

Minnesota

Medicaid Program: Medical Assistance

Program Administrator: MN Dept. of Human Services

Regional Telehealth Resource Center: Great Plains Telehealth Resource and Assistance Center www.gptrac.org

Minnesota 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
✓	✓	✓	✓	✓	IMLC	✓

Minnesota Detailed Policy

Medicaid Telehealth Reimbursement	Summary	<p>Minnesota Medicaid provides reimbursement for live video and store-and-forward through their Medical Assistance program for certain providers when patients are located at specific originating sites. Many of their individual programs have their own unique requirements for telemedicine reimbursement. Additionally, tele-home-care (remote monitoring) is reimbursed with prior authorization under Home Care Services and the Elderly Waiver (EW) and Alternative Care (AC) program, but specific reimbursement criteria is not listed.</p>
	Definitions	<p>“Telemedicine is defined as the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site. A communication between licensed health care providers, or a licensed health care provider and a patient that consists solely of a telephone conversation, e-mail, or facsimile transmission does not constitute telemedicine consultations or services. Telemedicine may be provided by means of real-time two-way, interactive audio and visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support health care delivery, which facilitate the assessment, diagnosis, consultation, treatment, education, and care management of a patient’s health care.”</p> <p>Source: MN Statute 256B.0625.Subdivision 3b(d) (Accessed Sept. 2020).</p> <p>“Telemedicine is defined as the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site.”</p> <p>Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services (Telemedicine), As revised Jan. 28 2020. (Accessed Sept. 2020).</p> <p>Chemical Dependency Treatment “Telemedicine” means the delivery of a substance use disorder treatment service while the client is at an originating site and the licensed health care provider is at a distant site as specified in section 254B.05, subdivision 5, paragraph (f).</p> <p>Source: MN Statute Sec. 245G.01. (Accessed Sept. 2020).</p>



Policy

Medical assistance covers medically necessary services and consultations delivered by a licensed health care provider via telemedicine in the same manner as if the service was delivered in-person. Coverage is limited to three telemedicine services per week per enrollee. Telemedicine services are paid at the full allowable rate.

Source: MN Statute Sec. 256B.0625, Subdivision 3b(a). (Accessed Sept. 2020).

The limit of coverage of three telemedicine services per enrollee per calendar week does not apply if:

- The telemedicine services are for the treatment and control of tuberculosis; and
- The telemedicine services are provided in a manner consistent with the recommendations and best practices specified by the Centers for Disease Control and Prevention and the commissioner of health.

Source: MMN Statute Sec 256B.0625, Subdivision 3b. (Accessed Sept. 2020).

Minnesota’s Medical Assistance program reimburses live video for fee-for-service programs.

To be eligible for reimbursement, providers must self-attest that they meet the conditions of the MHCP telemedicine policy by completing the Provider Assurance Statement for Telemedicine form.

Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services (Telemedicine), As revised Jan. 28, 2020. (Accessed Sept. 2020).

Eligible Services / Specialties

Examples of eligible services:

- Consultations
- Telehealth consults: emergency department or initial inpatient care
- Subsequent hospital care services with the limitation of one telemedicine visit every 30 days per eligible provider
- Subsequent nursing facility care services with the limitation of one telemedicine visit every 30 days
- End-stage renal disease services
- Individual and group medical nutrition therapy
- Individual and group diabetes self-management training with a minimum of one hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training
- Smoking cessation
- Alcohol and substance abuse (other than tobacco) structured assessment and intervention services

Two-way interactive video consultation in an emergency room (ER) may be billed when no physician is in the ER and the nursing staff is caring for the patient at the originating site. The ER physician bills the ER CPT codes with place of service 02.

Telemedicine consults are limited to three per calendar week per patient. Payment is not available for sending materials to a recipient, other provider or facility. See Live Video Policy section above for exception or tuberculosis control and treatment.



Non-covered services:

- Electronic connections that are not conducted over a secure encrypted website as specified by the Health Insurance Portability & Accountability Act of 1996 Privacy & Security rules (e.g., Skype)
- Prescription renewals
- Scheduling a test or appointment
- Clarification of issues from a previous visit
- Reporting test results
- Non-clinical communication
- Communication via telephone, email or facsimile
- Day treatment
- Partial hospitalization programs
- Residential treatment services
- Case management face-to-face contact

Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services (Telemedicine), As revised Jan. 28, 2020. (Accessed Sept. 2020).

