

State Telehealth Laws and Reimbursement Policies

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



Center for
Connected
Health Policy

National Telehealth Policy Resource Center

A program of the
Center for Connected Health Policy

February 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 December 2012. All of this information will be uploaded onto our new website www.telehealthpolicy.us, which will be fully operational in March, 2013. 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 with each of the twelve HRSA-funded Regional Telehealth Resource Centers who contributed to insuring 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.

Mario Gutierrez
Executive Director

February 2013

This project was partially funded by The California Healthcare Foundation and The National Telehealth Policy Resource Center program is made possible by Grant #G22RH20214 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 will be posted electronically on the new CCHP 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.

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.

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 language 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.

Example:

Oklahoma’s Medicaid program has separate definitions for “telehealth” and “telemedicine”. The definition of “telehealth” explicitly includes “telemedicine” as well as other elements such as patient teaching and home health, health professional education and “other diverse aspects of a health care delivery system.”

Oklahoma’s definition of “telemedicine” is narrower, focusing on “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 real-time or near real-time and in the physical presence of the member.”

Further, as this definition of “telemedicine” requires the service to occur in the “physical presence of the member,” this seems to imply “store and forward” services are not reimbursable. However Oklahoma’s Medicaid program does reimburse for store and forward services, but they only reimburse for those services that “under conventional health care delivery, the medical service does not require face-to-face contact between the member and the provider” such as teleradiology, telepathology, and fetal monitoring strips. Oklahoma also states that these services are **not** considered “telemedicine”.

Reimbursement:

Forty-four states have some form of reimbursement for telehealth in their public program. The six states that do not are:

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

The District of Columbia also currently does not reimburse for telehealth in their public program.

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:

- 44 state Medicaid programs only reimburse for Live Video

- 7 state 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).
- 10 state Medicaid programs offer reimbursement for Remote Patient Monitoring.
- 3 state 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, 44 states reimburse for live video in some way or another. However, what and how it is reimbursed varies widely. While 44 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.

At one end of the spectrum, there states like California and Colorado whose Medicaid programs reimburse for the same services regardless of whether they were provided in person or via telehealth. At the other end of the spectrum Florida *only* reimburses for a program called “The Child Protection Team Program” and for specific dental services.

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

- Alaska
- Colorado
- Kansas
- Minnesota
- New York
- 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.

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

Seventeen states will reimburse either a transmission or facility fee or both. Medicare also reimburses for a facility fee for the originating site provider. It's likely some of the states followed Medicare's example in this area.

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. Michigan has a requirement that the distant and originating sites must be at least 50 miles apart from each other. 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), 6 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.

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
- Ohio
- Oregon
- Tennessee (both the medical and

- Nevada
 - New Mexico
 - Texas
- osteopathic boards issue such licenses)

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.

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) is inadequate, though not all states require an in-person examination.

Private Payers

Sixteen states have laws that impact reimbursement policies of private payers. However, not all states contain a mandate on private payers. For example, California leaves reimbursement subject to the policies of the payer, though most payers seem willing to adopt reimbursement policies. However, like Medicaid programs with Medicare, some private payers will emulate state Medicaid program and thereby reproduce any limitations and restrictions that exist in the public program.

Current Legislation

Currently there are 13 states where some form of telehealth legislation is under consideration. Six and the District of Columbia have introduced private payer bills. The six states are:

- Connecticut
- Florida
- Mississippi
- New Mexico
- South Carolina
- Washington

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.

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. 474, (Oct. 2012).</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. 474, (Oct. 2012).</i></p> <p><i>Source: AL Admin. Code r. 560-X-6-.14 (2011).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Store and Forward Reimbursement	
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. 717, (Oct. 2012).</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	Please see “Comments” section below.
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. 474, (Oct. 2012).</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 formulate a therapeutic plan, which might include a prescription.</p> <p><i>Source: AL Admin. Code r. 540-X-9-.11 (2011).</i></p>	No reference found.
Consent	
No reference found.	<p>A written informed consent is required prior to an initial telemedicine service.</p> <p><i>Source: AL Medicaid Management Information System Provider Manual, p. 716, (Oct. 2012).</i></p>
Location	
No reference found.	<p>Originating and distant sites must be located in Alabama.</p> <p>For rehabilitative services, the originating site must be:</p> <ul style="list-style-type: none"> • Physician’s office; • Hospital; • Critical Access Hospital;

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> • Rural Health Clinic; • Federally Qualified Health Center; • Community mental health center; • Public health department. <p><i>Source: AL Medicaid Management Information System Provider Manual, p. 715, (Oct. 2012).</i></p>
Cross-State Licensing	
<p>“A special purpose license allowing practitioners licensed in other states to practice across state lines may be issued.”</p> <p><i>Source: Code of AL Sec. 34-24-502 - 507 (2012).</i></p>	<p>Providers must have an Alabama license.</p> <p><i>Source: AL Medicaid Management Information System Provider Manual, p. 474, (Oct. 2012).</i></p>
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	<p>No reimbursement for originating site or transmission fees.</p> <p><i>Source: AL Medicaid Management Information System Provider Manual, p. 474, (Oct. 2012).</i></p>
Miscellaneous	
	<p>Effective for dates of service 1/16/2012 and thereafter, all physicians with an Alabama license, enrolled as a provider with the Alabama Medicaid Agency, regardless of location, are eligible to participate in the Telemedicine Program to provide medically necessary telemedicine services to Alabama Medicaid eligible recipients. In order to participate in the telemedicine program:</p> <ul style="list-style-type: none"> • Physicians must be enrolled with Alabama Medicaid with a specialty type of 931 (Telemedicine Service) • Physician must submit the telemedicine Service Agreement/Certification form • Physician must obtain prior consent from the recipient before services are rendered. This will count as part of each recipient’s benefit limit of 14 annual physician office visits currently allowed. <p><i>Source: Alabama Medicaid Management Information System Provider Manual, p. 474, (Oct. 2012).</i></p>

COMMENTS: Alabama’s “Patient 1st” program is a primary care case management (PCCM) program operated by the Alabama Medicaid Agency. Patient 1st participants with the chronic conditions of Diabetes, Hypertension, and Congestive Heart Failure may monitor their conditions at home by transmitting readings of their blood pressure, pulse, glucose (blood sugar) and/or weight by a telephone call into a secure centralized database.

Source: Alabama Medicaid Agency, Patient 1st. < http://medicaid.alabama.gov/CONTENT/4.0_Programs/4.4.0_Medical_Services/4.4.10_Patient_1st.asp> (Accessed February 5, 2013).

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.</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 follow up office visits; • 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 Admin. Code, Title 7, 110.625 (2012).</i></p> <p><i>Source: AK Admin. Code, Title 7, 110.630 (2012).</i></p> <p>No reimbursement for:</p> <ul style="list-style-type: none"> • Home and community-based waiver services; • Pharmacy;

