: none"> <li>• A face-to-face history and physical exam;</li> <li>• A diagnosis and therapeutic plan;</li> <li>• Discussion of diagnosis or treatment with the patient;</li> <li>• Availability of appropriate follow-up care.</li> </ul> <p><i>Source: HI Revised Statutes § 329-1 (2012).</i></p> <p>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.</p> <p>Issuing a prescription based solely on an online questionnaire is prohibited.</p> <p>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</p>	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
provider.  <i>Source: HI Revised Statutes § 453-1.3.</i>	
<b>Consent</b>	
No reference found.	No reference found.
<b>Location</b>	
(see Medicaid column)	Eligible originating sites: <ul style="list-style-type: none"> <li>• The office of a physician or practitioner;</li> <li>• Hospitals;</li> <li>• Critical Access Hospitals;</li> <li>• Rural Health Clinics;</li> <li>• Federally Qualified Health Centers;</li> <li>• Federal telehealth demonstration project sites.</li> </ul> In addition, originating sites must be located in one of the following: <ul style="list-style-type: none"> <li>• A federally designated Rural Health Professional Shortage Area;</li> <li>• A county outside of a Metropolitan Statistical Area;</li> <li>• An entity that participates in a federal telemedicine demonstration project.</li> </ul> <i>Source: Code of HI Rules 17-1737.</i>
<b>Cross-State Licensing</b>	
Out-of-state radiologists may provide services in Hawaii.  <i>Source: HI Revised Statutes § 453-2(b) (6).</i>  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.  <i>Source: HI Revised Statutes Sec. 453-2(3).</i>	No reference found.
<b>Private Payers</b>	
Hawaii requires coverage of telehealth services equivalent to reimbursement for the same services provided via-face-to-face contact.  <i>Source: HI Revised Statutes § 431:10A-116.3.</i>	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	No reference found.
<b>Miscellaneous</b>	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>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.</p> <p><i>Source: HI Revised Statutes §671 (SB 2395 - 2016).</i></p>	<p>Implementation of the Telehealth Law (Act 226, SLH 2016) is delayed pending approval of an amendment to Medicaid State Plan (SPA).</p> <p>Act 226 includes both telemedicine and teledentistry services, and does not add any new services to those presently available to Medicaid recipients.</p> <p>The SPA was approved March 15, 2017.</p> <p><i>Source: State of Hawaii Department of Human Services. Med-QUEST Division. Memo. Jan. 13, 2017. FFS 17-01.</i></p> <p><i>Source: Medicaid.gov. Hawaii, SPA 16-0004. Approval Letter.</i></p>

**Comments:** In July 2011, Hawaii began implementing a mobile medical van telehealth pilot project, staffed by primary care providers, for consults with other health care providers.

*HI Revised Statutes, Div. 1, Title 20, Ch. 346 Note (2012).*

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

## Idaho

**Medicaid Program:** Idaho Medicaid

**Program Administrator:** Idaho Dept. of Health and Welfare

**Regional Telehealth Resource Center:**

The Northwestern Regional Telehealth Resource Center  
2900 12<sup>th</sup> Ave. N., Ste. 30W, Billings, MT 59101  
(888) 662-5601  
www.nrtrc.org

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>“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.”</p> <p><i>Source: ID Administrative Code 16.03.10.681 (2012).</i></p> <p>Psychiatric Telehealth is an electronic real time synchronous audio-visual contact between a physician and participant related to the treatment of the participant. The participant is in one (1) location, called the hub site, with specialized equipment including a video camera and monitor, and with the hosting provider. The physician is at another location, called the spoke site, with specialized equipment. The physician and participant interact as if they were having a face-to-face service.</p> <p><i>Source: ID Administrative Code 16.03.09 Sec. 502</i></p> <p>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.</p> <p><i>Source: ID House Bill 189 (2015) &amp; ID Code Sec. 54-5603.</i></p> <p>Telehealth is synchronous interaction telehealth encounters, delivered as defined in Title 54, Chapter 57, Idaho Code.</p> <p><i>Source: ID Administrative Code 16.03.09 Sec. 502.</i></p>	<p>Telehealth is health care services provided 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.</p> <p><i>Source: Medicaid Telehealth Policy. Rev. 1/1/2017. (Accessed Mar. 2017).</i></p>
<b>Live Video Reimbursement</b>	
Telehealth services that are properly identified in accordance with billing requirements are covered under	Idaho Medicaid reimburses for specific services under mental health, developmental disabilities, primary care,

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<p>Medicaid for physicians, within limitations defined by the Department in the Idaho Medicaid Provider Handbook. Subject to primary care provider communication requirements.</p> <p>Telehealth services are covered for advanced practice registered nurses enrolled as Healthy Connections providers, within the limitations defined in the Idaho Medicaid Provider Handbook.</p> <p><i>Source: ID Administrative Code 16.03.09 Sec. 210, 502 &amp; 565.</i></p>	<p>therapy services and interpretation services and technical specifications.</p> <p>Providers must develop and document evaluation processes and participant outcomes.</p> <p>The following services are allowed through telehealth when provided by a physician or non-physician practitioner:</p> <ul style="list-style-type: none"> <li>• Primary care services</li> <li>• Specialty services</li> <li>• Psychotherapy with evaluation and management</li> <li>• Psychotherapy diagnostic interview</li> <li>• Pharmacological management</li> <li>• Therapeutic consultation and crisis intervention</li> </ul> <p>Reimbursement limited to specific CPT codes.</p> <p>Must be referred by a primary care provider.</p> <p><i>Source: Medicaid Telehealth Policy. Rev. 1/1/2017 &amp; Idaho MMIS Provider Handbook: allopathic and Osteopathic Physicians. Dec. 2016, p. 29. (Accessed Mar. 2017).</i></p> <p>Telehealth services can be provided as an encounter by an Indian Health Service facility, federally qualified health clinic and rural health clinic,</p> <p><i>Source: Idaho MMIS Provider Handbook: Ambulatory Health Care Facility. Feb. 2017, p. 9, 12 &amp; 19 (Accessed Mar. 2017).</i></p> <p>Occupational therapists, physical therapists and speech language pathologists may provide services through telehealth. Covered telehealth services include speech therapy provided by licensed speech language pathologists as well as therapeutic procedures and activities provided by licensed occupational therapists and licensed physical therapists. Evaluations must be performed with an in-person visit to the participant and is not covered through telehealth.</p> <p>The physician order must specifically allow the services to be provided via telehealth.</p> <p><i>Source: Medicaid Telehealth Policy. Rev. 1/1/2017 &amp; ID MMIS Provider Handbook. Speech, Language and Hearing Service Providers. Jan. 1, 2017, Occupational and Physical Therapy Services 2/1/2017, (Accessed Mar. 2017).</i></p> <p>Through the Children’s Waiver Services, Idaho Medicaid will reimburse for crisis intervention consults, or individual consults by a therapeutic consultant via live video.</p> <p><i>Source (service type): ID Administrative Code 16.03.10.683 (2012).</i></p>



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	<p>Community Based Rehabilitation Services (CBRS) supervision is included in the CBRS reimbursement rate. It is not separately reimbursable.</p> <p><i>Medicaid Telehealth Policy. Rev. 1/1/2017. (Accessed Mar. 2017).</i></p>
<b>Store and Forward Reimbursement</b>	
No reference found.	<p>Idaho Medicaid will only reimburse for “two-way live video services”.</p> <p><i>Source: Medicaid Telehealth Policy. Rev. 1/1/2017. (Accessed Mar. 2017).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found.	No reference found.
<b>Email/Phone/FAX</b>	
<p>Reimbursement not available in fee-for-service for telephone, email or fax between a physician and participant.</p> <p><i>Source: ID Administrative Code 16.03.09 Sec. 502.</i></p>	<p>No reimbursement for telephone, email or fax.</p> <p><i>Source: Medicaid Telehealth Policy. Rev. 1/1/2017. (Accessed Mar. 2017).</i></p>
<b>Online Prescribing</b>	
<p>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.</p> <p>Prescriptions based solely on online questionnaires or consults outside of an ongoing clinical relationship are prohibited.</p> <p><i>Source: ID Code § 54-1733 (2012).</i></p> <p>Prescriptions can be issued 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).</p> <p>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.</p> <p><i>Source: ID House Bill 189 (2015) &amp; ID Code Sec. 54-5603 through 5607.</i></p>	No reference found.
<b>Consent</b>	
<p>A patient’s consent must be obtained.</p> <p><i>Source: ID Code Sec. 54-5608 &amp; IDAPA 22.01.15).</i></p>	<p>Participant written informed consent is required.</p> <p><i>Source: Medicaid Telehealth Policy. Rev. 1/1/2017. (Accessed</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<i>Mar. 2017).</i>
<b>Location</b>	
No reference found.	No reference found.
<b>Cross-State Licensing</b>	
Idaho adopted the Federation of State Medical Board (FSMB)'s model language for an interstate medical licensure compact.  <i>Source: ID House Bill 150. ID Code Title 54, Ch. 18.</i>	Providers of telehealth services must be licensed by the Idaho Board of Medicine.  <i>Source: Medicaid Telehealth Policy. Rev. 1/1/2017. (Accessed Mar. 2017).</i>
<b>Private Payers</b>	
No reference found.	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	No originating site fee.  <i>Source: Medicaid Telehealth Policy. Rev. 1/1/2017. (Accessed Mar. 2017).</i>
<b>Miscellaneous</b>	

Comments:

Idaho has a "Telehealth Council" that meets regularly to coordinate and develop a comprehensive set of standards, policies, rules and procedures for the use of telehealth and telemedicine in Idaho.

*Source: State of Idaho. Telehealth Council. (Accessed Aug. 2016)*

Professional Board Telehealth-Specific Regulations

- ID Board of Medicine (*Source: IDAPA 22.01.15*) <https://adminrules.idaho.gov/rules/current/22/0115.pdf>

# Illinois

**Medicaid Program:** Illinois Medicaid

**Program Administrator:** Illinois Dept. of Healthcare and Family Services

**Regional Telehealth Resource Center:**

Upper Midwest Telehealth Resource Center

2901 Ohio Boulevard, Ste. 110

Terre Haute, IN 47803

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[www.umtrc.org](http://www.umtrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>The Medical Practice Act of 1987 defines ‘telemedicine’ as “the performance of diagnosing patients, prescribing drugs, maintaining a medical office, etc., including but not limited to rendering written or oral opinions concerning diagnosis or treatment of a patient in Illinois by a person located outside the State of Illinois as a result of transmission of individual patient data by telephonic, electronic, or other means of communication from within this State.”</p> <p><i>Source: IL Compiled Statutes, Chapter 225, 60/49.5 (2012).</i></p> <p>The Administrative Code for the Department of Healthcare and Family Services defines ‘telemedicine’ as “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.”</p> <p><i>Source: IL Admin. Code, Title 89,140.403 (2012).</i></p> <p>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.</p> <p><i>Source: IL Admin. Code, Title 77, Sec. 250.310</i></p>	<p>“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.</p> <p><i>Source: IL Admin. Code, Title 89,140.403 (2012).</i></p> <p>“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.”</p> <p><i>Source: IL Dept. of Healthcare and Family Svcs., Expansion of Telehealth Services, Informational Notice, Jan. 1, 2010. (Accessed Mar. 2017).</i></p> <p><i>Source: IL Dept. of Healthcare and Family Svcs., Handbook for Practitioners. Ch. A-200 Policy and Procedures, p. 37, Handbook for Podiatrists, F-200, p. 27 (Oct. 2016) &amp; Handbook for Encounter Clinic Services, pg. 17-18 (Aug. 2016). (Accessed Mar. 2017).</i></p>
<b>Live Video Reimbursement</b>	
<p>Occupational therapy may be provided by telehealth as long as the standard of care is the same as in person care.</p> <p><i>Source: IL Statute, 225 ILCS 75/2. (Sunsets on Jan. 1, 2024).</i></p> <p>(see Medicaid column)</p>	<p>Illinois Medicaid will reimburse for live video under the following conditions:</p> <ul style="list-style-type: none"> <li>• A physician or other licensed health care professional must be present with the patient at all times with the patient at the originating site;</li> <li>• 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;</li> <li>• The originating and distant site provider must not</li> </ul>

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	<p>be terminated, suspended or barred from the Department's medical programs;</p> <ul style="list-style-type: none"> <li>• Medical data may be exchanged through a telecommunication system;</li> <li>• 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.</li> </ul> <p>An encounter clinic serving as the distant site shall be reimbursed as follows:</p> <ol style="list-style-type: none"> <li>1. 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</li> <li>2. 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.</li> </ol> <p><i>Source: IL Admin. Code Title 89, 140.403.</i></p> <p>Eligible originating site providers include:</p> <ul style="list-style-type: none"> <li>• Physicians;</li> <li>• Podiatrists;</li> <li>• Local health departments;</li> <li>• Community mental health centers;</li> <li>• Outpatient hospitals;</li> <li>• Encounter Rate Clinics</li> <li>• Federally Qualified Health Centers (FQHC);</li> <li>• Rural Health Clinics (RHC)</li> </ul> <p>Eligible distant site providers include:</p> <ul style="list-style-type: none"> <li>• Physicians;</li> <li>• PA;</li> <li>• Podiatrists;</li> <li>• Advanced practice nurses;</li> <li>• Encounter Rate Clinics</li> <li>• Federally Qualified Health Centers (FQHC);</li> <li>• Rural Health Clinics;</li> </ul> <p><i>Source: IL Dept. of Healthcare and Family Svcs., Expansion of Telehealth Services, Informational Notice, Jan. 1, 2010. (Accessed Mar. 2017).</i></p> <p><i>Source: IL Dept. of Healthcare and Family Svcs., Handbook for Practitioners. Ch. A-200 Policy and Procedures, p. 38, Handbook for Podiatrists, F-200, p. 27 (Oct. 2016). (Accessed Mar. 2017).</i></p> <p>Distant Site providers may not seek reimbursement for</p>

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	<p>their services when the Originating Site is an encounter clinic. The Originating Site encounter clinic is responsible for reimbursement to the Distant Site provider.</p> <p>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.</p> <p>Under the department’s telehealth policy, providers will be paid as either an Originating Site or Distant Site.</p> <p><i>Source: IL Dept. of Healthcare and Family Svcs., Expansion of Telehealth Services, Informational Notice, Jan. 1, 2010. (Accessed Mar. 2017).</i></p> <p><i>Source: IL Dept. of Healthcare and Family Svcs. Handbook for Practitioners. Ch. A-200 Policy and Procedures, p. 38, Handbook for Podiatrists, F-200, p. 27 (Oct. 2016) &amp; Handbook for Encounter Clinic Services, pg. 17-18 (Aug. 2016). (Accessed Mar. 2017).</i></p> <p><b>Psychiatric Services</b></p> <p>With the exception of group psychotherapy, tele-psychiatry is covered, if all of the conditions stated above are met.</p> <p>Tele-psychiatry eligible originating site providers:</p> <ul style="list-style-type: none"> <li>• Physician;</li> <li>• Other licensed healthcare professional or other licensed clinician;</li> <li>• Mental health professional;</li> <li>• Qualified mental health professional</li> </ul> <p><i>Source: IL Dept. of Healthcare and Family Svcs., Expansion of Telehealth Services, Informational Notice, Jan. 1, 2010. (Accessed Mar. 2017).</i></p> <p><i>Source: IL Dept. of Healthcare and Family Svcs., Handbook for Practitioners. Ch. A-200 Policy and Procedures, p. 38, Handbook for Podiatrists, F-200, p. 27 (Oct. 2016) &amp; Handbook for Encounter Clinic Services pg. 17-18 (Aug. 2016). (Accessed Mar. 2017).</i></p>
<b>Store and Forward Reimbursement</b>	
(see Medicaid column)	<p>Illinois Medicaid will reimburse a provider at a distant site when they “review the medical case without the patient being present.”</p> <p><i>Source: IL Administrative Code, Title 89 ,140.403 (2012).</i></p> <p>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.”</p> <p><i>Source: IL Dept. of Healthcare and Family Svcs., Expansion of Telehealth Services, Informational Notice, Jan. 1, 2010. (Accessed Mar. 2017).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><i>Source: IL Dept. of Healthcare and Family Svcs., Handbook for Practitioners. Ch. A-200 Policy and Procedures, p. 38, Handbook for Podiatrists, F-200, p. 27 (Oct. 2016) &amp; Handbook for Encounter Clinic Services pg. 17-18 (Aug. 2016) (Accessed Mar. 2017).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found.	<p>IL Medicaid will cover home uterine monitoring with prior approval and when patient meets specific criteria.</p> <p><i>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 Mar. 2017).</i></p>
<b>Email/Phone/FAX</b>	
(see Medicaid column)	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: IL Dept. of Healthcare and Family Services, Handbook for Practitioners Rendering Medical Services, Chapter A-200, Policy and Procedures for Medical Services, p. 38, Handbook for Podiatrists, F-200, p. 27 (Oct. 2016) &amp; Source: IL Administrative Code, Title 89 ,140.403 (2012). (Accessed Mar. 2017).</i></p>
<b>Online Prescribing</b>	
No reference found.	No reference found.
<b>Consent</b>	
No reference found.	No reference found.
<b>Location</b>	
(see Medicaid column)	<p>Eligible originating site:</p> <ul style="list-style-type: none"> <li>• Physician office;</li> <li>• Podiatrist office;</li> <li>• Local health departments;</li> <li>• Community mental health centers;</li> <li>• Outpatient hospitals;</li> <li>• Rural health clinics;</li> <li>• Encounter Rate Clinics</li> <li>• Federally Qualified Health Centers;</li> </ul> <p><i>Source: IL Dept. of Healthcare and Family Svcs., Expansion of Telehealth Services, Informational Notice, Jan. 1, 2010. (Accessed Mar. 2017).</i></p>
<b>Cross-State Licensing</b>	
<p>Illinois adopted legislation to join the Interstate Medical Licensure Compact.</p> <p><i>Source: IL Public Act 099-0076 (2015).</i></p>	<p>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.</p> <p>For psychiatric services, the provider rendering the</p>

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	<p>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.</p> <p><i>Source: IL Handbook for Practitioners Rendering Medical Services, Chapter A-200, Policy and Procedures for Medical Services, p. 38, Handbook for Podiatrists, F-200, p. 27 (Oct. 2016) &amp; Handbook for Encounter Clinic Services pg. 17-18 (Aug. 2016). (Accessed Mar. 2017).</i></p>
<b>Private Payers</b>	
<p>If an insurer provides coverage for telehealth services, then it shall not:</p> <ul style="list-style-type: none"> <li>• Require in-person contact occur between a health care provider and a patient;</li> <li>• Require the health care provider to document a barrier to an in-person consultation;</li> <li>• Require telehealth use when it is not appropriate; or</li> <li>• Require the use of telehealth when the patient chooses an in-person consultation</li> </ul> <p><i>Source: SB 647 (2014) IL Insurance Code. Sec. 356z.22.</i></p>	<p>No reference found.</p>
<b>Site/Transmission Fee</b>	
<p>No reference found.</p>	<p>There is reimbursement for originating site facility fees.</p> <p>Eligible facilities include:</p> <ul style="list-style-type: none"> <li>• Physician's office;</li> <li>• Podiatrist's office;</li> <li>• Local health departments;</li> <li>• Community mental health centers;</li> <li>• Outpatient hospitals;</li> <li>• Community Mental Health Providers</li> </ul> <p>Originating site providers who receive reimbursement for the patient's room and board are not eligible for facility fees.</p> <p><i>Source: IL Handbook for Practitioners Rendering Medical Services, Ch. A-200, Policy and Procedures for Medical Services, p. 38 (Oct. 2016), Handbook for Podiatrists, F-200, p. 27 (Oct. 2016). (Accessed Mar. 2017).</i></p> <p><i>Source (Community mental health providers): IL Dept. of Healthcare and Family Svcs., Expansion of Telehealth Services, Jan. 1, 2010. (Accessed Mar. 2017).</i></p>
<b>Miscellaneous</b>	

## Indiana

**Medicaid Program:** Indiana Medicaid

**Program Administrator:** Indiana Family and Social Services Administration

**Regional Telehealth Resource Center:**

Upper Midwest Telehealth Resource Center

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STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>“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 videoconferencing equipment allowing a medical provider to render an exam or other service to a patient at a distant location.”</p> <p><i>Source: IN Admin. Code, Title 405, 5-38-1 (2012).</i></p> <p>“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.”</p> <p>“Telemedicine services mean a specific method of delivery of services, including medical exams and consultations and behavioral health evaluations and treatment, including those for substance abuse, using videoconferencing equipment to allow a provider to render an examination or other service to a patient at a distant location. The term does not include the use of the following: (1) a telephone transmitter for transtelephonic monitoring. (2) a telephone or any other means of communication for the consultation from one (1) provider to another provider.”</p> <p><i>Source: IN Code, 12-15-5-11.</i></p> <p><b><u>For Private Payer Reimbursement</u></b></p> <p>“Telemedicine services” means health care services delivered by use of interactive audio, video, or other electronic media, including:</p> <ul style="list-style-type: none"> <li>• Medical exams and consultations</li> <li>• Behavioral health, including substance abuse evaluations and treatment</li> <li>• The term does not include delivery of health care services through telephone for transtelephonic monitoring; telephone or any other means of</li> </ul>	<p>Telehealth services are defined as the scheduled remote monitoring of clinical data through technologic equipment in the member’s home.</p> <p>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.</p> <p>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.</p> <p><i>Source: IN Medicaid Medical Policy Manual. Jan. 2017. P. 279-283 &amp; Telemedicine and Telehealth Module, Sept. 20, 2016, p. 1. (Accessed Mar. 2017).</i></p> <p>Telemedicine refers to the use of videoconferencing equipment to allow a medical provider to render an exam or other service to a patient at distant location.</p> <p><i>Source: Telemedicine and Telehealth Module, Sept. 20, 2016, p. 1. (Accessed Mar. 2017).</i></p>



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<p>communication for the consultation for one (1) provider to another provider.</p> <p><i>Source: IN Code, 27-8-34 (2015) &amp; 27-13-7-22 (2015).</i></p> <p>“Telemedicine means the delivery of health care services using electronic communications and information technology, including:</p> <ul style="list-style-type: none"> <li>• Secure videoconferencing</li> <li>• Interactive audio-using store and forward technology; or</li> <li>• Remote patient monitoring technology;</li> </ul> <p>Between a provider in one location and a patient in another location. The term does not include:</p> <ul style="list-style-type: none"> <li>• Audio only communication</li> <li>• A telephone call</li> <li>• Electronic mail</li> <li>• An instant messaging conversation</li> <li>• Facsimile</li> <li>• Internet questionnaire</li> <li>• Telephone consultation</li> <li>• Internet consultation”</li> </ul> <p><i>Source: IN Code, 25-1-9.5 (HB 1263 – 2016).</i></p>	
<b>Live Video Reimbursement</b>	
<p>Reimbursement for live video, see Private Payer section.</p> <p><i>Source: IN Code, 27-8-34 (2015) &amp; 27-13-7-22 (2015).</i></p>	<p>Indiana Code requires reimbursement for video conferencing for FQHC, Rural Health Clinic, Community Mental Health Centers, and Critical Access Hospital providers regardless of the distance between provider and patient...</p> <p><i>Source: IN Code, 12-15-5-11.</i></p> <p>Indiana Medicaid will reimburse the following services when provided via live video when services are medically necessary and hub and spoke are 20 miles apart:</p> <ul style="list-style-type: none"> <li>• Consultation</li> <li>• Office Visit</li> <li>• Psychotherapy</li> <li>• Psychiatric diagnostic interview</li> <li>• End-stage renal disease (ESRD) services</li> <li>• Pharmacologic management</li> </ul> <p>The member must be:</p> <ul style="list-style-type: none"> <li>• Physically present at the spoke site; and</li> <li>• Must participate in the visit</li> </ul> <p>Reimbursable CPT codes include:</p> <ul style="list-style-type: none"> <li>• Office or other outpatient visit</li> <li>• Individual psychotherapy</li> <li>• Psychiatric diagnostic interviews</li> <li>• End Stage Renal Disease</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>There is an exception for federally qualified health centers (FQHCs); rural health clinics (RHCs); community mental health centers (CMHCs); and critical access hospitals (CAHs) to the 20 mile restriction.</p> <p>Telemedicine may be rendered in an inpatient, outpatient or office setting. For a telemedicine encounter; there must be a hub site; spoke site; an attendant to connect the patient to the specialist at the hub site; and videoconferencing equipment.</p> <p>The hub site physician or practitioner must determine if it is medically necessary for a medical professional to be at the spoke site.</p> <p>For a medical professional to receive reimbursement for professional services in addition to payment for spoke services, medical necessity must be documented. If it is medically necessary for a medical professional to be with the member at the spoke site, the spoke 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.</p> <p><i>Source (authorization): IN Admin. Code, Title 405, 5-38-1 (2012).</i></p> <p><i>Source (hub-spoke provider reimbursement): IN Admin. Code, Title 405, 5-38-4 (2012) &amp; IN Medicaid Medical Policy Manual, Jan. 2017. P. 279-283 &amp; Telemedicine and Telehealth Module, Sept. 20, 2016, p. 1. (Accessed Mar. 2017).</i></p> <p>No reimbursement for telemedicine for the following:</p> <ul style="list-style-type: none"> <li>• Ambulatory surgical centers;</li> <li>• Outpatient surgical services;</li> <li>• Home health agencies or services;</li> <li>• Radiological services;</li> <li>• Laboratory services;</li> <li>• Long-term care facilities, including nursing facilities, intermediate care facilities, or community residential facilities for the developmentally disabled;</li> <li>• Anesthesia services or nurse anesthetist services;</li> <li>• Audiological services;</li> <li>• Chiropractic services;</li> <li>• Care coordination services;</li> <li>• Durable medical equipment, medical supplies, hearing aids, or oxygen;</li> <li>• Optical or optometric services;</li> <li>• Podiatric services;</li> <li>• Services billed by school corporations;</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> <li>• Physical or speech therapy services;</li> <li>• Transportation services;</li> <li>• Services provided under a Medicaid waiver.</li> </ul> <p><i>Source: IN Admin. Code, Title 405, 5-38-4; IN Medicaid Medical Policy Manual. Jan. 2017. P. 279-283 &amp; Telemedicine and Telehealth Module, Sept. 20, 2016, p. 1. (Accessed Mar. 2017).</i></p>
<b>Store and Forward Reimbursement</b>	
<p>No reimbursement for store and forward due to definition of “telemedicine services”.</p> <p><i>Source: IN Code, 27-8-34 (2015) &amp; 27-13-7-22 (2015).</i></p>	<p>Indiana Medicaid will not reimburse for store and forward services.</p> <p><i>Source: IN Admin. Code, Title 405, 5-38-4 (2012).</i></p> <p>However, there is reimbursement for store and forward technology to facilitate other reimbursable services. Separate reimbursement of the spoke-site payment is not provided for this technology.</p> <p><i>Source: IN Medicaid Provider Manual. Jul. 2016. P. 843-848. &amp; Source: Telemedicine and Telehealth Module, Sept. 20, 2016, p. 1. (Accessed Mar. 2017).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
<p>No reimbursement for remote patient monitoring due to definition of “telemedicine services”.</p> <p><i>Source: IN Code, 27-8-34 (2015) &amp; 27-13-7-22 (2015).</i></p>	<p>Indiana Code requires Medicaid to reimburse providers who are licensed as a home health agency for telehealth services.</p> <p><i>Source: IN Code, 12-15-5-11.</i></p> <p>IN Medicaid will reimburse home health agencies for telehealth services (defined as including RPM) when there is prior authorization. Other criteria apply to obtain prior authorization.</p> <p>Member must have one of the following conditions:</p> <ul style="list-style-type: none"> <li>• Chronic obstructive pulmonary disease</li> <li>• Congestive heart failure</li> <li>• Diabetes</li> </ul> <p>Member must initially have two or more of the following events related to one of the conditions listed above within the previous twelve months:</p> <ul style="list-style-type: none"> <li>• Emergency room visit</li> <li>• Inpatient hospital stay</li> </ul> <p>A licensed registered nurse must perform the reading of transmitted health information.</p> <p><i>Source: IN Admin Code, Title 405, 5-16-3.1 &amp; Telemedicine and Telehealth Module, Sept. 20, 2016, p. 1. &amp; IN Medicaid Provider Manual. Jul. 2016. P. 843-848. (Accessed Mar. 2017)</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Email/Phone/FAX</b>	
<p>No reference found for email. No reimbursement for telephone. No reference found for FAX.</p> <p><i>Source: IN Admin. Code, Title 405, 5-38-1 (2012).</i></p>	<p>Telemedicine is not the use of:</p> <ul style="list-style-type: none"> <li>• Telephone transmitter for transtelephonic monitoring; or</li> <li>• Telephone or any other means of communication for consultation from one provider to another.</li> </ul> <p><i>Source: IN Medicaid Medical Policy Manual. Jan. 2017. P. 279-283. &amp; Telemedicine and Telehealth Module, Sept. 20, 2016, p. 1. (Accessed Mar. 2017).</i></p>
<b>Online Prescribing</b>	
<p>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 e-prescriptions.</p> <p><i>Source: IN Admin. Code, Title 844, 5-3-2 (2012).</i></p> <p>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.</p> <p><i>Source: IN Code, 25-22.5-14.</i></p> <p>A provider may issue a prescription via telemedicine to a patient they have not previously seen if:</p> <ul style="list-style-type: none"> <li>• The provider satisfies the applicable standard of care in the treatment of the patient</li> <li>• The issuance of the prescription by the provider is within the provider's scope of practice and certification</li> <li>• The prescription is not for a controlled substance</li> <li>• The prescription is not for an abortion inducing drug</li> <li>• The prescription is not for an ophthalmic device including glasses, contact lenses, or low vision devices.</li> </ul> <p>A pharmacy does not violate Indiana Rules if they fill a prescription for a controlled substance and the pharmacy is unaware that the prescription was written by a provider providing telemedicine services.</p> <p><i>Source: IN Code, 25-1-9.5 (HB 1263 – 2016).</i></p>	<p>No reference found.</p>
<b>Consent</b>	
<p>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.</p>	<p>The spoke site must obtain patient consent. The consent must be maintained at the hub and spoke sites.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p><i>Source: IN Code, 16-36-1-15 (2015).</i></p>	<p><i>Source: IN Medicaid Medical Policy Manual. Jan. 2017. P. 279-283. &amp; Telemedicine and Telehealth Module, Sept. 20, 2016, p. 1. (Accessed Mar. 2017).</i></p>
<b>Location</b>	
<p>The patient must be physically present at the spoke site and participate in the visit.</p> <p><i>Source: IN Admin. Code, Title 405, 5-38-4 (2012).</i></p>	<p>Indiana Code requires the amendment of the Medicaid state plan (by Dec. 1, 2013) to eliminate the current twenty mile distance restriction.</p> <p><i>Source: IN Code, 12-15-5-11.</i></p> <p>There is reimbursement for telemedicine services only when the hub and spoke sites are greater than 20 miles apart.</p> <p>Telemedicine services may only be offered in an inpatient, outpatient or office setting.</p> <p><i>IN Medicaid Medical Policy Manual. Jan. 2017. P. 279-283. &amp; Telemedicine and Telehealth Module, Sept. 20, 2016, p. 1. (Accessed Mar. 2017).</i></p> <p>Reimbursement for telemedicine services is available to the following providers regardless of the distance between the provider and recipient:</p> <ul style="list-style-type: none"> <li>• Federally Qualified Health Centers</li> <li>• Rural Health Clinics</li> <li>• Community mental health centers</li> <li>• Critical access hospitals</li> </ul> <p><i>Source: IN Admin Code, 405 5-38-4 &amp; Source: Telemedicine and Telehealth Module, Sept. 20, 2016, p. 1. (Accessed Mar. 2017).</i></p>
<b>Cross-State Licensing</b>	
<p>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.</p> <p><i>Source: IN Code, 25-1-9.5 (HB 1263 – 2016).</i></p>	<p>No reference found.</p>
<b>Private Payers</b>	
<p>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.</p> <p><i>Source: IN Code, 27-8-34 (2015) &amp; 27-13-7-22 (2015).</i></p>	<p>No reference found.</p>
<b>Site/Transmission Fee</b>	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
No reference found.	<p>Spoke sites are reimbursed a facility fee.</p> <p><i>Source: IN Medicaid Provider Manual. Jan. 2017. P. 843-848 &amp; Source: Telemedicine and Telehealth Module, Sept. 20, 2016, p. 1. (Accessed Mar. 2017).</i></p>
<b>Miscellaneous</b>	
	<p>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.</p> <p><i>Source: IN Medicaid Provider Manual. Jul. 2016. P. 843-848. (Accessed Aug. 2016).</i></p>

**COMMENTS:** 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 5-8-2 (2015).*

## Iowa

**Medicaid Program:** Iowa Medicaid Enterprise (IME)

**Program Administrator:** IA Dept. of Human Services

**Regional Telehealth Resource Center:**

Great Plains Telehealth Resource and Assistance Center

University of Minnesota/Institute for Health Informatics

330 Diehl Hall

505 Essex Street S.E.

Minneapolis, MN 55455

(888) 239-7092

[www.gptrac.org](http://www.gptrac.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>“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.”</p> <p><i>Source: IA Admin. Code, 751 7.1(8D) (2012).</i></p>	<p>No reference found.</p>
<b>Live Video Reimbursement</b>	
<p>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.</p> <p><i>Source: IA Senate File 505 (2015).</i></p>	<p>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.</p> <p>Services provided in-person or through telehealth shall be treated as equivalent for purposes of reimbursement.</p> <p><i>Source: IA Admin Code Sec. 441, 78.55 (249A).</i> <a href="https://www.legis.iowa.gov/docs/iac/rule/09-30-2015.441.78.55.pdf">https://www.legis.iowa.gov/docs/iac/rule/09-30-2015.441.78.55.pdf</a></p>
<b>Store and Forward Reimbursement</b>	
<p>No reference found.</p>	<p>No reference found.</p>
<b>Remote Patient Monitoring Reimbursement</b>	
<p>No reference found.</p>	<p>No reference found.</p>
<b>Email/Phone/FAX</b>	
<p>No reference found.</p>	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Online Prescribing</b>	
<p>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.</p> <p><i>Source: IA Admin. Code, 657 8.19(124,126,155A) (2012).</i></p> <p>A physician must be physically present with a woman at the time an abortion-inducing drug is provided.</p> <p><i>Source: IA Admin. Code, 653 13.10.</i></p>	No reference found.
<b>Consent</b>	
No reference found.	No reference found.
<b>Location</b>	
No reference found.	No reference found.
<b>Cross-State Licensing</b>	
<p>Iowa adopted the Federation of State Medical Board (FSMB)'s model language for an interstate medical licensure compact.</p> <p><i>Source: IA Senate File 510 (2015).</i></p>	No reference found.
<b>Private Payers</b>	
No reference found.	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	No reference found.
<b>Miscellaneous</b>	

**Comments:**Professional Board Telehealth-Specific Regulations

- IA Board of Medicine (*Source: IA Admin Code Sec. 653.13.11*)



# Kansas

**Medicaid Program:** Kansas Medicaid

**Program Administrator:** Kansas Dept. of Health and Environment

**Regional Telehealth Resource Center:**

Heartland Telehealth Resource Center

3901 Rainbow Blvd MS 1048

Kansas City, KS 66160

(877) 643-4872

[heartlandtrc.org](http://heartlandtrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
No reference found.	<p>“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.”</p> <p><i>Source: KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-25 (Dec. 2016). (Accessed Mar. 2017).</i></p>
<b>Live Video Reimbursement</b>	
No reference found.	<p>Kansas Medicaid will reimburse for live video, for the following services:</p> <ul style="list-style-type: none"> <li>• Office visits;</li> <li>• Individual psychotherapy;</li> <li>• Pharmacological management services.</li> </ul> <p>The patient must be present at the originating site.</p> <p><i>Source: KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-25 (Dec. 2016). (Accessed Mar. 2017).</i></p>
<b>Store and Forward Reimbursement</b>	
No reference found.	<p>Kansas Medicaid requires the patient to be present at the originating site indicating store and forward will not be reimbursed.</p> <p><i>Source: KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-25 (Dec. 2016). (Accessed Mar. 2017).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found.	<p>Kansas Medicaid will reimburse for home telehealth. The policy states:</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>“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.</p> <p>This technology may be used to monitor the patient for significant changes in health status, provide timely assessment of chronic conditions, and provide other skilled nursing services.</p> <p>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.”</p> <p><i>Source: Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, Home Health, p. 8-29 (Jan. 2017). (Accessed Mar. 2017).</i></p> <p>Providers are eligible for reimbursement of home telehealth services that meet the following criteria:</p> <ul style="list-style-type: none"> <li>• Prescribed by a physician;</li> <li>• Considered medically necessary;</li> <li>• Signed beneficiary consent for telehealth services;</li> <li>• Skilled nursing service;</li> <li>• Does not exceed two visits per week for non-Home and Community Based Services patients.</li> </ul> <p>Prior authorization required.</p> <p><i>Source: KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, Home Health Agency, p. 56 (Jan. 2017). (Accessed Mar. 2017).</i></p>
<b>Email/Phone/FAX</b>	
No reference found.	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-25 (Dec. 2016). (Accessed Mar. 2017).</i></p>
<b>Online Prescribing</b>	
<p>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.</p> <p><i>Source: KS Admin. Regs., Sec. 68-2-20 (2012).</i></p>	No reference found.
<b>Consent</b>	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
No reference found.	Written consent for telehealth home services is required.  <i>Source: KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, Home Health Agency, p. 67 (Jan. 2017) (Accessed Mar. 2017).</i>
<b>Location</b>	
No reference found.	No reference found.
<b>Cross-State Licensing</b>	
Iowa adopted the Federation of State Medical Board (FSMB)'s model language for an interstate medical licensure compact.  <i>Source: House Bill 2615 – 2015.</i>	No reference found.
<b>Private Payers</b>	
No reference found.	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	No reference found.
<b>Miscellaneous</b>	

