

Washington

Medicaid Program: Washington Apple Health

Program Administrator: Washington State Health Care Authority

Regional Telehealth Resource Center: Northwest Regional Telehealth Resource Center <https://www.nrtrc.org>

Washington Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSING COMPACT	CONSENT REQUIREMENT
✓	✓	✓	✓	✗	IMLC, PTC	✓

Washington Detailed Policy

Medicaid Telehealth Reimbursement

Summary

Washington Medicaid (Apple Health) reimburses for live video, limited store-and-forward, and remote patient monitoring under some circumstances.

Client must be present and participating in telemedicine visit. Clients under the Family Planning Only – Pregnancy Related program, Family Planning Only program (formerly TAKE CHARGE), First Steps, and School Based Health Care Service program are eligible for telemedicine through fee-for-service.

For patients with managed care plan coverage, telemedicine services will not be reimbursed separately. All services must be arranged and provided by primary care providers. Providers should contact the plan to find out if they will authorize telemedicine coverage for services covered under the plan.

Source: WA State Health Care Authority, *Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs.*, p. 85 (Feb. 2020); (Accessed Feb. 2020).

Telemedicine is covered by the Department.

Source: WA Admin. Code Sec. 182-531-0100. (Accessed Feb. 2020).

Definitions

“Telemedicine is when a health care practitioner uses HIPAA-compliant interactive real-time audio and video telecommunications (including web-based applications) or store-and-forward technology 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.”

Source: WA Admin. Code Sec. 182-531-1730. WA State Health Care Authority, *Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs.*, p. 85 (Feb. 2020); *School Based Health Care Services*, p. 30 (Jan. 1, 2020); *Applied Behavior Analysis (ABA) Program*, p. 35 (Jan. 2020); *Maternity Support Services and Infant Case Management* (Jan. 2020), (Accessed Feb. 2020).



Home Health Services

Telemedicine means the use of tele-monitoring to enhance the delivery of certain home health skilled nursing services through:

- 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; or
- The provision of certain education related to health care services using audio, video, or data communication instead of a face-to-face visit.”

Source: WA Admin. Code Sec. 182-551-2010. (Accessed Feb. 2020).

Manuals for Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Maternity Support Services, Medical Nutrition Therapy, and Outpatient Hospital Services refer to agency’s telemedicine coverage policy in the Physician-related services manual.

Source: WA State Health Care Authority, Medicaid Provider Guide. Federally Qualified Health Centers Manual, Jan. 2020, pg. 65; Rural Health Clinics, Jan. 1, 2020; Maternity Support Services Manual, Jan. 1, 2020, pg. 30; Medical Nutrition Therapy Manual, Jan. 1, 2020, pg. 18; Outpatient Hospital Services Manual, Jan. 1, 2020 pg. 335 (Accessed Feb. 2020).

Live video is covered for patients with fee-for-service coverage when it is medically necessary. The referring provider is responsible for determining and documenting medical necessity. As a condition of payment, the client must be present and participating in the telemedicine visit.

Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 85 (Feb. 2020). (Accessed Feb. 2020).

Physician-Related Services

WA Medicaid covers telemedicine when it is a substitute for an in-person face-to-face hands-on encounter for only those services specifically listed in the telemedicine section of the manual.

The agency reimburses medically necessary covered services through telemedicine when the service is provided by a Washington Apple Health (Medicaid) provider and is within their scope of practice. Place of service 02 to indicate the service was furnished as a telemedicine service from the distant site.

Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 86 (Feb. 2020). (Accessed Feb. 2020).

School Based Services

In order for a school district to receive reimbursement for telemedicine, the provider furnishing services through telemedicine must be enrolled as a servicing provider under the school district’s ProviderOne account.

Source: WA State Health Care Authority, Medicaid Provider Guide, School-Based Health Services, p. 31 (Jan. 2020). (Accessed Feb. 2020).

Applied Behavior Analysis (ABA) for Clients Age 20 and Younger

Eligible telemedicine services:

- Program supervision when the child is present
- Family training, which does not require the child’s presence

The LBA may use telemedicine to supervise the CBT’s delivery of ABA services to the client, the family, or both. LBAs who use telemedicine are responsible for determining if telemedicine can be performed without compromising the quality of the parent training, or the outcome of the ABA therapy treatment plan.

See ABA Treatment fee schedule for telemedicine billing instructions.

Source: WA State Health Care Authority, Medicaid Provider Guide, Applied Behavior Analysis for Clients 20 and Younger, p. 37 (Feb. 2020) & WAC 182-531A-1200. (Accessed Feb. 2020).



