

# Hawaii

**Medicaid Program:** Hawaii Medicaid

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

**Regional Telehealth Resource Center:** Pacific Basin Telehealth Resource Center [www.pbtrc.org](http://www.pbtrc.org)

## Hawaii Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✗	✓	✓	✗	✗

## Hawaii Detailed Policy

Medicaid Telehealth Reimbursement	Summary	<p>Hawaii Medicaid (Med-QUEST) reimburses for live video. Although their statute prohibits HI Medicaid from placing any restrictions on originating sites, regulations creating restrictions on the types or originating site eligible for reimbursement and their geographic location still exist in Hawaii Rules. HI indicated in a memo that a state plan amendment was approved that allows for the changes in Hawaii Medicaid policy based on the statutory requirements, but it did not provide any specifics on removing the originating site or geographic restrictions currently present in HI rules.</p> <p>Additionally, according to Hawaii’s statutory definition of telehealth, they should also be reimbursing for store-and-forward and remote patient monitoring, however CCHP has yet to find any documentation from Hawaii Medicaid that they are reimbursing for these modalities.</p>
	Definitions	<p>“Telehealth” means the use of telecommunications services, as defined in section 269-1, to encompass four modalities: store-and-forward technologies, remote monitoring, live consultation, and mobile health; and which shall include but not be limited to real-time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit patient medical information, including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, for the purpose of delivering enhanced health care services and information while a patient is at an originating site and the health care provider is at a distant site. Standard telephone contacts, facsimile transmissions, or e-mail text, in combination or by itself, does not constitute a telehealth service for the purposes of this section.”</p> <p style="text-align: center;"><i>Source: HI Revised Statutes § 346-59.1(g). (Accessed Sept. 2020).</i></p> <p><b>Dentistry</b></p> <p>“Telehealth” means the use of telecommunication services to transmit patient health information for interpretation and diagnosis while a patient is at an originating site and the health care provider is at a distant site. It is an enabling technology intended to facilitate access for patients who would otherwise not receive services without the provider being physically present. “Teledentistry” is a form of telehealth.</p> <p style="text-align: center;"><i>Source: HI Med-QUEST Medicaid Provider Manual: Dental, pg. 73 (October 2019) &amp; MedQuest Memo, Reimbursement for Procedures Related to FFS Teledentistry Services, No. 19-01, Mar. 13, 2019 &amp; Med-QUEST Memo 20-03. (Accessed Sept. 2020).</i></p>



Policy

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

**Source:** HI Revised Statutes § 346-59.1(b). (Accessed Sept. 2020).

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

**Source:** Code of HI Rules 17-1737-51.1(c). (Accessed Sept. 2020).

Eligible Services / Specialties

GT, GQ or 95 modifiers must be used. See Attachment A for full list of CPT codes that are “prime candidates” for telehealth services. Distant site providers should use the 02 Place of Service Code. Codes listed in Attachment A are considered prime candidates for telehealth reimbursement.

**Source:** HI Department of Human Services. Med-QUEST Division. Memo 17-01A. & Medicaid.gov. Hawaii, SPA 16-0004. Approval Letter. & HI Department of Human Services. Med-QUEST Division. Attachment A. (Accessed Sept. 2020).

**Dentistry**

All claims for services provided through telehealth technology must be identified by the applicable teledentistry CDT code D9995 or D9996.

CDT code D9999 must be used to identify the claim for PPS payment by FQHCs and RHCs.

**Source:** HI Med-QUEST Medicaid Provider Manual: Dental, pg. 73-75 (October 2019). (Accessed Sept. 2020).

All claims for services provided through telehealth technology must be identified by the applicable teledentistry CDT code D9995 or D9996.

**Source:** MedQuest Memo, Reimbursement for Procedures Related to FFS Teledentistry Services, No. 19-01, Mar. 13, 2019. (Accessed Sept. 2020).

Applied behavioral analysis services (including family adaptive behavior treatment guidance) can be provided through telehealth. MedQuest provides some areas of consideration when approving ABA services through telehealth (see memo).

