

FALL 2019

A COMPREHENSIVE SCAN OF THE 50 STATES & THE DISTRICT OF COLUMBIA



STATE TELEHEALTH LAWS

& REIMBURSEMENT POLICIES



State Telehealth Laws and Medicaid Program Policies

INTRODUCTION

The Center for Connected Health Policy's (CCHP) Fall 2019 release of the "State Telehealth Laws and Reimbursement Policies" report highlights the changes that have taken place in state telehealth policy. The report offers policymakers, health advocates, and other interested health care professionals a summary guide of telehealth-related policies, laws, and regulations for all 50 states and the District of Columbia.

While this guide focuses primarily on Medicaid fee-for-service policies, information on managed care is noted in the report if it was available. The report also notes particular areas where we were unable to find information. Every effort was made to capture the most recent policy language in each state as of September 2019. Recently passed legislation and regulation have also been included in this version of the document with their effective date noted in the report (if applicable). This information also is available electronically in the form of an interactive map and search tool accessible on our website cchpca.org. Consistent with previous editions, the information will be updated biannually, as laws, regulations and administrative policies are constantly changing.

TELEHEALTH POLICY TRENDS

States continue to refine and expand their telehealth reimbursement policies though they are not treated across the board in the same manner as in-person delivered services. Limitations in regards to reimbursable modality, services and location of the patient continue to be seen. Although each state's laws, regulations, and Medicaid program policies differ significantly, certain trends are evident. Live video Medicaid reimbursement, for example, continues to far exceed reimbursement for store-and-forward and remote patient monitoring (RPM). Reimbursement for RPM and store-and-forward continue to be limited. There has been some increased interest in reimbursing for eConsult as California Medicaid joined Connecticut Medicaid in reimbursing for at least one eConsult code. Other noteworthy trends include the addition of the home and schools as an eligible originating site in some states, and the inclusion of teledentistry and substance use disorder services as a specialty qualifying for Medicaid reimbursement and/or required to be reimbursed by private insurers.

Additionally, some state Medicaid programs have begun incorporating specific documentation and/or confidentiality, privacy and security guidelines within their manuals for telehealth specifically. The two states passing new telehealth private payer legislation this update took very different approaches in regards to payment parity, with Georgia requiring payment parity and Florida allowing plans and providers to negotiate the rate. In recent years, laws and regulations allowing practitioners to prescribe medications through live video interactions have also increased, as well as a few states even allowing for the prescription of controlled substances over telehealth within federal limits.

A few additional significant findings include:

- Fifty states and Washington DC provide reimbursement for some form of live video in Medicaid fee-for-service.
- Fourteen state Medicaid programs reimburse for store-and-forward. However, four additional jurisdictions (HI,



MS, NH, and NJ) have laws requiring Medicaid reimburse for store-and-forward but as of the creation of this edition, yet to have any official Medicaid policy indicating this is occurring.

- Twenty two state Medicaid programs provide reimbursement for RPM. As is the case for store-and-forward, two Medicaid programs (HI and NJ) have laws requiring Medicaid reimburse for RPM but at the time this report was written, did not have any official Medicaid policy. A law in D.C. requiring Medicaid provide reimbursement for store-and-forward and remote patient monitoring, was made contingent on being funded under an approved budget and financial plan. As of September 2019, neither have been funded. Kentucky Medicaid is also required to create an RPM pilot, but CCHP has not seen any evidence that the pilot has been established.
- Eight state Medicaid programs (Alaska, Arizona, Maryland, Minnesota, New York, Texas, Virginia and Washington) reimburse for all three, although certain limitations apply.
- Two Medicaid programs (California and Connecticut) reimburse for eConsult.

HOW TO USE THIS REPORT

Telehealth policies are organized into three categories that address Medicaid reimbursement, private payer law and professional regulation/health & safety. Within those category areas, topic focuses include modality of reimbursement (for Medicaid), requirements and parity (for private payer law), licensing, consent and online prescribing (for professional regulation/health & safety). In many instances the specific policy is found in law and/or regulations and administrative policy, but that is not always the case. This report primarily addresses the individual state's policies that govern telehealth use 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. For summary information, please reference the executive summary of this report, along with a summary chart of some of the key data points and CCHP's factsheet infographic. A glossary is also available at the end of the report.

We hope you find the report useful, and welcome your feedback and questions. You can direct your inquiries to Mei Kwong, CCHP Executive Director or Christine Calouro, Policy Associate, at info@cchpca.org. We would also like to thank our colleagues at each of the twelve HRSA-funded Regional Telehealth Resource Centers who contributed to ensuring the accuracy of the information in this document. For further information, visit cchpca.org.

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

Mei Wa Kwong, JD
Executive Director

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The Center for Connected Health Policy is a program of the Public Health Institute.



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

The Fall 2019 release of the Center for Connected Health Policy's (CCHP) report of state telehealth laws and Medicaid reimbursement policies is the eighteenth updated version of the report since it was first released in 2013. Like its previous iterations, the report is updated on a biannual basis, in spring and fall. An interactive map version of the report is available on CCHP's website, cchpca.org. Due to constant changes in laws, regulations, and policies, CCHP will continue to update the information in both PDF and map formats twice a year to keep it as accurate and timely as possible.

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. Throughout the report, CCHP has notated changes in law that have not yet been incorporated into the Medicaid program, as well as laws and regulations that have been approved, but not yet taken effect.

METHODOLOGY

CCHP examined state law, state administrative codes, and Medicaid provider manuals as the report's primary resources. Additionally, other potential sources such as releases from a state's executive office, Medicaid notices, transmittals or Agency newsletters were also examined for relevant information. In some cases, CCHP directly contacted state Medicaid personnel in order to clarify specific policy issues. Most of the information contained in this report specifically focuses on fee-for-service; however, information on managed care plans has also been included if available from the utilized sources. Newly approved regulations related to specific telehealth standards for various professions are noted in the "Miscellaneous" section of the state's Professional Regulation/Health & Safety category area.