# Kentucky

**Medicaid Program:** Kentucky Medicaid

**Program Administrator:** KY Dept. for Medicaid Services

**Regional Telehealth Resource Center:**

Mid-Atlantic Telehealth Resource Center

PO Box. 800711

Charlottesville, VA 22908-0711

(434) 906-4960 / (855) MATRC4U

[www.matrc.org](http://www.matrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>"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."</p> <p><i>Source: KY Revised Statutes § 310.200 &amp; KAR Title 501, Ch. 13, Sec. 010.</i></p> <p><i>(also see Medicaid column)</i></p>	<p>"Telehealth consultation means a medical or health consultation, for purposes of patient diagnosis or treatment, that requires the use of advanced telecommunications technology, including, but not limited to: (a) compressed digital interactive video, audio, or data transmission; (b) clinical data transmission via computer imaging for tele-radiology or tele-pathology; and (c) other technology that facilitates access to health care services or medical specialty expertise."</p> <p><i>Source: KY Revised Statutes § 205.510 (2012).</i></p> <p>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.</p> <p><i>Source: KY 907 KAR 1:055E.</i></p> <p>"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.</p> <p><i>Source: KY 907 KAR 9:005.</i></p> <p>"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</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>between the patient and the practitioner at the originating and distant-sites.”</p> <p><i>Source: KY State Plan Amendment. Attachment 3.1-B. Approved 3/9/2011. (Accessed Mar. 2017).</i></p>
<b>Live Video Reimbursement</b>	
<p>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.</p> <p><i>Source: KY Revised Statutes § 304.17A-138 (2012).</i></p> <p><i>(See Medicaid column and “Private Payers” section)</i></p>	<p>Live video GT modifier for “telehealth consultation” accepted by Medicaid.</p> <p><i>Source: KY Physician Medicaid Manual. Jan. 2017. (Accessed Mar. 2017).</i></p> <p>Kentucky Medicaid will reimburse for a “telehealth consultation”, which includes live video.</p> <p><i>Source: KY Revised Statutes 205.559 (2012).</i></p> <p>Reimbursement shall not be denied solely because an in-person consultation between a provider and a patient did not occur.</p> <p><i>Source: KY Revised Statutes § 205.559 (2012).</i></p> <p>Except for a telehealth consultation provided by an Advanced Registered Nurse Practitioner or Community Mental Health Clinic, an amount equal to the amount paid for a comparable in-person service.</p> <p><i>Source: KY Admin. Regs. Title, 907, 3:170, Sec. 4(a) (2011).</i></p> <p>Telehealth is covered to the same extent the service and provider are covered when furnished face-to-face.</p> <p>Providers must be approved through the Kentucky e-Health Network Board. Must be approved member of KY telehealth network.</p> <p>Coverage is limited to:</p> <ul style="list-style-type: none"> <li>• Consultation</li> <li>• Mental health evaluation and management services</li> <li>• Individual and group psychotherapy</li> <li>• Pharmacologic management</li> <li>• Psychiatric/psychological/mental health diagnostic interview examinations</li> <li>• Individual medical nutrition services</li> </ul> <p>All telehealth services are subject to utilization review.</p> <p>Prior authorization is needed for select telehealth procedures.</p> <p>Eligible providers for services NOT in a Community Mental Health Center:</p> <ul style="list-style-type: none"> <li>• A psychiatrist;</li> <li>• A licensed clinical social worker;</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> <li>• A psychologist;</li> <li>• A licensed professional clinical counselor;</li> <li>• A licensed marriage and family therapist;</li> <li>• A physician*;</li> <li>• An ARNP*;</li> <li>• Speech-language pathologist*;</li> <li>• Occupational therapist*;</li> <li>• Physical therapist*;</li> <li>• Licensed dietitian or certified nutritionist*; or</li> <li>• Registered nurse or dietician*</li> </ul> <p>* <i>Certain restrictions apply.</i></p> <p>Eligible providers for services in a Community Mental Health Center:</p> <ul style="list-style-type: none"> <li>• A psychiatrist;</li> <li>• A physician;</li> <li>• Psychologist with a license in accordance with KRS 319.010(5);</li> <li>• A licensed marriage and family therapist;</li> <li>• A licensed professional clinical counselor;</li> <li>• A psychiatric medical resident;</li> <li>• A psychiatric registered nurse;</li> <li>• A licensed clinical social worker;</li> <li>• An advanced registered nurse practitioner;</li> </ul> <p><i>Source: KY State Plan Amendment. Attachment 3.1-B. Approved 3/9/2011. (Accessed Mar. 2017).</i></p> <p>For FQHCs and RHCs a “visit” is defined as occurring in-person or via telehealth.</p> <p><i>Source: KY 907 KAR 1:055.</i></p>
<b>Store and Forward Reimbursement</b>	
<i>(see Medicaid column)</i>	<p>Kentucky reimburses for tele-radiology but there is no other reference to reimbursing for other specialties.</p> <p><i>Source: KY Provider Billing Instructions for Physician’s Services Provider Type – 64, 65, Version 6.2, p. 41 (Feb. 1, 2017). (Accessed Mar. 2017).</i></p> <p>Medicaid does not cover other forms of store and forward, as a telehealth consultation requires a two-way interactive video.</p> <p><i>Source: KY Admin. Regs. Title, 907, 3:170, Sec. 3, 3(a) (2011).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
<p>Not later than July 1, 2017 the department must establish a pilot project which creates coverage provisions and reimbursement criteria for telemonitoring services.</p> <p><i>Source: KY Rev. Statute. Ch. 205. ( HB 95 – 2016). <a href="http://www.lrc.ky.gov/record/16RS/HB95/bill.pdf">http://www.lrc.ky.gov/record/16RS/HB95/bill.pdf</a></i></p>	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Email/Phone/FAX</b>	
<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: KY Revised Statutes § 304.17A-138 (2012).</i></p>	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: KY Revised Statutes § 205.559 (2012).</i></p>
<b>Online Prescribing</b>	
<p>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:</p> <ul style="list-style-type: none"> <li>• Verification that the person requesting medication is in fact who the patient claims to be;</li> <li>• Establishment of a documented diagnosis through the use of accepted medical practices;</li> <li>• Maintenance of a current medical record.</li> </ul> <p>An electronic, online, or telephone evaluation by questionnaire are inadequate for the initial or any follow-up evaluation.</p> <p><i>Source: KY Revised Statutes § 311.597 (2012).</i></p> <p>A “good faith prior examination” (needed to establish a physician-patient relationship) can be done through telehealth.</p> <p><i>Source: KY Rev. Statute 218A.010.</i></p> <p>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.</p> <p><i>Source: KY 201 KAR 17:110.</i></p>	<p>No reference found.</p>
<b>Consent</b>	
<p>The provider who delivers or facilitates the telehealth service shall obtain the informed consent of the patient before services are provided.</p> <p>Patient consent must be obtained by:</p> <ul style="list-style-type: none"> <li>• Physicians;</li> <li>• Chiropractors;</li> <li>• Nurses;</li> <li>• Dentists;</li> <li>• Dieticians;</li> <li>• Pharmacist;</li> <li>• Psychologists;</li> </ul>	<p>Before providing a telehealth consultation, providers must document written patient informed consent.</p> <p>This includes:</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• The recipient shall be informed of alternatives to the telehealth consult;</li> <li>• The recipient shall have access to medical</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<ul style="list-style-type: none"> <li>• Occupational therapists;</li> <li>• Behavioral analysts;</li> <li>• Ophthalmologists;</li> <li>• Physical therapists;</li> <li>• Speech language pathologists or audiologists;</li> <li>• Social workers;</li> <li>• Marriage/family therapists.</li> </ul> <p><i>Source: KY Revised Statutes § 311.5975 (2012).</i></p> <p><i>(also see Medicaid column)</i></p> <p>Nurses must obtain informed consent</p> <p><i>Source: KY 201 KAR 20:520.</i></p> <p>The Board of Speech Language Pathology and Audiology requires their licensees to inform the client in writing, in an initial in-person meeting, about:</p> <ul style="list-style-type: none"> <li>• The limitations of using technology in the provision of telepractice;</li> <li>• Potential risks to confidentiality of information due to technology in the provision of telepractice;</li> <li>• Potential risks of disruption in the use of telepractice;</li> <li>• When and how the licensee will respond to routine electronic messages;</li> <li>• In what circumstances the licensee will use alternative communications for emergency purposes;</li> <li>• Who else may have access to client communications with the licensee;</li> <li>• How communications can be directed to a specific licensee;</li> <li>• How the licensee stores electronic communications from the client; and</li> <li>• That the licensee may elect to discontinue the provision of services through telehealth.</li> </ul> <p><i>Source: KY 201 KAR 17:110.</i></p>	<p>information resulting from the telehealth consult as provided by law;</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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;</li> <li>• The patient shall have the right to object to the videotaping of a telehealth consult.</li> </ul> <p><i>Source: KY Admin. Regs. Title, 907, 3:170 (2011).</i></p>
<b>Location</b>	
No reference found.	No reference found.
<b>Cross-State Licensure</b>	
<p>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.</p> <p><i>Source: KY Revised Statutes § 311.560 (2012).</i></p>	No reference found.
<b>Private Payers</b>	



STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>Payers shall not exclude services solely because the service is provided through telehealth. A health benefit plan may provide coverage for a consultation at a site not within the telehealth network at the discretion of the insurer.</p> <p><i>Source: KY Revised Statutes § 304.17A-138 (2012).</i></p>	<p>No reference found.</p>
<b>Site/Transmission Fee</b>	
<p>(see Medicaid column)</p>	<p>No reimbursement for transmission fees.</p> <p><i>Source: KY Admin. Regs. Title, 907, 3:170 (2012).</i></p>
<b>Miscellaneous</b>	

**Comments:**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*)
- Psychologist (*Source: Title 201, Ch. 26, Sec. 310*)
- 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*).

## Louisiana

**Medicaid Program:** Louisiana Medicaid

**Program Administrator:** LA Dept. of Health and Hospitals

**Regional Telehealth Resource Center:**

TexLa Telehealth Resource Center

3601 4<sup>th</sup> Street, Ste. 2B440

Lubbock, TX 79430

(806) 743-4440

<http://www.texlatrc.org>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>“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.”</p> <p><i>Source: LA Revised Statutes 37:1262.</i></p> <p>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.</p> <p><i>Source: LA Admin. Code 46:XLV.75.</i></p> <p>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</p>	<p>“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.”</p> <p><i>Source: LA Dept. of Health and Hospitals, Professional Svcs. Provider Manual, Chapter Five of the Medicaid Svcs. Manual, p. 168 (As revised on Jan. 25, 2017). (Accessed Mar. 2017).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>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.</p> <p><i>Source: LA Revised Statutes HB 1280 (2014) &amp; Title 40 Sec. 1300.383 &amp; Title 46, Part LXXV, Ch. 1, Sec. 103 (Speech Language Pathology/Audiology).</i></p>	
<b>Live Video Reimbursement</b>	
<p>Louisiana law requires reimbursement to the originating site physician for a live video consultation if he/she is physically present during the exam and interacts with the distant-site physician. (See “Private Payers” section below)</p> <p><i>Source: LA Revised Statutes 22:1821 (2012).</i></p>	<p>Louisiana Medicaid reimburses for “services provided via an interactive audio and video telecommunications system.”</p> <p><i>Source: LA Register, Volume 31, 2032 (2012).</i></p> <p>Louisiana Medicaid only reimburses the distant site provider.</p> <p><i>Source: LA Dept. of Health and Hospitals, Professional Svcs. Provider Manual, Chapter Five of the Medicaid Svcs. Manual, p. 168 (As revised on Jan. 25, 2017). (Accessed Mar. 2017).</i></p>
<b>Store and Forward Reimbursement</b>	
<p>There is no reimbursement requirement based upon the definition of “telemedicine” which describes telemedicine as an interaction “via two-way video and audio transmission”.</p> <p><i>Source: LA Revised Statutes 37:1262 (2012).</i></p>	<p>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.</p> <p><i>Source: LA Dept. of Health and Hospitals, Professional Svcs. Provider Manual, Chapter Five of the Medicaid Svcs. Manual, p. 168 (As revised on Jan. 25, 2017). (Accessed Mar. 2017).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
<p>No reference found.</p>	<p>Under the Community Choices Waiver, Louisiana Medicaid will reimburse an installation fee and a monthly maintenance fee for:</p> <ul style="list-style-type: none"> <li>• TeleCare Activity and Sensor Monitoring,</li> <li>• Health status monitoring, and</li> <li>• Medication dispensing and monitoring.</li> </ul> <p><b><u>Activity and Sensor Monitoring</u></b></p> <p>At a minimum the system must:</p> <ul style="list-style-type: none"> <li>• Monitor the home’s points of egress and entrance;</li> <li>• Detect falls;</li> <li>• Detect movement or lack of movement;</li> <li>• Detect whether doors are opened or closed; and</li> <li>• Provide a push button emergency alert system.</li> </ul> <p>Providers of assistive devices and medical equipment must be a licensed home health agency.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>Certain standards apply for the medical equipment and supplies used.</p> <p>Limitations</p> <ul style="list-style-type: none"> <li>• Services must be pre-approved</li> <li>• Services must be based on verified need.</li> <li>• Benefit must be determined by an independent assessment on any item that costs over \$500.</li> <li>• All items must reduce reliance on other Medicaid state plan or waiver services</li> <li>• All items must meet applicable standards of manufacture, design and installation</li> <li>• The items must be on the Plan of Care developed by the support coordinator.</li> </ul> <p>A recipient is not able to receive Telecare Activity and Sensor Monitoring services and traditional PERS services.</p> <p>Where applicable, recipients must use Medicaid State Plan, Medicare or other available payers first.</p> <p><i>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 Jan. 11, 2017). (Accessed Mar. 2017).</i></p>
<b>Email/Phone/FAX</b>	
<p>No reimbursement for email. No reimbursement for telephone. No reference found for FAX.</p> <p><i>Source: LA Revised Statutes 37:1262 (2012).</i></p> <p><b>Practice of Medicine</b> (does not apply to reimbursement): A physician may utilize interactive audio without video after access and review of the patient's medical records, and the physician determines that he is able to meet the same standard of care if the health care services were provided in person.</p> <p><i>Source: LA Revised Statutes Sec. 40:1223.3 (HB 570 – 2016).</i></p>	<p>No reference found.</p>
<b>Online Prescribing</b>	
<p>Only physicians certificated by a specialty board of the American Board of Medical Specialties or the American Osteopathic Association shall use telemedicine to prescribe amphetamines or narcotics.</p> <p>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.</p> <p>An online, electronic or written mail message, or a</p>	<p><b>Greater New Orleans Community Health Connection Provider Manual</b></p> <p>The use of a telemedicine communications system may substitute for a face-to-face, "hands on" encounter for consultation, office visits, individual psychotherapy and pharmacologic management.</p> <p><i>Source: LA Dept. of Health and Hospitals, Greater New Orleans Community Health Connection Provider Manual, Chapter Forty-seven of the Medicaid Svcs. Manual, p. 65 (as revised Oct. 22, 2015). (Accessed Mar. 2017).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>telephonic evaluation by questionnaire or otherwise, does not satisfy the standards of appropriate care.</p> <p>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.</p> <p>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.</p> <p><i>Source: LA Admin. Code 46:XLV.408, Ch. 75.</i></p> <p>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:</p> <ul style="list-style-type: none"> <li>• Physician must use the same standard of care as in person.</li> <li>• Physician must be authorized to prescribe any controlled dangerous substance without necessity of conducting an appropriate in-person patient history or physical examination.</li> <li>• 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.</li> </ul> <p><i>Source: LA Statute Sec. 1271.1 (HB 480 – 2016).</i></p> <p>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.</p> <p><i>Source: LA Revised Statutes Sec. 1300.381 &amp; HB 1280 (2014).</i></p>	
<b>Consent</b>	
<p>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.</p>	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<i>Source: LA Admin. Code 46:XLV.7511 (2012).</i>	
<b>Location</b>	
No reference found.	No reference found.
<b>Cross-State Licensing</b>	
<p>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.</p> <p>Out-of-state telemedicine providers cannot open an office, meet with patients or receive calls from patients within Louisiana.</p> <p>A licensed health care provider must be in the examination room with the patient during telemedicine services.</p> <p><i>Source: LA Revised Statutes 37:1276.1 (2012).</i></p> <p>LA state agencies and professional boards can regulate the use of telehealth including licensing of out-of-state healthcare providers.</p> <p><i>Source: LA Revised Statutes Sec. 1300.381 &amp; HB 1280 (2014).</i></p> <p>A physician may practice in the state with a full license, or hold a telemedicine permit.</p> <p><i>Source: LA Admin. Code 46:XLV.75.</i></p> <p>Telemedicine Permit application available on LA Medical Board's website.</p>	No reference found.
<b>Private Payers</b>	
<p>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.</p> <p>Originating-site physician fees shall be at least 75 percent of the normal fee for an intermediate office visit.</p> <p>No reference found for distant-site physician reimbursement.</p> <p><i>Source: LA Revised Statutes 22:1821 (2012).</i></p>	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	No reference found.
<b>Miscellaneous</b>	
Louisiana law requires that a physician who uses telemedicine establish a proper physician-patient relationship. Physicians must:	

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<ul style="list-style-type: none"> <li>• Verify the identity of the patient;</li> <li>• Conduct an appropriate exam;</li> <li>• Establish a proper diagnosis;</li> <li>• Establish a treatment plan;</li> <li>• Create a written plan for follow up care.</li> </ul> <p><i>Source: LA Admin. Code 46:XLV.7509 (2012).</i></p>	

Comments: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*).

Louisiana has specific standards for its telemedicine physicians.

*Source: LA Statute Sec. 1300.381 & House Bill 1280 (2014).*

Louisiana created a Task Force on Telehealth access to advise the legislature and the Department of Health and Hospitals on policies and practices that expand access to telehealth services.

*Source: LA House Concurrent Resolution 88 (2014).*

# Maine

**Medicaid Program:** MaineCare

**Medicaid Program Administrator:** Maine Dept. of Health and Human Services

**Regional Telehealth Resource Center:**

Northeast Telehealth Resource Center

11 Parkwood Drive

Augusta, ME 04330

(800) 379-2021

[www.netrc.org](http://www.netrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>“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.”</p> <p><i>Source: ME Revised Statutes Annotated. Title 24, Sec. 4316 (2012).</i></p> <p>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).</p> <p><i>Source: Code of ME Rules 10-144-101, Ch. 1, Sec. 4.</i></p> <p>"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.</p> <p><i>Source: ME Regulation Sec. 02-373-6 &amp; 02-383-6.</i></p>	<p>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).</p> <p><i>Source: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Apr. 16, 2016). (Accessed Mar. 2017).</i></p>
<b>Live Video Reimbursement</b>	
<p>Maine law requires coverage for services provided through telemedicine, which includes live video.</p>	<p>If the Member is eligible for the underlying covered service and providing it via telehealth is medically appropriate, the Member is eligible for telehealth</p>



STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p><i>Source: ME Revised Statutes Annotated. Title 24 Sec. 4316 (2012).</i></p> <p>ME Medicaid covers telehealth when it is medically appropriate (see Medicaid Column for details).</p> <p><i>Source: Code of ME Rules 10-144-101, Ch. 1, Sec. 4.</i></p> <p>(See Medicaid column &amp; “Private Payers” section)</p>	<p>services.</p> <p>There is a specific list of codes provided in the manual.</p> <p>Non-Covered services include:</p> <ul style="list-style-type: none"> <li>• Medical equipment</li> <li>• Personal care aide</li> <li>• Pharmacy services</li> <li>• Assistive technology services</li> <li>• Non-emergency medical transportation</li> <li>• Ambulance services</li> <li>• Services that require physical contact</li> <li>• Any service medically inappropriate for telehealth services.</li> </ul> <p>See manual for full list of exclusions.</p> <p>No reimbursement for communication between health care providers.</p> <p><i>Source: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Accessed Mar. 2017).</i></p>
<b>Store and Forward Reimbursement</b>	
<p>ME Medicaid provides coverage for telemonitoring services (which may or may not take place in real time) under certain circumstances (See Medicaid column).</p> <p><i>Source: Code of ME Rules 10-144-101, Ch. 1, Sec. 4.</i> <a href="http://www.maine.gov/sos/cec/rules/10/144/ch101/c1s004.docx">http://www.maine.gov/sos/cec/rules/10/144/ch101/c1s004.docx</a></p>	<p>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).</p> <p><i>Source: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Accessed Mar. 2017).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
<p>ME Medicaid provides coverage for telemonitoring (see Medicaid column for details).</p> <p><i>Source: Code of ME Rules 10-144-101, Ch. 1, Sec. 4.</i></p>	<p>In order to be eligible for telemonitoring a member must:</p> <ul style="list-style-type: none"> <li>• Be eligible for home health services;</li> <li>• 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;</li> <li>• Have had two or more hospitalizations or emergency room visits related to their diagnosis in the past calendar year or have continuously received telemonitoring services during the past calendar year and have a continued need;</li> <li>• Have telemonitoring services included in the Member’s plan of care;</li> <li>• Reside in a setting suitable to support telemonitoring equipment; and</li> <li>• Have the physical and cognitive capacity to effectively utilize the telemonitoring equipment or have a caregiver willing and able to assist with the equipment.</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>A physician 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.</p> <p>Covered telemonitoring services include:</p> <ul style="list-style-type: none"> <li>• Evaluation of the member to determine if telemonitoring services are medically necessary;</li> <li>• Evaluation of Member to ensure cognitively and physically capable of operating equipment;</li> <li>• Evaluation of residence;</li> <li>• Education and training;</li> <li>• Remote monitoring and tracking of data by a RN, NP, PA or physician and response with appropriate clinical interventions;</li> <li>• Monthly telephonic services;</li> <li>• Maintenance of equipment; and</li> <li>• Removal/disconnection of equipment</li> </ul> <p><i>Source: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Accessed Mar. 2017).</i></p> <p>RPM 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.</p> <p>Final approval must be obtained from the Department, Office of Aging and Disability Services while considering:</p> <ul style="list-style-type: none"> <li>• Number of hospitalizations in the past year;</li> <li>• Use of emergency room in the past year;</li> <li>• History of falls in the last six months resulting from injury;</li> <li>• Member lives alone or is home alone for significant periods of time;</li> <li>• Service access challenges and reasons for those challenges;</li> <li>• History of behavior indicating that a member's cognitive abilities put them at a significant risk of wandering; and</li> <li>• Other relevant information.</li> </ul> <p><i>Source: MaineCare Benefits Manual, Home and Community Benefits for the Elderly and for Adults with Disabilities, 10-144 Ch. II, Sec. 19, p. 16 (Mar. 15, 2016). (Accessed Mar. 2017).</i></p>
<b>Email/Phone/FAX</b>	
<p>No reimbursement for email.            No reimbursement for telephone.            No reimbursement for FAX.</p> <p><i>Source: ME Revised Statutes Annotated. Title 24 Sec. 4316 (2012).</i></p>	<p>No reimbursement for email.            No reimbursement for telephone.            No reimbursement for FAX.</p> <p><i>Source: Code of ME Rules. 10-144-101 (2012).</i></p>

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	<p>For Indian Health Services, a second tier consultation can utilize direct email communications or telephone consultation.</p> <p><i>Source: MaineCare Benefits Manual, Indian Health Services, 10-144 Ch. II, p. 5 (March 21, 2012). (Accessed Mar. 2017).</i></p> <p>Telephonic services may be reimbursed if the following conditions are met:</p> <ul style="list-style-type: none"> <li>• Interactive telehealth services are unavailable; and</li> <li>• A telephonic service is medically appropriate for the underlying condition.</li> </ul> <p>Services may not be delivered through electronic mail.</p> <p><i>Source: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Accessed Mar. 2017).</i></p> <p>Telephone is also covered for:</p> <ul style="list-style-type: none"> <li>• Targeted Case Management Services for purposes of monitoring and follow up activities can take place over the telephone.</li> <li>• The Home and Community Benefits for the Elderly and for Adults with Disabilities for purposes of monitoring.</li> <li>• Behavioral Health Services for purposes of crisis resolution services.</li> </ul> <p><i>Source: MaineCare Benefits Manual, Targeted Case Management Services, 10-144 Ch. 101, Sec. 13, p. 6 (Mar. 20, 2014). (Accessed Mar. 2017).</i></p> <p><i>Source: MaineCare Benefits Manual, Behavioral Health Services, 10-44 Ch. II, Sec. 65, p. 10 (Nov. 26, 2016). (Accessed Mar. 2017).</i></p>
<b>Online Prescribing</b>	
<p>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.</p> <p>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</p>	<p>Tele-pharmacy is allowed.</p> <p>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.</p> <p>Providers may dispense prescriptions via tele-pharmacy; pre-authorization is required.</p> <p><i>Source: MaineCare Benefits Manual, Ch. 2, Pharmacy Services, 10-144 Chapter 101, p. 5 &amp; 33 (Nov. 29, 2015) (accessed Mar. 2017).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>through telemedicine 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.</p> <p><i>Source: ME Regulation Sec. 02-373-6 &amp; 02-383-6.</i></p>	
<b>Consent</b>	
<p>No reference found.</p>	<p>Providers must deliver written educational information to patients at their visit.</p> <p>This information should be written at a sixth-grade comprehension level, and include the following:</p> <ul style="list-style-type: none"> <li>• Description of the telehealth equipment and what to expect;</li> <li>• Explanation that the use of telehealth for this service is voluntary;</li> <li>• Explanation that the member is able to stop the telehealth visit at any time and request a face-to-face service;</li> <li>• Explanation that MaineCare will pay for transportation to a distant appointment if needed;</li> <li>• Explanation that the Member will have access to all information resulting from the telehealth service provided by law;</li> <li>• HIPAA compliance information regarding the telehealth encounter;</li> <li>• 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</li> <li>• Member has the right to object to videotaping or other recording of consult.</li> </ul> <p><i>Source: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Accessed Mar. 2017).</i></p> <p>Member's record must document consent for RPM.</p> <p><i>Source: MaineCare Benefits Manual, Home and Community Benefits for the Elderly and for Adults with Disabilities, 10-144 Ch. II, Sec. 19, p. 16 (Mar. 15, 2016). (Accessed Mar. 2017).</i></p>
<b>Location</b>	
No reference found.	No reference found.
<b>Cross-State Licensing</b>	
<p>A physician 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, and the physician annually registers with the board and pays a fee.</p>	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<i>Source: 32 MSRA Sec. 3300-D.</i>	
<b>Private Payers</b>	
<p>Requires coverage of telemedicine services, subject to contract terms and conditions.</p> <p>Coverage must be provided in a manner that is consistent with coverage for in-person consultation.</p> <p><i>Source: ME Revised Statutes Annotated. Title 24 Sec. 4316 (2012).</i></p>	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	<p>A facility fee is provided to a health care provider at the originating site.</p> <p>When an FQHC or RHC serves as the originating site, the facility fee is paid separately from the center or clinic all-inclusive rate.</p> <p><i>Source: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Apr. 16, 2016). (Accessed Mar. 2017).</i></p>
<b>Miscellaneous</b>	
	<p>MaineCare will pay for transportation to a distant appointment if needed.</p> <p><i>Source: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Apr. 16, 2016). (Accessed Mar. 2017).</i></p>

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*)

## Maryland

**Medicaid Program:** MD Medical Assistance Program

**Program Administrator:** MD Dept. of Social Services

**Regional Telehealth Resource Center**

Mid-Atlantic Telehealth Resource Center

PO Box 800711

Charlottesville, VA 22908-0711

(434) 906-4960 / (855) MATRC4U

[www.matrc.org](http://www.matrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>“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.”</p> <p><i>Source: MD Health Occupations Annotated Sec. 2-101 (2012).</i></p> <p>Telemedicine means, as it relates to the delivery of health care services, the use of interactive audio, video, or other telecommunications or electronic technology:</p> <ol style="list-style-type: none"> <li>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</li> <li>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.</li> </ol> <p><i>Source: Health General Code 15-105.2.</i></p> <p>“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.”</p> <p><i>Source: Code of Maryland Admin. Regs. Sec. 10.32.05.02</i></p> <p>“Telehealth means the delivery of medically necessary services to a patient at an originating site by distant site provider, through the use of technology-assisted communication.”</p> <p>“Telemedicine means the delivery of medically necessary somatic services to a patient at an originating site by a distant site provider, through the use of technology-assisted communication.”</p> <p><i>Source: Code of Maryland Admin. Regs. Sec. 10.09.49.02.</i></p>	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p><b>Perinatal and Neonatal Referral Center Standards:</b> "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.</p> <p><i>Source: MD COMAR Sec. 30.08.12.</i></p>	
<b>Live Video Reimbursement</b>	
<p>Maryland law requires private insurers to provide coverage for telemedicine services (subject to terms and conditions of contract), which includes live video.</p> <p>(See "Private Payers" section).</p> <p><i>Source: MD Insurance Code Annotated Sec. 15-139 (2012).</i></p> <p>Maryland law requires the state Medicaid program to provide coverage for live video telemedicine services (subject to terms and conditions of contract), the same as it does for private payers.</p> <p>Primary care providers are required to qualify as eligible telemedicine providers.</p> <p>The Department may require providers to submit a registration form to include information required for the processing of telemedicine claims.</p> <p><i>Source: House Bill 1217 – 2016.</i></p> <p>The Department shall grant approval to allow originating and consulting site providers to receive State and federal funds for providing telemedicine services if the telemedicine provider meets certain requirements.</p> <p>Telemedicine providers must be part of a private practice, hospital or other health care system.</p> <ul style="list-style-type: none"> <li>• Must be an agreement between a medical assistance-approved originating site provider and consulting provider.</li> </ul> <p><i>Source: Health General Code 15-105.2.</i></p> <p>The Department of Health and Mental Hygiene must adopt regulations related to the scope of benefits for telehealth services.</p> <p><i>Source: House Bill 1217 – 2016.</i></p> <p>Mental Health Eligible Services:</p>	<p>Maryland Medicaid provides a telehealth program that employs a "hub-and-spoke" model. Applies to fee for service and managed care.</p> <p>Communication must be in real time, and the participant must be at an originating site with a telepresenter.</p> <p>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.</p> <p>Eligible distant site provider:</p> <ul style="list-style-type: none"> <li>• Nurse midwife</li> <li>• Nurse practitioner</li> <li>• Psychiatric nurse practitioner</li> <li>• Physician; or</li> <li>• Outpatient mental health center</li> </ul> <p>Telehealth providers must complete an online registration.</p> <p><i>Source: MD Medicaid Telehealth Program. Telehealth Provider Manual. Updated May 3, 2016. Accessed Mar. 2017.</i></p> <p>Reimbursement for telemedicine is required by Maryland Medical Assistance if the health care service is medically necessary and provided:</p> <ul style="list-style-type: none"> <li>• For the treatment of cardiovascular disease or stroke;</li> <li>• In an emergency department setting; and</li> <li>• When an appropriate specialist is not available.</li> </ul> <p><i>Source: MD Insurance Code Sec. 15-105.2</i></p> <p><b>Managed Care</b> MCOs shall provide coverage for medically necessary telemedicine services.</p> <p><i>Source: Code of Maryland Admin. Regs. Sec. 10.09.67.31.</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<ul style="list-style-type: none"> <li>• Diagnostic interview;</li> <li>• Individual therapy</li> <li>• Family therapy</li> <li>• Outpatient evaluation and management</li> <li>• Outpatient office consultation</li> <li>• Initial inpatient consultation</li> <li>• Emergency department services</li> </ul> <p><i>Source: Code of Maryland Admin. Regs. Sec. 10.09.49.05.</i></p> <p>Patient must be authorized to receive behavioral health treatment services through the Public Behavioral Health System, except for behavioral health services provided in a hospital emergency department.</p> <p><i>Source: Code of Maryland Admin. Regs. Sec. 10.09.49.05-06.</i></p> <p>Eligible Distant Site Providers:</p> <ul style="list-style-type: none"> <li>• Nurse midwife</li> <li>• Nurse practitioner</li> <li>• Psychiatric nurse practitioner</li> <li>• Physician</li> </ul> <p>Providers must apply to participate in the telehealth program and be approved. They also must have a written contingency plan when telemedicine is unavailable.</p> <p><i>Source: Code of Maryland Admin. Regs. Sec. 10.09.49.07.</i></p> <p>The Department may not reimburse telemedicine services by an originating and distant site provider located in different facilities in the same hospital campus.</p> <p><i>Source: Code of Maryland Admin. Regs. Sec. 10.09.49.11.</i></p> <p>The Department's contractor who operates the Maryland Public Behavioral Health System must reimburse for specialty mental health services when authorized by COMAR 10.09.49.</p> <p><i>Source: Code of Maryland Admin. Regs. Sec. 10.09.49.06.</i></p>	
<b>Store and Forward Reimbursement</b>	
<p>No reimbursement based upon definition of "telemedicine" which describes telemedicine as "interactive".</p> <p><i>Source: MD Insurance Code Annotated Sec. 15-139 (2012).</i></p> <p>The department may provide reimbursement for services delivered through store and forward technology.</p> <p><i>Source: Health General Code 15-105.2.</i></p>	<p>Maryland Medicaid does not cover store and forward.</p> <p><i>Source: MD Medicaid Telehealth Program. Telehealth Provider Manual. Updated May 3, 2016. (Accessed Mar. 2017) &amp; Code of Maryland Admin. Regs. Sec. 10.09.49.11.</i></p>



STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Remote Patient Monitoring Reimbursement</b>	
<p>The department may provide reimbursement for services delivered through remote patient monitoring technology.</p> <p><i>Source: Health General Code 15-105.2.</i></p>	<p>No reimbursement for home health monitoring services.</p> <p><i>Source: MD Medicaid Telehealth Program. Telehealth Provider Manual. Updated May 3, 2016. (Accessed Mar. 2017) &amp; Code of Maryland Admin. Regs. Sec. 10.09.49.11.</i></p>
<b>Email/Phone/FAX</b>	
<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: MD Insurance Code Annotated Sec. 15-139 (2012) &amp; Health General Code 15-105.2.</i></p> <p>Telehealth also does not include a telephone conversation, email or fax between providers without interaction between the distant site provider and patient.</p> <p><i>Source: Code of Maryland Admin. Regs. Sec. 10.09.49.11.</i></p>	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p>No reimbursement for email, phone or telephone conversations between providers.</p> <p><i>Source: MD Medicaid Telehealth Program. Telehealth Provider Manual. Updated May 3, 2016. (Accessed Mar. 2017) &amp; Code of Maryland Admin. Regs. Sec. 10.09.49.11.</i></p>
<b>Online Prescribing</b>	
<p>A physician-patient relationship can be established through real time auditory communications or real-time visual and auditory communications.</p> <p><i>Source: Code of Maryland Admin. Regs. Sec. 10.32.05.02</i></p>	<p>No reference found.</p>
<b>Consent</b>	
<p>Telehealth providers must inform patients and consultants of the following:</p> <ul style="list-style-type: none"> <li>• The inability to have direct, physical contact with the patient is a primary difference between telehealth and direct in-person service delivery;</li> <li>• 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;</li> <li>• The quality of transmitted data may affect the quality of services provided by the provider;</li> <li>• That changes in the environment and test conditions could be impossible to make during delivery of telehealth services;</li> </ul> <p>Telehealth services may not be provided by correspondence only.</p> <p><i>Source: Code of MD Reg., 10.41.06.04 (2012).</i></p> <p>Except when providing interpretive services, the physician must obtain and document patient consent.</p> <p><i>Source: Code of Maryland Admin. Regs. Sec. 10.32.05.06</i></p>	<p>The originating site must obtain consent</p> <p><i>Source: MD Medicaid Telehealth Program. Telehealth Provider Manual. Updated May 3, 2016. Accessed Mar. 2017.</i></p> <p>Consent is required unless there is an emergency.</p> <p><i>Code of Maryland Admin. Regs. Sec. 10.09.49.06.</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Location</b>	
<p>Eligible originating sites (admin code):</p> <ul style="list-style-type: none"> <li>• College or university student health or counseling office;</li> <li>• Community-based substance use disorder provider;</li> <li>• Elementary, middle, high, or technical school with a supported nursing, counseling or medical office;</li> <li>• Local health department;</li> <li>• FQHC;</li> <li>• Hospital, including the emergency department;</li> <li>• Nursing facility;</li> <li>• The office of a physician, psychiatric nurse practitioner, nurse practitioner, or nurse midwife;</li> <li>• An opioid treatment program;</li> <li>• Outpatient mental health center;</li> <li>• Renal dialysis center; or</li> <li>• Residential crisis services site.</li> </ul> <p>When patient is in a hospital emergency department, the professional fee for the distant site provider would be covered if the distant site provider is not the physician of record or the attending physician and the initial telehealth consultation is distinct from the care provided by the physician of record or the attending physician.</p> <p>Distant site provider must be located within the State, the District of Columbia, or a contiguous state.</p> <p><i>Source: Code of Maryland Admin. Regs. Sec. 10.09.49.07.</i></p>	<p>Eligible originating sites:</p> <ul style="list-style-type: none"> <li>• College or university student health or counseling office</li> <li>• Community-based substance use disorder provider</li> <li>• Elementary, middle, high or technical school with a supported nursing, counseling or medical office</li> <li>• Local health department</li> <li>• FQHC</li> <li>• Hospital, including emergency department</li> <li>• Nursing facility</li> <li>• Private office</li> <li>• Opioid treatment program</li> <li>• Outpatient mental health center</li> <li>• Renal dialysis center; or</li> <li>• Residential services site</li> </ul> <p><i>Source: MD Medicaid Telehealth Program. Telehealth Provider Manual. Updated May 3, 2016. Accessed Mar. 2017.</i></p>
<b>Cross-State Licensing</b>	
<p>MD has exceptions to its MD-only licensed physicians for physicians practicing in the adjoining states of Delaware, Virginia, West Virginia, and Pennsylvania.</p> <p><i>Source: MD Health Occupations Code Annotated Sec. 14-302 (2012).</i></p> <p>A physician providing services through telemedicine must have a Maryland license if they are located in Maryland, or if the patient is in Maryland.</p> <p><i>Source: COMAR 10.32.05.03</i></p>	<p>No reference found.</p>
<b>Private Payers</b>	
<p>Requires coverage of telemedicine services, subject to contract terms and conditions.</p> <p><i>Source: MD Insurance Code Annotated Sec. 15-139 (2012).</i></p>	<p>No reference found.</p>
<b>Site/Transmission Fee</b>	
<p>Originating sites are eligible for a transmission fee. Fee</p>	<p>Originating sites may bill for a transmission fee.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>set in COMAR 10.09.07D; or by the Health Services Cost Review Commission for sites located in regulated space.</p> <p>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.</p> <p><i>Code of Maryland Admin. Regs. Sec. 10.09.49.11.</i></p>	<p><i>Source: MD Medicaid Telehealth Program. Telehealth Provider Manual. Updated May 3, 2016. Accessed Mar. 2017.</i></p>
Miscellaneous	
<p>Providers of health care services delivered through telemedicine must use video and audio transmission with less than a 300 millisecond delay. Other minimum technology requirements apply.</p> <p><i>Source: Code of Maryland Admin. Regs. Sec. 10.09.49.08.</i></p> <p>Providers may not store at originating or distant site video images or audio portion of telemedicine services for future use.</p> <p><i>Source: Code of Maryland Admin. Regs. Sec. 10.09.49.09.</i></p> <p>Telehealth can be used to meet network adequacy standards.</p> <p><i>Source: MD House Bill 1318 – 2016.</i></p> <p>On or before Oct. 1, 2016, the Department of Health and Mental Hygiene, in consultation with the Maryland Health Care Commission must submit a report to the Senate Finance Committee and House Health and Government Operations Committee assessing telehealth policies of select Medicaid programs in other states, including reimbursement for telehealth services provided in a home setting and detailed planned enhancements to the Maryland Medicaid telehealth program.</p> <p><i>Source: MD House Bill 886 – 2016.</i></p>	<p>Technology requirements for providers:</p> <ul style="list-style-type: none"> <li>• A camera with specific resolution, focus, and zoom capabilities</li> <li>• Have display monitor sufficient in size</li> <li>• Bandwidth speed and image resolution sufficient to provide quality video</li> <li>• Audio equipment that ensures clear communication</li> <li>• Creates audio transmission with less than 300 millisecond delay</li> </ul> <p>Must ensure HIPAA compliance.</p> <p>Provider manual outlines various telehealth provider scenarios.</p> <p><i>Source: MD Medicaid Telehealth Program. Telehealth Provider Manual. Updated May 3, 2016. Accessed Mar. 2017.</i></p>