Mental health telemedicine - Mental health services that are otherwise covered by medical assistance as direct face-to-face services may be provided via two-way interactive video. Use of two-way interactive video must be medically appropriate to the condition and needs of the person being served. Reimbursement is at the same rates and under the same conditions that would otherwise apply to the service. The interactive video equipment and connection must comply with Medicare standards in effect at the time the service is provided.

Source: MN Statute Sec. 256B.0625, Subd. 46 (Accessed Sept. 2020).

Mental Health Services

MHCP covers medically necessary mental health services delivered by a health care provider via telemedicine.

Source: MN Dept. of Human Services, Provider Manual, Telemedicine Delivery of Mental Health Services, Revised 10/19/2018. (Accessed Sept. 2020).

Assertive Community Treatment and Intensive Residential Treatment Services

Physician services, whether billed separately or included in the rate, may be delivered by telemedicine when it is used to provide intensive residential treatment services.

Source: MN Statute Sec 256B.0622, subdivision 8(e). (Accessed Sept. 2020).

Individualized Education Program (IEP)

Telemedicine coverage applies to a child or youth who is MA eligible, has an IEP and the service provided is identified in the IEP. Whether the originating site is a home or school must be documented in the child’s health record. Limited to three visits per week per child or youth.

To be eligible for reimbursement, the school or school district must self-attest that the telemedicine services provided by the professional provider either employed by or contracted by the school meet all of the conditions of the MHCP telemedicine policy by completing the Provider Assurance Statement for Telemedicine (DHS-6806) (PDF).

Non-Covered Services:

- Evaluation or assessments that are less effective than if provided in-person, face-to-face
- Supervision evaluations or visits
- Personal care assistants
- Nursing services
- Transportation services
- Electronic connections that are conducted over a website that is not secure and encrypted as specified by the Health Insurance Portability & Accountability Act of 1996 Privacy & Security rules (for example, Skype)
- Prescription renewals
- Scheduling a test or appointment
- Clarification of issues from a previous visit



- Reporting test results
- Non-clinical communication
- Communication via telephone, email or fax

Use 02 place of service code. See IEP manual for specific documentation and billing requirements.

Source: MN Dept. of Human Svcs., *Provider Manual, IEP Services, Revised 4/10/2020.* (Accessed Sept. 2020).

Mental Health Services

Providers authorized to provide mental health services may conduct the same services via telemedicine, except:

- Children's day treatment
- Partial hospitalization programs
- Mental health residential treatment services
- Case management services delivered to children

Providers should bill with the place of service code 02.

Source: MN Dept. of Human Svcs., *Provider Manual, Telemedicine Delivery of Mental Health Services, Revised 10/19/18.* (Accessed Sept. 2020).

Alcohol and Drug Abuse Services

Individual, non-residential treatment is the only substance use disorder service reimbursed when delivered via telemedicine.

Non-covered Services:

- Electronic connections that are not conducted over a secure encrypted web site as specified by the Health Insurance Portability & Accountability Act of 1996 (e.g. Skype)
- Prescription renewals
- Scheduling a test or appointment
- Reporting test results
- Non-clinical communication
- Communication via telephone, email or facsimile

Limited to three telemedicine services per week per recipient. Payment is not available to providers for sending materials. See manual for documentation requirements. Use the GT modifier.

Source: *Substance Use Disorder Telemedicine, Oct. 19, 2017.* (Accessed Sept. 2020).

Dental

MHCP allows payment for teledentistry services. Reimbursement for teledentistry is the same as face-to-face encounters. See list of codes, documentation and billing requirements in provider manual. A provider must self-attest to meet all the conditions of the MHCP telemedicine policy by completing the Provider Assurance Statement for telemedicine.