The survey focused on three primary areas for telehealth policy including Medicaid reimbursement, private payer laws and professional regulation/health & safety requirements. Within each category, information is organized into various topic and subtopic areas. These topic areas include:

Medicaid Reimbursement:

- 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
- Out-of-state providers

Private Payer Laws

- Definitions
- Requirements
- Parity (service and payment)

Professional Regulation

- Definitions
- Consent
- Online Prescribing
- Cross-State Licensing



KEY FINDINGS

No two states are alike in how telehealth is defined and regulated. While there are some similarities in language, perhaps indicating states may have utilized existing verbiage from other states, noticeable differences exist. These differences are to be expected, given that each state defines its Medicaid policy parameters, but it also creates a confusing environment for telehealth participants to navigate, particularly when a health system or practitioner provides health care services in multiple states. In most cases, states have moved away from duplicating Medicare's restrictive telehealth policy, with some reimbursing a wide range of practitioners and services, with little to no restrictions.

As noted previously, even if a state has enacted telehealth policies in statute and/or regulation, these policies may not have been incorporated into its Medicaid program. In the findings below, there are a few cases in which a law has passed requiring Medicaid reimbursement of a specific telehealth modality or removal of restrictions, but Medicaid policies have yet to reflect this change. CCHP has based its findings on current Medicaid policy according to those listed in their program regulations, manuals or other official documentation. Requirements in newly passed legislation will be incorporated into the findings section of future editions of CCHP's report once they are implemented in the Medicaid program, and CCHP has located official documentation confirming this.

While this Executive Summary provides an overview of findings, it must be stressed that there are nuances in many of the telehealth policies. To fully understand a specific policy and all its intricacies, the full language of it must be read. Below are summarized key findings in each category area contained in the report.

DEFINITIONS

States alternate between using the term "telemedicine" or "telehealth". In some states both terms are explicitly defined in law and/or policy and regulations. "Telehealth" is sometimes used to reflect a broader definition, while "telemedicine" is used mainly to define the delivery of clinical services. Additional variations of the term, primarily utilizing the "tele" prefix are also becoming more prevalent. For example, the term "telepractice" is being used frequently as it relates to physical and occupational therapy, behavioral therapy, and speech language pathology. "Telesychiatry" is also a term commonly used as an alternative when referring specifically to psychiatry services.

Some states put specific restrictions within the definitions, which often limit the term to "live" or "interactive", excluding store-and-forward and RPM from the definition and subsequently from reimbursement. The most common restriction states place on the term telemedicine/telehealth is the exclusion of email, phone, and/or fax from the definition. Forty-nine states and the District of Columbia have a definition in law, regulation, or their Medicaid program for telehealth, telemedicine, or both. Only Alabama lacks a definition for either term.

MEDICAID REIMBURSEMENT

What's New

California made big changes to their Medicaid program (Medi-Cal) during this update, the most significant of which is allowing the provider to decide what modality, live video or store-and-forward can be used to deliver eligible services to a Medi-Cal enrollee as long as the service is covered by Medi-Cal and meets all other Medi-Cal guidelines and policies, can be appropriately delivered via telehealth and meets procedural and definition components of the appropriate CPT or HCPCS code. Additionally, electronic consultations (eConsult) was added as a subset of store-and-forward and reimbursement for one specific eConsult code is now allowed. Finally, Medi-Cal has also explicitly listed the home as an originating site, even if there is not a provider physically with the patient at the time of the telehealth interaction.



Colorado also had some changes with the passage of a law requiring Medicaid reimburse telemedicine delivered services that would otherwise be eligible for reimbursement under the program. Under the law, Medicaid is required to reimburse, at minimum, the same rate for telemedicine services as in-person services.

Allowing the home as an eligible originating site was one of the more common Medicaid policy changes during this Fall 2019 update. Medicaid programs to explicitly add the home since Spring 2019 included California, Kentucky, Ohio, New Hampshire and Colorado. Many of these states also explicitly added schools and/or federally qualified health centers and rural health centers to their eligible originating sites.

Modalities: Live Video, Store-and-Forward, Remote Patient Monitoring (RPM), Email/Phone/Fax

All 50 states and the District of Columbia have some form of Medicaid reimbursement for telehealth in their public program. However, the extent of reimbursement for telehealth delivered services is less clear in some states than others.

Live Video

The most predominantly reimbursed form of telehealth modality is live video, with every state offering some type of live video reimbursement in their Medicaid program. However, what and how it is reimbursed varies widely. The spectrum ranges from a Medicaid program in a state like New Jersey, which will only reimburse for telepsychiatry services, to states like California, which reimburses for live video across a wide variety of medical specialties. In addition to restrictions on specialty type, many states have restrictions on:

- The type of services that can be reimbursed, e. g. office visit, inpatient consultation, etc.;
- The type of provider that can be reimbursed, e. g. physician, nurse, physician assistant, etc.; and
- The location of the patient, referred to as the originating site.

These restrictions have been noted within the report to the extent possible.

Store-and-Forward

Store-and-forward services are only defined and reimbursed by fourteen state Medicaid Programs. This number does not include states that only reimburse for teleradiology (which is commonly reimbursed, and not always considered 'telehealth'). In many states, the definition of telemedicine and/or telehealth stipulates that the delivery of services must occur in "real time," automatically excluding store-and-forward as a part of telemedicine and/or telehealth altogether in those states. Of those states that do reimburse for store-and-forward services, some have limitations on what will be reimbursed or if they do not reimburse for the modality, they carve out special exceptions. For example, Maryland's Medicaid program specifies that while they don't reimburse for store-and-forward, they do not consider use of the technology in dermatology, ophthalmology and radiology to fit into the definition of store-and-forward.