**Comments:** The Maryland Health Care Commission has a Telemedicine Task Force to study the use of telehealth throughout the State.  
 <[http://mhcc.maryland.gov/mhcc/pages/hit/hit\\_telemedicine/hit\\_telemedicine.aspx](http://mhcc.maryland.gov/mhcc/pages/hit/hit_telemedicine/hit_telemedicine.aspx)>

## Massachusetts

**Medicaid Program:** MassHealth

**Program Administrator:** MA Dept. of Health and Human Services

**Regional Telehealth Resource Center:**

Northeast Telehealth Resource Center

11 Parkwood Drive

Augusta, ME 04330

(800) 379-2021

[www.netrc.org](http://www.netrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>“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.”</p> <p><i>Source: Annotated Laws of MA. Chapter 175, Sec. 47BB.</i></p>	No reference found.
<b>Live Video Reimbursement</b>	
<p>Private payers may provide coverage of telemedicine services (subject to contract terms and conditions), which includes live video.</p> <p>(See “Private Payers” section).</p> <p><i>Source: MA Session Laws: Acts of 2012. Chapter 224, S.B. 2400.</i></p>	No reference found.
<b>Store and Forward Reimbursement</b>	
No reference found.	No reference found.
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found.	<p>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.</p> <p><i>Source: MA EOHHS and MassHealth. 4000-300.</i></p>
<b>Email/Phone/FAX Restrictions</b>	
<p>No Reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: MA Session Laws: Acts of 2012. Chapter 224, S.B. 2400.</i></p>	<p>No reimbursement for telephone. No reference to email or fax found.</p> <p><i>Source: Acute Outpatient Hospital Manual Transmittal Letter AOH-39. (8/12/16); Chronic Disease and Rehabilitation Outpatient Hospital Manual Transmittal Letter COH-9. Jan. 2, 2015; Podiatrist Manual Transmittal Letter PD-74 (8/12/17); Chronic Disease and Rehabilitation Outpatient Hospital Manual COH-10 (1/2/15)</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><i>(Accessed Mar. 2017).</i></p> <p>Psychotherapy in crisis services is limited to face-to-face contacts; services via telephone are not reimbursable.</p> <p><i>Source: Mental Health Center Manual Transmittal Letter MHC-48. 1/1/14. (Accessed Mar. 2017).</i></p>
<b>Online Prescribing</b>	
<p>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.</p> <p><i>Source: "Internet Prescribing," MA Board of Registration in Medicine. Dec. 17, 2003. (Accessed Jul. 2015).</i></p>	No reference found.
<b>Consent</b>	
No reference found.	No reference found.
<b>Location</b>	
No reference found.	No reference found.
<b>Cross-State Licensing</b>	
No reference found.	No reference found.
<b>Private Payers</b>	
<p>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.</p> <p><i>Source: MA Session Laws: Acts of 2012. Chapter 224, S.B. 2400.</i></p>	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	No reference found.
<b>Miscellaneous</b>	

**COMMENTS:** The 2016 MA State Budget requires the health policy commission to implement a one year regional pilot program to further the development and utilization of telemedicine in the commonwealth.

*Source: MA Bill H 3650 (2015).*

# Michigan

**Medicaid Program:** Michigan Medicaid

**Program Administrator:** Michigan Dept. of Community Health

**Regional Telehealth Resource Center:**

Upper Midwest Telehealth Resource Center

2901 Ohio Boulevard, Ste. 110

Terre Haute, IN 47803

(855) 283-3734 ext. 232

[www.umtrc.org](http://www.umtrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>“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.”</p> <p><i>Source: MI Compiled Law Svcs. Sec. 500.3476 (2012).</i></p>	<p>“Telemedicine is the use of telecommunication technology to connect a patient with a health care professional in a different location.”</p> <p><i>Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 1622 (April 1, 2017).</i></p> <p><b><u>Speech-Language and Audiology Services; Behavioral Health Therapy; Medication Therapy Management</u></b></p> <p>“Telepractice is the use of telecommunications and information technologies for the exchange of encrypted patient data for the provision of speech-language and audiology 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).”</p> <p><i>Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 1720 (April 1, 2017).</i></p>
<b>Live Video Reimbursement</b>	
<p>Michigan law states that “contracts shall not require face-to-face contact between a health care professional and a patient for services appropriately provided through telemedicine”, which includes live video.</p> <p><i>Source: MI Compiled Law Services Sec. 500.3476 (2012).</i></p> <p>(See “Private Payers” section).</p>	<p>Michigan Medicaid reimburses for the following services categories via live video:</p> <ul style="list-style-type: none"> <li>• Inpatient Consults;</li> <li>• Office or other outpatient consults</li> <li>• Office or other outpatient services</li> <li>• Psychiatric diagnostic procedures</li> <li>• Subsequent hospital care</li> <li>• Training services, diabetes</li> <li>• 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.</li> <li>• Behavior change intervention, individual</li> <li>• Behavior health and/or substance use disorder treatment</li> <li>• Education service, telehealth</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> <li>• Nursing facility subsequent care</li> </ul> <p>The initial visit for nursing facility services must be face-to-face.</p> <p>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.</p> <ul style="list-style-type: none"> <li>• Physicians and practitioners are eligible to be distant site providers. Providers at the distant site can only bill services listed in the telemedicine services database.</li> </ul> <p><i>Source: Dept. of Community Health, Medicaid Provider Manual, p. 1622 (April 1, 2017).</i></p> <p><b><u>Telepractice for BHT Services</u></b></p> <ul style="list-style-type: none"> <li>• Telepractice services must be prior authorized. Providers may arrange telepractice services for the purpose of teaching parents/guardians to provide individualized interventions to their child and to engage in behavioral health clinical observation and direction. Qualified providers include: <ul style="list-style-type: none"> <li>• Board certified behavior analysts</li> <li>• Board certified assistant behavior analysts</li> <li>• Licensed psychologists</li> <li>• Limited licensed psychologists</li> <li>• Qualified behavioral health professionals</li> </ul> </li> </ul> <p>Occupational, physical and speech therapists are not included in this policy.</p> <p>A facilitator trained in telepractice technology must be physically present with the patient.</p> <p><i>Source: Dept. of Community Health, Medicaid Provider Manual, p. 461 (Apr. 1, 2017).</i></p> <p><b><u>Medication Therapy Management (MTM)</u></b></p> <p>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.</p> <p><i>Source: MI Medical Services Administration Bulletin 17-09. Updates to Provider Manual. 2/24/17. (Accessed Mar. 2017).</i></p> <p><b><u>Speech-Language and Audiology Services</u></b></p> <p>MI Medicaid will reimburse for speech language and audiology services provided through their school based program.</p> <p>The patient site may be located within the school, at the patient's home or any other established site deemed</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>appropriate by the provider.</p> <p><i>Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 1720 (April 1, 2017).</i></p>
<b>Store and Forward Reimbursement</b>	
<p>No reimbursement based upon definition of “telemedicine” which describes telemedicine as occurring in “real time.</p> <p><i>Source: MI Compiled Law Svcs. Sec. 500.3476 (2012).</i></p>	<p>Telecommunication systems using store and forward technology are not included in MI Medicaid’s telemedicine policy.</p> <p><i>Source: Dept. of Community Health, Medicaid Provider Manual, p. 1622 (Apr. 1, 2017).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found.	No reference found.
<b>Email/Phone/FAX Restrictions</b>	
No reference found.	No reference found.
<b>Online Prescribing</b>	
<p>Providers must have an existing physician-patient relationship.</p> <p><i>Source: MI Compiled Laws Sec. 333.17751 (2012).</i></p> <p><b>Recently Passed Legislation (Now Effective)</b>  A health professional providing telehealth service to a patient may prescribe the patient a drug if both the following are met:</p> <ul style="list-style-type: none"> <li>• The health professional is a prescriber who is acting within the scope of his or her practice; and</li> <li>• 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.</li> </ul> <p>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.</p> <p><i>Source: MI Compiled Laws, Sec. 16285.</i></p>	No reference found.
<b>Consent</b>	
No reference found.	No reference found.
<b>Location</b>	
No reference found.	<p>Eligible originating sites:</p> <ul style="list-style-type: none"> <li>• County mental health clinics or publicly funded mental health facilities;</li> </ul>



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	<ul style="list-style-type: none"> <li>• Federally Qualified Health Centers;</li> <li>• Hospitals (inpatient, outpatient, or Critical Access Hospitals);</li> <li>• Physician or other providers' offices, including medical clinics;</li> <li>• Hospital-based or CAH-based Renal Dialysis Centers;</li> <li>• Rural Health Clinics;</li> <li>• Skilled nursing facilities;</li> <li>• Tribal Health Centers</li> </ul> <p><i>Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 1623 (April 1, 2017).</i></p> <p>Prepaid Inpatient Health Plans/Community Mental Health (PIHP/CMH) can be either originating or distant sites.</p> <p><i>Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 330 (April 1, 2017).</i></p> <p><b><u>Speech-Language and Audiology Services</u></b> The patient site may be located within the school, at the patient's home or any other established site deemed appropriate by the provider for reimbursement in their school based program.</p> <p><i>Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 1720 (April 1, 2017).</i></p> <p><b><u>Behavioral Health Therapy</u></b> Eligible patient site:</p> <ul style="list-style-type: none"> <li>• Center</li> <li>• Clinic</li> <li>• Patient's home</li> <li>• Any other established site deemed appropriate by the provider</li> </ul> <p>Room must be free of distractions. A trained facilitator must be present at the patient site.</p> <p><i>Source: Dept. of Community Health, Medicaid Provider Manual, p. 461 (Apr. 1, 2017).</i></p>
<b>Cross-State Licensing</b>	
<p>No reference found.</p>	<p>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.</p> <p><i>Source: Dept. of Community Health, Medicaid Provider Manual, p. 490 (Apr. 1, 2017).</i></p> <p><b><u>Behavioral Health Therapy</u></b> Must be fully licensed in MI.</p> <p><i>Source: Dept. of Community Health, Medicaid Provider Manual, p.</i></p>

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	461 (Apr. 1, 2017).
<b>Private Payers</b>	
<p>Contracts 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.</p> <p><i>Source: MI Compiled Law Services Sec. 500.3476 (2012).</i></p>	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	<p>Originating site may bill for a facility fee.</p> <p><i>Source: Dept. of Community Health, Medicaid Provider Manual, p. 262 (Apr. 1, 2017).</i></p>
<b>Miscellaneous</b>	
	<p>No reimbursement for remote access for surgical procedures, and use of robotics.</p> <p><i>Source: Dept. of Community Health, Medicaid Provider Manual, p. 1622 (Apr. 1, 2017).</i></p>

## Minnesota

**Medicaid Program:** Medical Assistance (MA)

**Program Administrator:** MN Dept. of Human Services

**Regional Telehealth Resource Center:**

Great Plains Telehealth Resource and Assistance Center  
University of Minnesota/Institute for Health Informatics  
330 Diehl Hall  
505 Essex Street S.E.  
Minneapolis, MN 55455  
(888) 239-7092  
[www.gptrac.org](http://www.gptrac.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>"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 licensed health care providers that consists solely of a telephone conversation, e-mail, or facsimile transmission does not constitute telemedicine consultations or services. 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.</p> <p><i>Source: MN Senate File 1458 (2015). MN Statute Sec 256B.0622, subdivision 8.</i></p>	<p>"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."</p> <p><i>Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised Feb. 2, 2017. (Accessed Mar. 2017).</i></p>
<b>Live Video Reimbursement</b>	
<p>Intensive Rehabilitative Mental Health Services Physician services may be billed by a psychiatrist or other health care professional to treat intensive residential treatment services.</p> <p><i>Source: MN Senate File 1458 (2015). MN Statute Sec 256B.0622, subdivision 8.</i></p> <p>(see Medicaid column)</p>	<p>Minnesota's Medical Assistance program reimburses live video for fee-for-service programs.</p> <p>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.</p> <p>Eligible providers:</p> <ul style="list-style-type: none"> <li>• Physician</li> <li>• Nurse practitioner</li> <li>• Physician assistant</li> <li>• Nurse midwife</li> </ul>

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	<ul style="list-style-type: none"> <li>• Clinical nurse specialist</li> <li>• Registered dietitian or nutrition professional</li> <li>• Clinical psychologist</li> <li>• Clinical social worker</li> <li>• Dentist, dental hygienist, dental therapist, advanced dental therapist</li> <li>• Mental health professional, when following requirements and service limitations</li> <li>• Pharmacist</li> <li>• Certified genetic counselor</li> <li>• Podiatrist</li> <li>• Speech therapist</li> <li>• Therapist</li> <li>• Occupational therapist</li> <li>• Audiologist</li> </ul> <p>Examples of eligible services:</p> <ul style="list-style-type: none"> <li>• Consultations</li> <li>• Telehealth consults: emergency department or initial inpatient care</li> <li>• Subsequent hospital care services with the limitation of one telemedicine visit every 30 days per eligible provider</li> <li>• Subsequent nursing facility care services with the limitation of one telemedicine visit every 30 days</li> <li>• End-stage renal disease services</li> <li>• Individual and group medical nutrition therapy</li> <li>• 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</li> <li>• Smoking cessation</li> <li>• Alcohol and substance abuse (other than tobacco) structured assessment and intervention services</li> </ul> <p>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.</p> <p>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.</p> <p>Non-covered services:</p> <ul style="list-style-type: none"> <li>• Electronic connections that are not conducted over a secure encrypted website as specified by the Health Insurance Portability &amp; Accountability Act of 1996 Privacy &amp; Security rules (e.g., Skype)</li> <li>• Prescription renewals</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> <li>• Scheduling a test or appointment</li> <li>• Clarification of issues from a previous visit</li> <li>• Reporting test results</li> <li>• Non-clinical communication</li> <li>• Communication via telephone, email or facsimile</li> <li>• Day treatment</li> <li>• Partial hospitalization programs</li> <li>• Residential treatment services</li> <li>• Case management face-to-face contact</li> </ul> <p><i>Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised Feb. 2, 2017. (Accessed Mar. 2017).</i></p> <p>Some mental health services may be covered by telemedicine.</p> <p><i>Source: MN Dept. of Human Svcs., Provider Manual, Telemedicine Delivery of Mental Health Services, Dec. 15, 2015 (accessed Mar. 2017).</i></p> <p><b><u>Individualized Education Program (IEP)</u></b>            Eligible originating sites:</p> <ul style="list-style-type: none"> <li>• Home</li> <li>• School</li> </ul> <p>Telemedicine coverage applies to a child or youth who is MA eligible, has an IEP and the service provided is identified in the IEP.</p> <p>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).</p> <p>Eligible providers include the following:</p> <ul style="list-style-type: none"> <li>• Charter schools</li> <li>• Education districts</li> <li>• Intermediate districts</li> <li>• Public school districts</li> <li>• Tribal schools (schools that receive funding from the Bureau of Indian Affairs-BIA)</li> <li>• Service cooperatives</li> <li>• Special education cooperatives</li> <li>• State academies</li> </ul> <p>Non-Covered Services</p> <ul style="list-style-type: none"> <li>• Services that are less effective than if provided in person, face-to-face</li> <li>• Supervision evaluations or visits</li> <li>• Evaluations or assessments</li> <li>• Personal care assistants</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> <li>• Nursing services</li> <li>• Transportation services</li> <li>• Electronic connections that are conducted over a website that is not secure and encrypted as specified by the Health Insurance Portability &amp; Accountability Act of 1996 Privacy &amp; Security rules (for example, Skype)</li> <li>• Prescription renewals</li> <li>• Scheduling a test or appointment</li> <li>• Clarification of issues from a previous visit</li> <li>• Reporting test results</li> <li>• Non-clinical communication</li> <li>• Communication via telephone, email or fax</li> </ul> <p>See IEP manual for specific documentation and billing requirements.</p> <p><i>Source: MN Dept. of Human Svcs., Provider Manual, Individualized Education Program, Feb. 9, 2016 (accessed Mar. 2017).</i></p> <p>Telemedicine consults shall be paid at the same rate as in-person services.</p> <p><i>Minnesota Source: MN Statute Sec. 256B.0625</i></p> <p>Non-covered Services</p> <ul style="list-style-type: none"> <li>• Telemedicine for alcohol and drug abuse services</li> </ul> <p><i>Source (Alcohol and drug abuse): MN Dept. of Human Svcs., Provider Manual, Alcohol and Drug Abuse Svcs. Mar. 23, 2017 (Accessed Mar. 2017).</i></p> <p>Teledentistry services through real time audio and video is allowed.</p> <p><i>Source (dental): MN Dept. of Human Svcs., Provider Manual, Dental Svcs. Mar. 8, 2017 (Accessed Mar. 2017).</i></p> <p>Telemedicine is an option for Early Intensive Developmental and Behavioral Intervention (EIDBI) EIDBI services.</p> <p><i>Source (dental): MN Dept. of Human Svcs., Provider Manual, EIDBI Svcs. Mar. 13, 2017 (Accessed Mar. 2017).</i></p> <p>MHCP allows payment for some rehabilitation services through telemedicine. Providers must self-attest that they meet all of the conditions of MHCP telemedicine policy by completing the “Provider Assurance Statement for Telemedicine”.</p> <p><i>Source: MN Dept. of Human Svcs., Provider Manual, Rehabilitation Svcs. Aug. 3, 2017 (Accessed Mar. 2017).</i></p>
<b>Store and Forward Reimbursement</b>	
<i>(see Medicaid column)</i>	Minnesota’s Medical Assistance program reimburses for

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	<p>services delivered through store and forward technology.</p> <p>Payment will be made for only one reading or interpretation of diagnostic tests such as x-rays, lab tests, and diagnostic assessments.</p> <p>Payment is not available to providers for sending materials to recipients, other providers or facilities.</p> <p><i>Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised Feb. 2, 2017. (Accessed Mar. 2017).</i></p> <p>Store and forward technology includes telemedicine consults that do not occur in real time, and that do not require a face-to-face encounter with the patient for all or any part of the consult.</p> <p><i>Source: MN Statute Sec. 256B.0625 (2012).</i></p> <p>Teledentistry services through store and forward is allowed.</p> <p><i>Source (dental): MN Dept. of Human Svcs., Provider Manual, Dental Svcs. Mar. 8, 2017 (Accessed Mar. 2017).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found.	<p>There is reimbursement for “telehomecare” under Elderly Waiver (EW) and Alternative Care (AC) programs.</p> <p>Not covered under PERS</p> <p><i>Source: MN Dept. of Human Svcs., Provider Manual, Elderly Waiver (EW) and Alternative Care (AC) Program, As revised May 25, 2016, (Accessed Mar. 2017).</i></p> <p>Prior authorization for home care services is required for all tele-home-care visits.</p> <p><i>Source: MN Dept. of Human Svcs., Provider Manual, Home Care Svcs., As revised Jan. 23, 2015 (Accessed Mar. 2017).</i></p>
<b>Email/Phone/FAX</b>	
No reference found.	<p>No reimbursement for email No reimbursement for phone No reimbursement for fax</p> <p><i>Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised Feb. 2, 2017. (Accessed Mar. 2017).</i></p> <p>“A communication between two physicians that consists solely of a telephone conversation is not a telemedicine consultation.”</p> <p><i>Source: MN Statute Sec. 256B.0625 (2012).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>Case management for Child Welfare Case Management services is covered through telephone.</p> <p><i>Source: MN Dept. of Human Svcs., Provider Manual, Child Welfare Case Management Services, As revised Jul. 14, 2016. (Accessed Mar. 2017).</i></p>
<b>Online Prescribing</b>	
<p>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.</p> <p>This includes the referring provider performing an in-person examination and a consultant issuing the prescription when providing services by telemedicine.</p> <p><i>Source: MN Statute Sec. 151.37(2012).</i></p>	No reference found.
<b>Consent</b>	
No reference found.	No reference found.
<b>Location</b>	
No reference found.	<p>Authorized originating sites include:</p> <ul style="list-style-type: none"> <li>• Office of physician or practitioner</li> <li>• Hospital (inpatient or outpatient)</li> <li>• Critical access hospital (CAH)</li> <li>• Rural health clinic (RHC) and Federally Qualified Health Center (FQHC)</li> <li>• Hospital-based or CAH-based renal dialysis center (including satellites)</li> <li>• Skilled nursing facility (SNF)</li> <li>• End-stage renal disease (ESRD) facilities</li> <li>• Community mental health center</li> <li>• Dental clinic</li> <li>• Residential facilities, such as a group home and assisted living</li> <li>• 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)</li> <li>• School</li> </ul> <p>Out-of-state coverage policy applies to services provided via telemedicine. Consultations performed by providers who are not located in Minnesota and contiguous counties, require authorization prior to the service being provided</p> <p><i>Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised Feb. 2, 2017. (Accessed Mar. 2017).</i></p>
<b>Cross-State Licensing</b>	



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<p>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 and they register with the state's board.</p> <p><i>Source: MN Statute Sec. 147.032(1)</i></p> <p>Minnesota adopted the Federation of State Medical Board (FSMB)'s model language for an interstate medical licensure compact.</p> <p><i>Source: MN Senate File 253 (2015). MN Statute Sec. 147.38.</i></p>	No reference found.
<b>Private Payers</b>	
<p>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. (Applies to plans that begin on or after Jan. 1, 2017).</p> <p>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.</p> <p><i>Source: MN Senate File 1458 (2015). MN Statute Sec. 62A.672.</i></p>	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	No reference found.
<b>Miscellaneous</b>	
	<p>The Chemical Dependency Continuum of Care Pilot Project is to include telehealth services to address barriers to services.</p> <p><i>Source: MN Statute 254B.14 Sec. 13</i></p>

# Mississippi

**Medicaid Program:** Mississippi Medicaid

**Program Administrator:** Mississippi Division of Medicaid

**Regional Telehealth Resource Center:**  
 South Central Telehealth Resource Center  
 4301 W. Markham St. #519  
 Little Rock, AR 72205  
 (855) 664-3450  
[learntelehealth.org](http://learntelehealth.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>“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.”</p> <p><i>Source: Code of MS Rules 50-013-2635 &amp; Title 20, Part 2.</i></p> <p>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.</p> <p><i>Source: MS Code Sec. 83-9-351.</i></p>	<p>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.</p> <p>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.</p> <p><i>Source: Code of MS Rules 23-225, Rule. 1.1 (Accessed Mar. 2017).</i></p> <p>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.</p> <p><i>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 Mar. 2017).</i></p>
<b>Live Video Reimbursement</b>	
<p>Mississippi Medicaid and private payers are required to provide coverage for live video consultations.</p> <p><i>Source: MS Code Sec. 83-9-351.</i></p> <p>(also see Medicaid column)</p>	<p>Medicaid covers medically necessary health services via telehealth when coverage is provided in person and is live, interactive and audiovisual.</p> <p><i>Source: State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 3.1A. 3/31/15. (Accessed Mar. 2017).</i></p> <p>There is live video reimbursement for Medicaid mental health medication evaluation and management.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><i>Source: Code of MS Rules 23-206, Rule. 1.9, pg. 28.</i></p> <p>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:</p> <ul style="list-style-type: none"> <li>• Physicians,</li> <li>• Physician assistants,</li> <li>• Nurse practitioners,</li> <li>• Psychologists, and</li> <li>• Licensed Clinical Social Workers (LCSW)</li> <li>• Licensed Professional Counselors (LPCs).</li> </ul> <p><i>Source: Code of MS Rules 23-225, Rule. 1.2(C). (2016).</i></p> <p>Real time telehealth may be used for the following monitoring services:</p> <ul style="list-style-type: none"> <li>• Assessing the need for psychotropic medication,</li> <li>• Prescribing medication, and</li> <li>• Regular periodic monitoring of the medications prescribed for therapeutic effect and medical safety.</li> <li>• Medication evaluation</li> <li>• Medication management</li> </ul> <p><i>Source: Section 43-13-117 (16) of the Mississippi Code of 1972, as amended; Section 43-13-121 of the Mississippi Code of 1972, as amended.</i></p>
<b>Store and Forward Reimbursement</b>	
<p>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.</p> <p>A health insurance or employee benefit plan can limit coverage to health care providers in a telemedicine network approved by the plan.</p> <p>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.</p> <p><i>Source: MS Code Sec. 83-9-353.</i></p>	<p>Telehealth services must be live, interactive and audiovisual.</p> <p><i>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 Mar. 2017).</i></p> <p>There is reimbursement for tele-radiology services, however there is no reference to reimbursing for other specialties.</p> <p><i>Source: Mississippi Division of Medicaid. Radiology Services Provider Reference Guide, pg. 4-5. March 2013. (Accessed Mar. 2017).</i></p> <p>MS Medicaid is required to cover store and forward services to the same level as in-person services.</p> <p><i>Source: MS Code Sec. 83-9-353. (Accessed Mar. 2017).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
<p>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.</p>	<p>MS Medicaid is required to cover remote patient monitoring services. (see State law/regulation column)</p> <p><i>Source: MS Code Sec. 83-9-353. (Accessed Mar. 2017).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>A onetime telehealth installation/training fee is also reimbursed.</p> <p>A health insurance or employee benefit plan can limit coverage to health care providers in a telemedicine network approved by the plan.</p> <p>To qualify for reimbursement patients must meet all of the following criteria:</p> <ul style="list-style-type: none"> <li>• Be diagnosed in the last 18 months with one or more chronic condition, as defined by CMS.</li> <li>• Have a recent history of costly services; and</li> <li>• The patient's healthcare provider recommends disease management services via remote patient monitoring.</li> </ul> <p>Remote patient monitoring prior authorization request form must be submitted to request telemonitoring services.</p> <p>The law lists specific technology requirements.</p> <p><i>Source: MS Code Sec. 83-9-353.</i></p>	<p>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:</p> <ul style="list-style-type: none"> <li>• Implantable pacemakers,</li> <li>• Defibrillators,</li> <li>• Cardiac monitors,</li> <li>• Loop recorders, and</li> <li>• External mobile cardiovascular telemetry.</li> </ul> <p>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:</p> <ul style="list-style-type: none"> <li>• 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);</li> <li>• Has had two (2) or more hospitalizations in the previous twelve (12) months for one (1) of the chronic conditions listed above;</li> <li>• Hospitalizations for two (2) different chronic conditions cannot be combined to satisfy the two (2) or more hospitalizations requirement; and</li> <li>• 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.</li> </ul> <p>Remote patient monitoring services must be provided in the beneficiary's private residence.</p> <p><i>Source: Code of MS Rules 23-225, Rule. 2.3. (Accessed Mar. 2017).</i></p> <p>The Division of Medicaid reimburses for remote patient monitoring:</p> <ul style="list-style-type: none"> <li>• Of devices when billed with the appropriate code, and</li> <li>• For disease management: <ul style="list-style-type: none"> <li>• A daily monitoring rate for days the beneficiary's information is reviewed.</li> <li>• Only one (1) unit per day is allowed, not to exceed thirty-one (31) days per month.</li> <li>• 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</li> </ul> </li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>the initial set-up and installation.</p> <ul style="list-style-type: none"> <li>• Only one (1) daily rate will be reimbursed regardless of the number of diseases/chronic conditions being monitored.</li> </ul> <p><i>Source: Code of MS Rules 23-225, Rule. 2.5. (Accessed Mar. 2017).</i></p>
<b>Email/Phone/FAX</b>	
<p>No Email No Phone No Fax</p> <p><i>Source: MS Code Sec. 83-9-351.</i></p>	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for facsimile.</p> <p><i>Source: Code of MS Rules 23-225, Rule. 1.4(C). (Accessed Mar. 2017).</i></p> <p>Not considered telehealth:</p> <ul style="list-style-type: none"> <li>• Telephone conversations;</li> <li>• Chart reviews;</li> <li>• Electronic mail messages;</li> <li>• Facsimile transmission;</li> <li>• Internet services for online medical evaluations; or</li> <li>• The installation or maintenance of any telecommunication devices or systems.</li> </ul> <p><i>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 Mar. 2017).</i></p> <p><b><u>Home and Community-Based Services &amp; Hospice Services</u></b> MS Medicaid does not cover telephone consults.</p> <p><i>Source: Mississippi Medicaid Provider Reference Guide, Home and Community-Based Services, Mar. 2013, pg. 1; Hospice Services, May 2016, pg. 4. (Accessed Mar. 2017).</i></p>
<b>Online Prescribing</b>	
<p>A prescription for a controlled substance based solely on a consumer's completion of an online medical questionnaire is not a valid prescription.</p> <p><i>Source: MS Code Annotated Sec. 41-29-137 (2012).</i></p> <p>A health care practitioner may prescribe medication after an appropriate examination through the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically.</p> <p><i>Source: MS Code Sec. 83-9-351.</i></p>	<p>An e-prescribed, telephoned or faxed prescription from the prescriber may be accepted when it is not in conflict with federal and state laws and regulations.</p> <p><i>Source: MS. Code Ann.23-214, Rule 1.7 &amp; Mississippi Medicaid Provider Reference Guide, Pharmacy Services, Jul. 2014, pg. 29. (Accessed Mar. 2017).</i></p>
<b>Consent</b>	
<p>The physician should obtain the patient's informed consent before providing care.</p> <p><i>Source: Code of MS Rules 50-013-2635 (2012).</i></p>	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Location</b>	
<p>No reference found.</p>	<p>Telehealth services are covered in the following originating sites:</p> <ul style="list-style-type: none"> <li>• Office of a physician or practitioner;</li> <li>• Outpatient Hospital (including a Critical Access Hospital (CAH));</li> <li>• Rural Health Clinic (RHC);</li> <li>• Federally Qualified Health Center (FQHC);</li> <li>• Community Mental Health/Private Mental Health Centers;</li> <li>• Therapeutic Group Homes;</li> <li>• Indian Health Service Clinic; or</li> <li>• School-based clinic.</li> </ul> <p><i>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 Mar. 2017).</i></p>
<b>Cross-State Licensing</b>	
<p>Physicians practicing telemedicine must have a Mississippi medical license.</p> <p>However, a valid Mississippi license is not required where the evaluation, treatment and/or medicine given by a physician outside of Mississippi is requested by a physician duly licensed to practice medicine in Mississippi, and the physician who has requested such evaluation, treatment and/or medical opinion has already established a doctor/patient relationship with the patient to be evaluated and/or treated.</p> <p>In order to practice telemedicine a valid "physician patient relationship" must be established. The elements of this valid relationship are:</p> <ol style="list-style-type: none"> <li>1. verify that the person requesting the medical treatment is in fact who they claim to be;</li> <li>2. conducting an appropriate examination of the patient that meets the applicable standard of care;</li> <li>3. establishing a diagnosis through the use of accepted medical practices, i.e., a patient history, mental status exam, physical exam and appropriate diagnostic and laboratory testing;</li> <li>4. discussing with the patient the diagnosis, risks and benefits of various treatment options to obtain informed consent;</li> <li>5. insuring the availability of appropriate follow-up care; and</li> <li>6. Maintaining a complete medical record available to patient and other treating health care providers.</li> </ol> <p><i>Source: Code of MS Rules 50-013-2635 &amp; Title 20, Part 2.</i></p>	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>Mississippi adopted the Federation of State Medical Board (FSMB)'s model language for an interstate medical licensure compact.</p> <p><i>Source: MS Code Sec. 73-25-101. (2016).</i></p>	
<b>Private Payers</b>	
<p>Health insurance plans must provide coverage for telemedicine services to the same extent as in-person consultations.</p> <p><i>Source: MS Code Sec. 83-9-351.</i></p> <p>Health insurance plans are also required to provide coverage for store-and-forward and remote patient monitoring services, in accordance with certain requirements (see above store and forward &amp; remote patient monitoring sections).</p> <p><i>Source: MS Source: MS Code Sec. 83-9-353.</i></p>	No reference found.
<b>Site/Transmission Fee</b>	
<p>The originating site is eligible to receive a facility fee.</p> <p><i>Source: MS Code Sec. 83-9-351</i> <i>Source: MS Code Sec. 83-9-353.</i></p> <p>RHCs acting as the originating site may receive an additional fee per completed transmission.</p> <p><i>Source: MS Code Sec. 23-000-212.</i></p>	<p>The Division of Medicaid reimburses the originating site the Mississippi Medicaid telehealth originating site facility fee for telehealth services per completed transmission.</p> <p>The following enrolled Medicaid providers are eligible to receive the originating site facility fee for telehealth services per transmission:</p> <ul style="list-style-type: none"> <li>• Office of a physician or practitioner,</li> <li>• Outpatient hospital, including a Critical Access Hospital (CAH),</li> <li>• Rural Health Clinic (RHC),</li> <li>• Federally Qualified Health Center (FQHC),</li> <li>• Community Mental Health/Private Mental Health Center,</li> <li>• Therapeutic Group Home,</li> <li>• Indian Health Service Clinic, and</li> <li>• School-based clinic.</li> </ul> <p>The telepresenter must be one of the following and physically present at all times for the originating site to receive the originating site facility fee:</p> <ul style="list-style-type: none"> <li>• Physician,</li> <li>• Physician assistants,</li> <li>• Nurse practitioners,</li> <li>• Psychologists, and</li> <li>• Licensed clinical social workers (LCSW)</li> <li>• Licensed Professional Counselor.</li> </ul> <p><i>Source: Code of MS Rules 23-225, Rule. 1.5(B). (Accessed Mar. 2017).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>Facility fee provided.</p> <p><i>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 Mar. 2017).</i></p>
<b>Miscellaneous</b>	
<p>To practice telemedicine, physicians must establish a valid physician-patient relationship by the following:</p> <ul style="list-style-type: none"> <li>• Verifying the identity of the patient;</li> <li>• Conducting an appropriate exam that meets the applicable standard of care. This exam need not 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;</li> <li>• Establishing a diagnosis;</li> <li>• Discussing with the patient the diagnosis, and the risks and benefits of various treatment options, to obtain informed consent;</li> <li>• Insuring the availability of appropriate follow-up care;</li> <li>• Maintaining a complete medical record.</li> </ul> <p><i>Source: Code of MS Rules 50-013-2635 (2012).</i></p> <p>A health insurance plan may limit coverage to health care providers in a telemedicine network approved by the plan.</p> <p><i>Source: MS Code Sec. 83-9-351.</i></p>	



