



State Telehealth Laws and Reimbursement Policies

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



November 2013

State Telehealth Laws and Medicaid Program

Introduction

This report offers policymakers, health advocates, health care professionals and others with an interest in telehealth a summary guide of the most recent information available about how each of the 50 states (and the District of Columbia) defines, governs, and regulates the use of “telehealth” or “telemedicine” technologies in the delivery of health care services. Most remarkable about this report is that every state has its own unique set of telehealth policies. Some states have incorporated policies into law, while others have addressed issues such as definition, reimbursement policies, licensure requirements, etc. in their Medicaid Program Guidelines. In some cases we even discovered inconsistencies with policies within the same state. If we were unable to find information in a particular area, it has been so noted. Every effort was made to capture the most recent policy language in each state as of Nov. 2013. Recently passed information has also been included in this version of the document, though their effective date is noted in the report. All of this information is available on our website www.telehealthpolicy.us. It is our intent to keep this information continually updated, as laws, regulations and administrative policies are constantly changing.

How to Use this Report

Telehealth policies have been 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 within the state’s Medicaid Program. As you will notice, in many instances the specific policy is found in both law/regulations and administrative policy, but that’s not always the case. This report primarily addresses the individual state’s policies that govern the use of telehealth 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.

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. We would also like to thank our colleagues, 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 go to <http://www.telehealthresourcecenter.org/>).

Please keep in mind that 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
November 2013

This project was partially funded by The California HealthCare Foundation and The National Telehealth Policy Resource Center program is made possible by Grant #G22RH24746-01-00 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS.

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

The Center for Connected Health Policy (CCHP) has conducted an analysis of state telehealth laws and Medicaid reimbursement policies. The District of Columbia was also included in this scan. The report is also posted electronically on CCHP's national policy website, www.telehealthpolicy.us. With the expected on-going annual changes to laws, policies, and regulations, CCHP will periodically update this information to ensure its continued relevance. 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. (Please note: As of Nov. 1, 2013, many of the newly passed/approved legislation and regulations have not gone into effect. Therefore the numbers reflected in the following summary do not contain these recent changes.)

Methodology

CCHP examined state law, state administrative codes and Medicaid provider manuals as the primary resources for the survey. Additionally, where there were indications of other potential sources, such as releases from a State's Executive Office, they were also examined. Most of the information contained in this report specifically focuses on fee-for-service. If information on managed care plans was available from the utilized sources, that information has also been included.

The survey focused on eleven specific policy areas related to telehealth. These specific areas were chosen based upon the frequency they have appeared in discussions and questions around telehealth reimbursement and laws. It is by no means a comprehensive list of issues surrounding telehealth but they were deemed the most critical. 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/facility fees
- Online Prescribing
- Private payer laws
- Licensure

Key Findings

Remarkably, 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. While this is to be expected given that each state defines its Medicaid policy parameters, 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.

Some general observations:

Definitions:

States alternate between using the term “telemedicine” or “telehealth”. In some states both terms are explicitly defined in law and/or policy/regulations. In some states “telehealth” is used to reflect a broader definition while “telemedicine” is used mainly to define delivery of medical services. Additionally, some states put specific restrictions within the definition.

Reimbursement:

Forty-five states have some form of reimbursement for telehealth in their public program. The five states that we have not found definitive reimbursement information on are:

- Iowa
- Massachusetts
- New Hampshire
- New Jersey
- Rhode Island

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

Again, the sources used were state laws and provider manuals. Some of these states employ managed care plans in their Medicaid program like New Jersey and Massachusetts. We did not look into whether those plans may offer some sort of telehealth reimbursement.

Other Key Findings:

- 45 states’ Medicaid programs reimburse for some form of Live Video. DC’s Medicaid program is also required to reimburse for live video, due to a newly passed law.
- 7 states’ Medicaid programs offer some reimbursement for Store and Forward (states that only reimbursed for tele-radiology as store and forward were not included in this count).
- 13 states’ Medicaid programs offer reimbursement for Remote Patient Monitoring.
- 3 states’ Medicaid programs reimburse for all three.

However, we have heard anecdotally that while reimbursement may be authorized by law or a program exists, it might not actually be utilized. For example, the RPM program in Utah is a Medicaid skilled nursing facility pilot that appears no one is utilizing. In this Utah pilot there are very specific qualifications that both the patient and home health agency must meet. The lack of activity may be due to the requirements to be eligible for the pilot.

Additionally, for RPM, some of the states reimburse through their Department of Aging Services programs.

Reimbursement

Live Video

The most predominant form of delivery that is reimbursed is live video. As noted, 45 states reimburse for live video in some way or another. However, what and how it is reimbursed varies widely. While 45 states have some form of live video reimbursement, there are restrictions on what can be reimbursed, who can be reimbursed, when they can be reimbursed and what program is reimbursed.

Store and Forward

These services are only defined and reimbursed by a handful of state Medicaid Programs, while in some states the definition of telehealth/telemedicine excludes these services from the term itself. 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 teleophthamalogy.

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/telemedicine.

Remote Patient Monitoring

Only ten states have some form of reimbursement for RPM in their Medicaid Health programs. These states are:

- Alabama
- Alaska
- Colorado
- Kansas
- Louisiana
- Minnesota
- New York
- Texas
- Utah
- Washington

While three states reimburse through programs in their Department of Aging Services:

- Pennsylvania
- South Carolina
- South Dakota

Note, the states listed are only for RPM in the home where some specific information could be found. Some states reimburse for home health services but no further details of what was reimbursed could be found. Additionally, some states may already be reimbursing for RPM in such areas as Tele-ICU. Those cases were not considered. Other states, such as Louisiana, may be reimbursing for RPM under a specific waiver program.

Each program appears to have some unique nuances that make it difficult to generalize, such as the Utah SNF pilot referenced earlier. Another similar example is Colorado, where the patient needs to be receiving services for at least one of the following: congestive heart failure, chronic obstructive pulmonary disease, asthma or diabetes and meet other

conditions. In Minnesota, RPM is only available for skilled nursing visits and in the Elderly Waiver and Alternative Care programs.