In addition to the states above, four other states have laws requiring Medicaid reimburse for store-and-forward services, but CCHP has not been able to locate any official Medicaid policy indicating that they are in fact reimbursing. They include Hawaii, Mississippi, New Hampshire, and New Jersey. Note that Hawaii has an approved Medicaid State Plan Amendment allowing them to reimburse for store-and-forward within their Medicaid program but CCHP is still awaiting official written Medicaid policy indicating that they are actively reimbursing for store-and-forward. In some cases, although a definition of telehealth or telemedicine applicable to their Medicaid program included store-and-forward, there was no further indication of the modality being reimbursed, or the only specialty referenced was teleradiology which CCHP does not count as store-and-forward reimbursement for purposes of this list.



Twenty-two states have some form of reimbursement for RPM in their Medicaid programs. As with live video and store-and-forward reimbursement, many of the states that offer RPM reimbursement have a multitude of restrictions associated with its use. The most common of these restrictions include only offering reimbursement to home health agencies, restricting the clinical conditions for which symptoms can be monitored, and limiting the type of monitoring device and information that can be collected. As is the case for store-and-forward, two Medicaid programs (HI and NJ) have laws requiring Medicaid reimburse for RPM but at the time this report was written, did not have any official Medicaid policy regarding RPM reimbursement. Also note that although a law in D.C. was passed in 2018 requiring Medicaid provide reimbursement for store-and-forward and remote patient monitoring, it was made contingent on being funded under an approved budget and financial plan. As of September 2019, neither have been funded.

Email, telephone, and fax are rarely acceptable forms of delivery unless they are in conjunction with some other type of system. Most states either are silent or explicitly exclude these forms, sometimes even within the definition of telehealth and/or telemedicine.

[illegible]

Eligible Providers

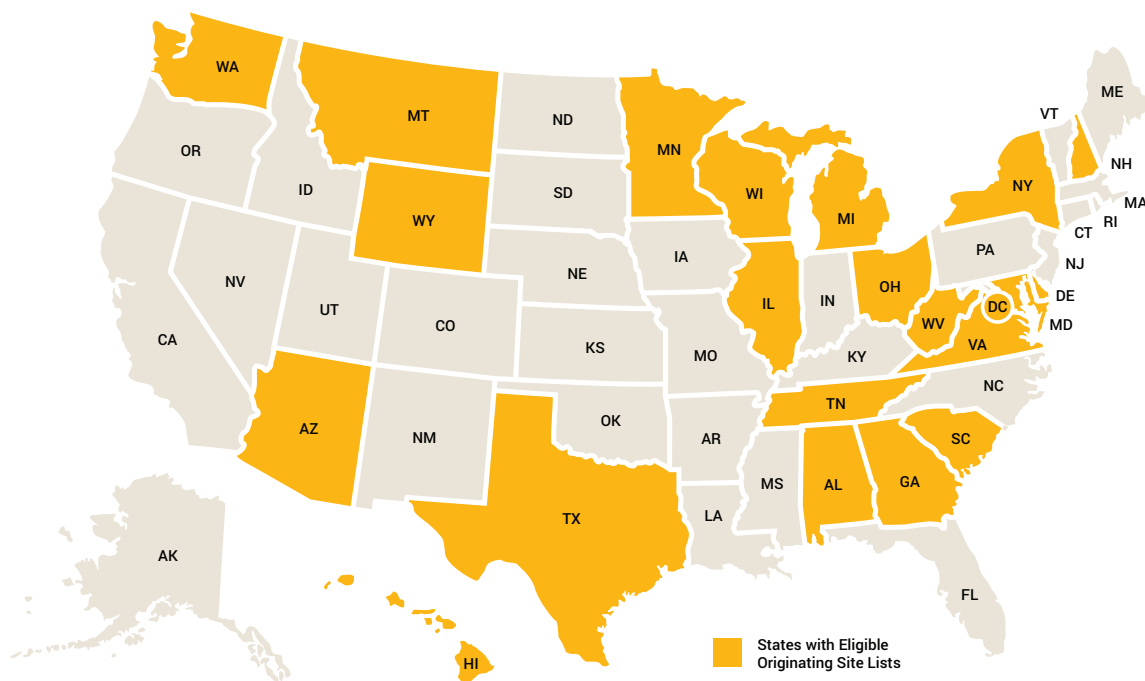
While many state Medicaid programs are silent, some states limit the types of providers that can provide services at the distant site through telehealth. These lists vary from being extremely selective in the provider types that are eligible (for example, only physicians, certified registered nurse practitioner and certified nurse midwives in Pennsylvania), to more expansive eligible provider lists, such as in Virginia, which includes over sixteen provider types. Because federally

qualified health centers (FQHCs) and rural health centers (RHCs) bill as entities rather than as providers, these lists often exclude them or do not have an explicit mention of these entities. Medicare has also excluded these clinics from billing for telehealth delivered services as distant site providers (although they do qualify for the originating site facility fee).

Geographic & Facility Originating Site Restrictions

The practice of restricting reimbursable telehealth services to rural or underserved areas, as is done in the Medicare program, is decreasing. States that continue to have telehealth geographic restrictions are more ambiguous in their policies, making broad statements, such as limiting a distant and originating site provider from being located in the same community. Only six states (HI, MD, MN, MS, NC, SC) currently have these types of restrictions. Some are restricted to only certain specialties, such as Maryland's geographic restriction only applying to mental health, and Minnesota's geographic requirement only applying to Medication Therapy Management Services. Although Hawaii passed a law prohibiting a geographic limitation for telehealth in their Medicaid program, such language is still present in their Medicaid regulation.