Covered Services (See manual for exact CDT codes):

- Periodic oral evaluation (with an established patient)
- Limited oral exam
- Oral evaluation for a patient under 3 years of age
- Comprehensive oral evaluation (new or established patient)
- Intraoral radiographic imaging
- Bitewing radiographic imaging
- Intraoral—occlusal radiographic image
- Panoramic radiographic imaging
- Medical dental consultation

Source (Dental): MN Dept. of Human Svcs., *Provider Manual, Dental Svcs. Mar. 26, 2020.* (Accessed Sept. 2020).



Early Intensive Developmental and Behavioral Intervention (EIDBI) EIDBI Services

Telemedicine is an option for Early Intensive Developmental and Behavioral Intervention (EIDBI) EIDBI services. Either the person or his/her family must be present via two-way interactive video while the provider delivers EIDBI telemedicine services. Use 02 place of service code.

Eligible services include:

- Comprehensive multi-disciplinary evaluation
- Coordinated care conference
- Family/caregiver training and counseling
- Individual treatment plan (ITP) development and progress monitoring
- Observation and direction

See EIDBI Benefits grid for more information.

Source: MN Dept. of Human Svcs., EIDBI Services Benefits grid, June 2019. (Accessed Aug. 2020). & MN Dept. of Human Services, EIDBI Benefit Policy Manual, EIDBI Telemedicine Services. 07/1/20. (Accessed Sept. 2020).

Medical assistance covers medically necessary EIDBI services and consultations delivered by a licensed health care provider via telemedicine, in the same manner as if the service or consultation was delivered in person.

Source: MN Statute Sec. 256B.0949, subdiv. 13 & HF 11 (2020 Session). (Accessed Sept. 2020).

Rehabilitation Services

MHCP allows payment for some rehabilitation services through telemedicine. Physical and occupational therapists, physical and occupational therapists assistants, speech-language pathologists and audiologists may use telemedicine to deliver certain covered rehabilitation therapy services that they can appropriately deliver via telemedicine. Service delivered by this method must meet all other rehabilitation therapy service requirements and providers must adhere to the same standards and ethics as they would if the service was provided face-to-face. Must use GT or GQ modifiers. Providers must self-attest that they meet all of the conditions of MHCP telemedicine policy by completing the "Provider Assurance Statement for Telemedicine". When submitting claims for telemedicine services, use place-of-service code 02 to certify that the services meets the telemedicine requirements. The GQ modifier is required when billing for services via asynchronous telecommunication systems.

Limited to three sessions per week per member. Payment not available for sending materials to a recipient, other providers or other facilities. Payment is made only for one reading or interpretation of diagnostic tests such as x-rays, lab tests, and diagnostic assessments.

Noncovered services:

- Electronic connections that are not conducted over a secure encrypted website as specified by HIPAA
- Scheduling a test or appointment
- Clarification of issues from a previous visit
- Reporting test results
- Non-clinical communication
- Communication via telephone, email or fax

Source: MMN Dept. of Human Svcs., Provider Manual, Rehabilitation Svcs. Sept. 18, 2020. (Accessed Sept. 2020).

Medication Therapy Management Services (MTMS)

Under certain circumstances MTMS can be delivered via interactive video. See section on "eligible sites" for more information. To be eligible providers must submit a provider assurance statement, use equipment compliant with HIPAA (see manual for details) and use the GT modifier and 02 POS code.

Noncovered services:

- Encounters by telephone or by email
- Encounters in skilled nursing facilities

Source: MN Dept. of Human Svcs., Provider Manual, Medication Therapy Management Svcs. Mar. 8, 2018. (Accessed Sept. 2020).



Providers must use the place of service code 02.

Eligible providers:

- Physician
- Nurse practitioner
- Physician assistant
- Nurse midwife
- Clinical nurse specialist
- Registered dietitian or nutrition professional
- Dentist, dental hygienist, dental therapist, advanced dental therapist
- Mental health professional, when following requirements and service limitations
- Pharmacist
- Certified genetic counselor
- Podiatrist
- Speech therapist
- Physical therapist
- Occupational therapist
- Audiologist
- Public health nursing organizations

Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services (Telemedicine), As revised Jan. 28, 2020. (Accessed Sept. 2020).