# Missouri

**Medicaid Program:** HealthNet

**Program Administrator:** Missouri Dept. of Social Services

**Regional Telehealth Resource Center:**

Heartland Telehealth Resource Center

3901 Rainbow Blvd MS 1048

Kansas City, KS 66160

(877) 643-4872

[heartlandtrc.org](http://heartlandtrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p><u>Relating to Stroke Centers</u>            “Telemedicine-the use of medical information exchanged from one (1) site to another via electronic communications to improve patient’s health status. A neurology specialist will assist the physician in the center in rendering a diagnosis. This may involve a patient “seeing” a specialist over a live, remote consult or the transmission of diagnostic images and/or video along with patient data to the specialist.”</p> <p><i>Source: MO Code of State Regulation Title 19, 30-40.710.</i></p> <p>"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.</p> <p><i>Source: MO Revised Statute Sec. 191.1145 (2016 SB 579).</i></p> <p>Telehealth means the use of medical information exchanged from one site to another via electronic communications to improve the health status of a patient.</p> <p><i>Source: MO Code of State Regulation. Title 20, 2150-2.001.</i></p>	<p>“Telehealth means the use of medical information exchanged from one (1) site to another via electronic communications to improve the health status of a patient. Telehealth means the practice of health care delivery, evaluation, diagnosis, consultation, or treatment using the transfer of medical data, audio visual, or data communications that are performed over two (2) or more locations between providers who are physically separated from the patient or from each other.”</p> <p><i>Source: MO Code of State Regulation, Title 13, 70-3.190 (2010). (Accessed Mar. 2017).</i></p> <p>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.</p> <p>A Telehealth service requires the use of a two (2)-way interactive video technology.</p> <p><i>Source: MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 201 (Apr. 5, 2016); MO HealthNet, Physician Manual, Telehealth Services, p. 276 (May 18, 2016). (Accessed Mar. 2017).</i></p>
<b>Live Video Reimbursement</b>	
<p><b>Missouri Consolidated Health Care Plan (State employees and retirees health plan)</b>            Telehealth services are covered on the same basis that the service would be covered when it is delivered in person.</p> <p><i>Source: MO Consolidated State Reg. 22:10-3.057.</i></p>	<p>HealthNet will reimburse for live video for medically necessary services.</p> <p>Eligible providers:</p> <ul style="list-style-type: none"> <li>• Physicians;</li> <li>• Advanced registered Nurse Practitioners, including Nurse Practitioners with a mental</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>For the provision of telehealth services under MO HealthNet, an eligible provider includes:</p> <ol style="list-style-type: none"> <li>(1) Physicians, assistant physicians, and physician assistants;</li> <li>(2) Advanced practice registered nurses;</li> <li>(3) Dentists, oral surgeons, and dental hygienists under the supervision of a currently registered and licensed dentist;</li> <li>(4) Psychologists and provisional licensees;</li> <li>(5) Pharmacists;</li> <li>(6) Speech, occupational, or physical therapists;</li> <li>(7) Clinical social workers;</li> <li>(8) Podiatrists;</li> <li>(9) Optometrists;</li> <li>(10) Licensed professional counselors; and</li> <li>(11) Eligible health care providers under subdivisions (1) to (10) practicing in a rural health clinic, federally qualified health center, or community mental health center.</li> </ol> <p><i>Source: MO Revised Statute Sec. 191.1145 (2016 SB 579).</i></p>	<p>health specialty;</p> <ul style="list-style-type: none"> <li>• Psychologists.</li> </ul> <p>Telehealth services are limited to:</p> <ul style="list-style-type: none"> <li>• Consultation made to confirm a diagnosis;</li> <li>• Evaluation and management services;</li> <li>• A diagnosis, therapeutic or interpretive service;</li> <li>• Individual psychiatric or substance abuse assessment diagnostic interview examinations;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• Individual psychotherapy</li> <li>• Pharmacologic management (for RHCs)</li> </ul> <p>Reimbursement to the provider at the distant site is made at the same amount as for an in-person service.</p> <p><i>Source (eligible providers): MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 205-206 (Apr. 5, 2016)</i></p> <p><i>Source (distant site reimbursement): MO Code of State Regulation, Title 13, 70-3.190 (2010).</i></p> <p><i>Source (psychiatrists): MO HealthNet, Community Psychiatric Rehabilitation Program Manual, Sec. 13, pg. 233-235 (Feb. 10, 2017). (Accessed Mar. 2017).</i></p> <p><i>Source: MO HealthNet, Physician Manual, Telehealth Services, p. 276 (May 18, 2016). (Accessed Mar. 2017).</i></p> <p><i>Source (Pharmacologic management): MO HealthNet, Rural Health Clinic, p. 161 (Jul. 15, 2016). (Accessed Mar. 2017).</i></p> <p>RHCs must bill with their non-RHC provider number when they are either the distant or originating site.</p> <p><i>Source: MO HealthNet, Rural Health Clinic, p. 161 (Jul. 15, 2016). (Accessed Mar. 2017).</i></p> <p><b><u>Comprehensive Substance Treatment and Rehabilitation (CSTAR):</u></b></p> <p>Medication services may be provided via telehealth.</p> <p><i>Source: MO HealthNet, Provider Manual, CSTAR, Section 13, p. 196 (2/21/17). (Accessed Mar. 2017).</i></p> <p>Anesthesiologist monitoring telemetry in the operating room is a noncovered service.</p> <p><i>Source: MO HealthNet, Physician Manual, p. 202 (May 18, 2016). (Accessed Mar. 2017).</i></p>
<b>Store and Forward Reimbursement</b>	
<p>Reimbursement for the use of asynchronous store-and-forward technology in the practice of telehealth in the MO HealthNet program shall be allowed for orthopedics, dermatology, ophthalmology and optometry, in cases of diabetic retinopathy, burn and wound care, dental services which require a diagnosis, and maternal-fetal medicine ultrasounds. Payment cannot exceed the</p>	<p>HealthNet will not reimburse for store and forward.</p> <p><i>Source: MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 201 (Apr. 5, 2016); MO HealthNet, Physician Manual, Telehealth Services, p. 276 (May 18, 2016). (Accessed Mar. 2017).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>payment for a face-to-face consultation of the same level.</p> <p>The department of social services, in consultation with the departments of mental health, health and senior services, shall promulgate rules governing the use of asynchronous store-and-forward technology in the practice of telehealth in the MO HealthNet program. Such rules shall include, but not be limited to:</p> <ol style="list-style-type: none"> <li>(1) Appropriate standards for the use of asynchronous store-and-forward technology in the practice of telehealth;</li> <li>(2) Certification of agencies offering asynchronous store-and-forward technology in the practice of telehealth;</li> <li>(3) Timelines for completion and communication of a consulting provider's consultation or opinion, or if the consulting provider is unable to render an opinion, timelines for communicating a request for additional information or that the consulting provider declines to render an opinion;</li> <li>(4) Length of time digital files of such asynchronous store-and-forward services are to be maintained;</li> <li>(5) Security and privacy of such digital files;</li> <li>(6) Participant consent for asynchronous store-and-forward services; and</li> <li>(7) Payment for services by providers; except that, consulting providers who decline to render an opinion shall not receive payment under this section unless and until an opinion is rendered.</li> </ol> <p><i>Source: MO Revised Statute Sec. 208.670-671 (2016 SB 579).</i></p>	
<b>Remote Patient Monitoring Reimbursement</b>	
<p>Subject to appropriations, the Department is required to establish a statewide program that permits reimbursement for home telemonitoring services under MO HealthNet.</p> <p>Eligible conditions:</p> <ul style="list-style-type: none"> <li>• Pregnancy</li> <li>• Diabetes</li> <li>• Heart disease</li> <li>• Cancer</li> <li>• Chronic obstructive pulmonary disease</li> <li>• Hypertension</li> <li>• Congestive heart failure</li> <li>• Mental illness or serious emotional disturbance</li> <li>• Asthma</li> <li>• Myocardial infarction; or</li> <li>• Stroke</li> </ul> <p>The beneficiary must also exhibit two or more the</p>	<p>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.</p> <p><i>Source: MO HealthNet, Provider Manual, Developmental Disabilities Waiver Manual, Section 13, p. 23 (Jul. 15, 2016). (Accessed Mar. 2017).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>following risk factors:</p> <ul style="list-style-type: none"> <li>• Two or more hospitalizations in the prior twelve-month period;</li> <li>• Frequent or recurrent emergency department admissions;</li> <li>• A documented history of poor adherence to ordered medication regimens;</li> <li>• A documented history of falls in the prior six-month period;</li> <li>• Limited or absent informal support systems;</li> <li>• Living alone or being home alone for extended periods of time;</li> <li>• A documented history of care access challenges; or</li> <li>• A documented history of consistently missed appointments with health care providers</li> </ul> <p>The program must ensure the home health agency or hospital shares telemonitoring clinical information with participant's physician.</p> <p>If the department finds the program is not cost effective, they may discontinue the program and stop providing reimbursement for telemonitoring services.</p> <p>The department may promulgate rules to implement this section.</p> <p><i>Source: MO Revised Statute Sec. 208.686 (2016 SB 579). <a href="http://www.senate.mo.gov/16info/pdf-bill/tat/SB579.pdf">http://www.senate.mo.gov/16info/pdf-bill/tat/SB579.pdf</a></i></p>	
<b>Email/Phone/FAX</b>	
<p>No reference found.</p>	<p>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.</p> <p><i>Source: MO HealthNet, Physician Manual, Telehealth Services, p. 276 (May 18, 2016). (Accessed Mar. 2017).</i></p>
<b>Online Prescribing</b>	
<p>Prescribing or dispensing drugs without sufficient examination is prohibited.</p> <p><i>Source: MO Revised Statutes § 334.100 (2012).</i></p> <p>The physician-patient relationship may be established by a telemedicine encounter, 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.</p> <p>In order to establish a physician-patient relationship</p>	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>through telemedicine:</p> <ol style="list-style-type: none"> <li>(1) 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</li> <li>(2) 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.</li> </ol> <p><i>Source: MO Revised Statute Sec. 191.1145 (2016 SB 579). <a href="http://www.senate.mo.gov/16info/pdf-bill/tat/SB579.pdf">http://www.senate.mo.gov/16info/pdf-bill/tat/SB579.pdf</a></i></p> <p>No health care provider shall prescribe any drug, controlled substance or other treatment to a patient based solely on an evaluation over the telephone unless there is a previously established and ongoing physician-patient relationship.</p> <p>No health care provider shall prescribe based solely on an internet request or questionnaire.</p> <p><i>Source: MO Revised Statute Sec. 334.108 (2016 SB 579).</i></p>	
<b>Consent</b>	
<p><b><u>Services related to pregnancy</u></b> Telehealth providers are required to obtain patient consent.</p> <p><i>Source: MO Revised Statutes § 376.1900.1</i></p> <p><b><u>Collaborative Care Arrangement</u></b> Telehealth providers are required to obtain patient consent and document consent in patient's record.</p> <p><i>Source: MO Code of State Regulation. Title 20, 2150-2.240.</i></p> <p>Telehealth providers using asynchronous store-and-forward technology shall be required to obtain participant consent before asynchronous store-and-forward services are initiated and to ensure confidentiality of medical information.</p> <p><i>Source: MO Revised Statute Sec. 208.671 (2016 SB 579).</i></p> <p>If an originating site is a school, a parent or guardian must give permission for telehealth services.</p> <p>Advanced Practice Registered Nurses who provides nursing services under a collaborative practice arrangement must obtain informed consent.</p>	<p>Providers must obtain written patient consent before delivery of telehealth services.</p> <p><i>Source: MO Code of State Regulation, Title 13, 70-3.190 (2010), MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 202 (Apr. 5, 2016); MO HealthNet, Physician Manual, Telehealth Services, p. 278 (May 18, 2016) &amp; MO HealthNet, Rural Health Clinic, p. 161 (Jul. 15, 2016), (Accessed Mar. 2017).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p><i>Source: MO Code of State Rules Sec. 20, 2150-5.100 &amp; MO Revised Statute Sec. 335.175.</i></p>	
<b>Location</b>	
<p>A telehealth eligible originating site for MO HealthNet is one of the following:</p> <ol style="list-style-type: none"> <li>(1) An office of a physician or health care provider;</li> <li>(2) A hospital;</li> <li>(3) A critical access hospital;</li> <li>(4) A rural health clinic;</li> <li>(5) A federally qualified health center;</li> <li>(6) A long-term care facility licensed under chapter 198;</li> <li>(7) A dialysis center;</li> <li>(8) A Missouri state habilitation center or regional office;</li> <li>(9) A community mental health center;</li> <li>(10) A Missouri state mental health facility;</li> <li>(11) A Missouri state facility;</li> <li>(12) A Missouri residential treatment facility licensed by and under contract with the children's division. Facilities shall have multiple campuses and have the ability to adhere to technology requirements. Only Missouri licensed psychiatrists, licensed psychologists, or provisionally licensed psychologists, and advanced practice registered nurses who are MO HealthNet providers shall be consulting providers at these locations;</li> <li>(13) A comprehensive substance treatment and rehabilitation (CSTAR) program;</li> <li>(14) A school;</li> <li>(15) The MO HealthNet recipient's home;</li> <li>(16) A clinical designated area in a pharmacy; or</li> <li>(17) A child assessment center as described in section 210.001.</li> </ol> <p><i>Source: MO Revised Statute Sec. 191.1145 (2016 SB 579).</i></p>	<p>Originating sites must be one of the following:</p> <ul style="list-style-type: none"> <li>• Physician or other health care provider office;</li> <li>• Hospital;</li> <li>• Critical Access Hospital;</li> <li>• Rural Health Clinic;</li> <li>• Federally Qualified Health Center;</li> <li>• Missouri state habilitation center or regional office;</li> <li>• Community mental health center;</li> <li>• Missouri state mental health facility;</li> <li>• Missouri state facility;</li> </ul> <p><i>Source: MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 202 (Apr. 5, 2016). (Accessed Mar. 2017).</i></p> <p><i>Source: MO HealthNet, Physician Manual, Telehealth Services, p. 276 (May 18, 2016). (Accessed Mar. 2017).</i></p> <p>For RHCs, the originating site must be an RHC or FQHC.</p> <p><i>Source: MO HealthNet, Rural Health Clinic, p. 161 (Jul. 15, 2016). (Accessed Mar. 2017).</i></p>
<b>Cross-State Licensing</b>	
<p>Health care providers must be fully licensed to practice in Missouri by their respective professional boards.</p> <p>Exception for the following:</p> <ul style="list-style-type: none"> <li>• Informational consultation performed by licensed out of state providers, outside the context of a contractual relationship and on an irregular or frequent basis without the expectation or exchange of direct or indirect compensation;</li> <li>• Furnishing health care services by a health care provider licensed and located in another state in case of an emergency or disaster, provided that</li> </ul>	<p>Payment cannot be made to entities outside of the US, and US territories.</p> <p><i>Source: MO HealthNet, Physician Manual, Telehealth Services, p. 276 (May 18, 2016). (Accessed Mar. 2017).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>no charge is made for the medical assistance;</p> <ul style="list-style-type: none"> <li>• Episodic consultation by a provider licensed and located in another state who provides such consultation services on request to a physician in Missouri.</li> </ul> <p><i>Source: MO Revised Statute Sec. 191.1145 (2016 SB 579).</i></p>	
<b>Private Payers</b>	
<p>Payers are required to provide coverage for services through telehealth, if the same service could have been provided through face to face diagnosis, consultation or treatment.</p> <p><i>Source: MO Revised Statutes § 376.1900.1</i></p>	No reference found.
<b>Site/Transmission Fee</b>	
<p><b>Services related to pregnancy</b> Payers are not required to reimburse telehealth providers for site origination fees or costs for the provision of telehealth.</p> <p><i>Source: MO Revised Statutes § 376.1900.1</i></p> <p><b>Missouri Consolidated Health Care Plan (State employees and retirees health plan)</b> Telehealth site origination fees or costs for the provision of telehealth services are not covered.</p> <p><i>Source: MO Consolidated State Reg. 22:10-3.060.</i></p>	<p>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.</p> <p><i>Source: MO Code of State Regulations, Title 13, 70 3.190 (May 31, 2011), MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 202 (Apr. 5, 2016). (Accessed Mar. 2017).</i></p> <p><i>Source: MO HealthNet, Physician Manual, Telehealth Services, p. 277 (May 18, 2016). (Accessed Mar. 2017).</i></p>
<b>Miscellaneous</b>	
<p>The legislation establishes the “Telehealth Services Advisory Committee” to advise the department of social services and propose rules regarding the coverage of telehealth services in MO HealthNet program utilizing store-and-forward technology.</p> <p><i>Source: MO Revised Statute Sec. 208.673 (2016 SB 579).</i></p>	<p>Special documentation requirements apply.</p> <p>A telehealth service must be performed on a private dedicated telecommunications line approved through the Missouri Telehealth Network (MTN).</p> <p><i>Source: MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 202 (Apr. 5, 2016) &amp; Physician Services, Section 13, p. 278 (May 18, 2016) &amp; MO HealthNet, Rural Health Clinic, p. 161 (Jul. 15, 2016). (Accessed Mar. 2017).</i></p>



# Montana

**Medicaid Program:** Montana Medicaid

**Program Administrator:** MT Dept. of Public Health and Human Services

**Regional Telehealth Resource Center:**

Northwest Regional Telehealth Resource Center  
2900 12<sup>th</sup> Ave. N., Ste. 30W  
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STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>Telemedicine means the use of interactive audio, video, or other telecommunications technology that is:</p> <ul style="list-style-type: none"> <li>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</li> <li>Delivered over a secure connection that complies with the requirements of HIPPA. <ul style="list-style-type: none"> <li>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.</li> <li>The term does not include the use of audio-only telephone, e-mail, or facsimile transmissions.</li> </ul> </li> </ul> <p><i>Source: MT Code Sec. 33-22-138.</i></p> <p>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.</p> <p><i>Source: MT Code Sec. 37-3-102.</i></p>	<p>Telemedicine is the use of interactive audio-video equipment to link practitioners and patients located at different sites.</p> <p><i>Source: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Sec. 5.1 (Jan. 2017). (Accessed Mar. 2017).</i></p> <p><b>Healthy Montana Kids</b></p> <p>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.”</p> <p><i>Source: MT Children’s health Insurance Plan, Healthy Montana Kids (HMK). Evidence of Coverage (Eff. Jan. 1, 2016), p. 11. (Accessed Mar. 2017)</i></p>
<b>Live Video Reimbursement</b>	
<p>Private payers are required to provide coverage for services delivered through live video, equivalent to in-person coverage.</p>	<p>MT Medicaid reimburses for medically necessary telemedicine services to eligible members. Providers must be enrolled in Medicaid.</p>



STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>Eligible providers under this law include:</p> <ul style="list-style-type: none"> <li>• Physicians</li> <li>• Registered professional nurse</li> <li>• Advanced practice registered nurse</li> <li>• Genetic counselor certified by the American board of genetic counseling</li> <li>• Diabetes educator certified by the national certification board for diabetes</li> <li>• Dentists &amp; Dental Hygienists (Effective Jan. 1, 2018)</li> </ul> <p>Eligible facilities under this law include:</p> <ul style="list-style-type: none"> <li>• Critical access hospital</li> <li>• Hospice</li> <li>• Hospital</li> <li>• Long-term care facility</li> <li>• Mental health center</li> <li>• Outpatient center for primary care</li> <li>• Outpatient center for surgical services</li> </ul> <p><i>Source: MT Code Sec. 33-22-138.</i></p>	<p>Members should establish relationships with primary care providers who are available on a face-to-face basis.</p> <p>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.</p> <p><i>Source: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Sec. 5.1 (Jan. 2017).</i></p> <p>The requesting provider need not be enrolled in Medicaid nor be present during the telemedicine consult.</p> <p><i>Source: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, Physician Related Svcs., p 2.9 (Nov. 2016). (Accessed Mar. 2017).</i></p> <p><b>Healthy Montana Kids</b></p> <p>Services provided by telemedicine are allowed.</p> <p><i>Source: MT Children’s health Insurance Plan, Healthy Montana Kids (HMK). Evidence of Coverage (Eff. Jan. 1, 2016), p. 29. (Accessed Mar. 2017).</i></p> <p>Telehealth services are available for Speech Therapy.</p> <p><i>Source: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, Therapies Manual, p 2.6 (Apr. 2017). (Accessed Mar. 2017).</i></p>
<b>Store and Forward Reimbursement</b>	
<p>Private payers are required to provide coverage for services delivered through store and forward technology, equivalent to in-person coverage.</p> <p>Eligible providers under this law include:</p> <ul style="list-style-type: none"> <li>• Physicians</li> <li>• Registered professional nurse</li> <li>• Advanced practice registered nurse</li> <li>• Genetic counselor certified by the American board of genetic counseling</li> <li>• Diabetes educator certified by the national certification board for diabetes</li> </ul> <p>Eligible facilities under this law include:</p> <ul style="list-style-type: none"> <li>• Critical access hospital</li> <li>• Hospice</li> <li>• Hospital</li> <li>• Long-term care facility</li> <li>• Mental health center</li> <li>• Outpatient center for primary care</li> </ul>	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<ul style="list-style-type: none"> <li>Outpatient center for surgical services</li> </ul> <p><i>Source: MT Code Sec. 33-22-138.</i></p>	
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found.	No reference found.
<b>Email/Phone/FAX</b>	
<p>No Email No Phone No Fax</p> <p><i>Source: MT Code Sec. 33-22-138.</i></p>	<p>Telemedicine reimbursement does not include:</p> <ul style="list-style-type: none"> <li>Consultation by telephone</li> <li>Facsimile machine transmissions</li> <li>Crisis hotlines</li> </ul> <p><i>Source: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Sec. 5.1 (Jan. 2017).</i></p> <p>No reimbursement for telephone services in home.</p> <p><i>Source: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, Audiology Svcs., p 11 (Jan. 2016); Rural Health Clinics &amp; Federally Qualified Health Center, p. 13 (Jul. 2016); Physical Therapy, Occupational Therapy and Speech Therapy, (Apr. 2017), p. 10; Hospital Outpatient Services, (Jan. 2016), p. 11; Hospital Inpatient Services, (Jan. 2016), p. 20. (Accessed Mar. 2017).</i></p>
<b>Online Prescribing</b>	
No reference found.	No reference found.
<b>Consent</b>	
No reference found.	No reference found.
<b>Location</b>	
No reference found.	<p>Telemedicine can be provided in member's residence; the distance provider is responsible for the confidentiality requirements. No originating provider reimbursement in this case.</p> <p>The originating and distant providers may not be within the same facility or community.</p> <p><i>Source: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Sec. 5.1 (Jan. 2017).</i></p> <p>The place of service is considered to be the location of the provider providing the telemedicine service.</p> <p><i>Source: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, Physician Related Svcs., p 5.13 (Nov. 2016). (Accessed Mar. 2017).</i></p> <p>Effective Jan. 1, 2017 the new place of service code is "02".</p> <p><i>Source: MT Dept. of Public Health and Human Svcs., Program Notice. Feb. 7, 2017.</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Cross-State Licensing</b>	
<p>Montana adopted the Federation of State Medical Board (FSMB)'s model language for an interstate medical licensure compact.</p> <p><i>Source: MT House Bill 429.</i></p>	<p>Providers must be licensed in the state of Montana.</p> <p><i>Source: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Sec. 5.1 (Jan. 2017).</i></p>
<b>Private Payers</b>	
<p>Private payers are required to provide coverage for services delivered through telemedicine, equivalent to in-person coverage.</p> <p><i>Source: MT Code Sec. 33-22-138.</i></p>	<p>No reference found.</p>
<b>Site/Transmission Fee</b>	
<p>No reference found.</p>	<p>The following provider types can bill the originating site fee:</p> <ul style="list-style-type: none"> <li>• Outpatient hospital</li> <li>• Critical access hospital</li> <li>• Federally qualified health center</li> <li>• Rural health center</li> <li>• Indian health service</li> <li>• Physician</li> <li>• Psychiatrist</li> <li>• Mid-levels</li> <li>• Dieticians</li> <li>• Psychologists</li> <li>• Licensed clinical social worker</li> <li>• Licensed professional counselor</li> <li>• Mental health center</li> <li>• Chemical dependency clinic</li> <li>• Group/clinic</li> <li>• Public health clinic</li> <li>• Family planning clinic</li> </ul> <p><i>Source: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Sec. 5.1 (Jan. 2017).</i></p> <p>No reimbursement for network use charges.</p> <p><i>Source: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, Physician Related Svcs., pg. 21 (Nov. 2016). (Accessed Mar. 2017).</i></p> <p>FQHCs and RHCs can bill a telehealth originating site code if applicable.</p> <p><i>Source: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, Rural Health Clinics &amp; Federally Qualified Health Center, p. 5.1 (Jul. 2016). (Accessed Mar. 2017).</i></p>
<b>Miscellaneous</b>	
	<p>Confidentially requirements apply (see manual).</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<i>Source: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Sec. 5.2 (Jan. 2017).</i>

**Comments:***Professional Board Telehealth-Specific Regulations*

- MT Board of Speech-Language Pathology (*MT Admin Rules, Sec. 24.222.9*)

# 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  
University of Minnesota/Institute for Health Informatics  
330 Diehl Hall  
505 Essex Street S.E.  
Minneapolis, MN 55455  
(888) 239-7092  
[www.gptrac.org](http://www.gptrac.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>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.</p> <p><i>Source: NE Rev. Statute, 71-8503. (LB 1076) &amp; LB 257 (2015).</i></p> <p>Telehealth consultation means any contact between a patient and a health care practitioner relating to the health care diagnosis or treatment of such patient through telehealth.</p> <p><i>Source: NE Rev. Statute, 71-8503. (LB 1076)</i></p>	<p>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.</p> <p><i>Source: NE Admin. Code Title 471, Ch. 1, Manual Letter #52-2016. (Accessed Mar. 2017).</i></p> <p>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.</p> <p><i>Source: NE Admin. Code Title 471, Ch. 1,</i></p>
<b>Live Video Reimbursement</b>	
<p>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:</p> <ul style="list-style-type: none"> <li>• Services delivered via telehealth are covered and reimbursed under the fee-for-service program and</li> <li>• Managed care contracts are amended to add coverage of services delivered via telehealth</li> </ul> <p>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.</p>	<p>Nebraska Medicaid provides coverage for telehealth at the same rate as in-person services when the technology meets industry standards and is HIPAA compliant.</p> <p>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.</p> <p>Practitioner consultation is not covered for behavioral health when the client has an urgent psychiatric condition requiring immediate attention by a licensed</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p><i>Source (authorization and reimbursement): NE Revised Statutes Sec. 71-8506.</i></p> <p><b><u>Children’s Behavioral Health</u></b> 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.</p> <p><i>Source: Revised Statutes of NE. Sec. 71-8506.</i></p>	<p>mental health practitioner.</p> <p><i>Source: NE Admin. Code Title 471, Ch. 1, Manual Letter #52-2016. (Accessed Mar. 2017).</i></p> <p>ACT Team interventions may be provided via telehealth.</p> <p><i>Source: NE Admin. Code Title 471, Ch. 35, Manual Letter #89-2008. (Accessed Mar. 2017).</i></p> <p>A safety plan must be developed for clients, (except children receiving behavioral health services).</p> <p><i>Source: Physician Provider Handbook, Manual Letter 63-2014 (accessed Mar. 2017).</i></p> <p><b><u>Federally Qualified Health Centers &amp; Rural Health Clinics</u></b> FQHC &amp; RHC core services provided via telehealth are not covered under the encounter rate.</p> <p><i>Source: NE FQHC Provider Handbook, Manual Letter 11-2010 &amp; NE RHC Provider Handbook, Manual Letter 11-2010. (Accessed Mar. 2017).</i></p> <p><b><u>Assertive Community Treatment (ACT)</u></b> ACT Team Interventions may be provided via telehealth when provided according to certain regulations.</p> <p><i>Source: NE Mental Health &amp; Substance Abuse Provider Handbook, Ch. 35 Rehabilitative Psychiatric Services, Manual Letter 89-2008. (Accessed Aug, 2016).</i></p>
<b>Store and Forward Reimbursement</b>	
<p><i>(see Medicaid column)</i></p>	<p>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.</p> <p><i>Source: NE Admin. Code Title 471, Ch. 1, Manual Letter #52-2016. (Accessed Mar. 2017).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
<p>No reference found.</p>	<p>Medicaid will reimburse for telemonitoring when all of the following requirements are met:</p> <ul style="list-style-type: none"> <li>• Telemonitoring is covered only when the services are from the originating site;</li> <li>• The client is cognitively capable to operate the equipment or has a willing and able person to assess in the transmission of electronic data;</li> <li>• The originating site has space for all program equipment;</li> <li>• The provider maintains a client’s record supporting the medical necessity of the service.</li> </ul> <p>Paid at daily per diem-rate and includes:</p> <ul style="list-style-type: none"> <li>• Review and interpretation of client data;</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> <li>• Equipment and all supplies;</li> <li>• Medically necessary visits to the home by a health care practitioner;</li> <li>• Training on the use of the equipment.</li> </ul> <p>No additional or separate payment is allowed.</p> <p><i>Source: NE Admin. Code Title 471, Ch. 1, Manual Letter #52-2016. (Accessed Mar. 2017).</i></p>
<b>Email/Phone/FAX</b>	
<i>(see Medicaid column)</i>	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: NE Admin. Code Title 471, Ch. 1.</i></p>
<b>Online Prescribing</b>	
<p>Prescribing drugs to individuals the physician has never met, based solely on answers to questions provided by the internet, telephone, or FAX, or without first establishing a proper physician-patient relationship, is prohibited.</p> <p><i>Source: NE Admin. Code Title 172, Ch. 88.</i></p> <p><i>(also see Medicaid column)</i></p>	<p>Prescriptions over the Internet: Neither the prescribing health care practitioner service nor the pharmacy service is covered when the health care practitioner prescribing the medication has only reviewed an e-mail message or e-mail questionnaire about the client.</p> <p><i>Source: NE Admin. Code Title 471, Ch. 1.</i></p>
<b>Consent</b>	
<p>Written patient consent required prior to any service delivery.</p> <p><i>Source: NE Revised Statutes Sec. 71-8505 (2012).</i></p> <p><i>(also see Medicaid column)</i></p>	<p>Written or email consent required before initial service delivery. Must include this information:</p> <ul style="list-style-type: none"> <li>• A list of alternative care options, including in-person services;</li> <li>• All existing laws and protections including: confidentiality protections; patient access to all medical information from the consult;</li> <li>• Whether the telehealth consultation will be recorded.</li> <li>• Patient shall be informed of all parties present at both ends of the consult, and the patient may exclude anyone from either site;</li> <li>• For telehealth behavioral health services, a safety plan must be developed.</li> <li>• Special rules apply for a child who is receiving telehealth behavioral health services.</li> </ul> <p>Sample patient consent form available in Manual Appendix.</p> <p><i>Source: NE Admin. Code Title 471, Ch. 1, Manual Letter #52-2016. (Accessed Mar. 2017).</i></p>
<b>Location</b>	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>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.</p> <p>Out-of-State Telehealth Services are covered:</p> <ul style="list-style-type: none"> <li>• When the distant site is located in another state and the originating site is located in Nebraska.</li> <li>• 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.</li> </ul> <p><i>Source: NE Admin. Code Title 471, Ch. 1, Manual Letter #52-2016. (Accessed Mar. 2017).</i></p>
<b>Cross-State Licensing</b>	
No reference found.	No reference found.
<b>Private Payers</b>	
<p>Private payers and self-funded employee benefit plans must provide, upon request, a description of the telehealth and telemonitoring services covered under the relevant policy. The description must include:</p> <ul style="list-style-type: none"> <li>• Description of services in telehealth and telemonitoring;</li> <li>• Exclusions or limitations (including limitation on transmission costs);</li> <li>• Requirements for licensing status;</li> <li>• Requirements for signed written consent.</li> </ul> <p><i>Source: LB 257 (2015).</i></p>	No reference found.
<b>Site/Transmission Fee</b>	
(see <i>Medicaid column</i> )	<p>Nebraska Medicaid reimburses for transmission costs for two-way, real-time interactive communication, unless provided by an internet service provider.</p> <p>An originating site fee is paid to the Medicaid-enrolled facility hosting the client.</p> <p><i>Source: NE Admin. Code Title 471, Ch. 1, Manual Letter #52-2016. (Accessed Mar. 2017).</i></p> <p><u>Federally Qualified Health Centers &amp; Rural Health Clinics</u></p> <p>Telehealth transmission cost related to non-core services will be the lower of:</p> <ul style="list-style-type: none"> <li>• The provider's submitted charge; or</li> <li>• The maximum allowable amount</li> </ul> <p><i>Source: NE FQHC Provider Handbook, Manual Letter 11-2010 &amp; NE RHC Provider Handbook, Manual Letter 11-2010. (Accessed Mar. 2017).</i></p>



STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><b>Managed Care</b> Telehealth transmission is covered as a part of the behavioral health benefits package.</p> <p><i>Source: NE Admin. Code Title 482, 5-004.</i></p>
<b>Miscellaneous</b>	
<p>A stroke system of care task force shall recommend eligible essential health care services for acute stroke care provided through telehealth.</p> <p><i>Source: LB 722 (2016).</i></p>	

Comments:

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, Ch. 10 Hospital Services & Physician Provider Handbook, Manual Letter 48-95. (Accessed Aug., 2016).*

## Nevada

**Medicaid Program:** Nevada Medicaid

**Program Administrator:** Division of Health Care Financing and Policy (DHCFP)

**Regional Telehealth Resource Center:**

Southwest Telehealth Resource Center

PO Box 245105

Tucson, AZ 85724

(520) 626-4498

[www.southwesttrc.org](http://www.southwesttrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>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.</p> <p><i>Source: NV Bill AB 292 (2015).</i></p>	<p>“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.”</p> <p>"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.</p> <p><i>Source: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3400, p. 1 (Sept. 8, 2016). (Accessed Mar. 2017).</i></p>
<b>Live Video Reimbursement</b>	
<p>Live video reimbursement is available, including for dental plans. See Private Payers section below.</p> <p><i>Source: NV Bill AB 292 (2015).</i></p>	<p>Nevada Medicaid and Nevada Check Up (NCU) 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.</p> <p>Telehealth services follow the same prior authorization requirements as services provided in person.</p> <p>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.</p> <p>End Stage Renal Disease requires at least one in-person visit.</p> <p>Services NOT Covered:</p> <ul style="list-style-type: none"> <li>• Basic skills training and peer-to-peer services provided by a Qualified Behavioral Assistant</li> <li>• Personal care services provided by a Personal Care Attendant</li> <li>• Home Health Services provided by a RN,</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	therapist, dietician or Home Health Aide <ul style="list-style-type: none"> <li>Private Duty Nursing services provided by a RN</li> </ul> <i>Source: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3403.3, p. 3-6 (Sept. 8, 2016). (Accessed Mar. 2017).</i>
<b>Store and Forward Reimbursement</b>	
No reference found.	Reimbursement is available for services delivered via asynchronous telehealth, however these services are not eligible for originating site facility fees.  <i>Source: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3403.4, p. 9 (Sept. 8, 2016). (Accessed Mar. 2017).</i>
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found.	No reference found.
<b>Email/Phone/FAX</b>	
No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.  <i>Source: NV Revised Statutes Annotated Sec. 633.165 (2012).</i>	No reimbursement for email. No reimbursement for telephone, except psychiatric treatment in crisis intervention. No reimbursement for FAX.  <i>Source: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 600, p. 10 (July 15, 2016) &amp; NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3403.4, p. 9 (Sept. 8, 2016). (Mar. 2017).</i>
<b>Online Prescribing</b>	
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.  <i>Source: NV Bill AB 292 (2015).</i>  <u>Osteopathic Medicine</u> A bona fide relationship between a patient and osteopathic physician (needed for a prescription) can be established via telemedicine.  <i>Source: NV Revised Statutes Annotated Sec. 633.165</i>	No reference found.
<b>Consent</b>	
For osteopaths, oral and written consent. Must include this information: <ul style="list-style-type: none"> <li>The patient or legal representative may withdraw consent at any time;</li> <li>Potential risks, consequences and benefits of telemedicine;</li> <li>Whether the osteopath has a financial interest in</li> </ul>	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>the web site used to engage in telemedicine, or in the products or services provided ;</p> <ul style="list-style-type: none"> <li>• Patient privacy and security;</li> <li>• The osteopath will not release any confidential medical information without written consent.</li> </ul> <p><i>Source: NV Revised Statutes Annotated Sec. 633.165 (2012).</i></p>	
<b>Location</b>	
No reference found.	<p>An originating site must be located within the state and an enrolled Medicaid provider must be on site.</p> <p><i>Nevada Dept. of Health and Human Services Billing Guidelines Telehealth Billing Instructions, p.2 (Aug. 11, 2016).</i></p>
<b>Cross-State Licensing</b>	
<p>A practitioner must hold a valid Nevada License or certificate to practice his or her profession 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.</p> <p><i>Source: NV Bill AB 292 (2015).</i></p> <p>Nevada adopted the Federation of State Medical Boards (FSMB)’s model language for an interstate medical licensure compact.</p> <p><i>Source: NV Bill SB 251 (2015).</i></p>	No reference found.
<b>Private Payers</b>	
<p>A health plan must include coverage for services provided to an enrollee through telehealth to the same extent as through provided in-person.</p> <p><i>Source: NV Bill AB 292 (2015).</i></p>	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	<p>Originating site is qualified to receive a facility fee if they are an enrolled Medicaid provider, and an enrolled Medicaid provider is on site.</p> <p>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.</p> <p><i>Source: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3400, p. 1 (Sept. 8, 2016). (Accessed Mar. 2017).</i></p> <p>Eligible sites:</p> <ul style="list-style-type: none"> <li>• Office of provider</li> <li>• Critical Access Hospital (CAH)</li> <li>• Rural Health Clinic (RHC)</li> <li>• Federally Qualified Health Center (FQHC)</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> <li>• Hospital</li> <li>• End Stage Renal Disease (ESRD) Facility</li> <li>• Skilled Nursing Facility (SNF)</li> <li>• Community Mental Health Centers (CMHC)</li> <li>• Indian Health Services/Tribal Organization/Urban Indian Organization</li> <li>• School-Based Health Centers</li> <li>• Schools</li> <li>• Family Planning Clinics</li> <li>• Public Health Clinics</li> <li>• Comprehensive Outpatient Rehabilitation Facilities</li> <li>• Community Health Clinics (State Health Division)</li> <li>• Special Children’s Clinics</li> <li>• Human Immunodeficiency Virus (HIV) Clinics</li> <li>• Therapy offices</li> <li>• Chiropractic offices</li> </ul> <p>Recipient smart phones and recipient home computers cannot bill the facility fee.</p> <p><i>Source: Nevada Dept. of Health and Human Services Billing Guidelines Telehealth Billing Instructions, p.2 (Sept. 8, 2016) (Mar 2017).</i></p>
<b>Miscellaneous</b>	
<p>Before an osteopathic physician may use telemedicine:</p> <ul style="list-style-type: none"> <li>• A bona fide relationship between the osteopathic physician and the patient must exist which must include, without limitation, a history and physical examination or consultation which occurred in person and which was sufficient to establish a diagnosis and identify any underlying medical conditions of the patient.</li> <li>• The osteopathic physician must obtain informed, written consent from the patient or the legal representative of the patient to engage in telemedicine with the patient. The osteopathic physician shall maintain the consent form as part of the permanent medical record of the patient.</li> </ul> <p><i>Source: NV Revised Statutes Annotated Sec. 633.165 (2012).</i></p>	<p>Telehealth services do not require prior authorization. However, individual services may require prior authorization, whether delivered in person or by telehealth.</p> <p><i>Nevada Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3403.8, p. 9 (Sept. 8, 2016). (Accessed Mar. 2017).</i></p>

**Comments:** In 2011, the Nevada Legislature defined telemedicine and established practice requirements.

Professional Board Telehealth-Specific Regulations

- Board of Occupational Therapy (*Source: LCB File No. R017-14 & Ch. 640A of NE Admin. Code*)

New Law Passed Establishing Standards for telepractice for speech language pathology and audiology.