Behavioral Health

Behavioral health administrative services organizations and managed care organizations who have a contract with the department shall reimburse a provider for behavioral health services provided to a covered person who is under 18 years old through telemedicine or store-and-forward if:

- The behavioral health administrative services organization or managed care organization provides coverage for behavioral health services when provided in-person; and
- The service is medically necessary

Source: Revised Code of WA Sec. 71.24.335(1). (Accessed Feb. 2020).

Teledentistry

Teledentistry can be delivered through a synchronous or asynchronous method. The agency covers teledentistry as a substitute for an in-person, face-to-face, hands-on encounter when medically necessary, within the scope of practice of the performing agency-contracted providers, and Department of Health teledentistry guidelines.

A dentist or authorized dental provider may delegate allowable tasks to Washington State Registered Dental Hygienists and Expanded Function Dental Assistants through teledentistry. Delegation of tasks must be under general supervision.

See manual for acceptable CPT codes.

Source: WA State Health Care Authority, Medicaid Provider. Dental-Related Services, p. 83-84. (Jan. 2020). (Accessed Feb. 2020).

Mental Health Services

Drug monitoring must be provided during a face-to-face visit with the client, unless it is part of a qualified telemedicine visit.

Source: WA State Health Care Authority, Medicaid Provider. Mental Health Services, p. 38. Jan. 2020, (Accessed Feb. 2020).

Rural Health Clinics (RHCs) & FQHCs

RHCs & FQHCs are authorized to serve as an originating site for telemedicine services. RHCs and FQHCs may receive the encounter rate when billing as a distant site provider if the service being billed is encounter eligible. Clients enrolled in an agency-contracted MCO must contact the MCO regarding whether or not the plan will authorize telemedicine coverage.

Source: WA State Health Care Authority, Medicaid Provider Guide, Rural Health Clinics, p. 45, Jan. 2020; Federally Qualified Health Centers, p. 65. (Accessed Feb. 2020).

Tribal Health Program

An encounter can be conducted face-to-face or via real-time telemedicine.

Source: WA State Health Care Authority, Medicaid Provider Guide, Tribal Health Program, p. 24, Jan. 2020, (Accessed Feb. 2020).

Eligible Originating Sites

- Clinics;
- Community mental health center/chemical dependency settings;
- Dental offices;
- Federally qualified health center;
- Home or any location determined appropriate by the individual receiving the service;
- Hospitals—inpatient or outpatient;
- Neurodevelopmental centers;
- Physician’s or other health care provider’s office;
- Renal dialysis centers, except an independent renal dialysis center;
- Rural health clinic;
- Schools; or
- Skilled nursing facility



Eligible Sites

Originating site (referring) providers are responsible for determining and documenting that telemedicine is medically necessary.

Source: WAC 182-531-1730.(3) & WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 85 & 86 (Feb. 2020). (Accessed Feb. 2020).

School-Based Health Care Services (SBHS)

When the originating site is a school, the school district must submit a claim on behalf of both the originating and distant site. The location of the student and provider must be documented. The SBHS program allows the following approved originating sites:

- The school for students age three through 20 (Part B and C services)
- The home for students age birth through two (Part C services only)

See manual for specific scenarios and appropriate modifiers.

Source: WA State Health Care Authority, Medicaid Provider Guide, School Based Health Care Services, p. 31-32 (Jan. 2020), (Accessed Feb. 2020).

Geographic Limits

No reference found.

Facility/Transmission Fee

Facility fees are available for originating sites, except inpatient hospitals, skilled nursing facilities, homes or other locations determined appropriate by the individual receiving service.

Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 87 (Feb. 2020). (Accessed Feb. 2020).

FQHCs and Rural Health Clinics that serve as an originating site for telemedicine services are paid an originating site facility fee. Charges for the originating site facility fee may be included on a claim, but the originating site facility fee may not be included on the cost report.

Source: WA State Health Care Authority, Medicaid Provider Guide, p. 45, Jan. 2020 & Federally Qualified Health Centers, p. 65. (Accessed Feb. 2020).

School-Based Health Care Services (SBHS)

When the originating site is a school, the school district will receive a telemedicine fee per completed telemedicine transmission.

Source: WA State Health Care Authority, Medicaid Provider Guide, School Based Health Care Services, p. 31 (Jan. 2020), (Accessed Feb. 2020).

Dental Related Services

The facility fee is included in the CPT code. There is no separate facility fee for teledentistry.

Source: WA State Health Care Authority, Medicaid Provider Guide, Dental Services, p. 84 (Jan. 2020). (Accessed Feb. 2020).