Medical assistance covers medically necessary services and consultations delivered by licensed health care providers, which includes a licensed health care provider under section 62A.671, subdivision 6, a community paramedic as defined under section 144E.001, subdivision 5f, or a mental health practitioner defined under section 245.462, subdivision 17, or 245.4871, subdivision 26, working under the general supervision of a mental health professional, and a community health worker who meets the criteria under subdivision 49, paragraph (a).

Source: MN Statute Sec. 256B.0625, Subd. 3b. (Accessed Sept. 2020).

Individualized Education Program (IEP)

Eligible providers include the following:

- Charter schools
- Education districts
- Intermediate districts
- Public school districts
- Tribal schools (schools that receive funding from the Bureau of Indian Affairs-BIA)
- Service cooperatives
- Special education cooperatives
- State academies

Source: MN Dept. of Human Svcs., Provider Manual, IEP Services, Revised 04/10/2020. (Accessed Sept. 2020).

Early Intensive Developmental and Behavioral Intervention (EIDBI) EIDBI services

Eligible Providers:

- Physician
- Nurse practitioner
- Clinical psychologist
- Clinical social worker
- Speech therapist
- Physical therapist
- Occupational therapist.

Mental health practitioners working under the supervision of a mental health professional are also eligible. A comprehensive multi-disciplinary evaluation provider, qualified supervising professional, (Level I or Level II) EIDBI provider may apply to provide EI DBI services via telemedicine if they meet the qualifications and complete the Telemedicine Assurance Statement.

Source: MN Dept. of Human Services, EIDBI Benefit Policy Manual, EIDBI Telemedicine Services. 7/1/20. (Accessed Sept. 2020).



Mental Health Services

All providers eligible to deliver mental health services may deliver the same eservices via telemedicine. See manual for specific requirements a provider must follow when delivering services via telemedicine. The following services may not be conducted via telemedicine:

- Children’s day treatment
- Partial hospitalization programs
- Mental health residential treatment services
- Case Management services delivered to children

Source: MN Dept. of Human Svcs., Provider Manual, Telemedicine Delivery of Mental Health Services, Revised 10/19/18. (Accessed Sept. 2020).

Alcohol and Drug Abuse Services

All providers eligible to deliver the same services they are authorized to provide via telemedicine as long as they self-attest to meeting all of the conditions of the MHCP telemedicine policy by completing the Provider Assurance Statement for Telemedicine. Individual, non-residential treatment is the only substance use disorder service currently reimbursed via telemedicine.

Source: MN Dept. of Human Svcs., Provider Manual, Substance Use Disorder Telemedicine, Oct. 19, 2017. (Accessed Sept. 2020).

Rehabilitation Services

Eligible providers:

- Speech-language pathologists
- Physical therapists
- Physical therapist assistants
- Occupational therapists
- Occupational therapy assistants
- Audiologists

Physical therapist assistants and occupational therapy assistants providing services via telemedicine must follow the same supervision policy as indicated in “Rehabilitation Service Practitioners”. No distant site limitations beyond provider types. Providers must self-attest that they meet all of the conditions of MHCP telemedicine policy by completing the “Provider Assurance Statement for Telemedicine”. See manual for documentation requirements. When submitting claims for telemedicine services, use place-of-service code 02 to certify that the services meets the telemedicine requirements. The GQ modifier is required when billing for services via asynchronous telecommunication systems.

Source: MN Dept. of Human Svcs., Provider Manual, Rehabilitation Svcs. Sept. 18, 2020. (Accessed Sept. 2020).

Authorized originating sites include:

- Office of physician or practitioner
- Hospital (inpatient or outpatient)
- Critical access hospital (CAH)
- Rural health clinic (RHC) and Federally Qualified Health Center (FQHC)
- Hospital-based or CAH-based renal dialysis center (including satellites)
- Skilled nursing facility (SNF)
- End-stage renal disease (ESRD) facilities
- Community mental health center
- Dental clinic
- Residential facilities, such as a group home and assisted living, shelter or group housing
- Home (a licensed or certified health care provider may need to be present to facilitate the delivery of telemedicine services provided in a private home)
- School
- Correctional facility-based office
- Mobile Stroke Unit

Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised Jan. 28, 2020. (Accessed Sept. 2020).