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> • Durable medical equipmen; • 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	
<i>(See Medicaid column)</i>	<p>Alaska Medicaid will reimburse for services delivered through store-and-forward.</p> <p><i>Source: AK Dept. of Health and Social Svcs., AK Medical Assistance Provider Billing Manuals, Section1: Physician, Advance Nurse Practitioner, Physician Assistant: Services, Policies and Procedures, p. 24 (Jun. 7, 2012).</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	
<i>(See Medicaid column)</i>	<p>Alaska Medicaid will reimburse for services delivered through self-monitoring.</p> <p><i>Source: AK Dept of Health and Social Svcs., AK Medical Assistance Provider Billing Manuals, Section1: Physician, Advance Nurse Practitioner, Physician Assistant: Services, Policies and Procedures, p. 24 (Jun. 7, 2012).</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	
<i>(see Medicaid column)</i>	<p>No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: AK Dept. of Health and Social Svcs., AL Medical Assistance Provider Billing Manuals, Section1: Physician, Advance Nurse Practitioner, Physician Assistant: Services, Policies and Procedures, p. 24 (Jun. 7, 2012).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	Reimbursement for phone, only if part of a dedicated audio conference system. No reimbursement for FAX. <i>Source: AK Admin Code, Title 7, 110.625 (2012).</i>
Online Prescribing	
Physicians are prohibited from prescribing medications based solely on a patient-supplied history received by telephone, FAX, or electronic format. <i>Source: AK Admin. Code, Title 12, Sec. 40.967 (2012).</i>	No reference found.
Consent	
No reference found.	No reference found.
Location	
No reference found.	No reference found.
Cross-State Licensing	
No reference found.	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	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. <i>Source: AK Admin. Code, Title 7, 110.635(b) (2012).</i>
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 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. 172, 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. 172. 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>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; • Hematology/oncology; • Home Health • Infectious diseases; • Neurology; • Obstetrics/gynecology; • Oncology/radiation; • Ophthalmology;

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> • 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 (Jan. 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 (Jan. 2013).</i></p>
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>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<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. 40-1 (Jan. 2013).</i></p> <p>In the Services with Special Circumstances program, AHCCCS only covers for store and forward 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. 174 (Apr. 2012).</i></p> <p>The following exceptions may be eligible for reimbursement by Services with Special Circumstances, 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 Circumstances, page 181, (Apr. 2012).</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	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”

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>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>AHCCCS Services With Special Circumstances 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. 173-174 (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>	No reference found.
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>	No reference found.
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>	No reference found.
Location	
No reference found.	<p>Eligible hub or spoke sites for Indian Health Services or tribal providers:</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>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<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. 40 (Jan. 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>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 182, (Apr. 2012).</i></p>
Private Payers	
No reference found.	No reference found.
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>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 175, (Mar. 1, 2011).</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. 30.</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. 30.</i></p> <p><i>Source (FQHC only): AR Provider Manual, Section II: Federally Qualified Health Center, p. 10.</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<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. 12.</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. 30.</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	
<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>	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Cross-State Licensing	
<p>An out of state physician utilizing an electronic medium who performs an act that is part of a patient care service that was initiated in Arkansas, including interpretation of an X-ray, that would affect the diagnosis or treatment, is engaged in the practice of medicine and subject to regulation by the Arkansas State Medical Board.</p> <p><i>Source: AR Code Revised 17-95-206 (2012)</i></p>	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	No reference found.
Miscellaneous	

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>No reference found.</p> <p>Note:</p> <ul style="list-style-type: none"> • In 2012, California implemented a comprehensive update to its telehealth law; • However, the State has not yet issued new Medicaid guidelines; • Guidelines expected in 2013; • All Medi-Cal (CA Medicaid) program information is from provider manuals based on the old laws.
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 Welfare & Institutions Code Sec. 14132.72 (2012). & California Dept. of Health Care Svcs. Medi-Cal Provider Manual, Medicine: Telemedicine, p. 1 (Oct. 2008).</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 Dept. of Health Care Svcs. Medi-Cal Provider Manual, Medicine: Telemedicine, p. 8 (Oct. 2008) & CA Welfare & Institutions Code Sec. 14132.725 (2012).</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
No reference found.	No reference found.
Online Prescribing	
Providers are prohibited from prescribing or dispensing dangerous drugs or dangerous devices on the Internet	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>without an appropriate prior examination and medical indication.</p> <p><i>Source: CA Business & Professions Code Sec. 2242.1(a).</i></p>	
Consent	
<p>The originating site provider must obtain and document oral patient consent prior to service delivery.</p> <p><i>CA Health & Safety Code Sec. 1374.13 (2012).</i></p>	No reference found.
Location	
<p>Health plans cannot limit the settings where services are provided. Settings are still subject to contract terms and conditions.</p> <p><i>Source: CA Health & Safety Code Sec. 1374.13 (2012).</i></p>	<p>An “originating site” is the location of an eligible recipient at the time service is furnished via telecommunications.</p> <p>Originating sites:</p> <ul style="list-style-type: none"> • Physician or practitioner offices; • Critical Access Hospitals; • Rural Health Clinics; • Federally Qualified Health Centers. <p>A “distant site” is the location from where a physician or practitioner provides professional services via telecommunications.</p> <p><i>Source: CA Dept. of Health Care Svcs. Medi-Cal Provider Manual, Medicine: Telemedicine, p. 2 (Oct. 2008).</i></p>
Cross-State Licensing	
No reference found.	No reference found.
Private Payers	
<p>Private payers cannot require that in-person contact occur before payment is made for covered telehealth services, subject to contract terms and conditions.</p> <p><i>Source: CA Health & Safety Code Sec. 1374.13 (2012).</i></p>	No reference found.
Site/Transmission Fee	
No reference found.	<p>Medi-Cal will reimburse the originating site a facility fees, and for live video transmission costs.</p> <p><i>Source: CA Dept. of Health Care Svcs. Medi-Cal Provider Manual, Medicine: Telemedicine, p. 8 (Oct. 2008).</i></p>
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. 5 (Dec. 2011).</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. 5 (Dec. 2011).</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. 5 (Dec. 2011).</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. 6 (Dec. 2011).</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>
Miscellaneous	

STATE LAW/REGULATIONS	MEDICAID PROGRAM

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.northeasttrc.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.	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>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	
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>	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<i>Source: CT General Statutes Sec. 20-12 (2012).</i>	
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	
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	

Comments: In November 2012, the District's City Council introduced legislation to mandate coverage of telemedicine by private payers and Medicaid. The legislation died in committee due to the end of the council period. The legislation was reintroduced on the first day of their new Council Period, which began on January 8, 2013.

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.	<p>“Telemedicine is the use of telecommunication and information technologies to provide clinical health care at a distance”.</p> <p><i>Source: DE Dept. of Health and Social Svcs., Press Release DHSS-59-2012, (Jun. 27, 2012).</i></p>
Live Video Reimbursement	
No reference found.	<p>The Delaware Medical Assistance Program will reimburse for “telemedicine-delivered services.”</p> <p><i>Source: DE Dept. of Health and Social Svcs., Press Release DHSS-59-2012, (Jun. 27, 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	
No reference found.	No reference found.
Online Prescribing	
<p>Pharmacists are prohibited from dispensing prescription drug orders through an Internet pharmacy if the pharmacist knows that the prescription order was issued solely on the basis of an Internet consultation or questionnaire, or medical history form submitted to an Internet pharmacy through an Internet site.</p> <p><i>Source: DE Code, Title 16 Sec. 4744 (2012).</i></p>	No reference found.
Consent	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
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. <p><i>Source: DE Dept. of Health and Social Svcs., Press Release DHSS-59-2012, (Jun. 27, 2012).</i></p>
Cross-State Licensing	
No reference found.	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	The originating site will be reimbursed a facility fee for the telemedicine space and equipment. <p><i>Source: DE Dept. of Health and Social Svcs., Press Release DHSS-59-2012, (Jun. 27, 2012).</i></p>
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.27 (Jun. 2009).</i></p>
Live Video Reimbursement	
No reference found.	<p>Florida Medicaid will reimburse for live video only in relation to 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.27 (Jun. 2009).</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.	No reference found.
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX Restrictions	
No reference found.	No reference found.
Online Prescribing	
Prior to e-prescribing, physicians and physician assistants must document a patient evaluation,	No reference found.

STATE LAW	MEDICAID PROGRAM
<p>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>	
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: 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.

Florida Department of Health, Child Protection Team Program, Policy and Procedure Handbook, p. 11 (Jun. 2009).