A more common practice is for state Medicaid programs to limit the type of facility that may be an originating site, often excluding the home as a reimbursable site, impacting RPM as a result. Currently twenty-three jurisdictions have a specific list of sites that can serve as an originating site for a telehealth encounter.



Nineteen state Medicaid programs explicitly allow the home to serve as an originating site, although it's often tied to additional restrictions, and a facility fee would not be billable. More states are also allowing schools to serve as an originating site, with nineteen jurisdictions explicitly allowing schools to be originating sites for telehealth-delivered services, although, as is the case with the home environment, restrictions often apply.

CONSENT

Thirty-nine jurisdictions include some sort of informed consent requirement in their statutes, administrative code, and/or Medicaid policies. This requirement can sometimes apply to the Medicaid program, a specific specialty or all telehealth encounters that occur in the state, depending on how and where the policy is written.



LICENSURE

Nine state medical (or osteopathic) boards issue special licenses or certificates related to telehealth. The licenses could allow an out-of-state provider to render services via telemedicine in a state where they are not located, or allow a clinician to provide services via telehealth in a state if certain conditions are met (such as agreeing that they will not open an office in that state).

Twenty-nine states, D.C., and Guam have adopted the Federation of State Medical Boards (FSMB)'s Interstate Medical Licensure Compact (IMLC) in its place. The Compact allows for an Interstate Commission to form an expedited licensure process for licensed physicians to apply for licenses in other states.

Besides the IMLC, there are also three additional Compacts to be aware of that are currently active or soon to be active, including:

- The Nurses Licensure Compact which currently has 34 state members.
- The Physical Therapy Compact which currently has 26 members.
- The Psychology Interjurisdictional Compact which currently has 12 members.

Still other states have laws that don't specifically address telehealth and/or telemedicine licensing, but make allowances for practicing in contiguous states, or in 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 related to the use of technology and prescribing. However, most states consider using only an internet/online questionnaire to establish a patient-provider relationship (needed to write a prescription in most states) as inadequate. States may also require that a physical exam be administered prior to a prescription being written, but not all states require an in-person examination, and some specifically allow the use of telehealth to conduct the exam. Other states have relaxed laws and regulations around online prescribing. For example, while more stringent policies typically exist restricting practitioners from prescribing controlled substances through telehealth, a few states have begun opting to explicitly allow for the prescribing of controlled substances within federal limits. Many of these laws have passed as a result of the opioid epidemic and the need to prescribe certain medications associated with medication assisted therapy (MAT). In addition to more states explicitly allowing for the prescribing of controlled substances using telehealth, some Medicaid programs are also beginning to pay for medication therapy management services when provided through telehealth including IN, MN, MI and LA.

An increasing number of states are also passing legislation directing healthcare professional boards to adopt practice standards for its providers who utilize telehealth. Medical and Osteopathic Boards often address issues of prescribing in such regulatory standards. This typically occurs immediately following the passage of a private payer reimbursement bill in a state.

PRIVATE PAYERS

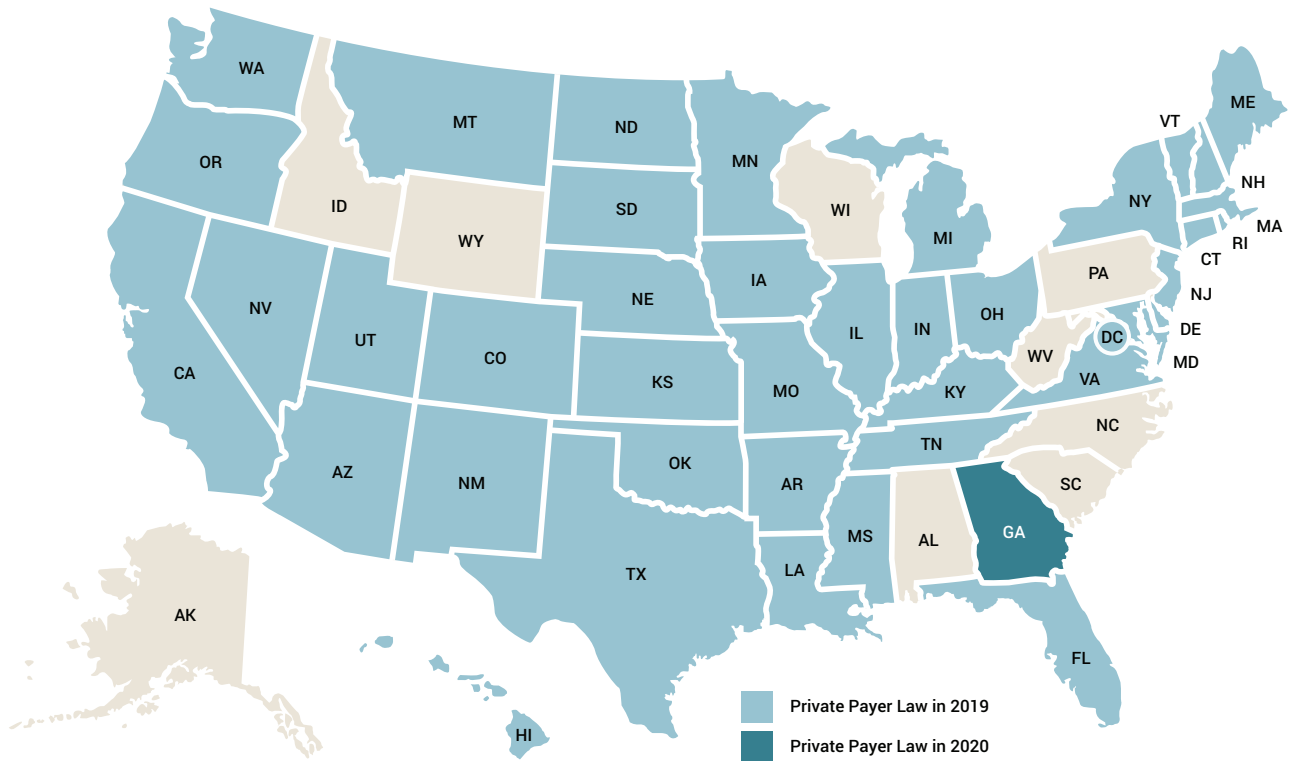
Currently, forty states and DC have laws that govern private payer telehealth reimbursement policies. Florida was the only state to add a private payer law that is now currently in effect for the Fall 2019 Edition. The law requires contracts between a health insurer or health maintenance organization and telehealth provider to establish mutually acceptable payment rates for services provided through telehealth. It also specifies that any contract provision that distinguishes between rates for services provided through telehealth and the same service provided without telehealth must be initialed by the telehealth provider. This is the first time such language has appeared in a telehealth private payer law.



Only a few private payer laws require that the reimbursement amount for a telehealth-delivered service be equal to the amount that would have been reimbursed had the same service been delivered in-person. Telehealth private payer laws is one of the areas of telehealth policy that has seen the most growth since CCHP's first report in 2012.

Private Payer Law in 2012

Private Payer Law Map in 2019:



To learn more about state telehealth related legislation, visit CCHP's interactive map at cchpca.org.

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



State	Medicaid Reimbursement			Private Payer Law		Professional Requirements	
	Live Video	Store-and-Forward	Remote Patient Monitoring	Law Exists	Payment Parity	Cross-State Licensing (see key)	Consent Requirement
Alabama	✓		✓			IMLC, NLC	✓
Alaska	✓	✓	✓				
Arizona	✓	✓	✓	✓		IMLC, PTC, PSY, NLC	✓
Arkansas	✓			✓		PTC, NLC	✓
California	✓	✓		✓	✓*		✓
Colorado	✓		✓	✓		IMLC, PTC, PSY, NLC	✓
Connecticut	✓	✓		✓			✓
Delaware	✓			✓	✓	PTC, PSY, NLC	✓
District of Columbia	✓			✓		IMLC, NLC	✓
Florida	✓			✓		NLC	
Georgia	✓	✓		✓*	✓*	IMLC, PTC, PSY, NLC	✓
Hawaii	✓			✓	✓		
Idaho	✓					IMLC, NLC	✓
Illinois	✓		✓	✓		IMLC, PSY	
Indiana	✓		✓	✓		NLC	✓
Iowa	✓			✓		IMLC, PTC, NLC	
Kansas	✓		✓	✓		IMLC, NLC	✓
Kentucky	✓			✓		IMLC, PTC, NLC	✓
Louisiana	✓		✓	✓		PTC, NLC	✓
Maine	✓		✓	✓		IMLC, NLC	✓
Maryland	✓	✓	✓	✓		IMLC, PTC, NLC	✓
Massachusetts	✓			✓			
Michigan	✓			✓		IMLC	✓
Minnesota	✓	✓	✓	✓	✓	IMLC	✓
Mississippi	✓		✓	✓		IMLC, PTC, NLC	✓
Missouri	✓		✓	✓		PTC, PSY, NLC	✓
Montana	✓			✓		IMLC, PTC, NLC	
Nebraska	✓		✓	✓		IMLC, PTC, PSY, NLC	✓
Nevada	✓	✓		✓		IMLC, PSY	



New Hampshire	✓			✓		IMLC, PTC, PSY, NLC	✓
New Jersey	✓			✓		PTC, NLC	✓
New Mexico	✓	✓		✓	✓	NLC	✓
New York	✓	✓	✓	✓			✓
North Carolina	✓					PTC, NLC	
North Dakota	✓			✓		IMLC, PTC, NLC	
Ohio	✓			✓			✓
Oklahoma	✓			✓		IMLC, PTC, PSY, NLC	✓
Oregon	✓		✓	✓		PTC	✓
Pennsylvania	✓					IMLC	✓
Rhode Island	✓			✓			✓
South Carolina	✓		✓			NLC	✓
South Dakota	✓			✓		IMLC, NLC	
Tennessee	✓	✓		✓		IMLC, PTC, NLC	✓
Texas	✓	✓	✓	✓		PTC, PSY, NLC	✓
Utah	✓		✓	✓		IMLC, PTC, PSY, NLC	
Vermont	✓		✓	✓		IMLC	✓
Virginia	✓	✓	✓	✓		PTC, NLC	✓
Washington	✓	✓	✓	✓		IMLC, PTC	✓
West Virginia	✓					IMLC, PTC, NLC	✓
Wisconsin	✓					IMLC, NLC	✓
Wyoming	✓					IMLC, NLC	✓

* Not currently effective.

Key:

- ✓ = Reimbursement and/or law exists
- IMLC = Interstate Medical Licensure Compact
- PTC = Physical Therapy Compact
- PSY = PSYPACT
- NLC = Nurses Licensure Compact





Telehealth policy trends continue to vary from state-to-state, with no two states alike in how telehealth is defined, reimbursed, or regulated. A general definition of telehealth used by CCHP is **the use of electronic technology to provide health care and services to a patient when the provider is in a different location.**

Medicaid Policy Trends

All 50 states and D.C. now reimburse for some type of live video telehealth services. Reimbursement for store-and-forward and remote patient monitoring (RPM) continues to lag behind. Fourteen state Medicaid programs reimburse for store-and-forward and twenty-one states reimburse for remote patient monitoring (RPM), with additional states having laws requiring Medicaid reimbursement for store-and-forward or RPM, yet no official written policies indicating that such policy has been implemented.

Many of the reimbursement policies that do exist continue to have restrictions and limitations, creating a barrier to utilizing telehealth to deliver services. One of the most common restrictions is a limitation on where the patient is located, referred to as the originating site. While most states have dropped Medicare's rural geographic requirement, many Medicaid programs have limited the type of facility that can serve as an originating site, often excluding a patient's home from eligibility. However, nineteen states do now explicitly allow the home to be an eligible originating site under certain circumstances.



49

states and the District of Columbia (D.C.) have a definition for telehealth, telemedicine or both.



14

Medicaid programs reimburse for S&F



50

states and D.C. reimburse for live video



22

Medicaid programs reimburse for RPM



19

states reimburse service to the home

Other Common Telehealth Restrictions



The specialty that telehealth services can be provided for



The types of services or CPT codes that can be reimbursed (inpatient office, consult, etc.)



The types of providers that can be reimbursed (e.g. physician, nurse, etc.)

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40

states and the District of
Columbia have active
laws

Private Payer Reimbursement

40 states and the District of Columbia have laws that govern private payer reimbursement of telehealth. States that passed new or revised private payer laws since Spring 2019 include Arizona, California, Georgia and Florida. Some laws require reimbursement be equal to in-person coverage, however most only require parity in covered services, not reimbursement amount. Not all laws mandate reimbursement.

Online Prescribing

Most states consider the use of only an online questionnaire as insufficient to establish the patient-provider relationship and prescribe medication. Some states allow telehealth to be used to conduct a physical exam, while others do not. Some states have relaxed requirements for prescribing controlled substances used in medication assisted therapy (MAT) as a result of the opioid epidemic.

More and more states are passing legislation directing healthcare professional boards to adopt practice standards for its providers who utilize telehealth. Medical and Osteopathic Boards often address issues of prescribing in such regulatory standards.



Often, internet/online questionnaires are not adequate; states may require a physical exam prior to a prescription

KANSAS passed a policy in 2018 extending to telehealth the same drug prescription laws and regulations that apply to in-person prescriptions.



WEST VIRGINIA

explicitly allows practitioner to provide aspects of MAT through telehealth if within their scope of practice.



38

states and D.C. include some
sort of informed
consent

Consent

38 States and D.C. have a consent requirement in either Medicaid policy, law, or regulation. This number has not changed since Spring 2019.

Licensure

Nine state boards issue licenses related to telehealth allowing an out-of-state licensed provider to render services via telehealth. Licensure Compacts have become increasingly common. For example:



29

States, D.C. & Guam:
Interstate Medical
Licensure Compact



34

States:
Nurse Licensure
Compact



26

States:
Physical Therapy
Compact



12

States: Psychology
Interjurisdictional
Compact (PSYPACT)

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New Jersey

Medicaid Program: New Jersey Medicaid

Program Administrator: New Jersey Dept. of Human Services

Regional Telehealth Resource Centers:

• **Mid-Atlantic Telehealth Resource Center.** DC, Delaware, Kentucky, Maryland, New Jersey, North Carolina, Pennsylvania, Virginia, West Virginia

www.matrc.org

• **Northeast Telehealth Resource Center Covers the States of:** Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island & Vermont

www.netrc.org

Medicaid Telehealth Reimbursement	Summary	New Jersey Medicaid reimburses for live video and remote patient monitoring under certain circumstances. Store-and-forward is not explicitly included in reimbursement; however, it could be covered within the definition of telemedicine. Individual Medicare managed care plans may have their own individual policies regarding telehealth and telemedicine.
	Definitions	<p>Telemedicine means the delivery of a health care service using electronic communications, information technology, or other electronic or technological means to bridge the gap between a health care provider who is located at a distant site and a patient who is located at an originating site, either with or without the assistance of an intervening health care provider. Telemedicine does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text or facsimile transmission.</p> <p>Telehealth means the use of information and communications technologies, including telephones, remote patient monitoring devices or other electronic means to support clinical health care, provider consultation, patient and professional health related education, public health, health administration and other services.</p> <p>Source: NJ Statute C.30:4D-6K(e) & NJ Statute C.45:1-61. (Accessed Sept. 2019).</p>
	Live Video	<p>Policy</p> <p>NJ Medicaid must provide coverage and payment for telemedicine or telehealth delivered services on the same basis as when the services are delivered through in-person contact and consultation in NJ. The reimbursement rate may not exceed the rate of in-person contact. Reimbursement is provided either to the individual practitioner who delivered the reimbursable services, or to the agency, facility, or organization that employs the individual practitioner, as appropriate.</p> <p>NJ Medicaid and NJ FamilyCare programs may limit coverage to services that are delivered by participating health care providers, but may not charge a deductible, copayment, or coinsurance for a health care service, delivered through telemedicine or telehealth, in an amount that exceeds the deductible, copayment, or coinsurance amount that is applicable to an in-person consultation.</p> <p>The commissioner will apply for a State Plan amendment as necessary to implement this.</p> <p>Source: NJ Statute C.30:4D-6k. (Accessed Sept. 2019).</p>



Psychiatric Services

Telepsychiatry may be utilized by mental health clinics and/or hospital providers of outpatient mental health services to meet their physician related requirements including but not limited to intake evaluations, periodic psychiatric evaluations, medication management and/or psychotherapy sessions for clients of any age.

Before any telepsychiatry services can be provided, each participating program must establish related policies and procedures.

Mental health clinics and hospital providers are limited to billing for services permitted by the Division of Medical Assistance and Health Services.

Source: NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 23, No. 21, December 2013 (Accessed Sept. 2019).

For the Screening and Outreach Program, designed to provide clinical assessment and crisis stabilization services to consumers, a psychiatric evaluation may be completed through the use of telepsychiatry, provided that the screening service has a Division-approved plan setting forth its policies and procedures for providing a psychiatric assessment via telepsychiatry that meets certain criteria (see regulation).

Source: NJAC 10:31-2.3. (Accessed Sept. 2019).

Psychiatric Services

- Psychiatrist
- Psychiatric Advanced Practice Nurse

Source: NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 23, No. 21, December 2013 (Accessed Sept. 2019).

Psychiatric Services

A patient may receive services at the mental health clinic or outpatient hospital program.

Source: NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 23, No. 21, December 2013 (Accessed Sept. 2019).

No reference found.

Medicaid Telehealth Reimbursement

Store-and-Forward	Live Video	Facility/Transmission Fee	No reference found.
	Policy		<p>Healthcare providers using engaging in telehealth services may use asynchronous store-and-forward technology for the transmission of medical information. Providers may use interactive, real-time, two-way audio in combination with asynchronous store-and-forward technology if they determine that they are able to meet the accepted standard of care provided in a face-to-face visit.</p> <p>Source: NJ Division of Medicaid Assistance and Health Services. Newsletter. Vol. 28, No. 17, September 2018 (Accessed Sept. 2019).</p> <p>Insurers and NJ Medicaid must provide reimbursement for telemedicine or telehealth on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when services are delivered through in-person contact and consultation. Store-and-forward is not explicitly included, but could fit into these definitions.</p> <p>Source: NJ Statute C.30:4D-6k. (Accessed Sept. 2019).</p>
	Eligible Services/Specialties		No reference found.
	Geographic Limits		No reference found.
	Transmission Fee		No reference found.



Medicaid Telehealth Reimbursement

Remote Patient Monitoring	Policy	<p>Insurers and NJ Medicaid must provide reimbursement for telemedicine or telehealth on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when services are delivered through in-person contact and consultation. Remote patient monitoring is included within definition of telehealth.</p> <p>Source: NJ Statute C.30:4D-6k. (Accessed Sept. 2019).</p>
	Conditions	No reference found.
	Provider Limitations	No reference found.
	Other Restrictions	No reference found.
	Email / Phone / Fax	<p>Telemedicine does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text or facsimile transmission.</p> <p>Telehealth includes the use of telephones.</p> <p>Source: NJ Statute C.45:1-61. (Accessed Sept. 2019).</p>
Consent		<p>Informed consent is required for telepsychiatry. If a patient chooses not to participate in telepsychiatry, they must be provided alternative face-to-face options and services. If they choose to participate, they must be informed of the location of the psychiatrist/advanced practice nurse providing the telepsychiatry service.</p> <p>Source: NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 23, No. 21, December 2013 (Accessed Sept. 2019).</p>



Medicaid Telehealth Reimbursement	Out of State Providers	<p>A psychiatrist or psychiatric APN may be off-site, but must be licensed in the State of New Jersey.</p> <p>Source: NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 23, No. 21, December 2013 (Accessed Sept. 2019).</p>
	Miscellaneous	<p>New Jersey's Medicaid program consists of five managed care health plans. Individual telehealth policies may vary between health plans.</p> <p>Source: NJ Medicaid & Managed Care. Division of Medical Assistance and Health Services. (Accessed Sept. 2019).</p> <p>An initial face-to-face visit is not required to establish a provider-patient relationship. The provider must review and be familiar with the patient's history and medical records, when applicable, prior to the provision of any telehealth services.</p> <p>Source: NJ Division of Medicaid Assistance and Health Services. Newsletter. Vol. 28, No. 17, September 2018 (Accessed Sept. 2019).</p> <p>Psychiatric Services</p> <p>If a physical evaluation is required as part of a psychiatric assessment, the hosting provider must have a registered nurse available to share the results of the physical evaluation.</p> <p>NJ Medicaid does not reimburse for any costs associated with the provision of telepsychiatry services.</p> <p>Additional requirements are listed in the telepsychiatry memo.</p> <p>Source: NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 23, No. 21, December 2013 (Accessed Sept. 2019).</p>
Private Payer Laws	Definitions	<p>Telemedicine means the delivery of a health care service using electronic communications, information technology, or other electronic or technological means to bridge the gap between a health care provider who is located at a distant site and a patient who is located at an originating site, either with or without the assistance of an intervening health care provider. Telemedicine does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text or facsimile transmission.</p> <p>Telehealth means the use of information and communications technologies, including telephones, remote patient monitoring devices or other electronic means to support clinical health care, provider consultation, patient and professional health related education, public health, health administration and other services.</p> <p>Source: NJ Statute C.26:2S-29(e). & NJ Statute C.45:1-61. (Accessed Sept. 2019).</p>
	Requirements	<p>A carrier that offers a health benefits plan shall provide coverage and payment for health care services delivered to a covered person through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered through in-person contact and consultation. Reimbursement payments under this section may be provided either to the individual practitioner who delivered the reimbursable services, or to the agency, facility, or organization that employs the individual practitioner who delivered the reimbursable services, as appropriate.</p> <p>A carrier may limit coverage to services that are delivered by health care providers in the health benefits plan's network, but may not charge any deductible, copayment, or coinsurance for a health care service, delivered through telemedicine or telehealth, in an amount that exceeds the deductible, copayment, or coinsurance amount that is applicable to an in-person consultation.</p> <p>Source: NJ Statute C.26:2S-29. (Accessed Sept. 2019).</p>



Private Payer Laws	Parity	Service Parity	<p>Insurers must provide coverage and payment for health services delivered through telemedicine or telehealth on the same basis as when the services are delivered through in-person contact and consultation.</p> <p>A health care plan is not prohibited from providing coverage only for services that are medically necessary, subject to the terms and conditions of the plan.</p> <p>A health care plan may not require a covered person to use telemedicine or telehealth in lieu of receiving an in-person service from an in-network provider.</p> <p>Source: <i>NJ Statute C.26:2S-29. (Accessed Sept. 2019).</i></p> <p>TTThe above also applies to contracts purchased by the State Health Benefits Commission and the School Employees’ Health Benefits Commission.</p> <p>Source: <i>NJ Statute C.52:14-17.29w & C.52:14-17.46.6h (Accessed Sept. 2019).</i></p>
		Payment Parity	<p>Reimbursement must be made for health care services delivered through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate for in-person contact.</p> <p>A health care plan may limit coverage to services that are delivered by health care providers in a plan’s network, but may not charge any deductible, copayment, or coinsurance for a health care service in an amount that exceeds the deductible, copayment, or coinsurance amount that is applicable to an in-person consultation.</p> <p>Source: <i>NJ Statute C.26:2S-29. (Accessed Sept. 2019).</i></p> <p>The above also applies to contracts purchased by the State Health Benefits Commission and the School Employees’ Health Benefits Commission.</p> <p>Source: <i>NJ Statute C.52:14-17.29w & C.52:14-17.46.6h (Accessed Sept. 2019).</i></p>
Professional Regulation/Health & Safety	Definitions	<p>Telemedicine means the delivery of a health care service using electronic communications, information technology, or other electronic or technological means to bridge the gap between a health care provider who is located at a distant site and a patient who is located at an originating site, either with or without the assistance of an intervening health care provider. Telemedicine does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text or facsimile transmission.</p> <p>Telehealth means the use of information and communications technologies, including telephones, remote patient monitoring devices or other electronic means to support clinical health care, provider consultation, patient and professional health related education, public health, health administration and other services.</p> <p>Source: <i>NJ Statute C.45:1-61. (Accessed Sept. 2019).</i></p>	
	Consent	<p>With a patient’s oral, written, or digital consent, the patient’s medical information may be forwarded directly to the patient’s primary care provider or health care provider of record, or, up on request by the patient, to other health care providers.</p> <p>Source: <i>NJ Statute C.45:1-62. (Accessed Sept. 2019).</i></p>	



Online Prescribing

The prescription of Schedule II controlled substances through telemedicine or telehealth is authorized only after an initial in-person examination, and subsequent in-person visit with the patient is required every three months for the duration of prescription. Does not apply when prescribing stimulant for use by a minor under the age of 18 provided the health care provider is using live video when treating the patient and the health care provider has obtained written consent for the waiver form the minor patient's parent or guardian.

Source: *NJ Statute C.45:1-62(e). (Accessed Sept. 2019).*

A provider patient relationship shall include:

- Properly identifying the patient, using at minimum the patient's name, date of birth, phone number, and address.
- Disclosing and validating the provider's identity and credentials, such as license, title, specialty, and board certifications.
- Review of patient's medical records, prior to initiating contact.
- Determining whether the provider will be able to meet the standard of care, prior to initiating contact, for each unique patient encounter.

See statute for exceptions.

Source: *NJ Statute C.45:1-63(3)(a). (Accessed Sept. 2019).*

Cross-State Licensing

Member of the Physical Therapy Compact.

Source: *Compact Map. Physical Therapy Compact. (Accessed Sept. 2019).*

Must be licensed in the State of New Jersey. Subject to New Jersey jurisdiction if either the patient or the provider is located in NJ at the item services are provided.

Source: *NJ Statute C.45:1-62. (Accessed Sept. 2019).*

Miscellaneous

Each telehealth or telemedicine organization operating in the State shall annually register with the Department of Health and submit an annual report. See statute for details.

Source: *NJ Statute C.45:1-64. (Accessed Sept. 2019).*

The Telemedicine and Telehealth Review Commission shall review information reported by telemedicine and telehealth organizations and make recommendations to improve the effectiveness and quality of telemedicine and telehealth services provided by New Jersey.

Source: *NJ Statute C.45:1-65. (Accessed Sept. 2019).*

Telemedicine practice standards indicate live video is allowed. Store-and-forward allowed when used in combination with two-way audio without video, if after assessing and reviewing the patient's medical records, the provider determines that the provider is able to meet the same standard of care as if the health care service was being provided in-person.

See statute for additional telemedicine/telehealth practice standards.

Source: *NJ Statute C.45:1-62(c)(2). (Accessed Sept. 2019).*

A mental health screener, screening service, or screening psychiatrist subject to C.30:4-27.1:

- Shall not be required to obtain a separate authorization in order to engage in telemedicine or telehealth for mental health screening purposes; and
- Shall not be required to request and obtain a waiver from existing regulations, prior to engaging in telemedicine or telehealth.

Source: *NJ Statute C.45:1-62(f) (Accessed Sept. 2019).*



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) 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.

Electronic Consultation (e-consult) enables primary care providers to consult remotely and conveniently with specialists. It can take place via a store-and-forward modality, through video, or telephone.

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. Medicaid 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.)

Mobile Health (mhealth) is the provision of health care services and personal health data via mobile devices, such as cell phones, tablet computers, and PDAs.

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 95 is a modifier that indicates synchronous telemedicine services rendered via real-time interactive audio and video telecommunications system.

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.

Place of Service (POS) Code (*see also Facility Fee*) is a two-digit code placed on health care professional claims to indicate the setting in which a service is provided. 02 is used in Medicare and some Medicaid programs to indicate that the place of service occurred through telehealth.

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

Remote Patient Monitoring (RPM) (*or telemonitoring*) 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.