Transmission/Facility Fee

Eighteen states will reimburse either a transmission or facility fee or both. Medicare also reimburses for a facility fee for the originating site provider. In Georgia, Rural Health Clinics and FQHCs are eligible for a facility fee

Location of Service

A few states have adopted the Medicare policy in which reimbursable services are restricted to those provided in rural/underserved areas or there are unusual requirements in order to ensure there is some distance between the patient and distant site provider. For example, in Texas, the Medicaid patient must be located in a rural or underserved area. However, there are some states that do not have these geographical restrictions like Kansas and California.

Others limit the type of facility that may be an originating or distant site, often excluding the home as a reimbursable site and impacting RPM.

Consent

Ten states require some sort of informed consent in their statutes (but not in their Medicaid policies), 7 states require informed consent only in their Medicaid policies (but it is not required by law) and 4 states (KY, NE, OK & TN) require it in both state law and Medicaid policy. Thirty states do not mention informed consent in their Medicaid Manual and statutes. Due to recently passed legislation, in January 2014 state law in Missouri will also begin requiring informed consent.

Licensure

Nine states' medical boards issue special licenses or certificates related in some way to telehealth. The licenses could allow an out of state provider to render services via telemedicine in a state they are not located in, or it allows a clinician to provide services via telehealth into 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
- Oregon
- Tennessee (both the medical and osteopathic boards issue such licenses)
- Texas

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

As of November 1, 2013 Oklahoma's Osteopathic Board has the authority to issue a telemedicine license, however there is no indication that they are currently doing so.

Online Prescribing

There are a number of nuances and differences across the states. However, most consider using only an Internet/online questionnaire to establish a patient-provider relationship (needed to write a prescription in most states) is inadequate, though not all states require an in-person examination.

Private Payers

Currently eighteen states and DC have active laws that impact reimbursement policies of private payers. Three states passed laws impacting private payer reimbursement on telehealth which have not yet taken effect. They include:

- Arizona (effective Jan. 2015)
- Missouri (effective Jan. 2014)
- Montana (effective Jan. 2014).

Current Legislation

As of Nov. 2013, thirty-seven states and the District of Columbia introduced some legislation related to telehealth in the 2013 legislative session. Bills in thirteen states are related to private payers in some way (some bills make changes to existing private payer laws). As noted above, some have already passed while others continue to go through their respective legislative process. **Where appropriate, newly passed and/or approved legislation and regulations have been noted for each state. However, many of these changes may not currently be in effect.**

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

Alabama

Medicaid Program: Alabama Medicaid

Program Administrator: Alabama Medicaid Agency

Regional Telehealth Resource Center:

Southeast Telehealth Resource Center

PO Box 1408

Waycross, GA 31501

(888) 138-7210

www.setrc.us

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
No reference found.	<p>There is no explicit definition of “telemedicine” given in state Medicaid policy. However, the provider manual states, “Services must be administered via an interactive audio and video telecommunications system which permits two-way communication between the distant site physician and the origination site where the recipient is located (this does not include a telephone conversation, electronic mail message, or facsimile transmission between the physician, recipient, or a consultation between two physicians).”</p> <p><i>Source: AL Medicaid Management Information System Provider Manual, p. 501, (Oct. 2013).</i></p>
Live Video Reimbursement	
No reference found.	<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>Source: AL Medicaid Management Information System Provider Manual, p. 501, (Oct. 2013).</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
No reference found.	<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>Source: AL Medicaid Management Information System Provider Manual, p. 743, (Oct. 2013).</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	<p><u>Patient's 1st In Home Monitoring Program</u></p> <p>Alabama Medicaid will reimburse remote patient monitoring through the Patient's 1st 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>Source: AL Medicaid Management Information System Provider Manual, p. 670, (Oct. 2013).</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>Source: AL Medicaid Management Information System Provider Manual, p. 501, (Oct. 2013).</i></p>
Online Prescribing	
<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</p>	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
formulate a therapeutic plan, which might include a prescription. <i>Source: AL Admin. Code r. 540-X-9-.11 (2011).</i>	
Consent	
No reference found.	A written informed consent is required prior to an initial telemedicine service. <i>Source: AL Medicaid Management Information System Provider Manual, p. 501, (Oct. 2013).</i>
Location	
No reference found.	Originating site must be located in Alabama. The distant site may be located outside of Alabama as long as the physician has an Alabama license and is enrolled as an Alabama Medicaid provider. For rehabilitative services, the originating site must be: <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. <i>Source: AL Medicaid Management Information System Provider Manual, p. 740, (Oct. 2013).</i>
Cross-State Licensing	
“A special purpose license allowing practitioners licensed in other states to practice across state lines may be issued.” <i>Source: Code of AL Sec. 34-24-502 - 507 (2012).</i>	Providers must have an Alabama license. <i>Source: AL Medicaid Management Information System Provider Manual, p. 501, (Oct. 2013).</i>
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	No reimbursement for originating site or transmission fees. <i>Source: AL Medicaid Management Information System Provider Manual, p. 501, (Oct. 2013).</i>
Miscellaneous	
	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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>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>Source: Alabama Medicaid Management Information System Provider Manual, p. 501, (Oct. 2013).</i></p>