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).</p> <p><i>Source: GA Dept. of Community Health, Division of Medical Assistance, Part II Policies and Procedures for Nursing Facilities, p. 206 (Oct. 1, 2012).</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; • School-based clinics.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<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, Division of Medical Assistance, Part II Policies and Procedures for Physician Services, Appendix R p. 139 (Oct. 1, 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.	No reference found.
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. 206 (Oct. 1, 2012).

In July 2012, the Georgia Composite Medical Board proposed requiring a physical exam of a patient before providing telemedicine treatment.

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>	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>	No reference found.
Live Video Reimbursement	
<p>(see Medicaid column)</p>	<p>Idaho Medicaid will reimburse for a limited number of mental health services.</p> <p><i>Source (authorization): ID MMIS Provider Handbook, Allopathic and Osteopathic Physicians, p. 28 (Oct. 2012).</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	
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: ID MMIS Provider Handbook, Allopathic and Osteopathic Physicians, p. 29 (Oct. 2012).</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
No reference found.	No reference found.
Online Prescribing	
Prescribing physicians must have prescriber-patient relationship, which includes a documented patient	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>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>	
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>Reimbursement is made at a fixed rate for the facility fee for site transmission.</p> <p><i>Source: ID MMIS Provider Handbook, Allopathic and Osteopathic Physicians, p. 29 (Oct. 2012).</i></p>
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><i>(also see Medicaid column)</i></p>	<p>“Telemedicine” is the use of a telecommunication system to provide medical services for the purpose of evaluation and treatment when the patient is at one medical provider location and the rendering provider is at another location.</p> <p><i>Source: IL Admin. Code, Title 89, 140.403 (2012).</i></p> <p>“Telehealth is defined as the use of a telecommunication system to provide medical services between places of lesser and greater medical capability and/or expertise, for the purpose of evaluation and treatment. Medical data exchanged can take the form of multiple formats: text, graphics, still images, audio and video. The information or data exchanged can occur in real time (synchronous) through interactive video or multimedia collaborative environments or in near real time (asynchronous) through “store and forward” applications.”</p> <p><i>Source: IL Dept. of Healthcare and Family Svcs., Expansion of Telehealth Services, Informational Notice, http://www.hfs.illinois.gov/html/011210n2.html, (Jan. 12, 2010).</i></p>
Live Video Reimbursement	
<p><i>(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 Department’s medical programs; • Medical data may be exchanged through a

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>telecommunication system;</p> <ul style="list-style-type: none"> • 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 Centerse (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, (Jan. 12, 2010)</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 responsible for reimbursement to the Distant Site provider.</p>

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	<p>Nonenrolled 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, (Jan. 12, 2010)</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, (Jan. 12, 2010)</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, (Jan. 12, 2010).</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found
Email/Phone/FAX	
(see Medicaid column)	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<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, (Jan. 12, 2010)</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.
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;

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> • 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

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STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<p>“Telemedicine services refer to a specific method of delivery of certain services, including medical exams and consultations, which are already reimbursed by Medicaid. Telemedicine uses videoconferencing equipment allowing a medical provider to render an exam or other service to a patient at a distant location.”</p> <p><i>Source: IN Admin. Code, Title 405, 5-38-1 (2012).</i></p>	<p>No reference found.</p>
Live Video Reimbursement	
<p>(see Medicaid column)</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. 136 (May 8, 2012).</i></p> <p>Reimbursement for the following:</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<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. 137 (May 8, 2012).</i></p> <p>No reimbursement for the following:</p> <ul style="list-style-type: none"> • Ambulatory surgical centers; • Outpatient surgical services; • Home health agencies or services; • Radiological services; • Laboratory services; • Long-term care facilities, including nursing facilities, intermediate care facilities, or community residential facilities for the developmentally disabled; • Anesthesia services or nurse anesthetist services; • Audiological services; • Chiropractic services; • 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 136, (May 8, 2012).</i></p>
Remote Patient Monitoring Reimbursement	
<i>(see Medicaid column)</i>	<p>Indiana Medicaid considers telemedicine as “not a telephone transmitter for transtelephonic monitoring.”</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<i>Source: IN Admin. Code, Title 405, 5-38-1 (2012).</i>
Email/Phone/FAX	
No reference found for email. No reimbursement for telephone. No reference found for FAX. <i>Source: IN Admin. Code, Title 405, 5-38-1 (2012).</i>	No reference found for email. No reimbursement for telephone. No reference found for FAX. <i>Source: IN Health Coverage Programs Provider Manual, Chapter 8, Billing Instructions, p. 136 (May 8, 2012).</i>
Online Prescribing	
A documented patient evaluation, including history and physical evaluation adequate to establish diagnoses and identify underlying conditions or contraindications to the treatment recommended or provided, must be obtained prior to issuing e-prescriptions. <i>Source: IN Admin. Code, Title 844, 5-3-2 (2012).</i>	No reference found.
Consent	
No reference found.	The spoke site must obtain patient consent. The consent must be maintained at the hub and spoke sites. <i>Source: IN Health Coverage Programs Provider Manual, Chapter 8, Billing Instructions, p. 138 (May 8, 2012).</i>
Location	
The patient must be physically present at the spoke site and participate in the visit. <i>Source: IN Admin. Code, Title 405, 5-38-4 (2012).</i>	There is reimbursement for telemedicine services only when the hub and spoke sites are greater than 20 miles apart. <i>Source: IN Health Coverage Programs Provider Manual, Chapter 8, Billing Instructions, p. 138 (May 8, 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.	No reference found.
Miscellaneous	
	For patients receiving ongoing telemedicine services, a physician should perform a traditional clinical evaluation at least once a year, unless otherwise stated in policy. The hub physician should coordinate with the patient's primary care physician. <i>Source: IN Health Coverage Programs Provider Manual, Chapter 8, Billing Instructions, p. 138 (May 8, 2012).</i>

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>	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	
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: 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, <ftp://ftp.hrsa.gov/telehealth/licen.pdf>, p. 34 (Oct. 2003).

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. 38 (Feb. 2012).</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. 38 (Feb. 2012).</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. 38 (Feb. 2012).</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 Agency, p. 33 (Nov. 2012).</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 (Nov. 2012).</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. 38 (Feb. 2012).</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 Assistance Program, Provider Manual, Home Health Agency, p.</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<i>67 (Jun. 2012).</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>
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><i>(See Medicaid column and "Private Payers" section)</i></p>	<p>Kentucky Medicaid will reimburse for a "telehealth consultation", which includes live video.</p> <p><i>Source: KY Revised Statutes 205.559 (2012).</i></p> <p>Reimbursement shall not be denied solely because an in-person consultation between a provider and a patient did not occur.</p> <p><i>Source: KY Revised Statutes § 205.559 (2012).</i></p> <p>Except for a telehealth consultation provided by an Advanced Registered Nurse Practitioner or Community Mental Health Clinic, an amount equal to the amount paid for a comparable in-person service.</p> <p><i>Source: KY Admin. Regs., Title, 907, 3:170, Sec. 4(a) (2011).</i></p>
Store and Forward Reimbursement	
<p><i>(see Medicaid column)</i></p>	<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 5.6, p.41 (Sept. 26, 2012).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>Medicaid does not cover other forms of store and forward, as a thelehealth consultation requires a two-way interactive video.</p> <p><i>Source: KY Admin. Regs., Title, 907, 3:170, Sec. 3, 3(a) (2011).</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: KY Revised Statutes § 304.17A-138 (2012).</i></p>	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: KY Revised Statutes § 205.559 (2012).</i></p>
Online Prescribing	
<p>Prior to prescribing in response to any communication transmitted or received by computer or other electronic means, physicians must establish a proper physician-patient relationship. This includes:</p> <ul style="list-style-type: none"> • Verification that the person requesting medication is in fact who the patient claims to be; • Establishment of a documented diagnosis through the use of accepted medical practices; • Maintenance of a current medical record. <p>An electronic, online, or telephone evaluation by questionnaire are inadequate for the initial or any follow-up evaluation.</p> <p><i>Source: KY Revised Statutes § 311.597 (2012).</i></p>	No reference found.
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; 	<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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<ul style="list-style-type: none"> • 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>from the telehealth consult shall comply with all state and federal confidentiality laws and regulations;</p> <ul style="list-style-type: none"> • 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>
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 Dec. 17, 2012.