Individualized Education Program (IEP)

Eligible originating sites, the location of the child or youth at the time the service is provided. Document in the child’s health record:

- Home
- School

Source: MN Dept. of Human Svcs., Provider Manual, Individualized Education Program, April 10, 2020. (Accessed Sept. 2020).

Medication Therapy Management Services (MTMS)

Qualified members who must travel more than twenty miles for enrolled MHCP MTMS provider may have the services delivered via interactive video to an ambulatory care site in which there is no enrolled MTMS provider in the local trade area. Services must meet the following criteria:

- Both the patient site and the pharmacist site must be located in a pharmacy, clinic, hospital or other ambulatory care site;
- The origination site must meet the MTMS privacy and space requirements except that the space would need to seat only two people comfortably;
- Qualified members may have the service delivered via interactive video to their residence if the service is performed during a covered home care visit by an MHCP enrolled provider;
- The pharmacist provider’s site must be located in a pharmacy, clinic, hospital or other ambulatory care site.

See manual for privacy, equipment and reimbursement requirements.

Source: MN Dept. of Human Svcs., Provider Manual, Medication Therapy Management Svcs. Mar. 8, 2018. (Accessed Sept. 2020).

Alcohol and Drug Abuse Services

Eligible originating sites:

- Substance abuse disorder treatment facility (residential or outpatient)
- Office of physician or practitioner
- Hospital (inpatient or outpatient)
- Withdrawal management facility
- Drug court office
- Correctional facility-based office (including jails)
- School
- Community mental health center (CCBHC)
- Residential facility such as a group home and assisted living
- Home (a licensed or certified health care provider may need to be present to facilitate the delivery of telemedicine services provided in a private home)

Source: MN Dept. of Human Svcs., Provider Manual, Substance Use Disorder Telemedicine, Oct. 19, 2017. (Accessed Sept. 2020).

Dental

Affiliate practice or originator within Minnesota Board of Dentistry defined scope of practice must be present at originating site:

- Dentist
- Advanced dental therapists
- Dental therapists
- Dental hygienists
- Licensed dental assistants
- Other licensed health care professionals

Source (dental): MN Dept. of Human Svcs., Provider Manual, Dental Svcs. March 26, 2020. (Accessed Sept. 2020).



Live Video	Eligible Sites	<p>Rehabilitation Services Eligible originating sites:</p> <ul style="list-style-type: none"> • Office of physician or practitioner • Hospital (inpatient or outpatient) • Critical access hospital (CAH) • Rural health clinic (RHC) and Federally Qualified Health Center (FQHC) • Hospital-based or CAH-based renal dialysis center (including satellites) • Skilled nursing facility (SNF) • End-stage renal disease (ESRD) facilities • Community mental health center • Dental clinic • Residential facilities, such as a group home and assisted living • Home (a licensed or certified health care provider may need to be present to facilitate the delivery of telemedicine services provided in a private home) • School <p>Source: MN Dept. of Human Svcs., Provider Manual, Rehabilitation Svcs. Sept. 18, 2020. (Accessed Sept. 2020).</p> <p>Tribal Facilities Outpatient telemedicine services are reimbursable at the IHS outpatient reimbursement rate when provided through a tribal facility. An encounter for a tribal or IHS facility means a face-to-face visit between a member eligible for MA and any health professional at or through an IHS or tribal service location for the provision of MA covered services within a 24-hour period ending at midnight.</p> <p>Source: MN Dept. of Human Svcs., Provider Manual, Tribal and Federal Indian Health Svcs., Nov. 22, 2019. (Accessed Sept. 2020).</p>
	Geographic Limits	<p>Medication Therapy Management Services (MTMS) Qualified members who must travel more than twenty miles for enrolled MHCP MTMS provider may have the services delivered via interactive video to an ambulatory care site in which there is no enrolled MTMS provider in the local trade area.</p> <p>Source: MN Dept. of Human Svcs., Provider Manual, Medication Therapy Management Svcs. Mar. 8, 2018. (Accessed Sept. 2020).</p>
	Facility/Transmission Fee	<p>Early Intensive Developmental and Behavioral Intervention (EIDBI) EIDBI services MHCP does not reimburse for connection charges or origination, set-up or site fees.</p> <p>Source: MN Dept. of Human Services, EIDBI Benefit Policy Manual, EIDBI Telemedicine Services. 07/1/20. (Accessed Sept. 2020).</p>
Store-and-Forward	Policy	<p>Telemedicine may be provided by means of real-time two-way, interactive audio and visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support health care delivery, which facilitate the assessment, diagnosis, consultation, treatment, education, and care management of a patient's health care.</p> <p>Source: MN Statute Sec. 256B.0625 Subd. 3b(d). (Accessed Sept. 2020).</p> <p>MHCP allows payment for store-and-forward.</p>