*Source: NV Bill AB 115 (2015)*

## New Hampshire

**Medicaid Program:** New Hampshire Medicaid

**Program Administrator:** Dept. of Health and Human Services

**Regional Telehealth Resource Center:**

Northeast Telehealth Resource Center

11 Parkwood Drive

Augusta, ME 04330

(800) 379-2021

[www.netrc.org](http://www.netrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>"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."</p> <p><i>Source: NH Revised Statutes Annotated, 415-J: 2 (2012).</i></p>	<p>"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.</p> <p><i>Source: NH Bill SB 112 (2015).</i></p>
<b>Live Video Reimbursement</b>	
<p>New Hampshire statute states that insurers may not deny coverage for services provided through telemedicine, which includes live video.</p> <p><i>Source: NH Revised Statutes Annotated, 415-J: 3 (2012).</i></p> <p>(See "Private Payers" section).</p>	<p>Limited reimbursement for some live video services. NH Medicaid follows the reimbursement policies of Medicare.</p> <p>Providers who may receive reimbursement:</p> <ul style="list-style-type: none"> <li>• Physician</li> <li>• Nurse practitioner</li> <li>• Clinical nurse specialist</li> <li>• Nurse-midwife</li> <li>• Clinical psychologist</li> <li>• Clinical social worker</li> <li>• Registered dietitian or specified nutrition professional</li> </ul> <p><i>Source: NH Bill SB 112 (2015).</i></p>
<b>Store and Forward Reimbursement</b>	
<p>No reference found.</p>	<p>No reimbursement for store-and-forward.</p> <p><i>Source: NH Bill SB 112 (2015).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
<p>No reference found.</p>	<p>No reference found.</p>
<b>Email/Phone/FAX</b>	
<p>No reference found for email. No reimbursement for telephone. No reimbursement for FAX.</p>	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<i>Source: NH Revised Statutes Annotated, 415-J: 2 (2012).</i>	<i>Source: NH Bill SB 112 (2015).</i>
<b>Online Prescribing</b>	
<p>A physician-patient relationship requires an in-person exam that may take place via a face-to-face 2-way real time interactive communication. Prescribing drugs to individuals without a physician-patient relationship is prohibited, except under the following conditions:</p> <ul style="list-style-type: none"> <li>• Writing admission orders for a newly hospitalized patient;</li> <li>• A patient of another provider for whom the prescriber is taking call;</li> <li>• A prescription for a patient who has been examined by a physician assistant, nurse practitioner, or other licensed practitioner;</li> <li>• Medication on a short-term basis for a new patient prior to the patient's first appointment;</li> <li>• When providing limited treatment to a family member in accordance with the American Medical Association Code of Medical Ethics.</li> </ul> <p>It is unlawful to prescribe through telemedicine a controlled drug classified in schedule II through IV. 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.</p> <p><i>Source: NH Revised Statutes Annotated, Sec. 329:1-c &amp; NH Bill SB 84 (2015) &amp; NH Revised Statutes Annotated 22-1 (HB 1210).</i></p>	No reference found.
<b>Consent</b>	
No reference found.	No reference found.
<b>Location</b>	
No reference found in statute.	<p>NH Medicaid follows Medicare telehealth reimbursement policies. Telehealth services may only be provided to NH Medicaid enrollees who are in a rural health professional shortage area or a county not in a Metropolitan Statistical Area.</p> <p><i>Source: NH Bill SB 112 (2015).</i></p>
<b>Cross-State Licensing</b>	
NH adopted the Federation of State Medical Board	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>(FSMB)'s model language for an interstate medical licensure compact.</p> <p><i>Source: NH Revised Statutes Annotated, 329:C. (HB 1665)</i></p>	
<b>Private Payers</b>	
<p>Insurers may not deny coverage for services provided through telemedicine, if the services are covered through in-person consults.</p> <p><i>Source: NH Revised Statutes Annotated, 415-J: 3 (2012).</i></p>	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	No reference found.
<b>Miscellaneous</b>	
<p>A committee has been established to study and resolve barriers related to the use of telehealth technology in New Hampshire. The committee must report its findings by Nov. 1, 2014.</p> <p><i>Source: NH Revised Statutes Annotated, 112:1 (HB 556).</i></p> <p>A board of medical imaging professionals and radiation therapists shall adopt rules relative to standards of care for the practice of telemedicine or telehealth.</p> <p><i>Source: NH Revised Statutes Annotated, 328-J (SB 330-FN).</i></p>	

Comments: 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 Feb. 21, 2014).*



## New Jersey

**Medicaid Program:** New Jersey Medicaid

**Program Administrator:** New Jersey Dept. of Human Services

**Regional Telehealth Resource Center**

Northeast Telehealth Resource Center

11 Parkwood Drive

Augusta, ME 04330

(800) 379-2021

[www.netrc.org](http://www.netrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
No reference found.	No reference found.
<b>Live Video Reimbursement</b>	
No reference found.	<p>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.</p> <p>Before any telepsychiatry services can be provided, each participating program must establish related policies and procedures.</p> <p><i>Source: NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 23, No. 21, December 2013 (accessed Mar. 2017).</i></p>
<b>Store and Forward Reimbursement</b>	
No reference found.	No reference found.
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found	No reference found.
<b>Email/Phone/FAX</b>	
No reference found.	No reference found.
<b>Online Prescribing</b>	
No reference found.	<p>A psychiatrist or psychiatric APN must be licensed in the State of New Jersey.</p> <p><i>Source: NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 23, No. 21, December 2013 (accessed Mar. 2017).</i></p>
<b>Consent</b>	
No reference found.	<p>Informed consent is required for telepsychiatry.</p> <p><i>Source: NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 23, No. 21, December 2013 (accessed Mar. 2017).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Location</b>	
No reference found.	No reference found.
<b>Cross-State Licensing</b>	
No reference found.	No reference found.
<b>Private Payers</b>	
No reference found.	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	No reference found.
<b>Miscellaneous</b>	

Comments: 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 Mar. 2017)*

## New Mexico

**Medicaid Program:** New Mexico Medicaid

**Medicaid Program Administrator:** New Mexico Human Services Dept., Medical Assistance Division (MAD)

**Regional Telehealth Resource Center:**

Southwest Telehealth Resource Center

PO Box 245105

Tucson, AZ 85724

(520) 626-4498

[www.southwesttrc.org](http://www.southwesttrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>“Telemedicine means the practice of medicine across state lines.”</p> <p><i>Source: NM Administrative Code, 16.10.2.7 (2012).</i></p> <p>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.</p> <p><i>Source: NM Statute. 59A-22-49.3.</i></p> <p>“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.”</p> <p><i>Source: NM Statutes Annotated, 1978 Sec. 61-6-6 (2012).</i></p> <p>"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."</p> <p><i>Source: NM Statutes Annotated Sec. 24-1G-3 (2012).</i></p>	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p><b>Speech-Language Pathology, Audiology and Hearing Aid Dispensing Practices Board</b>  "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.</p> <p><i>Source: NMAC 16.26.1, Sec. 7.</i></p>	
<b>Live Video Reimbursement</b>	
<p>New Mexico statute encourages the use and reimbursement of telehealth, which includes live video.</p> <p><i>Source: NM Statutes Annotated, Sec. 24-25-5 (2012).</i></p> <p>Private payers are required to provide coverage for services delivered through live video, equivalent to in-person coverage.</p> <p><i>Source: NM Statute. 59A-22-49.3.</i></p> <p><i>(also see Medicaid column)</i></p>	<p>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.</p> <p><i>Source: NM Administrative Code 8.310.2</i></p> <p>Telemedicine is also covered by NM Managed Care.</p> <p><i>Source: NM Medical Assistance Division Managed Care Policy Manual, p. 216. Mar. 3, 2015. (Accessed Mar. 2017).</i></p> <p><b>Alternative Benefits Program &amp; Managed Care Program</b>  The benefits package includes telemedicine services.</p> <p><i>Source: NM Admin Code Sec. 8.309.4.16 &amp; 8.308.9.18.</i></p> <p>School-based services provided via telemedicine are covered.</p> <p><i>Source: NM Administrative Code 8.320.6.13(H).</i></p>
<b>Store and Forward Reimbursement</b>	
<p>New Mexico Statute defines telehealth as encompassing Store and Forward.</p> <p><i>Source: NM Statutes Annotated Sec. 24-1G-3 (2012).</i></p> <p>Private payers are required to provide coverage for services delivered through store and forward, equivalent to in-person coverage.</p> <p><i>Source: NM Statute. 59A-22-49.3.</i></p>	<p>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.</p> <p><i>Source: NM Administrative Code 8.310.2.</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found.	No reference found.
<b>Email/Phone/FAX Restrictions</b>	
No reference found.	No reference found.
<b>Online Prescribing</b>	
Physicians are prohibited from prescribing, dispensing or administering drugs or medical supplies to a patient when there is no established physician-patient	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>relationship.</p> <p>This includes prescribing over the Internet, or via other electronic means, based solely on an online questionnaire.</p> <p>Physicians may prescribe online during a live video exam. The prescribing physician must:</p> <ul style="list-style-type: none"> <li>• Obtain a medical history;</li> <li>• Obtain informed consent;</li> <li>• Generate a medical record;</li> <li>• A physical exam is recorded as appropriate by the telehealth practitioner or a practitioner such as a physician, advance practice nurse, or physician or anesthesiologist assistant; or the exam is waived when a physical exam would not normally be part of a typical physical face-to-face encounter with the patient for the services being provided.</li> </ul> <p><i>Source: NM Statutes Annotated, 1978 Sec. 61-6-20(B).</i></p>	
<b>Consent</b>	
No reference found.	No reference found.
<b>Location</b>	
No reference found.	<p>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.</p> <p>The originating site can be any medically warranted site.</p> <p><i>Source: NM Administrative Code 8.310.2.</i></p>
<b>Cross-State Licensing</b>	
<p>NM issues telemedicine licenses to providers who hold a full, unrestricted license in another state and has good moral character.</p> <p><i>Source: NM Statutes Annotated, 1978 Sec. 61-6-11.1 (Sunset date of July 1, 2016) and 16.10.2.11.</i></p> <p>NM Board of Osteopathic Medicine will issue telemedicine license.</p> <p><i>Source: NM Statute Chapter 61, Article 10, Sec. 19. (Repealed – Effective July 1, 2022)</i></p>	<p>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.</p> <p><i>Source: NM Administrative Code 8.310.2.</i></p>
<b>Private Payers</b>	
<p>Private payers are required to provide coverage for services delivered through telemedicine, consistent with in-person coverage.</p> <p><i>Source: NM Statute. 59A-22-49.3.</i></p>	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Site/Transmission Fee</b>	
<p><b><u>Indian Health Services</u></b>  A telemedicine facility fee is paid. Both the originating and distant sites may be IHS or tribal facilities with two different locations, or a distant site can be under contract to the IHS or tribal facility.</p> <p><i>Source: NM Administrative Code 8.310.12.12.</i></p>	<p>Reimbursement is made to the originating site for an interactive telehealth system fee at the lesser of the following:</p> <ul style="list-style-type: none"> <li>• Provider's billed charge;</li> <li>• Maximum allowed by MAD for the specific service or procedure.</li> <li>• 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.</li> </ul> <p><i>Source: NM Administrative Code 8.310.2.</i></p> <p>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.</p> <p><i>Source: NM Register. Volume XXV, No. 20. Oct. 30, 2014.</i></p>
<b>Miscellaneous</b>	

**Comment:** New Mexico offers out of state providers a "telemedicine license" to practice within its borders.

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.

Professional regulation with telehealth specific standards

- Speech Language Pathology, Audiology, and Hearing Aid Dispensing Practice Board (*Source: NMAC 16.26.1, Sec. 7*)

## New York

**Medicaid Program:** New York Medicaid

**Medicaid Program Administrator:** New York State Dept. of Health

**Regional Telehealth Resource Center**

Northeast Telehealth Resource Center

11 Parkwood Drive

Augusta, ME 04330

(800) 379-2021

[www.netrc.org](http://www.netrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p><b><u>Related to Credentialing and Privileging health care practitioners providing telemedicine</u></b></p> <p>“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.”</p> <p><i>Source: NY Consolidated Law Service Public Health Sec. 2805-u.</i></p> <p>The 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.</p> <p><i>Source: NY Public Health Law Article 29 – G Section 2999-cc</i></p> <p>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.</p> <p><i>Source: NY Public Health Law Article 29 – G Section 2999-cc</i></p>	<p>“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. 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.”</p> <p><i>Source: NY Dept. of Health, Medicaid Update, Vol. 31, Number 3, March 2015, p. 18. (Accessed Mar. 2017).</i></p> <p>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.</p> <p><i>Source: NY Public Health Law Article 29 – G Section 2999-cc.</i></p>
<b>Live Video Reimbursement</b>	
<p>A health plan shall not exclude from coverage services that are provided via telehealth if they would otherwise</p>	<p>Reimbursement policy applies to fee-for-service. Managed care plans may cover telemedicine at their</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>be covered under a policy. 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.</p> <p><i>Source: NY Insurance Law Article 32 Section 3217-h &amp; Article 43 Section 4306-g.</i></p>	<p>own option and establish their own payment guidelines and structure.</p> <p>New York Medicaid will reimburse for live video services for medically necessary services provided to patients in:</p> <ul style="list-style-type: none"> <li>• Hospitals (emergency room, outpatient department, Inpatient) established under Article 28 of the New York Public Health Law;</li> <li>• Diagnostic and Treatment Centers (D&amp;TCs) established under Article 28 of the New York Public Health Law;</li> <li>• FQHCs that have "opted into" NY Medicaid Ambulatory Patient Groups (APG);</li> <li>• Non-FQHC School Based Health Centers (SBHCs)</li> <li>• Practitioner offices;</li> <li>• Article 28 facilities providing dental services;</li> </ul> <p>Providers who may deliver telemedicine services include:</p> <ul style="list-style-type: none"> <li>• Physician specialists, including psychiatrists;</li> <li>• Certified Diabetes Educators (CDEs);</li> <li>• Certified Asthma Educators (CAEs or A-ECs)</li> <li>• Clinical Psychologists;</li> <li>• Dentists;</li> <li>• Psychiatric Nurse Practitioners;</li> <li>• Genetic Counselors;</li> <li>• 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.</li> </ul> <p><i>Source: NY Dept. of Health, Medicaid Update, Vol. 31, Number 3, March 2015, p. 18-19. (Accessed. Mar. 2017).</i></p> <p>Medicaid will cover genetic counseling services via telemedicine.</p> <p><i>Source: NY Dept. of Health, Medicaid Update, Vol. 31, Number 8, July 2015, p. 15. (Accessed. Mar. 2017).</i></p> <p>Telepsychiatric services must meet certain conditions to be eligible for Medicaid reimbursement.</p> <p><i>Source: NY Regulations Title 14 NYCRR Section 599.17.</i></p> <p>For the Home Telehealth program, a telehealth provider is:</p> <ul style="list-style-type: none"> <li>• Licensed physician</li> <li>• Licensed physician assistant</li> <li>• Licensed dentist</li> <li>• Licensed nurse practitioner</li> </ul>



STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> <li>• Licensed registered professional nurse</li> <li>• Licensed podiatrist</li> <li>• Licensed optometrist</li> <li>• Licensed psychologist</li> <li>• Licensed social worker</li> <li>• Licensed speech language pathologist or audiologist</li> <li>• Licensed midwife</li> <li>• Certified diabetes educator</li> <li>• Certified asthma educator</li> <li>• Certified genetic counselor</li> <li>• Hospital</li> <li>• Home care services agency</li> <li>• Hospice</li> <li>• Or any other provider as determined by the Commissioner.</li> </ul> <p><i>Source: NY Public Health Law Article 29 – G Section 2999-cc.</i></p> <p><b>Mental Health</b>            Telepsychiatry services may be authorized by the office for assessment and treatment services provided by physicians or nurse practitioners, where the patient is physically located at an originating/spoke site licensed by the Office of Mental Health, and the physician or nurse practitioner is physically located at a distant/hub site that participates in the New York State Medicaid program.</p> <p>A provider of service must obtain prior written authorization. See regulation for requirements.</p> <p>A notation must be made in the clinical record that indicates that the service was provided via telepsychiatry and which specifies the time the service was started and the time it ended.</p> <p>A provider of services approved to utilize telepsychiatry services must have written protocols and procedures that address informed consent, confidentiality, security of electronic transmission, psychiatric emergencies, prescribing medications via telepsychiatry, procedures for first evaluations for involuntary commitments, patient rights, quality of care, and a contingency plan. See regulation for further details.</p> <p>Notice of contracts or agreements between originating/spoke sites shall be provided by the distant/hub provider of services within 30 days after execution of such contract to the Field Office serving the area where such provider of services is located.</p> <p>Telepsychiatry shall not be utilized in Personalized Recovery Oriented Services program or Assertive Community Treatment programs.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<i>Source: NY Code of Rules and Regs. Title 14, Sec. 596.</i>
<b>Store and Forward Reimbursement</b>	
<p>Private payers may, but are not mandated to, reimburse for store-and forward delivered services.</p> <p><i>Source: NY Insurance Law Article 32 Section 3217-h &amp; NY Insurance Law Article 43 Section 4306-g.</i></p>	<p>Store and forward is not reimbursed.</p> <p><i>Source: NY Dept. of Health, Medicaid Update, Vol. 31, Number 3, March 2015, p. 19. (Accessed Mar. 2017).</i></p> <p>For the home telehealth program, store and forward services may be reimbursed.</p> <p><i>Source: NY Public Health Law Article 29 – G Section 2999-dd</i></p> <p>The patient must be present for telepsychiatry services. Telepsychiatry is also defined as “live” and “real time”.</p> <p><i>Source: NY Code of Rules and Regs. Title 14, Sec. 596.</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
<p>Private payers may, but are not mandated to, reimburse for remote patient monitoring services.</p> <p><i>Source: NY Insurance Law Article 32 Section 3217-h &amp; NY Insurance Law Article 43 Section 4306-g.</i></p> <p>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.</p> <p><i>Source: NY Consolidated Law Service Public Health Sec. 3614.</i></p>	<p>For the home telehealth program, store and forward services may be reimbursed.</p> <p><i>Source: NY Public Health Law Article 29 – G Section 2999-dd. (Accessed ).</i></p>
<b>Email/Phone/FAX</b>	
<p>Per the definition of telehealth, health care services by means of audio-only telephone communication, facsimile machines, or electronic messaging alone are not included in the definition of telehealth. The use of these technologies is not precluded if used in conjunction with telemedicine, store and forward technology or remote patient monitoring.</p> <p><i>Source: NY Public Health Law Article 29 – G Section 2999-cc</i></p>	<p>No payment for telephone.</p> <p><i>Source: NY Medicaid Program. Physician Policy Guidelines. Version 2015-4. Oct. 15, 2015. P. 19. (Accessed. Mar. 2017Mar. 2017).</i></p> <p>Telepsychiatry services does not include telephone, video cell phone, or e-mail.</p> <p><i>Source: NY Code of Rules and Regs. Title 14, Sec. 596.</i></p>
<b>Online Prescribing</b>	
No reference found.	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Consent</b>	
No reference found.	<p><b><u>Mental Health</u></b> Part of obtaining approval for telepsychiatry services is obtaining informed consent.</p> <p><i>Source: NY Code of Rules and Regs. Title 14, Sec. 596.</i></p>
<b>Location</b>	
<p>Originating sites are limited to:</p> <ul style="list-style-type: none"> <li>• Licensed health facilities in Articles 28 (hospitals) and 40 (hospice);</li> <li>• 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;</li> <li>• Private physician's or dentist's offices located in New York;</li> <li>• When a patient is receiving health care services by means of remote patient monitoring, 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.</li> </ul> <p><i>Source: NY Public Health Law Article 29 – G Section 2999-cc</i></p>	No reference found.
<b>Cross-State Licensing</b>	
No reference found.	No reference found.
<b>Private Payers</b>	
<p>A health plan shall not exclude from coverage services that are provided via telehealth if they would otherwise be covered under a policy. 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.</p> <p><i>Source: NY Insurance Law Article 32 Section 3217-h &amp; NY Insurance Law Article 43 Section 4306-g.</i></p>	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	<p>Transmission fee may be billed under certain circumstances.</p> <p><i>Source: NY Dept. of Health, Medicaid Update, Vol. 31, Number 3, March 2015, p. 21. (Accessed. Mar. 2017).</i></p> <p>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.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<i>Source: NY Code of Rules and Regs. Title 14, Sec. 596.</i>
<b>Miscellaneous</b>	
	<p>New York hospitals acting as originating (spoke) sites must ensure that all physicians at distant (hub) sites are appropriately credentialed and privileged.</p> <p><i>Source: NY Dept. of Health, Medicaid Update, Vol. 31, Number 3, March 2015, p. 19. (Accessed Mar. 2017).</i></p>

Comments:Telemedicine/telehealth reimbursement in managed care is optional.

A review of Web resources of 18 MMC Plans reveals policy statements of telemedicine coverage for at least the following insurance providers:

- Amerigroup New York
- BlueCross Blue Shield of Western New York
- MVP Health Plan
- United Healthcare
- Universal Community Health
- WellCare of New York

*Source: Northeast Telehealth Resource Center.*

## North Carolina

**Medicaid Program:** North Carolina Medicaid

**Medicaid Program Administrator:** Dept. of Health and Human Services, Division of Medical Assistance

**Regional Telehealth Resource Center:**

Mid-Atlantic Telehealth Resource Center

PO Box 800711

Charlottesville, VA 22908-0711

(434) 906-4960 / (855) MATRC4U

[www.matrc.org](http://www.matrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>“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.”</p> <p><i>Source: NC General Statute 130A-125</i></p>	<p>“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.”</p> <p><i>Source: NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 1, Oct. 1, 2015. (Accessed Mar. 2017).</i></p>
<b>Live Video Reimbursement</b>	
<p>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).</p> <p><i>Source: NC General Statute 130A-125</i></p>	<p>North Carolina Medicaid and NC Health Choice will reimburse for live video medical services and telepsychiatry services. All of the following conditions must be met:</p> <ul style="list-style-type: none"> <li>• The beneficiary must be present at the time of consultation;</li> <li>• The medical examination must be under the control of the consulting provider;</li> <li>• 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</li> <li>• The consultation must take place by two-way real-time interactive audio and video telecommunications system.</li> </ul> <p>Criteria for eligible beneficiaries:</p> <ul style="list-style-type: none"> <li>• Must be enrolled in the NC Medicaid program or NC Health Choice</li> <li>• Providers must verify each Medicaid or NCHC beneficiary’s eligibility each time a service is rendered</li> <li>• The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible</li> <li>• For the NCHC Program, Children must be between the ages of 6-18 (one of many</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>restrictions in program)</p> <p>Other Limitations:</p> <ul style="list-style-type: none"> <li>• Up to three different consulting providers may be reimbursed for a separately identifiable telemedicine or telepsychiatry service per date of service</li> <li>• Only one facility fee is allowed per date of service per beneficiary</li> <li>• 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</li> <li>• These services are subject to the same restrictions as face-to-face contacts.</li> </ul> <p>Special provisions apply for the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program. See manual.</p> <p>Eligible medical providers:</p> <ul style="list-style-type: none"> <li>• Physicians;</li> <li>• Nurse practitioners;</li> <li>• Nurse midwives;</li> <li>• Physician's assistants.</li> </ul> <p>Eligible tele-psychiatry providers:</p> <ul style="list-style-type: none"> <li>• Physicians;</li> <li>• Advanced practice psychiatric nurse practitioners;</li> <li>• Advanced practice psychiatric clinical nurse specialists;</li> <li>• Licensed psychologists Ph.D. level;</li> <li>• Licensed clinical social workers (LCSW);</li> <li>• Community diagnostic assessment agencies.</li> </ul> <p>All services must be:</p> <ul style="list-style-type: none"> <li>• Medically necessary;</li> <li>• 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;</li> <li>• The procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide;</li> <li>• The procedure, product, or service is furnished in a manner not primarily intended for the</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>convenience of the recipient, the recipient's caretaker, or the provider.</p> <p>Providers must obtain prior approval from NC Medicaid for all services delivered via telemedicine and telepsychiatry. Providers must submit:</p> <ul style="list-style-type: none"> <li>• Prior approval request;</li> <li>• All health records and any other records to document that the patient has met the specific criteria for telemedicine services;</li> </ul> <p><i>Source: NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 1-7, Oct. 1, 2015. (Accessed Mar. 2017).</i></p>
<b>Store and Forward Reimbursement</b>	
No reference found.	<p>North Carolina Medicaid will not reimburse for Store and Forward.</p> <p><i>Source: NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 5, Oct. 1, 2015. (Accessed Mar. 2017).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found.	No reference found.
<b>Email/Phone/FAX Restrictions</b>	
No reference found.	<p>No reimbursement for email.  No reimbursement for telephone.  No reimbursement FAX.  No reimbursement for video cell phone interaction.</p> <p><i>Source: NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 4-5, Oct. 1, 2015. (Accessed Mar. 2017).</i></p>
<b>Online Prescribing</b>	
No reference found.	No reference found.
<b>Consent</b>	
No reference found.	No reference found.
<b>Location</b>	
No reference found.	<p>"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."</p> <p>No reimbursement if:</p> <ul style="list-style-type: none"> <li>• The recipient is located in a jail, detention center, or prison; <ul style="list-style-type: none"> <li>• The consulting provider is not a Medicaid-enrolled provider; the consulting provider does</li> </ul> </li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>not follow established criteria for the service provided.</p> <p><i>Source: NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 1-7, Oct. 1, 2015. (Accessed Mar. 2017).</i></p>
<b>Cross-State Licensing</b>	
No reference found.	No reference found.
<b>Private Payers</b>	
No reference found.	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	<p>Originating-site provider facility fees paid to:</p> <ul style="list-style-type: none"> <li>• Physicians;</li> <li>• Nurse practitioners;</li> <li>• Nurse midwives;</li> <li>• Advanced practice psychiatric nurse practitioners;</li> <li>• Advanced practice psychiatric clinical nurse specialists;</li> <li>• Licensed psychologists (Ph.D. level);</li> <li>• Licensed clinical social workers (LCSW);</li> <li>• Physician’s assistants;</li> <li>• Hospitals (inpatient or outpatient)</li> <li>• Federally Qualified Health Centers;</li> <li>• Rural Health Clinics;</li> <li>• Local health departments;</li> <li>• Local Management Entities.</li> </ul> <p>No facility fees for distant-site providers.</p> <p><i>Source: NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 7, Oct. 1, 2015. (Accessed Mar. 2017).</i></p>
<b>Miscellaneous</b>	
	<p>The Office of Rural Health and Community Care shall oversee and monitor the establishment of a statewide telepsychiatry program.</p> <p><i>Source: NC General Statutes Article 3, Ch. 143B, Sect. 12A.2B. (b). (Accessed Mar. 2017).</i></p> <p>Providers must comply with the following in effect at the time the service was rendered:</p> <ul style="list-style-type: none"> <li>• All applicable agreements, federal, state and local laws and regulations including HIPAA and medical retention requirements.</li> <li>• All Medicaid’s clinical coverage policies, guidelines, policies, provider manuals, implementation updates and bulletins published by CMS, DHHS, its divisions or its fiscal agent.</li> </ul>



STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><i>Source: NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 7, Oct. 1, 2015. (Accessed Mar. 2017).</i></p>

## North Dakota

**Medicaid Program:** North Dakota Medicaid

**Medicaid Program Administrator:** North Dakota Dept. of Human Services

**Regional Telehealth Resource Center:**

Great Plains Telehealth Resource and Assistance Center  
University of Minnesota/Institute for Health Informatics  
330 Diehl Hall  
505 Essex Street S.E.  
Minneapolis, MN 55455  
(888) 239-7092  
[www.gptrac.org](http://www.gptrac.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p><b><i>Public Employee Retirement System</i></b> "Telehealth (1) 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; (2) 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; (3) Does not include the use of audio - only telephone, email, or facsimile transmissions."  <i>Source: ND House Bill 1038 (2015), ND Statute Sec. 54-52.1-04.13.</i></p> <p><b><i>Stroke system of care task force</i></b> "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."  <i>Source: ND House Bill 1323 (2015), ND Statute Sec. 23-43-05.</i></p> <p>North Dakota uses federal definitions for "internet" and "practice of telemedicine" set in the Ryan Haight Online Pharmacy Consumer Protection Act of 2008.  <i>Source: ND Century Code, Sec. 19-02.1-15.1.</i></p> <p>"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."  <i>Source: Ryan Haight Online Pharmacy Consumer Protection Act of 2008 [Pub. L. 110-425; 21 U.S.C. 802-803].</i></p>	<p>Telemedicine is the use of interactive audio-video equipment to link practitioners and patients at different sites.  <i>Source: Medicaid Medical Policy. North Dakota Department of Human Services: Policy Number NDMP-2012-0007. Telemedicine Services. (Jan. 14, 2015) (Accessed Mar. 2017).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p><b>Physical Therapy:</b>            “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.</p> <p><i>Source: ND Admin. Code 61.5-01-02-01.</i></p>	
<b>Live Video Reimbursement</b>	
<p>North Dakota’s Worker Compensation Act provides reimbursement for live video.</p> <p>Eligible services:</p> <ul style="list-style-type: none"> <li>• Office or other outpatient visits;</li> <li>• New evaluation visits and established management visits;</li> <li>• Individual psychotherapy visits;</li> <li>• Pharmacologic management visits.</li> </ul> <p>The patient must be present and participate in the appointment.</p> <p>The professional fee is equal to comparable in-person services.</p> <p><i>Source: ND Admin. Code 92-01-02-34.</i></p>	<p>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.</p> <p>Both originating-site and distant-site physicians may bill for services. There is no separate reimbursement for supplies.</p> <p>There is reimbursement for long-distance charges required for out-of-network sites.</p> <p><i>Source: ND Dept. of Human Svcs., General Information For Providers, Medicaid and Other Medical Assistance Programs, p. 129 (April 2012) (Accessed Mar. 2017).</i></p> <p>Eligible services:</p> <ul style="list-style-type: none"> <li>• New and established Office and other outpatient E/M services</li> <li>• Psychiatric diagnostic evaluation</li> <li>• Individual psychotherapy</li> <li>• Pharmacologic management</li> <li>• Speech Therapy, individual</li> <li>• Initial inpatient telehealth consultation</li> </ul> <p>Reimbursement is made only to the distant practitioner during the telemedicine session. No reimbursement is allowed to the originating site practitioner if he/she solely presents the patient to the distant site practitioner.</p> <p>Requires a medical professional, such as a nurse, to be present during the telehealth service; and to ensure a connection has been established with the distant physician.</p> <p>Out of state requests for telemedicine services require prior authorization.</p> <p><i>Source: Medicaid Medical Policy. North Dakota Department of Human Services: Policy Number NDMP-2012-0007. Telemedicine Services. (Jan. 14, 2015) (Accessed Mar. 2017).</i></p> <p><b>Indian Health Services</b></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>Reimbursement for telemedicine is on the same basis as those provided for face-to-face contact.</p> <p><i>Source: ND MMIS Web Portal. Indian Health Services. April 2015. (Accessed Aug., 2016).</i></p>
<b>Store and Forward Reimbursement</b>	
No reference found.	<p>North Dakota Medicaid does not reimburse for store and forward.</p> <p><i>Source: ND Dept. of Human Svcs., General Information For Providers, Medicaid and Other Medical Assistance Programs, p. 129 (April 2012) (accessed Mar. 2017).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found.	No reference found.
<b>Email/Phone/FAX</b>	
No reference found.	<p>No reference found for email. No reimbursement for telephone. No reference found for FAX.</p> <p><i>Source: ND Dept. of Human Svcs., General Information For Providers, Medicaid and Other Medical Assistance Programs, p. 126 (April 2012) (accessed Mar. 2017).</i></p>
<b>Online Prescribing</b>	
<p>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.</p> <p><i>Source: ND Centennial Code, Sec. 19-02.1-15.1.</i></p>	No reference found.
<b>Consent</b>	
No reference found.	No reference found.
<b>Location</b>	
No reference found.	<p>The distant site must be a sufficient distance from the originating site to provide services to patients who do not have readily available access to such specialized services allowed/reimbursed by ND Medicaid via telemedicine.</p> <p><i>Source: Medicaid Medical Policy. North Dakota Department of Human Services: Policy Number NDMP-2012-0007. Telemedicine Services. (Jan. 14, 2015) (Accessed Mar. 2017).</i></p>
<b>Cross-State Licensing</b>	
The ND Medical Board may engage in reciprocal licensing agreements with out-of-state licensing	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
agencies, but is not required to do so.  <i>Source: ND Century Code Sec. 43-17-21 (2012).</i>	
<b>Private Payers</b>	
No reference found.	No reference found.
<b>Site/Transmission Fee</b>	
Under the Worker's Compensation Act, the originating sites may receive a facility fee, not to exceed \$20.  <i>Source: ND Admin. Code 92-01-02-34.</i>	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.  <i>Source: Medicaid Medical Policy. North Dakota Department of Human Services: Policy Number NDMP-2012-0007. Telemedicine Services. (Jan. 14, 2015) (Accessed Mar. 2017).</i>
<b>Miscellaneous</b>	
For all policies in the Public Employees Retirement System that become effective after June 30, 2015 and don't extend passed June 30, 2017 to board shall provide coverage for telehealth services the same as in-person.  The public employees' retirement system must prepare and submit for introduction a bill to the 65 <sup>th</sup> legislative assembly to repeal the expiration date to the Act, and apply telehealth coverage to all group and individual insurance policies.  <i>Source: ND House Bill 1038 (2015), ND Statute Sec. 54-52.1-04.13.</i>	