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>

Recent Policy Developments: Louisiana is currently exploring expanding the use of telemedicine in the state. There is discussion of potential legislation.

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. 152 (February 1, 2012).</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. 152 (Feb. 1, 2012).</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 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>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<i>Source: LA Dept. of Health and Hospitals, Professional Svcs. Provider Manual, Chapter Five of the Medicaid Svcs. Manual, p. 152 (February 1, 2012).</i>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
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>	No reference found.
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, 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>	No reference found.
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</p>	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>within Louisiana.</p> <p><i>Source: LA Revised Statutes 37:1276.1 (2012).</i></p>	
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> <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.northeasttrc.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 (Feb. 13, 2011).</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 (Feb. 13, 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: 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 (Oct. 1, 2012).</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 (Oct. 1, 2012).</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 (Feb. 13, 2011).</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 (Feb. 13, 2011).</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 (Feb. 13, 2011).</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>No reference found.</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>The Maryland Medical Assistance Program reimburses for live video for tele-mental health services in 10 rural counties, under a pilot program.</p> <p><i>Source: MD Medicaid Advisory Committee Meeting Minutes, p. 6 (Jun. 28, 2012).</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>No reference found.</p>
Remote Patient Monitoring Reimbursement	
<p>No reference found.</p>	<p>No reference found.</p>
Email/Phone/FAX	
<p>No reimbursement for email.</p>	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
No reimbursement for telephone. No reimbursement for FAX. <i>Source: MD Insurance Code Annotated Sec. 15-139 (2012).</i>	
Online Prescribing	
No reference found.	No reference found.
Consent	
Telehealth providers must inform patients and consultants of the following: <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; Telehealth services may not be provided by correspondence only. <i>Source: Code of MD Reg., 10.41.06.04 (2012).</i>	No reference found.
Location	
No reference found.	No reference found.
Cross-State Licensing	
MD has exceptions to its MD-only licensed physicians for physicians practicing in the adjoining states of Delaware, Virginia, West Virginia, and Pennsylvania. <i>Source: MD Health Occupations Code Annotated Sec. 14-302 (2012).</i>	No reference found.
Private Payers	
Requires coverage of telemedicine services, subject to contract terms and conditions. <i>Source: MD Insurance Code Annotated Sec. 15-139 (2012).</i>	No reference found.
Site/Transmission Fee	
No reference found.	No reference found.
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.

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.northeasttrc.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>Massachusetts law requires 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>Requires 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. 397(Oct. 1, 2012).</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 via live video:</p> <ul style="list-style-type: none"> • Consults; • Office visits; • Individual psychotherapy; • 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. <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><i>Source: Dept. of Community Health, Medicaid Provider Manual, p. 1414 (Oct. 1, 2012).</i></p> <p>The following health professionals may provide telemedicine services:</p> <ul style="list-style-type: none"> • Physician; • Osteopath; • Podiatrist; • Nurse practitioner; • Nurse midwife;

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> • Physician’s assistant, (billed under the supervising physician); • Psychologist; • Social Worker. <p><i>Source: Dept. of Community Health, Medicaid Provider Manual, p. 1415 (Oct. 1, 2012).</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”,.</p> <p><i>Source: Dept. of Community Health, Medicaid Provider Manual, p. 397(Oct. 1, 2012).</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX Restrictions	
No reference found.	No reference found.
Online Prescribing	
<p>Providers must have an existing physician-patient relationship.</p> <p><i>Source: MI Compiled Laws Sec. 333.17751 (2012).</i></p>	No reference found.
Consent	
No reference found.	No reference found.
Location	
No reference found.	<p>The distant site and originating site must be at least 50 miles apart, except for Federal telemedicine demonstration projects funded or approved by the Secretary of Human Services as of Dec. 31, 2000.</p> <p><i>Source: MI Dept. of Community Health, p. 1415.</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; • Renal dialysis facilities; • Rural Health Clinics; • Skilled nursing facilities; • Tribal Health Centers. <p><i>Source: MI Dept. of Community Health, p. 1415.</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>In-state providers are to be used whenever possible for distant site services.</p> <p><i>Source: MI Dept. of Community Health, p. 1415.</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.	No reference found.
Miscellaneous	
	<p>No reimbursement for remote access for surgical procedures, and use of robotics.</p> <p><i>Source: Dept. of Community Health, Medicaid Provider Manual, p. 1414 (Oct. 1, 2012).</i></p>

Minnesota

Medicaid Program: Medical Assistance (MA)

Program Administrator: MN Dept. of Human Services

Regional Telehealth Resource Center:

Great Plains Telehealth Resource and Assistance Center

University of Minnesota/Institute for Health Informatics

330 Diehl Hall

505 Essex Street S.E.

Minneapolis, MN 55455

(888) 239-7092

www.gptrac.org

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
No reference found.	<p>“Telemedicine” is “the use of telecommunications to furnish medical information and services. Telemedicine consultations must be made via two-way, interactive video or store-and-forward technology.”</p> <p><i>Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services, <www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_008926#P469_31519>, (Accessed Oct. 30, 2012).</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 services:</p> <ul style="list-style-type: none"> • Mental health services; • Children’s Therapeutic Services and Supports services; • Occupational therapy; • Physical therapy; • Speech-language pathology. <p><i>Source: MN Dept. of Human Svcs., Provider Manual, Individualized Education Program Services, www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_151385> (Accessed Oct. 30, 2012).</i></p> <p>Telemedicine consults are limited to three per calendar week per patient.</p> <p>Payment is made to both the consulting physician and the referring physician if the referring physician is</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>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. www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNA_MIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_008926#P469_31519, (Accessed Oct. 30, 2012).</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>
Store and Forward Reimbursement	
(see Medicaid column)	<p>Minnesota's Medical Assistance program reimburses for services delivered through store and forward technology.</p> <p><i>Source: MN Dept. of Human Svcs., Provider Manual, Physician and Professional Svcs. www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNA_MIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_008926#P469_31519, (Accessed Oct. 30, 2012).</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.	<p>There is reimbursement for "telehomecare" under Elderly Waiver (EW) and Alternative Care (AC) programs.</p> <p><i>Source: MN Dept. of Human Svcs., Provider Manual, Elderly Waiver (EW) and Alternative Care (AC) Program, < http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNA_MIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_056766> (Accessed Jan., 12, 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, Home Care Svcs., < http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNA_AMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_008994> (Accessed Oct. 30, 2012).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Email/Phone/FAX	
No reference found.	<p>“A communication between two physicians that consists solely of a telephone conversation is not a telemedicine consultation.”</p> <p><i>Source: MN Statute Sec. 256B.0625 (2012).</i></p>
Online Prescribing	
<p>A prescription or drug order is not valid unless it can be established that the prescription or order was based on a documented patient evaluation, including an examination, adequate to establish a diagnosis and identify underlying conditions and contraindications to treatment.</p> <p>This includes the referring provider performing an in-person examination and a consultant issuing the prescription when providing services by telemedicine.</p> <p><i>Source: MN Statute Sec. 151.37(2012).</i></p>	No reference found.
Consent	
No reference found.	No reference found.
Location	
No reference found.	<p>Consults performed by providers who are not located in Minnesota and contiguous counties require prior authorization by the Medicaid program.</p> <p><i>Source: MN Dept. of Human Svcs., Provider Manual, Physician and Professional Svcs.,</i> http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNA_MIC_CONVERSION&RevisionSelectionMethod=LatestReleased&DocName=id_008926#P469_31519, (Accessed Oct. 30, 2012).</p>
Cross-State Licensing	
<p>A physician licensed in another state can provide telemedicine services to a patient in Minnesota if their license has never been revoked or restricted in any state, they agree to not open an office in Minnesota and they register with the state’s board.</p> <p><i>Source: MN Statute Sec. 147.032(1)</i></p>	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	No reference found.
Miscellaneous	