“Store and Forward”: The asynchronous transmission of medical information to be reviewed at a later time by a physician or practitioner at the distant site. Medical information may include, but is not limited to, video clips, still images, x-rays, MRIs, EKGs, laboratory results, audio clips and text. The physician at the distant site reviews the case without the patient being present. Store and forward substitutes for an interactive encounter with the patient present; the patient is not present in real-time.

Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services (Telemedicine), As revised Jan. 28, 2020. (Accessed Sept. 2020).

Providers must use the place of service code 02.

Eligible providers:

- Physician
- Nurse practitioner
- Physician assistant
- Nurse midwife
- Clinical nurse specialist
- Registered dietitian or nutrition professional
- Dentist, dental hygienist, dental therapist, advanced dental therapist
- Mental health professional, when following requirements and service limitations
- Pharmacist
- Certified genetic counselor
- Podiatrist
- Speech therapist
- Physical Therapist
- Occupational therapist
- Audiologist
- Public health nursing organizations

Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services (Telemedicine), As revised Jan. 28, 2020. (Accessed Sept. 2020)

See Live Video Eligible Services section for examples of eligible telemedicine services as well as noncovered services.

Rehabilitation Services

MHCP allows payment for expanded telemedicine services, including some rehabilitation services that are normally conducted face-to-face. Physical and occupational therapists, speech-language pathologists and audiologists may use telemedicine to deliver certain covered rehabilitation therapy services that they can appropriately deliver via telemedicine. Service delivered by this method must meet all other rehabilitation therapy service requirements and providers must adhere to the same standards and ethics as they would if the service was provided face-to-face. When submitting claims for telemedicine services, use place-of-service code 02 to certify that the services meets the telemedicine requirements. The GQ modifier is required when billing for services via asynchronous telecommunication systems. Providers must self-attest that they meet all of the conditions of MHCP telemedicine policy by completing the “Provider Assurance Statement for Telemedicine”.

Limited to three sessions per week per recipient. Payment not available for sending materials to a recipient, other providers or other facilities.

Noncovered services:

- Electronic connections that are not conducted over a secure encrypted website as specified by HIPAA
- Scheduling a test or appointment
- Clarification of issues from a previous visit
- Reporting test results



- Non-clinical communication
- Communication via telephone, email or fax

Eligible providers:

- Speech-language pathologists
- Physical therapists
- Physical therapist assistants
- Occupational therapists
- Occupational therapy assistants
- Audiologists

Physical therapist assistants and occupational therapy assistants providing services via telemedicine must follow the same supervision policy as indicated in “Rehabilitation Service Practitioners”. No distant site limitations beyond provider types. See manual for documentation requirements.

Source: MN Dept. of Human Svcs., Provider Manual, Rehabilitation Svcs. Sept. 18, 2020. (Accessed Sept. 2020).

Authorized originating sites include:

- Office of physician or practitioner
- Hospital (inpatient or outpatient)
- Critical access hospital (CAH)
- Rural health clinic (RHC) and Federally Qualified Health Center (FQHC)
- Hospital-based or CAH-based renal dialysis center (including satellites)
- Skilled nursing facility (SNF)
- End-stage renal disease (ESRD) facilities
- Community mental health center
- Dental clinic
- Residential facilities, such as a group home and assisted living, shelter or group housing
- Home (a licensed or certified health care provider may need to be present to facilitate the delivery of telemedicine services provided in a private home)
- School
- Correctional facility-based office
- Mobile Stroke Unit

Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services (Telemedicine), As revised Jan. 28, 2020. (Accessed Sept. 2020).