Washington Medicaid reimburses for some store-and-forward services under certain circumstances. If the service is provided through store-and-forward technology, there must be an associated office visit between the client and the referring health care provider.

Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 85 (Feb. 2020). & WA State Health Care Authority, Medicaid Provider. Dental-Related Services, p. 83. (Feb. 2020) (Accessed Feb. 2020).

WA Medicaid pays for store-and-forward for teledermatology or when all of the following conditions are met:

- There is an associated office visit that can be done either in-person or via asynchronous telemedicine and include one or more of the following types of information: video clips, still images, x-rays, MRIs, electrocardiograms and electroencephalograms, laboratory results, audio clips, and text. The visit results in a documented care plan that is communicated back to the referring provider.
- The transmission of information is HIPAA compliant.
- Written informed consent is obtained that store and forward technology will be used and who the consulting provider is.

If the consultation results in a face-to-face visit in-person or via telemedicine with the specialist within 60 days of the store-and-forward consult, the agency does not pay for the consult.

Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 89 (Feb. 2020). (Accessed Feb. 2020).

WA Apple Health pays for store-and-forward for teledermatology. Teledermatology services via store-and-forward must be billed with GQ modifier and 02 POS Code from the distant site. The sending provider bills as usual with the E&M code and no modifier.

See manual for acceptable CPT/HCPCS codes.

Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 89 (Feb. 2020). (Accessed Feb. 2020).

Teledentistry

Teledentistry can be delivered through a synchronous or asynchronous method. The agency covers teledentistry as a substitute for an in-person, face-to-face, hands-on encounter when medically necessary. For asynchronous teledentistry, the client’s dental clinical information is sent via store-and-forward technology from the originating site to a dentist or authorized dental provider (distant site) for review and subsequent intervention at a later point in time.

See manual for acceptable CPT codes.

Source: WA State Health Care Authority, Medicaid Provider. Dental-Related Services, p. 83-84. (Jan. 2020) (Accessed Feb. 2020).

Behavioral Health Organizations

Store-and-forward reimbursable only for covered services specified in the negotiated agreement between the behavioral health administrative services organization and health care provider.

Source: RCW 71.24.335(2(b)), (Accessed Feb. 2020).



Medicaid Telehealth Reimbursement

Store-and-Forward	Geographic Limits	No reference found.
	Transmission Fee	<p>The originating site for store-and-forward is not eligible to receive an originating site fee.</p> <p>Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 89 (Feb. 2020). (Accessed Feb. 2020).</p>
Remote Patient Monitoring	Policy	<p>The Medicaid agency covers the delivery of home health services through telemedicine for clients who have been diagnosed with an unstable condition who may be at risk for hospitalization or a more costly level of care. The client must have a diagnosis or diagnoses where there is a high risk of sudden change in medical condition which could compromise health outcomes.</p> <p>Source: WA State Health Care Authority, Medicaid Provider Guide, Home Health Svcs. (Acute Care Svcs.), p. 30 (Jan. 2020). (Accessed Feb. 2020).</p>
	Conditions	<p>Services are provided for clients who have been diagnosed with an unstable condition, and who may be at risk for hospitalization or a more costly level of care. See manual for eligible codes.</p> <p>Coverage is limited to one telemedicine interaction, per patient, per day, based on the ordering licensed practitioner’s care plan. To receive reimbursement, the services must include a documented assessment, identified problem, and evaluation, and an implementation of a documented management plan. See manual for more specifics.</p> <p>Source: WA State Health Care Authority, Medicaid Provider Guide, Home Health Svcs. (Acute Care Svcs.), p. 30-31 (Jan. 2020). (Accessed Feb. 2020).</p>
	Provider Limitations	<p>Must be provided by a Registered Nurse or Licensed Practical Nurse.</p> <p>The Medicaid agency does not require prior authorization for the delivery of home health services through telemedicine.</p> <p>Source: WA State Health Care Authority, Medicaid Provider Guide, Home Health Svcs. (Acute Care Svcs.), p. 30-31 (Jul. 2019). (Accessed Feb. 2020).</p>



Medicaid Telehealth Reimbursement

Remote Patient Monitoring	Other Restrictions	<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 (see manual for details). <p>Source: WA State Health Care Authority, Medicaid Provider Guide, Home Health Svcs. (Acute Care Svcs.), p. 31 (Feb. 2020). (Accessed Feb. 2020).</p> <p>Home health monitoring is not covered in Applied Behavior Analysis Program for clients Age 20 or younger.</p> <p>Source: WA State Health Care Authority, Medicaid Provider Guide, Applied Behavior Analysis for Clients 20 and Younger, p. 37 (Feb. 2020). (Accessed Feb. 2020).</p>
Email / Phone / Fax		<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p>Teledermatology does not include single-mode consultations by telephone calls, images transmitted via facsimile machines, or electronic mail.</p> <p>Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 85 & 89 (Feb. 2020), School-Based Health Care Services, p. 30 (Jan. 2020); Applied Behavioral Analysis (ABA) Program, p. 37, (Accessed Feb. 2020).</p> <p>The agency does not cover email, audio only telephone, and facsimile transmissions as teledentistry services.</p> <p>Source: WA State Health Care Authority, Medicaid Provider Guide, Dental-Related Services, p. 83, Jan. 2020, (Accessed Feb. 2020).</p>
Consent		<p>Written consent must be obtained for store-and-forward.</p> <p>Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 89 (Feb. 2020). (Accessed Feb. 2020).</p>
Out of State Providers		<p>No reference found.</p>



Use place of service (POS) 02 to indicate that a billed service was furnished as a telemedicine service from a distant site. Distant site practitioners billing for telemedicine services under Critical Access Hospital (CAH) optional payment method must use the GT modifier. Add modifier 95 if the distant site is designated as a nonfacility.

Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 88 (Feb. 2020). (Accessed Feb. 2020).

Additional Documentation Requirements for Telemedicine:

- Verification that the service was provided via telemedicine
- The location of the client and a note of any medical personnel with the client
- The location of the provider
- The names and credentials (MD, ARNP, RN, PA, CNA, etc.) of all people involved in the telemedicine visit, and their role in the encounter at both the originating and distant sites

Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 86 (Feb. 2020). (Accessed Feb. 2020).

“If a provider from the originating site performs a separately identifiable service for the client on the same day as telemedicine, documentation for both services must be clearly and separately identified in the client’s medical record.”

Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 87 (Feb. 2020). (Accessed Feb. 2020).

“Telemedicine” means the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. For purposes of this section only, “telemedicine” does not include the use of audio-only telephone, facsimile, or email.

Source: WA Rev. Code Sec. 48.43.735.(8(g)) & Sec. 41.05.700((8(g)). (Accessed Feb. 2020).

Insurers (including employee health plans and Medicaid Managed Care) must reimburse a provider for services delivered through telemedicine or store-and-forward if:

- The plan provides coverage when provided in-person;
- The health care service is medically necessary;
- The health care service is a service recognized as an essential health benefit under section 1302(b) of the federal patient protection and affordable care act (ACA); and
- The health care service is determined to be safely and effectively provided through telemedicine or store-and-forward technology according to generally accepted health care practices and standards, and the technology used to provide the health care service meets the standards required by state and federal laws governing the privacy and security of protected health information.

Source: RCW 48.43.735.(1) & Sec. 41.05.700.(1), (Accessed Feb. 2020).

Eligible Originating Sites

- Hospital
- Rural health clinic
- Federally qualified health center
- Physician’s or other health care provider’s office
- Community mental health center
- Skilled nursing facility
- Renal dialysis center, except an independent renal dialysis center
- Home or any location determined appropriate by the individual receiving the service

Originating sites may not distinguish between rural and urban originating sites

Source: RCW 48.43.735.(3) & Sec. 41.05.700.(3), (Accessed Feb. 2020).



Private Payer Laws	Requirements	<p>An originating site (other than a home) can charge a facility fee, but it is subject to a negotiated agreement between the originating site and the health plan.</p> <p>Source: RCW 48.43.735.(4) & Sec. 41.05.700.(4), (Accessed Feb. 2020).</p> <p>If the services are provided via store-and-forward, there must be an associated office visit between the patient and referring health care provider.</p> <p>Source: RCW 48.43.735.(2(a)) & Sec. 41.05.700.(2(a)), (Accessed Feb. 2020).</p>	
	Parity	Service Parity	<p>Services must be considered an essential health benefit under the ACA and be determined to be safely and effectively provided through telemedicine or store-and-forward.</p> <p>Source: RCW 48.43.735.(1(c)) & Sec. 41.05.700.(1(c)), (Accessed Feb. 2020).</p>
		Payment Parity	<p>No explicit payment parity.</p>
Professional Regulation/Health & Safety	Definitions	<p>“Telemedicine means the delivery of health care (or behavioral health) services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. For purposes of this section only, ‘telemedicine’ does not include the use of audio-only telephone, facsimile, or email.”</p> <p>Source: RCW 70.41.020(13) & WAC 246-335-610.(21) (Accessed Feb. 2020).</p> <p>Hospice and Home Health</p> <p>“Telehealth” means a collection of means or methods for enhancing health care, public health, and health education delivery and support using telecommunications technology. Telehealth encompasses a broad variety of technologies and tactics to deliver virtual medical, health, and education services.</p> <p>“Telemedicine” means the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. Telemedicine does not include the use of audio-only telephone, facsimile, or electronic mail.</p> <p>Source: WAC 246-335-610.(20) & (21); WAC 246-335-510(22) & (23) (Accessed Feb. 2020).</p> <p>Physical and Occupational Therapy</p> <p>“Telehealth means providing physical therapy [or occupational therapy] via electronic communication where the physical [occupational] therapist or physical [or occupational] therapist assistant and the patient are not at the same physical location.”</p> <p>Source: WAC 246-915-187(3(a)) & 246-847-176.(1) (Accessed Feb. 2020).</p>	



Consent

As with medical care involving in-person contact, a practitioner should obtain and document appropriate informed consent for Telemedicine encounters. Because of the unique characteristics of Telemedicine, it is best practice for the informed consent to include:

- Reasonable understanding by all parties of the enabling technologies utilized, their capabilities and limitations, and a mutual agreement that they are appropriate for the circumstances;
- The credentials of the practitioner.

Source: *Washington Medical Quality Assurance Commission, Guidelines for Appropriate Use of the Internet in Medical Practice, p. 3, Oct. 3, 2014, (Accessed Feb. 2020).*

Online Prescribing

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.

An appropriate history and evaluation of the patient must precede the rendering of any care, including provision of prescriptions.

Patient completion of a questionnaire does not, by itself, establish a practitioner-patient relationship, and therefore treatment, including prescriptions, based solely on a questionnaire does not constitute an acceptable standard of care.

Careful consideration should apply before prescribing DEA-controlled substances, and compliance with all laws and regulations pertaining to such prescriptions is expected.

Treatment, including issuing a prescription, based solely on an online questionnaire or consultation does not constitute an acceptable standard of care.

Source: *Washington Medical Quality Assurance Commission, Guidelines for Appropriate Use of the Internet in Medical Practice, p. 3-4, Oct. 3, 2014, (Accessed Feb. 2020).*

For purposes of authorizing the medical use of marijuana, a physician must complete an in-person physical exam or a remote physical exam when certain conditions are met. Following an in-person physical examination to authorize the use of marijuana for medical purposes, the health care professional may determine and note in the patient's medical record that subsequent physical examinations for the purposes of renewing an authorization may occur through the use of telemedicine technology if the health care professional determines that requiring the qualifying patient to attend a physical examination in person to renew an authorization would likely result in severe hardship to the qualifying patient because of the qualifying patient's physical or emotional condition.

Source: *Revised Code Washington Sec. 69.51A.030. (Accessed Feb. 2020).*

Cross-State Licensing

Member of the Interstate Medical Licensure Compact.

Source: *The IMLC. (Accessed Feb. 2020).*

Member of Physical Therapy Compact.

Source: *PT Compact. Compact Map. (Accessed Feb. 2020).*



Beginning Jan. 1, 2020, a health care professional who provides clinical services through telemedicine may complete a telemedicine training. By January 1, 2020, the telemedicine collaborative shall make a telemedicine training available on its web site for use by health care professionals who use telemedicine technology. If a health care professional completes the training, the health care professional shall sign and retain an attestation. The training:

- Must include information on current state and federal law, liability, informed consent, and other criteria established by the collaborative for the advancement of telemedicine, in collaboration with the department and the Washington state medical quality assurance commission;
- Must include a question and answer methodology to demonstrate accrual of knowledge; and
- May be made available in electronic format and completed over the internet.

The training may be incorporated into existing telemedicine training programs, provided that the training meets the requirements in subsection (2) of this section.

Source: RCW Sec. 43.70.495. (Accessed Feb. 2020).

WA State requires a provider directory to be updated monthly. For each health plan, the associated provider directory must include information about available telemedicine services and specifically described for each provider.

Source: WAC 284-43-204. (Accessed Feb. 2020).

Collaborative for the advancement of telemedicine was created to develop recommendations on improving reimbursement and access to care, and review the concept of telemedicine payment parity. They were required to submit policy reports with recommendations in December 2017, and 2018, and are required to issue another in December 2021.

Source: SB 6163 - 2018. (Accessed Feb. 2020).

Source: SB 6399 - 2018. (Accessed Feb. 2020).

Professional Board Telehealth-Specific Regulations

- Physical Therapy Practice Board (WAC 246-915-187) (Accessed Feb. 2020).
- Occupational Therapy Practice Board (WAC 246-847-176) (Accessed Feb. 2020).