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>No reference found.</p>
Live Video Reimbursement	
<p>(see Medicaid column)</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>No reference found.</p>	<p>There is reimbursement for tele-radiology services, however there is no reference to reimbursing for other specialties.</p> <p><i>Source: MS Div. of Medicaid, Provider Policy Manual, Teleradiology, p. 1, (Jan. 1, 2010).</i></p>
Remote Patient Monitoring Reimbursement	
<p>No reference found.</p>	<p>No reference found.</p>
Email/Phone/FAX	
<p>No reference found.</p>	<p>No reference found.</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>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 Div. of Medicaid, Provider Policy Manual, Pharmacy, p. 3, (Apr. 1, 2009).</i></p>
Consent	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<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 and benefits of various treatment options to obtain informed consent; 5. insuring the availability of appropriate follow-up care; and 6. maintaining a complete medical record available to patient and other treating health care providers. <p><i>Source: Code of MS Rules 50-013-2635 (2012).</i></p>	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	No reference found.
Miscellaneous	
To practice telemedicine, physicians must establish a valid physician-patient relationship by the following:	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<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>	

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><i>(also see Medicaid column)</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. 65 (Oct 24, 2012).</i></p>
Live Video Reimbursement	
<p><i>(see Medicaid column)</i></p>	<p>HealthNet will reimburse for live video.</p> <p>Eligible providers:</p> <ul style="list-style-type: none"> • Physicians; • Advanced registered nurse practitioners, including nurse practitioners with a mental health specialty; • Psychologists. <p>Reimbursement to the provider at the distant site is made at the same amount as for an in-person service.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><i>Source (reimbursement): MO Revised Statutes § 208.670 (2012).</i></p> <p><i>Source (eligible providers): MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 66 (Oct 24, 2012).</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. 65 (Oct 24, 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	
No reference found.	<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	
No reference found.	<p>Originating sites must be one of the following:</p> <ul style="list-style-type: none"> • Physician or other health care provider office; • Hospital; • Critical Access Hospital; • Rural Health Clinic; • Federally Qualified Health Center; • Nursing home; • Dialysis center; • Missouri state habilitation center or regional office; • Community mental health center; • Missouri state mental health facility; • Missouri state facility; • Missouri residential treatment facility; • Comprehensive Substance Treatment and Rehabilitation (CSTAR) program. <p><i>Source: MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 66 (Oct 24, 2012).</i></p>
Cross-State Licensing	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
No reference found.	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	Originating sites are eligible to receive a facility fee; distant sites are not eligible. <i>Source: MO Code of State Regulations, Title 13, 70 3.190 (May 31, 2011).</i>
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>No reference found in Medicaid Manual.</p>
Live Video Reimbursement	
<p>No reference found.</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>No reference found.</p>	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
No reference found in statute.	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	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	<p>No reimbursement for network use charges.</p> <p><i>Source: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, Physician Related Svcs., p 27 (Mar 2012).</i></p>
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. <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></p> <p><i>Source (exceptions to 30-mile rule): NE Admin. Code Title 471, Ch. 1.</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	
<p>Prescribing drugs to individuals the physician has never met, based solely on answers to questions provided by the internet, telephone, or FAX, or without first establishing a proper physician-patient relationship, is prohibited.</p> <p><i>Source: NE Admin. Code Title 172, Ch. 88.</i></p> <p><i>(also see Medicaid column)</i></p>	<p>Prescriptions over the Internet: Neither the prescribing health care practitioner service nor the pharmacy service is covered when the health care practitioner prescribing the medication has only reviewed an e-mail message or e-mail questionnaire about the client.</p> <p><i>Source: NE Admin. Code Title 471, Ch. 1.</i></p>
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;;

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> • 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.</i></p>
Location	
No reference found.	<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; • Nursing facility patients who require transportation via ambulance. <p><i>Source (exceptions to 30-mile rule): NE Admin. Code Title 471, Ch. 1.</i></p>
Cross-State Licensing	
No reference found.	No reference found.
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</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>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	

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 through the synchronous or asynchronous transfer of medical data or information using interactive audio, video or data communication, other than through a standard telephone, facsimile transmission or electronic mail message."</p> <p><i>Source: NV Revised Statutes Annotated Sec. 633.165 (2012).</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 (Sept 12, 2012).</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 (Sept 12, 2012).</i></p> <p>Eligible providers:</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> • Physician; • Nurse practitioner; • Physician assistant; • Nurse midwife; • Clinical psychologist; • Clinical social worker. <p><i>Source: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3403.3, p. 5 (Sept 12, 2012).</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. 6 (Sept 12, 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: 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. 4 (Jul. 10, 2010).</i></p>
Online Prescribing	
No reference found.	No reference found.
Consent	
<p>For osteopaths, oral and written consent. Must include this information:</p> <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	
No reference found.	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).

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p><i>Source: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3403.1, p. 4 (Sept 12.2012).</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., Medicaid Services Manual, Section 3403.3, p. 4 (Sept 12.2012).</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>	No reference found.
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. 	<p>Telehealth services do not require prior authorization. However, individual services may require prior authorization, whether delivered in person or by telehealth.</p> <p><i>Nevada Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3403.8, p. 9 (Sept. 12, 2012).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<ul style="list-style-type: none"> 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>	

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.northeasttrc.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	
Insurers may not deny coverage for services provided through telemedicine, if the services are covered through in-person consults. <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	

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.northeasttrc.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>“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><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;

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> • Individual medical nutrition services. <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>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><i>Source: NM Statutes Annotated Sec. 24-1G-3 (2012).</i></p>	<p>New Mexico Medicaid states that a telehealth communication system must occur in 'real-time'.</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>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
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> <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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	agency; <ul style="list-style-type: none"> • 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	
NM issues telemedicine licenses to providers who hold a full, unrestricted license in another state. <p><i>Source: NM Statutes Annotated, 1978 Sec. 61-6-11.1.</i></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><i>Source: NM Human Svcs. Dept., Medical Assistance Division, Program Policy Manual, Section 8.310.13.10 (Aug. 1, 2007).</i></p>
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	A telehealth originating-site fee is covered if: <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-primary care medical specialties; • 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>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<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

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www.northeasttrc.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 Nov. 1, 2012.</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 Nov. 1, 2012.</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 Nov. 1, 2012.</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 Nov. 1, 2012.</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.