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>“Telemedicine is identical to a “traditional” health-care visit except it uses a different mode of delivery; with telemedicine, the health-care provider and the patient are not in the same physical location. Instead, providers use telemedicine applications, such as video, audio, and/or digitized image transmissions, to link the patient and the provider.”</p> <p><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 Nov. 2013).</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>Eligible services:</p> <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 Medical Assistance Provider Billing Manuals, Section1: Physician, Advance Nurse Practitioner, Physician Assistant: Services, Policies and Procedures, (accessed Nov. 2013)</i></p> <p><i>Source: AK Admin. Code, Title 7, 110.630 (2012).</i></p> <p>No reimbursement for:</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<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).</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., AK Medical Assistance Provider Billing Manuals, Section1: Physician, Advance Nurse Practitioner, Physician Assistant: Services, Policies and Procedures, (accessed Nov. 2013)</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., AK Medical Assistance Provider Billing Manuals, Section1: Physician, Advance Nurse Practitioner, Physician Assistant: Services, Policies and Procedures, (accessed Nov. 2013)</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., AL Medical</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><i>Assistance Provider Billing Manuals, Section1: Physician, Advance Nurse Practitioner, Physician Assistant: Services, Policies and Procedures, (accessed Nov. 2013)</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	
<p>Physicians are prohibited from prescribing medications based solely on a patient-supplied history received by telephone, FAX, or electronic format.</p> <p><i>Source: AK Admin. Code, Title 12, Sec. 40.967 (2012).</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	
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>
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

(520) 626-4498

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>Managed Care</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
 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 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. 33.</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.</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.</i></p>
Store and Forward Reimbursement	
(See Medicaid column)	<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> <p>However, Arkansas Medicaid policies indicate that electronic transactions office/ outpatient echography and echocardiography, X-rays, and other diagnostic procedures may qualify for Medicaid reimbursement when the transactions do not take place in real time.</p> <p><i>Source: 016 06 Code of AR Rules and Regs. (CARR) 036 (2012) in “Internet Prescribing Language: State by State Overview,” Federation of State Medical Boards, January 26, 2012, p. 2-3.</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	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<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. <p><i>Source: AR Provider Manual, Section II: Physician/Independent Lab/CRNA/Radiation Therapy Center, p. 162.</i></p>
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>	<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>No reference found.</p>
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)

2001 P Street, Suite 100

Sacramento, CA 95811

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

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. (Sept. 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. (Sept. 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. (Sept. 2013).</i></p>
Remote Patient Monitoring Reimbursement	
<p>No reference found.</p>	<p>No reference found.</p>

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. (Sept. 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>	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. (Sept. 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. (Sept. 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. (Sept. 2013).</i>
Miscellaneous	

Comments: The CA Board of Occupational Therapy proposed regulations in August 2012 that would require occupational therapists providing telehealth services to have a California license, exercise the same standard of care as with in-person services, obtain oral patient consent, and determine whether an in-person evaluation or intervention is necessary.

Section 4172. Standards of Practice for Telehealth (proposed regulation).

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>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Store and Forward Reimbursement	
<p>No reimbursement based upon definition of “telemedicine” which describes telemedicine as “interactive” implying that it happens in real time.</p> <p><i>Source: CO Revised Statutes 12-36-102.5 (2012).</i></p>	<p>The CO Medical Assistance Program will only reimburse for “live” telemedicine, excluding store and 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>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<i>Source: 3 CO Code of Regulation 719-1 (2012).</i>	
Consent	
<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>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> • Physician • Clinic • Osteopath • FQHC • Psychologist • MA Psychologist • Physiican 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>	No reference found.
Live Video Reimbursement	
No reference found.	<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	
No reference found.	No reference found.
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
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>	No reference found.
Online Prescribing	
No reference found.	No reference found.
Consent	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
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 Telehealth Reimbursement Act of 2013. ACT 20-119.</i></p>	No reference found.
Live Video Reimbursement	
No reference found.	<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 Telehealth Reimbursement Act of 2013. ACT 20-119.</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: DC Telehealth Reimbursement Act of 2013. ACT 20-119.</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 Telehealth Reimbursement Act of 2013. ACT 20-119.</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	
No reference found.	<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	
No reference found.	<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: FL Dept. of Health, Practitioner, Policy and Procedure Handbook, p.138-9 (Dec. 2012).</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX Restrictions	
No reference found.	<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>Prior to e-prescribing, physicians and physician assistants must document a patient evaluation, including history and physical examination, to establish the diagnosis for which any drug is prescribed, and discuss treatment options with the patient.</p> <p>These rules don't apply in emergency situations.</p> <p><i>Source: FL Admin. Code 64B8-9.014.</i></p>	No reference found.
Consent	
No reference found.	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.

STATE LAW	MEDICAID PROGRAM
	<i>Source: FL Dept. of Health, Practitioner, Policy and Procedure Handbook, p.138-9 (Dec. 2012).</i>
Location	
No reference found.	Telecommunication with recipient at a location other than the spoke site is not allowed. Telemedicine services are limited to: <ul style="list-style-type: none"> • Hospital outpatient setting • Inpatient setting • Physician office <i>Source: FL Dept. of Health, Practitioner, Policy and Procedure Handbook, p.138-9 (Dec. 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.	Medicaid does not reimburse for the costs or fees of any of equipment. <i>Source: FL Dept. of Health, Practitioner, Policy and Procedure Handbook, p.138-9 (Dec. 2012).</i>
Miscellaneous	

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 Mar. 6, 2013.

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. 201 (Oct. 1, 2013). And Community Behavioral Health Rehabilitation Services, p. 60 (Oct. 1, 2013).</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	
No reference found.	<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>	No reference found.
Site/Transmission Fee	
No reference found.	<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. 49 (Oct, 2013) and FQHC Handbook, p. 42 (Oct, 2013).</i></p>
Miscellaneous	

Comments: Patients who are eligible for both Medicare and Medicaid (known as dual eligibles), will receive mental health care through Medicare, with Medicaid the payor 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. 201 (Oct. 1, 2013).

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.