# Ohio

**Medicaid Program:** Ohio Medicaid

**Medicaid Program Administrator:** Ohio Department of Job and Family Services

**Regional Telehealth Resource Center:**

Upper Midwest Telehealth Resource Center

2901 Ohio Boulevard, Ste. 110

Terre Haute, IN 47803

(855) 283-3734 ext. 232

[www.umtrc.org](http://www.umtrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>“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.”</p> <p><i>Source: OH Revised Code Annotated, 4731.296.</i></p> <p>“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.”</p> <p><i>Source: OH Admin. Code 4755-27-01.</i></p> <p>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.</p> <p><i>Source: OH Revised Code, Sec. 5164.94.</i></p> <p><u>Speech Language Pathology</u> 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.</p> <p><i>Source: OH Admin. Code 4753-2-01</i></p>	<p>Telemedicine is the direct delivery of evaluation and management (E&amp;M) or psychiatric services to a Medicaid eligible patient via synchronous, interactive, real-time electronic communication that comprises both audio and video elements.</p> <p><i>Source: Fact Sheet: Telemedicine Billing Guidance (Dec. 2016) &amp; OH Admin. Code 5160-1. (Accessed Mar. 2017).</i></p>
<b>Live Video Reimbursement</b>	
<p>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.</p> <p><i>Source: OH Revised Code, Sec. 5164.95.</i></p>	<p>Ohio Medicaid covers live video telemedicine.</p> <p>Eligible Distant Site Providers</p> <ul style="list-style-type: none"> <li>• Physicians (MD, DO)</li> <li>• Psychologists</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p><u>Speech Language Pathology</u> Telehealth may be delivered through live video.</p> <p><i>Source: OH Admin. Code 4753-2-01</i></p>	<ul style="list-style-type: none"> <li>Federally Qualified Health Center (medical and mental health)</li> </ul> <p>See fact sheet for list of eligible CPT codes.</p> <p><i>Source: OH Fact Sheet: Telemedicine Billing Guidance (Dec. 2016) &amp; OH Admin Code 5160-1. (Accessed Aug. 2016).</i></p>
<b>Store and Forward Reimbursement</b>	
<p><u>Speech Language Pathology</u> Telehealth may be delivered through store and forward.</p> <p><i>Source: OH Admin. Code 4753-2-01</i></p>	<p>Telemedicine is defined as being “synchronous, interactive, real-time”, excluding the use of store and forward technology.</p> <p><i>Source: Fact Sheet: Telemedicine Billing Guidance (Dec. 2016) (Accessed Mar. 2017).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
<p>No reference found.</p>	<p>The home is not an acceptable place of service for either an originating or distant site.</p> <p><i>Source: Fact Sheet: Telemedicine Billing Guidance (Dec. 2016) (Accessed Mar. 2017).</i></p>
<b>Email/Phone/FAX</b>	
<p>No reference found.</p>	<p>Electronic mail, telephone and facsimile transmission are not telemedicine.</p> <p><i>Source: OH Admin. Code 5160-1.</i></p>
<b>Online Prescribing</b>	
<p>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.</p> <p><b><u>Non-Controlled Substances Exceptions</u></b>  <i>Prescribing is allowed when a patient is remote from the physician by complying with the following:</i></p> <ul style="list-style-type: none"> <li>Establish the patient’s identity and physical location;</li> <li>Obtain the patient’s informed consent;</li> <li>Forward medical record to patient’s primary care provider (upon consent);</li> <li>Conduct an appropriate evaluation;</li> <li>Establish or confirm a diagnosis and treatment plan;</li> <li>Document information in patient’s medical record;</li> <li>Provide appropriate follow-up care;</li> <li>Make medical record of the visit available to patient; and</li> <li>Use appropriate technology sufficient to conduct all steps.</li> </ul>	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>Additional restrictions apply for controlled substances. See regulation.</p> <p><i>Source: OH Admin. Code 4731-11-09.</i></p>	
<b>Consent</b>	
<p><u>Informed consent is required (“patient’s agreement or signed authorization”). Must be documented in patient’s record.</u></p> <p><i>Source: OH Admin. Code 4731-11-09.</i></p> <p><u>Speech Language Pathology</u> A provider is required to inform the patient of specific telehealth limitations.</p> <p><i>Source: OH Admin. Code 4753-2-01</i></p>	<p>The originating site is responsible for obtaining informed consent.</p> <p><i>Source: OH Admin. Code 5160-1.</i></p>
<b>Location</b>	
<p>No reference found.</p>	<p>When the originating site is located within a five mile radius from the distant site, providers are not eligible for reimbursement.</p> <p>Provider types eligible as an originating site, either using a Q3014 HCPCS code or a GQ modifier:</p> <ul style="list-style-type: none"> <li>• Primary Care Clinic</li> <li>• Outpatient Hospital</li> <li>• Rural Health Clinic (Medical)</li> <li>• Federally Qualified Health Clinic (Medical)</li> <li>• Physician</li> <li>• Professional Medical Group</li> <li>• Podiatrist</li> <li>• Optometrist</li> </ul> <p>See fact sheet for additional billing rules.</p> <p>Additional place of service restrictions:</p> <ul style="list-style-type: none"> <li>• Home</li> <li>• Inpatient hospital</li> <li>• Nursing facility</li> <li>• Inpatient psychiatric hospitals</li> <li>• Other POS exclusions for E&amp;M and psychiatric codes</li> </ul> <p><i>Source: Fact Sheet: Telemedicine Billing Guidance (Dec. 2016), (Accessed Mar. 2017).</i></p>
<b>Cross-State Licensing</b>	
<p>Ohio issues telemedicine certificates that allow the holder to engage in the practice of telemedicine in the state.</p> <p>Providers with telemedicine certificates cannot practice in OH without a special activity certificate.</p>	<p>No reference found.</p>



STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p><i>Source: OH Revised Code Annotated, Sec. 4731.296(C).</i></p> <p><u>Physical Therapy</u> Physical therapists and physical therapist assistants must hold a valid OH physical therapy license to treat a patient located in Ohio via telehealth.</p> <p><i>Source: OH Admin. Code 4755-27-01.</i></p>	
<b>Private Payers</b>	
No reference found.	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	<p>Originating site eligible for a facility fee using HCPCS code Q3014.</p> <p>See transmittal letter for additional billing rules.</p> <p><i>Source: Fact Sheet: Telemedicine Billing Guidance (Dec. 2016), (Accessed Mar. 2017). &amp; OH Admin Code 5160-1. (Accessed Aug. 2016).</i></p>
<b>Miscellaneous</b>	

# Oklahoma

**Medicaid Program:** SoonerCare

**Medicaid Program Administrator:** Oklahoma Health Care Authority

**Regional Telehealth Resource Center:**

Heartland Telehealth Resource Center  
3901 Rainbow Blvd MS 1048  
Kansas City, KS 66160  
(877) 643-4872  
[heartlandtrc.org](http://heartlandtrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>"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."</p> <p><i>Source: OK Statutes, Title 36, Sec. 6802.</i></p> <p>"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."</p> <p>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.</p> <p><i>Source: OK Admin Code Title 435:10-1-4</i></p> <p>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.</p> <p><i>Source: OK Statute, Title 22, Sec. 1161.1.</i></p> <p>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</p>	<p>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. Telemedicine does not include the use of audio only telephone, electronic mail, or facsimile transmission.</p> <p><i>Source: OK Admin. Code Sec. 317:30-3-27 (a) &amp; Health Care Authority, Providers, Telehealth. (accessed Mar. 2017)</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>the same site as the licensee when the service is provided.</p> <p><i>Source: OK Admin Code, 690:10-3-9.</i></p>	
<b>Live Video Reimbursement</b>	
<p>Oklahoma statute requires coverage of telemedicine services, which includes live video, by health care service plans, disability insurer programs, workers' compensation programs, and state Medicaid managed care program contracts.</p> <p><i>Source: OK Statute, Title 36 Sec. 6803.</i></p> <p><i>(see Medicaid column &amp; "Private Payers" section)</i></p>	<p>SoonerCare (Oklahoma's Medicaid program) reimburses for live video when:</p> <ul style="list-style-type: none"> <li>• The GT modifier is billed</li> <li>• Proper documentation to include services rendered, location and services provided via telemedicine is maintained</li> </ul> <p>OHCA has discretion and final authority to approve or deny telemedicine services based on agency and/or SoonerCare members' needs.</p> <p><i>Source: OK Admin. Code Sec. 317:30-3-27 &amp; Health Care Authority, Providers, Telehealth (accessed Mar. 2017).</i></p> <p>Office and outpatient visits count toward benefit limits.</p> <p><i>Source: OK Statute, Title 36 Sec. 6803.</i></p>
<b>Store and Forward Reimbursement</b>	
<p><i>(see Medicaid column)</i></p>	<p>SoonerCare does not consider store and forward applications telemedicine but it may be utilized to deliver services.</p> <p><i>Source: OK Admin. Code Sec. 317:30-3-27(a).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
<p>No reference found.</p>	<p>No reference found.</p>
<b>Email/Phone/FAX</b>	
<p>No reference found for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: OK Statute, Title 36 St. Sec. 6802.</i></p>	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: OK Admin. Code Sec. 317:30-3-27(a).</i></p>
<b>Online Prescribing</b>	
<p>Telemedicine physicians who meet certain criteria are not subject to the face-to-face requirement to establish a physician-patient relationship.</p> <p><i>Source: OK Admin. Code Sec. 435:10-7-12.</i></p> <p>Prescribing or administering a drug or treatment without sufficient examination and the establishment of a valid physician-patient relationship is prohibited.</p> <p><i>Source: OK Statute, Title 59, Sec. 509.</i></p>	<p>No reference found.</p>

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<p>A physician-patient relationship includes an in-person patient exam.</p> <p><i>Source: OK Admin. Code Sec. 435:10-1-4.</i></p>	
<b>Consent</b>	
<i>(See Medicaid column)</i>	No reference found.
<b>Location</b>	
No reference found.	<p>A patient may receive telemedicine 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.</p> <p><i>Source: Health Care Authority, Providers, Telehealth &amp; OK Admin. Code Sec. 317:30-3-27. (Accessed Mar. 2017).</i></p>
<b>Cross-State Licensing</b>	
<p>Physician treating patients in OK through telemedicine must be fully licensed in OK.</p> <p><i>Source: OK Admin Code Title 435:10-1-4.</i></p> <p>The State Board of Osteopathic Examiners has the authority to issue a telemedicine license.</p> <p><i>Source: OK Statute, Title 59, Sec. 633</i></p>	No reference found.
<b>Private Payers</b>	
<p>Requires coverage of telemedicine services by health care service plans, disability insurer programs, workers' compensation programs, and state Medicaid managed care program contracts, subject to contract terms and conditions.</p> <p><i>Source: OK Statute, Title 36 Sec. 6803.</i></p>	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	No reference found.
<b>Miscellaneous</b>	
<p>OK provides, at no cost, one telecommunications line or wireless connection for telemedicine services to the following:</p> <ul style="list-style-type: none"> <li>• Not-for-profit hospitals;</li> <li>• County health departments;</li> <li>• City-county health departments;</li> <li>• Federally Qualified Health Centers.</li> </ul> <p><i>Source: OK Statutes, Title 17 Sec. 139.109.</i></p>	

**Comments:** The OK Dept. of Health has begun to develop a statewide telemedicine network.  
*Oklahoma Statutes, Title 63 Sec. 1-2702.*

Professional Board Telehealth-Specific Regulations

- State Board of Medical Licensure and Supervision (**OAC 435:10-11-13**)
- State Board of Examiners for Speech-Language Pathology and Audiology (**OAC 690:10-3-9**)

# Oregon

**Medicaid Program:** Oregon Medicaid

**Medicaid Program Administrator:** Oregon Health Authority

**Regional Telehealth Resource Center:**

Northwest Regional Telehealth Resource Center

2900 12<sup>th</sup> Ave. N., Ste. 30W

Billings, MT 59101

(888) 662-5601

[www.nrtrc.org](http://www.nrtrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>“Telemedicine means the provision of health services to patients by physicians and health care practitioners from a distance using electronic communications.”</p> <p><i>Source: OR Revised Statutes 442.015.</i></p> <p><b>Physical Therapy:</b>            “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’.”</p> <p><i>Source: OR Administrative Rule, Sec. 848-040-1080.</i></p>	<p>“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.”</p> <p><i>Source: OR Div. of Medical Assistance Program, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610, p. 69-70 (Jan. 1, 2016). (Accessed Aug, 2016).</i></p>
<b>Live Video Reimbursement</b>	
<p>(See “Private Payers” section)</p>	<p>Oregon Medicaid will reimburse for live video when billed services comply with their billing requirements.</p> <p>The referring provider is not required to be present with the client for the consult.</p> <p>The referring provider may bill for the patient visit only if a separately identifiable visit is performed.</p> <p>Behavioral health services identified as allowable for telephonic delivery are listed in the fee schedule. The authority must provide coverage for telemedicine services to the same extent that the service would be covered if they were provided in person.</p> <p><i>Source: OR Div. of Medical Assistance Program, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610, p. 69-70 (Jan. 1, 2016) &amp; Behavior Health Services Rules 410-172-0850, p. 43 (Jun. 26, 2015). (Accessed Mar. 2017).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>Coordinated care organizations (CCOs) are allowed to develop reimbursement criteria for telemedicine separate from, or additional to, OHA's fee for service policy.</p> <p><i>Source: Electronic Memorandum to Coordinated Care Organizations regarding coverage of behavioral health telemedicine services. Nov. 14, 2016, (Accessed Mar. 2017).</i></p>
<b>Store and Forward Reimbursement</b>	
<p>No reference found.</p>	<p><b>Behavioral Health Services Manual:</b>            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:</p> <ul style="list-style-type: none"> <li>• Those methods are not being used in lieu of videoconferencing, due to limited video conferencing equipment; or</li> <li>• 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.</li> </ul> <p><i>Source: Behavior Health Services Rules 410-172-0850, p. 43 (Jun. 26, 2015). (Accessed Aug. 2016).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
<p>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.</p> <p>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. The monitoring physician is in communication with the operation team through a technician in the operating room."</p> <p>Requirements:</p> <ul style="list-style-type: none"> <li>• The facility where the surgery is performed must be a licensed hospital or ambulatory surgical center;</li> <li>• The facility must grant medical staff membership and/or clinical privileges to the monitoring physician;</li> <li>• The monitoring physician must have OR active-tele-monitoring status.</li> </ul> <p><i>Source: OR Admin. Rules. 847-008-0023.</i></p>	<p>No reference found.</p>
<b>Email/Phone/FAX</b>	
<p>Yes for email.            Yes for telephone.</p>	<p>Yes for email and telephone when used for patient consulting and "when billed services comply with the</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>No reference found for FAX.</p> <p>Email and telephone consults must comply with Health Service Commission guidelines.</p> <p><i>Source: OR Admin. Rules 410-130-0610.</i></p>	<p>practice guidelines set forth by the Health Service Commission (HSC), applicable HSC approved CPT code requirements and delivered consistent with the HSC practice guideline.”</p> <p>Email, telephone and fax may be used when videoconferencing availability is limited.</p> <p><i>Source: OR Div. of Medical Assistance Programs, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610, p. 69-70 (Jan. 1, 2016) &amp; Behavior Health Services Rules 410-172-0850, p. 43 (Jun. 26, 2015). (Accessed Aug., 2016).</i></p>
<b>Online Prescribing</b>	
<p><b><u>Practicing Across State Lines</u></b></p> <p>A physician must first:</p> <ul style="list-style-type: none"> <li>• Establish a physician-patient relationship;</li> <li>• Make a judgment based on some type of objective criteria upon which to diagnose, treat, correct or prescribe;</li> <li>• Act in the best interest of the patient.</li> </ul> <p>Writing prescriptions based only on an Internet sale or consults prohibited.</p> <p><i>Source: OR Admin. Rules, 847-025-0000.</i></p>	<p>No reference found.</p>
<b>Consent</b>	
<p>No reference found.</p>	<p>No reference found.</p>
<b>Location</b>	
<p>Plans may not distinguish between originating sites that are rural and urban in providing coverage.</p> <p><i>Source: OR Senate Bill 144 (2015); &amp; Revised Statutes Sec. 743A.058.</i></p>	<p>No reference found.</p>
<b>Cross-State Licensing</b>	
<p>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.</p> <p><i>Source: OR Revised Statutes Annotated Sec. 677.139.</i></p> <p><i>(also see Medicaid column)</i></p>	<p>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.</p> <p><i>Source: OR Administrative Regulation 410-130-0610(2)(a) &amp; Source: OR Div. of Medical Assistance Program, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610, p. 68-70 (Jan. 1, 2016). (Accessed Aug. 2016).</i></p>
<b>Private Payers</b>	
<p>Oregon requires coverage by health benefit plans and self-insured health plans offered through the Public Employees’ Benefit Board or the Oregon Educators Benefit Board of health services that is provided using synchronous two-way interactive video conferencing,</p>	<p>No reference found.</p>



STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>subject to contract terms and conditions.</p> <p>Plans may not distinguish between originating sites that are rural and urban in providing coverage.</p> <p><i>Source: OR Senate Bill 144 (2015); &amp; Revised Statutes Sec. 743A.058.</i></p> <p>A health benefit plan must provide coverage in connection with the treatment of diabetes if:</p> <ul style="list-style-type: none"> <li>• If coverage is provided for in-person services</li> <li>• The service is medically necessary;</li> <li>• The service relates to a specific patient; and</li> <li>• One of the participants in the telemedical health service is a representative of an academic health center.</li> </ul> <p><i>Source: OR Revised Statutes Sec. 743A.185.</i></p>	
<b>Site/Transmission Fee</b>	
<p>(see Medicaid column)</p>	<p>Oregon Medicaid will provide transmission fees for originating sites.</p> <p><i>Source: OR Admin. Regulation 410-130-0610(5) &amp; OR Div. of Medical Assistance Programs, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610, p. 69-70 (Jan. 1, 2016). (Accessed Aug. 2016).</i></p>
<b>Miscellaneous</b>	

Comments: *Professional Board Telehealth-Specific Regulations*

- Occupational Therapy (*Source: OR Admin. Code 339-010-0006*)
- Physical Therapy (*Source: OR Admin. Code 848-040-0180*)

# Pennsylvania

**Medicaid Program:** Pennsylvania Medical Assistance Program (MA)

**Medicaid Program Administrator:** Department of Public Welfare

**Regional Telehealth Resource Center:**

PO Box 800711

Charlottesville, VA 22908-0711

(434) 906-4960 / (855) MATRC4U

[www.matrc.org](http://www.matrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
No reference found.	<p>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.</p> <p><i>Source: PA Department of Public Welfare, Medical Assistance Bulletin 09-12-31, 31-12-31, 33-12-30, May 23, 2012 (accessed Mar. 2017).</i></p>
<b>Live Video Reimbursement</b>	
No reference found.	<p>Pennsylvania Medicaid will reimburse for live video for specialty consultations.</p> <p>Eligible Providers (fee for service):</p> <ul style="list-style-type: none"> <li>• Physicians</li> <li>• Certified registered nurse practitioners</li> <li>• Certified nurse midwives</li> </ul> <p>Providers under a managed care system should contact the appropriate managed care organization.</p> <p><i>Source: PA Department of Public Welfare, Medical Assistance Bulletin 09-12-31, 31-12-31, 33-12-30, May 23, 2012 (accessed Mar. 2017).</i></p> <p><b>Telepsychiatry Services</b></p> <p>PA Medicaid will reimburse licensed psychiatrists and licensed psychologists for telepsychiatry outpatient services including:</p> <ul style="list-style-type: none"> <li>• Psychiatric diagnostic evaluations</li> <li>• Psychological Evaluations</li> <li>• Pharmacological management</li> <li>• Consultations (with patient/family)</li> <li>• Psychotherapy</li> </ul> <p>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</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>office for final approval.</p> <p><i>Source: PA Department of Public Health, Medical Assistance Bulletin OMHSAS-14-01, Mar. 18, 2014 (accessed Mar. 2017).</i></p> <p><b>For FQHCs &amp; RHCs</b>            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.</p> <p><i>Source: PA PROMISe, 837 Professional/CMS-1500 Claim Form, Provider Handbook, Appendix E – FQHC/RHC. p. 10 (Apr. 22, 2014). (Accessed Mar. 2017).</i></p>
<b>Store and Forward Reimbursement</b>	
No reference found.	<p>Pennsylvania Medicaid will not reimburse for store and forward.</p> <p><i>Source: PA Department of Public Welfare, Medical Assistance Bulletin 09-12-31, 31-12-31, 33-12-30, May 23, 2012 (accessed Mar. 2017).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found.	<p>PA Medicaid fee for service does not reimburse for remote patient monitoring. However, see “Comments” section below.</p> <p><i>Source: PA Department of Public Welfare, Medical Assistance Bulletin 09-12-31, 31-12-31, 33-12-30, May 23, 2012 (accessed Mar. 2017).</i></p>
<b>Email/Phone/FAX</b>	
No reference found.	<p>No reimbursement for email.            No reimbursement for telephone.            No reimbursement for FAX.</p> <p><i>Source: PA Department of Public Welfare, Medical Assistance Bulletin 09-12-31, 31-12-31, 33-12-30, May 23, 2012 (accessed Mar. 2017).</i></p>
<b>Online Prescribing</b>	
No reference found.	No reference found.
<b>Consent</b>	
No reference found.	<p>Informed consent is required from individuals participating in any services utilizing telepsych.</p> <p><i>Source: PA Department of Public Health, Medical Assistance Bulletin OMHSAS-14-01, Mar. 18, 2014 (accessed Mar. 2017).</i></p>
<b>Location</b>	
No reference found.	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Cross-State Licensing</b>	
<p><b>Recently Passed Legislation</b> PA adopted the Interstate Medical Licensure Compact.</p> <p><i>Source: HB 1619 (2015).</i></p> <p>Pennsylvania issues extraterritorial licenses to physicians residing or practicing in an adjoining state, near the Pennsylvania boundary, and whose practice extends into Pennsylvania to practice in Pennsylvania.</p> <p>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.</p> <p><i>Source: PA Statutes Annotated, Title 63 Sec. 422.34(a) and (c) (2).</i></p>	No reference found.
<b>Private Payers</b>	
No reference found.	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	<p>Originating site may bill for facility fee.</p> <p><i>Source: PA Department of Public Welfare, Medical Assistance Bulletin 09-12-31, 31-12-31, 33-12-30, May 23, 2012 (accessed Mar. 2017).</i></p> <p><i>Source: PA Department of Public Health, Medical Assistance Bulletin OMHSAS-14-01, Mar. 18, 2014 (accessed Mar. 2017).</i></p>
<b>Miscellaneous</b>	

## Rhode Island

**Medicaid Program:** Rhode Island Medical Assistance Program

**Medicaid Program Administrator:** Rhode Island Dept. of Human Services

**Regional Telehealth Resource Center:**

Northeast Telehealth Resource Center

11 Parkwood Drive

Augusta, ME 04330

(800) 379-2021

[www.netrc.org](http://www.netrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>"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.</p> <p><i>Source: RI General Law, Sec. 27-81-3(12).</i></p>	No reference found.
<b>Live Video Reimbursement</b>	
No reference found.	No reference found.
<b>Store and Forward Reimbursement</b>	
No reference found.	No reference found.
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found.	No reference found.
<b>Email/Phone/FAX</b>	
<p>Telemedicine does not include an audio-only telephone conversation, email message or facsimile transmission between the provider and patient.</p> <p><i>Source: RI General Law, Sec. 27-81-3(12).</i></p>	No reference found.
<b>Online Prescribing</b>	
No reference found.	No reference found.
<b>Consent</b>	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
No reference found.	No reference found.
<b>Location</b>	
No reference found.	No reference found.
<b>Cross-State Licensure</b>	
<p>RI allows physicians who have a license in good standing in another state to consult with RI licensed physicians or provide teaching assistance.</p> <p>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.</p> <p><i>Source: RI General Law, Sec. 5-37-14.</i></p>	No reference found.
<b>Private Payers</b>	
<p><b><u>Recently Passed Legislation (Effective Jan. 1, 2018)</u></b>  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.</p> <p><i>Source: RI General Law, Sec. 27-81-4.</i></p>	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	No reference found.
<b>Miscellaneous</b>	

## South Carolina

**Medicaid Program:** South Carolina Medicaid

**Medicaid Program Administrator:** South Carolina Health and Human Services Dept.

**Regional Telehealth Resource Center:**

Southeast Telehealth Resource Center

PO Box 1408

Waycross, GA 31501

(888) 138-7210

[www.setrc.us](http://www.setrc.us)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>South Carolina law addresses telemedicine under veterinary services, stating, “telemedicine is an audio, video, or data communication of medical information.”</p> <p><i>Source: SC Code Annotated Sec. 40-69-20.</i></p> <p>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.</p> <p><i>Source: SC Code Annotated Sec. 40-47-20(52).</i></p>	<p>“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.</p> <p>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.</p> <p>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.”</p> <p><i>Source: SC Health and Human Svcs. Dept., Physicians Provider Manual, p. 2-54 (Mar. 2017) &amp; Local Education Manual, p. 2-8. (Apr. 1, 2017).</i></p>
<b>Live Video Reimbursement</b>	
<p>No reference found.</p>	<p>South Carolina Medicaid will reimburse for live telemedicine and tele-psychiatry.</p> <p>Eligible services:</p> <ul style="list-style-type: none"> <li>• Office or other outpatient visits;</li> <li>• Inpatient consultation;</li> <li>• Individual psychotherapy;</li> <li>• Pharmacologic management;</li> <li>• Psychiatric diagnostic interview examination and testing;</li> <li>• Neurobehavioral status examination;</li> <li>• Electrocardiogram interpretation and report only; Echocardiography.</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>Eligible services must meet these requirements:</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• The medical care can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide.</li> </ul> <p>Distant site eligible, reimbursed providers:</p> <ul style="list-style-type: none"> <li>• Physicians;</li> <li>• Nurse practitioners.</li> <li>• Physician Assistants</li> </ul> <p>Services provided by allied health professionals are not covered.</p> <p>Referring site presenters may be required to facilitate the delivery of the service.</p> <p><i>Source: SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 2-56 (Mar. 1, 2017) &amp; Local Education Manual, p. 2-8 to 2-14. (Apr. 1, 2017).</i></p> <p>These community mental health services are ineligible:</p> <ul style="list-style-type: none"> <li>• Injectables;</li> <li>• Nursing services;</li> <li>• Crisis intervention</li> <li>• Individual, family, group and multiple family psychotherapy</li> <li>• Psychological testing which require "hands-on" encounters;</li> <li>• Mental health assessment by non-physician; and</li> <li>• Service Plan Development.</li> </ul> <p><i>Source: SC Health and Human Svcs. Dept. Community Mental Health Services Provider Manual, p. 2-126 (Jan. 1, 2017).</i></p>
<b>Store and Forward Reimbursement</b>	
No reference found.	<p>South Carolina Medicaid will not reimburse for store and forward due to the requirement that the beneficiary must be present and participating in the visit.</p> <p><i>Source: SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 2-56 (Mar. 1, 2017) &amp; Local Education Manual, p. 2-8 to 2-14. (Apr. 1, 2017).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found.	Medicaid Home Again Program for Community Long Term Care.



STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>Medical telemonitoring will be of body weight, blood pressure, oxygen saturation, blood glucose levels, and basic hear rate information, at a minimum. Providers must meet certain conditions to participate.</p> <p>Community Choices waiver participants must meet the following criteria to participate:</p> <ul style="list-style-type: none"> <li>• Have a primary diagnosis of Insulin Dependent Diabetes Mellitus, Hypertension, Chronic Obstructive Pulmonary Disease and/or Congestive Heart Failure; and</li> <li>• History of at least two hospitalizations and/or emergency room visits in the past 12 months; and</li> <li>• 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</li> <li>• Be capable of using the telemonitoring equipment and transmitting the necessary data or have an individual available to do so.</li> </ul> <p>Services to be provided:</p> <ul style="list-style-type: none"> <li>• Unit of service is one day of direct telemonitoring provided to/for a participant in the participant's place of residence.</li> <li>• 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.</li> <li>• Daily reimbursement rate is inclusive of monitoring of data, charting data from the monthly monitoring, visits or calls made to follow up with the participants and/or caregiver, phone calls made to primary care physician(s), all installation of the equipment in the home and training on the equipment's use and care in the home, including equipment removal.</li> <li>• Provider shall provide telemonitoring service seven days per week for authorized time period.</li> </ul> <p>Other requirements on staffing, background checks, installation and equipment are required.</p> <p><i>Source: SC Health and Human Svcs. Dept. Community Long Term Care Provider Manual, p. 6-170 (April 1, 2017).</i></p>
<b>Email/Phone/FAX</b>	
No reference found.	No reimbursement for email. No reimbursement for telephone.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>No reimbursement for FAX. No reimbursement for video cell phone interactions.</p> <p><i>Source: SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 2-56 (Mar. 1, 2017) &amp; Local Education Manual, p. 2-8 to 2-14. (Apr. 1, 2017).</i></p>
<b>Online Prescribing</b>	
<p>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.</p> <p>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-non narcotic and Schedule III-non narcotic medications.</p> <p>To establish a physician-patient relationship via telemedicine, the provider must:</p> <ul style="list-style-type: none"> <li>• Comply with HIPAA</li> <li>• Adhere to current standards of practice</li> <li>• Provide an appropriate examination</li> <li>• Verify the identity and location of the patient</li> <li>• Establish a diagnosis through the use of accepted medical practices</li> <li>• Ensure availability of follow-up care</li> <li>• Prescribe within a practice setting fully in compliance with the law.</li> </ul> <p>Schedule II and III prescriptions are not permitted except as specifically authorized by the board.</p> <p><i>Source: SC Code Annotated Sec. 40-47-37.</i></p>	<p>No reference found.</p>
<b>Consent</b>	
No reference found.	No reference found.
<b>Location</b>	
No reference found.	<p>Referring sites (also known as originating sites) must be located in the South Carolina Medical Service Area.</p> <p>Eligible originating (referring) sites:</p> <ul style="list-style-type: none"> <li>• Practitioner offices;</li> <li>• Hospitals (inpatient and outpatient);</li> <li>• Rural Health Clinics;</li> <li>• Federally Qualified Health Centers;</li> <li>• Community Mental Health Centers.</li> </ul> <p>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.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<i>Source: SC Health and Human Svcs. Dept., Physicians Provider Manual, p. 2-54 &amp; 2-55 (Mar. 1, 2017) &amp; Local Education Manual, p. 2-8 to 2-14. (Apr. 1, 2017).</i>
<b>Cross-State Licensing</b>	
The physician must be licensed in South Carolina, however they do not need to reside in South Carolina.	No reference found.
<b>Private Payers</b>	
No reference found.	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	The referring site is eligible to receive a facility fee.  <i>Source: SC Health and Human Svcs. Dept., Physicians Provider Manual, p. 2-58 (Mar. 1, 2017) &amp; Local Education Manual, p. 2-8 to 2-14. (Apr. 1, 2017).</i>
<b>Miscellaneous</b>	

**Comments:** In 2011, a new state law, SCSB 588, established a statewide system of stroke care. It requires the Department of Health and Environmental Control to distribute to emergency medical services providers a list of primary stroke centers, telemedicine stroke centers, and other certified programs.

Effective July 1, 2014 the South Carolina Department of Health and Human Services will implement a project to leverage the use of teaching hospitals to provide rural physician coverage, expand the use of telemedicine, and ensure targeted placement and support of adequate OB/GYN services.

*Source: South Carolina Healthy Connections Medicaid, Provider Alert*

## South Dakota

**Medicaid Program:** South Dakota Medicaid

**Medicaid Program Administrator:** South Dakota Dept. of Social Services

**Regional Telehealth Resource Center:**

Great Plains Telehealth Resource and Assistance Center

University of Minnesota/Institute for Health Informatics

330 Diehl Hall

505 Essex Street S.E.

Minneapolis, MN 55455

(888) 239-7092

[www.gptrac.org](http://www.gptrac.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>"Telehealth services" is a home based health monitoring system used to collect and transmit an individual's clinical data for monitoring and interpretation.</p> <p><i>Source: SD Regulation 67:40:18.</i></p> <p>"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 health care providers.</p> <p><i>Source: HB 1183 (2017).</i></p>	<p>"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."</p> <p><i>Source: SD Medical Assistance Program, Professional Svcs. Manual, p. 22 (Mar. 2017), &amp; SD Medicaid Institutional Billing Manual, p. 26 (Mar. 2017).</i></p>
<b>Live Video Reimbursement</b>	
<p>No reference found.</p> <p><i>(also see Medicaid column)</i></p>	<p>South Dakota Medicaid will reimburse for limited services at the same rate as in-person services. See manual for complete list of CPT codes.</p> <p>All telemedicine services must comply with South Dakota Medicaid's Out-Of-State Prior Authorization Requirements.</p> <p><i>Source: SD Medical Assistance Program, Professional Svcs. Manual, p. 23-24 (Mar. 2017) &amp; SD Medicaid Institutional Billing Manual, p. 27 (Mar. 2017).</i></p>
<b>Store and Forward Reimbursement</b>	
<p>No reference found.</p>	<p>South Dakota Medicaid defines telemedicine as occurring in "real time", excluding store and forward applications.</p> <p><i>Source: SD Medical Assistance Program, Professional Svcs. Manual, p. 22 (Mar. 2017).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
<b>Office of Adult Service and Aging</b>	Please see "Comments" section below.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>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:</p> <ul style="list-style-type: none"> <li>• The individual is residing at home;</li> <li>• The individual is age 60 or older or is age 18 or older with a disability; and</li> <li>• The individual is not eligible for other programs which provide the same type of service.</li> </ul> <p><i>Source: SD Regulation 67:40:19:04.</i></p>	
<b>Email/Phone/FAX</b>	
No reference found.	<p>No reimbursement for phone. No reimbursement for email. No reimbursement for facsimile.</p> <p><i>Source: SD Medical Assistance Program, Professional Svcs. Manual, p. 22 (Mar. 2017), &amp; SD Medicaid Institutional Billing Manual, p. 27 (Mar. 2017).</i></p>
<b>Online Prescribing</b>	
No reference found.	No reference found.
<b>Consent</b>	
No reference found.	No reference found.
<b>Location</b>	
No reference found.	<p>An originating site may not be located in the same community as the distant site, unless the originating site is a nursing facility. Originating sites approved for a facility fee include:</p> <ul style="list-style-type: none"> <li>• Office of a physician or practitioner</li> <li>• Outpatient hospital</li> <li>• Critical Access Hospital</li> <li>• Rural Health Clinic</li> <li>• Federally Qualified Health Center</li> <li>• Indian Health Services Clinic</li> <li>• Community Mental Health Center</li> <li>• Nursing facilities</li> </ul> <p><i>Source: SD Medical Assistance Program, Professional Svcs. Manual, p. 23 (Mar. 2017).</i></p>
<b>Cross-State Licensing</b>	
<p>An applicant who holds a valid medical license issued by another state can be licensed through reciprocity in South Dakota if:</p> <ul style="list-style-type: none"> <li>• The applicant completed a residency program in the US or Canada;</li> <li>• Has passed one of the listed licensure examinations. (Please see rule for list);</li> </ul>	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<ul style="list-style-type: none"> <li>Is in good standing with their state's professional board; and</li> <li>Has completed a state and federal criminal background investigation.</li> </ul> <p><i>Source: SD Regulation 20:78:03:12.</i></p> <p>South Dakota adopted the Federation of State Medical Board (FSMB)'s model language for an interstate medical licensure compact.</p> <p><i>Source: SD Senate Bill 63 (2015).</i></p>	
<b>Private Payers</b>	
No reference found.	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	<p>Originating sites are eligible for a facility fee.</p> <p>Originating sites include:</p> <ul style="list-style-type: none"> <li>Office of a physician or practitioner</li> <li>Outpatient hospital</li> <li>Critical Access Hospital</li> <li>Rural Health Clinic</li> <li>Federally Qualified Health Center</li> <li>Indian Health Services Clinic</li> <li>Community Mental Health Center</li> <li>Nursing facilities</li> </ul> <p><i>Source: SD Medical Assistance Program, Professional Svcs. Manual, p. 23 (Mar. 2017).</i></p>
<b>Miscellaneous</b>	

**COMMENTS:** South Dakota's Department of Health and Human Services, Adult Services and Aging offers reimbursement for a home based monitoring system that monitors an individual's clinical data daily; such as heart rate, blood pressure, oxygen saturation, temperature, weight and can be a medication reminder depending on the unit available.

Telehealth includes equipment rental and the set up and availability of a nurse's time to monitor and provide feedback to the individual, their family, and/or consultation with the individual's physician and the Adult Services and Aging Specialist.

*Source: SD Dept. of Social Services, Dept. of Adult Services & Aging, Telehealth Technology (Accessed Mar.2016).*

# Tennessee

## Medicaid Program: TennCare

Note: TennCare is operated entirely as a managed care program.

**Medicaid Program Administrator:** Dept. of Human Services

## Regional Telehealth Resource Center:

South Central Telehealth Resource Center

4301 W. Markham St. #519

Little Rock, AR 72205

(855) 664-3450

[learntelehealth.org](http://learntelehealth.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>Telehealth means the use of real-time interactive audio, video or other telecommunications or electronic technology, or store and forward telemedicine services 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 and does not include audio only conversation; an electronic mail message or facsimile transmission.</p> <p><i>Source: TN Code Annotated, Title 56, Ch. 7, Part 10.</i></p> <p>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.</p> <p><i>Source: TN Rule Annotated, Rule 0880-02.-16.</i></p>	<p>“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.”</p> <p>“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.”</p> <p><i>Source: TN Dept. of Mental Health and Substance Abuse Svcs., p. 4, (July 2012) (Accessed Mar. 2017).</i></p>
<b>Live Video Reimbursement</b>	
<p>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.</p> <p><i>Source: TN Code Annotated, Title 56, Ch. 7, Part 10.</i></p>	<p>TennCare will reimburse for live video for crisis-related services.</p> <p><i>Source: TN Dept. of Mental Health and Substance Abuse Svcs., p. 4, (July 2012) (Accessed Mar. 2017).</i></p> <p>TennCare services are offered through managed care entities. Each MCO has their own unique telehealth policy.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
(also see Private Payer section)	
<b>Store and Forward Reimbursement</b>	
<p>Health insurance entities required to cover telehealth services, which by definition includes store-and-forward.</p> <p><i>Source: TN Code Annotated, Title 56, Ch. 7, Part 10.</i></p>	<p>TennCare will not reimburse for store and forward based upon definition of “telehealth systems” which describes it as “live interactive video”.</p> <p><i>Source: TN Dept. of Mental Health and Substance Abuse Svcs., p. 4, (July 2012) (Accessed Mar. 2017).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found.	No reference found.
<b>Email/Phone/FAX</b>	
<p>Telemedicine is not an audio only telephone conversation, email/instant messaging conversation or fax.</p> <p><i>Source: TN Rule Annotated, Rule 0880-02.-16. <a href="http://share.tn.gov/sos/rules_filings/08-03-16.pdf">http://share.tn.gov/sos/rules_filings/08-03-16.pdf</a>.</i></p>	No reference found.
<b>Online Prescribing</b>	
<p>Prior to online or telephone prescribing, providers must document and:</p> <ul style="list-style-type: none"> <li>• Perform an appropriate history and physical examination;</li> <li>• Make a diagnosis, consistent with good medical care;</li> <li>• Formulate a therapeutic plan and discuss it with the patient;</li> <li>• Ensure the availability for appropriate follow-up care.</li> </ul> <p><i>Source: TN Composite Rules &amp; Regulations 0880-02.-14.</i></p> <p>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.</p> <p><i>Source: TN Rule Annotated, Rule 0880-02.-16.</i></p> <p>If otherwise authorized by law, a physician may prescribe by means of telemedicine, however with respect to controlled substances, the physician must comply with requirements and guidelines set out in state and federal law.</p> <p><i>Source: TN Bill SB 1223/HB 699 (2015).</i></p>	No reference found.
<b>Consent</b>	
No reference found.	The patient must be informed and given an opportunity to request an in-person assessment before receiving a telehealth assessment.



STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>This consent must be documented in the patient's record.</p> <p><i>Source: TN Dept. of Mental Health and Substance Abuse Svcs., p. 8, (July 2012) (Accessed Mar. 2017).</i></p>
<b>Location</b>	
No reference found.	No reference found.
<b>Cross-State Licensing</b>	
<p>Tennessee may issue telemedicine licenses to board-certified physicians from out of state (although not required to do so).</p> <p><i>Source: TN Code Annotated Sec. 63-6-209(b).</i></p> <p>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.</p> <p><i>Source: TN Rule Annotated, Rule 0880-02.-16.</i></p> <p>The TN Osteopathic Board will still issue a telemedicine license.</p> <p><i>Source: TN Rule Annotated, Rule 1050.02.17.</i></p>	No reference found.
<b>Private Payers</b>	
<p>Health insurance entities (including managed care organizations) participating in the medical assistance program are required to provide coverage for telehealth delivered services in a manner that is consistent with the health insurance policy or contract provided for in-person services.</p> <p><i>Source: TN Code Annotated, Title 56, Ch. 7, Part 10.</i></p>	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	No reference found.
<b>Miscellaneous</b>	
<p>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.”</p> <p>Initial and subsequent examinations by dentists may be</p>	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
performed via teledentistry technology. <i>Source: TN Code Annotated 976. SB 1214 (2016).</i>	

# Texas

**Medicaid Program:** Texas Medicaid

**Medicaid Program Administrator:** Texas Health and Human Services Commission

**Regional Telehealth Resource Center:**

TexLa Telehealth Resource Center  
3601 4<sup>th</sup> Street, Ste. 2B440  
Lubbock, TX 79430  
(806) 743-4440/(877) 391-0487

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>Telemedicine is “the use of health care information exchanged from one site to another via electronic communications for the health and education of the individual or provider, and for the purpose of improving patient care, treatment, and services.”</p> <p><i>Source: TX Admin. Code, Title 25 Sec. 412.303.</i></p> <p>“Telemedicine medical service--A health care service, initiated by a physician who is licensed to practice medicine in Texas under Title 3, Subtitle B of the Occupations Code 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:</p> <ul style="list-style-type: none"> <li>• Compressed digital interactive video, audio, or data transmission;</li> <li>• Clinical data transmission using computer imaging by way of still-image capture and store and forward; and</li> <li>• Other technology that facilitates access to health care services or medical specialty expertise.”</li> </ul> <p><i>Source: TX Admin. Code, Title 1 Sec. 354.1430</i></p> <p><b><u>Speech-Language Pathology and Audiology</u></b> 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 an individual from a provider through hardware or internet connection.”</p> <p><i>Source: TX Admin. Code, Title 22 Sec. 741.1.</i></p>	<p>"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:</p> <ul style="list-style-type: none"> <li>• Compressed digital interactive video, audio, or data transmission;</li> <li>• Clinical data transmission using computer imaging by way of still-image capture and store and forward; and</li> <li>• Other technology that facilitates access to health care services or medical specialty expertise.</li> </ul> <p><i>Source: TX Government Code, Sec. 531.001 &amp; TX Admin. Code, Title 1 Sec. 354.1430 &amp; TX Medicaid Telecommunication Services Handbook, pg. 6, (Apr. 2017).</i></p> <p>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:</p> <ul style="list-style-type: none"> <li>• Client assessment by a health professional</li> <li>• Diagnosis, consultation or treatment by a physician</li> <li>• 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.</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>Telehealth services--The fitting and dispensing of hearing instruments through telepractice to a client who is physically located at a site other than the site where the provider is located.</p> <p><i>Source: TX Admin. Code, Ch. 112, Sec.112.150. (2016).</i></p> <p><b>Occupational Therapy</b></p> <p>Telehealth is a “mode of service delivery through the use of visual and auditory, real time interactive electronic information/communications technologies. As a mode of service delivery, telehealth is contact with the client and the occupational therapy practitioner(s). 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.”</p> <p><i>Source: TX Admin. Code, Title 40 Sec. 362.1. (2016).</i></p>	<p><i>Source: TX Admin. Code, Title 1 Sec. 354.1430 &amp; TX Medicaid Telecommunication Services Handbook, pg. 5, (Apr. 2017).</i></p> <p>"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:</p> <ul style="list-style-type: none"> <li>• Compressed digital interactive video, audio, or data transmission;</li> <li>• Clinical data transmission using computer imaging by way of still-image capture and store and forward; and</li> <li>• Other technology that facilitates access to health care services or medical specialty expertise.</li> </ul> <p><i>Source: TX Government Code, Sec. 531.001.</i></p> <p>Home telemonitoring is “a health service that requires scheduled remote monitoring of data related to patient's health and transmission of the data to a licensed home health agency or a hospital”.</p> <p><i>Source: TX Government Code, Sec. 531.001.</i></p>
<b>Live Video Reimbursement</b>	
<p>(see Medicaid column)</p>	<p>Texas Medicaid reimburses for live video for the following services:</p> <ul style="list-style-type: none"> <li>• Consultations;</li> <li>• Office or other outpatient visits;</li> <li>• Psychiatric diagnostic interviews;</li> <li>• Pharmacologic management;</li> <li>• Psychotherapy</li> <li>• Data transmission</li> </ul> <p><i>Source: TX Admin. Code, Title 1, Sec. 354.1432 &amp; TX Govt. Code Sec. 531.0216. (2016).</i></p> <p>Telemedicine eligible distant site providers:</p> <ul style="list-style-type: none"> <li>• Physician</li> <li>• Certified Nutrition Specialist</li> <li>• Nurse Practitioner</li> <li>• Physician Assistant</li> <li>• Certified Nurse Midwife</li> </ul> <p><i>Source: TX Medicaid Telecommunication Services Handbook, pg. 5, (Apr. 2017). (Accessed Mar. 2017).</i></p> <p>Telehealth eligible distant site providers</p> <ul style="list-style-type: none"> <li>• Licensed professional counselors</li> <li>• Licensed marriage and family therapist</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> <li>• Licensed clinical social worker</li> <li>• Psychologist</li> <li>• Licensed psychological associate</li> <li>• Provisionally licensed psychologist</li> <li>• Licensed dietician</li> </ul> <p><i>Source: TX Medicaid Telecommunication Services Handbook, pg. 7, (Apr. 2017).</i></p> <p>Eligible originating sites (Telecommunication):</p> <ul style="list-style-type: none"> <li>• Established medical site</li> <li>• State mental health facility</li> <li>• State supported living center</li> </ul> <p><i>Source: TX Medicaid Telecommunication Services Handbook. P. 5-6 (Apr. 2017).</i></p> <p>Telemedicine eligible originating (patient) site providers:</p> <ul style="list-style-type: none"> <li>• Physicians;</li> <li>• Physician assistants;</li> <li>• Nurse practitioners;</li> <li>• Clinical nurse specialists;</li> <li>• Outpatient providers</li> </ul> <p><i>Source: TX Admin Code. Title 1, Sec. 355.7001 and TX Medicaid Telecommunication Services Handbook, pg. 6 (Apr. 2017).</i></p> <p>Telehealth eligible originating site presenter:</p> <ul style="list-style-type: none"> <li>• An individual who is licensed or certified in Texas to perform health care services</li> <li>• A qualified mental health professional</li> </ul> <p>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.</p> <p><i>Source: TX Medicaid Telecommunication Services Handbook, pg. 8 (July. 2016).</i></p> <p>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.</p> <p><i>Source: TX Medicaid Telecommunication Services Handbook, pg. 4, (Apr. 2017).</i></p> <p>There is distant-site physician reimbursement for assessment and evaluation office visit if:</p> <ul style="list-style-type: none"> <li>• A health professional under the physician's supervision is present with the patient for the visit;</li> <li>• The medical condition, illness, or injury for which</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>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.</p> <p><i>Source: TX Govt. Code Sec. 531.0217.</i></p> <p>Provider reimbursement must be the same as in-person services.</p> <p><i>Source: TX Admin. Code, Title 1 Sec. 355.7001.</i></p> <p>Telemedicine services are not required if an in-person consultation with a physician is reasonably available where the patient resides or works.</p> <p>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.</p> <p>With patient consent, the primary care provider must be notified of the telemedicine medical service for the purpose of sharing medical information.</p> <p><i>Source: TX Govt. Code Sec. 531.0217.</i></p> <p>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 mental health diagnosis or condition.</p> <p><i>Source: TX Admin. Code, Title 1, Sec. 354.1432 &amp; TX Medicaid Telecommunication Services Handbook, pg. 6 (Apr. 2017).</i></p>
<b>Store and Forward Reimbursement</b>	
(see Medicaid column)	<p>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.”</p> <p><i>Source: TX Medicaid Telecommunication Services Handbook, pg. 4, (Apr. 2017).</i></p> <p>TX Government Code includes a definition of “Telemedicine Medical Service” and “Telehealth Services” 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”.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><i>Source: TX Government Code, Sec. 531.001.</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
<p>No reference found.</p>	<p>Texas Medicaid will reimburse for home telemonitoring in the same manner as their other professional services provided by a home health agency.</p> <p><i>Source: TX Admin Code, Title 1, Sec. 355.7001.</i></p> <p>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.</p> <p>Data must be reviewed by a registered nurse, nurse practitioner, clinical nurse specialist, or physician assistant who is responsible for reporting data to the prescribing physician in the event of a measurement outside the established parameters.</p> <p>The procedure code is limited to once per seven days.</p> <p>Scheduled periodic reporting of client data to the physician is required.</p> <p>Setup and daily monitoring is reimbursed when provided by a home health agency or outpatient hospital.</p> <p>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).</p> <p><i>Source: TX Medicaid Telecommunication Services Handbook, pg. 8-9, (Apr. 2017).</i></p> <p>Home Telemonitoring is available only to patients who:</p> <ul style="list-style-type: none"> <li>• Are diagnosed with diabetes, hypertension; or</li> <li>• 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.</li> </ul> <p>Patients that meet the above criteria must exhibit two or more of the following risk factors:</p> <ul style="list-style-type: none"> <li>• Two or more hospitalizations in the prior 12 month period</li> <li>• Frequent or recurrent emergency room admissions</li> <li>• A documented history of poor adherence to ordered medication regimens</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> <li>• A documented history of falls in the prior six month period</li> <li>• Limited or absent informal support system</li> <li>• Living alone or being home alone for extended periods of time; and</li> <li>• A documented history of care access challenges</li> </ul> <p>Providers must be enrolled and approved as home telemonitoring services providers.</p> <p>The home health agency must maintain extensive documentation in the patient's medical record.</p> <p><i>Source: TX Admin Code, Title 1, Sec. 354.1434 &amp; TX Medicaid Telecommunication Services Handbook, pg. 9, (Apr. 2017).</i></p>
<b>Email/Phone/FAX</b>	
<p>For speech-language pathology and audiology, no reimbursement for correspondence only, e.g., telephone, email, or FAX, although they may be adjuncts to tele-practice.</p> <p><i>Source: TX Admin. Code, Title 22, Sec. 741.214. TX Admin. Code, Ch. 112, Sec.112.150. (2016).</i></p>	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX. No reimbursement for chart review.</p> <p><i>Source: TX Medicaid Telecommunication Services Handbook, pg. 4, (Apr. 2017).</i></p>
<b>Online Prescribing</b>	
<p>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 traditional in-person clinical settings.</p> <p>Online or telephone evaluations solely by questionnaire are prohibited.</p> <p><i>Source: TX Admin. Code, Title 22, Sec. 174.8.</i></p> <p>A physician-patient relationship (needed to prescribe any dangerous drug or controlled substance) requires either an in-person exam or the patient to be located at an Established Medical Site. This does not apply for mental health services, except in cases of behavioral emergencies.</p> <p><i>Source: TX Admin. Code, Title 22, Part 9, Ch. 190 (Injunction filed).</i></p>	<p>No reference found.</p>
<b>Consent</b>	
<p>Consent required prior to telemedicine or telehealth services.</p> <p>Either originating or distant site health professionals shall obtain this consent.</p> <p>For a child receiving telemedicine services in a primary school based setting, advance parent or legal guardian</p>	<p>No reference found.</p>



STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>consent must be obtained.</p> <p><i>Source: TX Occupational Code Sec. 111.002. TX Admin. Code, Title 1, Sec. 354.1432. (2016).</i></p>	
<b>Location</b>	
<p>An established medical site may include the patient's home, including a group or institutional setting, for the delivery of mental health services. If for other medical services other than mental health services, the patient's home or group or institutional setting may be an established medical site if:</p> <ul style="list-style-type: none"> <li>• A patient site presenter is present;</li> <li>• There is a defined physician-patient relationship</li> <li>• The patient site presenter has sufficient communication and remote medical diagnostic technology to allow the physician to carry out an adequate physical examination appropriate for the patient's presenting condition while seeing and hearing the patient in real time.</li> </ul> <p><i>Source: TX Administrative Code Sec. Title 22 Section 174.6.</i></p> <p><i>(See Medicaid column)</i></p>	<p>Telemedicine/Telehealth eligible originating (patient) sites:</p> <ul style="list-style-type: none"> <li>• An established medical site</li> <li>• A state mental health facility</li> <li>• State supported living centers.</li> </ul> <p><i>Source: TX Medicaid Telecommunication Services Handbook, pg. 5-6, (Feb. 2016). TX Admin. Code, Title 1, Sec. 354.1432.</i></p> <p>Services may take place in a school-based setting if:</p> <ul style="list-style-type: none"> <li>• The physician is an authorized health care provider under Medicaid;</li> <li>• The patient is a child who receives the service in A primary or secondary school-based setting;</li> <li>• The parent or legal guardian of the patient provides consent before the service is provided; and</li> <li>• A health professional is present with the patient during treatment.</li> </ul> <p>There must be a patient site presenter, with the exception of mental health services.</p> <p><i>Source: TX Bill HB 1878(2015); 1 TAC Sec. 355.7001; &amp; TAC 354.1432.</i></p>
<b>Cross-State Licensing</b>	
<p>A telemedicine license may be issued for out of state providers.</p> <p><i>Source: TX Admin. Code, Title 22, Sec. 172.12 &amp; TX Occupation Code Section 151.056.</i></p>	<p>No reference found.</p>
<b>Private Payers</b>	
<p>Requires coverage of telemedicine services, subject to contract terms and conditions.</p> <p><i>Source: TX Insurance Code Sec. 1455.004.</i></p>	<p>No reference found.</p>
<b>Site/Transmission Fee</b>	
<p><i>(see Medicaid column)</i></p>	<p>Telemedicine patient site locations are reimbursed a facility fee.</p> <p><i>Source: TX Admin. Code, Title 1 Sec. 355.7001 &amp; TX Medicaid Telecommunication Services Handbook, pg. 6 (Apr. 2017).</i></p>
<b>Miscellaneous</b>	
	<p><u>Children's Health Insurance Program</u></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>Allows reimbursement for live video telemedicine and telehealth services to children with special health care needs.</p> <p><i>Source: TX Govt. Code Sec. 531.02162</i></p> <p>Must use the “95” modifier for telemedicine/telehealth services (except for services that already indicate remote delivery in the description).</p> <p><i>Source: TX Medicaid Telecommunication Services Handbook, pg. 5 (Apr. 2017).</i></p>

**Comments:** Professional Board Telehealth-Specific Regulations

- TX Medical Board (*Source: TX Admin. Code, Title 22, Part 9, Ch. 190*)
- TX Board of Speech Pathology and Audiology (*Source: TX Admin. Code, Ch. 112, Sec.112.150. (2016).*)
- TX Board of Occupational Therapy Examiners (*Source: TX Admin. Code, Title 3, Subtitle H, Ch. 372.1*)

Legislation established a pilot project to provide emergency medical services instruction and emergency prehospital care instruction through a telemedicine medical service provided by regional trauma resource centers to:

- Health care providers in rural area trauma facilities and
- Emergency medical services providers in rural areas.

*Source: TX Bill HB 479 (2015)).*

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, Ch. 112, Sec.351.801. (2016).*

# Utah

**Medicaid Program:** Utah Medicaid

**Medicaid Program Administrator:** Utah Dept. of Health

**Regional Telehealth Resource Center:**

Northwest Regional Telehealth Resource Center  
2900 12<sup>th</sup> Ave. N., Ste. 30W  
Billings, MT 59101  
(888) 662-5601  
[www.nrtrc.org](http://www.nrtrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>"Digital health service means the electronic transfer, exchange, or management of related data for diagnosis, treatment, consultation, educational, public health, or other related purposes."</p> <p><i>Source: UT Code Annotated Sec. 26-9f-102.</i></p> <p><b><u>Recently Passed Legislation (Effective May 9, 2017)</u></b></p> <p>"Telehealth services" means the transmission of health-related services or information through the use of electronic communication or information technology.</p> <p>"Telemedicine services" means telehealth services including:</p> <ul style="list-style-type: none"> <li>• Clinical care;</li> <li>• Health education;</li> <li>• Health administration;</li> <li>• Home health; or</li> <li>• Facilitation of self-managed care and caregiver support; and...</li> </ul> <p>Must be provided by a provider to a patient through a method of communication that:</p> <ul style="list-style-type: none"> <li>• Uses asynchronous store and forward transfer; or</li> <li>• Uses synchronous interaction; and...</li> </ul> <p>Meets industry security and privacy standards, including compliance with:</p> <ul style="list-style-type: none"> <li>• The federal Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, 110 Stat. 1936, as amended; and</li> <li>• The federal Health Information Technology for Economic and Clinical Health Act, Pub. L. No. 111-5, 123 Stat. 226, 467, as amended.</li> </ul> <p><i>Source: Utah Code, Sec. 26-59-102 (HB 154 – 2017).</i></p>	<p>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.</p> <p><i>Source: Utah Medicaid Provider Manual: Home Health Agencies, p. 18 (Jan. 2016). (Accessed Mar. 2017).</i></p> <p>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."</p> <p><i>Source: Utah Medicaid Provider Manual: Section I: General Information, p. 47 (Jan. 2017). (Accessed Mar. 2017).</i></p>

Live Video Reimbursement	
<p>Providers are eligible for reimbursement under Utah’s Medical Assistance Program.</p> <p><i>Source: UT Code Annotated Sec. 26-18-13.</i></p> <p><b><u>Recently Passed Legislation (Effective May 9, 2017)</u></b> 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.</p> <p><i>Source: UT Code 31A-22-613.5 (HB 154 – 2017).</i></p>	<p>Utah Medicaid covers medically necessary services delivered via telemedicine delivered by an authorized provider.</p> <p>Services include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Consultation services</li> <li>• Evaluation and management services</li> <li>• Mental health services</li> <li>• Substance use disorder services</li> </ul> <p>Limitations:</p> <ul style="list-style-type: none"> <li>• Must be HIPAA compliant</li> <li>• Must comply with Utah Health Information Network Standards for Telehealth</li> </ul> <p>The provider at the originating site receives no additional reimbursement for the use of telemedicine.</p> <p><i>Source: Utah Medicaid Provider Manual: Section I: General Information, p. 47 (Jan. 2017). (Accessed Mar. 2017).</i></p> <p><b><u>Recently Passed Legislation (Effective May 9, 2017)</u></b> The Medicaid program is required to reimburse for personal mental health therapy office visits provided through telemedicine services at a rate set by the Medicaid program (includes managed care plans). Also see Misc. section.</p> <p><i>Source: UT Code 26-18-13.5 (HB 154 – 2017).</i></p>
Store and Forward Reimbursement	
<p>No reference found.</p>	<p>Utah Medicaid defines telemedicine as “two-way, real time interactive communication” excluding store and forward from the definition.</p> <p><b><u>Home Health:</u></b> Asynchronous transmission of telehealth data such as radiology or electrocardiogram is not a covered service for the Medicaid Telehealth home health care project.</p> <p><i>Source: Utah Medicaid Provider Manual: Home Health Agencies, p. 20 (Jan. 2016). (Accessed Mar. 2017).</i></p>
Remote Patient Monitoring Reimbursement	
<p>(see Medicaid column)</p>	<p><b><u>Skilled Nurse Pilot Project for Patients in Rural Areas</u></b> There is reimbursement in the UT Medicaid Telehealth Skilled Nurse Pilot Project for Patients in Rural Areas. Beneficiaries diagnosed with diabetes are eligible for participation. Utilization management preauthorization required.</p> <p>Patient eligibility requirements:</p> <ul style="list-style-type: none"> <li>• Patients diagnosed with diabetes and meets criteria (see below)</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> <li>• Live in a rural area</li> <li>• Requires two or more home care nursing visits per week</li> <li>• Agrees to participate in Telehealth home care services</li> </ul> <p>Participation Criteria:</p> <ul style="list-style-type: none"> <li>• Must be physically able to use equipment</li> <li>• Ability to follow directions, push two colored buttons</li> <li>• Hear and see</li> <li>• Apply the blood pressure cuff or stethoscope appropriately</li> <li>• Want to participate in the telehealth project</li> <li>• If patient is unable to use equipment, may still be included in pilot if they have a full time care giver.</li> <li>• Skilled nurse must determine if beneficiary care needs and quality of care delivery will be met through telehealth.</li> </ul> <p>The following services are covered for Telehealth home care patients:</p> <ul style="list-style-type: none"> <li>• Monitoring for compliance in taking medications, foot condition/assessment of wounds or inflamed areas, blood glucose monitoring</li> <li>• Education which may include a review in knowledge of the disease process, diet or nutritional counseling</li> <li>• Exercise and activity, diet /activity adjustment in illness/stress, medication, and glucometer use evaluation</li> <li>• RN visits are covered for Telehealth home care reimbursement.</li> </ul> <p>Home health care has a four-hour limit for all education purposes, which may include some diabetes training.</p> <p><i>Source: Utah Medicaid Provider Manual: Home Health Agencies, p. 18-20 (Jan. 2016). (Accessed Mar. 2017).</i></p> <p>Home telemetry for outpatient long-term cardiac monitoring is allowed with prior authorization. Criteria include:</p> <ul style="list-style-type: none"> <li>• Must be ordered by a BC/BE neurologist</li> <li>• Client must have had a stroke or TIA with no identifiable cause</li> <li>• Client should have already had 24 hour monitoring done previously</li> <li>• Client should not be currently taking anti-coagulated or Warfarin for any other reason</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> <li>• Client should not have a known contraindication for Warfarin</li> <li>• Outpatient long-term cardiac monitoring may only be authorized for the 30 day test</li> <li>• Data from the test must be reviewed and interpreted by a BC/BE cardiologist</li> </ul> <p><i>Source: Utah Medicaid Provider Manual: Physician Manual, p. 65 (Jul. 2016). (Accessed Mar. 2017).</i></p> <p>Patients must need more than two home health agency visits per week. Telehealth home health services are limited to diabetic monitoring and education. The agency must provide at least two in-person visits per week by a home health nurse, and may use telehealth home health services only as a supplement to the in-person visits.</p> <p><i>Source: UT Admin. Code R414-42-3. (Accessed Mar. 2017).</i></p>
<b>Email/Phone/FAX</b>	
No reference found.	No reference found.
<b>Online Prescribing</b>	
<p><b><u>Recently Passed Legislation (Effective May 9, 2017)</u></b>  Before providing treatment or prescribing a prescription drug, provider must:</p> <ul style="list-style-type: none"> <li>• Obtain and document patient's relevant clinical history and current symptoms;</li> <li>• Be available to a patient who receives telehealth services for subsequent care related to the initial telemedicine services, in accordance with community standards of practice;</li> <li>• Be familiar with available medical resources, including emergency resources near the originating site, in order to make appropriate patient referrals when medically indicated; and</li> <li>• Make available to each patient receiving telehealth services the patient's medical records.</li> </ul> <p><i>Source: Utah Code, Sec. 26-59-103 (HB 154 – 2017).</i></p> <p>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.</p> <p>Internet-based questionnaires or interactions on toll-free telephone numbers, when there exists no other bona fide patient-practitioner relationship or bona fide referral by a practitioner involved in an existing patient-practitioner relationship, are prohibited.</p> <p><i>Source: UT Code Annotated Sec. 58-1-501.</i></p>	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Consent</b>	
No reference found.	No reference found.
<b>Location</b>	
No reference found.	No reference found.
<b>Cross-State Licensing</b>	
<p>An out-of-state physician may practice without a Utah license if:</p> <ul style="list-style-type: none"> <li>• The physician is licensed in another state, with no licensing action pending and at least 10 years of professional experience;</li> <li>• The services are rendered as a public service and for a noncommercial purpose;</li> <li>• No fee or other consideration of value is charged, expected or contemplated, beyond an amount necessary to cover the proportionate cost of malpractice insurance;</li> <li>• The physician does not otherwise engage in unlawful or unprofessional conduct.</li> </ul> <p><i>Source: UT Code Annotated Sec. 58-67-305.</i></p> <p>A mental health therapist licensed in another state can provide short term transitional mental health therapy or transitional substance use disorder counseling remotely if:</p> <ul style="list-style-type: none"> <li>• The mental health therapist is present in the state where he/she is licensed;</li> <li>• The client relocates to Utah, and was a client immediately before the relocation;</li> <li>• The therapy or counseling is provided for a maximum of 45 days after the client relocates;</li> <li>• 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</li> <li>• The mental health therapist does not engage in unlawful or unprofessional conduct.</li> </ul> <p><i>Source: Laws of UT. 68-61-307</i></p> <p>Utah adopted the Federation of State Medical Board (FSMB)'s model language for an interstate medical licensure compact.</p> <p><i>Source: UT House Bill 121 (2015). MN Statute Sec 58-67b-101-125.</i></p> <p>Utah adopted the Psychology Interjurisdictional Compact.</p>	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<i>Source: UT 58-61b-101 (SB 106 – 2017).</i>	
<b>Private Payers</b>	
No reference found.	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	<p>The provider at the originating site receives no additional reimbursement for the use of telemedicine.</p> <p><i>Source: Utah Medicaid Provider Manual: Section I: General Information, p. 47 (Jan. 2017). (Accessed Mar. 2017).</i></p> <p><b>Home Health Services:</b> No payment made for transmission expense or facility charge.</p> <p><i>Source: Utah Medicaid Provider Manual: Home Health Agencies, p. 20 (Jan. 2016). (Accessed Mar. 2017).</i></p>
<b>Miscellaneous</b>	
<p>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.</p> <p>These policies shall address security, access and retention of telemetric data, and define the privileging of all health professionals who participate in telemedicine.</p> <p><i>Source: UT Code R432-100-33.</i></p> <p>A Health Reform Task Force (comprised of House and Senate members) shall review and make recommendations on telehealth services.</p> <p><i>Source: UT Code Annotated Sec. 49.1(b) HB 0036.</i></p> <p><b><u>Recently Passed Legislation (Effective May 9, 2017)</u></b> UT Department of Health is required to issue a RFP for telehealth grant proposals to develop and implement a telehealth pilot project in the state.</p> <p><i>Source: UT Code, Sec. 26-59-101 (HB 345 – 2017).</i></p>	<p><b><u>Recently Passed Legislation</u></b> Before Dec. 1, 2017, the Medicaid program must issue a report on the results of reimbursement of telemedicine personal mental health therapy office visits, among other components.</p> <p><i>Source: UT Code 26-18-13.5 &amp; 26-59-105 (HB 154 – 2017).</i></p>

**COMMENTS:**

During the 2016 legislative session the Utah Education and Telehealth Network was appropriated \$1,160,000 in one time funding.

*Source: UT HB Bill 277 (2016).*



## Vermont

**Medicaid Program:** Vermont Medicaid

**Medicaid Program Administrator:** State Dept. of Vermont Health Access, under the Agency of Human Services.

**Regional Telehealth Resource Center:**

Northeast Telehealth Resource Center  
11 Parkwood Drive  
Augusta, ME 04330  
(800) 379-2021  
[www.netrc.org](http://www.netrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>"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."</p> <p><i>Source: VT Statutes Annotated, Title 8 Sec. 4100k (2012).</i></p>	<p>Telemedicine is defined in Act 107 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 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."</p> <p><i>Source: Dept. of VT Health Access, Green Mountain Care Provider Manual, p. 103 (Feb. 10, 2017). (Accessed Mar. 2017).</i></p>
<b>Live Video Reimbursement</b>	
<p>Private payers must reimburse for live video.</p> <p><i>Source: VT Statutes Annotated, Title 8 Sec. 4100k (2012).</i></p> <p>In order to facilitate the use of telemedicine in treating substance use disorder, health insurers and the Department of Vermont Health Access shall ensure that both the treating clinician and the hosting facility are reimbursed for the services rendered, unless the health care providers at both the host and service sites are employed by the same entity.</p> <p><i>Source: VT Statutes Annotated, Title 8 Sec. 4100k No. 173 (2016).</i></p> <p>(See "Private Payers" section)</p>	<p>Live video is reimbursed.</p> <p>Originating site providers are required to document the reason the service is being provided by telemedicine rather than in person.</p> <p><i>Source: Dept. of VT Health Access, Green Mountain Care Provider Manual, p. 103 (Feb. 10, 2017). (Accessed Mar. 2017).</i></p> <p>Live video for the provision of primary care services outside of a health care facility will be reimbursed. Coverage shall comply with federal requirements imposed by the Center for Medicare and Medicaid Services which limits certain services and providers for reimbursement.</p> <p><i>Source: VT Bill S. 139 (2015).</i></p>
<b>Store and Forward Reimbursement</b>	
<p>Allows, but doesn't require, reimbursement for tele-ophthalmology and tele-dermatology.</p> <p>Allows payers to require the distant site provider to document the reason the services are being provided by store and forward.</p>	<p>No reimbursement for tele-ophthalmology or tele-dermatology; no reference to other store and forward technologies.</p> <p><i>Source: Dept. of VT Health Access, Green Mountain Care Provider Manual, p. 103 (Feb. 10, 2017). (Accessed Mar. 2017)</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<i>Source: VT Statutes Annotated, Title 8 Sec. 4100k (2012).</i>	
<b>Remote Patient Monitoring Reimbursement</b>	
<p>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.</p> <p><i>Source: VT Statutes Annotated Title 33 Sec. 1901k).</i></p>	<p>Home telemonitoring is a Medicaid benefit.</p> <p>Qualified providers are home health agencies enrolled with Vermont Medicaid.</p> <p>The following healthcare professionals can review data:</p> <ul style="list-style-type: none"> <li>• Registered nurse</li> <li>• Nurse practitioner</li> <li>• Clinical nurse specialist</li> <li>• Licensed practice nurse under supervision of RN</li> <li>• Physician assistant</li> </ul> <p><i>Source: Code of VT Rules Sec. 13-170-770 &amp; Dept. of VT Health Access, Green Mountain Care Provider Manual, p. 138-139 (Feb. 10, 2017). (Accessed Mar. 2017)</i></p> <p>Individuals receiving Medicaid telemonitoring must:</p> <ul style="list-style-type: none"> <li>• Have Medicaid as primary insurance or be dually eligible with non-home bound status; and</li> <li>• Have congestive heart failure; and</li> <li>• Be clinically eligible for home health services; and</li> <li>• Have a physician's plan of care with an order for telemonitoring services</li> </ul> <p><i>Source: Dept. of VT Health Access, Green Mountain Care Provider Manual, p. 137 (Feb. 10, 2017). (Accessed Mar. 2017).</i></p>
<b>Email/Phone/FAX</b>	
<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: VT Statutes Annotated, Title 8 Sec. 4100k (2012).</i></p>	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: Dept. of VT Health Access, Green Mountain Care Provider Manual, p. 103 (Feb. 10, 2017). (Accessed Mar. 2017)</i></p>
<b>Online Prescribing</b>	
<p>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.</p> <p>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.</p> <p><i>Source: VT Statutes Annotated, Title 18 Sec. 9361 (2012).</i></p>	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Consent</b>	
<p>Originating site providers must obtain consent for store and forward tele-ophthalmology or tele-dermatology.</p> <p>Patients will be informed of the right to receive a consult with the distant-site provider, and will receive one, upon request, either at the time of the consult, or within a reasonable time after notification of the results of the initial consult.</p> <p>Receiving tele-dermatology or tele-ophthalmology services by store and forward shall not preclude a patient from receiving real-time telemedicine, or face-to-face services with the distant site provider at a future date.</p> <p><i>Source: VT Statutes Annotated, Title 18 Sec. 9361 (2012).</i></p>	<p>No reference found.</p>
<b>Location</b>	
<p>No reference found.</p>	<p>Certain primary care services may be provided outside of a health care facility.</p> <p><i>Source: VT Bill S. 139 (2015).</i></p> <p>For primary care services billed outside of a health care facility, certain requirements must be met</p> <ul style="list-style-type: none"> <li>• Must complete a telemedicine application</li> <li>• To be eligible a provider must be: <ul style="list-style-type: none"> <li>○ Medicaid-enrolled provider</li> <li>○ Licensed physician, naturopathic physician, advanced practice registered nurse, or physician assistant</li> <li>○ Physicians must be Board certified</li> <li>○ Physician assistants must have supervision who is board certified</li> <li>○ APRNs must have their advanced degree in a primary care specialty.</li> </ul> </li> </ul> <p><i>Source: Dept. of VT Health Access, Green Mountain Care Provider Manual, p. 103 (Feb. 10, 2017). (Accessed Mar. 2017).</i></p>
<b>Cross-State Licensing</b>	
<p>No reference found.</p>	<p>No reference found.</p>
<b>Private Payers</b>	
<p>Requires coverage of telemedicine services, subject to contract terms and conditions.</p> <p><i>Source: VT Statutes Annotated, Title 8 Sec. 4100k (2012).</i></p>	<p>No reference found.</p>
<b>Site/Transmission Fee</b>	
<p>No reference found.</p>	<p>Originating site providers are required to document the reason the service is being provided by telemedicine rather than in person and may be reimbursed a facility fee.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><i>Dept. of VT Health Access, Green Mountain Care Provider Manual, p. 103 (Feb. 10, 2017). (Accessed Mar. 2017).</i></p>
<b>Miscellaneous</b>	
<p>The Department of Vermont Health Access is required to reimburse the hosting facility for services rendered.</p> <p><i>Source: VT Statutes Annotated, Title 8 Sec. 4100k No. 173 (2016)</i>  <a href="http://legislature.vermont.gov/statutes/section/08/107/04100k">http://legislature.vermont.gov/statutes/section/08/107/04100k</a></p>	<p>The Department of Vermont Health Access and the Green Mountain Care Board is tasked with considering the implementation of pilot projects using telemedicine. Among other things, the pilot project should consider the scope of services that should be provided using telemedicine outside of a health care facility including possibly equipping home health agency nurses with tools needed to provide telemedicine during home health visits.</p> <p><i>Source: VT Act. No. 40 (S. 88).</i></p>

# Virginia

**Medicaid Program:** Virginia Medicaid

**Medicaid Program Administrator:** State Dept. of Medical Assistance Services (DMAS)

**Regional Telehealth Resource Center:**

Mid-Atlantic Telehealth Resource Center  
 PO Box 800711  
 Charlottesville, VA 22908-0711  
 (434) 906-4960 / (855) MATRC4U  
[www.matrc.org](http://www.matrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>Telemedicine services means the use of electronic technology or media, including interactive audio or video for the purpose of diagnosing or treating a patient or consulting with other health care providers regarding a patient's diagnosis or treatment. 'Telemedicine services' does not include an audio-only telephone, electronic mail message, facsimile transmission, or online questionnaire.</p> <p><i>Source: VA Code Annotated Sec. 38.2-3418.16 &amp; Senate Bill 1227, House Bill 2063 (2015).</i></p> <p>"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.</p> <p><i>Source: VA Reg Text 12VAC30-121-20. (2016).</i></p>	<p>"Telemedicine is the real-time or near real-time two-way transfer of medical data and information using an interactive audio/video connection for the purposes of medical diagnosis and treatment."</p> <p><i>Source: VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Covered Svcs. and Limitations, p. 25 (Jan. 1, 2017). (Accessed Mar. 2017).</i></p> <p>"Telemedicine is the real-time or near real-time exchange of information for diagnosing and treating medical conditions."</p> <p><i>Source: VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Psychiatric Services Provider Manual, Covered Svcs. and Limitations, p. 36 (Apr. 1, 2017) &amp; Mental Health Clinic, p. 15 (Apr. 1, 2017). (Accessed Mar. 2017).</i></p> <p>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.</p> <p><i>Source: Physician Provider Manual. Ch. II: Provider Participation Requirements (Jul., 18, 2014) pg. 11. (Accessed Mar. 2017).</i></p>
<b>Live Video Reimbursement</b>	
<p>Virginia statute requires coverage of telemedicine (which includes live video) by private insurers, subject to their terms and conditions.</p> <p><i>Source: VA Code Annotated Sec. 38.2-3418.16 (2012).</i></p>	<p>Reimbursement provided subject to coverage requirements.</p> <p>Eligible services:</p> <ul style="list-style-type: none"> <li>• Evaluation and management</li> <li>• Psychiatric care</li> <li>• Specialty medical procedures</li> <li>• Speech therapy</li> <li>• Radiology service and procedures</li> </ul> <p>See Billing Instructions for complete list of eligible CPT codes.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>Eligible providers:</p> <ul style="list-style-type: none"> <li>• Physicians;</li> <li>• Nurse practitioners;</li> <li>• Nurse midwives;</li> <li>• Psychiatrist</li> <li>• Psychiatric clinical nurse specialist</li> <li>• Psychiatric nurse practitioner</li> <li>• Marriage and family therapist/counselor</li> <li>• School psychologist</li> <li>• Substance abuse practitioner</li> <li>• Clinical nurse specialists;</li> <li>• Clinical psychologists;</li> <li>• Clinical social workers;</li> <li>• Local Education Agency (billing speech therapy)</li> <li>• Providers must have appropriate license from the Department of Behavioral Health and Developmental Services and be enrolled with Magellan</li> </ul> <p>Use of telemedicine must be noted in the service documentation of the patient record.</p> <p>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.</p> <p>Out-of-state physicians must enroll with DMAS contractors to utilize telemedicine in the Medicaid program.</p> <p><i>Source: VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Covered Svcs. and Limitations, p. 25 (Jan. 1, 2017) &amp; Billing Instructions, p. 28 (Jan. 1, 2017). (Accessed Mar. 2017).</i></p> <p>Speech therapy reimbursement for the speech-language pathologist at the remote location and a qualified school aide with the child during the tele-practice session.</p> <p><i>Source: VA Dept. of Medical Assistant Svcs. Medicaid Provider Manual, Local Education Agency Provider Manual, Covered Svcs. and Limitations, p. 11 (May 12, 2014). (Accessed Mar. 2017).</i></p> <p>Telemedicine also available in the Governor's Access Plan for the Seriously Mentally Ill (GAP).</p> <p><i>Source: VA Dept. of Medical Assistant Svcs., GAP Manual, (Jan. 12, 2015). (Accessed Mar. 2017).</i></p> <p>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.</p> <p><i>Source: VA Dept. of Medical Assistant Svcs., Mental Health Clinic,</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<i>Covered Services, p. 15 (Apr. 1, 2017). (Accessed Mar. 2017).</i>
<b>Store and Forward Reimbursement</b>	
<p><b>Medicare-Medicaid Demonstration Waiver:</b> Participating plans shall be permitted to use telehealth in rural and urban settings and reimburse for store and forward applications.</p> <p><i>Source: VA Reg. Text 12VAC30-121-20. (2016). (<a href="http://register.dls.virginia.gov/details.aspx?id=4766">http://register.dls.virginia.gov/details.aspx?id=4766</a>).</i></p>	<p>Services covered include:</p> <ul style="list-style-type: none"> <li>• Radiology and radiology procedures</li> <li>• Diabetic retinopathy (regardless of the number of fields viewed for all Medicaid Members with Type 1 or Type 2 diabetes)</li> <li>• Outpatient teledermatology</li> </ul> <p><i>Source: VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Billing Instructions, p. 22-24 (Jan. 1, 2017) &amp; VA Medicaid Memo. Clarification of Medicaid Coverage of Diabetic Retinopathy Screening via Telemedicine. Nov. 9, 2016. (Accessed Mar. 2017).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
<p><b>Medicare-Medicaid Demonstration Waiver:</b> Participating plans shall also have the ability to cover remote patient monitoring.</p> <p><i>Source: VA Reg. Text 12VAC30-121-20. (2016). (<a href="http://register.dls.virginia.gov/details.aspx?id=4766">http://register.dls.virginia.gov/details.aspx?id=4766</a>).</i></p>	<p>VA Medicaid will provide coverage for Continuous Glucose Monitoring. 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.</p> <p><i>Source: VA Medicaid Memo. Clarification of Existing Medicaid Coverage of Continuous Glucose Monitoring for Medicaid Members. Nov. 2, 2016. (Accessed Mar. 2017).</i></p>
<b>Email/Phone/FAX</b>	
<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: VA Code Annotated Sec. 38.2-3418.16 (2012).</i></p>	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Covered Svcs. and Limitations, p. 19 (Jan. 1, 2017). (Accessed Mar. 2017).</i></p>
<b>Online Prescribing</b>	
<p>Practitioners prescribing controlled substances must have a “bona fide” relationship with the patient.</p> <p>Requirements:</p> <ul style="list-style-type: none"> <li>• Obtaining a medical or drug history;</li> <li>• Informing the patient about the benefits and risks of the drug;</li> <li>• 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.</li> </ul> <p>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.</p> <p><i>Source: VA Code Annotated Sec. 54.1-3303.</i></p>	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Also see Comment section.	
<b>Consent</b>	
<p>Informed consent must be obtained and maintained.</p> <p><i>Source: Telemedicine Guidance. Doc. # 85-12. VA Board of Medicine.</i></p>	<p>No reference found.</p>
<b>Location</b>	
<p>No reference found.</p>	<p>Eligible originating sites locations:</p> <ul style="list-style-type: none"> <li>• Provider offices</li> <li>• Local Education Agency</li> <li>• Rural Health Clinics</li> <li>• Federally Qualified Health Centers</li> <li>• Hospitals</li> <li>• Nursing Facilities</li> <li>• Health Department Clinics</li> <li>• Renal Units</li> <li>• Community Services Boards</li> <li>• Residential Treatment Centers</li> </ul> <p>All listed providers are also considered eligible originating site providers.</p> <p><i>Source: VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Billing Instructions, p. 25 (Jan. 1, 2017). (Accessed Mar. 2017).</i></p> <p>Physicians may be physically located outside of VA but must be located within the continental US to deliver telemedicine services. Telemedicine out-of-state coverage does not include other out-of-state providers such as nurse practitioners.</p> <p><i>Source: VA Dept. of Medical Assistant Svcs., Medicaid Memo. "Updates to Telemedicine Coverage". May 13, 2014. (Accessed Mar. 2017).</i></p> <p><b>Psychiatric Services:</b> Providers must be physically present in Virginia during the telemedicine encounter, until further notice from DMAS.</p> <p><i>Source: VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Psychiatric Services Provider Manual, Covered Svcs. and Limitations, p. 33 (Apr. 1, 2017). (Accessed Mar. 2017).</i></p>
<b>Cross-State Licensing</b>	
<p>No reference found.</p>	<p>Providers must be licensed in Virginia and enrolled in the state Medicaid program in which they practice medicine.</p> <p><i>Source: Physician Provider Manual. Ch. II: Provider Participation Requirements (Jul., 18, 2014) pg. 7. (Accessed Mar. 2017).</i></p>
<b>Private Payers</b>	



STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>Requires coverage of telemedicine services, subject to contract terms and conditions.</p> <p>Reimbursement must be the same as in-person services.</p> <p><i>Source: VA Code Annotated Sec. 38.2-3418.16 (2012).</i></p>	<p>No reference found.</p>
<b>Site/Transmission Fee</b>	
<p>Reimbursement allowed, but not required.</p> <p><i>Source: VA Code Annotated Sec. 38.2-3418.16 (2012).</i></p>	<p>Reimburses a facility fee.</p> <p><i>Source: VA Medicaid Provider Notice May 13, 2014. (Accessed Mar. 2017). <a href="http://www.magellanofvirginia.com/media/937360/10-21-14_telemedicine_billing_changes_email_blast.pdf">http://www.magellanofvirginia.com/media/937360/10-21-14_telemedicine_billing_changes_email_blast.pdf</a></i></p>
<b>Miscellaneous</b>	

Comments: **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). (<http://lis.virginia.gov/cgi-bin/legp604.exe?161+ful+CHAP0763>).*

## Washington

**Medicaid Program:** Washington Medicaid

**Medicaid Program Administrator:** Washington State Health Care Authority

**Regional Telehealth Resource Center:**

Northwest Regional Telehealth Resource Center  
2900 12<sup>th</sup> Ave. N., Ste. 30W  
Billings, MT 59101  
(888) 662-5601  
[www.nrtrc.org](http://www.nrtrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>“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.”</p> <p><i>Source: Revised Code of WA Sec. 70.41.020.</i></p> <p>“Telemedicine means the use of tele-monitoring to enhance the delivery of certain home health skilled nursing services through:</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• The provision of certain education related to health care services using audio, video, or data communication instead of a face-to-face visit.”</li> </ul> <p><i>Source: WA Admin. Code Sec. 182-551-2010.</i></p> <p>“Telehealth means providing physical therapy via electronic communication where the physical therapist or physical therapist assistant and the patient are not at the same physical location.”</p> <p><i>Source: WA Admin. Code Sec. 246-915-187.</i></p> <p>Telemedicine is when a health care practitioner uses HIPAA-compliant, interactive, real-time audio and video telecommunications (including web-based applications)</p>	<p>“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.”</p> <p><i>Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 76 (Apr. 1, 2017); School Based Health Care Services, p. 28 (Jan, 1, 2017) (Accessed Mar. 2017).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>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.</p> <p><i>Source: WA Admin. Code Sec. 182-531-1730.</i></p>	
<b>Live Video Reimbursement</b>	
<p>Insurers (including employee health plans and Medicaid Managed Care) must reimburse for live video, with some limitations.</p> <p><i>(See private payer section)</i></p> <p><i>Source: Revised Code of WA Sec. 48.43,435.</i></p> <p>Telemedicine is covered by the Department.</p> <p><i>Source: WA Admin. Code Sec. 182-531-0100.</i></p>	<p>Yes, for patients with fee-for-service coverage when it is medically necessary. The referring provider is responsible for determining and documenting medical necessity.</p> <p>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.</p> <p>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.</p> <p>WA Medicaid covers prenatal genetic counseling via telemedicine.</p> <p><i>Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 76 &amp; 171 (Apr. 1, 2017).</i></p> <p>Applied Behavior Analysis (ABA) for Clients Age 20 and Younger:</p> <ul style="list-style-type: none"> <li>• Eligible telemedicine services:</li> <li>• Program supervision when the child is present</li> <li>• Family training, which does not require the child's presence</li> </ul> <p>See ABA fee schedule for telemedicine billing instructions.</p> <p><i>Source: WA State Health Care Authority, Medicaid Provider Guide, Applied Behavior Analysis for Clients 20 and Younger, p. 35 (Jan. 1, 2017) &amp; 182-531A-1200. (Accessed Mar. 2017),</i></p>
<b>Store and Forward Reimbursement</b>	
<p>Insurers (including employee health plans and Medicaid Managed Care) must reimburse for store-and forward, with some limitations.</p>	<p>Store and forward is reimbursed when there is an associated office visit between the client and the referring health care provider.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p><i>(See private payer section)</i></p> <p>Store and forward reimbursement is available only for covered services specified in the negotiated agreement between the health plan and health care provider.</p> <p>If the services are provided via store and forward, there must be an associated office visit between the patient and referring health care provider.</p> <p><i>Source: Revised Code of WA Sec. 48.43,435.</i></p>	<p><i>Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 74 (Apr. 1, 2017). (Accessed Mar. 2017).</i></p>
Remote Patient Monitoring Reimbursement	
<p><i>(see Medicaid column)</i></p>	<p>The Medicaid agency covers the delivery of home health services through telemedicine.</p> <p>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.</p> <p>Coverage is limited to one telemedicine interaction, per patient, per day, based on the ordering licensed practitioner's care plan.</p> <p>Eligible services:</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• Assessment of response to previous changes in the plan of care;</li> <li>• Detection of condition changes based on the telemedicine encounter that may indicate the need for a change in the plan of care.</li> <li>• Implementation of a management plan</li> </ul> <p>Must be provided by a Registered Nurse or Licensed Practical Nurse.</p> <p>The Medicaid agency does not require prior authorization for the delivery of home health services through telemedicine.</p> <p><i>Source: WA State Health Care Authority, Medicaid Provider Guide, Home Health Svcs. (Acute Care Svcs.), p. 26-28 (Jan. 1, 2017). (Accessed Mar. 2017).</i></p> <p>Home health monitoring not covered in Applied Behavior Analysis Program for clients Age 20 or younger.</p> <p><i>Source: WA State Health Care Authority, Medicaid Provider Guide, Applied Behavior Analysis for Clients 20 and Younger, p. 40 (Jan. 1, 2017). (Accessed Mar. 2017).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Email/Phone/FAX</b>	
No reference found.	No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.  <i>Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 74 (Apr. 1, 2017). (Accessed Mar. 2017).</i>
<b>Online Prescribing</b>	
<p>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.</p> <p>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.</p> <p>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.</p> <p>Treatment, including issuing a prescription, based solely on an online questionnaire or consultation does not constitute an acceptable standard of care.</p> <p><i>Source: Washington Medical Quality Assurance Commission, Guidelines for Appropriate Use of the Internet in Medical Practice,</i></p>	No reference found.
<b>Consent</b>	
No reference found.	No reference found.
<b>Location</b>	
<p><b>Eligible Originating Sites (Medicaid)</b></p> <ul style="list-style-type: none"> <li>• Clinics;</li> <li>• Dental offices;</li> <li>• Home or any location determined appropriate by the individual receiving the service;</li> <li>• Hospitals—inpatient or outpatient;</li> <li>• Neurodevelopmental centers;</li> <li>• Schools;</li> <li>• Rural health clinic;</li> <li>• Federally qualified health center;</li> <li>• Physician’s or other health care provider’s office;</li> </ul>	<p>Eligible originating sites:</p> <ul style="list-style-type: none"> <li>• Clinics</li> <li>• Community mental health/chemical dependency settings</li> <li>• Dental offices</li> <li>• Federally qualified health center (FQHC)</li> <li>• Home or any location determined appropriate by the individual receiving service</li> <li>• Hospitals (inpatient and outpatient)</li> <li>• Neurodevelopmental centers</li> <li>• Physician or other health professional’s office</li> <li>• Rural health clinics (RHC)</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<ul style="list-style-type: none"> <li>• Community mental health center/chemical dependency settings;</li> <li>• Skilled nursing facility; or</li> <li>• Renal dialysis center</li> </ul> <p>Originating sites may not distinguish between rural and urban originating sites.</p> <p><i>Source: Revised Code of WA Sec. 41.05700 &amp; Admin Code 182-531-1730.</i></p> <p><b>Eligible Originating Sites (private payers)</b></p> <ul style="list-style-type: none"> <li>• Hospital</li> <li>• Rural health clinic</li> <li>• Federally qualified health center</li> <li>• Physician's or other health care provider's office</li> <li>• Community mental health center</li> <li>• Skilled nursing facility</li> <li>• Renal dialysis center, except an independent renal dialysis center</li> <li>• Home (Effective Jan. 1, 2018)</li> <li>• Originating sites may not distinguish between rural and urban originating sites.</li> </ul> <p><i>Source: RCW 48.43.735.</i></p>	<ul style="list-style-type: none"> <li>• Schools</li> <li>• Skilled nursing facilities</li> </ul> <p>Originating site provider responsible for determining and documenting that telemedicine is medically necessary.</p> <p><i>Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 75 (Apr. 1, 2017). (Accessed Mar. 2017).</i></p> <p>When the originating site is a school, the school district must submit a claim on behalf of both the originating and distant site.</p> <p><i>Source: WA State Health Care Authority, Medicaid Provider Guide, School Based Health Care Services, p. 27 (Jan. 1, 2017) (Accessed Mar. 2017).</i></p>
<b>Cross-State Licensing</b>	
No reference found.	No reference found.
<b>Private Payers</b>	
<p>Insurers (including employee health plans and Medicaid Managed Care) must reimburse a provider for services delivered through telemedicine or store and forward if:</p> <ul style="list-style-type: none"> <li>• The plan provides coverage when provided in-person;</li> <li>• The health care service is medically necessary; and</li> <li>• 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.</li> </ul> <p><i>Source: RCW 48.43.735.</i></p>	No reference found.
<b>Site/Transmission Fee</b>	
<p>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.</p> <p><i>Source: RCW 48.43.735.</i></p>	<p>Facility fees for originating sites, except inpatient hospitals.</p> <p><i>Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 65 (Apr. 1, 2017). (Accessed Mar. 2017).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Miscellaneous</b>	
<p><b><u>Physical Therapy</u></b>            Licensed physical therapists and physical therapist assistants may provide physical therapy via telehealth. The clinical record must indicate that the physical therapy occurred via telehealth.</p> <p><i>Source: WA Admin. Code Sec. 246-915-187.</i></p>	<p>Requires the use of modifier 95 or GT. The GT modifier may be discontinued at a later date.</p> <p>A new point of service code 02 has been created.</p> <p><i>Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 65 (Apr. 1, 2017). (Accessed Mar. 2017).</i></p>

**Comment:** 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: WA Admin. Code Sec. 284-43-204.*

## West Virginia

**Medicaid Program:** West Virginia Medicaid

**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

PO Box 800711

Charlottesville, VA 22908-0711

(434) 906-4960 / (855) MATRC4U

[www.matrc.org](http://www.matrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>"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 in person 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."</p> <p><i>Source: WV Code Sec. 30-3-13.</i></p> <p>"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.</p> <p><i>Source: WV Code Sec. 30-3-13 &amp; 30-14-12d (SB 47 – 2016).</i></p> <p>"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</p>	<p>"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."</p> <p>"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."</p> <p><i>Source: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter-519.17 Practitioner Services: Telehealth Services. Revised Jan. 15, 2016 (accessed Mar. 2017).</i></p> <p>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 include, at a minimum, audio and video equipment.</p> <p><i>Source: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter-200 Definitions and Acronyms. Nov. 1, 2016 (accessed Mar. 2017).</i></p>



STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>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.</p> <p><i>Source: WV Code Sec. 16-5Y-2 (SB 454—2016).</i></p> <p>"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.</p> <p><i>Source: WV Code, Ch. 16, Article 2D, Sec. 16-2D-2.</i></p>	
<b>Live Video Reimbursement</b>	
<p>No reference found.</p>	<p>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. Limited to specific CPT codes (not necessarily consistent with CMS reimbursement).</p> <p>Authorized distant site providers include:</p> <ul style="list-style-type: none"> <li>• Physicians;</li> <li>• Physician Assistants (PA);</li> <li>• Advanced Practice Registered Nurses (APRN)/Nurse Practitioners (NP)</li> <li>• APRN/Certified Nurse Midwife (CNM);</li> <li>• APRN/Clinical Nurse Specialists (CNS);</li> <li>• Licensed Psychologists (LP); and</li> <li>• Licensed Independent Clinical Social Worker (LICSW)</li> </ul> <p>RHCs and FQHCs are not authorized to serve as distant sites for telehealth consultations, which is the location of the practitioner, and many not bill or include the cost of a visit on the cost report.</p> <p><i>Source: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter-519.17 Practitioner Services: Telehealth Services. Revised Jan. 15, 2016 (accessed Mar. 2017).</i></p> <p>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.</p> <p><i>Source: WV Dept. of Health and Human Svcs., Medicaid Provider Manual, Chapter 523: Targeted Case Management, p. 13 (Jul. 1, 2016), Accessed Mar. 2017.</i></p> <p>WV Medicaid encourages providers to render services via telehealth in the Behavioral Health Clinic Services program.</p> <p><i>Source: WV Dept. of Health and Human Services Medicaid</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><i>Provider Manual, Chapter–502 Covered Services Limitations, And Exclusions For Behavioral Health Clinic Services, p. 15 (Oct. 13, 2015); Behavioral Health Rehabilitation Services, p. 13 (Apr. 1, 2016); Psychological Services, p. 9 (Apr. 1, 2015); Psychiatric Services, p. 9 (Oct. 9, 2015); Licensed Independent Clinical Social Worker, p. 8 (Jul. 1, 2015); School-Based Health Services, p. 10 (Aug. 1, 2015). (Accessed Mar. 2017)</i></p>
<b>Store and Forward Reimbursement</b>	
No reference found.	<p>No reimbursement. WV Medicaid only reimburses for real-time communications.</p> <p><i>Source: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17 Practitioner Services: Telehealth Services. Revised Jan. 19, 2016 (accessed Mar. 2017).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found.	No reference found.
<b>Email/Phone/FAX</b>	
No reference found.	<p>No reimbursement for FAX. No reimbursement for telephone. No reimbursement for email.</p> <p><i>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 Mar. 2017).</i></p>
<b>Online Prescribing</b>	
<p>A “valid patient-practitioner relationship” can be established through telemedicine in a manner approved by the appropriate board.</p> <p><i>Source: WV Code Sec. 30-5-4.</i></p> <p>A physician-patient relationship cannot be established through audio only communication, text communications or any combination thereof.</p> <p>A physician-patient relationship can be established through real-time video conferencing or store and forward (for pathology and radiology).</p> <p>A physician or podiatrist who solely utilizes telemedicine may not prescribe to that patient any controlled substance in Schedule II of the Uniform Controlled Substances Act. A physician or podiatrist may not prescribe any pain-relieving controlled substance listed in Schedule II through V as part of a course of treatment for chronic non-malignant pain solely based on a telemedicine encounter.</p> <p><i>Source: WV Code Sec. 30-3-13 &amp; 30-14-12d (SB 47 – 2016).</i></p> <p>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</p>	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>adequate to support the prescription.</p> <p>Exceptions:</p> <ul style="list-style-type: none"> <li>• Documented emergencies;</li> <li>• On-call or cross-coverage situations;</li> <li>• 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.</li> </ul> <p><i>Source: WV Code Sec. 11-1A-12.</i></p>	
<b>Consent</b>	
<p>Must obtain consent.</p> <p><i>Source: WV Code Sec. 30-3-13 &amp; 30-14-12d (SB 47 – 2016).</i></p>	<p>Patient consent must be obtained.</p> <p><i>Source: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–502 Covered Svcs. Limitations, And Exclusions For Behavioral Health Clinic Services, p. 15 (Oct. 13, 2015); Behavioral Health Rehabilitation Services, p. 13 (Jul. 1, 2014); Psychological Services, p. 9 (Apr. 1, 2015); Psychiatric Services, p. 9 (Oct. 9, 2015); Licensed Independent Clinical Social Worker, p. 8 (Jul. 1, 2015); School-Based Health Services, p. 10 (Aug. 1, 2015). (Accessed Mar. 2017).</i></p>
<b>Location</b>	
<p>No reference found.</p>	<p>Authorized originating sites:</p> <ul style="list-style-type: none"> <li>• Offices of physicians or practitioners;</li> <li>• Private Psychological Practices;</li> <li>• Hospitals;</li> <li>• Rural Health Clinics (RHCs);</li> <li>• Federally Qualified Health Centers (FQHCs);</li> <li>• Hospital-based or CAH-based Renal Dialysis Centers (including satellites);</li> <li>• Skilled Nursing Facilities (SNF); and</li> <li>• Community Mental Health Centers (CMHC).</li> </ul> <p>Independent Renal Dialysis Facilities are not eligible originating sites.</p> <p>WV Medicaid does not limit telehealth services to members in non-metropolitan statistical professional shortage areas as defined by CMS telehealth guidance.</p> <p><i>Source: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17 Practitioner Services: Telehealth Services. Revised Jan. 15, 2016 (accessed Mar. 2017).</i></p>
<b>Cross-State Licensing</b>	
<p>WV adopted the Federation of State Medical Board (FSMB)'s model language for an interstate medical licensure compact.</p> <p><i>Source: WV House Bill 2496 (2015).</i></p> <p>Must hold active unexpired WV license.</p>	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<i>Source: WV Code Sec. 30-3-13 &amp; 30-14-12d (SB 47 – 2016).</i>	
<b>Private Payers</b>	
No reference found.	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	<p>An originating site can bill for a facility fee.</p> <p><i>Source: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17 Practitioner Services: Telehealth Services. Revised Jan. 19, 2016 (accessed Mar. 2017).</i></p>
<b>Miscellaneous</b>	
	<p>Additional instructions regarding telehealth standards and billing available in the following manuals: Behavioral Health Clinic (Ch. 502); Behavioral Health Rehabilitation (Ch. 503); Psychological Services (Ch. 521); Psychiatric Services (Ch. 536); Licensed Independent Clinical Social Worker (Ch. 537); School-Based Health Services (Ch. 538). Limited to specific CPT codes.</p> <p><i>Source: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–502 Covered Svcs., Limitations, And Exclusions For Behavioral Health Clinic Services, p. 15 (Oct. 13, 2015); Chapter 503 Behavioral Health Rehabilitation Services, p. 13 (April 25, 2016); Psychological Services, p. 9 (Apr. 1, 2015); Psychiatric Services, p. 9 (Oct. 9, 2015); Licensed Independent Clinical Social Worker, p. 8 (Jul. 1, 2015); School-Based Health Services, p. 10 (Aug. 1, 2015). (Accessed Mar. 2017)</i></p>

Professional Board Regulation:

- Board of Examiners for Speech-Language Pathology and Audiology (WV Admin. Law Sec. 29-1-15)

# Wisconsin

**Medicaid Program:** Forward Health

**Medicaid Program Administrator:** Wisconsin Dept. of Health Services

**Regional Telehealth Resource Center:**

Great Plains Telehealth Resource and Assistance Center  
 University of Minnesota/Institute for Health Informatics  
 330 Diehl Hall  
 505 Essex Street S.E.  
 Minneapolis, MN 55455  
 (888) 239-7092  
[www.gptrac.org](http://www.gptrac.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>"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.</p> <p><i>Source: Wisconsin Statute 49.45 (29w).</i></p>	<p>"Telemedicine services (also known as "Telehealth") are services provided from a remote location using a combination of interactive video, audio, and externally acquired images through a networking environment between a member (i.e., the originating site) and a Medicaid-enrolled provider at a remote location (i.e., distant site). The services must be of sufficient audio and visual fidelity and clarity as to be functionally equivalent to a face-to-face contact. Telemedicine services do not include telephone conversations or Internet-based communication between providers or between providers and members.</p> <p><i>Source: WI Forward Health, Provider Publications, Physician, pg. 132 (Published Policy Through March 31, 2017).</i></p>
<b>Live Video Reimbursement</b>	
(see Medicaid column)	<p>Forward Health will reimburse for medical and mental/behavioral health services via live video.</p> <p>Eligible services:</p> <ul style="list-style-type: none"> <li>• Office or other outpatient services;</li> <li>• Office or other outpatient consults;</li> <li>• Initial inpatient consults;</li> <li>• Outpatient mental health services;</li> <li>• Health and behavior assessment/intervention;</li> <li>• End stage renal disease-related services;</li> <li>• Outpatient substance abuse services.</li> </ul> <p>Eligible providers:</p> <ul style="list-style-type: none"> <li>• Physicians and physician clinics;</li> <li>• Rural Health Clinics;</li> <li>• Federally Qualified Health Center;</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> <li>• Physician assistants;</li> <li>• Nurse practitioners;</li> <li>• Nurse midwives;</li> <li>• Psychiatrists;</li> <li>• Ph.D. psychologists.</li> </ul> <p>Reimbursement is subject to the same restrictions as in-person services.</p> <p>Only one eligible provider may be reimbursed per member per date of service (DOS), unless it is medically necessary for the participation of more than one provider.</p> <p>Separate services provided by separate specialists for the same patient at different times on the same date may be reimbursed separately.</p> <p>Providers may receive enhanced reimbursement for pediatric services, for members 18 years old and under, and for HPSA-eligible services.</p> <p>HPSA-enhanced reimbursement is allowed when the patient or the provider is located in a HPSA-designated area.</p> <p>Out-of-state providers, except border-status providers, must obtain prior authorization (PA) before delivering services to Wisconsin Medicaid members.</p> <p><i>Source: WI Forward Health, Provider Publications, Physician, pg. 133-134 (Published Policy Through March 31, 2017).</i></p> <p>Mental health services provided through telehealth are reimbursable by the Medical Assistance program if the provider of the service satisfies the following criteria:</p> <ul style="list-style-type: none"> <li>• 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. (Please see bill text for specific program list).</li> <li>• The provider and the individual providing the service comply with all Medical assistance coverage policies and standards</li> <li>• The provider is certified for telehealth by the department.</li> <li>• The individual who is providing the service is licensed or registered and in good standing with the appropriate state board.</li> <li>• The provider is located in the United States. The provider is not required to be located in the state.</li> </ul> <p><i>Source: Wisconsin Statute 49.45 (29w) (2).</i></p>
<b>Store and Forward Reimbursement</b>	
No reference found.	No reimbursement.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><i>Source: WI Forward Health, Provider Publications, Physician, pg. 138 (Published Policy Through March 31, 2017).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found.	No reference found.
<b>Email/Phone/FAX</b>	
<p>"Telehealth" does not include telephone conversations or Internet-based communications between providers or between providers and individuals.</p> <p><i>Source: Wisconsin Statute 94.45 (29w).</i></p>	<p>No reimbursement for email or Internet-based communications. No reimbursement for telephone. No reference found for FAX.</p> <p><i>Source: WI Forward Health, Provider Publications, Physician, pg. 132 (Published Policy Through March 31, 2017).</i></p>
<b>Online Prescribing</b>	
No reference found.	No reference found.
<b>Consent</b>	
No reference found.	No reference found.
<b>Location</b>	
No reference found.	<p>Eligible originating sites:</p> <ul style="list-style-type: none"> <li>• Physician offices;</li> <li>• Hospitals (inpatient or outpatient, excluding emergency rooms);</li> <li>• Any other appropriate place of service with necessary equipment and staffing.</li> </ul> <p><i>Source: WI Forward Health, Provider Publications, Physician, pg. 138 (Published Policy Through March 31, 2017).</i></p>
<b>Cross-State Licensing</b>	
<p>WI adopted the Federation of State Medical Boards' Interstate Medical Licensure Compact.</p> <p><i>Source: Wisconsin Statute 14.89. WI Act 116 (AB 253, 2015).</i></p>	No reference found.
<b>Private Payers</b>	
No reference found.	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	<p>Reimbursement for originating site facility fees.</p> <p>Eligible originating sites:</p> <ul style="list-style-type: none"> <li>• Physician offices;</li> <li>• Hospitals (inpatient or outpatient, excluding emergency rooms);</li> <li>• Any other appropriate place of service with necessary equipment and staffing.</li> </ul>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>The originating site may not be an emergency room. An originating site facility fee is not an RHC/FQHC service, and may not be reported as an encounter on cost reports. Any reimbursement for the originating site facility fee must be reported as a deductive value.</p> <p>Outpatient hospitals will receive only a facility fee. Wisconsin Medicaid will not separately reimburse the rate-per-visit for that member, unless the patient receives other covered services on the same date. Professional services provided in the outpatient hospital are separately reimbursable.</p> <p><i>Source: WI Forward Health, Provider Publications, Physician, pg. 138 (Published Policy Through March 31, 2017).</i></p>
<b>Miscellaneous</b>	
	<p>Information in the physician section of the WI Forward Health Covered and non-covered services manual is repeated in the following manuals as well:</p> <ul style="list-style-type: none"> <li>• Adult Mental Health Day Treatment</li> <li>• Ambulatory Surgery Centers</li> <li>• Child/Adolescent Day Treatment</li> <li>• Community Support Program</li> <li>• Comprehensive Community Services</li> <li>• Crisis Intervention</li> <li>• End-Stage Renal Disease</li> <li>• Family Planning</li> <li>• Federally Qualified Health Centers</li> <li>• Hospital, Inpatient</li> <li>• Hospital, Outpatient</li> <li>• In-Home Mental Health/Substance Abuse Services</li> <li>• Narcotic Treatment Services</li> <li>• Nurse Midwife</li> <li>• Nursing Home</li> <li>• Outpatient Mental Health</li> <li>• Outpatient Mental Health and Substance Abuse Services</li> <li>• Outpatient Substance Abuse</li> <li>• Rural Health Clinic</li> <li>• Substance Abuse Day Treatment</li> </ul> <p><i>Source: WI Forward Health, Provider Publications (accessed Mar. 2017).  <a href="https://www.forwardhealth.wi.gov/WIPortal/content/Provider/Updates/Index.htm.spage">https://www.forwardhealth.wi.gov/WIPortal/content/Provider/Updates/Index.htm.spage</a></i></p>



# Wyoming

**Program Name:** Wyoming Medicaid

**Administrator:** Office of Equality Care, under the Wyoming Dept. of Health.

**Regional Telehealth Resource Center:**

Northwest Regional Telehealth Resource Center  
2900 12<sup>th</sup> Ave. N., Ste. 30W  
Billings, MT 59101  
(888) 662-5601  
[www.nrtrc.org](http://www.nrtrc.org)

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<b>Definition of telemedicine/telehealth</b>	
<p>"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."</p> <p><i>Source: WY Statutes Sec. 33-26-102.</i></p> <p>"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."</p> <p><i>Source: WY Statutes Sec. 33-40-102.</i></p>	<p>"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.</p> <p><i>Source: WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 108 (Revised Apr. 1, 2017).</i></p>
<b>Live Video Reimbursement</b>	
<p>No reference found.</p>	<p>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.</p> <p>Eligible providers:</p> <ul style="list-style-type: none"> <li>• Physicians;</li> <li>• Advanced practice nurses with a specialty of psychiatry/mental health;</li> <li>• Physician's assistant (billed under the supervising physician);</li> <li>• Psychologists and neuropsychologists;</li> <li>• Mental health professionals (LCSW, LPC, LMFT, LAT).</li> <li>• Speech therapist</li> </ul> <p>Provisionally licensed mental health professionals cannot bill Medicaid directly, but must provide services through a supervising provider.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>For end-stage renal disease-related services, there must be at least one in-person exam per month of the vascular access site.</p> <p>Quality assurance/improvement activities relative to telehealth delivered services need to be identified, documented and monitored. An evaluation process must also be instituted.</p> <p>Progress notes should indicate the visit took place via teleconference.</p> <p><i>Source: WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 108-111 (Apr. 1, 2017). (Accessed Mar. 2017).</i></p>
<b>Store and Forward Reimbursement</b>	
No reference found.	<p>Wyoming Medicaid states that reimbursement is made for exams performed via a real-time interactive audio and video.</p> <p><i>Source: WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 109 (Apr. 1, 2017). (Accessed Mar. 2017).</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found.	No reference found.
<b>Email/Phone/FAX</b>	
No reference found.	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 109 (Apr. 1, 2017). (Accessed Mar. 2017).</i></p>
<b>Online Prescribing</b>	
<p>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.</p> <p><i>Source: WY Statutes Annotated Sec. 33-26-402 (2012).</i></p>	No reference found.
<b>Consent</b>	
<p>Written or oral consent required for physical therapy.</p> <p><i>Source: Code of WY Rules 006-062-001 (2012).</i></p>	<p>If the patient and/or legal guardian indicate at any point that he/she wants to stop using the technology, the service should cease immediately and an alternative appointment set up.</p> <p><i>Source: WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 107 (Apr. 1, 2017). (Accessed Mar. 2017).</i></p>
<b>Location</b>	
No reference found.	Eligible originating sites:

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> <li>• Hospitals;</li> <li>• Physician or practitioner offices (includes medical clinics);</li> <li>• Psychologists or neuropsychologists offices;</li> <li>• Community mental health or substance abuse treatment centers (CMHC/SATC);</li> <li>• Advanced practice nurses with specialty of psychiatry/mental health offices;</li> <li>• Office of a Licensed Mental Health Professional;</li> <li>• Federally Qualified Health Centers;</li> <li>• Rural Health Clinics;</li> <li>• Skilled nursing facilities;</li> <li>• Indian Health Services Clinics;</li> <li>• Hospital-based or Critical Access Hospital-based renal dialysis centers (including satellites).</li> <li>• Development Center</li> </ul> <p>A medical professional is not required to be present at the originating site, unless medically indicated.</p> <p>Each site is able to bill their own services as long as they are an enrolled Medicaid provider (includes out-of-state Medicaid providers).</p> <p><i>Source: WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 108-111 (Apr. 1, 2017). (Accessed Mar. 2017).</i></p>
<b>Cross-State Licensing</b>	
<p>WY adopted the Federation of State Medical Board (FSMB)'s model language for an interstate medical licensure compact.</p> <p><i>Source: WY House Bill 107 (2015); WY Statute 33-26-701-703.</i></p>	No reference found.
<b>Private Payers</b>	
No reference found.	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	<p>Yes, for originating site fees. No reimbursement for transmission fees.</p> <p><i>Source: WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 109 (Apr. 1, 2017). (Accessed Mar. 2017).</i></p>
<b>Miscellaneous</b>	
<p><b><u>Recently Passed Legislation</u></b> Boards have power to adopt telehealth/telemedicine definitions applicable to their regulated profession and standards for the practice of telemedicine/telehealth.</p> <p><i>Source: WY Code 33-1-303 (HB 164 – 2017).</i></p>	<p>No reimbursement for patient attendants who instruct the patient on the use of equipment or supervises/monitors a patient during the telehealth encounter.</p> <p>No reimbursement for consults between health professionals.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<i>Source: WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 109 (Apr. 1, 2017). (Accessed Mar. 2017).</i>

# 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.

**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** 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.