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	
No reference found.	<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. 2, July 1, 2012.</i></p>
Live Video Reimbursement	
No reference found.	<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. 7, July 1, 2012.</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. 7, July 1, 2012.</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. 4, July 1, 2012.</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. 4-5, July 1, 2012.</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. 4, July 1, 2012.</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. 4, July 1, 2012.</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. 5, July 1, 2012.</i></p>
Cross-State Licensing	
No reference found.	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	<p>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. 7, July 1, 2012.</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, July 1, 2012.</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Miscellaneous	

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

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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>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Store and Forward Reimbursement	
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>	No reference found.
Live Video Reimbursement	
No reference found.	<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 (LTCSSTL) No. 11-15, (Oct. 19, 2011).</i></p>
Store and Forward Reimbursement	
No reference found.	No reference found.
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
No reference found.	No reference found.
Online Prescribing	
<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 	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>the drug or drugs to be provided, and the physician's care of the patient meets all applicable standards of care;</p> <ul style="list-style-type: none"> • 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>	
Consent	
No reference found.	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>	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	No reference found.
Miscellaneous	

Oklahoma

Medicaid Program: SoonerCare

Medicaid Program Administrator: Oklahoma Health Care Authority

Regional Telehealth Resource Center:

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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<p>"Telemedicine means the practice of health care delivery, diagnosis, consultation, treatment, including but not limited to, the treatment and prevention of strokes, transfer of medical data, or exchange of medical education information by means of audio, video, or data communications. Telemedicine is not a consultation provided by telephone or facsimile machine."</p> <p><i>Source: OK Statutes, Title 36, Sec. 6802.</i></p> <p><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 and testing; • Mental health assessments; • Pharmacologic management. <p>Eligible distant-site providers:</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<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>
Online Prescribing	
Prescribing or administering a drug or treatment without	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>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>	
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>No reference found.</p>	<p>No reference found.</p>
Private Payers	
<p>Requires coverage of telemedicine services by health care service plans, disability insurer programs, workers' compensation programs, and state Medicaid managed care program contracts, subject to contract terms and conditions.</p>	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<i>Source: OK Statute, Title 36 Sec. 6803.</i>	
Site/Transmission Fee	
<i>(see Medicaid column)</i>	Facility fee paid to originating site. <i>Source: OK Admin. Code Sec. 317:30-3-27.</i> No originating site fee for store and forward. <i>Source: OK Admin. Code Sec. 317:30-3-27(e).</i>
Miscellaneous	
OK provides, at no cost, one telecommunications line or wireless connection for telemedicine services to the following: <ul style="list-style-type: none"> • Not-for-profit hospitals; • County health departments; • City-county health departments; • Federally Qualified Health Centers. <i>Source: OK Statutes, Title 17 Sec. 139.109.</i>	

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>Oregon law requires insurers to cover telemedicine services.</p> <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 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. 75 (Jan. 1, 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. 77 (Jan. 1, 2012).</i></p>
Store and Forward Reimbursement	
<p>No reference found.</p>	<p>Oregon Medicaid does not reimburse for store and forward.</p> <p><i>Source: OR Dept. of Human Svcs., Div. of Medical Assistance Programs, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610 (2)(a), p. 78 (Jul. 1, 2007).</i></p>
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 telemonitoring 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</p>	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>practices in a location outside of Oregon. The monitoring physician is in communication with the operation team through a technician in the operating room.”</p> <p>Requirements:</p> <ul style="list-style-type: none"> • 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-telemonitoring 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. 76 (Jan. 1, 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; 	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<ul style="list-style-type: none"> • Physician offices; • Community mental health centers; • 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.	No reference found.
Live Video Reimbursement	
No reference found.	Pennsylvania Medicaid will reimburse for live video for specialty consultations. <i>Source: PA Ofc. of the Governor, Press Release, May 22, 2012.</i>
Store and Forward Reimbursement	
No reference found.	Pennsylvania Medicaid will not reimburse for store and forward. <i>Source: PA Ofc. of the Governor, Press Release, May 22, 2012.</i>
Remote Patient Monitoring Reimbursement	
No reference found.	See "Comments" section below.
Email/Phone/FAX	
No reference found.	No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX. <i>Source: PA Ofc. of the Governor, Press Release, May 22, 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,	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>near the Pennsylvania boundary, and whose practice extends into Pennsylvania to practice in Pennsylvania.</p> <p>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.</p> <p><i>Source: PA Statutes Annotated, Title 63 Sec. 422.34(a) and (c)(2).</i></p>	
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	No reference found.
Miscellaneous	

Comments: A new 2012 Medicaid regulation requires that telemedicine consults be a two-way, real time interactive communication and use, at a minimum, interactive audio and video equipment to connect the patient and the physician at the distant site. It bars telephones and asynchronous “store and forward” technology, such as FAX machines, email systems or remote patient monitoring devices.

PA also removed Medicaid requirement that the referring provider be present for consults, and will allow patients to access the consult at either the originating site of the referring provider or other participating providers.

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.northeasttrc.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., Physicians Provider Manual, p. 130 (Nov. 1, 2012).</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; • Neurobehavioral status examination; • Electrocardiogram interpretation and report only; • Echocardiography. <p>Eligible services must meet these requirements:</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<ul style="list-style-type: none"> The medical care is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's need; The medical care can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide. <p><i>Source: SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 132 (Nov. 1, 2012).</i></p> <p>These community mental health services are ineligible:</p> <ul style="list-style-type: none"> Injectables; Crisis intervention (if there is no other MH staff with the client); Group therapy and psychological testing which require "hands-on" encounters. <p><i>Source: SC Health and Human Svcs. Dept. Community Mental Health Services Provider Manual, p. 95 (Apr. 1, 2012).</i></p> <p>Distant site eligible, reimbursed providers:</p> <ul style="list-style-type: none"> Physicians; Nurse practitioners. <p><i>Source: SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 131 (Nov. 1, 2012).</i></p>
Store and Forward Reimbursement	
No reference found.	<p>South Carolina Medicaid will not reimburse for store and forward.</p> <p><i>Source: SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 130 (Nov. 1, 2012).</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	Please see "Comments" section below.
Email/Phone/FAX	
No reference found.	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 130 (Nov. 1, 2012).</i></p>
Online Prescribing	
<p>Prior to prescribing drugs to a patient, physicians first must establish a proper physician-patient relationship. Requirements are:</p> <ul style="list-style-type: none"> Personally performing and documenting an 	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>appropriate history and physical examination, making a diagnosis, and formulating a therapeutic plan;</p> <ul style="list-style-type: none"> • 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., Physicians Provider Manual, p. 130-31 (Nov. 1, 2012).</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., Physicians Provider Manual, p. 130 (Nov. 1, 2012).</i></p>
Cross-State Licensing	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
No reference found.	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	The referring site is eligible to receive a facility fee. <i>Source: SC Health and Human Svcs. Dept., Physicians Provider Manual, p. 134 (Nov. 1, 2012).</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. 21 (Sept. 20, 2012).</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. 21 (Sept. 20, 2012).</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

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	forward. <i>Source: SD Medical Assistance Program, Professional Svcs. Manual, p. 21 (Sept. 20, 2012).</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
<http://www.texlatrc.org>

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>Speech-Language Pathology and Audiology Telehealth is “the use of telecommunications and information technologies for the exchange of information from one site to another for the provision of speech-language pathology or audiology services to 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 is defined as the practice of health-care delivery by a provider who is located at a site other than the site where the client is located. Telemedicine requires the use of advanced telecommunications technology and is used for the purposes of evaluation, diagnosis, consultation, or treatment.”</p> <p><i>Source: TX Medicaid Provider Procedures Manual, p. 1475 (Jan. 2013).</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.</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<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>
Live Video Reimbursement	
<p><i>(see Medicaid column)</i></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. <p><i>Source: TX Admin. Code, Title 1, Sec. 354.1432 & TX Govt. Code Sec. 531.0216.</i></p> <p>Eligible originating (patient) site providers:</p> <ul style="list-style-type: none"> • Physicians; • Physician assistants; • Nurse practitioners; • Clinical nurse specialists; • Outpatient hospitals. <p><i>Source: TX Medicaid Provider Procedures Manual, p. 1476 (Jan. 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-day period following the visit.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<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>A telepresenter who meets one of the qualifications listed below must be at the patient site when the service is provided via telemedicine:</p> <ul style="list-style-type: none"> • An individual who is licensed or certified in Texas to perform health-care services and acting within the scope of the individual's licensure or certification • A qualified mental health professional (QMHP) <p><i>Source: TX Medicaid Provider Procedures Manual, p. 1476 (Jan. 2013).</i></p>
Store and Forward Reimbursement	
(see Medicaid column)	<p>Texas Administrative Code states that services provided via telemedicine must be provided through direct "face-to-face" interactive video communications".</p> <p><i>Source: TX Admin. Code, Title 1 Sec. 354.1432.</i></p> <p>No reference found in current Medical Manual (Jan. 2013). However, the 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.	No reference found in current Medical Manual (Jan. 2013). However, TX Government Code includes a definition of Home telemonitoring service, stating that it is "a health service that requires scheduled remote monitoring of data related to patient's health and