**Source:** HI Med-QUEST Memo QI-2028 (Jul. 21, 2020) & QI-2020 (Jun. 17, 2020). (Accessed Sept. 2020).

**Federally Qualified Health Centers**

Eligible services will be consistent with Memo QI-1702A and FFS 19-01. See memo for specific billing scenarios.

**Source:** Med-QUEST Memo 20-03 (Mar. 16, 2020). (Accessed Sept. 2020).

Eligible Providers

**Dentistry**

Dental providers who are eligible to bill Hawaii Medicaid are also eligible to bill for telehealth for specific services (see Dental Manual Attachment A for details).

**Source:** HI Med-QUEST Medicaid Provider Manual: Dental, pg. 73 (October 2019) & MedQuest Memo, Reimbursement for Procedures Related to FFS Teledentistry Services, No. 19-01, Mar. 13, 2019. (Accessed Sept. 2020).

**Federally Qualified Health Centers**

Providers who are eligible to bill for Hawaii Medicaid services are also eligible to bill for telehealth. Please refer to Hawaii Provider Manual Chapter 21 (21.2.1) for a list of eligible providers.

**Source:** HI Med-QUEST Medicaid Provider Manual: Federally Qualified Health Centers, pg. 2 (March 2016) & Med-QUEST Memo 20-03 (Mar. 16, 2020). (Accessed Sept. 2020).



Eligible Sites

Eligible originating sites listed in the Administrative Rules:

- The office of a physician or practitioner;
- Hospitals;
- Critical Access Hospitals;
- Rural Health Clinics;
- Federally Qualified Health Centers;
- Federal telehealth demonstration project sites.

**Source:** Code of HI Rules 17-1737-51.1(d). – Law passed & state plan amendment accepted prohibiting this limitation, however the prohibiting language is still present in regulation. (Accessed Sept. 2020).

In statute, these locations are also included

- A patient’s home;
- Other non-medical environments such as school-based health centers, university-based health centers, or the work location of a patient.

**Source:** HI Revised Statutes § 346-59.1. (Accessed Sept. 2020).

**Guidance for Federally Qualified Health Centers:**

Services must be provided at a HRSA approved site or satellite.

The spoke (originating site) is the location where the patient is located whether accompanied or not by a health care provider through telehealth. The originating site includes a patient’s residence.

**Source:** HI Med-QUEST Memo 20-03. (Accessed Sept. 2020).

Approved state plan amendment authorizes HI Medicaid to remove geographic and originating site requirements.

**Source:** HI State Plan Amendment 16-0004. (Accessed Sept. 2020).

Geographic Limits

Telehealth services may only be provided to patients if they are presented from an originating site located in either:

- A federally designated Rural Health Professional Shortage Area;
- A county outside of a Metropolitan Statistical Area;
- An entity that participates in a federal telemedicine demonstration project.

**Source:** Code of HI Rules 17-1737-.51.1 – Law passed & state plan amendment accepted prohibiting this limitation, however the prohibiting language is still present in regulation. (Accessed Sept. 2020).

Approved state plan amendment authorizes HI Medicaid to remove geographic and originating site requirements.

**Source:** HI State Plan Amendment 16-0004. (Accessed Sept. 2020).

**Federally Qualified Health Centers:**

Services must be provided at a HRSA approved site or satellite.

**Source:** HI Med-QUEST Memo 20-03. (Accessed Sept. 2020).

Facility/Transmission Fee

No reference found.



# Medicaid Telehealth Reimbursement

## Store-and-Forward

### Policy

Hawaii Medicaid and private payers are required to cover appropriate telehealth services (which includes store-and-forward) equivalent to reimbursement for the same services provided in-person.

**Source:** HI Revised Statutes § 346-59.1 & 431:10A-116.3. (Accessed Sept. 2020).

Hawaii Medicaid requires, as a condition of payment, the patient to be present and participating in the telehealth visit.

**Source:** Code of HI Rules 17-1737-.51.1(c) – Law passed & state plan amendment accepted prohibiting this limitation, however the prohibiting language is still present in regulation. (Accessed Sept. 2020).

### Eligible Services/Specialties

#### Federally Qualified Health Centers

Telemedicine-based retinal imaging and interpretation is not a covered service for PPS reimbursement. A face-to-face encounter with a member by an ophthalmologist or optometrist is eligible for PPS reimbursement, regardless of whether retinal imaging or interpretation is a component of the services provided.

**Source:** Med-QUEST Provider Manual. Ch. 21: Federally Qualified Health Centers. Mar. 2016, p. 4. (Accessed Sept. 2020).

### Geographic Limits

No reference found.

### Transmission Fee

No reference found.



## Medicaid Telehealth Reimbursement

Remote Patient Monitoring	Policy	<p>Hawaii Medicaid is required to cover appropriate telehealth services (which includes store-and-forward and remote patient monitoring) equivalent to reimbursement for the same services provided in-person.</p> <p><b>Source:</b> <i>HI Revised Statutes § 346-59.1. (Accessed Sept. 2020).</i></p>
	Conditions	No reference found.
	Provider Limitations	No reference found.
	Other Restrictions	No reference found.
Email / Phone / Fax	<p>No Reimbursement for:</p> <ul style="list-style-type: none"> <li>• Telephone</li> <li>• Facsimile machine</li> <li>• Electronic mail</li> </ul> <p><b>Source:</b> <i>Code of HI Rules 17-1737-.51.1(c). (Accessed Sept. 2020).</i></p>	
Consent	No reference found.	



Medicaid Telehealth Reimbursement	Out of State Providers	No reference found.
	Miscellaneous	Hawaii and Alaska are the only two states with Medicare coverage of store-and-forward services.
Private Payer Laws	Definitions	<p>“Telehealth” means the use of telecommunications services, as defined in section 269-1, to encompass four modalities: store-and-forward technologies, remote monitoring, live consultation, and mobile health; and which shall include but not be limited to real-time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit patient medical information, including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, for the purpose of delivering enhanced health care services and information while a patient is at an originating site and the health care provider is at a distant site. Standard telephone contacts, facsimile transmissions, or e-mail text, in combination or by itself, does not constitute a telehealth service for the purposes of this chapter.”</p> <p><b>Source:</b> <i>HI Revised Statutes § 431:10A-116.3(g); 432D-23.5(g); &amp; 432:1-601.5(g).</i> (Accessed Sept. 2020).</p> <p><b>Applies to network adequacy:</b> Telehealth means “health care services provided through telecommunications technology by a health care professional who is at a location other than where the covered person is located.”</p> <p><b>Source:</b> <i>HI Revised Statutes § 431:26-101.</i> (Accessed Sept. 2020).</p>
	Requirements	<p>Insurance plans, health maintenance organizations and mutual benefit society plans cannot require face-to-face contact between a health provider and a patient as a prerequisite for payment for services appropriately provided through telehealth.</p> <p>All insurers must provide to current and prospective insureds a written disclosure of covered benefits associated with telehealth services, including information on copayments, deductibles, or coinsurance requirements under a policy, contract, plan, or agreement. The information provided must be current, understandable, and available prior to the issuance of a policy, contract, plan, or agreement and upon request thereafter.</p> <p><b>Source:</b> <i>HI Revised Statutes § 431:10A-116.3; 432D-23.5; &amp; 432:1-601.5.</i> (Accessed Sept. 2020).</p> <p>Health benefit plans must maintain a network sufficient in numbers and appropriate types of providers to assure that all covered benefits will be accessible without unreasonable travel or delay. Plans may use telehealth as a service delivery system option for ensuring network adequacy.</p> <p><b>Source:</b> <i>HI Revised Statutes § 431:26-103.</i> (Accessed Sept. 2020).</p>



Private Payer Laws	Parity	Service Parity	<p>Coverage may be subject to all the terms and conditions of the plan agreed upon among the enrollee or subscriber, the insurer and the health care provider.</p> <p><b>Source:</b> <i>HI Revised Statutes § 431:10A-116.3(b); 432D-23.5(b); &amp; 432:1-601.5(b). (Accessed Sept. 2020).</i></p>
		Payment Parity	<p>Reimbursement for services provided through telehealth must be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and patient.</p> <p><b>Source:</b> <i>HI Revised Statutes § 431:10A-116.3(c); 432D-23.5(c); &amp; 432:1-601.5(c). (Accessed Sept. 2020).</i></p>
Professional Regulation/Health & Safety	Definitions		<p>“Telehealth” means the use of telecommunications services, as defined in section 269-1, to encompass four modalities: store-and-forward technologies, remote monitoring, live consultation, and mobile health; and which shall include but not be limited to real-time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit patient medical information, including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, for the purpose of: delivering enhanced health care services and information while a patient is at an originating site and the physician is at a distant site; establishing a physician-patient relationship; evaluating a patient; or treating a patient.</p> <p><b>Source:</b> <i>HI Revised Statutes Ch. 453-1.3. (Accessed Sept. 2020).</i></p>
			<p>“Telehealth” means the use of telecommunications, as that term is defined in section 269-1, to encompass four modalities: store and forward technologies, remote monitoring, live consultation, and mobile health; and which shall include but not be limited to real-time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit patient medical information, including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, for the purpose of delivering enhanced health care services and information while a patient is at an originating site and the radiologist is at a distant site. Standard telephone contacts, facsimile transmissions, or e-mail texts, in combination or by themselves, do not constitute a telehealth service for the purposes of this paragraph.</p> <p><b>Source:</b> <i>HI Revised Statutes Sec. 453-2. (Accessed Sept. 2020).</i></p>
			<p><b>Nursing</b></p> <p>“Telehealth” means the use of telecommunications as that term is defined in section 269-1, to encompass four modalities: store and forward technologies, remote monitoring, live consultation, and mobile health; and which shall include but not be limited to real-time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit patient medical information, including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, to support long-distance clinical health care while a patient is at an originating site and the nurse is at a distant site, patient and professional health-related education, public health and health administration, to the extent that it relates to nursing.</p> <p><b>Source:</b> <i>HI Revised Statutes Sec. 457-2(a). (Accessed Sept. 2020).</i></p>
	Consent		No reference found.



## Online Prescribing

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

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

**Source:** HI Revised Statutes § 329-1. (Accessed Sept. 2020).

Treatment recommendations made via telehealth, including issuing a prescription via electronic means, shall be held to the same standards of practice as traditional settings that do not include a face-to-face visit but in which prescribing is appropriate, including on-call telephone encounters and encounters for which a follow-up visit is arranged.

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

A physician-patient relationship may be established via telehealth if the patient is referred to the telehealth provider by another health care provider who has conducted an in-person consultation and has provided all pertinent patient information to the telehealth provider. Once a provider-patient relationship is established, a patient or physician licensed in Hawaii may use telehealth for any purpose, including consultation with a medical provider in another state, authorized by this section or as otherwise provided by law.

For the purposes of prescribing opiates or medical cannabis, a physician-patient relationship shall only be established after an in-person consultation between the prescribing physician and the patient.

**Source:** HI Revised Statutes § 453-1.3. (Accessed Sept. 2020).

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

**Source:** HI Revised Statutes § 329-126. (Accessed Sept. 2020).

## Cross-State Licensing

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

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

**Source:** HI Revised Statutes Sec. 453-2(3-4). (Accessed Sept. 2020).

Licensed out-of-state radiologists located in Hawaii, may provide services via telemedicine to patients located in another state the radiologist is licensed to practice in.

**Source:** HI Revised Statutes § 453-2(b) (7). (Accessed Sept. 2020).

## Miscellaneous

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

**Source:** HI Revised Statutes §671-7(a). (Accessed Sept. 2020).