Dental

Affiliate practice or originator within Minnesota Board of Dentistry defined scope of practice must be present at originating site:

- Dentist
- Advanced dental therapists
- Dental therapists
- Dental hygienists
- Licensed dental assistants
- Other licensed health care professionals

Source (dental): MN Dept. of Human Svcs., Provider Manual, Dental Svcs. March 26, 2020. (Accessed Sept. 2020).

Rehabilitation Services

Eligible originating sites:

- Office of physician or practitioner
- Hospital (inpatient or outpatient)
- Critical access hospital (CAH)
- Rural health clinic (RHC) and Federally Qualified Health Center (FQHC)
- Hospital-based or CAH-based renal dialysis center (including satellites)
- Skilled nursing facility (SNF)
- End-stage renal disease (ESRD) facilities
- Community mental health center



Medicaid Telehealth Reimbursement

Store-and-Forward	Geographic Limits	<ul style="list-style-type: none"> • Dental clinic • Residential facilities, such as a group home and assisted living • Home (a licensed or certified health care provider may need to be present to facilitate the delivery of telemedicine services provided in a private home) • School <p>Source: MN Dept. of Human Svcs., Provider Manual, Rehabilitation Svcs. March 27, 2020. (Accessed Sept. 2020).</p>
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	<p>There is reimbursement for “tele-homecare” under Elderly Waiver (EW) and Alternative Care (AC) programs.</p> <p>Source: MN Dept. of Human Svcs., Provider Manual, Elderly Waiver (EW) and Alternative Care (AC) Program, As revised Jan. 7, 2020, (Accessed Sept. 2020).</p> <p>Prior authorization for home care services is required for all tele-home-care visits.</p> <p>Source: MN Dept. of Human Svcs., Provider Manual, Home Care Svcs., As revised Oct. 5, 2018. (Accessed Sept. 2020).</p>
	Conditions	No reference found.
	Provider Limitations	No reference found.
	Other Restrictions	No reference found.



Email / Phone / Fax

No reimbursement for email
 No reimbursement for phone
 No reimbursement for fax

Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services (Telemedicine), As revised Jan. 28, 2020. (Accessed Sept. 2020).

“A communication between licensed health care providers, or a licensed health care provider and a patient that consists solely of a telephone conversation, e-mail or facsimile transmission does not constitute a telemedicine consultation or service.”

Source: MN Statute Sec. 256B.0625, Subsection 3(b)(d). (Accessed Sept. 2020).

Case management for Child Welfare Transitional Case Management services is covered through telephone in certain circumstances.

Source: MN Dept. of Human Svcs., Provider Manual, Child Welfare Case Management Services, As revised Jul. 17, 2017. (Accessed Sept. 2020).

Consent

For substance use disorder services, the member must have consented to receiving services over telemedicine.

Source: MN Dept. of Human Svcs., Provider Manual, Substance Use Disorder Telemedicine, Oct. 19, 2017. (Accessed Sept. 2020).

Out of State Providers

Out-of-state coverage policy applies to services provided via telemedicine. See out-of-state providers section of manual.

Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services (Telemedicine), As revised Jan. 28, 2020 & MN Dept of Human Services, Provider Manual, Provider Basics: Out-of-State Providers. Revised 12/6/12. (Accessed Sept. 2020).

Miscellaneous

Clinical Supervision of Outpatient Mental Health Services

Clinical supervision must be conducted by a qualified supervisor using individual or group (or both) supervision. Individual or group face-to-face supervision may be conducted via electronic communications that utilize interactive telecommunications equipment that includes at a minimum audio and video equipment for two-way, real-time, interactive communication between the supervisor and supervisee, and meet the equipment and connection standards of telemedicine.

Source: MN Dept. of Human Services, Provider Manual, Clinical Supervision of Outpatient Mental Health Services, 8/4/2016. (Accessed Sept. 2020).

Early Intensive Developmental and Behavioral Intervention (EIDBI) services

Services must be:

- Compliant with HIPAA and security requirements and regulation
- Medically appropriate to the condition and needs of the person and/or family.
- Either the person or family must be present via two-way, interactive video while the provider delivers EIDBI telemedicine services.

Source: MN Dept. of Human Services, EIDBI Benefit Policy Manual, EIDBI Telemedicine Services. 7/1/20. (Accessed Sept. 2020).



Definitions	<p>“Telemedicine” means the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site. A communication between licensed health care providers that consists solely of a telephone conversation, e-mail, or facsimile transmission does not constitute telemedicine consultations or services. A communication between a licensed health care provider and a patient that consists solely of an e-mail or facsimile transmission does not constitute telemedicine consultations or services. Telemedicine may be provided by means of real-time two-way, interactive audio and visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support health care delivery, which facilitate the assessment, diagnosis, consultation, treatment, education, and care management of a patient’s health care.</p> <p>Source: MN Statute Sec. 62A.671. (Accessed Sept. 2020).</p>	
	<p>A health plan sold, issued, or renewed by a health carrier for which coverage of benefits begins on or after January 1, 2017, shall include coverage for telemedicine benefits in the same manner as any other benefits covered under the policy, plan, or contract.</p> <p>A health carrier shall not exclude a service for coverage solely because the service is provided via telemedicine and is not provided through in-person consultation or contact between a licensed health care provider and a patient.</p> <p>A health carrier can establish criteria that a health care provider must meet to demonstrate the safety or efficacy of delivering a particular service via telemedicine for which the health carrier does not already reimburse other health care providers for delivering via telemedicine, so long as the criteria are not unduly burdensome or unreasonable for the particular service.</p> <p>A health carrier can require a health care provider to agree to certain documentation or billing practices designed to protect the health carrier or patients from fraudulent claims so long as the practices are not unduly burdensome or unreasonable for the particular service.</p> <p>Source: MN Statute Sec. 62A.672. (Accessed Sept. 2020).</p>	
Requirements	Service Parity	<p>A health carrier shall reimburse the distant site licensed health care provider for covered services delivered via telemedicine on the same basis and at the same rate as the health carrier would apply to those services if the services had been delivered in person by the distant site licensed health care provider.</p> <p>Source: MN Statute Sec. 62A.672 Subd 2. (Accessed Sept. 2020).</p>
	Payment Parity	<p>A health carrier shall reimburse the distant site licensed health care provider for covered services delivered via telemedicine on the same basis and at the same rate as the health carrier would apply to those services if the services had been delivered in person by the distant site licensed health care provider.</p> <p>Source: MN Statute Sec. 62A.672 Subd 3. (Accessed Sept. 2020).</p>



Definitions

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Source: MN Statute Sec 147.033. (Accessed Sept. 2020).

Consent

No reference found.

Online Prescribing

A physician-patient relationship may be established through telemedicine.

Source: MN Statute 147.033. (Accessed Sept. 2020).

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.

The requirement for an examination shall be met if the referring practitioner has performed an examination in the case of a consultant practitioner issuing a prescription or drug order when providing services by means of telemedicine.

Source: MN Statute Sec. 151.37 Subd. 2(d)(5). (Accessed Sept. 2020).

For purposes of a provider prescribing ophthalmic goods, the provider must establish a provider-patient relationship through one of the following methods:

1. In person;
2. Face-to-face interactive, two-way, real-time communication; or
3. Through store-and-forward technologies when all of the following conditions are met:
 - The provider obtains an updated medical history and makes a diagnosis at the time of prescribing; the provider conforms to the standard of care expected of in-person care; the ophthalmic prescription is not determined solely by use of an online questionnaire; the provider is licensed and authorized to issue an ophthalmic prescription in MN; and upon request, the provider provides patient records in a timely manner.

Source: MN Statute Sec. 145.713, Subd. 4. (Accessed Sept. 2020).

Cross-State Licensing

A physician licensed in another state can provide telemedicine services to a patient in Minnesota if their license has never been revoked or restricted in any state, they agree to not open an office in Minnesota, meet with patients in Minnesota, or receive calls in Minnesota from patients and they register with the state’s board. These requirements do not apply in response to emergency medical conditions, the services are on an irregular or infrequent basis, or the physician provides interstate telemedicine services in consultation with a physician licensed in Minnesota.

Source: MN Statute Sec. 147.032. (Accessed Sept. 2020).

Minnesota is a member of the interstate medical licensure compact.

Source: Interstate Medical Licensure Compact. (Accessed Sept. 2020).



No reference found.