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 § 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 Nov., 2013)</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 Nov., 2013)</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 Nov., 2013)</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 Nov., 2013)</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 Nov., 2013)</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 Nov., 2013)</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 Nov., 2013)</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

(855) 283-3734 ext. 232

www.umtrc.org

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>(also see Medicaid column)</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	
<i>(see Medicaid column)</i>	<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	
<i>(see Medicaid column)</i>	<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	
No reference found.	<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

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 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 <i>Medicaid column</i>)	<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. 142 (Jul. 9, 2013).</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. 142 (Jul. 9, 2013).</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;

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> • Chiropractic services; • 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).</i></p>
Store and Forward Reimbursement	
<i>(see Medicaid column)</i>	<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 141, (Jan 22, 2013).</i></p>
Remote Patient Monitoring Reimbursement	
<i>(see Medicaid column)</i>	<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 (Jul. 9, 2013).</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><i>Source: IN Admin. Code, Title 844, 5-3-2 (2012).</i></p>	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
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. 143 (Jul. 9, 2013).</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. 142 (Jul. 9, 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>Spoke sites are reimbursed a facility fee.</p> <p><i>Source: IN Health Coverage Programs Provider Manual, Chapter 8, Billing Instructions, p. 143 (Jul. 9, 2013).</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. 143 Jul. 9, 2013).</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 Nov. 8, 2013)</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 Nov. 8, 2013).</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 Nov. 8, 2013).

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 Sept. 25, 2013).

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 (Jul. 2013).</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 (Jul. 2013).</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 (Jul. 2013).</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 (Jul. 2013).</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 (Aug. 15, 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> <p>The Board of Speech Language Pathology and Audiology does not allow for the establishment of a practitioner-patient relationship via telehealth. They</p>	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>require an in-person meeting to occur first. A practitioner-patient relationship is required to issue a prescription.</p> <p><i>Source: KY 201 KAR 17:110.</i></p>	
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; • 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>	<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
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	
<i>(see Medicaid column)</i>	<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 Sept. 25, 2013.

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 (Sept. 13, 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 (Sept. 13, 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 (Sept. 13, 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. 27-8 (July 1, 2013).</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 (Feb. 19, 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 (Jul. 1, 2013).</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 (2012).</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 (2012).</i></p> <p>Pre-authorization information must include:</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<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 (2012).</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 (Jul. 1, 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: 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. 33 (Jan. 1, 2013).</i></p>
Consent	
No reference found.	Providers must deliver written educational information to

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>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. 22 (Jul. 1, 2013).</i></p>
Location	
No reference found.	No reference found.
Cross-State Licensing	
No reference found.	No reference found.
Private Payers	
<p>Requires coverage of telemedicine services, subject to contract terms and conditions..</p> <p><i>Source: ME Revised Statutes Annotated. Title 24 Sec. 4316 (2012).</i></p>	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. 22 (Jul. 1, 2013).</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. 22 (Jul. 1, 2013).</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 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>(See “Private Payers” section).</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 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>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><i>Source: MD Department of Health and Mental Hygiene, Maryland Medicaid 2013 Telemedicine Provider Manual. September 2013, p. 4.</i></p> <p>Mental Health 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	
No reference found.	No reference found.
Consent	
Telehealth providers must inform patients and consultants of the following:	<p>Rural Access Telemedicine Program The participant must consent to telemedicine services unless there is an emergency that prevents obtaining</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<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>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> 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 <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>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<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> 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, Maryland Value Options, Provider Alert. Telemental Health. 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>	No reference found.
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>	No reference found.
Site/Transmission Fee	
No reference found.	<p><u>Rural Access Telemedicine Program</u> An approved telemedicine transaction fee is reimbursed to the originating site.</p> <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, Maryland Medicaid 2013 Telemedicine Provider Manual. 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, Maryland Value Options, Provider Alert. Telemental Health. 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>	No reference found.
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 (also known as telehealth) is the use of an electronic media to link beneficiaries with health professionals in different locations. The examination of the beneficiary is performed via a real time interactive audio and video telecommunications system. This means that the beneficiary must be able to see and interact with the off-site practitioner at the time services are provided via telemedicine.”</p> <p><i>Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 412 (Oct. 1, 2013).</i></p> <p>Telemedicine is the use of telecommunication technology to connect a patient with a health professional in a different location.</p> <p><i>Source: 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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> • 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-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. 1452-3 (Oct. 1, 2013) & 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. 1452 (Oct. 1, 2013).</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.	The current provider manual indicates the distant site and originating site must be at least 50 miles apart, except for Federal telemedicine demonstration projects

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>funded or approved by the Secretary of Human Services as of Dec. 31, 2000. However, MI Medicaid released a Bulletin update, effective Oct. 1, 2013, which removes mileage restrictions between originating and distant sites.</p> <p><i>Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 1453 (Oct. 1, 2013).</i></p> <p><i>Source (Bulletin): MI Department of Community Health Bulletin Telemedicine. Aug. 30, 2013.</i></p> <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 Centers; • Rural Health Clinics; • Skilled nursing facilities; • Tribal Health Centers. <p><i>Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 1453 (Oct. 1, 2013) & MI Department of Community Health Bulletin Telemedicine. Aug. 30, 2013.</i></p> <p>In-state providers are to be used whenever possible for distant site services.</p> <p><i>Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 1453 (Oct. 1, 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.	Originating site may bill for a facility fee.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<i>Source: Dept. of Community Health, Medicaid Provider Manual, p. 1452 (Oct. 1, 2013).</i>
Miscellaneous	
	No reimbursement for remote access for surgical procedures, and use of robotics. <i>Source: Dept. of Community Health, Medicaid Provider Manual, p. 1452 (Oct. 1, 2013).</i>