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>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>
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 Provider Procedures Manual, p. 1475 (Jan. 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><i>(see Medicaid column)</i></p>	<p>Originating (patient) sites must be located in rural or underserved areas.</p> <p>A rural area is defined as a county that is not included in a metropolitan statistical area as defined by the U.S. Office of Management and Budget, according to the most recent U.S. Census Bureau population estimates.</p> <p>An underserved area is an area that meets the U.S. Department of Health and Human Service Index Primary Care Underservice criteria.</p> <p><i>Source: TX Medicaid Provider Procedures Manual, p. 1476 (Jan. 2013).</i></p> <p>Eligible originating (patient) sites:</p> <ul style="list-style-type: none"> • State hospitals; • State supported living centers.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>Also eligible as an originating site if located in a rural or underserved area OR if not in a rural or underserved area, but the patient is under 21, receiving services from a distant-site provider who is Board eligible in a nationally recognized specialty or subspecialty, and who is not a primary care provider:</p> <ul style="list-style-type: none"> • Physician offices; • Hospitals; • Rural Health Clinics; • Federally Qualified Health Centers; • Intermediate care facilities for persons with mental retardation (ICF/MR) that are not a state supported living center; • Community centers; • Outreach sites associated with a community centers; • Local health departments; • Public health districts. <p><i>Source TX Admin. Code, Title 1, Sec. 354.1430.</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 contract terms and conditions.</p> <p><i>Source: TX Insurance Code Sec. 1455.004.</i></p>	<p>No reference found.</p>
Site/Transmission Fee	
<p>(see Medicaid column)</p>	<p>Telemedicine patient site locations are reimbursed a facility fee.</p> <p><i>Source: TX Admin. Code, Title 1 Sec. 355.7001.</i></p>
Miscellaneous	
	<p>Children’s Health Insurance Program</p> <p>Allows reimbursement for live video telemedicine and telehealth services to children with special health care needs.</p> <p><i>Source: TX Govt. Code Sec. 531.02162.</i></p>

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>No reference found.</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><i>Source: UT Code Annotated Sec. 26-18-13.</i></p> <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	
<p>No reference found.</p>	<p>No reference found.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Remote Patient Monitoring Reimbursement	
(see <i>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.</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>	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<i>Source: UT Code Annotated Sec. 58-1-501.</i>	
Consent	
No reference found.	No reference found.
Location	
No reference found.	No reference found.
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>	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	No reference found.
Miscellaneous	
<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>	

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.northeasttrc.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. 104 (Jan. 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. 104 (Jan. 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. 104 (Jan. 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.</p>	<p>No reimbursement for email. No reimbursement for telephone.</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<p>No reimbursement for FAX.</p> <p><i>Source: VT Statutes Annotated, Title 8 Sec. 4100k (2012).</i></p>	<p>No reimbursement for FAX.</p> <p><i>Source: Dept. of VT Health Access, Provider Manual, p. 104 (Jan. 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, Provider Manual, p. 104-105 (Jan. 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, Provider Manual, p. 104 (Jan. 1, 2013).</i>
Miscellaneous	

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

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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. 19 (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. 19 (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. 53 (Nov. 1, 2012).</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><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
	<p><i>54 (Nov. 1, 2012).</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. 53 (Nov. 1, 2012).</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. 53 (Nov. 1, 2012).</i></p>
Remote Patient Monitoring Reimbursement	
<i>(see Medicaid column)</i>	<p>Yes 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>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,

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>Aging and Disabilities Services Administration (ADSA) or Division of Developmental Disabilities (DDD);</p> <ul style="list-style-type: none"> • 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. 22 (Jan. 1, 2012).</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. 53 (Nov. 1, 2012).</i></p>
Online Prescribing	
<p>The WA Medical Quality Assurance Commission has issued guidelines on the use of the Internet in medical practices. A guideline does not have the force of law, but can be considered by the Commission to be the standard of practice in the state.</p> <p>A documented patient evaluation, including history and physical evaluation adequate to establish diagnoses and identify underlying conditions and/or contra-indications to the treatment recommended/provided, must be obtained prior to providing treatment, including issuing prescriptions, electronically or otherwise.</p>	No reference found.

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<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, http://www.doh.wa.gov/Portals/1/Documents/MD2002-04%20Appropriate%20Use%20of%20the%20Internet%20in%20Medical%20Practice.pdf</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. 54 (Nov. 1, 2012).</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. 54 (Nov. 1, 2012).</i></p>
Miscellaneous	
<p>Physical Therapy Licensed physical therapists and physical therapist assistants may provide physical therapy via telehealth. The clinical record must indicate that the physical therapy occurred via telehealth.</p>	

STATE LAW/REGULATIONS	MEDICAID PROGRAM
<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

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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. 3, 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. 3, 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>

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	<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.	No reimbursement for FAX. No reimbursement for telephone. No reimbursement for email. <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>
Online Prescribing	
Prohibits providers from issuing prescriptions, via electronic or other means, for persons without establishing an ongoing physician-patient relationship, wherein the physician has obtained information adequate to support the prescription. Exceptions: <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. <i>Source: WV Code Sec. 11-1A-12.</i>	No reference found.
Consent	
No reference found.	No reference found.
Location	
No reference found.	Limited to members in CMS-defined non-metropolitan statistical professional shortage areas. The referring provider must be located in the non-metropolitan area. <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>
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.	No reimbursement. Patients may not be billed for these fees. <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>
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.128 (Nov. 30, 2012).</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.128-129 (Nov. 30, 2012).</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.129-130 (Nov. 30, 2012).</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.129 (Nov. 30, 2012).</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.239 (Nov. 30, 2012). 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.131 (Nov. 30, 2012).</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.128 (Nov. 30, 2012).</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.129 (Nov. 30, 2012).</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.130 (Nov. 30, 2012).</i></p> <p>Outpatient hospitals will receive only a facility fee. Wisconsin Medicaid will not separately reimburse the rate-per-visit for that member, unless the patient receives other covered services on the same date.</p> <p><i>Source: WI Forward Health, Wisconsin Medicaid Provider Manual, Physician, p.131 (Nov. 30, 2012).</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 (Nov. 8, 2012).</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 clinet at the originating site unless medically indicated.</p> <p><i>Source: WY Dept. of Public Health Insurance, Medicaid, General Provider Information, p. 107-108 (Nov. 8, 2012).</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; • 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 Provider Information, p. 109 (Nov. 8, 2012).</i></p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
Store and Forward Reimbursement	
No reference found.	Wyoming Medicaid states that reimbursement is made for exams performed via a real-time interactive audio and video. <i>Source: WY Dept. of Public Health Insurance, Medicaid, General Provider Information, p. 107-108 (Nov. 8, 2012).</i>
Remote Patient Monitoring Reimbursement	
No reference found.	No reference found.
Email/Phone/FAX	
No reference found.	No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX. <i>Source: WY Dept. of Public Health Insurance, Medicaid, General Provider Information, p. 108 (Nov. 8, 2012).</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>	No reference found.
Location	
No reference found.	Eligible originating sites: <ul style="list-style-type: none"> • Hospitals; • Practitioner offices; • Psychologists or neuropsychologists; • Community mental health or substance abuse treatment centers (CMHC/SATC); • Advanced practice nurses with specialty of psychiatry/mental health; • Federally Qualified Health Centers; • Rural Health Clinics; • Skilled nursing facilities; • Indian Health Services Clinics; • Hospital-based or Critical Access Hospital-based renal dialysis centers (including satellites). <p>Independent renal dialysis facilities are not eligible</p>

STATE LAW/REGULATIONS	MEDICAID PROGRAM
	<p>originating sites.</p> <p>A medical professional is not required to be present at the originating site, unless medically indicated.</p> <p><i>Source: WY Dept. of Public Health Insurance, Medicaid, General Provider Information, p. 107-8 (Nov. 8, 2012).</i></p>
Cross-State Licensing	
No reference found.	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	<p>Yes, for originating site fees. No reimbursement for transmission fees.</p> <p><i>Source: WY Dept. of Public Health Insurance, Medicaid, General Provider Information, p. 109 (Nov. 8, 2012).</i></p>
Miscellaneous	
	<p>No reimbursement for patient attendants who instruct the patient on the use of equipment or pervises/monitors a patient during the telehealth encounter. No reimbursement for consults between health professionals.</p> <p><i>Source: WY Dept. of Public Health Insurance, Medicaid, General Provider Information, p. 109 (Nov. 8, 2012).</i></p>

Glossary

Asynchronous (see also *Store and Forward*) technologies allow for the electronic transmission of medical information, such as digital images, documents, and pre-recorded videos. Asynchronous transmissions typically do not occur in real time, and take place primarily among medical professionals, to aid in diagnoses and medical consults, when live video or face-to-face patient contact is not necessary.

Broadband refers to the wide bandwidth characteristics of a transmission medium, and its ability to transport multiple signals and traffic types simultaneously. Broadband is often used to transmit telehealth and telemedicine services.

Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare, Medicaid and Children's Health Insurance Program.

Children's Waiver Services Program is a federal program that provides Medicaid-funded home and community-based services to children under age 18 who are eligible for, and at risk of, placement into an Intermediate Care Facility for the Mentally Retarded (ICF/MR).

Consultant Site (see also *Hub Site* or *Distant Site*) is the site at which the provider delivering a telehealth service is located.

Critical Access Hospital (CAH) is a rural community hospital that receives cost-based reimbursement. The reimbursement that CAHs receive is intended to improve their financial performance and reduce hospital closures.

Current Procedural Terminology (CPT) Code is a medical billing and administrative code set that describes medical, surgical, and diagnostic services. It is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations and payers for administrative, financial and analytical purposes.

Distant Site (see also *Hub Site* or *Consultant Site*) is the site at which the provider delivering a telehealth service is located.

Durable Medical Equipment (DME) is any medical equipment, such as wheelchairs used in the home.

Echocardiography is a sonogram of the heart.

Echography is a radiologic procedure in which deep structures of the body are recorded with ultrasonic waves.

Electrocardiogram (ECG) is a test of the electrical activity of the heart, which helps detect medical problems such as heart attacks and arrhythmias.

E-Prescribing is the act of offering medical prescriptions over the Internet. Often, e-prescriptions must be accompanied by a valid physician-patient relationship, which may or may not require a face-to-face interaction between the physician and patient, depending on the state.

Facility Fee (see also *Originating Site Fee*) is a fee paid to the originating site to compensate for the cost of facilitating a telemedicine visit.

Federally Qualified Health Centers (FQHCs) are federally designated facilities, which provide primary care and other medical services to underserved populations.

Health Professional Shortage Area (HPSA) are designated by the Health Resources and Services Administration as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility).

Hub Site (see also *Distant Site* or *Consultant Site*) is the site at which the provider delivering a telehealth service is located.

Informed Consent refers to providers obtaining permission from a patient to perform a specific test, procedure, or in the case of telehealth, service delivery method. Informed consent means that the patient understands the relevant medical facts and risks involved.

Live Video Conferencing (see also *Synchronous*) refers to the use of two-way interactive audio-video technology to connect users, in real time.

Medicaid is a program that provides medical coverage for people with lower incomes, older people, people with disabilities, and some families and children. Learn more about the program in this section. provides medical coverage and long-term medical care to low-income residents. Medicaid is jointly funded by the federal government and individual states, and is administered by the states.

Medicaid Provider Manual is a document released by each state's Medicaid agency, which serves as the reference document for its Medicaid program.

Medically Underserved Area (MUA) may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services.

Medicare is a health insurance for people age 65 or older, people under 65 with certain disabilities, and people of all ages with End-Stage Renal Disease. (ESRD is permanent kidney failure requiring dialysis or a kidney transplant.)

Modifier is a two-digit code that is added to medical procedure codes, to provide additional information about the billed procedure. In some cases, addition of a modifier can directly affect payment.

Modifier GQ is the modifier for store and forward technologies.

Modifier GT is the modifier for live video conferencing.

Originating Site (see also *Spoke Site* or *Referring Site*) is the location of the patient receiving a telehealth service.

Originating Site Fee (see also *Facility Fee*) is a fee paid to the originating site to compensate for the cost of facilitating a telemedicine visit.

Referring Site (see also *Spoke Site* or *Originating Site*) is the location of the patient receiving a telehealth service.

Remote Patient Monitoring Remote patient monitoring uses telehealth technologies to collect medical data, such as vital signs and blood pressure, from patients in one location and electronically transmit that information to health care providers in a different location. The health professionals monitor these patients remotely and, when necessary, implement medical services on their behalf.

Rural Health Clinic is a clinic in a rural, medically underserved area that has a separate reimbursement structure from the standard medical office under the Medicare and Medicaid programs.

Skilled Nursing Facility (SNF) is a facility that houses chronically ill, usually elderly patients, and provides long-term nursing care, rehabilitation, and other services.

Spoke Site (see also *Originating Site* or *Referring Site*) is the location of the patient receiving a telehealth service.

Store and Forward (see also *Asynchronous*) technologies allow for the electronic transmission of medical information, such as digital images, documents, and pre-recorded videos. Asynchronous transmissions typically do not occur in real time, and take place primarily among medical professionals, to aid in diagnoses and medical consults, when live video or face-to-face patient contact is not necessary.

Synchronous (see also *Live Video Conferencing*) refers to the use of two-way interactive audio-video technology to connect users, in real time, for any type of medical service.

Tele-pharmacy involves a pharmacist in one location directing the dispensing of a prescription to another employee in a separate location.

Tele-presenter is a health professional who sits in the exam room with patients during telemedicine visits and assists the distant-site provider.

The Health Insurance Portability and Accountability Act (HIPAA) is a set of national standards, which includes security and privacy of health data for electronic health care transactions, and national identifiers for providers, health insurance plans and employers.

The program of All-Inclusive Care for the Elderly (PACE) provides comprehensive long-term services and support to Medicaid and Medicare beneficiaries.

Transmission Fee is a fee paid to telemedicine providers for the cost of telecommunications transmission.

Center for Connected Health Policy

The Center for Connected Health Policy (CCHP) is a non-profit, non-partisan organization working to integrate telehealth technologies into the U.S. health care system.

Telehealth technologies are tools to improve health outcomes and access to care, particularly among medically underserved communities, and to make the nation's health care system more efficient and cost-effective.

CCHP advocates for policies that expand the adoption and use of telehealth services, conducts objective policy analysis and research, develops non-partisan policy recommendations, and operates telehealth demonstration projects.

CCHP conducts work specific to California, and is also the federally designated National Telehealth Policy Resource Center. In its national work, CCHP provides technical assistance in telehealth policy to 12 Regional Telehealth Resource Centers nationwide and serves as a national resource on telehealth policy issues.

CCHP was created in 2008 by the California HealthCare Foundation; the foundation remains its lead funder. CCHP is a program of the Public Health Institute.

www.cchpca.org



The National Telehealth Policy Resource Center program is made possible by Grant #G22RH20214 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS.