



State Telehealth Laws and Reimbursement Policies

A Comprehensive Scan of the 50 States and the District of Columbia



February 2014

State Telehealth Laws and Medicaid Program Policies

Introduction

The Center for Connected Health Policy's (CCHP) second annual edition of "State Telehealth Laws and Medicaid Program 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 February 2014. Recently passed legislation and regulation have also been included in this version of the document with their effective date noted in the report. All of this information is also available electronically in the form of an interactive map and search tool accessible on our national website, telehealthpolicy.us. Consistent with last year's edition, the information will be continually updated, as laws, regulations and administrative policies are constantly changing.

Telehealth Policy Trends

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, in recent months, and since the 50 state survey was first published in 2013, we have seen more states begin to expand telehealth policies and attempt to address barriers to its use. A few significant findings include:

- In comparison to forty-four states last year, currently forty-six state Medicaid programs reimburse for some form of live video. Washington DC's Medicaid program is also now required to reimburse for live video as a result of recent legislation.
- Nine state Medicaid programs offer some reimbursement for store-and-forward (states that only reimbursed for tele-radiology are not included in this count).
- Eleven state Medicaid programs offer reimbursement for remote patient monitoring compared to ten states at the time this report was first published in 2013.
- Two state Medicaid programs (Alaska and Minnesota) reimburse for all three.

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 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 both 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, Program Director of the CCHP National Telehealth Resource Center for Policy at meik@cchpca.org, or Christine Calouro, Project Coordinator, at 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 telehealthresourcecenters.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

February 2014

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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 updated report of state telehealth laws and Medicaid reimbursement policies is the second edition of this report. An interactive map version of the report is available on CCHP's national policy website, telehealthpolicy.us. Due to constant changes in laws, regulations, and policies, CCHP will continue to update the information in both PDF and map formats throughout the 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, indications of other potential sources such as releases from a state's executive office, Medicaid notices, transmittals or newsletters were also examined for relevant information. In a few cases, we 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. Additionally, regulations related to specific telehealth standards for various professions were incorporated into the "Comment" section of the state's page if found.

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, particularly when a health system provides health care services in multiple states. In some cases, states have duplicated the policies governing telehealth in Medicare, while others have developed their own policies for their Medicaid program.

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 medical services. Additionally, some states put specific restrictions within the definition, such as excluding 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, Rhode Island and New Jersey, still lack a legal definition for both terms.

Medicaid Reimbursement

Forty-six states have some form of reimbursement for telehealth in their public program. The four states that we determined did not have any written definitive reimbursement policies are:

- Iowa¹
- Massachusetts
- New Hampshire
- Rhode Island

The District of Columbia’s Medicaid manual currently does not indicate reimbursement for telehealth; however, a law that recently went into effect requires DC Medicaid to cover services delivered via live video.

It should be noted that New Hampshire and Massachusetts employ managed care plans in their 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 is live video, with every state offering some type of live video reimbursement in their Medicaid program (except for the four states listed above). However, what and how it is reimbursed varies widely. The spectrum ranges from a Medicaid program in a state like

¹ A letter from the Department of Human Services addressed to the Elderly Waiver Interim Committee and posted on the Iowa legislature’s website indicates that Iowa Medicaid will pay for otherwise covered medical services if rendered via telemedicine, and if the standard in the medical community would support rendering those services via telemedicine. CCHP reached out to Iowa Medicaid staff, who confirmed this practice in Iowa Medicaid, stating that a service rendered via telemedicine must meet the general provisions for Medicaid covered services outlined in 441 Iowa Administrative Code 79.9(2). However, Iowa Medicaid has not published an official telehealth policy. Without an official outlined policy available, CCHP has classified Iowa as not having a reimbursement policy for telehealth.

Idaho, which will only reimburse for a limited number of mental health and developmental disability 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.;
- The location of the patient, referred to as the originating site; and
- The location of the provider, referred to as the distant site at the time the live video interaction takes place.

These restrictions have been noted within the report.

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 and teleophthalmology. In total, nine states reimburse for store-and-forward. They include:

- Alaska
- Arizona
- California
- Illinois
- Minnesota
- New Mexico
- Oklahoma
- South Dakota
- Virginia

Remote Patient Monitoring (RPM)

Only eleven states have some form of reimbursement for RPM in their Medicaid programs, which is an increase of one state since 2013. 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’s RPM reimbursement is offered through a Medicaid skilled nursing facility pilot with low to no utilization. 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
- Alaska
- Colorado
- Indiana
- Kansas
- Louisiana
- Minnesota
- New York
- Texas
- Utah
- Washington

In addition to state Medicaid programs, a few states offer RPM reimbursement through their Department of Aging Services. These states include:

- Pennsylvania
- South Carolina
- South Dakota

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

Twenty-three 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

A few states have adopted the Medicare policy in which reimbursable services are restricted to those provided in rural or underserved areas, or there are unusual requirements in order to ensure there is some distance between the patient and distant site provider. For example, Idaho's Medicaid patients must be located in a rural or underserved area to be eligible. However, the majority of states do not have these geographical restrictions, and some states that previously had such a restriction (for example, Missouri), passed legislation in the past year to remove the policy.

A more common practice is for state Medicaid programs to limit the type of facility that may be an originating or distant site, often excluding the home as a reimbursable site, impacting RPM as a result.

Consent

Twenty-six states 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 | • Kentucky | • Ohio |
| • Arizona | • Louisiana | • Oklahoma |
| • California | • Maine | • Tennessee |
| • Colorado | • Maryland | • Texas |
| • Florida | • Mississippi | • Utah |
| • Georgia | • Missouri | • Vermont |
| • Idaho | • Nebraska | • Wisconsin |
| • Indiana | • Nevada | • Wyoming |
| • Kansas | • New Jersey | |

Licensure

Ten state medical 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
- Montana
- Nevada
- New Mexico
- Ohio
- Oklahoma
- Oregon
- Tennessee (both the medical and osteopathic boards issue such licenses)
- Texas

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.

Private Payers

Currently, twenty states and the District of Columbia now have active laws that govern private payer telehealth reimbursement policies. Not all of these laws mandate reimbursement. Additionally, some 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; however, this is not always the case.

Arizona's private payer law was passed in 2013; however, it will not take effect until January 2015.

Current Legislation

As of February 2014, thirty-four states and the District of Columbia have pending telehealth-related legislation. Forty-four bills address different aspects of reimbursement in regards to both private payers and Medicaid, with some bills making changes to existing reimbursement laws. **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 telehealthpolicy.us.

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Alabama

Medicaid Program: Alabama Medicaid

Program Administrator: Alabama Medicaid Agency

Regional Telehealth Resource Center:

Southeast Telehealth Resource Center

PO Box 1408

Waycross, GA 31501

(888) 138-7210

www.setrc.us

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<p>Recently Adopted Regulation (Now Effective) Telehealth medical service means “the practice of medical care delivery initiated by a distant site provider who is physically located at a site other than the site where the patient is located, for the purposes of evaluation, diagnosis, consultation or treatment which requires the use of appropriate telecommunication technology.”</p> <p><i>Source: AL Admin. Code 540-X-15-.05</i></p>	<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. 508, (Jan. 2014).</i></p>
Live Video Reimbursement	
<p>No reference found.</p>	<p>Alabama Medicaid reimburses for live video for the following services:</p> <ul style="list-style-type: none"> • Consults; • Office or other outpatient visits; • Individual psychotherapy; • Psychiatric diagnostic services; • Neurobehavioral status exams. <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>AL Medicaid Management Information System Provider Manual, p. 508, (Jan. 2014).</i></p> <p><i>Source: AL Admin. Code r. 560-X-6-.14 (2011).</i></p>
Store and Forward Reimbursement	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>No reference found.</p>	<p>Potential conflicting information exists in the Medicaid provider manual.</p> <p>The manual cites the use of GQ (the store and forward) modifier for rehabilitative services but not in the physician section. However, services are considered to be telemedicine services only if delivered via an interactive audio and video communication system.</p> <p>Note: There is no other reference to this modifier in the Medicaid provider manual.</p> <p><i>AL Medicaid Management Information System Provider Manual, p. 749, (Jan. 2014).</i></p>
Remote Patient Monitoring Reimbursement	
<p>Recently Adopted Regulation (Now Effective) Telehealth home care services prescribed by a provider and delivered by a licensed certified home care agency are exempt from the standards laid out by the Alabama Board of Medical Examiners.</p> <p><i>Source: AL Admin. Code 540-X-15-.04</i></p>	<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"> • Diabetes • Hypertension • Congestive Heart Failure <p>Patients may transmit readings for:</p> <ul style="list-style-type: none"> • Blood Pressure • Pulse • Glucose (blood sugar) • Weight <p>Data transmission occurs through a secure telephone call.</p> <p><i>AL Medicaid Management Information System Provider Manual, p. 677, (Jan. 2014).</i></p>
Email/Phone/FAX	
<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. 508, (Jan. 2014).</i></p>
Online Prescribing	
<p>Recently Adopted Regulation (Now Effective) Telehealth medical services provided at an established medical site is sufficient to establish a proper provider-patient relationship.</p> <p><i>Source: AL Admin. Code 540-X-15-.09</i></p>	<p>No reference found.</p>

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<p>A patient provider relationship includes:</p> <ul style="list-style-type: none"> Establishing that the person requesting the treatment is in fact the person he/she claims to be; Establishing a diagnosis through the use of acceptable medical practices, including patient history, an appropriate physical examination, and indicated diagnostic studies; Discussing with the patient the diagnosis, the evidence for it, and the risks and benefits of various treatment options; and Ensuring the availability of appropriate coverage of the patient for follow-up care. <p>Treatment and consultation recommendations made in a telemedicine setting, including issuing a prescription via electronic means, will be held to the same standards of appropriate medical practice applied to traditional in-person clinical settings.</p> <p>An online or telephonic evaluation solely by questionnaire does not constitute an acceptable standard of care.</p> <p><i>Source: AL Admin. Code 540-X-15-.11</i></p> <p>Services provided at sites other than Established Medical Sites</p> <p>Telehealth medical services may not be used to treat non-malignant pain with scheduled drugs, with the exception of patients who are enrolled in a qualified multidisciplinary hospice or palliative care program.</p> <p><i>Source: AL Admin. Code 540-X-15-.10</i></p> <p>Prescribing drugs to an individual the prescriber has not personally examined is usually inappropriate". Before prescribing a drug, the physician should make an informed medical judgment. Ordinarily, this will require that the physician personally perform an appropriate history and physical exam, make a diagnosis, and formulate a therapeutic plan, which might include a prescription.</p> <p><i>Source: AL Admin. Code r. 540-X-9-.11 (2011).</i></p>	
Consent	
<p><u>Recently Adopted Regulation (Now Effective)</u></p> <p>A provider is required to obtain informed consent from the patient.</p> <p><i>Source: AL Admin. Code r. 540-X-15-08.</i></p>	<p>A written informed consent is required prior to an initial telemedicine service.</p> <p><i>AL Medicaid Management Information System Provider Manual, p. 508, (Jan. 2014).</i></p>
Location	
<p><u>Recently Adopted Regulation (Now Effective)</u></p> <p>The definition of an "Established Medical Site" is the</p>	<p>Originating site must be located in Alabama. The distant site may be located outside of Alabama as long as the</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>“location where a patient would present to seek medical care, where there is a patient site presenter, and where there are sufficient technology and medical equipment to allow for an adequate physical evaluation which is appropriate for the patient’s presenting complaint. A defined provider-patient relationship is required. A patient’s private home is not considered an established medical site, except for emergent conditions.”</p> <p><i>Source: AL Admin. Code 540-X-15-.05</i></p> <p>Telehealth Medical Services at an Established Medical Site</p> <ul style="list-style-type: none"> • Telehealth medical services provided at an established medical site may be used for all patient visits, including initial evaluations to establish a proper provider-patient relationship between a distant site provider and a patient. • For new conditions, a patient site presenter must be reasonably available on site at the established medical site to assist with the provision of care. The distant site provider has discretion to determine if a patient site presenter is necessary for follow-up evaluation or treatment of a previously diagnosed condition. • Tasks may be delegated to the patient site presenter, if they are qualified. • A patient site presenter is not required for mental health services, unless the patient may be a danger to himself/herself or others. <p><i>Source: AL Admin. Code 540-X-15-.09</i></p> <p>Telehealth Medical Services at a Site other than an Established Medical Site</p> <p>A distant site provider who provides telehealth medical services at a site other than an established medical site for a patient’s previously diagnosed condition must either:</p> <ul style="list-style-type: none"> • See the patient one time in a face to face visit before providing telehealth medical care; or • See the patient without an initial face-to-face visit, provided the patient has received an in-person evaluation by another provider who has referred the patient for additional care, and the referral is documented in the patient record. <p>A patient site presenter is not required for a pre-existing condition previously diagnosed by a provider through a face-to-face visit or for mental health related services (unless the patient may be a danger to himself or others).</p> <p>A distant site provider may treat an established patient’s new symptoms which are unrelated to pre-existing conditions, provided that the patient is advised to see a</p>	<p>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"> • Physician’s office; • Hospital; • Critical Access Hospital; • Rural Health Clinic; • Federally Qualified Health Center; • Community mental health center (to include co-located sites with partnering agencies); • Public health department. <p><i>AL Medicaid Management Information System Provider Manual, p. 747, (Jan. 2014).</i></p>

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<p>provider in a face to face visit within 72 hours. A distant site provider may not provide continuing telehealth medical services for these new symptoms to a patient who is not seen by a provider in a face to face visit within 72 hours.</p> <p>Each patient must be seen for an in-person evaluation at least once a year.</p> <p><i>Source: AL Admin. Code 540-X-15-.10.</i></p>	
Cross-State Licensing	
<p><u>Recently Adopted Regulation (Now Effective)</u> A distant site provider must have a current and unrestricted Alabama license.</p> <p><i>Source: AL Admin. Code 540-X-15-.05</i></p> <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>Providers must have an Alabama license.</p> <p><i>AL Medicaid Management Information System Provider Manual, p. 508, (Jan. 2014).</i></p>
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	<p>No reimbursement for originating site or transmission fees.</p> <p><i>AL Medicaid Management Information System Provider Manual, p. 508, (Jan. 2014).</i></p>
Miscellaneous	
<p><u>Recently Adopted Regulation (Now Effective)</u> 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"> • Physicians must be enrolled with Alabama Medicaid with a specialty type of 931 (Telemedicine Service) • Physician must submit the telemedicine Service Agreement/Certification form • Physician must obtain prior consent from the recipient before services are rendered. This will count as part of each recipient’s benefit limit of 14 annual physician office visits currently allowed. <p><i>AL Medicaid Management Information System Provider Manual, p. 508, (Jan. 2014).</i></p>

Comment:**Recently Adopted Guidelines and Standards for Telehealth****Applicability**

The standards apply to the following professionals: Medical Doctor (MD), Doctor of Osteopathy (DO), a Physician Assistant (PA), Certified Registered Nurse Practitioner (CRNP), and a Certified Nurse Midwife (CNM).

Source: AL Admin. Code 540-X-15-05

The telehealth rules and standards are also applicable to special purpose licensees, as well as “limited” certificates of qualification and licenses for teaching physicians, residents and physicians at State Penal and Mental Institutions, except when they conflict with specified Alabama Code Sections.

Source: AL Admin. Code 540-X-15-.16 and .17.

Fraud

The provider must adopt protocols to prevent fraud and abuse by implementing protocols which address:

- Authentication and authorization of users;
- Authentication of the origin of information;
- The prevention of unauthorized access to the system or information;
- System security, including the integrity of health information which is collected, program integrity, and system integrity;
- Maintenance of documentation concerning system and information usage;
- Information storage, maintenance and transmission; and
- Synchronization and verification of patient profile data.

Source: AL Admin. Code 540-X-15-06

Asynchronous telehealth medical services

Asynchronous telehealth medical services in the specialties of radiology (teleradiology), pathology (telepathology) and dermatology (teledermatology) which are provider-to-provider are not prohibited by these rules, and nothing in these rules shall be interpreted to prohibit the provision of such asynchronous services.

Source: AL Admin. Code 540-X-15-07

Privacy Policy

A provider must provide the patient with written notification of the provider’s privacy practices prior to evaluation or treatment through electronic communication (with the exception of telephone, facsimile or text). A good faith effort must be made to obtain the patient’s written acknowledgement.

Source: AL Admin. Code 540-X-15-08

Necessity of In-Person Evaluation

If an in-person evaluation is necessary, the distant site provider must advise and counsel the patient, prior to the conclusion of the live telehealth encounter, regarding the need for the patient to obtain an additional in-person medical evaluation.

Source: AL Admin. Code 540-X-15-08

Technology and Security

- Appropriate communication technology must be used for all patient evaluation and treatment conducted via telehealth.
- Adequate security measures must be implemented to ensure that all patient communications, recordings and records remain confidential.

Source: AL Admin. Code 540-X-15-12

Medical Records

For all telehealth medical services, the distant site provider must maintain medical records in HIPAA compliant electronic health record format.

Source: AL Admin. Code 540-X-15-.13

On Call Services

Physicians who are of the same specialty and provide reciprocal services may provide on call telehealth medical services for each others' active patients.

Source: AL Admin. Code 540-X-15-.06

Exemptions

The Board may exempt from any requirement, a provider who submits a request in writing. Please see regulation text for details regarding what needs to be included in the written request.

Source: AL Admin. Code 540-X-15-.04

Alaska

Medicaid Program: Alaska Medicaid

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

Regional Telehealth Resource Center:

Northwest Regional Telehealth Resource Center

2900 12th Ave. N., Ste. 30W

Billings, MT 59101

(888) 662-5601

www.nrtrc.org

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<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"> • Interactive method: Provider and patient interact in ‘real time’ using video/camera and/or dedicated audio conference equipment. • Store-and-forward method: The provider sends digital images, sounds, or previously recorded video to a consulting provider at a different location. The consulting provider reviews the information and reports back his or her analysis. • Self-monitoring method: The patient is monitored in his or her home via a telemedicine application, with the provider indirectly involved from another location.” <p><i>Source: State of AK Dept. of Health and Social Svcs., Alaska Medical Assistance Provider Billing Manuals for Ambulatory Surgical Care Facility, Early and Periodic Screening, Diagnosis, and Treatment, Hospice Care, Inpatient Psychiatric Services, Independent Laboratory Services, Appendices. (Accessed Jan. 2014).</i></p>
Live Video Reimbursement	
<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"> • Covered under traditional, non-telemedicine methods; • Provided by a treating, consulting, presenting or referring provider; • Appropriate for provision via telemedicine <p>Eligible services:</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> • Initial or one follow-up office visit; • Consultation made to confirm diagnosis • A diagnostic, therapeutic or interpretive service • Psychiatric or substance abuse assessments; • Individual psychotherapy or pharmacological management services. <p><i>Source: AK Dept of Health and Social Svcs., AK Alaska Medical Assistance Provider Billing Manuals, Section1: Physician, Advance Nurse Practitioner, Physician Assistant: Services, Policies and Procedures, (Accessed Jan. 2014) & AK Admin. Code, Title 7, 110.630 (2012).</i></p> <p>No reimbursement for:</p> <ul style="list-style-type: none"> • Home and community-based waiver services; • Pharmacy; • Durable medical equipment; • Transportation; • Accommodation services; • End-stage renal disease; • Direct-entry midwife; • Private duty nursing; • Personal care assistants; • Visual care, dispensing or optician services; • Technological equipment and systems associated with telemedicine application. <p><i>Source: AK Admin. Code, Title 7, 110.635 (2012) & AK Dept of Health and Social Svcs., AK Alaska Medical Assistance Provider Billing Manual, Section1: Physician, Advance Nurse Practitioner, Physician Assistant: Services, Policies and Procedures, (Accessed Jan. 2014)</i></p>
Store and Forward Reimbursement	
(See Medicaid column)	<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 Jan. 2014)</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>
Remote Patient Monitoring Reimbursement	
(See Medicaid column)	<p>Alaska Medicaid will reimburse for services delivered through self-monitoring.</p> <p><i>Source: AK Dept of Health and Social Svcs., Alaska Medical</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><i>Assistance Provider Billing Manual, Section1: Physician, Advance Nurse Practitioner, Physician Assistant: Services, Policies and Procedures, (Accessed Jan. 2014)</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>
Email/Phone/FAX	
(see Medicaid column)	<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 Jan. 2014)</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>
Online Prescribing	
Physicians are prohibited from prescribing medications based solely on a patient-supplied history received by telephone, FAX, or electronic format. <i>Source: AK Admin. Code, Title 12, Sec. 40.967 (2012).</i>	No reference found.
Consent	
No reference found.	No reference found.
Location	
No reference found.	No reference found.
Cross-State Licensing	
No reference found.	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
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><u>Community Behavioral Health Services</u></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>The department will pay a community behavioral health services provider for facilitation of a telemedicine session if:</p> <ul style="list-style-type: none"> • The Telemedicine communication equipment is supplied by the provider; • The electronic connection used by the treating provider and the recipient are established and maintained by the provider; • The provider remains available during the telemedicine session to reestablish failed connection before the intended end of the telemedicine session; and • The provider documents in the recipient's clinical record a note summarizing the facilitation of each telemedicine session (although the facilitating provider is not required to document a clinical problem or treatment goal as these are to be documented by the treating provider). <p>This service may be rendered to the following eligible recipients:</p> <ul style="list-style-type: none"> • Child or adult experiencing a substance use disorder or emotional disturbance • Adult experiencing a serious mental illness <p><i>Source: AK Admin. Code, Title 7, 135.290.</i></p>
Miscellaneous	

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

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www.southwesttrc.org

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<p>Under Arizona Statute, Public Health & Safety, "telemedicine means the practice of health care delivery, diagnosis, consultation and treatment and the transfer of medical data through interactive audio, video or data communications that occur in the physical presence of the patient, including audio or video communications sent to a health care provider for diagnostic or treatment consultation."</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 SB 1353 (2013).</i></p>	<p>Telemedicine is "the practice of health care delivery, diagnosis, consultation and treatment and the transfer of medical data between the originating and distant sites through real time interactive audio, video or data communications that occur in the physical presence of the member."</p> <p><i>Source: AZ Health Care Cost Containment System .AHCCCS Medical Policy Manual for AHCCCS Covered Services, Ch. 300, p. 176, Apr. 2012.</i></p> <p>Telehealth is "the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance."</p> <p><i>Source: AZ Health Care Cost Containment System, AHCCCS Medical Policy for AHCCCS Covered Services, p. 176. Apr. 2012.</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><u>Recently Signed Legislation to go into effect Jan. 1, 2015</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"> • Cardiology; • Dermatology; • Endocrinology;

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<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"> • Trauma • Burn • Cardiology • Infectious diseases • Mental health disorders • Neurologic diseases including strokes • Dermatology <p>A rural region is defined as:</p> <ul style="list-style-type: none"> • An area that is located in a county with a population of less than nine hundred thousand persons; or • 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. <p><i>Source: AZ SB 1353 (2013).</i></p>	<ul style="list-style-type: none"> • Hematology/oncology; • Home Health • Infectious diseases; • Neurology; • Obstetrics/gynecology; • Oncology/radiation; • Ophthalmology; • Orthopedics; • Pain clinic; • Pathology; • Pediatrics and pediatric sub-specialties; • Radiology; • Rheumatology; • Surgery follow-up and consults; <p><i>Source: AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Manual, Ch. 10: Professional and Technical Services, p. 39 (Feb. 2013).</i></p> <p>Behavioral health services are covered for AHCCS and KidsCare patients.</p> <p>Covered behavioral health services:</p> <ul style="list-style-type: none"> • Diagnostic consultation and evaluation; • Psychotropic medication adjustment and monitoring; • Individual and family counseling; • Case management. <p>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, must be present.</p> <p>Other medical professionals:</p> <ul style="list-style-type: none"> • Registered nurses; • Licensed practical nurses; • Clinical nurse specialists; • Registered nurse midwives; • Registered nurse practitioners; • Physician assistants; • Physical, occupational, speech, and respiratory therapists; • Trained telepresenter familiar with the recipient's medical condition. <p>For behavioral health services, the patient's physician, case manager, behavioral health professional, or telepresenter must be present.</p> <p><i>Source: AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Manual, Ch. 10: Professional and Technical Services, p. 40 (Feb. 2013).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Store and Forward Reimbursement	
<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>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, p. 39-40 (Feb. 2013).</i></p> <p><u>Managed Care</u> In the Managed Care program, AHCCCS only covers for store and forward (and is subject for review) the following:</p> <ul style="list-style-type: none"> • Dermatology • Radiology • Ophthalmology • Pathology <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, p. 178 (Apr. 2012).</i></p> <p>The following exceptions may be eligible for reimbursement by managed care, but are not considered a “telemedicine service”:</p> <ul style="list-style-type: none"> • A provider in the role of tele-presenter may be providing a separately billable service, such as an electrocardiogram or an X-ray. The service is covered, but not the tele-presenting. • A consulting distant-site provider may offer a service that does not require real-time patient interaction. Reimbursement only for dermatology, radiology, ophthalmology, and pathology. and is subject to review by AHCCCS Medical Management. • When a patient in a rural area presents within three hours of onset of stroke symptoms, AHCCCS will reimburse the consulting neurologist if the consult is placed for assistance in determining appropriateness of thrombolytic therapy even when the patients’ condition is such that real-time video interaction cannot be achieved. <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</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<i>Circumstances, page 178, (Apr. 2012).</i>
Remote Patient Monitoring Reimbursement	
<p>No reference found.</p>	<p>Home health is listed as a reimbursable service in fee for service, but no other reference was found or explanation of what is considered a “home health” service</p> <p><i>Source: AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Manual, Ch. 10: Professional and Technical Services, p. 39 (Jan. 2013).</i></p> <p><u>Managed Care</u> AHCCCS program only reimburses for telemedicine delivered via real time, Home Health is not a covered service under this program.</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. 179 (Apr. 2012).</i></p>
Email/Phone/FAX	
<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><u>Recently Signed Legislation to go into effect Jan. 1, 2015</u></p> <ul style="list-style-type: none"> • No Phone • No Email • No Fax <p><i>Source: AZ SB 1353 (2013).</i></p>	<p>No reference found.</p>
Online Prescribing	
<p>Physicians are prohibited from issuing a prescription to patients without having a previously established provider-patient relationship, or first conducting a physical exam.</p> <p><i>Source: Arizona Revised Statute Sec. 32-1401 (2012).</i></p>	<p>No reference found.</p>
Consent	
<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>No reference found.</p>
Location	
<p><u>Recently Signed Legislation to go into effect Jan. 1, 2015</u></p>	<p>Eligible hub or spoke sites for Indian Health Services or tribal providers:</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<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"> • An area that is located in a county with a population of less than nine hundred thousand persons; or • 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. <p><i>Source: AZ SB 1353 (2013).</i></p>	<ul style="list-style-type: none"> • Indian Health Service clinic; • Tribally-governed facility; • Urban clinic for American Indians; • Physician or other provider office; • Hospital; • Federally Qualified Health Center (FQHC). <p><i>Source: AHCCCS, HIS/638 AHCCCS Telehealth Training Manual, p. 8.</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 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, p. 39 (Feb. 2013).</i></p>
Cross-State Licensing	
<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><u>Managed Care</u></p> <p>A consultation by a non-Arizona licensed provider may occur if:</p> <ul style="list-style-type: none"> • It is to a specific patient in the AHCCCS program; • The provider is registered with AHCCCS; • The provider is licensed in the state the consultation is being provided from, or the provider is employed by an Indian Health Services, Tribal or Urban Indian Health program, and appropriately licensed based on IHS and Tribal facility requirements. <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, page 179, (Apr. 2012).</i></p>
Private Payers	
<p><u>Recently Signed Legislation to go into effect Jan. 1, 2015</u></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"> • Trauma • Burn • Cardiology • Infectious diseases 	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<ul style="list-style-type: none"> • Mental health disorders • Neurologic diseases including strokes • Dermatology <p>A rural region is defined as:</p> <ul style="list-style-type: none"> • An area that is located in a county with a population of less than nine hundred thousand persons; or • 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. <p><i>Source: AZ SB 1353 (2013).</i></p>	
Site/Transmission Fee	
No reference found.	No reference found.
Miscellaneous	
<p>Arizona explicitly prohibits the use of telemedicine to provide an abortion.</p> <p><i>Source: AZ Revised Statute Sec. 36-3604 (2012).</i></p>	<p><u>Managed Care</u> There is reimbursement for non-emergency transportation to and from the telemedicine originating site.</p> <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, page 179, (Apr. 1, 2012).</i></p>

Arkansas

Medicaid Program: Arkansas Medicaid

Program Administrator: Arkansas Department of Human Services

Regional Telehealth Resource Center
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learntelehealth.org

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<p>“Telemedicine means an interactive telecommunications system that: Utilizes information technology, audio, video and other appropriate elements, and is compatible with other telemedicine networks; and is used for the purpose of enhancing the delivery of medical information and health care to medical facilities in rural and urban areas throughout Arkansas.”</p> <p><i>Source: AR Code Annotated Sec. 10-3-1702 (2012)</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 Lab/CRNA/Radiation Therapy Center, p. 33.</i></p>
Live Video Reimbursement	
<p>No reference found.</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"> • Consults; • Fetal echography and echocardiography; • Non-emergency visits in a physician’s office, a clinic or a hospital outpatient department; • Inpatient hospital visits; • Federally Qualified Health Centers (FQHC) encounters. <p><i>Source: AR Provider Manual, Section II: Physician/Independent Lab/CRNA/Radiation Therapy Center, p. 70.</i></p> <p><i>Source: (fetal echography and echocardiography): AR Provider Manual, Section II: Hospital/CAN/End Stage Renal Disease, p. 32. and Section II: Rural Health Clinics, p. 6.</i></p> <p><i>Source (FQHC only): AR Provider Manual, Section II: Federally</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><i>Qualified Health Center, p. 11.</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>Note: 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.</p> <p><i>Source: AR Provider Manual, Section II: Rehabilitative Services for Persons with Mental Illnesses, p. 13-14.</i></p>
Store and Forward Reimbursement	
<i>(See Medicaid column)</i>	<p>Arkansas Medicaid defines telemedicine as “Interactive electronic consultations are physician consultations, “face-to-face” in real time, via two-way electronic data exchange.” This would exclude store and forward.</p> <p><i>Source: AR Provider Manual, Section II: Physician/Independent Labe/CRNA/Radiation Therapy Center, p. 33.</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
No reference found.	No reference found.
Online Prescribing	
<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>	No reference found.
Consent	
No reference found.	No reference found.
Location	
<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"> • In-patient or non-emergency hospital • Physician office or clinic • Ambulatory surgical center • FQHC; or • Emergency department.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<i>Source: AR Provider Manual, Section II: Physician/Independent Lab/CRNA/Radiation Therapy Center, p. 162.</i>
Cross-State Licensing	
<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>	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	No reference found.
Miscellaneous	
<p>The Board of Examiners in Speech-Language Pathology and Audiology defines “telepractice” as telespeech, 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> <p><i>Source: AR Code Sec. 17-100-103.</i></p>	

California

Medicaid Program: Medi-Cal

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

Regional Telehealth Resource Center:

California Telehealth Resource Center (CTRC)

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Sacramento, CA 95811

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www.caltrc.org

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<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 & 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).</i></p>
Live Video Reimbursement	
<p>Private payers may reimburse for live video. (See “Private Payers” section).</p> <p><i>Source: CA Health & 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).</i></p>
Store and Forward Reimbursement	
<p>Private payers may reimburse for store and forward.</p> <p><i>Source: CA Business & Professions Code Sec. 2290.5 (2012).</i></p> <p>(also see Medicaid column)</p>	<p>Medi-Cal will reimbursement for store and forward services for tele-dermatology and tele-ophthalmology.</p> <p><i>Source: CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth. Pg. 5. (Dec. 2013).</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Email/Phone/FAX	
No reference found.	Medi-Cal does not reimburse for telephone calls, electronic mail messages or facsimile transmissions. <i>Source: CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth. Pg. 5. (Dec. 2013).</i>
Online Prescribing	
Providers are prohibited from prescribing or dispensing dangerous drugs or dangerous devices on the Internet without an appropriate prior examination and medical indication. <i>Source: CA Business & Professions Code Sec. 2242.1(a).</i>	No reference found.
Consent	
The originating site provider must obtain and document oral patient consent prior to service delivery. <i>CA Health & Safety Code Sec. 1374.13 (2012).</i> <u>Recently Adopted Regulation (Effective Apr. 1, 2014)</u> <u>Occupational Therapy</u> Oral informed consent must be obtained by the originating site prior to the use of telehealth to deliver health services. <i>Source: CA Code of Regulations, Title 16, Div. 39, Art. 8, Sec. 4172.</i>	Provider must obtain oral consent from the patient and document it in the patient record. <i>Source: CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth. Pg. 2. (Dec. 2013).</i>
Location	
Health plans cannot limit the settings where services are provided. Settings are still subject to contract terms and conditions. <i>Source: CA Health & Safety Code Sec. 1374.13 (2012).</i>	The type of setting where services are provided is not limited. <i>Source: CA Department of Health Care Services. Medi-Cal Part 2 General Medicine Manual. Telehealth. Pg. 1. (Dec. 2013).</i>
Cross-State Licensing	
No reference found.	No reference found.
Private Payers	
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 & Safety Code Sec. 1374.13 (2012).</i>	No reference found.
Site/Transmission Fee	
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).</i>
Miscellaneous	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p><u>Recently Adopted Regulation (Effective Apr. 1, 2014)</u> 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. See “Comments” section for additional details on the standards.</p>	

Comments:**The CA Board of Occupational Therapy’s Standards of Practice for Telehealth (Effective Apr. 1, 2014)****Licensing**

Occupational Therapists (OTs) and Occupational Therapist Assistants (OTAs) must have a valid and current license issued by the board.

Standard of Care

OTs and OTAs must exercise the same standard of care for telehealth-delivered services as in-person services and must provide services consistent with the section of CA's Business and Professions Code relating to occupational therapy as well as comply with other provisions of the Occupational Therapy Practice Act.

Need for In-Person Evaluation or Intervention

The rule directs OTs to make a determination of whether an in-person evaluation or intervention is necessary, prior to providing occupational therapy services via telehealth. If necessary, a therapist must be available onsite (in the case of an evaluation), or an OT/OTA must be onsite (in the case of an intervention). In making this determination, the rule directs OTs and OTAs to consider:

- The complexity of the patient’s condition;
- Their own knowledge, skills and abilities;
- The nature and complexity of the intervention;
- The requirements of the practice setting; and
- The patient’s context/environment.

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

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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<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>No reference found.</p>
Live Video Reimbursement	
<p>Health plans for patients in counties with 150,000 or fewer residents cannot require face-to-face contact between a provider and a patient for services that could be appropriately provided through telemedicine, subject to the terms and conditions of the health benefit plan.</p> <p><i>Source: CO Revised Statutes 10-16-123 (2012).</i></p> <p><i>(also see Medicaid column & “Private Payers” section)</i></p>	<p>Colorado Medicaid will reimburse for medical and mental health services. Services shall be subject to reimbursement policies developed by the medical assistance program.</p> <p>Reimbursement must be the same as in-person services.</p> <p><i>Source: CO Revised Statutes 25.5-5-320 (2012).</i></p> <p>Colorado Medicaid does not pay for provider or patient education when education is the only service provided via telemedicine.</p> <ul style="list-style-type: none"> • No enrolled managed care organization may require face-to-face contact between a provider and a client for services appropriately provided through telemedicine if: The client resides in a county with a population of 150,000 or fewer residents and • The county has the technology necessary to provide telemedicine services. <p>The use of telemedicine is not required when in-person care by a participating provider is available to an enrolled client within a reasonable distance.</p> <p><i>Source: CO Medical Assistance Program, Telemedicine Manual, p. 3-4 (Sept. 2013).</i></p>
Store and Forward Reimbursement	
<p>No reimbursement based upon definition of “telemedicine” which describes telemedicine as</p>	<p>The CO Medical Assistance Program will only reimburse for “live” telemedicine, excluding store and</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>“interactive” implying that it happens in real time.</p> <p><i>Source: CO Revised Statutes 12-36-102.5 (2012).</i></p>	<p>forward. Peripherals, such as transmission of a live ultrasound exam, may be reimbursed.</p> <p><i>Source: CO Medical Assistance Program, Telemedicine Manual, p. 3 (Sept. 2013).</i></p>
Remote Patient Monitoring Reimbursement	
<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"> • The patient is receiving services from a home health provider for at least one of the following: congestive heart failure, chronic obstructive pulmonary disease, asthma, or diabetes; • The patient requires monitoring at least five times weekly to manage the disease, as ordered by a physician or podiatrist; • The patient has been hospitalized two or more times in the last 12 months for conditions related to the disease; • The patient or caregiver misses no more than five monitoring events in a 30-day period; • The patient’s home has space for all program equipment and full transmission capability. <p><i>Source: (Reimbursement): CO Revised Statutes 25.5-5-321 (2012). 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>
Email/Phone/FAX	
<p>Private payers and the managed care system are not required to cover telephone or FAX services.</p> <p><i>Source: CO Revised Statutes 10-16-123 and Colorado Revised Statutes 25.5-5-414 (2012).</i></p>	<p>No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: CO Medical Assistance Program, Telemedicine Manual, p. 3 (Sept. 2013).</i></p>
Online Prescribing	
<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>No reference found.</p>
Consent	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>Providers shall give all first-time patients a written statement that includes the following:</p> <ul style="list-style-type: none"> The patient may refuse telemedicine services at any time, without loss or withdrawal of treatment; All applicable confidentiality protections shall apply to the services; The patient shall have access to all medical information from the services, under state law. <p><i>Source: CO Revised Statutes 25.5-5-320 (2012).</i></p>	<p>The Medicaid requirement for face-to-face contact between provider and client may be waived prior to treating the client through telemedicine for the first time. The rendering provider must furnish each client with all of the following written statements which must be signed by the client or the client's legal representative:</p> <ul style="list-style-type: none"> The client retains the option to refuse the delivery of health care services via telemedicine at any time without affecting the client's right to future care or treatment and without risking the loss or withdrawal of any program benefits to which the client would otherwise be entitled. All applicable confidentiality protections shall apply to the services. The client 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. <p>These requirements do not apply in an emergency.</p> <p><i>Source: CO Medical Assistance Program, Telemedicine Manual, p. 4 (Sept. 2013).</i></p>
Location	
No reference found.	No reference found.
Cross-State Licensure	
No reference found.	No reference found.
Private Payers	
<p>Health plans for patients in counties with 150,000 or fewer residents cannot require face-to-face contact between a provider and a patient for services that could be appropriately provided through telemedicine.</p> <p>These services are subject to all terms and conditions of the health plans.</p> <p><i>Source: CO Revised Statutes 10-16-123 (2012).</i></p>	No reference found.
Site/Transmission Fee	
No reference found.	<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> <p>The originating site may bill for a facility fee. Eligible providers for a facility fee includes:</p> <ul style="list-style-type: none"> Physician Clinic Osteopath

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> • FQHC • Psychologist • MA Psychologist • Physician Assistant • Nurse Practitioner • Rural Health Clinic <p><i>Source: CO Medical Assistance Program, Telemedicine Manual, p. 5 (Sept. 2013).</i></p>
Miscellaneous	

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

11 Parkwood Drive

Augusta, ME 04330

(207) 622-7566 / (800) 379-2021

www.netrc.org

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<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 Public Act No. 12-109 (2012); HB 5483.</i></p>	<p>No reference found.</p>
Live Video Reimbursement	
<p>No reference found.</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.</i></p> <p>Exception:</p> <ul style="list-style-type: none"> • Case management behavioral health services for clients age eighteen and under. <p><i>Source: CT Provider Manual. Behavioral Health. Sec. 17b-262-918. Pg. 6.</i></p>
Store and Forward Reimbursement	
<p>No reference found.</p>	<p>No reference found.</p>
Remote Patient Monitoring Reimbursement	
<p>No reference found.</p>	<p>No reference found.</p>
Email/Phone/FAX	
<p>There is no reimbursement for telephone or FAX.</p> <p><i>Source: CT Public Act No. 12-109 (2012); HB 5483.</i></p>	<p>The department shall not pay for information or services provided to a client over the telephone.</p> <p><i>Source: CT Provider Manual. Clinic. Sec. 17b-262-823. Ch. 8, pg. 20.</i></p>
Online Prescribing	
<p>No reference found.</p>	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Consent	
No reference found.	No reference found.
Location	
No reference found.	No reference found.
Cross-State Licensing	
<p>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.</p> <p><i>Source: CT General Statutes Sec. 20-12 (2012).</i></p>	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	No reference found.
Miscellaneous	

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.

Connecticut Public Act No. 12-109 (2012); HB 5483.

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

STATE LAW	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<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>	No reference found.
Live Video Reimbursement	
See Medicaid Column.	<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>
Store and Forward Reimbursement	
No reference found.	No reference found.
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
<p>No reimbursement requirement for audio-only telephones, electronic mail messages or facsimile transmissions.</p> <p><i>Source: Code Sec. 31-3861.</i></p>	No reference found.
Online Prescribing	
No reference found.	No reference found.
Consent	
No reference found.	No reference found.
Location	
No reference found.	No reference found.

STATE LAW	MEDICAID PROGRAM
Cross-State Licensing	
No reference found.	No reference found.
Private Payers	
<p>Private payers are required to pay for telehealth services if the same service would be covered when delivered in person.</p> <p>A health insurer may not impose any annual or lifetime dollar maximum on coverage for telehealth services.</p> <p><i>Source: DC Code Sec. 31-3862.</i></p>	No reference found.
Site/Transmission Fee	
No reference found.	No reference found.
Miscellaneous	

Delaware

Medicaid Program: Delaware Medical Assistance Program

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

Recent Policy Developments:

In July 2012, the state Medicaid program began reimbursing for telemedicine services. This decision was made administratively, with no change in state law.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
No reference found.	“Telemedicine is the use of telecommunication and information technologies to provide clinical health care at a distance”. <i>Source: DE Dept. of Health and Social Svcs., Press Release DHSS-59-2012, (Jun. 27, 2012).</i>
Live Video Reimbursement	
No reference found.	The Delaware Medical Assistance Program will reimburse for “telemedicine-delivered services.” <i>Source: DE Dept. of Health and Social Svcs., Press Release DHSS-59-2012, (Jun. 27, 2012).</i>
Store and Forward Reimbursement	
No reference found.	No reference found.
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
No reference found.	Federally Qualified Health Centers Telephone consultations are covered services that are included in the payment made to the FQHC and should not be billed as an encounter. <i>Source: Delaware FQHC Provider Specific Policy Manual, pg. 5</i>
Online Prescribing	
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	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Internet pharmacy through an Internet site. <i>Source: DE Code, Title 16 Sec. 4744 (2012).</i>	
Consent	
No reference found.	No reference found.
Location	
No reference found.	Eligible originating sites: <ul style="list-style-type: none"> • Hospitals; • Federally qualified health centers (FQHC); • Public health clinics; • Program for All-Inclusive Care for the Elderly (PACE) centers. <i>Source: DE Dept. of Health and Social Svcs., Press Release DHSS-59-2012, (Jun. 27, 2012).</i>
Cross-State Licensing	
No reference found.	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	The originating site will be reimbursed a facility fee for the telemedicine space and equipment. <i>Source: DE Dept. of Health and Social Svcs., Press Release DHSS-59-2012, (Jun. 27, 2012).</i>
Miscellaneous	

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
Definition of telemedicine/telehealth	
<p><u>Recently Adopted Regulation (Effective Mar. 12, 2014)</u></p> <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, U.S. Mail or other parcel service, or any combination thereof.”</p> <p><i>Source: FL Admin Code 64B8-9.0141 & 64B15-14.0081.</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.80 (Nov. 2012).</i></p> <p>“Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient’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, and the physician at the distant site.”</p> <p><i>Source: FL Dept. of Health, Practitioner, Policy and Procedure Handbook, p.138-9 (Dec. 2012).</i></p>
Live Video Reimbursement	
<p>No reference found.</p>	<p>Reimbursement is available through Florida Medicaid.</p> <p>Only physicians can provide and receive reimbursement for telemedicine services.</p> <p>A physician, ARNP or PA may initiate a consultation from the spoke site. The referring practitioner must be present during the consultation as well as the recipient.</p> <p>Special documentation: When telemedicine services are provided, the clinical record must include:</p> <ul style="list-style-type: none"> • A brief explanation of why the services were not provided face to face; • Documentation of telemedicine service provided including the results of the assessment; and • Signed patient consent. <p>Only certain consultation codes are reimbursed for</p>

STATE LAW	MEDICAID PROGRAM
	<p>telemedicine.</p> <p><i>Source: FL Dept. of Health, Practitioner, Policy and Procedure Handbook, p.138-9 (Dec. 2012).</i></p> <p>Florida Medicaid will reimburse for live video in the Child Protection Team Program (see Comments), and for the following dental services:</p> <ul style="list-style-type: none"> • Oral prophylaxis; • Topical fluoride application; • Oral hygiene instructions. <p>All dental services must be delivered by a registered dental hygienist, with a supervising dentist.</p> <p><i>Source (Child Protection Team Program): FL Dept. of Health, Child Protection Team Program, Policy and Procedure Handbook, p.119 (Nov. 2012).</i></p> <p><i>Source (dental services): FL Dental Services Coverages and Limitations Handbook, p. 2-26, (November 2011).</i></p>
Store and Forward Reimbursement	
No reference found.	<p>Store and forward reimbursement is not available.</p> <p><i>Source: , p.138-9 (Dec. 2012).</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX Restrictions	
<p><u>Recently Adopted Regulation (Effective Mar. 12, 2014)</u></p> <p>“Telemedicine shall not include the provision of health 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 & 64B15-14.0081.</i></p>	<p>No telephone reimbursement No Email reimbursement No Fax reimbursement No video cell phone conversations reimbursement</p> <p><i>Source: FL Dept. of Health, Practitioner, Policy and Procedure Handbook p.138-9 (Dec. 2012).</i></p>
Online Prescribing	
<p><u>Recently Adopted Regulation (Effective Mar. 12, 2014)</u></p> <p>Controlled substances shall not be prescribed through the use of telemedicine.</p> <p>A physician-patient relationship may be established through telemedicine.</p> <p><i>Source: FL Admin Code 64B8-9.0141 & 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</p>	No reference found.

STATE LAW	MEDICAID PROGRAM
<p>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>	
Consent	
<p>No reference found.</p>	<p>Patient informed consent is required. It can be for a set period of treatment or a one-time visit, as applicable to the services provided.</p> <p><i>Source: FL Dept. of Health, Practitioner, Policy and Procedure Handbook, p.138-9 (Dec. 2012).</i></p>
Location	
<p>No reference found.</p>	<p>Telecommunication with recipient at a location other than the spoke site is not allowed.</p> <p>Telemedicine services are limited to:</p> <ul style="list-style-type: none"> • Hospital outpatient setting • Inpatient setting • Physician office <p><i>Source: FL Dept. of Health, Practitioner, Policy and Procedure Handbook, p.138-9 (Dec. 2012).</i></p>
Cross State Licensing	
<p>No reference found.</p>	<p>No reference found.</p>
Private Payers	
<p>No reference found.</p>	<p>No reference found.</p>
Site/Transmission Fee	
<p>No reference found.</p>	<p>Medicaid does not reimburse for the costs or fees of any of equipment.</p> <p><i>Source: FL Dept. of Health, Practitioner, Policy and Procedure Handbook, p.138-9 (Dec. 2012).</i></p>
Miscellaneous	
<p><u>Recently Adopted Regulation (Effective Mar. 12, 2014)</u></p> <p>Florida's Board of Medicine and Osteopathic Medicine adopted "Standards for Telemedicine Practice". See "Comments" for details not included in the categories above.</p> <p><i>Source: FL Admin Code 64B8-9.0141.</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 (Nov. 2012).

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, < http://www.cms-kids.com/families/health_services/telemedicine.html>. Accessed Feb. 18, 2014.

Standards for Telemedicine Practice (Effective Mar. 12, 2014)

Standard of Care

The standard of care shall remain the same regardless of whether a service is provided in person or by telemedicine.

Technology

Providers are responsible for the quality of the equipment and technology employed and are responsible for their safe use. Telemedicine equipment and technology must be able to provide, at a minimum, the same information to the physician and physician assistant which will enable them to meet or exceed the prevailing standard of care for the practice of medicine.

Confidentiality and Records

The practice of medicine by telemedicine does not alter any obligation of the physician or the physician assistant regarding patient confidentiality or recordkeeping.

Exemptions

This rule does not apply to emergency medical services provided by emergency physicians, emergency medical technicians (EMTs), paramedics, and emergency dispatchers or to a physician or physician assistant treating a patient with an emergency medical condition that requires immediate medical care.

Source: FL Admin Code 64B8-9.0141 & 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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<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, (Nov. 2012).</i></p>
Live Video Reimbursement	
<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 & 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, 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"> • Office visits; • Pharmacologic management; • Limited office psychiatric services; • Limited radiological services; • A limited number of other physician fee schedule services. <p><i>Source: GA Dept. of Community Health, GA Medicaid</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><i>Telemedicine Handbook, p. 2-3, (Nov. 2012).</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><i>Source: GA Dept. of Community Health, Division of Medical Assistance, Part II Policies and Procedures for Nursing Facilities, p. 202 (Jan. 1, 2014). And Community Behavioral Health Rehabilitation Services, p. 60 (Jan. 1, 2014).</i></p>
Store and Forward Reimbursement	
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><i>Source: GA Dept. of Community Health, GA Medicaid Telemedicine Handbook, p. 4, (Nov. 2012).</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
<p>No reimbursement for FAX. 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 FAX. No reimbursement for telephone. No reimbursement for email.</p> <p><i>Source: GA Dept. of Community Health, GA Medicaid Telemedicine Handbook, p. 8, (Nov. 2012).</i></p>
Online Prescribing	
<p>Physicians are prohibited from prescribing controlled substances or dangerous drugs based solely on an electronic consult.</p> <p><i>Source: GA Rules & Regulations revised 360-3-.02 (2012).</i></p>	No reference found.
Consent	
No reference found in statute.	<p>The referring provider must obtain prior written consent.</p> <p><i>Source: GA Dept. of Community Health, GA Medicaid Telemedicine Handbook, p. 5, (Nov. 2012).</i></p>
Location	
No reference found.	<p>Eligible originating sites:</p> <ul style="list-style-type: none"> • Provider offices; • Hospitals; • Critical Access Hospitals (CAH); • Rural Health Clinics (RHC); • Federally Qualified Health Centers (FQHC); • Skilled nursing facilities; • Community mental health centers; • GA public health clinics;

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> • School-based clinics. <p>Eligible distant sites:</p> <ul style="list-style-type: none"> • Provider offices; • Hospitals; • Critical Access Hospitals (CAH); • Rural Health Clinics (RHC); • Federally Qualified Health Centers (FQHC); • Skilled nursing facilities; • Community mental health centers; • GA public health clinics. <p><i>Source: GA Dept. of Community Health, GA Medicaid Telemedicine Handbook, p. 3, (Nov. 2012).</i></p>
Cross-State Licensure	
<p><u>Recently Adopted Regulation (Now Effective)</u> 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, (Nov. 2012).</i></p>
Private Payers	
<p>Requires coverage of telemedicine services, subject to contract terms and conditions.</p> <p><i>Source: GA Rules & Regulations. Sec. 33-24-56.4 (2012).</i></p>	<p>No reference found.</p>
Site/Transmission Fee	
<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, CA Medicaid Rural Health Clinic Services Handbook, p. 50 (Jan, 2014) and FQHC Handbook, p. 42 (Jan. 2014).</i></p>
Miscellaneous	
<p><u>Recently Adopted Regulation (Now Effective)</u> The Georgia Composite Medical Board adopted new rules to establish standards for practice through electronic or other such means. See "comments" section for additional details not included in the categories above.</p>	

Comments: Patients who are eligible for both Medicare and Medicaid (known as dual eligibles), will receive mental health care through Medicare, with Medicaid the payer of last resort. Though not available in all areas of the state, Medicare-funded mental health services are currently provided to nursing home residents via telemedicine, face-to-face visits by providers in the nursing home, and nursing home resident visits to psychiatric/mental health clinics or offices, for those individuals able to travel.

GA Dept. of Community Health, Division of Medical Assistance, Part II Policies and Procedures for Nursing Facilities, p. 202 (Jan. 1, 2014).

The Georgia Composite Medical Board decision on a proposed requirement of an in-person examination by a physician before providing telemedicine treatment was postponed.

Georgia Medical Board Proposed Regulation. 360-3-.02 Unprofessional Conduct Defined.

Georgia Composite Medical Board standards for practicing through electronic or other such means (Now Effective)

Patient History

The distant site practitioner must have access to a history of the patient.

Standard of Care

A Georgia licensed physician, physician assistant or advanced practice registered nurse either:

- Has personally seen and examined the patient and provides ongoing and intermittent care by electronic or other such means; or
- Is providing medical care by electronic or other such means at the request of a physician, physician assistant or advanced practice registered nurse licensed in Georgia who has personally seen and examined the patient; or
- Is providing medical care by electronic or other such means at the request of a Public Health Nurse, a Public School Nurse, the Department of Family and Children's Services, law enforcement, community mental health center or through an established child advocacy center for the protection of a minor, and the physician, physician assistant or advanced practice registered nurse is able to examine the patient using technology and peripherals that are equal or superior to an examination done personally by a provider within that provider's standard of care; or
- Is able to examine the patient using technology and peripherals that are equal or superior to an examination done personally by a provider within that provider's standard of care.

Records

The provider must maintain patient records on the patient and must document the evaluation and treatment along with the identity of the practitioners providing the service by electronic or other means and if there is a referring practitioner, a copy of this record must also be provided to the referring practitioner.

Scope of Work

To delegate to a nurse practitioner or to supervise a physician assistant doing telemedicine, the physician must document to the board that the provision of care by telemedicine is in his or her scope of practice and that the NP or PA has demonstrated competence in the provision of care by telemedicine.

Information Provided to Patients

Patients treated by electronic or other such means or patient's agent must be given the name, credentials and emergency contact information for the Georgia licensed physician, physician assistant and/or advanced practice registered nurse providing the treatment or consultation.

The patient being treated via electronic or other means or the patient's agent must be provided with clear, appropriate, accurate instructions on follow-up in the event of needed emergent care related to the treatment.

Need for In-Person Examination

The physician, physician assistant or nurse practitioner who provides care or treatment for a patient by electronic or other such means must make diligent efforts to have the patient seen and examined in person by a Georgia licensed physician, physician assistant or nurse practitioner at least annually.

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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<p>According to state insurance law, “Telehealth means the use of telecommunications services, including but not 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 to parties separated by distance. Standard telephone contacts, facsimile transmissions, or email text, in combination or by itself, does not constitute a telehealth service for the purposes of this chapter.”</p> <p><i>Source: HI Revised Statutes § 431:10A-116.3 (2012).</i></p> <p>According to state business law, “Telehealth means the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration, to the extent that it relates to nursing.”</p> <p><i>Source: HI Revised Statutes § 457-2 (2012).</i></p> <p>According to state business law, “Telemedicine means the use of telecommunications services, including real-time video or web conferencing communication or secure web-based communication to establish a physician-patient relationship, to evaluate a patient, or to treat a patient. ‘Telehealth’ as used in chapters 431, 432, and 432D, includes ‘telemedicine’ in its definition.”</p> <p><i>Source: HI Revised Statutes § 453-1.3 (2012).</i></p>	<p>No reference found.</p>
Live Video Reimbursement	
Hawaii requires coverage of telehealth services (which	Hawaii Quest will reimburse for live video, as long as it

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>includes live video), subject to contract terms and conditions.</p> <p><i>Source: HI Revised Statutes § 431:10A-116.3 (2012).</i></p> <p><i>(See Medicaid column & “Private Payers” Section)</i></p>	<p>“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 (2012).</i></p>
Store and Forward Reimbursement	
<p>Based upon the definition of “telehealth” (which includes secure asynchronous information exchange) in the state insurance law, store and forward may be covered.</p> <p><i>Source: HI Revised Statutes § 431:10A-116.3 (2012).</i></p> <p><i>(also see Medicaid column)</i></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 (2012).</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: HI Revised Statutes § 431:10A-116.3 (2012).</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>
Online Prescribing	
<p>Prescribing providers must have a provider-patient relationship prior to e-prescribing. This includes:</p> <ul style="list-style-type: none"> • A face-to-face history and physical exam; • A diagnosis and therapeutic plan; • Discussion of diagnosis or treatment with the patient; • Availability of appropriate follow-up care. <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><i>Source: HI Revised Statutes § 453-1.3.</i></p>	No reference found.
Consent	
No reference found.	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Location	
(see Medicaid column)	<p>Eligible originating sites:</p> <ul style="list-style-type: none"> • Hospitals; • Critical Access Hospitals; • Rural Health Clinics; • Federally Qualified Health Centers; • Federal telehealth demonstration project sites. <p>In addition, originating sites must be located in one of the following:</p> <ul style="list-style-type: none"> • A federally designated Rural Health Professional Shortage Area; • A county outside of a Metropolitan Statistical Area; • An entity that participates in a federal telemedicine demonstration project. <p><i>Source: Code of HI Rules 17-1737 (2012).</i></p>
Cross-State Licensing	
<p>Out-of-state radiologists may provide services in Hawaii.</p> <p><i>Source: HI Revised Statutes § 453-2(b)(6).</i></p> <p>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.</p> <p><i>Source: HI Revised Statutes Sec. 453-2(3).</i></p>	No reference found.
Private Payers	
<p>Hawaii requires coverage of telehealth services, subject to contract terms and conditions.</p> <p><i>Source: HI Revised Statutes § 431:10A-116.3 (2012).</i></p>	No reference found.
Site/Transmission Fee	
No reference found.	No reference found.
Miscellaneous	

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 12th Ave. N., Ste. 30W, Billings, MT 59101
(888) 662-5601
www.nrtrc.org

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<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>Telehealth is an electronic, real time, synchronized, audio-visual contact between a qualified provider and a participant using specialized equipment.</p> <p><i>Source: Medicaid Telehealth Policy. 3/5/2013. http://www.healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/TelehealthPolicy.pdf (accessed Feb. 2014)</i></p>
Live Video Reimbursement	
<p>(see Medicaid column)</p>	<p>Idaho Medicaid will reimburse for a limited number of mental health and developmental disabilities (DD) services. They include:</p> <ul style="list-style-type: none"> • Psychotherapy with evaluation and management • Psychiatric diagnostic interview • Pharmacological management • DD therapeutic consultation • DD crisis intervention <p>Services are only covered for participants who live in a rural HPSA or MSA where there is a shortage of qualified providers. The provider must document when there is no provider available to provide the services in person.</p> <p><i>Source (authorization): ID Source: Medicaid Telehealth Policy. 3/5/2013. http://www.healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/TelehealthPolicy.pdf (accessed Feb. 2014)</i></p> <p><i>Source (mental health services): Idaho MMIS Provider Handbook: allopathic and Osteopathic Physicians. Aug. 2010, p. 15.</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>
Store and Forward Reimbursement	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
No reference found.	<p>Idaho Medicaid will only reimburse for interactive audio and video permitting “real-time communication”, therefore excluding store and forward from coverage.</p> <p><i>Source: Medicaid Telehealth Policy. 3/5/2013.</i> http://www.healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/TelehealthPolicy.pdf (accessed Feb. 2014)</p>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
No reference found.	<p>No reimbursement for telephone, email or fax.</p> <p><i>Source: Medicaid Telehealth Policy. 3/5/2013.</i> http://www.healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/TelehealthPolicy.pdf (accessed Feb. 2014)</p>
Online Prescribing	
<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>	No reference found.
Consent	
No reference found.	<p>Participant informed consent is required.</p> <p><i>Source: Medicaid Telehealth Policy. 3/5/2013.</i> http://www.healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/TelehealthPolicy.pdf (accessed Feb. 2014)</p>
Location	
No reference found.	<p>Telehealth services are only covered for participants who live in a rural HPSA or MSA where there is a shortage of qualified providers. The provider must document when there is no provider available to provide the services in person.</p> <p><i>Source: Medicaid Telehealth Policy. 3/5/2013.</i> http://www.healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/TelehealthPolicy.pdf (accessed Feb. 2014)</p>
Cross-State Licensing	
No reference found.	No reference found.
Private Payers	
No reference found.	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Site/Transmission Fee	
No reference found.	ID Medicaid does reimburse for the transmission fee of the originating and distant site for mental health services. It only reimburses the originating site for developmental disability services. <i>Source: Medicaid Telehealth Policy. 3/5/2013. http://www.healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/TelehealthPolicy.pdf (accessed Feb. 2014)</i>
Miscellaneous	

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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STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<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><i>(also see Medicaid column)</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, http://www.hfs.illinois.gov/html/011210n2.html, (Accessed Nov. 14, 2013).</i></p> <p><i>Source: IL Dept. of Healthcare and Family Svcs., Handbook for Practitioners. Ch. A-200 Policy and Procedures, p. 37.</i></p>
Live Video Reimbursement	
<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). (see Medicaid column)</i></p>	<p>Illinois Medicaid will reimburse for live video under the following conditions:</p> <ul style="list-style-type: none"> • A physician or other licensed health care professional must be present with the patient at all times with the patient at the originating site; • The distant site provider must be a physician, physician assistant, podiatrist or advanced practice nurse who is licensed by Illinois or the state where the patient is located; • The originating and distant site provider must not be terminated, suspended or barred from the

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>Department's medical programs;</p> <ul style="list-style-type: none"> • Medical data may be exchanged through a telecommunication system; • The interactive telecommunication system must, at a minimum, have the capability of allowing the consulting distant site provider to examine the patient sufficiently to allow proper diagnosis of the involved body system. The system must also be capable of transmitting clearly audible heart tones and lung sounds, as well as clear video images of the patient and any diagnostic tools, such as radiographs. <p>An encounter clinic serving as the distant site shall be reimbursed as follows:</p> <ol style="list-style-type: none"> 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 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. <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"> • Physicians; • Podiatrists; • Local health departments; • Community mental health centers; • Outpatient hospitals; • Encounter Rate Clinics • Federally Qualified Health Centers (FQHC); • Rural Health Clinics (RHC) <p>Eligible distant site providers include:</p> <ul style="list-style-type: none"> • Physicians; • Podiatrists; • Advanced practice nurses; • Encounter Rate Clinics • Federally Qualified Health Centers (FQHC); • Rural Health Clinics; <p><i>Source: IL Dept. of Healthcare and Family Svcs., Expansion of Telehealth Services, Informational Notice, http://www.hfs.illinois.gov/html/011210n2.html, (Accessed Nov. 14, 2013)</i></p> <p><i>Source: IL Dept. of Healthcare and Family Svcs., Handbook for Practitioners. Ch. A-200 Policy and Procedures, p. 38.</i></p> <p>Distant Site providers may not seek reimbursement for their services when the Originating Site is an encounter clinic. The Originating Site encounter clinic is</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>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, http://www.hfs.illinois.gov/html/011210n2.html, (Feb. 10, 2010)</i></p> <p><i>Source: IL Dept. of Healthcare and Family Svcs. Handbook for Practitioners. Ch. A-200 Policy and Procedures, p. 38.</i></p> <p>Psychiatric Services</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"> • Physician; • Other licensed healthcare professional or other licensed clinician; • Mental health professional; • Qualified mental health professional <p><i>Source: IL Dept. of Healthcare and Family Svcs., Expansion of Telehealth Services, Informational Notice, http://www.hfs.illinois.gov/html/011210n2.html, (Accessed Nov. 14, 2013)</i></p> <p><i>Source: IL Dept. of Healthcare and Family Svcs., Handbook for Practitioners. Ch. A-200 Policy and Procedures, p. 38.</i></p>
Store and Forward Reimbursement	
(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, http://www.hfs.illinois.gov/html/011210n2.html, (Accessed Nov. 14, 2013).</i></p> <p><i>Source: IL Dept. of Healthcare and Family Svcs., Handbook for Practitioners. Ch. A-200 Policy and Procedures, p. 38.</i></p>
Remote Patient Monitoring Reimbursement	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
No reference found.	No reference found
Email/Phone/FAX	
(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 (August 2010) & Source: IL Administrative Code, Title 89, 140.403 (2012).</i></p>
Online Prescribing	
No reference found.	No reference found.
Consent	
No reference found.	No reference found.
Location	
(see Medicaid column)	<p>Eligible originating site:</p> <ul style="list-style-type: none"> • Physician office; • Podiatrist office; • Local health departments; • Community mental health centers; • Outpatient hospitals; • Rural health clinics; • Encounter Rate Clinics • Federally Qualified Health Centers; <p><i>Source: IL Dept. of Healthcare and Family Svcs., Expansion of Telehealth Services, Informational Notice, http://www.hfs.illinois.gov/html/011210n2.html, (Accessed Nov. 14, 2013)</i></p>
Cross-State Licensing	
No reference found.	<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 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 (August 2010).</i></p>
Private Payers	
No reference found.	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Site/Transmission Fee	
<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"> • Physician’s office; • Podiatrist’s office; • Local health departments; • Community mental health centers; • Outpatient hospitals. <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 (Aug. 2010).</i></p>
Miscellaneous	

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
Definition of telemedicine/telehealth	
<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 means 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 means 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>No reference found.</p>
Live Video Reimbursement	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
(see Medicaid column)	<p>Indiana Code requires reimbursement for video conferencing for FQHC, Rural Health Clinic, Community Mental Health Centers, and Critical Access Hospital providers.</p> <p><i>Source: IN Code, 12-15-5-11.</i></p> <p>Indiana Medicaid will reimburse for live video, as long as certain conditions are met.</p> <p>The hub site provider 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) & IN Health Coverage Programs Provider Manual, Chapter 8, Billing Instructions, p. 139 (Jan. 23, 2014).</i></p> <p>Reimbursement for the following:</p> <p>Consultations Office or other outpatient visit Individual psychotherapy Psychiatric diagnostic interview Pharmacologic management End-stage renal disease (ESRD) services</p> <p><i>Source: IN Health Coverage Programs Provider Manual, Chapter 8, Billing Instructions, p. 140 (Jan. 23, 2014).</i></p> <p>No reimbursement for the following:</p> <ul style="list-style-type: none"> • Ambulatory surgical centers; • Outpatient surgical services; • Home health agencies or services; • Radiological services; • Laboratory services; • Long-term care facilities, including nursing facilities, intermediate care facilities, or community residential facilities for the developmentally disabled; • Anesthesia services or nurse anesthetist services; • Audiological services; • Chiropractic services;

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> • Care coordination services; • Durable medical equipment, medical supplies, hearing aids, or oxygen; • Optical or optometric services; • Podiatric services; • Services billed by school corporations; • Physical or speech therapy services; • Transportation services; • Services provided under a Medicaid waiver. <p><i>Source: IN Admin. Code, Title 405, 5-38-4 (2012) & IN Health Coverage Programs Provider Manual, Chapter 8, Billing Instructions, p. 138-9 (Jan. 23, 2014).</i></p>
Store and Forward Reimbursement	
(see Medicaid column)	<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 Health Coverage Programs Provider Manual, Chapter 8, Billing Instructions, p 139, (Jan. 23, 2014).</i></p>
Remote Patient Monitoring Reimbursement	
(see Medicaid column)	<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>Indiana Medicaid considers telemedicine as “not a telephone transmitter for transtelephonic monitoring.”</p> <p><i>Source: IN Admin. Code, Title 405, 5-38-1 (2012).</i></p>
Email/Phone/FAX	
<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>No reference found for email. No reimbursement for telephone. No reference found for FAX.</p> <p><i>Source: IN Health Coverage Programs Provider Manual, Chapter 8, Billing Instructions, p. 141 (Jan. 23, 2014).</i></p>
Online Prescribing	
<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>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<i>Source: IN Admin. Code, Title 844, 5-3-2 (2012).</i>	
Consent	
No reference found.	<p>The spoke site must obtain patient consent. The consent must be maintained at the hub and spoke sites.</p> <p><i>Source: IN Health Coverage Programs Provider Manual, Chapter 8, Billing Instructions, p. 141 (Jan. 23, 2014).</i></p>
Location	
<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><i>Source: IN Health Coverage Programs Provider Manual, Chapter 8, Billing Instructions, p. 140 (Jan. 23, 2014).</i></p>
Cross-State Licensing	
No reference found.	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	<p>Spoke sites are reimbursed a facility fee.</p> <p><i>Source: IN Health Coverage Programs Provider Manual, Chapter 8, Billing Instructions, p. 141 (Jan. 23, 2014).</i></p>
Miscellaneous	
	<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 Health Coverage Programs Provider Manual, Chapter 8, Billing Instructions, p. 141 Jan. 23, 2014).</i></p>

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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<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>	No reference found.
Live Video Reimbursement	
No reference found.	No reference found.
Store and Forward Reimbursement	
No reference found.	No reference found.
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
No reference found.	No reference found.
Online Prescribing	
<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</p>	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>the time an abortion-inducing drug is provided.</p> <p><i>Source: IA Admin. Code, 653 13.10.</i></p>	
Consent	
No reference found.	No reference found.
Location	
No reference found.	No reference found.
Cross-State Licensing	
No reference found.	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	No reference found.
Miscellaneous	
	<p>Iowa contracts with Magellan Health Services to manage the Iowa Plan for Behavioral Health. The delivery of psychiatric evaluation and medication management via webcam/video/audio to Iowa Plan Medicaid members is available through the Iowa Plan.</p> <p>Members must consent to using telehealth.</p> <p>Members must have an in-person intake at the provider's location, where the option of telehealth is discussed.</p> <p><i>Source: Iowa Plan for Behavioral Community Reinvestment. Magellan of Iowa. http://www.magellanoiowa.com/for-providers-ia/community-reinvestment.aspx (accessed Feb. 26, 2014)</i></p> <p><i>Source: Telehealth Psychiatric Service Standards. Magellan Behavioral Care of Iowa. https://www.magellanprovider.com/MHS/MGL/about/whats_new/p roviderfocus/new/archives/winter09/regionnews/iowa/telehealthstandards.pdf (accessed Feb. 26, 2014).</i></p>

Comments: A letter from the Department of Human Services addressed to the Elderly Waiver Interim Committee and posted on the Iowa legislature's website indicates that Iowa Medicaid will pay for otherwise covered medical services if rendered via telemedicine **and** if the standard in the medical community would support rendering those services via telemedicine. CCHP has reached out to Iowa Medicaid staff, who have confirmed this practice in Iowa Medicaid, stating that a service rendered via telemedicine must meet the general provisions for Medicaid covered services outlined in 441 Iowa Administrative Code 79.9(2). However, Iowa Medicaid has not published an official telehealth policy.

State of Iowa, Department of Human Services. Letter to the Elderly Waiver Interim Committee regarding Follow up Information to hearing. (December 29, 2008), <https://www.legis.iowa.gov/DOCS/LSA/IntComHand/2009/IHPAF026.PDF> (accessed Feb. 26, 2014).

Iowa conducted a pilot program in 1997-2000 to study the cost-effectiveness of providing telehealth services to Medicaid patients. Few providers participated in the program, and the study found that it was not cost effective.

Office for the Advancement of Telehealth, Telemedicine Reimbursement Report, p. 31-32 (Oct. 2003) (accessed on Feb. 26, 2014).

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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
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. 26 (Jan. 2014).</i></p>
Live Video Reimbursement	
No reference found.	<p>Kansas Medicaid will reimburse for live video, for the following services:</p> <ul style="list-style-type: none"> • Office visits; • Individual psychotherapy; • Pharmacological management services. <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. 26 (Jan. 2014).</i></p>
Store and Forward Reimbursement	
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. 26 (Jan. 2014).</i></p>
Remote Patient Monitoring Reimbursement	
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. 33 (Sept. 2013).</i></p> <p>Providers are eligible for reimbursement of home telehealth services that meet the following criteria:</p> <ul style="list-style-type: none"> • Prescribed by a physician; • Considered medically necessary; • Signed beneficiary consent for telehealth services; • Skilled nursing service; • Does not exceed two visits per week for non-Home and Community Based Services patients. <p><i>Source: KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, Home Health Agency, p. 67 (Sept. 2013).</i></p>
Email/Phone/FAX	
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. 26 (Jan. 2014).</i></p>
Online Prescribing	
<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.
Consent	
No reference found.	<p>Written consent for telehealth home services is required.</p> <p><i>Source: KS Dept. of Health and Environment, Kansas Medical</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<i>Assistance Program, Provider Manual, Home Health Agency, p. 67 (Sept. 2013).</i>
Location	
No reference found.	
Cross-State Licensing	
No reference found.	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	No reference found.
Miscellaneous	

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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<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 (2012).</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>
Live Video Reimbursement	
<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>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</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
(See Medicaid column and “Private Payers” section)	<p>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>
Store and Forward Reimbursement	
(see Medicaid column)	<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. 36 (Dec. 12, 2013).</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>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
<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>
Online Prescribing	
<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"> • Verification that the person requesting medication is in fact who the patient claims to be; • Establishment of a documented diagnosis through the use of accepted medical practices; • Maintenance of a current medical record. <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>	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>A “good faith prior examination” (needed to establish a physician-patient relationship) can be done through telehealth. <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. <i>Source: KY 201 KAR 17:110.</i></p>	
Consent	
<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"> • Physicians; • Chiropractors; • Nurses; • Dentists; • Dieticians; • Pharmacist; • Psychologists; • Occupational therapists; • Behavioral analysts; • Opthamologists; • Physical therapists; • Speech language pathologists or audiologists; • Social workers; • Marriage/family therapists. <p><i>Source: KY Revised Statutes § 311.5975 (2012).</i></p> <p><i>(also see Medicaid column)</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"> • The limitations of using technology in the provision of telepractice; • Potential risks to confidentiality of information due to technology in the provision of telepractice; • Potential risks of disruption in the use of telepractice; • When and how the licensee will respond to routine electronic messages; • In what circumstances the licensee will use alternative communications for emergency purposes; • Who else may have access to client communications with the licensee; 	<p>Before providing a telehealth consultation, providers must document written patient informed consent.</p> <p>This includes:</p> <ul style="list-style-type: none"> • The patient may refuse the telehealth consultation at any time without affecting the right to future care or treatment, and without risking the loss or withdrawal of a benefit to which the patient is entitled; • The recipient shall be informed of alternatives to the telehealth consult; • The recipient shall have access to medical information resulting from the telehealth consult as provided by law; • The dissemination, storage, or retention of an identifiable recipient image or other information from the telehealth consult shall comply with all state and federal confidentiality laws and regulations; • The patient shall have the right to be informed of the parties who will be present at the spoke site and the hub site during the telehealth consult, and shall have the right to exclude anyone from either site; • The patient shall have the right to object to the videotaping of a telehealth consult. <p><i>Source: KY Admin. Regs., Title, 907, 3:170 (2011).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<ul style="list-style-type: none"> • How communications can be directed to a specific licensee; • How the licensee stores electronic communications from the client; and • That the licensee may elect to discontinue the provision of services through telehealth. <p><i>Source: KY 201 KAR 17:110.</i></p>	
Location	
No reference found.	No reference found.
Cross-State Licensure	
<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.
Private Payers	
<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>	No reference found.
Site/Transmission Fee	
(see Medicaid column)	<p>No reimbursement for transmission fees.</p> <p><i>Source: KY Admin. Regs., Title, 907, 3:170 (2012).</i></p>
Miscellaneous	

Comments: Kentucky created its e-Health Network in 2005, to develop a secure electronic network. The network oversees development of ways to use health information technology to improve the health and lives of state residents.

The network is providing decision support on security of protected information, electronic data interchange, and clinical practice software packages. This includes the feasibility of developing a software purchasing alliance to decrease the cost of software, and tax incentives to encourage network members purchase software that meets state standards.

Kentucky e-Health Network Board. <http://ehealth.ky.gov/board/Pages/default.aspx>; accessed Feb. 26, 2014.

Louisiana

Medicaid Program: Louisiana Medicaid

Program Administrator: LA Dept. of Health and Hospitals

Regional Telehealth Resource Center:

TexLa Telehealth Resource Center

3601 4th Street, Ste. 2B440

Lubbock, TX 79430

(806) 743-4440

<http://www.texlatrc.org>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<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 (2012).</i></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. 155 (As revised on Dec. 4, 2013).</i></p>
Live Video Reimbursement	
<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. 155 (As revised on Dec. 4, 2013).</i></p>
Store and Forward Reimbursement	
<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. 155 (As revised on Dec. 4, 2013).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Remote Patient Monitoring Reimbursement	
<p>No reference found.</p>	<p>Under the Community Choices Waiver, Louisiana Medicaid will reimburse an installation fee and a monthly maintenance fee for TeleCare Activity and Sensor Monitoring.</p> <p>At a minimum the system must:</p> <ul style="list-style-type: none"> • Monitor the home's points of egress and entrance; • Detect falls; • Detect movement or lack of movement; • Detect whether doors are opened or closed; and • Provide a push button emergency alert system. <p>Providers of assistive devices and medical equipment must be a licensed home health agency.</p> <p>Limitations</p> <ul style="list-style-type: none"> • Services must be pre-approved • Services must be based on verified need. • Benefit must be determined by an independent assessment on any item that costs over \$500. • All items must reduce reliance on other Medicaid state plan or waiver services • All items must meet applicable standards of manufacture, design and installation • The items must be on the Plan of Care developed by the support coordinator. <p><i>Source: LA Dept. of Health and Hospitals, Community Choices Waiver Provider Manual, Chapter Seven of the Medicaid Svcs. Manual, p. 37-8 (as revised on Jan. 31, 2014).</i></p>
Email/Phone/FAX	
<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>No reference found.</p>
Online Prescribing	
<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 telephonic evaluation by questionnaire or otherwise,</p>	<p>Greater New Orleans Community Health Connection Provider Manual</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. 71 (as revised Mar. 5, 2013).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>does not satisfy the standards of appropriate care.</p> <p><i>Source (amphetamines and narcotics): LA Admin. Code 46:XLV.7513 (2012).</i></p> <p><i>Source (prevailing standards): LA Admin. Code 46:XLV.7505 (2012).</i></p>	
Consent	
<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><i>Source: LA Admin. Code 46:XLV.7511 (2012).</i></p>	No reference found.
Location	
No reference found.	No reference found.
Cross-State Licensing	
<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><i>Source: LA Revised Statutes 37:1276.1 (2012).</i></p>	No reference found.
Private Payers	
<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.
Site/Transmission Fee	
No reference found.	No reference found.
Miscellaneous	
<p>Louisiana law requires that a physician who uses telemedicine establish a proper physician-patient relationship.</p> <p>Physicians must:</p>	

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

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

(207) 622-7566 / (800) 379-2021

www.netrc.org

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<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 interactive, visual, real-time telecommunication, and must be a medically appropriate means of provider-patient interaction.</p> <p><i>Source: MaineCare Benefits Manual, General Administrative Policies and Procedures, 10-144 Ch. 101, p. 20 (Jan. 1, 2014).</i></p>
Live Video Reimbursement	
<p>Maine law requires coverage for services provided through telemedicine, which includes live video.</p> <p><i>Source: ME Revised Statutes Annotated. Title 24 Sec. 4316 (2012).</i></p> <p><i>(See Medicaid column & “Private Payers” section)</i></p>	<p>MaineCare will reimburse for live video when there is a compelling benefit for the patient in order for telehealth services to be appropriate and related to physical, social or geographic issues that make delivering the service in person difficult. This includes:</p> <ul style="list-style-type: none"> • For physical issues, a member's medical condition makes a face-to-face encounter that entails significant travel inadvisable or impossible; • For social issues, the family or other support system does not support a member traveling a distance for a face-to-face encounter, or does not allow the member to take the time that travel will require; • For geographic issues, there is a lack of medical/psychiatric/mental health expertise locally, limited transportation resources, or a long wait for such local care. <p><i>Source: Code of ME Rules. 10-144-101 & MaineCare Benefits Manual, General Administrative Policies and Procedures, 10-144 Ch. 101, p. 20 (Jan. 1, 2014).</i></p> <p>Providers must receive pre-authorization from the Department for telehealth services.</p> <p><i>Source: Code of ME Rules. 10-144-101 & MaineCare Benefits Manual, General Administrative Policies and Procedures, 10-144</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><i>Ch. 101, p. 20 (Jan. 1, 2014).</i></p> <p>Pre-authorization information must include:</p> <ul style="list-style-type: none"> • The names, provider numbers and licensure level of individual providers who utilize telehealth to provide services; • A list of the procedure codes to be used; • A rationale for needing telehealth capabilities for the services being proposed; • The specific criteria used in determining when telehealth services are more appropriate than face-to-face services; • A plan for quality assurance activities specifically related to patient satisfaction and outcomes for telehealth services; • Educational information that will be provided to the patient at the time of the member's visit. <p><i>Source: Code of ME Rules. 10-144-101 & MaineCare Benefits Manual, General Administrative Policies and Procedures, 10-144 Ch. 101, p. 20-1 (Jan. 1, 2014).</i></p>
Store and Forward Reimbursement	
No reference found.	<p>No reimbursement based upon definition of telehealth, which is described as occurring in “real-time”.</p> <p><i>Source: MaineCare Benefits Manual, General Administrative Policies and Procedures, 10-144 Ch. 101, p. 20 (Jan. 1, 2014).</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
<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>
Online Prescribing	
No reference found.	<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><i>Source: MaineCare Benefits Manual, Ch. 2, Pharmacy Services, 10-144 Chapter 101, p. 5 (Jan. 1, 2013).</i></p> <p>Providers may dispense prescriptions via tele-pharmacy; pre-authorization is required.</p> <p><i>Source: MaineCare Benefits Manual, Ch. 2, Pharmacy Services, p.</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<i>33 (Jan. 1, 2013).</i>
Consent	
No reference found.	<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"> • Description of the telehealth equipment and what to expect; • Explanation that the use of telehealth for this service is voluntary and that the same service is available in a face-to-face setting; • Explanation that the member is able to stop the telehealth visit at any time and request a face-to-face service; • Explanation that MaineCare will pay for transportation to a distant appointment if needed; • HIPAA compliance information regarding the telehealth encounter. <p><i>Source: MaineCare Benefits Manual, General Administrative Policies and Procedures, 10-144 Ch. 101, p. 21-2 (Jan. 1, 2014).</i></p>
Location	
No reference found.	No reference found.
Cross-State Licensing	
No reference found.	No reference found.
Private Payers	
Requires coverage of telemedicine services, subject to contract terms and conditions. <i>Source: ME Revised Statutes Annotated. Title 24 Sec. 4316 (2012).</i>	No reference found.
Site/Transmission Fee	
No reference found.	<p>No reimbursement for site or transmission fees.</p> <p><i>Source: MaineCare Benefits Manual, General Administrative Policies and Procedures, 10-144 Ch. 101, p. 21 (Jan. 1, 2014).</i></p>
Miscellaneous	
	<p>MaineCare will pay for transportation to a distant appointment if needed.</p> <p><i>Source: MaineCare Benefits Manual, General Administrative Policies and Procedures, 10-144 Ch. 101, p. 21 (Jan. 1, 2014).</i></p>

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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<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 by a licensed health care provider to deliver a health care services at a site other than the site at which the patient is located.”</p> <p><i>Source: MD Insurance Code Annotated Sec. 15-139 (2012).</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>“Telemedicine means the delivery of medically necessary services to a participant at an originating site by a consulting provider, through the use of technology-assisted communication.”</p> <p><i>Source: MD Department of Health and Mental Hygiene, Maryland Medicaid 2013 Telemedicine Provider Manual. September 2013, p. 9.</i></p>
Live Video Reimbursement	
<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><i>(See “Private Payers” section).</i></p> <p><i>Source: MD Insurance Code Annotated Sec. 15-139 (2012).</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"> • For the treatment of cardiovascular disease or stroke; • In an emergency department setting; and • When an appropriate specialist is not available. <p><i>Source: MD Insurance Code Sec. 15-105.2</i></p> <p>The Maryland Medical Assistance Program will reimburse for services rendered through telemedicine through the Rural Access Telemedicine Program and the Cardiovascular Disease and Stroke Telemedicine</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>Program. Participants may be in a fee-for-service program, a managed care organization or a long-term services and supports waiver program.</p> <p>Eligible providers must submit a telemedicine provider addendum to Maryland Medicaid.</p> <p><i>Source: MD Department of Health and Mental Hygiene, Maryland Medicaid 2013 Telemedicine Provider Manual. September 2013, p. 4.</i></p> <p><u>Mental Health</u> Maryland Medicaid will reimburse for telemental health services.</p> <p>A distant site provider must be a psychiatrist with either a Medicaid provider number or is a psychiatrist in an FQHC or outpatient mental health clinics. The distant site must be in Maryland.</p> <p>Eligible services:</p> <ul style="list-style-type: none"> • Psychiatric diagnostic interview examination • Individual psychotherapy • Pharmacologic management <p>Both the distant and originating telemedicine providers must submit an application to the Maryland Mental Health Administration describing how the originating and distant site will comply with relevant regulations.</p> <p>The originating site may bill for a “tele-presenter” if it is medically necessary.</p> <p><i>Source: MD Department of Health and Mental Hygiene, Maryland Value Options, Provider Alert. Telemental Health. July 12, 2011 p. 2.</i></p>
Store and Forward Reimbursement	
<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>Maryland Medicaid does not cover store and forward.</p> <p><i>Source: MD Department of Health and Mental Hygiene, Maryland Medicaid 2013 Telemedicine Provider Manual. September 2013, p. 7.</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
<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).</i></p>	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: MD Department of Health and Mental Hygiene, Maryland Medicaid 2013 Telemedicine Provider Manual. September 2013, p. 7.</i></p>
Online Prescribing	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<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>
Consent	
<p>Telehealth providers must inform patients and consultants of the following:</p> <ul style="list-style-type: none"> • The inability to have direct, physical contact with the patient is a primary difference between telehealth and direct in-person service delivery; • The knowledge, experiences, and qualifications of the consultant providing data and information to the provider of the telehealth services need not be completely known to and understood by the provider; • The quality of transmitted data may affect the quality of services provided by the provider; • That changes in the environment and test conditions could be impossible to make during delivery of telehealth services; <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><u>Rural Access Telemedicine Program</u></p> <p>The participant must consent to telemedicine services unless there is an emergency that prevents obtaining consent.</p> <p><i>Source: MD Department of Health and Mental Hygiene, Maryland Medicaid 2013 Telemedicine Provider Manual. September 2013, p. 5.</i></p>
Location	
<p>No reference found.</p>	<p><u>Rural Access Telemedicine Provider Eligibility</u></p> <p>The originating site must be in a designated rural geographic area, and must be one of the following:</p> <ul style="list-style-type: none"> • FQHC • Hospital • Physician • Nurse Practitioner • Nurse midwife • Free standing renal dialysis center • Local health department • Nursing facility <p>The distant site provider must be located in Maryland, DC or a contiguous state and be one of the following:</p> <ul style="list-style-type: none"> • FQHC • Physician • Nurse Practitioner • Nurse midwife

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><u>Cardiovascular Disease and Stroke Provider Eligibility</u> The program will approve Maryland hospitals as originating sites if no specialist is available to provide timely consultation and diagnostic evaluation for cardiovascular disease or strokes.</p> <p>Eligible distant sites include specialty providers who practice within Maryland, DC or a contiguous state.</p> <p>Neither program will cover consultations that occur during an ambulance transport.</p> <p><i>Source: MD Department of Health and Mental Hygiene, <u>Maryland Medicaid 2013 Telemedicine Provider Manual</u>. September 2013, p. 4.</i></p> <p><u>Mental Health</u> Originating sites are limited to outpatient mental health clinics (OMHC), hospitals and FQHCS in designated rural geographic areas.</p> <p>A distant site provider must be a psychiatrist with either a Medicaid provider number or is a psychiatrist in an FQHC or OMHC. The distant site must be in Maryland.</p> <p><i>Source: MD Department of Health and Mental Hygiene, <u>Maryland Value Options, Provider Alert. Telemental Health</u>. July 12, 2011 p. 1-2.</i></p>
Cross-State Licensing	
<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: <u>COMAR 10.32.05.03</u></i></p>	<p>No reference found.</p>
Private Payers	
<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>
Site/Transmission Fee	
<p>No reference found.</p>	<p><u>Rural Access Telemedicine Program</u> An approved telemedicine transaction fee is reimbursed to the originating site.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><u>Cardiovascular Disease and Stroke Telemedicine Program</u> The hospital can be reimbursed the standard hospital facility fee for the emergency room visit; or, if the hospital is located out of state, a telemedicine transaction fee.</p> <p><i>Source: MD Department of Health and Mental Hygiene, <u>Maryland Medicaid 2013 Telemedicine Provider Manual</u>. September 2013, p. 6.</i></p> <p><u>Mental Health</u> The originating site is eligible for a facility fee.</p> <p><i>Source: MD Department of Health and Mental Hygiene, <u>Maryland Value Options, Provider Alert. Telemental Health</u>. July 12, 2011 p. 4.</i></p>
Miscellaneous	

Comments: The Maryland Dept. of Health and Mental Hygiene is conducting a broad-based review of telemedicine policy issues, and will report its findings and any potential recommendations to the State Legislature.

The Maryland Health Care Commission has a Telemedicine Task Force to study the use of telehealth throughout the State.

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

(207) 622-7566 / (800) 379-2021

www.netrc.org

Recent Policy Developments:

Massachusetts passed SB 2400 in 2012, which requires the MA Division of Insurance and Board of Registration in Medicine to review out-of-state physician issues and develop recommendations for legislation to permit use of out-of-state physicians for telemedicine.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<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.
Live Video Reimbursement	
<p>Private payers may provide coverage of telemedicine services (subject to contract terms and conditions), which includes live video. (See “Private Payers” section).</p> <p><i>Source: MA Advanced Legislative Service. Chapter 224, S.B. 2400 (2012).</i></p>	No reference found.
Store and Forward Reimbursement	
No reference found.	No reference found.
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX ?	
<p>No Reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: MA Advanced Legislative Service. Chapter 224, S.B. 2400 (2012).</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-31. December 2013.</i></p>
Online Prescribing	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<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. http://www.mass.gov/eohhs/docs/borim/policies-guidelines/policy-03-06.pdf</i></p>	No reference found.
Consent	
No reference found.	No reference found.
Location	
No reference found.	No reference found.
Cross-State Licensing	
No reference found.	No reference found.
Private Payers	
<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 Advanced Legislative Service. Chapter 224, S.B. 2400 (2012).</i></p>	No reference found.
Site/Transmission Fee	
No reference found.	No reference found.
Miscellaneous	

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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<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. 1447 (Jan. 1, 2014) & MI Department of Community Health Bulletin Telemedicine. Aug. 30, 2013.</i></p>
Live Video Reimbursement	
<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"> • Inpatient Consults; • Office or other outpatient consults • Office or other outpatient services • Psychiatric diagnostic procedures • Subsequent hospital care • Telehealth • Training services, diabetes • Pharmacological management; • End stage renal disease (ESRD) related services. However, there must be at least one in-person visit per month, by a physician, nurse practitioner, or physician’s assistant, to examine the vascular site for ESRD services. • Behavior change intervention, individual • Behavior health and/or substance abuse treatment services • Education service, telehealth • Nursing facility subsequent care <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-</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>face visit, but cannot be used as a substitute.</p> <p>The following health professionals may provide telemedicine services:</p> <ul style="list-style-type: none"> • Physician; • Osteopath; • Podiatrist; • Nurse practitioner; • Nurse midwife; • Physician’s assistant; • Clinical Psychologist; • Clinical Social Worker; • Clinical nurse specialist <p><i>Source: Dept. of Community Health, Medicaid Provider Manual, p. 1448-9 (Jan. 1, 2014) & MI Department of Community Health Bulletin Telemedicine. Aug. 30, 2013.</i></p>
Store and Forward Reimbursement	
<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>Michigan Medicaid does not reimburse for store and forward based upon the definition of telemedicine which describes telemedicine as occurring in “real time” and the patient’s ability to see and interact with the “off-site” practitioner at the time services are being provided.</p> <p><i>Source: Dept. of Community Health, Medicaid Provider Manual, p. 1448 (Jan. 1, 2014).</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX Restrictions	
No reference found.	No reference found.
Online Prescribing	
<p>Providers must have an existing physician-patient relationship.</p> <p><i>Source: MI Compiled Laws Sec. 333.17751 (2012).</i></p>	No reference found.
Consent	
No reference found.	No reference found.
Location	
No reference found.	<p>Eligible originating sites:</p> <ul style="list-style-type: none"> • County mental health clinics or publicly funded mental health facilities; • Federally Qualified Health Centers; • Hospitals (inpatient, outpatient, or Critical Access Hospitals); • Physician or other providers’ offices, including medical clinics; • Hospital-based or CAH-based Renal Dialysis

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>Centers;</p> <ul style="list-style-type: none"> • Rural Health Clinics; • Skilled nursing facilities; • Tribal Health Centers. <p><i>Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 1448 (Jan. 1, 2014) & MI Department of Community Health Bulletin Telemedicine. Aug. 30, 2013.</i></p>
Cross-State Licensing	
No reference found.	No reference found.
Private Payers	
<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 or health maintenance organization. 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.
Site/Transmission Fee	
No reference found.	<p>Originating site may bill for a facility fee.</p> <p><i>Source: Dept. of Community Health, Medicaid Provider Manual, p. 1448 (Jan. 1, 2014).</i></p>
Miscellaneous	
	<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. 1448 (Jan. 1, 2014).</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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
No reference found.	<p>“Telemedicine” is “the use of telecommunications to furnish medical information and services. Telemedicine consultations must be made via two-way, interactive video or store-and-forward technology.”</p> <p><i>Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services, Dec. 2, 2013 (Accessed Feb. 21, 2014).</i></p>
Live Video Reimbursement	
(see Medicaid column)	<p>Minnesota’s Medical Assistance program reimburses live video for fee-for-service programs.</p> <p>Prepaid health plans may choose whether to cover telemedicine services.</p> <p>Eligible “spoke” providers:</p> <ul style="list-style-type: none"> • Physician • Nurse practitioner • Clinical nurse specialist • Physician Assistant • Certified nurse midwife • Podiatrist or • Mental Health professional <p>Eligible “hub” site provider:</p> <ul style="list-style-type: none"> • Must be a specialist. <p><i>Source: MN Dept. of Human Svcs., Provider Manual, Physician and Professional Services, Dec. 2, 2013 (Accessed Feb. 21, 2014).</i></p> <p><i>Source (Mental Health): MN Dept. of Human Svcs., Provider Manual, Telemedicine Delivery of Mental Health Services, Nov. 26, 2012 (accessed Feb. 21, 2014).</i></p> <p>Telemedicine consults are limited to three per calendar</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>week per patient.</p> <p>Payment is made to both the consulting physician and the referring physician if the referring physician is present during the consult.</p> <p>The patient record must include a written opinion from the consulting physician.</p> <p><i>Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Svcs. Dec. 2, 2013 (Accessed on Feb. 21, 2014).</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>Other services that can be provided through telemedicine:</p> <ul style="list-style-type: none"> • Children’s therapeutic supports services • Occupational therapy • Physical therapy • Speech-language pathology <p><i>Source: MN Dept. of Human Svcs., Provider Manual, Individualized Education Program Svcs. Aug 5, 2013 (Accessed on Feb. 21, 2014).</i></p> <p>Non-covered Services</p> <ul style="list-style-type: none"> • Teledentistry • Telemedicine for alcohol and drug abuse services <p><i>Source (dental): MN Dept. of Human Svcs., Provider Manual, Dental Svcs. Oct. 28, 2013 (Accessed on Feb. 21, 2014).</i></p> <p><i>Source (Alcohol and drug abuse): MN Dept. of Human Svcs., Provider Manual, Alcohol and Drug Abuse Svcs. Feb. 1, 2014 (Accessed on Feb. 21, 2014).</i></p>
Store and Forward Reimbursement	
(see Medicaid column)	<p>Minnesota’s Medical Assistance program reimburses for services delivered through store and forward technology.</p> <p><i>Source: MN Dept. of Human Svcs., Provider Manual, Physician and Professional Svcs. Dec. 2, 2013 (Accessed on Feb. 21, 2014).</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>
Remote Patient Monitoring Reimbursement	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
No reference found.	<p>There is reimbursement for “telehomecare” under Elderly Waiver (EW) and Alternative Care (AC) programs.</p> <p><i>Source: MN Dept. of Human Svcs., Provider Manual, <u>Elderly Waiver (EW) and Alternative Care (AC) Program</u>, (Accessed Feb. 21, 2014).</i></p> <p>Reimbursement is for skilled nurse visits only.</p> <p>Telehomecare is defined as the use of telecommunications technology by a home health care professional to deliver home health care services within the professional’s scope of practice to a recipient located at a site other than the site where the practitioner is located.</p> <p><i>Source: MN Dept. of Human Svcs., Provider Manual, <u>Home Care Svcs.</u>, (Accessed Feb. 21, 2014).</i></p>
Email/Phone/FAX	
No reference found.	<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>
Online Prescribing	
<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.
Consent	
No reference found.	No reference found.
Location	
No reference found.	<p>Consults performed by providers who are not located in Minnesota and contiguous counties require prior authorization by the Medicaid program.</p> <p><i>Source: MN Dept. of Human Svcs., Provider Manual, <u>Physician and Professional Svcs.</u>, Dec. 2, 2013 (Accessed on Feb. 21, 2014).</i></p>
Cross-State Licensing	
A physician licensed in another state can provide telemedicine services to a patient in Minnesota if their	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>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>	
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	No reference found.
Miscellaneous	
	<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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<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 (2012).</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>No reference found.</p>
Live Video Reimbursement	
<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><i>(also see Medicaid column)</i></p>	<p>There is live video reimbursement for Medicaid mental health medication evaluation and management.</p> <p><i>Source: Code of MS Rules 23-206, Rule. 1.9, pg. 28.</i></p>
Store and Forward Reimbursement	
<p>According to Mississippi, telemedicine occurs in “real-time” and therefore excludes store and forward from the state’s telemedicine reimbursement requirement.</p> <p><i>Source: MS Code Sec. 83-9-351.</i></p>	<p>There is reimbursement for tele-radiology services, however there is no reference to reimbursing for other specialties.</p> <p><i>Source: MS Code Ann. 23-220, Rule 1.4, pg. 6 & Mississippi Division of Medicaid. Radiology Services Provider Reference Guide, pg. 4-5.</i></p>
Remote Patient Monitoring Reimbursement	
<p>No reference found.</p>	<p>No reference found.</p>
Email/Phone/FAX	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
No Email No Phone No Fax <i>Source: MS Code Sec. 83-9-351.</i>	No reference found.
Online Prescribing	
<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 & Mississippi Medicaid Provider Reference Guide, Pharmacy Services, pg. 29.</i></p>
Consent	
<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>	No reference found.
Location	
No reference found.	No reference found.
Cross-State Licensing	
<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"> 1. verify that the person requesting the medical treatment is in fact who they claim to be; 2. conducting an appropriate examination of the patient that meets the applicable standard of care; 3. establishing a diagnosis through the use of accepted medical practices, i.e., a patient history, mental status exam, physical exam and 	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>appropriate diagnostic and laboratory testing;</p> <ol style="list-style-type: none"> 4. discussing with the patient the diagnosis, risks and benefits of various treatment options to obtain informed consent; 5. insuring the availability of appropriate follow-up care; and 6. maintaining a complete medical record available to patient and other treating health care providers. <p><i>Source: Code of MS Rules 50-013-2635 (2012).</i></p>	
Private Payers	
<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>	No reference found.
Site/Transmission Fee	
<p>The originating site is eligible to receive a facility fee.</p> <p><i>Source: MS Code Sec. 83-9-351.</i></p>	No reference found.
Miscellaneous	
<p>To practice telemedicine, physicians must establish a valid physician-patient relationship by the following:</p> <ul style="list-style-type: none"> • Verifying the identity of the patient; • 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; • Establishing a diagnosis; • Discussing with the patient the diagnosis, and the risks and benefits of various treatment options, to obtain informed consent; • Insuring the availability of appropriate follow-up care; • Maintaining a complete medical record. <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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<p>“Telehealth, 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 Revised Statutes § 208.670 (2012).</i></p> <p><u>Relating to Stroke Centers</u></p> <p>“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 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).</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><i>Source: MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 53 (Jun. 13, 2013).</i></p>
Live Video Reimbursement	
<p><u>Recently Adopted Emergency Regulation (Expires June 30, 2014)</u></p> <p>Missouri Consolidated Health Care Plan (State employees and retirees health plan)</p> <p>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><i>(also see Medicaid column)</i></p>	<p>HealthNet will reimburse for live video.</p> <p>Eligible providers:</p> <ul style="list-style-type: none"> • Physicians; • Advanced registered nurse practitioners, including nurse practitioners with a mental health specialty; • Psychologists. <p>Reimbursement to the provider at the distant site is made at the same amount as for an in-person service.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><i>Source (reimbursement): MO Revised Statutes § 208.670 (2012).</i></p> <p><i>Source (eligible providers): MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 54 (Jun. 13, 2013).</i></p> <p><i>Source (distant site reimbursement): MO Code of State Regulation, Title 13, 70-3.190 (2010).</i></p>
Store and Forward Reimbursement	
No reference found.	<p>HealthNet will not reimburse for store and forward.</p> <p><i>Source: MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 53 (Jun. 13, 2012).</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
No reference found.	No reference found.
Online Prescribing	
<p>Prescribing or dispensing drugs without sufficient examination is prohibited.</p> <p><i>Source: MO Revised Statutes § 334.100 (2012).</i></p>	No reference found.
Consent	
<p>Telehealth providers are required to obtain patient consent.</p> <p><i>Source: MO Revised Statutes § 376.1900.1</i></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).</i></p>
Location	
<p>Advanced Practice Registered Nurses who provides nursing services under a collaborative practice arrangement may provide those services outside of the geographic proximity requirements (stipulated in the written agreement with the collaborating physician) when provided in a health professional shortage area.</p> <p><i>Source: MO Revised Statutes § 335.175.1 (sunsets Jan. 1, 2020).</i></p>	<p>Originating sites must be one of the following:</p> <ul style="list-style-type: none"> • Physician or other health care provider office; • Hospital; • Critical Access Hospital; • Rural Health Clinic; • Federally Qualified Health Center; • Nursing home; • Dialysis center; • Missouri state habilitation center or regional office; • Community mental health center; • Missouri state mental health facility; • Missouri state facility; • Missouri residential treatment facility; • Comprehensive Substance Treatment and Rehabilitation (CSTAR) program. <p><i>Source: MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 54 (Jun. 13, 2012).</i></p>
Cross-State Licensing	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
No reference found.	No reference found.
Private Payers	
<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.
Site/Transmission Fee	
<p>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><u>Recently Adopted Emergency Regulation (Expires June 30, 2014)</u></p> <p>Missouri Consolidated Health Care Plan (State employees and retirees health plan) 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.</p> <p><i>Source: MO Code of State Regulations, Title 13, 70 3.190 (May 31, 2011).</i></p>
Miscellaneous	

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 12th Ave. N., Ste. 30W

Billings, MT 59101

(888) 662-5601

www.nrtrc.org

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<p>“Telemedicine means the practice of medicine by a physician located outside the state, who performs an evaluative or therapeutic act relating to the treatment or correction of a patient's physical or mental condition, ailment, disease, injury, or infirmity, and who transmits that evaluative or therapeutic act into Montana through any means, method, device, or instrumentality under the following conditions:</p> <ul style="list-style-type: none"> • The information or opinion is provided directly to a patient in Montana for compensation or with the expectation of compensation; • The physician does not limit the physician's services to an occasional case; • The physician has an established or regularly used connection with the state, including but not limited to: (i) an office or another place for the reception of a transmission from the physician; (ii) a contractual relationship with a person or entity in Montana related to the physician's practice of medicine; or (iii) privileges in a Montana hospital or another Montana health care facility.” <p><i>Source: MT Code Annotated, § 37-3-342 (2011).</i></p> <p>Telemedicine means the use of interactive audio, video, or other telecommunications technology that is:</p> <ul style="list-style-type: none"> • Used by a health care provider or health care facility to deliver health care services at a site other than the site where the patient is located; and • Delivered over a secure connection that complies with the requirements of HIPPA. <ul style="list-style-type: none"> • 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 	<p>No reference found in Medicaid Manual.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>store-and-forward technology.</p> <ul style="list-style-type: none"> The term does not include the use of audio-only telephone, e-mail, or facsimile transmissions. <p><i>Source: MT Code Sec. 33-22-138.</i></p>	
Live Video Reimbursement	
<p>Private payers are required to provide coverage for services delivered through live video, equivalent to in-person coverage.</p> <p>Eligible providers under this law include:</p> <ul style="list-style-type: none"> Physicians Registered professional nurse Advanced practice registered nurse Genetic counselor certified by the American board of genetic counseling Diabetes educator certified by the national certification board for diabetes <p>Eligible facilities under this law include:</p> <ul style="list-style-type: none"> Critical access hospital Hospice Hospital Long-term care facility Mental health center Outpatient center for primary care Outpatient center for surgical services <p><i>Source: MT Code Sec. 33-22-138.</i></p>	<p>Montana Medicaid will reimburse for live video services when the consulting provider is enrolled in Medicaid.</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 27 (Mar 2012).</i></p>
Store and Forward Reimbursement	
<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"> Physicians Registered professional nurse Advanced practice registered nurse Genetic counselor certified by the American board of genetic counseling Diabetes educator certified by the national certification board for diabetes <p>Eligible facilities under this law include:</p> <ul style="list-style-type: none"> Critical access hospital Hospice Hospital 	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<ul style="list-style-type: none"> • Long-term care facility • Mental health center • Outpatient center for primary care • Outpatient center for surgical services <p><i>Source: MT Code Sec. 33-22-138.</i></p>	
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
No Email No Phone No Fax <p><i>Source: MT Code Sec. 33-22-138.</i></p>	No reference found.
Online Prescribing	
No reference found.	No reference found.
Consent	
No reference found.	No reference found.
Location	
No reference found.	No reference found.
Cross-State Licensing	
Montana issues telemedicine licenses to out-of-state physicians that only allows the physician to practice telemedicine in the specialty the physician is board certified or meets the current requirements to take the examination to become board certified. This license does not authorize the physician to practice medicine while physically present within the state. <p><i>Source: MT Code Annotated, 37-3-343.</i></p>	No reference found.
Private Payers	
Private payers are required to provide coverage for services delivered through telemedicine, equivalent to in-person coverage. <p><i>Source: MT Code Sec. 33-22-138.</i></p>	No reference found.
Site/Transmission Fee	
No reference found.	No reimbursement for network use charges. <p><i>Source: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, Physician Related Svcs., p 27 (Mar 2012).</i></p>
Miscellaneous	

STATE LAW/REGULATIONS	MEDICAID PROGRAM

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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
No reference found.	<p>“Telehealth means the use of telecommunications technology by a health care practitioner to deliver health care services within his or her scope of practice to a patient located at a site other than the site where the patient is located.</p> <p>Telehealth service means any contact between a patient and a health care practitioner relating to the health care diagnosis or treatment of such patient through telehealth, but does not include a telephone conversation, electronic mail message, or facsimile transmission between a health care practitioner and a patient or a consultation between two health care practitioners.”</p> <p><i>Source: NE Admin. Code Title 471, Ch. 1 & Manual Letter #64-2000.</i></p>
Live Video Reimbursement	
(see Medicaid column)	<p>Nebraska Medicaid stipulates in-person contact is not required for reimbursable services under the Medicaid program, subject to reimbursement policies developed.</p> <p>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"> • Services delivered via telehealth are covered and reimbursed under the fee-for-service program and • Managed care contracts are amended to add coverage of services delivered via telehealth <p>Telehealth services are not covered if the patient has access to a comparable service within 30 miles of his/her place of residence.</p> <p>Exceptions to this requirement:</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> • Emergency or urgent medical situations; • When accessing in-person services at less than 30 miles poses a significant hardship on the patient, due to a medical condition or disability; • Nursing facility patients who require transportation via ambulance. • Recently Passed Legislation: Children receiving behavioral health services. <p>Reimbursement shall, at a minimum, be set at the same rate as a comparable in-person consult.</p> <p><i>Source (authorization and reimbursement): NE Revised Statutes Sec. 71-8506 (2012).</i> <i>Source (exceptions to 30-mile rule): NE Admin. Code Title 471, Ch. 1.</i> <i>Source: & Manual Letter #64-2000.</i> <i>Source (Children’s behavioral health): <u>LB 556</u> (Recently passed, effective Aug. 30, 2013).</i></p> <p>NB Medicaid requires providers to be specifically enrolled as a telehealth site with Medicaid to bill for a telehealth services.</p> <p><i>Source: <u>NB Medicaid Telehealth FAQ: “Can any Medicaid enrolled provider do a service via telehealth?”</u></i></p> <p><u>Children’s Behavioral Health</u> 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: <u>Revised Statutes of NE, Sec. 71-8506.</u></i></p>
Store and Forward Reimbursement	
<i>(see Medicaid column)</i>	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. <i>Source: NE Admin. Code Title 471, Ch. 1.</i>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
<i>(see Medicaid column)</i>	No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX. <i>Source: NE Admin. Code Title 471, Ch. 1.</i>
Online Prescribing	
Prescribing drugs to individuals the physician has never met, based solely on answers to questions provided by	Prescriptions over the Internet: Neither the prescribing health care practitioner service nor the pharmacy

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>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>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>
Consent	
<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 consent required before initial service delivery. Must include this information:</p> <ul style="list-style-type: none"> • The patient may refuse the service at any time with no loss of future treatment or program benefits patient is otherwise entitled to;; • A list of alternative care options, including in-person services;; • Confidentiality protections; • Patient access to all medical information from the consult; • Prior consent for dissemination of any client-identifiable images or information from the consult; • Patient shall be informed of all parties present at both ends of the consult, and the patient may exclude anyone from either site; • The patient may see an appropriately trained staff or employee in person immediately after the consult, or be informed ahead of time that this is not available. <p><i>Source: NE Admin. Code Title 471, Ch. 1 & Manual Letter 64-200, (accessed Sept. 30, 2013).</i></p>
Location	
	<p>Telehealth Site means either a health care facility enrolled with Medicaid and licensed under Neb. Rev. Stat. Section 71-2017 to 71-2029, and effective January 1, 2001, licensed under the Health Care Facility Act or a health care practitioner facility whose practitioners are enrolled with Medicaid and credentialed under the Uniform Licensing Law.</p> <p><i>Source: NE Dept. of Health and Human Svcs., Title 471 NE Medical Assistance Svcs., p. 18 (July 11, 2009).</i></p> <p>Telehealth services are not covered if the patient has access to a comparable service within 30 miles of his/her place of residence.</p> <p>Exceptions to this requirement:</p> <ul style="list-style-type: none"> • Emergency or urgent medical situations; • When accessing in-person services at less than 30 miles poses a significant hardship on the patient, due to a medical condition or disability;

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> Nursing facility patients who require transportation via ambulance. Recently Passed Legislation: Children receiving behavioral health services. <p><i>Source (exceptions to 30-mile rule): NE Admin. Code Title 471, Ch. 1.</i> <i>Source (Children's behavioral health): LB 556 (Recently passed, effective Aug. 30, 2013)</i></p>
Cross-State Licensing	
No reference found.	<p>Providers must have a Nebraska license.</p> <p><i>Source: NB Medicaid Telehealth FAQ: "Can out-of-state practitioners provide services via telehealth to clients in Nebraska?"</i></p>
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
<i>(see Medicaid column)</i>	<p>Transmission costs may be covered, but not as a separate service.</p> <p>The costs are included in the payment for inpatient hospital services, or per diem or monthly payments for:</p> <ul style="list-style-type: none"> Inpatient hospital services, including general hospital as well as psychiatric and rehabilitation hospital services; Nursing facility services; Intermediate care facility-mentally retarded services; Assisted living facility services; Residential treatment center services; Treatment group home services; Day treatment facility services; Treatment foster care services; Mental health/substance abuse crisis facility services; Psychiatric rehabilitative services. <p><i>Source: NE Admin. Code Title 471, Ch. 1 & Manual Letter #64-2000.</i></p> <p>Managed Care 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> http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-482/Chapter-5.pdf</p>
Miscellaneous	
	The University of Nebraska Medical Center is required

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>to create the Behavioral Health Screening and Referral Pilot Program which will include telehealth behavioral health consultations between university and three clinics.</p> <p><i>Source : Revised Statutes of NE. Sec. 71-8506 (sunsets Aug. 30, 2015).</i></p>

Comments: Nebraska Department of Health & Human Services also provides an FAQ on telehealth reimbursement in its Medicaid program. Click [HERE](#) to access that page.

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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<p>"Telemedicine means the practice of osteopathic medicine by using equipment that transfers information concerning the medical condition of a patient electronically, telephonically or by fiber optics."</p> <p><i>Source: NV Revised Statutes Annotated Sec. 633.165.</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><i>Source: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3400, p. 1 (May 17, 2013).</i></p>
Live Video Reimbursement	
<p>No reference found.</p>	<p>Nevada Medicaid will reimburse for live video.</p> <p>Eligible services:</p> <ul style="list-style-type: none"> • Consultations; • Follow-up inpatient consults; • Office of other outpatient visits; • Subsequent hospital care services; • Subsequent nursing facility care services; • Individual psychotherapy; • Pharmacologic management; • Psychiatric diagnostic interview examination; • End-stage renal disease services • Neurobehavioral status exam; • Individual health and behavior assessment and interventions; • Individual and group diabetes self-management training services; • Smoking cessation counseling, for pregnant women only. <p>Reimbursement should be at the same amount as in-person services.</p> <p><i>Source: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3403.4, p. 6 (May 17, 2013).</i></p> <p>Eligible providers:</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> • Physician; • Nurse practitioner; • Advanced Practitioner of Nursing • Physician assistant; • Nurse midwife; • Licensed Clinical Psychologist • Licensed Clinical Social Worker • Clinical staff employed and determined by a state mental health agency to meet established class specification qualifications of a Mental Health Counselor, Clinical Social Worker or Psychological Assistant. <p><i>Source: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3403.3, p. 5-6 (May 17, 2013).</i></p> <p>Subsequent hospital care is limited to one telehealth visit every three calendar days.</p> <p>Subsequent nursing facility care is limited to one telehealth visit every 30 calendar days.</p> <p><i>Source: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3403.3, p. 6 (May 17, 2013).</i></p>
Store and Forward Reimbursement	
No reference found.	<p>Nevada Medicaid will not reimburse for store and forward.</p> <p><i>Source: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3403.4, p. 9 (May 17, 2013).</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: NV Revised Statutes Annotated Sec. 633.165 (2012).</i></p>	<p>No reference found for email. No reimbursement for telephone, except psychiatric treatment in crisis intervention. No reference found for FAX.</p> <p><i>Source: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 600, p. 7 (May 17, 2013).</i></p>
Online Prescribing	
<p><u>Osteopathic Medicine</u> A bona fide relationship between a patient and osteopathic physician (needed for a prescription) can be established via telemedicine.</p> <p><i>Source: NV Revised Statutes Annotated Sec. 633.165</i></p>	No reference found.
Consent	
For osteopaths, oral and written consent. Must include this information:	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<ul style="list-style-type: none"> • The patient or legal representative may withdraw consent at any time; • Potential risks, consequences and benefits of telemedicine; • Whether the osteopath has a financial interest in the web site used to engage in telemedicine, or in the products or services provided ; • Patient privacy and security; • The osteopath will not release any confidential medical information without written consent. <p><i>Source: NV Revised Statutes Annotated Sec. 633.165 (2012).</i></p>	
Location	
<p>No reference found.</p>	<p>The originating site must be located in a rural Health Professional Shortage Area (HPSA), or a county that is not included in a Metropolitan Statistical Area (MSA).</p> <p><i>Source: NV Dept. of Health and Human Svcs., <u>Medicaid Services Manual</u>, Section 3403.1, p. 4 (May 17, 2013).</i></p> <p>Eligible originating sites include:</p> <ul style="list-style-type: none"> • Office of a physician, physician assistant, nurse practitioner, or nurse, midwife; • Critical Access Hospital (CAH); • Rural Health Clinic (RHC); • Federally Qualified Health Center (FQHC); • Hospital; • Hospital-based or CAH-based renal dialysis center (including satellites); • Skilled nursing facility; • Office of clinical psychologist; • Office of clinical social worker; • Community mental health centers; • Indian Health Services, tribal organization, or urban Indian organization health programs. <p><i>Source: NV Dept. of Health and Human Svcs., <u>Medicaid Services Manual</u>, Section 3403.3, p. 4-5 (May 17, 2013).</i></p>
Cross-State Licensing	
<p>Nevada issues special-purpose licenses to out-of-state physicians for telemedicine services.</p> <p>Physicians must:</p> <ul style="list-style-type: none"> • Hold a full, unrestricted license in another state; • Not have any disciplinary or other action taken by any state or jurisdiction; • Be certified by the American Board of Medical Specialties. <p><i>Source: NV Revised Statutes Sec. 630.261(e).</i></p>	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	No reference found.
Miscellaneous	
<p>Before an osteopathic physician may use telemedicine:</p> <ul style="list-style-type: none"> • 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. • 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. <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 (May 17, 2013).</i></p>

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

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

(207) 622-7566 / (800) 379-2021

www.netrc.org

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<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>	No reference found.
Live Video Reimbursement	
<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>	No reference found.
Store and Forward Reimbursement	
No reference found.	No reference found.
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
<p>No reference found for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: NH Revised Statutes Annotated, 415-J:2 (2012).</i></p>	No reference found.
Online Prescribing	
<p>A physician-patient relationship requires an in-person exam. Prescribing drugs to individuals without a physician-patient relationship is prohibited, except under the following conditions:</p> <ul style="list-style-type: none"> • Writing admission orders for a newly hospitalized patient; 	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<ul style="list-style-type: none"> • A patient of another provider for whom the prescriber is taking call; • A prescription for a patient who has been examined by a physician assistant, nurse practitioner, or other licensed practitioner; • Medication on a short-term basis for a new patient prior to the patient's first appointment; • When providing limited treatment to a family member in accordance with the American Medical Association Code of Medical Ethics. <p><i>Source: NH Revised Statutes Annotated, Sec. 329:1-c.</i></p>	
Consent	
No reference found.	No reference found.
Location	
No reference found in statute.	No reference found.
Cross-State Licensing	
No reference found.	No reference found.
Private Payers	
<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.
Site/Transmission Fee	
No reference found.	No reference found.
Miscellaneous	
<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, 2013.</p> <p><i>Source: NH Revised Statutes Annotated, 112:1 (HB 556).</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. <http://www.dhhs.nh.gov/ombp/caremgmt/provider-handbook.htm> (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

(207) 622-7566 / (800) 379-2021

www.netrc.org

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
No reference found.	No reference found.
Live Video Reimbursement	
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.</i></p>
Store and Forward Reimbursement	
No reference found.	No reference found.
Remote Patient Monitoring Reimbursement	
No reference found	No reference found.
Email/Phone/FAX	
No reference found.	No reference found.
Online Prescribing	
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.</i></p>
Consent	
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.</i></p>

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

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 Feb. 21, 2014)
<http://www.state.nj.us/humanservices/dmahs/info/resources/care/>

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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<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>

Live Video Reimbursement	
<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>(also see Medicaid column)</p>	<p><u>Recently Adopted Regulation (Now Effective)</u> 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><u>Recently Adopted Regulation (Now Effective)</u> Alternative Benefits Program & Managed Care Program The benefits package includes telemedicine services.</p> <p><i>Source: NM Admin Code Sec. 8.309.4.16 & 8.308.9.18.</i></p>
Store and Forward Reimbursement	
<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>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX Restrictions	
No reference found.	No reference found.
Online Prescribing	
<p>Physicians are prohibited from prescribing, dispensing or administering drugs or medical supplies to a patient when there is no established physician-patient 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"> • Obtain a medical history; • Obtain informed consent; • Generate a medical record; • 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- 	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>to-face encounter with the patient for the services being provided.</p> <p><i>Source: NM Statutes Annotated, 1978 Sec. 61-6-20(B).</i></p>	
Consent	
No reference found.	No reference found.
Location	
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>
Cross-State Licensing	
<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>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>
Private Payers	
<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.
Site/Transmission Fee	
No reference found.	<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"> • Provider's billed charge; • Maximum allowed by MAD for the specific service or procedure. • A telemedicine originating-site communication fee is also covered if the eligible recipient was present at and participated in the telemedicine visit at the originating site. <p><i>Source: NM Administrative Code 8.310.2.</i></p>
Miscellaneous	

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.

New York

Medicaid Program: New York Medicaid

Medicaid Program Administrator: New York State Dept. of Health

Regional Telehealth Resource Center

Northeast Telehealth Resource Center

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www.netrc.org

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<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>“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, 2011 DOH Medicaid Updates, Volume 27</i> http://www.health.ny.gov/health_care/medicaid/program/update/2011/2011-09.htm#ln2 Accessed Feb. 24, 2014.</p>
Live Video Reimbursement	
<p>No reference found.</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"> • Hospitals (emergency room, outpatient department, Inpatient) established under Article 28 of the New York Public Health Law; • Diagnostic and Treatment Centers (D&TCs) established under Article 28 of the New York Public Health Law; • FQHCs that have "opted into" NY Medicaid Ambulatory Patient Groups (APG); • Non-FQHC School Based Health Centers (SBHCs). <p>Providers who may deliver telemedicine services include:</p> <ul style="list-style-type: none"> • Physician specialists, including psychiatrists; • Certified Diabetes Educators (CDEs); • Certified Asthma Educators (CAEs or A-ECs). <p><i>Source: NY Dept. of Health, 2011 DOH Medicaid Updates, Volume 27</i> http://www.health.ny.gov/health_care/medicaid/program/update/2011/2011-09.htm#ln2 Accessed Feb. 24, 2014.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Store and Forward Reimbursement	
<p>New York’s definition of “telemedicine” which describes telemedicine as “real time two-way electronic audio-visual communications”, excludes store and forward.</p> <p><i>Source: NY Consolidated Law Service Public Health Sec. 2805-u.</i></p>	<p>Store and forward is not reimbursed.</p> <p><i>Source: NY Dept. of Health, 2011 DOH Medicaid Updates, Volume 27</i> http://www.health.ny.gov/health_care/medicaid/program/update/2011/2011-09.htm#ln2 Accessed Feb. 24, 2014.</p>
Remote Patient Monitoring Reimbursement	
<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>No reference found.</p>
Email/Phone/FAX	
No reference found.	No reference found.
Online Prescribing	
No reference found.	No reference found.
Consent	
No reference found.	No reference found.
Location	
No reference found.	No reference found.
Cross-State Licensing	
No reference found.	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	No reference found.
Miscellaneous	
	<p>New York hospitals acting as originating (spoke) sites must ensure that all physicians at distant (hub) sites are appropriately credentialed and privileged.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>Originating sites may contract with an outside entity for professional application and verification, but not for peer review, quality assurance/quality improvement activities, and granting medical staff membership or professional privileges.</p> <p><i>Source: NY Dept. of Health, 2011 DOH Medicaid Updates, Volume 27</i> http://www.health.ny.gov/health_care/medicaid/program/update/2011/2011-09.htm#ln2 Accessed Feb. 24, 2014.</p>

Comments:

New York is in the process of updating its Medicaid reimbursement policies for telehealth. We have been informed by a source in the State Department of Health that the updated policy will expand the settings and provider types for which live video services can be reimbursed.

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
- Univera 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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<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. 3, Nov. 15, 2013.</i></p>
Live Video Reimbursement	
<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 will reimburse for live video medical services and tele-psychiatry services.</p> <p>Eligible medical providers:</p> <ul style="list-style-type: none"> • Physicians; • Nurse practitioners; • Nurse midwives; • Physician’s assistants. <p><i>Source: NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 6, Nov. 15, 2013.</i></p> <p>Eligible tele-psychiatry providers:</p> <ul style="list-style-type: none"> • Physicians; • Advanced practice psychiatric nurse practitioners; • Advanced practice psychiatric clinical nurse specialists; • Licensed psychologists Ph.D level; • Licensed clinical social workers (LCSW); • Community diagnostic assessment agencies. <p><i>Source: NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 6, Nov. 15, 2013.</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>All services must be:</p> <ul style="list-style-type: none"> • Medically necessary; • The procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs; • The procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; • The procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider. <p><i>Source: NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 3, Nov. 15, 2013.</i></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"> • Prior approval request; • All health records and any other records to document that the patient has met the specific criteria for telemedicine services; • If the patient is under age 21, information supporting that all Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) criteria are met, and evidence-based literature supporting the request, if available. <p><i>Source: NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 5, Nov. 15, 2013.</i></p>
Store and Forward Reimbursement	
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. 7, Nov. 15, 2013.</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX Restrictions	
No reference found.	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement FAX.</p> <p><i>Source: NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 7, Nov. 15, 2013.</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Online Prescribing	
No reference found.	No reference found.
Consent	
No reference found.	No reference found.
Location	
No reference found.	<p>No reimbursement if:</p> <ul style="list-style-type: none"> • The recipient is located in a jail, detention center, or prison; • The consulting provider is not a Medicaid-enrolled provider; • The consulting provider is not located in North Carolina or within the 40 miles radius. <p><i>Source: NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 7, Nov. 15, 2013.</i></p>
Cross-State Licensing	
No reference found.	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	<p>Originating-site provider facility fees paid to:</p> <ul style="list-style-type: none"> • Physicians; • Nurse practitioners; • Nurse midwives; • Advanced practice psychiatric nurse practitioners; • Advanced practice psychiatric clinical nurse specialists; • Licensed psychologists (Ph.D. level); • Licensed clinical social workers (LCSW); • Physician's assistants; • Hospitals (inpatient or outpatient) • Federally Qualified Health Centers; • Rural Health Clinics; • Local health departments; • Local Management Entities. <p><i>Source: NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 9, Nov. 15, 2013.</i></p> <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. 4, Nov. 15, 2013.</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Miscellaneous	
	<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)</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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<p>North Dakota uses federal definitions for "internet" and "practice of telemedicine" set in the Ryan Haight Online Pharmacy Consumer Protection Act of 2008.</p> <p><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.”</p> <p><i>Source: Ryan Haight Online Pharmacy Consumer Protection Act of 2008 [Pub. L. 110-425; 21 U.S.C. 802-803].</i></p>	<p>No reference found.</p>
Live Video Reimbursement	
<p>North Dakota’s Worker Compensation Act provides reimbursement for live video.</p> <p>Eligible services:</p> <ul style="list-style-type: none"> • Office or other outpatient visits; • New evaluation visits and established management visits; • Individual psychotherapy visits; • Pharmacologic management visits. <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.</p> <p><i>Source: ND Dept. of Human Svcs., General Information For Providers, Medicaid and Other Medical Assistance Programs, p. 129 (Apr. 2012).</i></p> <p>Both originating-site and distant-site physicians may bill for services. There is no separate reimbursement for supplies.</p> <p><i>Source: ND Dept. of Human Svcs., General Information For Providers, Medicaid and Other Medical Assistance Programs, p. 129 (April 2012).</i></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).</i></p> <p>Eligible services:</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> • New and established Office and other outpatient E/M services • Psychiatric diagnostic evaluation • Individual psychotherapy • Pharmacologic management • Speech Therapy, individual • Initial inpatient telehealth consultation <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. (Aug. 1, 2012).</i></p>
Store and Forward Reimbursement	
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).</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
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).</i></p>
Online Prescribing	
<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.</p> <p><i>Source: ND Centennial Code, Sec. 19-02.1-15.1.</i></p>	No reference found.
Consent	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
No reference found.	No reference found.
Location	
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. (Aug. 1, 2012).</i></p>
Cross-State Licensing	
<p>The ND Medical Board may engage in reciprocal licensing agreements with out-of-state licensing agencies, but is not required to do so.</p> <p><i>Source: ND Century Code Sec. 43-17-21 (2012).</i></p>	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
<p>Under the Worker's Compensation Act, the originating sites may receive a facility fee, not to exceed \$20.</p> <p><i>Source: ND Admin. Code 92-01-02-34.</i></p>	<p>There is no originating site or transmission fee.</p> <p><i>Source: Medicaid Medical Policy. North Dakota Department of Human Services: Policy Number NDMP-2012-0007. Telemedicine Services. (Aug. 1, 2012).</i></p>
Miscellaneous	

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

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STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<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><u>Recently Passed Legislation (Effective May 21, 2014)</u> <u>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.</u></p> <p><i>Source: HB 123 (130th General Assembly)</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>No reference found.</p>
Live Video Reimbursement	
<p><u>Recently Passed Legislation (Effective May 21, 2014)</u> The department of Medicaid is required to establish standards for Medicaid payment for health care services the department determines are appropriate to be</p>	<p>Ohio Medicaid will reimburse for live video for speech therapy services in the Medicaid School Program (MSP) when provided by speech-language pathologists.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>covered when provided as telehealth services.</p> <p><i>Source: HB 123 (130th General Assembly)</i></p> <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>	<p><i>Source: OH Dept. of Job and Family Svcs., Long Term Care Services and Supports Transmittal Letter (LTCSSSTL) No. 11-15, (Oct. 19, 2011).</i></p>
Store and Forward Reimbursement	
<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>	No reference found.
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
No reference found.	No reference found.
Online Prescribing	
<p>A physician shall not prescribe, dispense, or provide any dangerous drug, which is not a controlled substance, to a person who the physician has never personally physically examined and diagnosed.</p> <p>Eligible exceptions:</p> <ul style="list-style-type: none"> • The physician is providing care in consultation with another physician, who has an ongoing professional relationship with the patient, and who has agreed to supervise the patient's use of the drug or drugs to be provided, and the physician's care of the patient meets all applicable standards of care; • In institutional settings; • On-call situations; • Cross-coverage situations; • Situations involving new patients; • Protocol situations; • Situations involving nurses practicing in accordance with standard care arrangements. <p><i>Source: OH Admin. Code 4731-11-09.</i></p>	No reference found.
Consent	
<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>	No reference found.
Location	
No reference found.	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Cross-State Licensing	
<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><i>Source: OH Revised Code Annotated, Sec. 4731.296(C).</i></p> <p>Physical Therapy Physical therapists and physical therapist assistants must hold a valid OH physical therapy license to treat a patient located in Ohio via telehealth.</p> <p><i>Source: OH Admin. Code 4755-27-01.</i></p>	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	No reference found.
Miscellaneous	

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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<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><i>Source: OK Admin Code Title 165: 59-1-4.</i></p> <p><i>(also see Medicaid column)</i></p>	<p>"Telehealth means the use of telecommunication technologies for clinical care (telemedicine), patient teaching 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: OK Admin. Code Sec. 317:30-3-27.</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 or data communications that occur in the real-time or near real-time and in the physical presence of the member."</p> <p><i>Source: OK Admin. Code Sec. 317:30-3-27 (b)(8).</i></p> <p>Telemedicine is the communication between an approved specialist and a SoonerCare member either by audio, video, or data interaction.</p> <p><i>Source: Health Care Authority, Providers, Telemedicine http://okhca.org/providers.aspx?id=10014 (accessed Feb. 24, 2014).</i></p>
Live Video Reimbursement	
<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, subject to contract terms and conditions.</p> <p><i>Source: OK Statute, Title 36 Sec. 6803.</i></p> <p><i>(see Medicaid column & "Private Payers" section)</i></p>	<p>SoonerCare (Oklahoma's Medicaid program) reimburses for live video if the health care provider determines the service to be appropriately provided via telemedicine. This applies to health care service plans, disability insurer programs, workers' compensation programs or state Medicaid managed care program contracts.</p> <p>Eligible services:</p> <ul style="list-style-type: none"> • Consultations; • Office visits;

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> • Individual psychotherapy; • Psychiatric diagnostic interview examinations and testing; • Mental health assessments; • Pharmacologic management. <p>Eligible distant-site providers:</p> <ul style="list-style-type: none"> • Physicians; • Advanced registered nurse practitioners; • Physician assistants; • Genetic counselors; • Licensed behavioral health professionals; • Dieticians; • An Indian Health Service facility, a Tribal health facility or an Urban Indian (I/T/U) clinic with specialty service providers as listed here. <p>Coverage of all telemedicine services is at the discretion of the Oklahoma Health Care Authority.</p> <p><i>Source: OK Admin. Code Sec. 317:30-3-27 & Health Care Authority, Providers, Telemedicine http://okhca.org/providers.aspx?id=10014 (accessed Feb. 24, 2014).</i></p> <p>Office and outpatient visits count toward benefit limits.</p> <p><i>Source: OK Statute, Title 36 Sec. 6803.</i></p>
Store and Forward Reimbursement	
<i>(see Medicaid column)</i>	<p>SoonerCare will reimburse for “conventional health care delivery”, the service does not require face-to-face contact between the patient and the provider.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • Tele-radiology; • Tele-pathology; • Fetal monitor strips; • Physician interpretation of electrocardiogram and electroencephalogram readings. <p>SoonerCare does not consider these services telemedicine as defined by OHCA.</p> <p><i>Source: OK Admin. Code Sec. 317:30-3-27(e).</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
No reference found for email. No reimbursement for telephone.	No reimbursement for email. No reimbursement for telephone.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>No reimbursement for FAX.</p> <p><i>Source: OK Statute, Title 36 St. Sec. 6802.</i></p> <p><i>(also see Medicaid column)</i></p>	<p>No reimbursement for FAX.</p> <p><i>Source: OK Admin. Code Sec. 317:30-3-27(d).</i></p>
Online Prescribing	
<p><u>Recently Adopted Emergency Regulation (Now Effective, Expires 9/14/14)</u></p> <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>A physician-patient relationship includes an in-person patient exam.</p> <p><i>Source: OK Admin. Code Sec. 435:10-1-4.</i></p>	<p>No reference found.</p>
Consent	
<p>Written patient consent is required prior to the delivery of any telemedicine services. The provider who is in physical contact with the patient shall obtain this consent.</p> <p><i>Source: OK Statute, Title 36 Sec. 6804.</i></p> <p><i>(also see Medicaid column)</i></p>	<p>Written consent required.</p> <p><i>Source: OK Admin. Code Sec. 317:30-3-27(f)(6).</i></p>
Location	
<p>No reference found.</p>	<p>Coverage is limited to rural or geographic areas where there is a lack of local medical/psychiatric/mental health expertise.</p> <p><i>Source: OK Admin. Code Sec. 317:30-3-27(c)(2). Health Care Authority, Providers, Telemedicine</i> http://okhca.org/providers.aspx?id=10014 (accessed Feb. 24, 2014).</p> <p>Rural areas are defined as counties with fewer than 50,000 people.</p> <p><i>Source: OK Admin. Code Sec. 317:30-3-27(b)(5). Health Care Authority, Providers, Telemedicine</i> http://okhca.org/providers.aspx?id=10014 (accessed Feb. 24, 2014).</p> <p>Eligible originating sites:</p> <ul style="list-style-type: none"> • Practitioner offices; • Hospitals;

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> • Schools; • Outpatient behavioral health clinics; • Critical Access Hospitals; • Rural Health Clinics; • Federally Qualified Health Centers; • Indian Health Service, tribal health, or Urban Indian facility (I/T/U). <p><i>Source: OK Admin. Code Sec. 317:30-3-27(c)(5) & Oklahoma Health Care Authority, Providers, Telemedicine http://okhca.org/providers.aspx?id=10014 (accessed Feb. 24, 2014).</i></p>
Cross-State Licensing	
<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.
Private Payers	
<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.
Site/Transmission Fee	
<i>(see Medicaid column)</i>	<p>Facility fee paid to originating site.</p> <p><i>Source: OK Admin. Code Sec. 317:30-3-27.</i></p> <p>No originating site fee for store and forward.</p> <p><i>Source: OK Admin. Code Sec. 317:30-3-27(e).</i></p>
Miscellaneous	
<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"> • Not-for-profit hospitals; • County health departments; • City-county health departments; • Federally Qualified Health Centers. <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.

Oregon

Medicaid Program: Oregon Medicaid

Medicaid Program Administrator: Oregon Health Authority

Regional Telehealth Resource Center:

Northwest Regional Telehealth Resource Center
2900 12th Ave. N., Ste. 30W
Billings, MT 59101
(888) 662-5601
www.nrtrc.org

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<p>“Telemedical means delivered through a two-way video communication that allows a health professional to interact with a patient who is at an originating site.”</p> <p><i>Source: OR Revised Statutes Sec. 743A.058.</i></p> <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>“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. 64 (Dec. 28, 2012).</i></p>
Live Video Reimbursement	
<p>Oregon statute requires coverage of telemedicine services (which includes live video), subject to contract terms and conditions.</p> <p><i>Source: OR Revised Statutes Sec. 743A.058.</i></p> <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><i>Source: OR Div. of Medical Assistance Program, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610, p. 65 (Dec. 28, 2012).</i></p>
Store and Forward Reimbursement	
No reference found.	No reference found.
Remote Patient Monitoring Reimbursement	
<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</p>	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>through a technician in the operating room.”</p> <p>Requirements:</p> <ul style="list-style-type: none"> • The facility where the surgery is performed must be a licensed hospital or ambulatory surgical center; • The facility must grant medical staff membership and/or clinical privileges to the monitoring physician; • The monitoring physician must have OR active-tele-monitoring status. <p><i>Source: OR Admin. Rules. 847-008-0023.</i></p>	
Email/Phone/FAX	
<p>Yes for email. Yes for telephone. 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>Yes for email and telephone when used for patient consulting and “when billed services comply with the practice guidelines set forth by the Health Service Commission (HSC), applicable HSC approved CPT code requirements and 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. 64 (Dec. 28, 2012).</i></p>
Online Prescribing	
<p>A physician must first:</p> <ul style="list-style-type: none"> • Establish a physician-patient relationship; • Make a judgment based on some type of objective criteria upon which to diagnose, treat, correct or prescribe; • Act in the best interest of the patient. <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>
Consent	
<p>No reference found.</p>	<p>No reference found.</p>
Location	
<p>Originating sites include but are not limited to:</p> <ul style="list-style-type: none"> • Hospitals; • Rural Health Clinics; • Federally Qualified Health Centers; • Physician offices; • Community mental health centers; 	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<ul style="list-style-type: none"> • Skilled nursing facilities; • Renal dialysis centers; • Sites where public health services are provided. <p><i>Source: OR Revised Statutes Sec. 743A.058.</i></p>	
Cross-State Licensing	
<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).</i></p>
Private Payers	
<p>Oregon requires coverage of telemedicine services, 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 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"> • If coverage is provided for in-person services • The service is medically necessary; • The service relates to a specific patient; and • One of the participants in the telemedical health service is a representative of an academic health center. <p><i>Source: OR Revised Statutes Sec. 743A.185.</i></p>	No reference found.
Site/Transmission Fee	
<i>(see Medicaid column)</i>	<p>Oregon Medicaid will provide transmission fees for originating sites.</p> <p><i>Source: OR Admin. Regulation 410-130-0610(5).</i></p>
Miscellaneous	

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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
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.</i></p>
Live Video Reimbursement	
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"> • Physicians • Certified registered nurse practitioners • Certified nurse midwives <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.</i></p>
Store and Forward Reimbursement	
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.</i></p>
Remote Patient Monitoring Reimbursement	
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.</i></p>
Email/Phone/FAX	
No reference found.	No reimbursement for email.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	No reimbursement for telephone. No reimbursement for FAX. <i>Source: PA Department of Public Welfare, Medical Assistance Bulletin 09-12-31,31-12-31, 33-12-30, May 23, 2012.</i>
Online Prescribing	
No reference found.	No reference found.
Consent	
No reference found.	No reference found.
Location	
	No reference found.
Cross-State Licensing	
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. Pennsylvania bases its 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. <i>Source: PA Statutes Annotated, Title 63 Sec. 422.34(a) and (c)(2).</i>	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	Originating site may bill for facility fee. <i>Source: PA Department of Public Welfare, Medical Assistance Bulletin 09-12-31,31-12-31, 33-12-30, May 23, 2012.</i>
Miscellaneous	

Comments:

Pennsylvania Department of Aging , Office of Long Term Aging, offers “TeleCare” services under the Aging and Waiver program. “TeleCare” is a model of service that uses technology with services that allows people with chronic conditions to remain independent. In-home technology is used to provide services. Health status measuring and monitoring; activity and sensor monitoring; and medication dispensing and monitoring are used in the program.

Source: PA Dept. of Aging, Office of Long Term Aging, APD #09-01-05, Oct. 1, 2009.

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

(207) 622-7566 / (800) 379-2021

www.netrc.org

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
No reference found.	No reference found.
Live Video Reimbursement	
No reference found.	No reference found.
Store and Forward Reimbursement	
No reference found.	No reference found.
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
No reference found.	No reference found.
Online Prescribing	
No reference found.	No reference found.
Consent	
No reference found.	No reference found.
Location	
No reference found.	No reference found.
Cross-State Licensure	
No reference found.	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	No reference found.
Miscellaneous	

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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<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 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., <u>Physicians Provider Manual</u>, p. 162 (Feb. 1, 2014).</i></p>
Live Video Reimbursement	
<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"> • Office or other outpatient visits; • Inpatient consultation; • Individual psychotherapy; • Pharmacologic management; • Psychiatric diagnostic interview examination and testing; • Neurobehavioral status examination; • Electrocardiogram interpretation and report only; • Echocardiography.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>Eligible services must meet these requirements:</p> <ul style="list-style-type: none"> • The medical care is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's need; • The medical care can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide. <p><i>Source: SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 163-164 (Feb. 1, 2014).</i></p> <p>These community mental health services are ineligible:</p> <ul style="list-style-type: none"> • Injectables; • Crisis intervention (if there is no other MH staff with the client); • Group therapy and psychological testing which require "hands-on" encounters. <p><i>Source: SC Health and Human Svcs. Dept. Community Mental Health Services Provider Manual, p. 110 (Feb. 1, 2014). https://www.scdhhs.gov/internet/pdf/manuals/cmh/Manual.pdf</i></p> <p>Distant site eligible, reimbursed providers:</p> <ul style="list-style-type: none"> • Physicians; • Nurse practitioners. <p><i>Source: SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 162 (Feb. 1, 2014).</i></p>
Store and Forward Reimbursement	
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. 164 (Feb. 1, 2014).</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	Please see "Comments" section below.
Email/Phone/FAX	
No reference found.	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 164 (Feb. 1, 2014).</i></p>
Online Prescribing	
Prior to prescribing drugs to a patient, physicians first must establish a proper physician-patient relationship.	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>Requirements are:</p> <ul style="list-style-type: none"> • Personally performing and documenting an appropriate history and physical examination, making a diagnosis, and formulating a therapeutic plan; • Discussing with the patient the diagnosis and the evidence for it, and the risks and benefits of various treatment options; • Ensuring the availability of the physician or other coverage for the patient for appropriate follow-up care. <p>Exceptions for prescribing for a patient whom the physician has not personally examined include, but are not limited to:</p> <ul style="list-style-type: none"> • Admission orders for a newly hospitalized patient; • Prescribing for a patient of another physician for whom the prescriber is taking call; • Prescribing for a patient examined by a licensed advanced practice registered nurse, a physician assistant or other authorized provider; • Continuing medication on a short-term basis for a new patient prior to the patient's first appointment. <p>Prescribing drugs to individuals the physician has never met based solely on answers to a set of questions, as is common in Internet or toll-free telephone prescribing, is prohibited.</p> <p><i>Source: SC Admin. Regulations Annotated Sec. 81-28.</i></p>	
Consent	
No reference found.	No reference found.
Location	
No reference found.	<p>Eligible originating (referring) sites:</p> <ul style="list-style-type: none"> • Practitioner offices; • Hospitals (inpatient and outpatient); • Rural Health Clinics; • Federally Qualified Health Centers; • Community mental health centers. <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> <p><i>Source: SC Health and Human Svcs. Dept., <u>Physicians Provider Manual</u>, p. 162 (Feb. 1, 2014).</i></p>
Cross-State Licensing	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
No reference found.	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	<p>The referring site is eligible to receive a facility fee.</p> <p><i>Source: SC Health and Human Svcs. Dept., <u>Physicians Provider Manual</u>, p. 161 (Feb. 1, 2014).</i></p>
Miscellaneous	

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.

The Bureau of Long Term Care Services offers Telemonitoring. The objectives of the Telemonitoring service are to maintain and promote the health status of Medicaid home and community-based waiver participants through medical telemonitoring of body weight, blood pressure, oxygen saturation, blood glucose levels, and basic heart rate information.

*Source: SC Health and Human Svcs., Bureau of Long Term Care Services, <
<http://www1.scdhhs.gov/openpublic/insidedhhs/bureaus/BureauofLongTermCareServices/telemonitoring.asp>>
 Accessed Feb. 24, 2014.*

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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<p><u>Recently Passed Regulation (Now Effective)</u> "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>"Telemedicine is the real time or near real time two-way transfer of medical data and information between two medical entities.</p> <p>Medical data exchange can take the form of multiple formats: text, graphics, still images, audio, and video. The information/data exchange can occur in real time (synchronous) through interactive video or multimedia collaborative environments or in near real time (asynchronous) through so-called "store and forward" applications such as email, fax, or phone-mail."</p> <p><i>Source: SD Medical Assistance Program, Professional Svcs. Manual, p. 25(Feb. 2014).</i></p>
Live Video Reimbursement	
<p>No reference found.</p> <p><i>(also see Medicaid column)</i></p>	<p>South Dakota Medicaid will reimburse for the following services:</p> <ul style="list-style-type: none"> • Consultation services; • Follow-up office visits for established patients; • Pharmacological management services by a physician. <p>Coverage of telemedicine consults is treated like any other consult service as defined in the Physician's Current Procedural Terminology (CPT).</p> <p><i>Source (authorization and eligible services): SD Medical Assistance Program, Professional Svcs. Manual, p. 25 (Feb. 2014).</i></p> <p><i>Source (pharmacological management): SD Administrative Rules 46:20:32:08.</i></p>
Store and Forward Reimbursement	
<p>No reference found.</p>	<p>South Dakota Medicaid will reimburse for store and</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>forward.</p> <p><i>Source: SD Medical Assistance Program, Professional Svcs. Manual, p. 25 (Feb. 2014).</i></p>
Remote Patient Monitoring Reimbursement	
<p><u>Recently Passed Regulation (Now Effective)</u></p> <p>Office of Adult Service and Aging In-home services, which is defined as including “telehealth services”, may be provided to an individual who demonstrates a need for long-term supports and services through an assessment and the following criteria:</p> <ul style="list-style-type: none"> • The individual is residing at home; • The individual is age 60 or older or is age 18 or older with a disability; and • The individual is not eligible for other programs which provide the same type of service. <p><i>Source: SD Regulation 67:40:19:04.</i></p>	Please see “Comments” section below.
Email/Phone/FAX	
No reference found.	No reference found.
Online Prescribing	
No reference found.	No reference found.
Consent	
No reference found.	No reference found.
Location	
No reference found.	No reference found.
Cross-State Licensing	
<p><u>Recently Passed Regulation (Now Effective)</u></p> <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"> • The applicant completed a residency program in the US or Canada; • Has passed one of the listed licensure examinations. (Please see rule for list); • Is in good standing with their state’s professional board; and • Has completed a state and federal criminal background investigation. <p><i>Source: SD Regulation 20:78:03:12.</i></p>	No reference found.
Private Payers	
No reference found.	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Site/Transmission Fee	
No reference found.	No reference found.
Miscellaneous	

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.

In addition to meeting other eligibility criteria, program specific eligibility for this service includes:

1. **Either** the individual's inability to complete two activities of daily living without personal assistance, standby assistance, supervision/cues and/or assistive devices;
2. **Or** the individual's behavior poses a serious health or safety hazard to self and requires substantial supervision due to a cognitive impairment; **AND**
3. The individual may have frequent hospitalizations or emergency room visits, difficulty getting to a medical facility, medical condition(s) which requires frequent monitoring and those who may live alone in a rural setting where it is difficult to receive prompt medical care.

Program eligibility and individual need must be determined utilizing the South Dakota Assessment prior to the authorization of services. Staff determines if Telehealth can be accessed through other resources, such as Medicare, and is not available through any other funding source.

Once eligibility and need have been determined, Telehealth may be authorized for an individual subject to the following guidelines:

- Telehealth becomes a part of the \$750 per month maximum care plan.
- The Monitoring Unit* required by individual
 - Initial set up fee;
 - BASIC or Advanced Unit*; *Discuss with the provider the type of unit available. Some providers may include the oximeter as a part of the Basic unit. An Advanced Unit may include a glucometer or other such monitoring devices.
 - Nurse Visit -- if required by client as a result of Telehealth monitoring.
- Household's resources may not exceed \$40,000 for an individual and \$45,000 for a married couple.
- Individual will participate in the cost of the program through the cost share process whether offered as a single service or provided in combination with other ASA services.

Appropriate Individual:

Individuals must be cognitively alert to manage the system and their ability to operate the system should be required as a result of the monitoring device. Disease management and improving client outcomes is the goal of the service.

Individuals with the following health conditions are the most appropriate for Telehealth:

- Congestive Heart Failure or other heart conditions
- Diabetes
- Hypo/Hypertension

- Chronic Obstructive Pulmonary Disease
- Other precarious health conditions that can be monitored safely through the system.

Cost Share:

If Telehealth is provided in combination with any other ASA services, the individual will be informed of the total cost of the services and asked to cost share towards the total amount.

Services NOT available with Telehealth:

- Purchase price of the equipment.
- Equipment available through other state or federal programs.
- Liability for equipment damage while in individual's home.

Telehealth Monitoring:

- Clinical data to be reviewed daily by a licensed nurse.
- Monitoring system set up in eligible individual's home by provider or trained technician.
- Training video may be available for identified staff, ASA or Provider, on how to set up equipment or check it during a home visit.
- Follow up calls to identified resources/professionals by provider.
- Home visits by provider to reprogram the device or change the settings of the monitor as required by the individual's health status.
- Optional Nurse assessment if monitoring warrants a visit. If a nurse assessment is warranted, the provider will:
 - Assess the individual's health status and document findings as an official part of the case file;
 - Make recommendations to the ASA Specialist regarding the individual's ability to remain at home and the need for services;
 - Identify nursing problems and establish a tentative nursing plan of care;
 - Assist in the development of the "Individual Care Plan" with the ASA Specialist and individual, after the individual has been determined to be eligible;
 - Review all prescription and over-the-counter medication (dosage, route, and frequency) taken by the individual and any other nursing care needed by the client which can be verified by the individual's physician;
 - Obtain a signed copy of the "Individual Care Plan" from the ASA Specialist;
 - Complete documentation each time the client is provided nursing tasks;
 - Provide nursing services in accordance with the individual's needs and scope of nursing license of the nurse providing care.
- Depending on Provider system used, there might be a website link that ASA Specialist and authorized family and physician can access the clinical information.
- ASA Specialist may be provided with a monthly progress report of how the individual is doing. Routinely an individual is not provided with a report unless there are clinical issues identified. The Provider Nurse may be requested to call or send information in writing to the individual, or a family member, on a routine schedule to provide an update. ASA Specialist should work closely with the Telehealth provider to request this report as needed.

Source: SD Dept. of Social Services, Dept. of Adult Services & Aging, Telehealth Technology <<http://dss.sd.gov/elderlyservices/services/telehealth.asp>> (Accessed Feb. 24, 2014).

Tennessee

Medicaid Program: TennCare

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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
No reference found.	<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).</i></p>
Live Video Reimbursement	
No reference found.	<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).</i></p>
Store and Forward Reimbursement	
No reference found.	<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).</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
No reference found.	No reference found.
Online Prescribing	
Prior to online or telephone prescribing, providers must document and:	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<ul style="list-style-type: none"> • Perform an appropriate history and physical examination; • Make a diagnosis, consistent with good medical care; • Formulate a therapeutic plan and discuss it with the patient; • Ensure the availability for appropriate follow-up care. <p><i>Source: TN Composite Rules & Regulations 0880-02-.14.</i></p>	
Consent	
No reference found.	<p>The patient must be informed and given an opportunity to request an in-person assessment before receiving a telehealth assessment.</p> <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).</i></p>
Location	
No reference found.	No reference found.
Cross-State Licensing	
<p>Tennessee may issue telemedicine licenses to board-certified physicians from out of state.</p> <p><i>Source: TN Code Annotated Sec. 63-6-209(b).</i></p>	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	No reference found.
Miscellaneous	

Texas

Medicaid Program: Texas Medicaid

Medicaid Program Administrator: Texas Health and Human Services Commission

Regional Telehealth Resource Center:

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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<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><u>Speech-Language Pathology and Audiology</u> 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 hardwire or internet connection.”</p> <p><i>Source: TX Admin. Code, Title 22 Sec. 741.1.</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"> • Compressed digital interactive video, audio, or data transmission; • Clinical data transmission using computer imaging by way of still-image capture and store and forward; and • Other technology that facilitates access to health care services or medical specialty expertise.” <p><i>Source: TX Admin. Code, Title 1 Sec. 354.1430</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"> • Compressed digital interactive video, audio, or data transmission; • Clinical data transmission using computer imaging by way of still-image capture and store and forward; and • Other technology that facilitates access to health care services or medical specialty expertise. <p><i>Source: TX Government Code, Sec. 531.001 & TX Admin. Code, Title 1 Sec. 354.1430 & TX Medicaid Telemedicine and Telehealth Services Handbook, pg. 9, (Feb. 2014).</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"> • Client assessment by a health professional • Diagnosis, consultation or treatment by a physician • Transfer of medical data that requires the use of advanced telecommunications technology, other than telephone or facsimile, including the following: (1) Compressed digital interactive video, audio or data transmission, (2) clinical data transmission using computer imaging by way of still-image and store and forward; and (3) Other technology that facilitates access to health-care services or medical specialty expertise.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><i>Source: TX Medicaid Telemedicine and Telehealth Services Handbook, pg. 7-8, (Feb. 2014).</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"> • Compressed digital interactive video, audio, or data transmission; • Clinical data transmission using computer imaging by way of still-image capture and store and forward; and • Other technology that facilitates access to health care services or medical specialty expertise. <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>
Live Video Reimbursement	
<p>(see Medicaid column)</p>	<p>Texas Medicaid reimburses for live video for the following services:</p> <ul style="list-style-type: none"> • Consultations; • Office or other outpatient visits; • Psychiatric diagnostic interviews; • Pharmacologic management; • Psychotherapy • Data transmission <p><i>Source: TX Admin. Code, Title 1, Sec. 354.1432 & TX Govt. Code Sec. 531.0216.</i></p> <p>Telemedicine eligible distant site providers:</p> <ul style="list-style-type: none"> • Physician • Certified Nutrition Specialist • Nurse Practitioner • Physician Assistant • Certified Nurse Midwife <p><i>Source: TX Medicaid Telemedicine and Telehealth Services Handbook, pg. 8, (Feb. 2014).</i></p> <p>Telehealth eligible distant site providers</p> <ul style="list-style-type: none"> • Licensed professional counselors • Licensed marriage and family therapist

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> • Licensed clinical social worker • Psychologist • Licensed psychological associate • Provisionally licensed psychologist • Licensed dietician <p><i>Source: TX Medicaid Telemedicine and Telehealth Services Handbook, pg. 9, (Feb. 2014).</i></p> <p>Eligible originating sites (telemedicine and telehealth):</p> <ul style="list-style-type: none"> • Established medical site • State mental health facility • State supported living center <p><i>Source: TX Medicaid Telemedicine and Telehealth Services Handbook. P. 9 (Feb. 2014).</i></p> <p>Telemedicine eligible originating (patient) site providers:</p> <ul style="list-style-type: none"> • Physicians; • Physician assistants; • Nurse practitioners; • Clinical nurse specialists; • Outpatient providers <p><i>Source: TX Admin Code. Title 1, Sec. 355.7001 and TX Medicaid Telemedicine and Telehealth Services Handbook, pg. 9(Feb. 2014).</i></p> <p>Telehealth eligible originating site providers:</p> <ul style="list-style-type: none"> • An individual who is licensed or certified in Texas to perform health care services • A qualified mental health professional <p>A telepresenter is required at the originating site for both telemedicine and telehealth.</p> <p><i>Source: TX Medicaid Telemedicine and Telehealth Services Handbook, pg. 11 (Feb. 2014).</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 Telemedicine and Telehealth Services Handbook, pg. 7, (Feb. 2014).</i></p> <p>There is distant-site physician reimbursement for assessment and evaluation office visit if:</p> <ul style="list-style-type: none"> • A health professional under the physician's supervision is present with the patient for the visit; • The medical condition, illness, or injury for which the patient is receiving the service is not likely, within a reasonable degree of medical certainty,

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>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 in-person evaluation for the same diagnosis or condition, with the exception of mental health conditions.</p> <p>For continued services through telehealth, a patient must receive an in-person evaluation at least once during the previous 12 months.</p> <p><i>Source: TX Admin. Code, Title 1, Sec. 354.1432 & TX Medicaid Telemedicine and Telehealth Services Handbook, pg. 9 (Feb. 2014).</i></p>
Store and Forward Reimbursement	
(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 Telemedicine and Telehealth Services Handbook, pg. 7, (Feb. 2014).</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> <p><i>Source: TX Government Code, Sec. 531.001.</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	Texas Medicaid will reimburse for home telemonitoring in the same manner as their other professional services

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>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, physician assistant or physician provider 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.</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 Telemedicine and Telehealth Services Handbook, pg. 12, (Feb. 2014).</i></p> <p>Home Telemonitoring is available only to patients who:</p> <ul style="list-style-type: none"> • Are diagnosed with diabetes, hypertension; or • When it is determined by Texas Health and Human Services Commission to be cost effective and feasible the following conditions are also included: pregnancy, heart disease, cancer, chronic obstructive pulmonary disease, congestive heart failure, mental illness, asthma, myocardial infarction or stroke. <p>Patients that meet the above criteria must exhibit two or more of the following risk factors:</p> <ul style="list-style-type: none"> • Two or more hospitalizations in the prior 12 month period • Frequent or recurrent emergency room admissions • A documented history of poor adherence to ordered medication regimens • A documented history of falls in the prior six month period • Limited or absent informal support system • Living alone or being home alone for extended periods of time; and • A documented history of care access challenges

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>Providers must be enrolled and approved as home telemonitoring services providers.</p> <p><i>Source: TX Admin Code. Title 1, Sec. 354.1434 & TX Medicaid Telemedicine and Telehealth Services Handbook, pg. 12, (Feb. 2014).</i></p>
Email/Phone/FAX	
<p>For speech-language pathology and audiology, no reimbursement for correspondence only, e.g., mail, email, or FAX, although they may be adjuncts to telepractice.</p> <p><i>Source: TX Admin. Code, Title 22, Sec. 741.214.</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 Telemedicine and Telehealth Services Handbook, pg. 8, (Feb. 2014).</i></p>
Online Prescribing	
<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>No reference found.</p>
Consent	
<p>Consent required prior to telemedicine or telehealth services.</p> <p>Either originating or distant site health professionals shall obtain this consent.</p> <p><i>Source: TX Occupational Code Sec. 111.002.</i></p>	<p>No reference found.</p>
Location	
<p>(see Medicaid column)</p>	<p>Telemedicine/Telehealth eligible originating (patient) sites:</p> <ul style="list-style-type: none"> • An established medical site • A mental health facility • State supported living centers. <p><i>Source: TX Medicaid Telemedicine and Telehealth Services Handbook, pg. 8-10, (Feb. 2014).</i></p>
Cross-State Licensing	
<p>A telemedicine license may be issued for out of state providers.</p> <p><i>Source: TX Admin. Code, Title 22, Sec. 172.12 & TX Occupation Code Section 151.056.</i></p>	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Private Payers	
<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>
Site/Transmission Fee	
<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 & TX Medicaid Telemedicine and Telehealth Services Handbook, pg. 9 (Feb. 2014).</i></p>
Miscellaneous	
	<p>Children's Health Insurance Program 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>

Utah

Medicaid Program: Utah Medicaid

Medicaid Program Administrator: Utah Dept. of Health

Regional Telehealth Resource Center:

Northwest Regional Telehealth Resource Center
2900 12th Ave. N., Ste. 30W
Billings, MT 59101
(888) 662-5601
www.nrtrc.org

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<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>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. 20 (Oct. 2013).</i></p>
Live Video Reimbursement	
<p>(see Medicaid column)</p>	<p>Utah's Medical Assistance Program recognizes "communication by telemedicine as face to face contact between a health care provider and a patient."</p> <p>Reimbursement may be based on:</p> <ul style="list-style-type: none"> • A monthly reimbursement rate; • A daily reimbursement rate; or • An encounter rate. <p>Medically necessary diagnostic and therapeutic services, appropriate for the adequate diagnosis or treatment of some Special Health Care Needs Children, are covered services. The services include:</p> <ul style="list-style-type: none"> • Initial physician consultation; • Confirmatory consultations; and • Follow-up consults. <p>The service and codes will be limited to those which might be appropriate for evaluation and consultation without hands-on-care.</p> <p>Providers are limited to physicians and dietitians working through the University of Utah telehealth site as participants in the Special Health Care Needs Child project.</p> <p><i>Source: UT Code Annotated Sec. 26-18-13 and UT Physician Medicaid Manual, pg. 17 -18, Oct. 2013.</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>There is also live video reimbursement for psychiatry.</p> <p>Eligible services:</p> <ul style="list-style-type: none"> • Live video evaluations of rural residents, conducted by a qualified prescriber, to determine need for medication prescription; • Pharmacologic management services for rural residents, where distance and travel time create difficulty with access. <p>No reimbursement for originating site providers.</p> <p><i>Source: UT Div. of Medicaid and Health Financing, Utah Medicaid Provider Manual, Mental Health Centers/Prepaid Mental Health Plans, p. 16 (Oct 2012).</i></p>
Store and Forward Reimbursement	
No reference found.	No reference found.
Remote Patient Monitoring Reimbursement	
<i>(see Medicaid column)</i>	<p>There is reimbursement in the UT Medicaid Telehealth Skilled Nurse Pilot Project for Patients in Rural Areas.</p> <p>Patient eligibility requirements:</p> <ul style="list-style-type: none"> • Reside in underserved rural areas; • Would have to travel more than 50 paved road miles to obtain these services in person; • Be eligible for Medicaid coverage; • Require medical monitoring for diabetes; • Be willing and able to use required technology. <p>Home health agency service delivery requirements:</p> <ul style="list-style-type: none"> • The service is delivered through secure, HIPAA-compliant transmission lines, and takes place between the home health agency and the patient's home; • Patient and provider are able to see and hear each other in real time; • An assessment at the patient's home by a home health agency registered nurse finds that the patient is unable to leave the home; is suitable for participation in the program; and requires at least two skilled nursing home visits a week; • Formulates a nursing care plan. <p><i>Source: UT Admin. Code R414-42-2 & Utah Medicaid Provider Manual: Home Health Agencies, p. 20 (Oct. 2013).</i></p> <p>The following services are covered for Telehealth home care patients:</p> <ul style="list-style-type: none"> • Monitoring for compliance in taking medications, foot condition/assessment of wounds or

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>inflamed areas, blood glucose monitoring</p> <ul style="list-style-type: none"> • Education which may include a review in knowledge of the disease process, diet or nutritional counseling • Exercise and activity, diet /activity adjustment in illness/stress, medication, and glucometer use evaluation • RN visits are covered for Telehealth home care reimbursement. <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. 21-22 (Oct. 2013).</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.</i></p>
Email/Phone/FAX	
No reference found.	No reference found.
Online Prescribing	
<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.
Consent	
No reference found.	<p>Providers will ensure that the legal guardian of the Special Health Care Needs Child signs a consent to authorize the child's participation in the telehealth project. Without signed consent, the child is not eligible to participate in telehealth.</p> <p><i>Source: UT Code Annotated Sec. 26-18-13 and UT Physician Medicaid Manual, pg. 18, Oct. 2013.</i></p>
Location	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
No reference found.	<p>For Medicaid and the Special Health Care Needs Children project purposes, health care delivery through telehealth is only relevant for Special Health Care Need's Children residing in rural areas.</p> <p><i>Source: UT Code Annotated Sec. 26-18-13 and UT Physician Medicaid Manual, pg. 18, Oct. 2013.</i></p>
Cross-State Licensing	
<p>An out-of-state physician may practice without a Utah license if:</p> <ul style="list-style-type: none"> • The physician is licensed in another state, with no licensing action pending and at least 10 years of professional experience; • The services are rendered as a public service and for a noncommercial purpose; • No fee or other consideration of value is charged, expected or contemplated, beyond an amount necessary to cover the proportionate cost of malpractice insurance; • The physician does not otherwise engage in unlawful or unprofessional conduct. <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"> • The mental health therapist is present in the state where he/she is licensed; • The client relocates to Utah, and was a client immediately before the relocation; • The therapy or counseling is provided for a maximum of 45 days after the client relocates; • Within 10 days of the client's relocation, the mental health therapist provides a written notice to the Division of Occupational and Professional Licensing of their intent to provide therapy/counseling remotely; and • The mental health therapist does not engage in unlawful or unprofessional conduct. <p><i>Source: Laws of UT. 68-61-307</i></p>	<p>Health care providers must be licensed in Utah.</p> <p><i>Source: UT Physician Medicaid Manual, pg. 17, Oct. 2013.</i></p>
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	No reference found.
Miscellaneous	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<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 R432-100-32.</i></p> <p>The definition of “practice as a substance use disorder counselor” and “practice of mental health therapy” in the Mental Health Professional Practice Act and Psychologist Licensing Act was recently modified to include service delivery “in person or remotely”.</p> <p><i>Source: Laws of UT 68-60-102.</i></p> <p>In order for a provider to qualify for payment through the Autism Treatment Account, providers must be collaborating with existing telehealth networks.</p> <p><i>Source: UT Regulation Text R398-15-3.</i></p>	

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
(207) 622-7566 / (800) 379-2021
www.netrc.org

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<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, Provider Manual, p. 119 (Jan. 24, 2014).</i></p>
Live Video Reimbursement	
<p>Private payers must reimburse for live video.</p> <p><i>Source: VT Statutes Annotated, Title 8 Sec. 4100k (2012).</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, Provider Manual, p. 119 (Jan. 24, 2014).</i></p>
Store and Forward Reimbursement	
<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><i>Source: VT Statutes Annotated, Title 8 Sec. 4100k (2012).</i></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, Provider Manual, p. 119 (Jan. 24, 2014).</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
<p>No reimbursement 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
<p><i>Source: VT Statutes Annotated, Title 8 Sec. 4100k (2012).</i></p>	<p><i>Source: Dept. of VT Health Access, Provider Manual, p. 119 (Jan. 24, 2014).</i></p>
Online Prescribing	
<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>
Consent	
<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>
Location	
<p>No reference found.</p>	<p>Originating site provider locations are limited to:</p> <ul style="list-style-type: none"> • Physician or practitioner's office • Hospital • Critical access hospital (CAH) • Rural health clinic • Federally qualified health center • Community mental health center • Skilled nursing facility • Hospital-based or CAH-based renal dialysis center <p><i>Source: Dept. of VT Health Access, Provider Manual, p. 119 (Jan. 24, 2014).</i></p>
Cross-State Licensing	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
No reference found.	No reference found.
Private Payers	
Requires coverage of telemedicine services, subject to contract terms and conditions. <i>Source: VT Statutes Annotated, Title 8 Sec. 4100k (2012).</i>	No reference found.
Site/Transmission Fee	
No reference found.	Allowed, but not required, for originating site providers. <i>Dept. of VT Health Access, Provider Manual, p. 119 (Jan. 24, 2014).</i>
Miscellaneous	
	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. <i>Source: VT Act. No. 40 (S. 88).</i>

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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<p>Telemedicine services means the use of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment. 'Telemedicine services' do not include an audio-only telephone, electronic mail message, or facsimile transmission."</p> <p><i>Source: VA Code Annotated Sec. 38.2-3418.16 (2012).</i></p>	<p>"Telemedicine is the real-time or near real-time exchange of information for diagnosing and treating medical conditions. Telemedicine utilizes audio/video connections linking medical practitioners in one locality with medical practitioners in another locality."</p> <p><i>Source: VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Covered Svcs. and Limitations, p. 25 (Apr. 2, 2012).</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 (Dec. 30, 2013).</i></p>
Live Video Reimbursement	
<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>Yes, for all Medicaid recipients irrespective of fee-for-service or managed care organization coverage.</p> <p>Eligible services:</p> <ul style="list-style-type: none"> • Office visits; • Individual psychotherapy; • Psychiatric diagnostic interview examinations; • Pharmacologic management; • Colposcopy; • Obstetric ultrasound; • Fetal echocardiography; • Cardiography interpretation and report only; • Echocardiography; • Speech therapy services. <p>Eligible providers:</p> <ul style="list-style-type: none"> • Physicians; • Nurse practitioners; • Nurse midwives;

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> • Clinical nurse specialists; • Clinical psychologists; • Clinical social workers; • Licensed professional counselors; • Speech pathologists (speech therapy only). <p><i>Source: VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Covered Svcs. and Limitations, p. 25 (Apr. 2, 2012).</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. 13 (Oct. 24, 2012).</i></p>
Store and Forward Reimbursement	
No reference found.	<p>CCHP has been informed by a source in Virginia's Department of Medical Assistance Services that they do cover diabetic retinopathy screening and dermatology by store and forward. Additionally, radiology will be added shortly.</p> <p>A telemedicine coverage memo to providers is expected to be released in the coming months.</p>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
<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>	No reference found.
Online Prescribing	
<p>Practitioners prescribing controlled substances must have a "bona fide" relationship with the patient.</p> <p>Requirements:</p> <ul style="list-style-type: none"> • Obtaining a medical or drug history; • Informing the patient about the benefits and risks of the drug; • Conducting a patient exam, either physically or by the use of instrumentation and diagnostic equipment, through which images and medical records may be transmitted electronically. <p><i>Source: VA Code Annotated Sec. 54.1-3303.</i></p>	No reference found.
Consent	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
No reference found.	No reference found.
Location	
No reference found.	Providers must be physically present in Virginia during the telemedicine encounter. <i>Source: VA Dept. of Medical Assistant Svcs., Medicaid Provider Manual, Psychiatric Services Provider Manual, Covered Svcs. and Limitations, p. 36 (Dec. 30, 2013).</i>
Cross-State Licensing	
No reference found.	No reference found.
Private Payers	
Requires coverage of telemedicine services, subject to contract terms and conditions. Reimbursement must be the same as in-person services. <i>Source: VA Code Annotated Sec. 38.2-3418.16 (2012).</i>	No reference found.
Site/Transmission Fee	
Reimbursement allowed, but not required. <i>Source: VA Code Annotated Sec. 38.2-3418.16 (2012).</i>	No reference found.
Miscellaneous	

Washington

Medicaid Program: Washington Medicaid

Medicaid Program Administrator: Washington State Health Care Authority

Regional Telehealth Resource Center:

Northwest Regional Telehealth Resource Center
2900 12th Ave. N., Ste. 30W
Billings, MT 59101
(888) 662-5601
www.nrtrc.org

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<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"> • The collection of clinical data and the transmission of such data between a patient at a distant location and the home health provider through electronic processing technologies. Objective clinical data that may be transmitted includes, but is not limited to, weight, blood pressure, pulse, respirations, blood glucose, and pulse oximetry; • The provision of certain education related to health care services using audio, video, or data communication instead of a face-to-face visit.” <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 interactive real-time audio and video telecommunications 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, <u>Physician-Related Svcs./Health Care Professional Svcs.</u>, p. 62 (Jan. 1, 2014).</i></p>
Live Video Reimbursement	
<p>No reference found.</p>	<p>Yes, for patients with fee-for-service coverage.</p> <p>Eligible services:</p> <ul style="list-style-type: none"> • Consultations; • Office or other outpatient visits; • Psychiatric intake and assessment; • Individual psychotherapy; • Pharmacologic management. <p>Eligible Providers at the Distant Site are:</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> • Physicians (including Psychiatrists); and • Advanced Registered Nurse Practitioners <p><i>Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 64 (Jan. 1, 2014).</i></p> <p>Patients must be present and participate in the visit.</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><i>Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 63 (Jan. 1, 2014).</i></p>
Store and Forward Reimbursement	
No reference found.	No reference found.
Remote Patient Monitoring Reimbursement	
<i>(see Medicaid column)</i>	<p>Home health monitoring is not covered as telemedicine.</p> <p><i>Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 55 (Jan. 1, 2014).</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"> • Assessment and monitoring of clinical data including, but not limited to, vital signs, pain levels and other biometric measures specified in the plan of care; • Assessment of response to previous changes in the plan of care; • Detection of condition changes based on the telemedicine encounter that may indicate the need for a change in the plan of care. • Implementation of a management plan <p><i>Source: WA Admin. Code Sec. 182-551-2125 & WA State Health Care Authority, Medicaid Provider Guide, Home Health Svcs. (Acute Care Svcs.), p. 28-29 (Jan. 1, 2014).</i></p> <p>Must be provided by a Registered Nurse or Licensed</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>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. 28 (Jan. 1, 2014).</i></p>
Email/Phone/FAX	
No reference found.	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 62 (Jan. 1, 2014).</i></p>
Online Prescribing	
<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.
Consent	
No reference found.	No reference found.
Location	
No reference found.	<p>Eligible originating sites:</p> <ul style="list-style-type: none"> • Practitioner offices; • Hospitals; • Critical Access Hospitals; • Rural Health Clinics; • Federally Qualified Health Centers.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><i>Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional svcs., p. 63 (Jan. 1, 2014).</i></p>
Cross-State Licensing	
<p>Out-of-state, licensed practitioners may deliver telemedicine or telehealth services, as long as they do not open an office or appoint a place of meeting patients or receive calls within the state.</p> <p><i>Source: Revised Code of WA Sec. 18.71.030 (2012).</i></p>	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	<p>Facility fees for originating sites.</p> <p><i>Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 63 (Jan. 1, 2014).</i></p>
Miscellaneous	
<p>Physical Therapy 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>	

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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<p>“The practice of telemedicine means the use of electronic information and communication technologies to provide health care when distance separates participants. It includes one or both of the following:</p> <ol style="list-style-type: none"> 1. The diagnosis of a patient within this state by a physician located outside this state, as a result of the transmission of individual patient data, specimens or other material by electronic or other means from within this state to the physician or his or her agent; 2. 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, specimens or other material by electronic or other means from within this State to the physician or his or her agent.” <p><i>Source: WV Code Sec. 30-3-13.</i></p>	<p>“A tele-consultation is an interactive member encounter that meets specific criteria. This service requires the use of interactive telecommunications systems, defined as multimedia communication equipment that involves at least audio and video equipment, and which permits two-way consultation among the member, consultant and referring provider. Telephones, facsimile machines, and electronic mail systems do not qualify as interactive telecommunication systems.”</p> <p><i>Source: WV Dept. of Health and Human Svcs., Medicaid Provider Manual, Chapter-519 Covered Svcs., Limitations, And Exclusions For Practitioner Svcs. – Including Physicians, Physician Assistants, And Advanced Registered Nurse Practitioners, p. 25 (Jan. 16, 2012).</i></p>
Live Video Reimbursement	
<p>No reference found.</p>	<p>West Virginia Medicaid reimburses for live video consultations for medical services and nutrition and exercise services.</p> <p>Requirements:</p> <ul style="list-style-type: none"> • The consult must involve real-time consultation as appropriate for the member’s medical needs, and as needed to provide information to and at the direction of the consulting physician; • Coverage of consult is limited to members in non-metropolitan statistical professional shortage areas as defined by the Centers for Medicare & Medicaid Services. The referring provider must be located in the same non-

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>metropolitan area;</p> <ul style="list-style-type: none"> • The referring provider may bill for an office, outpatient, or inpatient evaluation and management (E&M) service that precedes the consultation, and for other Medicaid-covered services the consultant orders, or for services unrelated to the medical problem for which the consult was requested. However, the referring provider may not bill for a second visit for activities provided during the consult; • The consultant must be in control of the member’s medical examination, with the referring provider participating, as needed. The patient must be present in real time, and telecommunication technology must allow the consultant to conduct a medical exam; • The consultant must provide the referring physician with a written report; • Separate payment is not made for the review and interpretation of medical records; • Coverage is limited to professional consultations that meet the criteria. <p><i>Source: WV Dept. of Health and Human Svcs., Medicaid Provider Manual, Chapter–519 Covered Svcs., Limitations, And Exclusions For Practitioner Svcs. – Including Physicians, Physician Assistants, And Advanced Registered Nurse Practitioners, p. 25 (Jan. 16, 2012).</i></p> <p>Exercise and nutrition services may be delivered through a single site, or between two sites, with a formal agreement between the two parties.</p> <p><i>Source: WV Dept. of Health and Human Svcs., Medicaid Provider Manual, Chapter 527: Mountain Health Choices, p. 37 (Jan. 30, 2009).</i></p> <p>For facility-based fitness centers/certified trainer services, rural clinics may partner with a single-site provider to utilize their professional services. Scheduled appointments are then set up and video teleconferencing is used to deliver services to the member with at minimum a nurse present with the member during the consultation.</p> <p><i>Source: WV Dept. of Health and Human Svcs., Medicaid Provider Manual, Chapter 527: Mountain Health Choices, p. 40 (Jan. 30, 2009).</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. 11 (Jan. 1, 2013).</i></p>
<p>Store and Forward Reimbursement</p>	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
No reference found.	<p>No reimbursement, based upon definition of teleconsultation, which describes it as using an “interactive telecommunications system that allows a “two-way consultation among the member, consultant and referring provider”.</p> <p><i>Source: WV Dept. of Health and Human Svcs., Medicaid Provider Manual, Chapter–519 Covered Svcs., Limitations, And Exclusions For Practitioner Svcs. – Including Physicians, Physician Assistants, And Advanced Registered Nurse Practitioners, p. 25 (Jan. 16, 2012).</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
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 Covered Svcs., Limitations, And Exclusions For Practitioner Svcs. – Including Physicians, Physician Assistants, And Advanced Registered Nurse Practitioners, p. 25 (Jan. 16, 2012).</i></p>
Online Prescribing	
<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>Prohibits providers from issuing prescriptions, via electronic or other means, for persons without establishing an ongoing physician-patient relationship, wherein the physician has obtained information adequate to support the prescription.</p> <p>Exceptions:</p> <ul style="list-style-type: none"> • Documented emergencies; • On-call or cross-coverage situations; • Where patient care is rendered in consultation with another physician who has an ongoing relationship with the patient, and who has agreed to supervise the patient's treatment, including use of any prescribed medications. <p><i>Source: WV Code Sec. 11-1A-12.</i></p>	No reference found.
Consent	
No reference found.	No reference found.
Location	
No reference found.	Limited to members in CMS-defined non-metropolitan

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>statistical professional shortage areas. The referring provider must be located in the non-metropolitan area.</p> <p><i>Source: WV Dept. of Health and Human Svcs., Medicaid Provider Manual, Chapter–519 Covered Svcs., Limitations, And Exclusions For Practitioner Svcs. – Including Physicians, Physician Assistants, And Advanced Registered Nurse Practitioners, p. 25 (Jan. 16, 2012).</i></p>
Cross-State Licensing	
No reference found.	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	<p>No reimbursement. Patients may not be billed for these fees.</p> <p><i>Source: WV Dept. of Health and Human Svcs, Medicaid Provider Manual, Chapter–519 Covered Svcs., Limitations, And Exclusions For Practitioner Svcs. – Including Physicians, Physician Assistants, And Advanced Registered Nurse Practitioners, p. 25 (Jan. 16, 2012).</i></p>
Miscellaneous	

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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<p><u>Recently Passed Legislation (Now Effective)</u> "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: 2013 Assembly Bill 458. 2013 Wisconsin Act 130. Publication date: Feb. 7, 2014. 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, <u>Wisconsin Medicaid Provider Manual, Physician, p.135 (Jan. 31, 2014).</u></i></p>
Live Video Reimbursement	
(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"> • Office or other outpatient services; • Office or other outpatient consults; • Initial inpatient consults; • Outpatient mental health services; • Health and behavior assessment/intervention; • End stage renal disease-related services; • Outpatient substance abuse services. <p>Eligible providers:</p> <ul style="list-style-type: none"> • Physicians and physician clinics; • Rural Health Centers; • Federally Qualified Health Center;

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	<ul style="list-style-type: none"> • Physician assistants; • Nurse practitioners; • Nurse midwives; • Psychiatrists; • Ph.D. psychologists. <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><i>Source: WI Forward Health, Wisconsin Medicaid Provider Manual, Physician, p.135-136 (Jan. 31, 2014).</i></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><i>Source: WI Forward Health, Wisconsin Medicaid Provider Manual, Physician, p.136-137 (Jan. 31, 2014).</i></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, Wisconsin Medicaid Provider Manual, Physician, p.136 (Jan. 31, 2014).</i></p> <p>For mental/behavioral health services, BadgerCare Plus, a plan under Forward Health, will reimburse mental health and substance abuse services the same way it reimburses for in-person.</p> <p>BadgerCare Plus reimburses only one of the sites, not both.</p> <p>BadgerCare Plus will not accept claims from individual professionals in private practice.</p> <p><i>Source: WI Forward Health, Wisconsin Medicaid Provider Manual, Adult Mental Health Day Treatment, p.244 (Jan. 31, 2014). Please note: The same information is repeated in other mental/behavioral health provider manuals.</i></p> <p><u>Recently Passed Legislation (Now Effective)</u></p> <p>Mental health services provided through telehealth are</p>

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	reimbursable by the Medical Assistance program if the provider of the service satisfies the following criteria: <ul style="list-style-type: none"> • 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). • The provider and the individual providing the service comply with all Medical assistance coverage policies and standards • The provider is certified for telehealth by the department. • The individual who is providing the service is licensed or registered and in good standing with the appropriate state board. • The provider is located in the United States. The provider is not required to be located in the state. <p><i>Source: 2013 Assembly Bill 458. 2013 Wisconsin Act 130. Publication date: Feb. 7, 2014. Wisconsin Statute 94.45 (29w).</i></p>
Store and Forward Reimbursement	
No reference found.	No reimbursement. <p><i>Source: WI Forward Health, Wisconsin Medicaid Provider Manual, Physician, p.138 (Jan. 31, 2014).</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
<p>Recently Passed Legislation (Now Effective) "Telehealth" does not include telephone conversations or Internet-based communications between providers or between providers and individuals.</p> <p><i>Source: 2013 Assembly Bill 458. 2013 Wisconsin Act 130. Publication date: Feb. 7, 2014. Wisconsin Statute 94.45 (29w).</i></p>	No reimbursement for email or Internet-based communications. No reimbursement for telephone. No reference found for FAX. <p><i>Source: WI Forward Health, Wisconsin Medicaid Provider Manual, Physician, p.135 (Jan. 31, 2014).</i></p>
Online Prescribing	
No reference found.	No reference found.
Consent	
No reference found.	Providers should develop their own methods of informed consent. <p><i>Source: WI Forward Health, Wisconsin Medicaid Provider Manual, Physician, p.136 (Jan. 31, 2014).</i></p>
Location	
No reference found.	No reference found.
Cross-State Licensing	
No reference found.	No reference found.

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Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	<p>Reimbursement for originating site facility fees.</p> <p>Eligible originating sites:</p> <ul style="list-style-type: none"> • Physician offices; • Hospitals (inpatient or outpatient, excluding emergency rooms); • Any other appropriate place of service with necessary equipment and staffing. <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 deductible value.</p> <p><i>Source: WI Forward Health, Wisconsin Medicaid Provider Manual, Physician, p.137 (Jan. 31, 2014).</i></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.</p> <p><i>Source: WI Forward Health, Wisconsin Medicaid Provider Manual, Physician, p.138 (Jan. 31, 2014).</i></p>
Miscellaneous	

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 12th Ave. N., Ste. 30W
Billings, MT 59101
(888) 662-5601
www.nrtrc.org

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Definition of telemedicine/telehealth	
<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>"Telehealth is the use of an electronic media to link beneficiaries with health professionals in different locations."</p> <p><i>Source: WY Dept. of Public Health Insurance, Medicaid, General Provider Information, p. 107 (Jan. 30, 2014).</i></p>
Live Video Reimbursement	
<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><i>Source: WY Dept. of Public Health Insurance, Medicaid, General Provider Information, p. 107-108 (Jan. 30, 2014).</i></p> <p>Eligible providers:</p> <ul style="list-style-type: none"> • Physicians; • Advanced practice nurses with a specialty of psychiatry/mental health; • Physician's assistant (billed under the supervising physician); • Psychologists and neuropsychologists; • Mental health professionals (LCSW, LPC, LMFT, LAT). <p>Mental health professionals cannot bill Medicaid directly, but must provide services through a supervising provider.</p> <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><i>Source: WY Dept. of Public Health Insurance, Medicaid, General</i></p>

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	<i>Provider Information, p. 108-109 (Jan. 30, 2014).</i>
Store and Forward Reimbursement	
No reference found.	Wyoming Medicaid states that reimbursement is made for exams performed via a real-time interactive audio and video. <i>Source: WY Dept. of Public Health Insurance, Medicaid, General Provider Information, p. 107-108 (Jan. 30, 2014).</i>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
No reference found.	No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX. <i>Source: WY Dept. of Public Health Insurance, Medicaid, General Provider Information, p. 108 (Jan. 30, 2014).</i>
Online Prescribing	
Prescribing a controlled substance through the Internet, World Wide Web or any similar proprietary or common carrier electronic system without a documented physician-patient relationship is subject to review, discipline and consequences to license. <i>Source: WY Statutes Annotated Sec. 33-26-402 (2012).</i>	No reference found.
Consent	
Written or oral consent required for physical therapy. <i>Source: Code of WY Rules 006-062-001 (2012).</i>	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. <i>Source: WY Dept. of Public Health Insurance, Medicaid, General Provider Information, p. 109 (Jan. 30, 2014).</i>
Location	
No reference found.	Eligible originating sites: <ul style="list-style-type: none"> • Hospitals; • Practitioner offices; • Psychologists or neuropsychologists offices; • Community mental health or substance abuse treatment centers (CMHC/SATC); • Advanced practice nurses with specialty of psychiatry/mental health offices; • Federally Qualified Health Centers; • Rural Health Clinics; • Skilled nursing facilities; • Indian Health Services Clinics; • Hospital-based or Critical Access Hospital-

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	<p>based renal dialysis centers (including satellites).</p> <p>Independent renal dialysis facilities are not eligible originating sites.</p> <p>A medical professional is not required to be present at the originating site, unless medically indicated.</p> <p><i>Source: WY Dept. of Public Health Insurance, Medicaid, General Provider Information, p. 107 (Jan. 30, 2014).</i></p>
Cross-State Licensing	
No reference found.	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	<p>Yes, for originating site fees.</p> <p>No reimbursement for transmission fees.</p> <p><i>Source: WY Dept. of Public Health Insurance, Medicaid, General Provider Information, p. 109 (Jan. 30, 2014).</i></p>
Miscellaneous	
	<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> <p><i>Source: WY Dept. of Public Health Insurance, Medicaid, General Provider Information, p. 109 (Jan. 30, 2014).</i></p>

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.

Center for Connected Health Policy

The Center for Connected Health Policy (CCHP) is a nonprofit, nonpartisan organization that develops and advances telehealth policy solutions that promote improvements in health and health care systems.

Telehealth is poised to improve access and outcomes, particularly among medically underserved communities, and to improve the U.S. health care system's efficiency and cost effectiveness. With these benefits in mind, CCHP:

- Advocates for policies that expand telehealth program adoption;
- Conducts objective research and policy analysis;
- Develops nonpartisan policy recommendations;
- Operates telehealth demonstration projects.

In its work as the federally designated National Telehealth Policy Resource Center (NTRC-P), CCHP provides technical assistance to twelve Regional Telehealth Resource Centers (TRCs) nationwide, and serves as a national resource on telehealth policy issues.

CCHP was created in 2008 by the California Health Care Foundation, who remains its lead funder. CCHP is a program of the Public Health Institute.

www.cchpca.org



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