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, Oct. 15, 2013 (Accessed Nov. 2013).</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, Oct. 15, 2013 (Accessed Nov. 2013).</i></p> <p><i>Source (Mental Health): MN Dept. of Human Svcs., Provider Manual, Telemedicine Delivery of Mental Health Services, Nov. 26, 2012.</i></p> <p>Telemedicine consults are limited to three per calendar week per patient.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<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. Oct. 15, 2013 (Accessed on Nov., 2013).</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 Nov, 2013).</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 Nov, 2013).</i></p> <p><i>Source (Alcohol and drug abuse): MN Dept. of Human Svcs., Provider Manual, Alcohol and Drug Abuse Svcs. Feb. 19, 2013 (Accessed on Nov, 2013).</i></p>
Store and Forward Reimbursement	
<i>(see Medicaid column)</i>	<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. Oct. 15, 2013 (Accessed on Nov., 2013).</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	
No reference found.	There is reimbursement for “telehomecare” under Elderly Waiver (EW) and Alternative Care (AC) programs.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><i>Source: MN Dept. of Human Svcs., Provider Manual, <u>Elderly Waiver (EW) and Alternative Care (AC) Program</u>, (Accessed Nov. 30, 2013).</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 Nov. 30, 2013).</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., <u>Provider Manual, Physician and Professional Svcs.</u>, Oct. 15, 2013 (Accessed on Nov. 30, 2013).</i></p>
Cross-State Licensing	
A physician licensed in another state can provide telemedicine services to a patient in Minnesota if their license has never been revoked or restricted in any state, they agree to not open an office in Minnesota and they register with the state's board.	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<i>Source: MN Statute Sec. 147.032(1)</i>	
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	No reference found.
Miscellaneous	
	The Chemical Dependency Continuum of Care Pilot Project is to include telehealth services to address barriers to services. <i>Source: MN Statute 254B.14 Sec. 13</i>

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 13-000-206 (2012).</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. Sec. 43-13-121</i></p>
Remote Patient Monitoring Reimbursement	
<p>No reference found.</p>	<p>No reference found.</p>
Email/Phone/FAX	
<p>No Email No Phone</p>	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>No Fax</p> <p><i>Source: MS Code Sec. 83-9-351.</i></p>	
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. Sec. 43-13-121.</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 appropriate diagnostic and laboratory testing; 4. discussing with the patient the diagnosis, risks 	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>and benefits of various treatment options to obtain informed consent;</p> <ol style="list-style-type: none"> 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>(see Medicaid column)</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><u>Recently Passed Legislation to go into effect Jan. 1, 2014</u></p> <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><u>Recently Passed Legislation to go into effect Jan. 1, 2014 (Sunsets Jan. 1, 2020)</u></p> <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.</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.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<i>Source: MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 54 (Jun. 13, 2012).</i>
Cross-State Licensing	
No reference found.	No reference found.
Private Payers	
<p><u>Recently Passed Legislation to go into effect Jan. 1, 2014</u></p> <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>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><u>Recently Signed Legislation to go into effect January 1, 2014</u></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 	<p>No reference found in Medicaid Manual.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>health care diagnosis or treatment of a patient in real time or through the use of 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 SB 270 (2013).</i></p>	
Live Video Reimbursement	
<p><u>Recently Signed Legislation to go into effect January 1, 2014</u></p> <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 SB 270 (2013).</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><u>Recently Signed Legislation to go into effect January 1, 2014</u></p> <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 	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<ul style="list-style-type: none"> • 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 SB 270.</i></p>	
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
<p><u>Recently Signed Legislation to go into effect January 1, 2014</u></p> <p>No Email No Phone No Fax</p> <p><i>Source: MT SB 270.</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	
<p>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.</p> <p>This license does not authorize the physician to practice medicine while physically present within the state.</p> <p><i>Source: MT Code Annotated, 37-3-343.</i></p>	No reference found.
Private Payers	
<p><u>Recently Signed Legislation to go into effect January 1, 2014</u></p>	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Private payers are required to provide coverage for services delivered through telemedicine, equivalent to in-person coverage. <i>Source: MT SB 270.</i>	
Site/Transmission Fee	
No reference found.	No reimbursement for network use charges. <i>Source: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, Physician Related Svcs., p 27 (Mar 2012).</i>
Miscellaneous	

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.</i></p>
Live Video Reimbursement	
<i>(see Medicaid column)</i>	<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></p> <p><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>	<p>Nebraska Medicaid will reimburse for tele-radiology when it meets the American College of Radiology standards for tele-radiology. There is no other reference to reimbursing for other specialties.</p> <p><i>Source: NE Admin. Code Title 471, Ch. 1.</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
<i>(see Medicaid column)</i>	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: NE Admin. Code Title 471, Ch. 1.</i></p>
Online Prescribing	
Prescribing drugs to individuals the physician has never met, based solely on answers to questions provided by the internet, telephone, or FAX, or without first	Prescriptions over the Internet: Neither the prescribing health care practitioner service nor the pharmacy service is covered when the health care practitioner

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>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>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.</i></p>
Miscellaneous	
	<p><u>Recently Passed Legislation Sunset Date: Aug. 30, 2015</u></p> <p>The University of Nebraska Medical Center is required 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.</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. 9 (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>	

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.	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 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	

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 SB 69 (2013).</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 SB 69.</i></p> <p><i>(also see Medicaid column)</i></p>	<p>New Mexico Medicaid will reimburse for live video for the following covered services:</p> <ul style="list-style-type: none"> • Consultations; • Evaluation and management services; • Individual psychotherapy; • Pharmacologic management; • Psychiatric diagnostic interview examinations; • End-stage renal disease related services; • Individual medical nutrition services. <p>Approved providers:</p> <ul style="list-style-type: none"> • Physicians and osteopaths; • Podiatrists; • Community mental health centers; • Core service agencies; • Hospitals; • Rural Health Clinics; • School-based health centers; • Federally Qualified Health Centers; • Nurse practitioners and registered nurses (in collaboration with physician or as an independent provider within their scope of practice); • Physician assistants; • Nurse midwives; • Pharmacist clinicians; • Clinical nurse specialists (in collaboration with physician or as an independent provider within their scope fo practice); • Psychologists (Ph.D., Psy.D. or Ed.D.); • Licensed independent social workers; • Licensed professional clinical counselors • Licensed family and marriage therapists • Registered dietitians or nutrition professionals; • Indian Health Service and tribal facilities; • Physical therapists; • Occupational therapists; • Speech pathologists. <p><i>Source: NM Human Svcs. Dept., Medical Assistance Division, Program Policy Manual, Section 8.310.13.10 (Aug. 1, 2007).</i></p> <p>Reimbursement for services at the originating site and the distant site are equivalent to in-person services.</p> <p><i>Source: NM Admin Code 8.310.13.9 (2012).</i></p>
Store and Forward Reimbursement	
<p>New Mexico Statute defines telehealth as encompassing Store and Forward.</p>	<p>New Mexico Medicaid states that a telehealth communication system must occur in 'real-time'.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<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 SB 69.</i></p>	<p><i>Source: NM Human Svcs. Dept., Medical Assistance Division, Program Policy Manual, Section 8.310.13.12(A) (Aug. 1, 2007).</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-to-face encounter with the patient for the services being provided. <p><i>Source: NM Statutes Annotated, 1978 Sec. 61-6-20(B).</i></p>	No reference found.
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><i>Source: See 8.310.2 NMAC, Medical Services Providers, 8.310.8 NMAC, Mental Health Professional Services, MAD-758 [8.324.9 NMAC], Nutrition Services and 8.325.2 NMAC, Dialysis Services.</i></p> <p>Eligible originating sites:</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> • Practitioner office or clinic; • Hospital; • Critical Access Hospital; • Rural Health Clinic; • Federally Qualified Health Center; • Community mental health center or core service agency; • School-based health center; • Indian Health Services and tribal facilities; • Ambulatory surgical or treatment center; • Skilled nursing facility; • Residential treatment center; • Home health agency; • Diagnostic laboratory or imaging center; • Rehabilitation or other therapeutic health setting; • Eligible recipient's residence. <p><i>Source: NM Admin Code, 8.310.13.12 (2012).</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 telehealth, or meet federal requirements for Indian Health Service or tribal contract facilities.</p> <p><i>Source: NM Human Svcs. Dept., Medical Assistance Division, Program Policy Manual, Section 8.310.13.10 (Aug. 1, 2007).</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 SB 69 (2013).</i></p>	<p>No reference found.</p>
Site/Transmission Fee	
<p>No reference found.</p>	<p>A telehealth originating-site fee is covered if:</p> <ul style="list-style-type: none"> • The eligible recipient was present at and participated in the telehealth visit at the an originating-site located in a health professional shortage area (HPSA); • A county not classified as a metropolitan statistical area (MSA); • A primary medical care health professional shortage area for physicians, nurse practitioners, and physician assistants; • Primary behavioral health care professional shortage area for psychiatrists and clinical psychologists; • A medical specialist shortage area for non-

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>primary care medical specialties;</p> <ul style="list-style-type: none"> An IHS or tribal facility, a Federally Qualified Health Center or Rural Health Clinic, or a federal or state telemedicine demonstration project area. <p><i>Source: NM Human Svcs. Dept., Medical Assistance Division, Program Policy Manual, Section 8.310.13.12(C) (Aug. 1, 2007).</i></p> <p>Reimbursement is made to the originating site for an interactive telehealth system fee at the lesser of the following:</p> <ul style="list-style-type: none"> Provider's billed charge; Maximum allowed by MAD for the specific service or procedure. <p><i>Source: NM Admin Code 8.310.13.15 (2012).</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

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 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 Sept. 30, 2013.</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 Sept. 30, 2013.</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 Sept. 30, 2013.</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>Please see “Comments” section.</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> <p>Originating sites may contract with an outside entity for</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>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 Sept. 30, 2013.</p>

Comments: New York is in the process of updating its Medicaid reimbursement policies for telehealth.

New York began implementation of a Home Health program to serve those with complex medical, behavioral, and long term care needs. Health Home is a care management service model whereby all of an individual's caregivers communicate with one another so that all of a patient's needs are addressed in a comprehensive manner. This is done primarily through a "care manager" who oversees and provides access to all of the services an individual needs to assure that they receive everything necessary to stay healthy, out of the emergency room and out of the hospital. Health records are shared (either electronically or paper) among providers so that services are not duplicated or neglected. The health home services are provided through a network of organizations – providers, health plans and community-based organizations. When all the services are considered collectively they become a virtual "Health Home."

*Source: NY Dept. of Health, Medicaid Health Homes <
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/> Accessed February 3, 2013.*

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.

Consistent with the Medicaid Redesign Initiative #90 to transition recipient's in receipt of community based long term care services (CBLTC) into Managed Long Term Care (MLTC) Plans, the Department implemented the transition of consumers receiving fee –for-service Certified Home Health Agency (CHHA) services for greater than 120 days into partially capitated MLTC plans, Medicaid Advantage Plus (MAP) plans, and PACE plans. Participants of the Long Term Home Health Care Program (LTHHCP) are also being transitioned into MLTC plans.

Consumers who receive telehealth services through CHHA or LTHHCP and are transitioning are advised that MLTC Plans must honor the 90 day continuity of care requirements as they apply to a recipient who has received a mandatory notice to select a MLTC Plan, and this must include payment for any telehealth services the recipient had been receiving. This 90 day requirement also includes a continuity of the state rate for the affected provider. At this time, all plans should directly reimburse the provider for any telehealth services a transitioning recipient is receiving. The Department will be taking

steps to ensure the recipients will continue to have access to telehealth benefits within the managed care environment if appropriate, and is exploring systems issues for inclusion in the benefit package. Telehealth services are covered when provided by agencies approved by the Department for enrollees who have conditions or clinical circumstances requiring frequent monitoring and when the provision of telehealth services can appropriately reduce the need for on-site or in-office visits or acute or long term care facility admission. To be eligible for reimbursement, approved agencies must obtain any necessary prior approvals and services must be deemed medically necessary by the MLTC Plan. Approved agencies must assess the enrollee in person, prior to providing telehealth services, using an approved patient risk assessment tool. This initiative applies to MLTC partial cap plans, Medicaid Advantage Plus, and PACE plans.

Source: Office of Health Insurance Programs, Division of Long Term Care, [MLTC Policy 13.23: Coverage of Telehealth Services in Managed Long Term Care Plans](#), Sept. 4, 2013.

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 data-bbox="824 304 1484 367"><u>Recently Signed Legislation to go into effect Jan. 1, 2014</u></p> <p data-bbox="824 394 1461 489">The Office of Rural Health and Community Care shall oversee and monitor the establishment of a statewide telepsychiatry program.</p> <p data-bbox="824 516 1494 569"><i>Source: NC SB 402. NC General Statutes <u>Article 3, Ch. 143B, Sect. 12A.2B.(b)</u></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>
Store and Forward Reimbursement	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
No reference found.	North Dakota Medicaid does not reimburse for store and forward. <i>Source: ND Dept. of Human Svcs., General Information For Providers, Medicaid and Other Medical Assistance Programs, p. 129 (April 2012).</i>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
No reference found.	No reference found for email. No reimbursement for telephone. No reference found for FAX. <i>Source: ND Dept. of Human Svcs., General Information For Providers, Medicaid and Other Medical Assistance Programs, p. 126 (April 2012).</i>
Online Prescribing	
A valid prescription via e-prescribing means a prescription has been issued for a legitimate medical purpose, in the usual course of professional practice, by a practitioner who has first conducted an in-person medical evaluation of the patient. <i>Source: ND Centennial Code, Sec. 19-02.1-15.1.</i>	No reference found.
Consent	
No reference found.	No reference found.
Location	
No reference found.	No reference found.
Cross-State Licensing	
The ND Medical Board may engage in reciprocal licensing agreements with out-of-state licensing agencies, but is not required to do so. <i>Source: ND Century Code Sec. 43-17-21 (2012).</i>	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
Under the Worker's Compensation Act, the originating sites may receive a facility fee, not to exceed \$20. <i>Source: ND Admin. Code 92-01-02-34.</i>	No reference found.
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

(855) 283-3734 ext. 232

www.umtrc.org

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>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>	No reference found.
Live Video Reimbursement	
<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>Ohio Medicaid will reimburse for live video for speech therapy services in the Medicaid School Program (MSP) when provided by speech-language pathologists.</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	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
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.
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><u>Physical Therapy</u> Physical therapists and physical therapist assistants must hold a valid OH physical therapy license to treat a patient located in Ohio via telehealth.</p>	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<i>Source: OH Admin. Code 4755-27-01.</i>	
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>
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; • Individual psychotherapy; • Psychiatric diagnostic interview examinations

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>and testing;</p> <ul style="list-style-type: none"> • 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.</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	
<p>No reference found for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: OK Statute, Title 36 St. Sec. 6802.</i></p> <p><i>(also see Medicaid column)</i></p>	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: OK Admin. Code Sec. 317:30-3-27(d).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Online Prescribing	
<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).</i></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).</i></p> <p>Eligible originating sites:</p> <ul style="list-style-type: none"> • Practitioner offices; • Hospitals; • 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).</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>	<p>No reference found.</p>
Private Payers	
<p>Requires coverage of telemedicine services by health</p>	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>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>	
Site/Transmission Fee	
<p>(see Medicaid column)</p>	<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>	<p>No reference found.</p>
Site/Transmission Fee	
<p><i>(see Medicaid column)</i></p>	<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. 158 (Nov. 6, 2013).</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. <u>Physicians Provider Manual</u>, p. 159-160 (Nov. 6, 2013).</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. <u>Community Mental Health Services Provider Manual</u>, p. 105 (Sept. 1, 2013).</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. <u>Physicians Provider Manual</u>, p. 159 (Nov. 6, 2013).</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. <u>Physicians Provider Manual</u>, p. 160 (Nov. 6, 2013).</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. <u>Physicians Provider Manual</u>, p. 160 (Nov. 6, 2013).</i></p>
Online Prescribing	
Prior to prescribing drugs to a patient, physicians first must establish a proper physician-patient relationship. Requirements are:	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<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><i>Source: SC Health and Human Svcs. Dept., <u>Physicians Provider Manual</u>, p. 158-9 (Nov. 6, 2013).</i></p> <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. 158 (Nov. 6, 2013).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Cross-State Licensing	
No reference found.	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	The referring site is eligible to receive a facility fee. <i>Source: SC Health and Human Svcs. Dept., <u>Physicians Provider Manual</u>, p. 161 (Nov. 6, 2013).</i>
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. 3, 2013.*

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	
No reference found.	<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(May 2013).</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 (May 2013).</i></p> <p><i>Source (pharmacological management): SD Administrative Rules 46:20:32:08.</i></p>
Store and Forward Reimbursement	
No reference found.	South Dakota Medicaid will reimburse for store and forward.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<i>Source: SD Medical Assistance Program, Professional Svcs. Manual, p. 25 (May 2013).</i>
Remote Patient Monitoring Reimbursement	
No reference found.	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	
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: 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 determine 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. 3, 2013).

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	

Comment: In 2011, Tennessee passed a Joint Resolution that encouraged the use and payment for telemedicine. The resolution is not law and has no legal or binding power.

Tennessee 2011 Bill Text, House Joint Resolution 58.

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. 8, (Nov. 2013).</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. 6-7, (Nov. 2013).</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. 7, (Nov. 2013).</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, (Nov. 2013).</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 (Nov. 2013).</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. 8 (Nov. 2013).</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. 8-10 (Nov. 2013).</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. 6, (Nov. 2013).</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, to undergo material deterioration within the 30-

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>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. 8 (Nov. 2013).</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. 6, (Nov. 2013).</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 provided by a home health agency.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<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. 10-11, (Nov. 2013).</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.</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. 6, (Nov. 2013).</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. 7, (Nov. 2013).</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>
Private Payers	
<p>Requires coverage of telemedicine services, subject to</p>	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>contract terms and conditions.</p> <p><i>Source: TX Insurance Code Sec. 1455.004.</i></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. 7 (Nov. 2013).</i></p>
Miscellaneous	
	<p><u>Children's Health Insurance Program</u> 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><u>Recently Passed Regulation (now effective)</u></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. 117 (Nov. 1, 2013).</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. 117 (Nov. 1, 2013).</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. 117 (Nov. 1, 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>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, <u>Provider Manual</u>, p. 117 (Nov. 1, 2013).</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, <u>Provider Manual</u>, p. 117 (Nov. 1, 2013).</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, <u>Provider Manual</u>, p. 117 (Nov. 1, 2013).</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>
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; • Clinical nurse specialists; • Clinical psychologists; • Clinical social workers; • Licensed professional counselors; • Speech pathologists (speech therapy only).

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<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.	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: 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	
No reference found.	No reference found.
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.	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Reimbursement must be the same as in-person services. <i>Source: VA Code Annotated Sec. 38.2-3418.16 (2012).</i>	
Site/Transmission Fee	
Reimbursement allowed, but not required. <i>Source: VA Code Annotated Sec. 38.2-3418.16 (2012).</i>	No reference found.
Miscellaneous	

Comments: Virginia Medicaid is in the process of updating its telemedicine coverage, which will be issued as a "Provider Memo". Though not official yet, there is word that store and forward tele-dermatology will be reimbursed.

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>“Telehealth 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, Physician-Related Svcs./Health Care Professional Svcs., p. 55 (Oct. 1, 2013).</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. 57 (Oct. 1, 2013).</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. 55 (Oct. 1, 2013).</i></p>
Store and Forward Reimbursement	
No reference found.	<p>No reimbursement.</p> <p><i>Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 56 (Oct. 1, 2013).</i></p>
Remote Patient Monitoring Reimbursement	
(see Medicaid column)	<p>Home Health services are provided under “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.</i></p> <p><u>Must be provided by an RH or LPN (provider manual)</u></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>Ineligible services:</p> <ul style="list-style-type: none"> • Purchase, rental, repair, maintenance and associated operating costs of telemedicine equipment; • Chronic long-term care skilled nursing visits or specialized therapy visits for a medically stable client when a long-term care skilled nursing plan or specialized therapy plan is in place through the Department of Social and Health Services, Aging and Disabilities Services Administration (ADSA) or Division of Developmental Disabilities (DDD); • Social work services; • Psychiatric skilled nursing services; • Pre- and post-natal skilled nursing services, except those covered services mentioned above; • Well-baby follow-up care; • Services performed in hospitals, correctional facilities, skilled nursing facilities, or a residential facility with skilled nursing available; • Home health aide services that are not provided in conjunction with skilled nursing or specialized therapy services; • Home health care for a medically stable client; • Skilled nursing visits for a client when a home health agency cannot safely meet the medical needs of that client within home health services program limitations; • More than one of the same type of specialized therapy and/or home health aide visit per day; • Any home health services covered by another state agency; • Home health visits made without a written physician order, unless the verbal order is documented prior to the visit, and the document is signed by the physician within 45 days of the order being given. <p><i>Source: WA State Health Care Authority, Medicaid Provider Guide, Home Health Svcs. (Acute Care Svcs.), p. 23-27 (Oct. 1, 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: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 56 (Oct. 1, 2013).</i></p>
Online Prescribing	
The WA Medical Quality Assurance Commission has	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>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>	
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. <p><i>Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional vcs., p. 56(Oct. 1, 2013).</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.</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<i>56 (Oct. 1, 2013).</i>
Miscellaneous	
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. <i>Source: WA Admin. Code Sec. 246-915-187.</i>	

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>
Store and Forward Reimbursement	
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</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<i>For Practitioner Svcs. – Including Physicians, Physician Assistants, And Advanced Registered Nurse Practitioners, p. 25 (Jan. 16, 2012).</i>
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.	<p>Limited to members in CMS-defined non-metropolitan 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>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
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	
No reference found.	<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, Wisconsin Medicaid Provider Manual, Physician, p.135 (Oct. 31, 2013).</i></p>
Live Video Reimbursement	
No reference found.	<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;

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<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 (Oct. 31, 2013).</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 (Oct. 31, 2013).</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 (Oct. 31, 2013).</i></p> <p>For mental/behavioral health services, BadgerCare Plus, another 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.240 (Oct. 31, 2013). Please note: The same information is repeated in other mental/behavioral health provider manuals.</i></p>
Store and Forward Reimbursement	
No reference found.	No reimbursement.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><i>Source: WI Forward Health, Wisconsin Medicaid Provider Manual, Physician, p.138 (Oct. 31, 2013).</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
No reference found.	<p>No reimbursement for email or Internet-based communications. No reimbursement for telephone. No reference found for FAX.</p> <p><i>Source: WI Forward Health, Wisconsin Medicaid Provider Manual, Physician, p.135 (Oct. 31, 2013).</i></p>
Online Prescribing	
No reference found.	No reference found.
Consent	
No reference found.	<p>Providers should develop their own methods of informed consent.</p> <p><i>Source: WI Forward Health, Wisconsin Medicaid Provider Manual, Physician, p.136 (Oct. 31, 2013).</i></p>
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>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 deductive value.</p> <p><i>Source: WI Forward Health, Wisconsin Medicaid Provider Manual,</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><i>Physician, p.137 (Oct. 31, 2013).</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 <u>Medicaid Provider Manual</u>, Physician, p.138 (Oct. 31, 2013).</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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
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 (Oct. 18, 2013).</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 (Oct. 18, 2013).</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>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<i>Provider Information, p. 108-109 (Oct. 18, 2013).</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, <u>General Provider Information</u>, p. 107-108 (Oct. 18, 2013).</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, <u>General Provider Information</u>, p. 108 (Oct. 18, 2013).</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, <u>General Provider Information</u>, p. 109 (Oct. 18, 2013).</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-

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<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, <u>General Provider Information</u>, p. 107 (Oct. 18, 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>Yes, for originating site fees.</p> <p>No reimbursement for transmission fees.</p> <p><i>Source: WY Dept. of Public Health Insurance, Medicaid, <u>General Provider Information</u>, p. 109 (Oct. 18, 2013).</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, <u>General Provider Information</u>, p. 109 (Oct 18, 2013).</i></p>

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



The NTRC-P program is made possible by Grant #G22RH24746-01-00 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS.