

Alabama-

A provider who chooses to use telehealth in his or her medical practice shall adopt practices to prevent fraud and abuse that may result from the use of telemedicine/telehealth.

[Ala.Admin.Code 540-X-15-06](#)

Telehealth services provided at an established medical site may be used for all patient services, which includes initial evaluations to develop the necessary provider-patient relationship needed to provide services. A patient site presenter must be present for new conditions.

[Ala.Admin.Code 540-X-15-09](#)

A distant site provider who provides services at a site other than the established medical site for a patient's previously diagnosed condition must see the patient face-to-face before the telehealth service. If the patient has been referred or seen by another provider who has referred the patient to the distant site provider, services may be provided. [Ala.Admin.Code 540-X-15-10](#)

A patient site provider is not required for preexisting conditions that were documented previously by a provider in a face-to-face visit. [Ala.Admin.Code 540-X-15-10](#)

If the visit is related to mental health, and if the patient is not a danger to himself/herself or others, a patient site presenter is not required. [Ala.Admin.Code 540-X-15-10](#)

If the patient chooses to participate in telehealth services, they must do an in-person evaluation once a year. [Ala.Admin.Code 540-X-15-10](#)

Medical services may not be used to treat non-malignant pain with scheduled drugs, however an exception is to be made for patients enrolled in a palliative care program or multidisciplinary hospice. [Ala.Admin.Code 540-X-15-10](#)

A distant site provider may see a patient for new symptoms not related to the patient's pre-existing conditions, but the patient is required to visit face-to-face within 72 hours. A distant site provider may not continue to provide services for these new symptoms to a patient who has not seen a provider for a face-to-face visit within 72 hours. [Ala.Admin.Code 540-X-15-10](#)

**Telemedicine Regulations related to COVID-19**

[The Alabama Medical Board of Examiners has issued guidance about telehealth.](#)

Alaska-

([Alaska Dept. of Health and Social Services SB 74 of 2016m Chapter 25 SLA 16](#)) A physician is approved to diagnose, provide treatment, or prescribe, dispense, or administer a prescription drug without an initial physical exam. The conditions are as follows:

1. The provider must hold a license for the Alaska State Medical Board
2. The treating physician, another licensed healthcare provider, or a physician in the same practice as the treating physician, must be available to provide follow-up care
3. The treating physician must inform the patient of the consent to send a copy of their medical record to their primary care provider if the treating physician is not the PCP
4. A provider who is providing telehealth services may prescribe, dispense, or administer a controlled drug only if a licensed health care provider is physically present with the patient
5. The physician must comply with all relevant laws and practice standards including:
  - the American Medical Association (AMA) guiding principles for telemedicine practice, published in the AMA Council on Medical Service Reports, Coverage of and Payment for Telemedicine (adopted June 2014); and
  - the Federation of State Medical Boards (FSMB) Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine (adopted April 2014). [AK. Med. Board Guidelines](#)

The physician is not permitted to prescribe, dispense, or administer prescription drugs in response to internet questionnaires. Email messages are not permissible as a means to prescribe drugs if the provider does not have a prior provider-patient relationship. Abortion-inducing drugs are not permissible to prescribe when utilizing telemedicine unless the physician complies with Alaska Statute (AS 18.16.010). [AK. Med. Board Guidelines](#)

A physician assistant who is participating in a collaborative plan may prescribe, dispense, or furnish a prescription medication to a patient without an initial physical examination only if there is an established patient-physician assistant relationship, except under the following conditions:

1. Emergency treatment
2. Expedited partner therapy for STD's
3. In response to an infectious disease investigation, public health emergency, infectious disease outbreak, or act of bioterrorism

An established relationship is established with the PA when an in-person physical examination has been conducted by him/her, the collaborating physician, or by a physician or PA in the same group practice. The patient record must be available to the PA. [AK. Med. Board Guidelines](#)

### **[Telemedicine Regulations related to COVID-19](#)**

[Telehealth and Licensing Guidance During COVID-19 \(Division of Corporations, Business and Professional Licensing\)](#)

Arizona-

[Ariz. Revised Statutes 36-3602](#) Before a health care provider provides telehealth services, the treating physician must obtain verbal or written consent from the patient or the patient's healthcare decision maker. Verbal consents must be documented in the patient's health record.

The patient is entitled to all existing confidentiality protections related to the health record under section 12-2292.

All medical reports resulting from the telemedicine consultation are part of the patient's medical record, subject to section 12-2291.

Dissemination of any images or information related to the patient for research or educational purposes must have the informed consent of the patient, unless authorized by state or federal law.

Consent requirements do not apply to the following circumstances:

1. If the telemedicine interaction doesn't take place in the physical presence of the patient
2. In an emergency situation where the patient or the patient's decision maker is not able to submit an informed consent
3. To the transmission of diagnostic images to a health care provider serving as a consultant or the reporting of diagnostic test results by that consultant

Note: Amendments to [Section 20-841.09](#) will go into effect on 12/31/20.

**Telemedicine Regulations related to COVID-19**

[Telehealth changes in effective on emergency basis \(Order 2020-07\); Expansion of Telemedicine \(Order 2020-15\)](#)

Arkansas-

[Arkansas Telemedicine Regulations-Act 887 of 2015](#) The following requirements apply to all physicians who are utilizing telemedicine in their practice:

1. The practice of telemedicine shall reflect the same standard of care and treatment as face-to-face encounters
2. The physician must obtain a complete and detailed explanation of the patient's complaint from their treating physician or the patient
3. If the patient consents to receiving treatment through telemedicine, the physician must accept full responsibility for that patient
4. If follow-up care is required, the provider must agree to arrange and provide for the care

5. A physician using telemedicine is not permitted to issue a prescription for controlled substances designated as scheduled under schedules II through V, unless the patient has been seen for an in-person exam or if the provider has a consultation or referral for the patient. This includes on-call or cross-coverage and ongoing personal or professional relationships
6. The physician MUST keep a documented medical record, which includes a medical history
7. The patient must make an electronic or hard copy of the patient's medical record available to the patient and unless declined consent, must also forward a copy to the treating physician if that physician is someone other than the physician engaging in the telemedicine encounter
8. Telehealth services must be delivered in a transparent manner, which includes providing financial information for the service, any and all information related to the physician, including state licensure and board certifications
9. At the recommendation of the physician, if the patient needs to meet for a face-to-face visit for a current medical issue, the physician must arrange to see the physician. The physician may also direct the patient to their regular treating physician or the appropriate provider. This recommendation shall be documented in the patient's medical record
10. Physicians who provide telemedicine services must establish protocol for referral for emergency services
11. All physicians providing care under telemedicine to a patient located within Arkansas shall be licensed to practice in this respective state
12. Arkansas Act 887 of 2015 does not restrict the use of store-and-forward technology. The advisory committee does not believe that examples given by a telemedicine vendor of a patient completing a medical history online and forwarding it to a physician does not constitute as store-and-forward technology

[AR Code § 17-95-206 \(2012\)](#) governs out of state physicians.

### **Telemedicine Regulations related to COVID-19**

[Governor issues order suspending the provisions of the Telemedicine Act \(3/13\)](#)

#### **California-**

[California Telehealth Laws 2290.5](#) "Asynchronous store and forward" means the transmission of a patient's medical information from an originating site to the health care provider at a distant site without the patient being present

"Distant site" is referred to as the originating site where a health care provider provides telehealth services to the patient

“Health care provider” is defined as

1. A person who is licensed as such
2. An associate marriage and family therapist or marriage and family therapist trainee that is complying under Section 4980.43.3
3. “Originating site is referred to as the site where the patient is located when they are receiving telehealth services or where asynchronous store and forward service originates
4. “Synchronous interaction” means a real-time interaction between a patient and provider located at a distant site
5. Exact Definition according to the state of California: “Telehealth” means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.
6. Prior to providing telehealth services, the healthcare provider initiating the service must obtain verbal or written consent from the patient. The consent will be documented
7. Nothing in this section will preclude a patient from receiving in-person treatment during a specified course of health care and treatment
8. A provider failing to comply with this section exhibits unprofessional conduct. Section 2314 does not apply to this section
9. “This section shall not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.”
10. All laws referencing the confidentiality of healthcare information and a patient’s rights to his or her medical information will be applied during telehealth interactions
11. This section will not apply to a patient under the jurisdiction of the Department of Corrections and Rehabilitation or any other correctional facility
12. Notwithstanding any other provision of law and for purposes of this section, the governing body of the hospital whose patients are receiving the telehealth services may grant privileges to, and verify and approve credentials for, providers of telehealth services based on its medical staff recommendations that rely on information provided by the distant-site hospital or telehealth entity, as described in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

### **Telemedicine Regulations related to COVID-19**

[Beverly Hills Council guidance on telehealth](#)

[The CA Insurance Commissioner has issued Emergency Notification Filing Requirements which include the requirement that insurers detail how they will “maximize the use of telehealth.”](#)

The CA Insurance Commissioner directed health insurance companies to provide increased telehealth access for consumers and that Cost-sharing requirements for services delivered via telehealth should be consistent with, or no greater than, the cost-sharing requirement for services delivered through in-person settings. (3/30)

Colorado-

The Health First Program is temporarily expanding its telemedicine policy.

The Division of Insurance directed carriers to encourage use of telehealth and cover COVID related telehealth series at no cost.

Colorado Medical Services Board 8.200.3.B

“Telemedicine is the delivery of medical services and any diagnosis, consultation, treatment, transfer of medical data or education related to health care services using interactive audio, interactive video or interactive data communication instead of in-person contact”

Physician services may be designated as telemedicine

Any health care services provided through telemedicine shall be performed with the same standard of care as face-to-face services

**Telemedicine Regulations related to COVID-19**

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Connecticut-

Physicians from other states performing diagnostic or treatment services for state residents or treatment services for state residents through electronic communications or interstate commerce on a regular, contractual, or ongoing basis must be licensed in Connecticut in order to be qualified. Treatment services include primary diagnosis of pathology specimens, slides, or specimens [CT PA 96-148](#)

Connecticut Public Act No. 18-148

A telehealth provider shall only provide telehealth services to a patient when the telehealth provider is:

1. communicating through real-time, interactive, two way communication technology or store and forward technology
2. Having the access to or knowledge of the patient’s medical history under consent of the patient, and the patient’s health record , which includes the name and address of their primary care provider

3. Conforming to the standard of care that is relevant to the telehealth provider's profession and is appropriate for the patient's age and condition EXCEPT when the standard of care requires diagnostic tests and physical examinations, to which peripheral devices for testing or examination may be carried out
4. Providing the patient with his or her telehealth provider's license number and contact information

For the initial telehealth provider's telehealth interaction with the patient, it is the telehealth provider's responsibility to inform the patient about the limitations and treatment methods that may vary in a telehealth platform as opposed to a face-to-face interaction, including obtaining consent for the services. The consent and notice must be documented in the patient's health record. If the patient for some reason decides to revoke the consent, that also must be documented in the patient's health record.

Notwithstanding the provisions of this section or title 20, no telehealth provider shall prescribe any schedule I, II or III controlled [substances] substance through the use of telehealth, except a schedule II or III controlled substance other than an opioid drug, as defined in section 20-14o, in a manner fully consistent with the Ryan Haight Online Pharmacy Consumer Protection Act, 21 USC 829(e), as amended from time to time, for the treatment of a person with a psychiatric disability or substance use disorder, as defined in section 17a-458, including, but not limited to, medication-assisted treatment. A telehealth provider using telehealth to prescribe a schedule II or III controlled substance pursuant to this subsection shall electronically submit the prescription pursuant to section 21a-249, as amended by this act.

At the time of each initial (telehealth) interaction, the telehealth provider must obtain the consent of the patient regarding disclosure of records concerning the telehealth interaction to his or her primary care provider. If the patient consents, the telehealth provider must provide all relevant records related to the telehealth interactions to the PCP in a timely manner, under 20-7b to 20-7e.

A telehealth provider may NOT charge a facility fee for telehealth services

### **Telemedicine Regulations related to COVID-19**

[The Governor issued an Executive Order expanding use of telehealth \(3/19\)](#)

### **Delaware-**

[Title 24-Delaware Chapter 17 Medical Practice Act](#) A physician is allowed to practice telehealth/telemedicine in the state of Delaware. However, telemedicine may not be utilized by a physician for any patient when the physician-provider relationship is not being implemented. However, exceptions may include:

1. Informal consultations outside the context of a contractual relationship and on an irregular or infrequent basis without the expectation or exchange of direct or indirect compensation
2. Providing care for a patient in the event of an emergency or disaster in which no compensation is allotted for the provider
3. Episodic consultation by a medical specialist located in another jurisdiction who provides such consultation services on request to a licensed health care professional.

Physicians who utilize telehealth/telemedicine shall, if such action would otherwise be required in the provision of the same service not delivered via telemedicine, ensure that a proper physician-patient relationship is established either in-person or through telehealth which includes but is not limited to:

1. Fully verifying and authenticating the location and identifying the patient
2. Disclosing and validating the provider's identity and applicable credential or credentials;
3. Obtaining consents from requesting patients after disclosures regarding the delivery models and treatment methods or limitations, including informed consents regarding the use of telemedicine technologies as indicated by the following:
  - Discussing with the patient the diagnosis and the evidence for it, the risks and benefits of various treatment options
4. Establishing a diagnosis through the use of acceptable medical practices, such as patient history, mental status examination, physical examination (unless not warranted by the patient's mental condition), and appropriate diagnostic and laboratory testing to establish diagnoses as well as identifying underlying conditions or contra-indications, or both, to treatment recommended or provided;
5. Discussing diagnosis, evidence for the diagnosis, including risks and benefits of treatment options
6. Availability of the distant site provider or coverage of the patient for appropriate follow-up care; and
7. Providing a written summary for the patient visit

Treatment and consultation recommendations made in an online setting, including issuing a prescription via electronic means will be executed in the same fashion as traditional (in person) settings

The physician treating a patient through telemedicine must maintain a complete record of the patient's care which must follow all applicable state and federal statutes and regulations for recordkeeping, confidentiality, and disclosure to the patient

Without a prior and proper patient-provider relationship, providers are prohibited from issuing prescriptions solely in response to an Internet questionnaire, an Internet consult, or a telephone consult.



Prescriptions made through telemedicine and under a physician-patient relationship may include controlled substances, subject to limitations as set by the Board.

Physicians using telemedicine technologies to provide medical care to patients located in Delaware must, prior to a diagnosis and treatment, either provide:

- (1) An appropriate examination in-person;
- (2) Have another Delaware-licensed practitioner at the originating site with the patient at the time of the diagnosis;
- (3) The diagnosis must be based using both audio and visual communication; or
- (4) The service meets standards of establishing a patient-physician relationship included as part of evidenced-based clinical practice guidelines in telemedicine developed by major medical specialty societies

After a physician-provider relationship is properly established, subsequent treatment of the same patient with the same physician need not satisfy the limitations of this section

Nothing in this section shall be construed to limit the practice of radiology or pathology.

#### **Telemedicine Regulations related to COVID-19**

[The state directed carriers to ensure their telehealth programs are “robust” in response to COVID.](#)

#### **District of Columbia**

"Telehealth" means the delivery of health care services, including services provided via synchronous interaction and asynchronous store-and-forward, through the use of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, remote patient monitoring, or treatment. The term "telehealth" shall not include services delivered through audio-only telephones, electronic mail messages, or facsimile transmissions.

[\*DC Code Sec. 31-3861\*](#)

Telemedicine - The practice of medicine by a licensed practitioner to provide patient care, treatment or services, between a licensee in one location and a patient in another location with or without an intervening healthcare provider, through the use of health information and technology communications, subject to the existing standards of care and conduct.

*Source:*

[\*DC Regs. Sec. 17-4699.\*](#)

In order to practice telemedicine for a patient located within the District of Columbia, a license to practice medicine in the District of Columbia is required, except as specified in §§ 3-1205.01

and 3-1205.02 of the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 et seq.). For any services rendered outside the District of Columbia, the provider of the services shall meet any licensure requirement of the jurisdiction in which the patient is physically located.

In making medical decisions regarding a patient through the use of telemedicine, a physician shall adhere to the same standards of care as when making medical decisions in an in-person encounter with a patient. This includes, but shall not be limited to, the following

- (a) Obtaining and documenting patient consent, except when providing interpretive services;
- (b) Creating and maintaining adequate medical records;
- (c) Following requirements of the District of Columbia and federal laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health Act (HITECH), with respect to the confidentiality and disclosure of protected health information and medical records; and
- (d) Adhering to requirements and prohibitions found in the Health Occupations Revision Act (D.C. Official Code §§ 3-1201.01 et seq.).

A physician shall perform a patient evaluation to establish diagnoses and identify underlying conditions or contraindications to recommended treatment options before providing treatment or prescribing medication for a patient utilizing the appropriate standards of care, except when performing interpretive services.

If a physician-patient relationship does not include a prior in-person interaction with a patient, the physician may use real-time telemedicine to allow a free exchange of protected health information between the patient and the physician to establish the physician-patient relationship and perform the patient evaluation.

When providing interpretive services, the physician shall ensure that there is no clinically significant loss of data from image acquisition through transmission to final image display.

A District of Columbia-licensed physician may rely on a patient evaluation performed by another District of Columbia-licensed physician if the former is providing coverage for the latter.

In order to deliver services or treatment through telemedicine, a licensed practitioner shall have the current minimal technological capabilities to meet all standard of care requirements.

Adequate security measures shall be implemented to ensure that all patient communications, recordings and records remain confidential.

All relevant patient-physician, communications, including those done via an electronic method such as email or other electronic messaging system, shall be documented and filed in the patient's medical record.

Patients shall be informed of alternate forms of communication between the patient and a physician for urgent matters.

All licensees shall continue to be subject to the requirements of the Health Occupations Revision Act (D.C. Official Code, §§ 3-1201 et seq.), and the District of Columbia Municipal Regulations (17 DCMR §§ 4600 et seq.). – ([Municipal Regulations Section: 17-4618](#))

### **Telemedicine Regulations related to COVID-19**

[The Mayor provided guidance on the use of telehealth during the COVID crisis.](#)

#### **Florida-**

House Bill 23 created section 456.47 of the Florida Statutes establishing standards of practice.

A telehealth provider has the duty to practice in a manner consistent with his or her scope of practice and the prevailing professional standard of practice for a health care professional who provides in-person health care services to patients in the state.

A telehealth provider may use telehealth to perform a patient evaluation. If a telehealth provider conducts a patient evaluation sufficient to diagnose and treat the patient, the telehealth provider is not required to research a patient's medical history or conduct a physical examination of the patient before using telehealth to provide health care services to the patient.

A telehealth provider may not use telehealth to prescribe a controlled substance unless the controlled substance is prescribed for the following: 1. The treatment of a psychiatric disorder; 2. Inpatient treatment at a hospital licensed under 82 chapter 395; 3. The treatment of a patient receiving hospice services as defined in s. 400.601; or 4. The treatment of a resident of a nursing home facility as defined in s. 400.021.

A telehealth provider and a patient may be in separate locations when telehealth is used to provide health care services to a patient. A telehealth provider shall document in the patient's medical record the health care services rendered using telehealth according to the same standard as used for in-person services. Medical records, including video, audio, electronic, or other records generated as a result of providing such services, are confidential pursuant to ss. 395.3025(4) and 100 456.057.

A health care professional not licensed in this state may provide health care services to a patient located in this state using telehealth if the health care professional registers with the applicable board, or the department if there is no board, and provides health care services within the applicable scope of practice established by Florida law or rule. – ([456.47, 3 F.S.](#))

Georgia-

[Georgia Medical Board Regulations](#)

(a) Under O.C.G.A. [43-34-8](#) and [43-1-19](#), the Board is authorized to take disciplinary action against licensees for unprofessional conduct, and in connection therewith, to establish standards of practice. Except as otherwise provided, in order for a physician to practice within the minimum standards of practice while providing treatment and/or consultation recommendations by electronic or other such means, all the following conditions must be met:

- (1) All treatment and/or consultations must be done by Georgia licensed practitioners;
- (2) A history of the patient shall be available to the Georgia licensed physician, physician assistant or advanced practice registered nurse who is providing treatment or consultation via electronic or other such means;
- (3) A Georgia licensed physician, physician assistant or advanced practice registered nurse either:
  - 3.a. Has personally seen and examined the patient and provides ongoing or intermittent care by electronic or other such means; or
  - 3.b. Is providing medical care by electronic or other such means at the request of a physician, physician assistant or advanced practice registered nurse licensed in Georgia who has personally seen and examined the patient; or
  - 3.c. Is providing medical care by electronic or other such means at the request of a Public Health Nurse, a Public School Nurse, the Department of Family and Children's Services, law enforcement, community mental health center or through an established child advocacy center for the protection for a minor, and the physician, physician assistant or advanced practice registered nurse is able to examine the patient using technology and peripherals that are equal or superior to an examination done personally by a provider within that provider's standard of care; or

- 3.d. Is able to examine the patient using technology and peripherals that are equal or superior to an examination done personally by a provider within that provider's standard of care.

#### Hawaii-

Telehealth services shall include a documented patient evaluation, including history and a discussion of physical symptoms adequate to establish a diagnosis and to identify underlying conditions or contraindications to the treatment recommended or provided.

Treatment recommendations made via telehealth, including issuing a prescription via electronic means, shall be held to the same standards of appropriate practice as those in traditional physician-patient settings that do not include a face-to-face visit but in which prescribing is appropriate, including on-call telephone encounters and encounters for which a follow-up visit is arranged. Issuing a prescription based solely on an online questionnaire is not treatment for the purposes of this section and does not constitute an acceptable standard of care.

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

All medical reports resulting from telehealth services are part of a patient's health record and shall be made available to the patient. Patient medical records shall be maintained in compliance with all applicable state and federal requirements including privacy requirements.

A physician shall not use telehealth to establish a physician-patient relationship with a patient in this State without a license to practice medicine in Hawaii.

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

Reimbursement for behavioral health services provided through telehealth shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient.

Services provided by telehealth pursuant to this chapter shall be consistent with all federal and state privacy, security, and confidentiality laws.

The physician-patient relationship prerequisite under this section shall not apply to telehealth consultations for emergency department services.

### [Hawaii Practice of Telehealth §453-1.3](#)

#### Idaho

“Telemedicine” means the practice of medicine using electronic communications, information technology or other means between a licensee in one location, and a patient in another location with or without an intervening healthcare provider. Generally, telemedicine is not an audio-only, telephone conversation, e-mail/instant messaging conversation, or fax. It typically involves the application of secure videoconferencing or store and forward technology to provide or support healthcare delivery by replicating the interaction of a traditional, encounter in person between a provider and a patient.<sup>5</sup>

“Telemedicine Technologies” means technologies and devices enabling secure electronic communications and information exchange between a licensee in one location and a patient in another location with or without an intervening healthcare provider.

#### Licensure:

A physician must be licensed, or under the jurisdiction, of the medical board of the state where the patient is located

#### Establishing the Physician-Patient Relationship

the relationship is clearly established when the physician agrees to undertake diagnosis and treatment of the patient, and the patient agrees to be treated, whether or not there has been an encounter in person between the physician (or other appropriately supervised health care practitioner) and patient.

The physician-patient relationship is fundamental to the provision of acceptable medical care. It is the expectation of the Board that physicians recognize the obligations, responsibilities, and patient rights associated with establishing and maintaining a physician-patient relationship. A physician is discouraged from rendering medical advice and/or care using telemedicine technologies without (1) fully verifying and authenticating the location and, to the extent possible, identifying the requesting patient; (2) disclosing and validating the provider’s identity and applicable credential(s); and (3) obtaining appropriate consents from requesting patients after disclosures regarding the delivery models and treatment methods or limitations, including any special informed consents regarding the use of telemedicine technologies

#### Evaluation and Treatment of the Patient:

A documented medical evaluation and collection of relevant clinical history commensurate with the presentation of the patient to establish diagnoses and identify underlying conditions and/or contra-indications to the treatment recommended/provided must be obtained prior to providing treatment, including issuing prescriptions, electronically or otherwise. Treatment and consultation recommendations made in an online setting, including issuing a prescription via electronic means, will be held to the same standards of appropriate practice as those in traditional (encounter in person) settings. Treatment, including issuing a prescription based solely on an online questionnaire, does not constitute an acceptable standard of care.

**Informed Consent:**

Evidence documenting appropriate patient informed consent for the use of telemedicine technologies must be obtained and maintained. Appropriate informed consent should, as a baseline, include the following terms:

Identification of the patient, the physician and the physician's credentials;  Types of transmissions permitted using telemedicine technologies (e.g. prescription refills, appointment scheduling, patient education, etc.);  The patient agrees that the physician determines whether or not the condition being diagnosed and/or treated is appropriate for a telemedicine encounter;  Details on security measures taken with the use of telemedicine technologies, such as encrypting data, password protected screen savers and data files, or utilizing other reliable authentication techniques, as well as potential risks to privacy notwithstanding such measures;  Hold harmless clause for information lost due to technical failures; and  Requirement for express patient consent to forward patient-identifiable information to a third party.

**Continuity of Care:**

Patients should be able to seek, with relative ease, follow-up care or information from the physician [or physician's designee] who conducts an encounter using telemedicine technologies

Online services used by physicians providing medical services using telemedicine technologies should clearly disclose:

- Specific services provided;
- Contact information for physician;
- Licensure and qualifications of physician(s) and associated physicians;
- Fees for services and how payment is to be made;

## State Law/Regulation Compendium-Telemedicine

- Financial interests, other than fees charged, in any information, products, or services provided by a physician;
- Appropriate uses and limitations of the site, including emergency health situations;
- Uses and response times for e-mails, electronic messages and other communications transmitted via telemedicine technologies;
- To whom patient health information may be disclosed and for what purpose;
- Rights of patients with respect to patient health information; and
- Information collected and any passive tracking mechanisms utilized.

Online services used by physicians providing medical services using telemedicine technologies should provide patients a clear mechanism to:

- Access, supplement and amend patient-provided personal health information;
- Provide feedback regarding the site and the quality of information and services; and
- Register complaints, including information regarding filing a complaint with the applicable state medical and osteopathic board(s).

### [Idaho Medicine Guidelines](#)

### Illinois-

### [Illinois Joint Committee on Administrative Rules- Administrative Code Section 140.403 Telehealth Services](#)

A physician or other licensed health care professional must be present at all times with the patient at the originating site.

The distant site provider must be a physician, physician assistant, podiatrist or advanced practice nurse who is licensed by the State of Illinois or by the state where the patient is located.

The originating and distant site provider must not be terminated, suspended or barred from the Department's medical programs.

Medical data may be exchanged through a telecommunication system.

The interactive communication system must be able to allow the distant site provider to examine the patient sufficiently to allow proper diagnosis of the body system. This includes transmitting clearly audible heart tones and lung sounds, as well as clear video images of the patient. Diagnostic tools must be functioning.



[Illinois General Assembly Public Act](#)

The Department of Healthcare and Family Services must reimburse psychiatrists, federally qualified health centers, clinical psychologists, clinical social workers, advanced practice registered nurses certified in psychiatric and mental health nursing and mental health professionals and clinicians to provide behavioral health services to recipients via telehealth. The Department can establish by rule the reimbursement criteria, however the Department cannot require a professional be physically present in the same room as the patient for the entire time during which the patient is receiving telehealth services.

**Telemedicine Regulations related to COVID-19**

[An Executive Order was signed to expand telehealth services \(3/19\)](#)

Indiana-

Telemedicine services refer to a specific method of delivery of certain services, including medical exams and consultations, which are already reimbursed by Medicaid. Telemedicine uses videoconferencing equipment to allow a medical provider to deliver an exam or other services to a patient at a distant location.

Prior authorization is required for all for telehealth services, per Indiana Administrative Code 405 IAC 1-4.2-3 and 405 IAC 5-16-3. Telehealth services are indicated for members who require scheduled remote monitoring of data related to the member's qualifying chronic diagnoses that are not controlled with medications or other medical interventions.

Per 405 IAC 5-16-3.1, to initially qualify for telehealth services, the member must have had two or more of the following events within the previous 12 months:

- Emergency room visits
- Inpatient hospital stays

[Indiana Medicaid Policy Manual](#)

ICIC 25-1-9.5-6"Telemedicine"

Sec. 6. (a) As used in this chapter, "telemedicine" means the delivery of health care services using electronic communications and information technology, including:

- (1) secure videoconferencing;
- (2) interactive audio-using store and forward technology; or
- (3) remote patient monitoring technology;

between a provider in one (1) location and a patient in another location.

(b) The term does not include the use of the following:

- (1) Audio-only communication.
- (2) A telephone call.
- (3) Electronic mail.
- (4) An instant messaging conversation.
- (5) Facsimile.
- (6) Internet questionnaire.
- (7) Telephone consultation.
- (8) Internet consultation.

[Indiana Legislative Laws](#)

25-1-9.5-6"Telemedicine"

Sec. 2. As used in this chapter, "distant site" means a site at which a prescriber is located while providing health care services through telemedicine.

*As added by P.L.78-2016, SEC.2. Amended by P.L.150-2017, SEC.3.*

IC 25-1-9.5-5"Store and forward"

Sec. 5. As used in this chapter, "store and forward" means the transmission of a patient's medical information from an originating site to the prescriber at a distant site without the patient being present.

*As added by P.L.78-2016, SEC.2. Amended by P.L.150-2017, SEC.5.*

IC 25-1-9.5-7Standards for providing telemedicine; requirements

Sec. 7. (a) A prescriber who provides health care services through telemedicine shall be held to the same standards of appropriate practice as those standards for health care services provided at an in-person setting.

(b) A prescriber may not use telemedicine, including issuing a prescription, for an individual who is located in Indiana unless a provider-patient relationship between the prescriber and the individual has been established. A prescriber who uses telemedicine shall, if such action would otherwise be required in the provision of the same health care services in a manner other than telemedicine, ensure that a proper provider-patient relationship is established. The provider-patient relationship by a prescriber who uses telemedicine must at a minimum include the following:

- (1) Obtain the patient's name and contact information and:
  - (A) a verbal statement or other data from the patient identifying the patient's location; and
  - (B) to the extent reasonably possible, the identity of the requesting patient.
- (2) Disclose the prescriber's name and disclose whether the prescriber is a physician, physician assistant, advanced practice registered nurse, optometrist, or podiatrist.

- (3) Obtain informed consent from the patient.
- (4) Obtain the patient's medical history and other information necessary to establish a diagnosis.
- (5) Discuss with the patient the:
  - (A) diagnosis;
  - (B) evidence for the diagnosis; and
  - (C) risks and benefits of various treatment options, including when it is advisable to seek in-person care.
- (6) Create and maintain a medical record for the patient and, subject to the consent of the patient, notify the patient's primary care provider of any prescriptions the prescriber has issued for the patient if the primary care provider's contact information is provided by the patient. The requirements in this subdivision do not apply when any of the following are met:
  - (A) The prescriber is using an electronic health record system that the patient's primary care provider is authorized to access.
  - (B) The prescriber has established an ongoing provider-patient relationship with the patient by providing care to the patient at least two (2) consecutive times through the use of telemedicine services. If the conditions of this clause are met, the prescriber shall maintain a medical record for the patient and shall notify the patient's primary care provider of any issued prescriptions.
- (7) Issue proper instructions for appropriate follow-up care.
- (8) Provide a telemedicine visit summary to the patient, including information that indicates any prescription that is being prescribed.

*As added by P.L.78-2016, SEC.2. Amended by P.L.150-2017, SEC.6; P.L.129-2018, SEC.26.*

(b) A prescriber described in subsection (a) may not establish a provider-patient relationship under this chapter with or issue a prescription under this chapter for an individual who is located in Indiana unless the prescriber and the prescriber's employer or the prescriber's contractor, for purposes of providing health care services under this chapter, have certified in writing to the Indiana professional licensing agency, in a manner specified by the Indiana professional licensing agency, that the prescriber and the prescriber's employer or prescriber's contractor agree to be subject to:

- (1) the jurisdiction of the courts of law of Indiana; and
- (2) Indiana substantive and procedural laws;

concerning any claim asserted against the prescriber, the prescriber's employer, or the prescriber's contractor arising from the provision of health care services under this chapter to an individual who is located in Indiana at the time the health care services were provided. The filing of the certification under this subsection shall constitute a voluntary waiver by the prescriber, the prescriber's employer, or the prescriber's contractor of any respective right to avail themselves of the jurisdiction or laws other than those specified in this subsection concerning the claim. However, a prescriber that practices predominately in Indiana is not required to file the certification required by this subsection.

(c) A prescriber shall renew the certification required under subsection (b) at the time the prescriber renews the prescriber's license.

(d) A prescriber's employer or a prescriber's contractor is required to file the certification required by this section only at the time of initial certification.

*As added by P.L.78-2016, SEC.2. Amended by P.L.150-2017, SEC.8.*

[Indiana Legislative Laws](#)

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[IN Admin. Code, Title 405, 5-38-4](#)

[IN Medicaid Medical Policy Manual, February 2019, P. 293](#)

The hub site physician or practitioner must determine if it is medically necessary for a medical professional to be at the spoke site.

Services may be rendered in an inpatient, outpatient or office setting.

There is reimbursement for telemedicine services only when the hub and spoke sites are greater than 20 miles apart, except no distance requirements for federally qualified health centers, rural health clinics, community mental health centers and critical access hospitals.

[Telemedicine and Telehealth Module, Jan. 11, 2018, p. 2.](#)

[IN Admin Code, Title 405, 5-16-3.1 \(e\)](#)

Prior authorization is required for all telehealth services and must be submitted separately from other home health service prior authorization requests. Services may be authorized for up to 60 days.

[IN Provider Reference Manual pg.3](#)

When ongoing services are provided, the member should be seen by a physician for a traditional clinical evaluation at least once a year, unless otherwise stated in policy. In addition, the distant provider should coordinate with the patient's primary care physician.

[IN Provider Reference Manual pg.3](#)

Documentation must be maintained in the patient's medical record to support the need for the provider's presence at the originating site during the visit. Such documentation is subject to postpayment review. If a healthcare provider's presence at the originating site is medically necessary, billing of the appropriate evaluation and management code is permitted.

[IN Admin. Code, Title 844, 5-3-2 \(2012\).](#)

A documented patient evaluation, including history and physical evaluation adequate to establish diagnoses and identify underlying conditions or contraindications to the treatment recommended or provided, must be obtained prior to issuing prescriptions electronically or otherwise.

[IN Admin Code Title 844, 5-3-3](#)

A provider located outside Indiana may not establish a provider-patient relationship with an individual in Indiana unless the provider and the provider's employer or the provider's contractor have certified in writing to the Indiana Professional Licensing Agency that the provider agrees to be subject to the jurisdiction of the courts of law of Indiana and Indiana Substantive and Procedural Laws. This certification must be filed by a provider's employer or contractor at the time of initial certification and renewed when the provider's license is renewed.

[IN Code, 25-1-9.5-9.](#)

Iowa-

514C.34 Health care services delivered by telehealth coverage.

c. "Telehealth" means the delivery of health care services through the use of interactive audio and video. "Telehealth" does not include the delivery of health care services through an audio-only telephone, electronic mail message, or facsimile transmission.

[Iowa Code-2018](#)

[Iowa standards of Practice-Telemedicine](#)

13.11(2) Practice guidelines. A licensee who uses telemedicine shall utilize evidence-based telemedicine practice guidelines and standards of practice, to the degree they are available, to ensure patient safety, quality of care, and positive outcomes

13.11(3) Iowa medical license required. A physician who uses telemedicine in the diagnosis and treatment of a patient located in Iowa shall hold an active Iowa medical license consistent with state and federal laws. Nothing in this rule shall be construed to supersede the exceptions to licensure contained in 653—subrule 9.2(2).

13.11(6) Identification of patient and physician. A licensee who uses telemedicine shall verify the identity of the patient and ensure that the patient has the ability to verify the identity, licensure status, certification, and credentials of all health care providers who provide telemedicine services prior to the provision of care.

653—13.11(147,148,272C) Standards of practice—telemedicine. This rule establishes standards of practice for the practice of medicine using telemedicine.

The board recognizes that technological advances have made it possible for licensees in one location to provide medical care to patients in another location with or without an intervening health care provider.

The board advises that licensees using telemedicine will be held to the same standards of care and professional ethics as licensees using traditional in-person medical care.

Failure to conform to the appropriate standards of care or professional ethics while using telemedicine may subject the licensee to potential discipline by the board.

[IA Code 514C.32; IA House File 2305 \(2018\).](#)

Health care services must be appropriately delivered by telehealth in accordance with accepted health care practices and standards, including all rules adopted by professional licensing boards.

[IA Legislative Law](#)

Kansas

[KS HB 2028 \(2018\).](#)

“Telemedicine,” including “telehealth,” means the delivery of healthcare services or consultations while the patient is at an originating site and the healthcare provider is at a distant site. Telemedicine shall be provided by means of real-time two-way interactive audio, visual, or audio-visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support healthcare delivery, that facilitate the assessment, diagnosis, consultation, treatment, education and care management of a patient’s healthcare. “Telemedicine” does not include communication between:

- (A) Healthcare providers that consist solely of a telephone voice-only conversation, email or facsimile transmission; or
- (B) a physician and a patient that consists solely of an email or facsimile transmission.

[Center for Connected Health Policy-Kansas](#)

Kansas Medicaid covers live video telemedicine for certain services. Additionally, they also cover remote patient monitoring that is in real-time through home health agencies and with prior authorization.

[KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-29 \(June. 2018\).](#)

Kansas Medicaid requires the patient to be present at the originating site indicating store-and-forward will not be reimbursed.

For remote patient monitoring, providers must submit literature to the fiscal agent’s Provider Enrollment team pertaining to the telecommunication equipment the agency has chosen that will allow thorough physical assessments such as: assessment of edema, rashes, bruising, skin conditions, and other significant changes in health status.

There will absolutely be no reimbursement for email, phone, and FAX.

[KS Dept. of Health and Environment, Kansas Medical Assistance Program, Provider Manual, General Benefits, p. 2-29 \(Jun. 2018\).](#)

It is required to obtain written consent before beginning telehealth home services.

Telemedicine may be used to establish a valid provider-patient relationship

Physicians must have a pre-existing patient-prescriber relationship. Physicians are prohibited from prescribing drugs on the basis of an internet-based questionnaire or consult, or telephone consult.

[KS Admin. Regs., Sec. 68-2-20.](#)

### **Telemedicine Regulations related to COVID-19**

[An Executive Order temporarily expands telemedicine in response to COVID.](#)

### Kentucky

(3)(a) A telehealth provider shall: 1. Be an approved member of the Kentucky Telehealth Network; and 2. Comply with the standards and protocols established by the Kentucky Telehealth Board. (b) To become an approved member of the Kentucky Telehealth Network, a provider shall: 1. Send a written request to the Kentucky Telehealth Board requesting membership in the Kentucky Telehealth Network; and 2. Be approved by the Kentucky Telehealth Board as a member of the Kentucky Telehealth Network.

"Telehealth consultation means a medical or health consultation, for purposes of patient diagnosis or treatment, that meets the definition of telehealth in this section."

[KY Revised Statutes. 205.510.](#)

Telehealth means two-way, real time interactive communication between a patient and a physician or practitioner located at a distant site for the purpose of improving a patient's health through the use of interactive telecommunication equipment that includes, at a minimum, audio and video equipment.

[KY Revised Statutes.](#)

Recently Adopted Legislation (Effective Jul. 1, 2019)

Telehealth means the delivery of health care-related services by a health care provider who is licensed in Kentucky to a patient or client through a face-to-face encounter with access to real-time interactive audio and video technology or store and forward services that are provided via asynchronous technologies as the standard practice of care where images are sent to a specialist for evaluation. The requirement for a face-to-face encounter shall be satisfied with

the use of asynchronous telecommunications technologies in which the health care provider has access to the patient's or client's medical history prior to the telehealth encounter; (b) Shall not include the delivery of services through electronic mail, text chat, facsimile, or standard audio-only telephone call; and (c) Shall be delivered over a secure communications connection that complies with HIPAA.

[KY State Plan Amendment. Attachment 3.1-B. Approved 3/9/2011.](#)

“Telehealth medical services: The originating-site or spoke site is the location of the eligible Kentucky Medicaid recipient at the time the telehealth service is being furnished via an interactive telehealth service communications system. The distant or hub site is the location of the provider and is considered the place of service. An interactive telehealth service communication system includes interactive audio and video equipment permitting two-way real time interactive communication between the patient and the practitioner at the originating and distant-sites.”

*Coverage for services rendered through telehealth service, provided at the originating-site, are covered to the same extent the service and the provider are covered when not furnished through telehealth service*

[KY State Plan Amendment. Attachment 3.1-B. Approved 3/9/2011](#)

Telehealth consultation requires two way interactive video, referral by a health care provider and a referral by a recipient’s lock-in provider (if applicable).

[KY Admin. Regs. Title, 907, 3:170 Sec. 2, \(6\)a-c.](#)

Beginning Jul. 1, 2019 KY Medicaid is required to reimburse telehealth consultations, which encompasses store-and-forward.

[KRS 205.559](#)

No reimbursement for email, telephone, or fax

Before providing a telehealth consultation, providers must document written patient informed consent.

This includes:

- The patient may refuse the telehealth consultation at any time without affecting the right to future care or treatment, and without risking the loss or withdrawal of a benefit to which the patient is entitled;
- The recipient shall be informed of alternatives to the telehealth consult;
- The recipient shall have access to medical information resulting from the telehealth consult as provided by law;



## State Law/Regulation Compendium-Telemedicine

- The dissemination, storage, or retention of an identifiable recipient image or other information from the telehealth consult shall comply with all state and federal confidentiality laws and regulations;
- The patient shall have the right to be informed of the parties who will be present at the spoke site and the hub site during the telehealth consult, and shall have the right to exclude anyone from either site;
- The patient shall have the right to object to the videotaping of a telehealth consult.

[KY Admin. Regs. Title, 907, 3:170 \(2011\).](#)

[KY Statute Sec. 205.5591 \(4\).](#)

[KY Admin. Regs. Title, 907, 3:170.](#)

KY Medicaid program required to only allow providers licensed in Kentucky to receive reimbursement for telehealth services.

Providers must be approved through the Kentucky e-Health/Telehealth Network Board. Must be approved member of KY telehealth network.

\*Law going into effect Jul. 1, 2019 restricts Medicaid from requiring providers be members of a specific telehealth network.

[KY Revised Statutes § 311.5975 \(2012\).](#)

*Prior to prescribing in response to any communication transmitted or received by computer or other electronic means, physicians must establish a proper physician-patient relationship. This includes:*

*Verification that the person requesting medication is in fact who the patient claims to be;*

*Establishment of a documented diagnosis through the use of accepted medical practices;*

*Maintenance of a current medical record.*

*An electronic, online, or telephone evaluation by questionnaire are inadequate for the initial or any follow-up evaluation.*

[KY Revised Statutes § 311.597 \(2012\).](#)

*A physician performing or inducing an abortion shall be present in-person and in the same room with the patient. The use of telehealth shall not be allowed in the performance of an abortion.*

[KY Revised Statute Sec. 311.728.](#)

*A provider must be licensed in Kentucky with the exception of persons who, being nonresidents of Kentucky and lawfully licensed to practice medicine or osteopathy in their states of actual*

*residence, infrequently engage in the practice of medicine or osteopathy within this state, when called to see or attend particular patients in consultation and association with a Kentucky-licensed physician.*

[KY Revised Statutes § 311.560 \(2012\).](#)

## Louisiana

### Physician's Use of Telemedicine in Practice

Telemedicine - the practice of health care delivery, diagnosis, consultation, treatment, and transfer of medical data by a physician using interactive telecommunication technology that enables a physician and a patient at two locations separated by distance to interact via two-way video and audio transmissions simultaneously. Neither an electronic mail message between a physician and a patient, or a true consultation constitutes telemedicine for the purposes of this Part. A physician practicing by telemedicine may utilize interactive audio without the requirement of video if, after access and review of the patient's medical records, the physician determines that he or she is able to meet the same standard of care as if the healthcare services were provided in-person.

[LA Admin. Code 46:XLV.75.](#)

[LA Dept. of Health and Hospitals, Professional Svcs. Provider Manual, Chapter Five of the Medicaid Svcs. Manual, p. 168 \(As revised on Apr. 13, 2018\).](#)

Louisiana Medicaid will not provide reimbursement for store-and-forward based upon the definition of "telemedicine" which describes telemedicine as including "audio and video equipment permitting two-way, real time interactive communication" therefore excluding store-and-forward.

[LA Dept. of Health and Hospitals, Professional Svcs. Provider Manual, Chapter Five of the Medicaid Svcs. Manual, p. 168 \(As revised on Apr. 13, 2018\).](#)

Providers must meet the following requirements:

- Be UL listed/certified or have 501(k) clearance;
- Be web-based;
- Be compliant with the requirements of the Health Insurance Portability and Accountability Act (HIPAA);

## State Law/Regulation Compendium-Telemedicine

- Have recipient specific reporting capabilities for tracking and trending;
- Have a professional call center for technical support based in the United States; and
- Have on-going provision of web-based data collection for each recipient, as appropriate. This includes response to recipient self-testing, manufacturer's specific testing, self-auditing and quality control.

[LA Dept. of Health and Hospitals, Community Choices Waiver Provider Manual, Chapter Seven of the Medicaid Svcs. Manual, p. 31-32 \(as revised on Mar. 29, 2018\)](#)

Reimbursement must be made to the originating site physician if he/she is physically present during the exam and interact with the distant-site physician.

[LA Revised Statutes 22:1821 \(2012\).](#)

Physicians must inform telemedicine patients of the relationship between the physician and patient, and the role of any other health care provider with respect to management of the patient. The patient may decline to receive telemedicine services and withdraw from such care at any time.

[LA Admin. Code 46:XLV.7511 \(2012\).](#)

Louisiana law requires that a physician who uses telemedicine establish a proper physician-patient relationship. Physicians must:

- Verify the identity of the patient;
- Conduct an appropriate exam;
- Establish a proper diagnosis;
- Discuss the diagnosis and risks and benefits of various treatment options;
- Ensure the availability of follow up care.
- Create and/or maintain a medical record

[LA Admin. Code 46:XLV.7503 \(2012\).](#)

An online, electronic or written mail message, or a telephonic evaluation by questionnaire or otherwise, does not satisfy the standards of appropriate care.

To establish a physician-patient relationship an in-person visit is not required if the technology is sufficient to provide the physician the pertinent clinical information.

No physician shall authorize or order the prescription, dispensation or administration of any controlled substance unless; a. the physician has had at least one in-person visit with the patient within the past year; provided, however, the requirement for an in-person visit shall not

## State Law/Regulation Compendium-Telemedicine

apply to a physician who holds an unrestricted license to practice medicine in LA and who practices telemedicine upon any patient being treated at a healthcare facility that is required to be licensed pursuant to the laws of LA and which holds a current registration with the U.S. Drug Enforcement Administration; b. the prescription is issued for a legitimate medical purpose; c. the prescription is in conformity with the standard of care applicable to an in-person visit; and d. the prescription is permitted by and in conformity with all applicable state and federal laws and regulations.

### [LA Admin. Code 46:XLV.408, Ch. 7503-05 & 7513.](#)

For physicians practicing telemedicine and treating a patient at a healthcare facility that is required to be licensed according to the laws of LA and holds a current registration with the US Drug Enforcement Administration:

- Physician must use the same standard of care as in-person.
- Physician must be authorized to prescribe any controlled dangerous substance without necessity of conducting an appropriate in-person patient history or physical examination.
- Physician shall not be subject to any regulation prohibition or restriction on the use of telemedicine that is more restrictive than those that are otherwise applicable to their entire profession.

### [LA Statute Sec. 37:1271.1 \(HB 480 – 2016\).](#)

A telemedicine license may be issued to out-of-state physicians, as long as they hold a full and unrestricted license in another state or U.S. territory.

Out-of-state telemedicine providers cannot open an office, meet with patients or receive calls from patients within Louisiana.

### [LA Revised Statutes 37:1276.1 \(2012\).](#)

A physician may practice in the state with a full license, or hold a telemedicine permit.

### [LA Admin. Code 46:XLV.7507.](#)

Louisiana has specific standards for its telemedicine physicians.

### [LA Statute Sec. 37:1271](#)

## **Telemedicine Regulations related to COVID-19**

[Emergency Rule 37 directs carriers to waive any telemedicine coverage limitations, etc. effective 3/23.](#)

## Maine

Telehealth is the use of information technology by a Health Care Provider to deliver clinical services at a distance for the purpose of diagnosis, disease monitoring, or treatment. Telehealth Services may be either telephonic or interactive (combined video/audio).

“Telemedicine, as it pertains to the delivery of health care services, means the use of interactive audio, video or other electronic media for the purpose of diagnosis, consultation or treatment. ‘Telemedicine’ does not include the use of audio-only telephone, facsimile machine or e-mail.”

[ME Revised Statutes Annotated. Title 24, Sec. 4316.](#)

*Board of Licensure in Medicine & Board of Osteopathic Licensure*

*"Telemedicine" means the practice of medicine or the rendering of health care services using electronic audio-visual communications and information technologies or other means, including interactive audio with asynchronous store-and-forward transmission, between a licensee in one location and a patient in another location with or without an intervening health care provider. Telemedicine includes asynchronous store-and-forward technologies, remote monitoring, and real-time interactive services, including teleradiology and telepathology. Telemedicine shall not include the provision of medical services only through an audio-only telephone, e-mail, instant messaging, facsimile transmission, or U.S. mail or other parcel service, or any combination thereof.*

[ME Regulation Sec. 02-373-6 & 02-383-6.](#)

*Board of Licensure in Medicine & Board of Osteopathic Licensure*

*A licensee who uses telemedicine shall ensure the patient provides appropriate informed consent for the health care services provided, including consent for the use of telemedicine, which must be documented in the patient's medical record.*

[ME Regulation Sec. 02-373-6 & 02-383-6.](#)

*Board of Licensure in Medicine & Board of Osteopathic Licensure*

## State Law/Regulation Compendium-Telemedicine

*Prior to providing treatment, including issuing prescriptions, electronically or otherwise, a licensee who uses telemedicine in providing health care shall interview the patient to collect the relevant medical history and perform a physical examination, when medically necessary, sufficient for the diagnosis and treatment of the patient. An internet questionnaire that is a static set of questions provided to the patient, to which the patient responds with a static set of answers, in contrast to an adaptive interactive and responsive online interview, does not constitute an acceptable medical interview and physical examination for the provision of treatment, including issuance of prescriptions, electronically or otherwise, by the licensee.*

*A valid physician-patient relationship may be established between a licensee who uses telemedicine in providing health care and a patient who receives telemedicine services through consultation with another licensee or through a telemedicine encounter if the standard of care does not require an in-person encounter and in accordance with evidence-based standards for practice and telemedicine practice guidelines that address the clinical and technological aspects of telemedicine.*

[ME Regulation Sec. 02-373-6 & 02-383-6.](#)

[ME Statute Sec. 22:855.3173-H.](#)

*If the Member is eligible for the underlying covered service and providing it via telehealth is medically appropriate and is of comparable quality if it had been delivered in-person, the telehealth service is eligible for reimbursement.*

*No reimbursement for communication between health care providers when the member is not present at the originating site.*

[MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4](#)

*A health care provider must also be:*

- *Acting within the scope of his or her license*
- *Enrolled as a MaineCare provider; and*
- *Otherwise eligible to deliver the underlying Covered Service*

[MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.03., p. 3.](#)

*If approved by HRSA and the state, a FQHC, RHC, or IHC may serve as the provider site and bill under the encounter rate.*

[MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.p. 10. \(Apr. 9, 2018\). \(Accessed Sept. 2018\).](#)

*FQHCs, RHCs or IHCs may be originating sites.*

[MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4., p. 10. \(Apr. 9, 2018\).](#)

*Provider manual indicates coverage of “telehealth services” which is inclusive of store-and-forward, however the manual only discusses interactive telehealth, and remote patient monitoring in detail. Additionally, the manual only discusses the use of the GT modifier (live interactive video), and does not mention the GQ modifier (asynchronous).*

[MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.](#)

*ME Medicaid provides coverage for telemonitoring services (which may or may not take place in real time) under certain circumstances.*

*Covered telemonitoring services include:*

- *Evaluation of the member to determine if telemonitoring services are medically necessary;*
- *Evaluation of Member to ensure cognitively and physically capable of operating equipment;*
- *Evaluation of residence;*
- *Education and training;*
- *Remote monitoring and tracking of data by a RN, NP, PA or physician and response with appropriate clinical interventions;*
- *Monthly telephonic services;*
- *Maintenance of equipment; and*
- *Removal/disconnection of equipment*

[MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.04. p. 4-5.](#)

*Home and Community Benefits for the Elderly and for Adults with Disabilities*

*Real time remote support monitoring is covered under Home and Community Benefits for the Elderly and for Adults with Disabilities. Services may include a range of technological options including in-home computers, sensors and video camera linked to a provider that enables 24/7 monitoring.*

[MaineCare Benefits Manual, Home and Community Benefits for the Elderly and for Adults with Disabilities, 10-144 Ch. II, Sec. 19, p. 13 \(Jun. 1, 2017\).](#)

*In order to be eligible for telemonitoring a member must:*

- *Be eligible for home health services;*

## State Law/Regulation Compendium-Telemedicine

- *Have a diagnosis of a health condition requiring monitoring of clinical data at a minimum of five times per week, for at least one week;*
- *Have documentation in the patient's medical record that the patient is at risk of hospitalization or admission to an emergency room or have continuously received Telemonitoring Services during the past calendar year and have a continuing need for such services, as documented by an annual note from a health care provider;*
- *Have telemonitoring services included in the Member's plan of care;*
- *Reside in a setting suitable to support telemonitoring equipment; and*
- *Have the physical and cognitive capacity to effectively utilize the telemonitoring equipment or have a caregiver willing and able to assist with the equipment.*

Source:

[MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.02. p. 2-3.](#)

*Home and Community Benefits for the Elderly and for Adults with Disabilities*

*Final approval must be obtained from the Department, Office of Aging and Disability Services while considering:*

- *Number of hospitalizations in the past year;*
- *Use of emergency room in the past year;*
- *History of falls in the last six months resulting from injury;*
- *Member lives alone or is home alone for significant periods of time;*
- *Service access challenges and reasons for those challenges;*
- *History of behavior indicating that a member's cognitive abilities put them at a significant risk of wandering; and*
- *Other relevant information.*

Source:

[MaineCare Benefits Manual, Home and Community Benefits for the Elderly and for Adults with Disabilities, 10-144 Ch. II, Sec. 19, p. 13 \(Jun. 1, 2017\). \(Accessed Sept. 2018\).](#)

*A health care provider must document that a face-to-face encounter with the member occurred before they are eligible for a home health benefit. This can occur through interactive telehealth services, but not by telephone or e-mail.*

Source:



[MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.03.](#)

*Telephonic services may be reimbursed if the following conditions are met:*

- *Interactive telehealth services are unavailable; and*
- *A telephonic service is medically appropriate for the underlying covered service.*

*Services may not be delivered through electronic mail.*

*Interprofessional telephone/internet assessment are among the listed reimbursable procedure codes.*

*Source:*

[MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.](#)

*Telephone is also covered for:*

- *Targeted Case Management Services for purposes of monitoring and follow up activities can take place over the telephone.*
- *Telephone can be used in under the Home and Community Benefits for the Elderly and for Adults with Disabilities for purposes of monitoring.*
- *Behavioral Health Services for purposes of crisis resolution services when at least one face-to-face contact is made with the member within seven days prior to the first contact related to the crisis resolution service.*

*Source:*

[MaineCare Benefits Manual, Targeted Case Management Services, 10-144 Ch. 101, Sec. 13, p. 6 \(Mar. 20, 2014\).](#)

[MaineCare Benefits Manual, Home and Community Benefits for the Elderly and for Adults with Disabilities, 10-144 Ch. II, Sec. 19, p. 13 \(Jun. 1, 2017\).](#)

[MaineCare Benefits Manual, Behavioral Health Services, 10-44 Ch. II, Sec. 65, p. 10 \(Nov. 26, 2016\).](#)

*Providers must deliver written educational information to patients at their visit.*

*This information should be in a format and manner that the Member is able to understand and include the following:*

- *Description of the telehealth services and what to expect;*

## State Law/Regulation Compendium-Telemedicine

- *Explanation that the use of telehealth for this service is voluntary and that the member is able to refuse the telehealth visit at any time without affecting the right to future care or treatment or loss or withdrawal of MaineCare benefit;*
- *Explanation that MaineCare will pay for transportation to a distant appointment if needed;*
- *Explanation that the Member will have access to all information resulting from the telehealth service provided by law;*
- *The dissemination, storage or retention of an identifiable Member image or other information shall comply with federal and state laws and regulations requiring confidentiality.*
- *Informed of all parties who will be present at the receiving and originating site and have the right to exclude anyone from either site; and*
- *Member has the right to object to videotaping or other recording of consult.*

Source:

[MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. p. 8.](#)

*Member's record must document consent for RPM.*

Source:

[MaineCare Benefits Manual, Home and Community Benefits for the Elderly and for Adults with Disabilities, 10-144 Ch. II, Sec. 19, p. 13 \(June. 1, 2017\).](#)

*Healthcare Providers must be licensed or certified in the state of Maine.*

Source:

[MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.01.](#)

*A physician who is not licensed in Maine can practice medicine in Maine through interstate telemedicine if they are licensed in the state they are providing telemedicine from, their license is in good standing, the physician does not open an office, meet patients or receive calls in the state and agrees to provide only consultative services as requested by other physicians, APRNs or PAs, and the physician annually registers with the board and pays a fee.*

Source:

[32 MSRA Sec. 3300-D.](#)

*A physician registered for the interstate telemedicine consultation shall not:*

## State Law/Regulation Compendium-Telemedicine

- *Open an office in this State;*
- *Meet with patients in this State;*
- *Receive calls in this State from patients; and*
- *Shall provide only consultative services as requested by a physician, advanced practice registered nurse or physician assistant licensed in this State who retains ultimate authority over the diagnosis, care and treatment of the patient.*

Source:

[ME Regulation Sec. 02-373 Ch. 1, pg 13-14.](#)

### Maryland

Telemedicine means, as it relates to the delivery of health care services, the use of interactive audio, video, or other telecommunications or electronic technology:

1. By a health care provider to deliver a health care service that is within the scope of practice of the health care provider at a site other than the site at which the patient is located; and
2. That enables the patient to see and interact with the health care provider at the time the health care service is provided to the patient.

Source:

[MD Health General Code 15-105.2.](#)

“Telehealth means the delivery of medically necessary somatic or behavioral health services to a patient at an originating site by distant site provider, through the use of technology-assisted communication.”

Source:

[Code of Maryland Admin. Regs. Sec. 10.09.49.02.](#)

Reimbursement for telehealth is required for services appropriately delivered through telehealth and may not exclude from coverage a health care service solely because it is through telehealth.

The Department may require providers to submit a registration form to include information required for the processing of telehealth claims.

Source:

[MD General Health Code Sec. 15-105.2](#)

[Insurance Code 15-139.](#)

## State Law/Regulation Compendium-Telemedicine

Recently Approved Legislation (Now Effective – Expires in two years at the end of September 30, 2020)

If the Department specifies by regulation the types of health care providers eligible to receive reimbursement, the types of health care providers shall include:

- Primary care providers; and
- Psychiatrists who are providing assertive community treatment or mobile treatment services to program recipients located in a home or community-based setting.

Health services provided by a psychiatrist described above is equivalent to the same health care service when provided through in-person consultation.

*Source:*

[Senate Bill 704 \(2018\).](#)

Eligible distant site provider:

- Nurse midwife
- Nurse practitioner
- Psychiatric nurse practitioner
- Physician;
- A physician assistant; or
- A provider fluent in American Sign Language providing telehealth services to a deaf or hard of hearing participant;

The following sites can register as distant site providers:

- A community-based substance use disorder provider;
- An opioid treatment program;
- An outpatient mental health center; or
- A Federally Qualified Health Center

Telehealth providers must be enrolled in the Maryland Medical Assistance Program and register as an originating or distant site via an online form before rendering telehealth services.

Additionally, providers billing for behavioral health services must register with the Department's administrative service organization (ASO) before rendering behavioral health services.

*Source:*

[MD Medicaid Telehealth Program. Telehealth Provider Manual. Updated Mar 2, 2018.](#)

[Code of Maryland Admin. Reqs. Sec. 10.09.49.07.](#)

Eligible originating sites:

- College or university student health or counseling office
- Community-based substance use disorder provider
- Deaf or hard of hearing participant's home or any other secure location approved by the participant and provider
- Elementary, middle, high or technical school with a supported nursing, counseling or medical office
- Local health department
- FQHC
- Hospital, including emergency department
- Nursing facility
- Private office
- Opioid treatment program
- Outpatient mental health center
- Renal dialysis center; or
- Residential crisis services site

Telehealth providers must be enrolled in the Maryland Medical Assistance Program and register as an originating or distant site via an online form before rendering telehealth services. Additionally, providers billing for behavioral health services must register with the Department's administrative service organization (ASO) before rendering behavioral health services.

Source:

[MD Medicaid Telehealth Program. Telehealth Provider Manual. Updated May 2, 2018. Accessed Sept. 2018](#)

[Code of Maryland Admin. Reqs. Sec. 10.09.49.07.](#)

## State Law/Regulation Compendium-Telemedicine

The department may provide reimbursement for services delivered through store-and-forward technology.

Source:

[Health General Code 15-105.2.](#)

Medicaid does not cover store-and-forward, however dermatology, ophthalmology and radiology are covered under Physician services of COMAR.

Source:

[MD Medicaid Telehealth Program. Telehealth Provider Manual. Updated May 2, 2018.](#)

The department may provide reimbursement for services delivered through remote patient monitoring technology.

Source:

[Health General Code 15-105.2.](#)

MD Medicaid reimburses for remote patient monitoring for certain chronic conditions.

Source:

[Remote Patient Monitoring. MD Department of Health..](#)

No reimbursement for home health monitoring services under telehealth manual.

Source:

[MD Medicaid Telehealth Program. Telehealth Provider Manual. Updated May 2, 2018.](#)

*The department may provide reimbursement for services delivered through remote patient monitoring technology.*

Source:

[Health General Code 15-105.2.](#)

Eligible Providers:

- *Home Health Agencies*
- *Hospitals*
- *Clinics*
- *Federally Qualified Health Centers*
- *Managed Care Organizations*

## State Law/Regulation Compendium-Telemedicine

- *Health Professionals (Physicians, Nurses, Physician Assistants)*

Source:

[Remote Patient Monitoring. MD Department of Health. \(Accessed Sept. 2018\).](#)

No reimbursement for email.

No reimbursement for telephone.

No reimbursement for FAX.

No reimbursement for email, phone or telephone conversations between providers.

Source:

[MD Medicaid Telehealth Program. Telehealth Provider Manual. Updated May 2, 2018..](#)

The originating site must obtain consent. If the participant is unable to provide consent, the medical record must contain in writing an explanation as to why the participant was unable to consent to telehealth services.

Source:

[MD Medicaid Telehealth Program. Telehealth Provider Manual. Updated May 2, 2018.](#)

Consent is required unless there is an emergency.

Source:

[Code of Maryland Admin. Regs. Sec. 10.09.49.06.](#)

A physician-patient relationship can be established through real time auditory communications or real-time visual and auditory communications.

Source:

[Code of Maryland Admin. Regs. Sec. 10.32.05.05](#)

MD has exceptions to its MD-only licensed physicians for physicians practicing in the adjoining states of Delaware, Virginia, West Virginia, and Pennsylvania.

Source:

[MD Health Occupations Code Annotated Sec. 14-302 \(2012\).](#)

A physician providing services through telemedicine must have a Maryland license if they are located in Maryland, or if the patient is in Maryland.

Source:

## State Law/Regulation Compendium-Telemedicine

*Specific standards apply for physicians utilizing a website to communicate with patients.*

Source:

[Code of Maryland Admin. Regs. Sec. 10.32.05.02 & 10.32.02.](#)

[Code of Maryland Admin. Regs. Sec. 10.32.05.03.](#)

### **Telemedicine Regulations related to COVID-19**

[An Executive Order authorizes the reimbursement of telemedicine in response to COVID. \(3/20\)](#)

#### Massachusetts

“Telemedicine as it pertains to the delivery of health care services, shall mean the use of interactive audio, video or other electronic media for the purpose of diagnosis, consultation or treatment. ‘Telemedicine’ shall not include the use of audio-only telephone, facsimile machine or e-mail.”

Source:

[Annotated Laws of MA. Part I, Title XXII, Ch. 175, Sec. 47BB.](#)

Prior to any e-prescribing, there must be a physician-patient relationship that conforms to certain minimum norms and standards of care, which includes taking a medical history and conducting an appropriate exam.

Source:

[“Internet Prescribing,” MA Board of Registration in Medicine. Dec. 17, 2003 & Prescribing Practices Policy](#)

[Guidelines. Policy 15-05, pg. iii \(Sec. 4\), Adopted Oct. 8, 2015.](#)

### **Telemedicine Regulations related to COVID-19**

[An Executive Order expands access to telehealth \(3/15\)](#)

#### Michigan

“Telemedicine means the use of an electronic media to link patients with health care professionals in different locations. To be considered telemedicine, the health care professional must be able to examine the patient via a real-time, interactive audio or video,



or both, telecommunications system, and the patient must be able to interact with the off-site health care professional at the time the services are provided.”

Source:

[MI Compiled Law Svcs. Sec. 500.3476.](#)

Live video telemedicine is reimbursed, and should primarily be used when travel is prohibitive for the beneficiary or there is an imminent health risk justifying immediate medical need for services. Where face-to-face visits are required, telemedicine services may be used in addition to the required face-to-face visit, but cannot be used as a substitute.

Source:

[Dept. of Community Health, Medicaid Provider Manual, p. 1667, Oct. 1, 2018 \(Accessed Sept. 1, 2018\).](#)

#### Michigan Medicaid Live Video Eligible Providers

Physicians and practitioners are eligible to be distant site providers.

Source:

[Dept. of Community Health, Medicaid Provider Manual, p. 1668, Oct. 1, 2018](#)

#### Eligible originating sites for Live Video Services

- County mental health clinics or publicly funded mental health facilities;
- Federally Qualified Health Centers;
- Hospitals (inpatient, outpatient, or Critical Access Hospitals);
- Physician or other providers’ offices, including medical clinics;
- Hospital-based or CAH-based Renal Dialysis Centers;
- Rural Health Clinics;
- Skilled nursing facilities;
- Tribal Health Centers

Telecommunication systems using store-and-forward technology are not included in MI Medicaid’s telemedicine policy.

Source:

[Dept. of Community Health, Medicaid Provider Manual, p. 1668](#)

Telemedicine services must be provided by a health care professional who is licensed, registered or otherwise authorized to engage in his or her health care profession in the state where the patient is located.

Source:

[Dept. of Community Health, Medicaid Provider Manual, p. 499, Oct. 1, 2018 \(Sept. 2018\).](#)

Consent must directly or indirectly be obtained by a health care professional utilizing telehealth.

Source:

[MI Compiled Laws Sec. 333.16284.](#)

Providers must have an existing physician-patient relationship

Source:

[MI Compiled Laws Sec. 333.17751.](#)

Controlled substances cannot be prescribed unless the prescribing is in a bona fide prescriber-patient relationship with the patient. A “bona fide prescriber-patient relationship” means a treatment or counseling relationship between a prescriber and a patient in which both of the following are present:

- The prescriber has reviewed the patient’s relevant medical or clinical records and completed a full assessment of the patient’s medical history and current medical condition, including a relevant medical evaluation of the patient conducted in-person or through telehealth.
- The prescriber has created and maintained records of the patient’s condition in accordance with medically accepted standards.

Source:

[MI Compiled Laws Sec. 333.7303a.](#)

A health professional providing telehealth service to a patient may prescribe the patient a drug if both the following are met:

- The health professional is a prescriber who is acting within the scope of his or her practice; and
- If the health professional is prescribing a controlled substance, the health professional must meet the requirements of this act applicable to that health professional for prescribing a controlled substance.

The health professional must also provide a referral for health care services that are geographically accessible to the patient, if medically necessary. They also must make himself or herself (or a delegated health professional) available for follow-up care or refer the patient to another health professional for follow-up care.

*Source:*

[MI Compiled Laws, Sec. 16285.](#)

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

### **Telemedicine Regulations related to COVID-19**

[The Department of Health issued an expansion of telemedicine policies \(3/20\)](#)

### **Minnesota**

"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."

*Source:*

[MN Statute 256B.0625.Subdivision 3b\(d\)](#)

"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."

*Source:*

[MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised May 5, 2018](#)

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.

*Source:*

[MN Statute Sec. 256B.0625, Subdivision 3b\(d\).](#)

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

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

## State Law/Regulation Compendium-Telemedicine

- Partial hospitalization programs
- Residential treatment services
- Case management face-to-face contact

Source:

[MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised May 5, 2018.](#)

*Providers must use the new place of service code 02 beginning Nov. 1, 2017.*

*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*
- *Therapist*
- *Occupational therapist*
- *Audiologist*
- *Public health nursing organizations*

Source:

[MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised May 9, 2018.](#)

*Authorized originating sites include:*

## State Law/Regulation Compendium-Telemedicine

- *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*

Source:

[MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised May 9, 2018.](#)

*Telemedicine may be provided through store-and-forward technology to provide or support health care delivery.*

Source:

[MN Statute Sec. 256B.0625.](#)

*There is reimbursement for “telehomecare” under Elderly Waiver (EW) and Alternative Care (AC) programs.*

Source:

[MN Dept. of Human Svcs., Provider Manual, Elderly Waiver \(EW\) and Alternative Care \(AC\) Program, As revised 5/22/18, \(Accessed Sept. 2018\).](#)

*Prior authorization for home care services is required for all tele-home-care visits.*

Source:

[MN Dept. of Human Svcs., Provider Manual, Home Care Svcs., As revised Jan. 23, 2015 \(Accessed Sept. 2018\).](#)

*No reimbursement for email*

*No reimbursement for phone*

*No reimbursement for fax*

Source:

[MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised May 9, 2018.](#)

*“A communication between two physicians 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\(b\)\(d\).](#)

*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, As revised May 9, 2018.](#)

[MN Dept of Human Services, Provider Manual, Provider Basics: Out-of-State Providers. Revised 12/6/12](#)

*A physician-patient relationship may be established through telemedicine*

Source:

[MN Statute 147.033.](#)

*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.*

*This includes the referring provider performing an in-person examination and a consultant issuing the prescription when providing services by telemedicine.*

Source:

[MN Statute Sec. 151.37.](#)

*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.*

Source:

[MN Statute Sec. 147.032.](#)

### Mississippi

Telemedicine means the delivery of health care services such as diagnosis, consultation, or treatment through the use of interactive audio, video or other electronic media. Telemedicine must be "real-time" consultation, and it does not include the use of audio-only telephone, e-mail or facsimile.

Private Payer Laws:

Telemedicine means the delivery of health care services such as diagnosis, consultation, or treatment through the use of interactive audio, video or other electronic media. Telemedicine must be "real-time" consultation, and it does not include the use of audio-only telephone, e-mail or facsimile.

Source:

[MS Code Sec. 83-9-351.](#)

Source:

[MS Code Sec. 83-9-351\(1\)\(d\).](#)

The Division of Medicaid defines telemedicine as a method which uses electronic information and communication equipment to supply and support health care when remoteness disconnects patients and links primary care physicians, specialists, providers, and beneficiaries which includes, but is not limited to, telehealth services, remote patient monitoring services, teleradiology services, store-and-forward and continuous glucose monitoring services.

The Division of Medicaid defines telehealth services as the delivery of health care by an enrolled Medicaid provider, through a real-time communication method, to a beneficiary who is located at a different site. The interaction must be live, interactive, and audiovisual.

Source:

[MS Admin. Code Title 23, Part 225, Rule. 1.1](#)



Telehealth service is defined as the practice of health care delivery by a provider to a beneficiary who is under the care of a provider at a different geographical location.

Source:

[State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 3.1-A. 3/31/15.](#)

Telehealth services allowed when delivered by an enrolled Medicaid provider acting within their scope of practice and license and in accordance with state and federal guidelines, including authorization of prescription medication at both the originating and distant site.

Source:

[MS Admin. Code Title 23, Part 225, Rule. 1.1 \(Accessed Sept. 2018\).](#)

Medicaid covers medically necessary health services via telehealth when that service is covered in an in-person setting and is live, interactive and audiovisual.

Source:

[State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 3.1A. 3/31/15](#)

Any enrolled Medicaid provider may provide telehealth services at the originating site. The following enrolled Medicaid providers may provide telehealth services at the distant site:

- Physicians,
- Physician assistants,
- Nurse practitioners,
- Psychologists,
- Licensed Clinical Social Workers (LCSW),
- Licensed Professional Counselors (LPCs),
- Board Certified Behavior Analysts or Board Certified Behavior Analyst Doctorals

Source:

[MS Admin. Code Title 23, Part 225, Rule. 1.2\(C\).](#)

There must be an enrolled Medicaid provider that performs the duties of the telepresenter at the originating site by:

- Acting within their scope-of-practice and license and be physically present in the room at all times during the telehealth service; or

## State Law/Regulation Compendium-Telemedicine

- Providing direct supervision to qualified healthcare professionals acting within their scope of practice who must be an enrolled Medicaid provider and be physically present during the entirety of the telehealth service.

*Source:*

[MS Admin Code Title 23, Part 225, Rule 1.2\(C\)..](#)

An originating site fee is covered in the following originating sites:

- Office of a physician or practitioner;
- Outpatient Hospital (including a Critical Access Hospital (CAH));
- Rural Health Clinic (RHC);
- Federally Qualified Health Center (FQHC);
- Community Mental Health/Private Mental Health Centers;
- Therapeutic Group Homes;
- Indian Health Service Clinic; or
- School-based clinic.

*Source:*

[State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 3.1-A. 3/31/15.](#)

Store-and-forward includes, but is not limited to teleradiology. The Division of Medicaid covers one technical and one professional component for each teleradiology procedure only for providers enrolled in MS Medicaid and when there are no geographically local radiologist providers to interpret the images.

*Source:*

[MS Admin. Code Title 23, Part 225, Rule. 3.1 & 3.3](#)

Private payers, MS Medicaid and employee benefit plans are required to provide coverage for remote patient monitoring services for Mississippi-based telehealth programs affiliated with a Mississippi health care facility.

No reimbursement for email.

No reimbursement for telephone.

No reimbursement for facsimile

*Source:*

[MS Admin. Code 23, Part 225, Rule. 1.4\(C\).](#)

Not considered telehealth:

- Telephone conversations;
- Chart reviews;
- Electronic mail messages;
- Facsimile transmission;
- Internet services for online medical evaluations; or
- The installation or maintenance of any telecommunication devices or systems.

Source:

[State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 3.1-A. 3/31/15.](#)

*The physician should obtain the patient's informed consent before providing care. The patient should be provided with information relative to treatment, the risk and benefits of being treated via a telemedicine network and how to receive follow-up care or assistance.*

Source:

[MS Admin. Code Title 30, Sec. 2635, Rule 5.3..](#)

Signed consent for using telehealth is required.

Source:

[MS Admin. Code 23, Part 225, Rule 1.6.](#)

A prescription for a controlled substance based solely on a consumer's completion of an online medical questionnaire is not a valid prescription.

Source:

[MS Code Sec. 41-29-137](#)

To establish the physician patient relationship through telemedicine, it must include:

- Verify the identity of the person;
- Conduct an appropriate history and physical examination (which can be conducted via telemedicine);

## State Law/Regulation Compendium-Telemedicine

- Establish a diagnosis through the use of acceptable medical practice;
- Discuss with the patient the diagnosis, risks and benefits of various treatment options to obtain informed consent;
- Insuring the availability of appropriate follow up care; and
- Maintaining a complete medical record available to patient and other treating health care providers.

Physicians using telemedicine to provide medical care must provide an appropriate examination prior to diagnosis and treatment of a patient. The exam does not need to be in-person if the technology is sufficient to provide the same information to the physician as if the exam had been performed face-to-face.

Source:

[MS Admin. Code Title 30, Sec. 2635, Rule 5.4 & 5.5..](#)

*No person may engage in the practice of medicine across state lines in Mississippi unless they first obtain a license to do so from the State Board of Medical Licensure and meet all educational and licensure requirements as determined by the Board. These requirements are not required where the evaluation, treatment and/or the medical opinion to be rendered by a physician outside the state is requested by a physician duly licensed to practice medicine in the state, and the physician who has requested the evaluation, treatment and/or medical opinion has already established a doctor/patient relationship with the patient to be evaluated and/or treated.*

Source:

[MS Code Sec. 73-25-34.](#)

*The practice of medicine is deemed to occur in the location of the patient, therefore physicians practicing telemedicine must have a Mississippi medical license. The interpretation of clinical laboratory studies as well as pathology and histopathology studies performed by physicians without Mississippi licensure is not the practice of telemedicine if a Mississippi licensed physician is responsible for accepting, rejecting, or modifying the interpretation.*

Source:

[MS Admin. Code Title 30, Sec. 2635, Rule 5.2 & 5.4.](#)

*A physician treating a patient through a telemedicine network must maintain a complete record of the patient's care.*

*No physician practicing teleemergency medicine shall be authorized to function in a collaborative/consultative role unless their practice location is a Level One Hospital Trauma Center that is able to provide continuous twenty-four hour coverage and has an existing air ambulance system in place. Coverage will be authorized only for those emergency departments of licensed hospitals who have an average daily census of thirty or fewer acute care/medical surgical occupied beds as defined by their Medicare Cost Report.*

Source:

[MS Admin. Code Title 30, Sec. 2635, Rule 5.6 & 5.7.](#)

### Missouri

"Telehealth" or "telemedicine", the delivery of health care services by means of information and communication technologies which facilitate the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while such patient is at the originating site and the health care provider is at the distant site. Telehealth or telemedicine shall also include the use of asynchronous store-and-forward technology.

Source:

[MO Revised Statute Sec. 191.1145.](#)

### Licensing of Physicians and Surgeons

Telehealth means the use of medical information exchanged from one site to another via electronic communications to improve the health status of a patient.

Source:

[MO Code of State Regulation. Title 20, 2150-2.001.](#)

"Telehealth" or "telemedicine", the delivery of health care services by means of information and communication technologies which facilitate the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while such patient is at the originating site and the health care provider is at the distant site. Telehealth or telemedicine shall also include the use of asynchronous store-and-forward technology.

Source:

[MO Revised Statute Title XII Public Health and Welfare Sec. 208.670](#)

[Title XII Sec. 191.1145](#)

## State Law/Regulation Compendium-Telemedicine

The department of social services shall reimburse providers for services provided through telehealth if such providers can ensure services are rendered meeting the standard of care that would otherwise be expected should such services be provided in-person. Reimbursement for telehealth services shall be made in the same way as reimbursement for in-person contact; however, consideration shall also be made for reimbursement to the originating site.

*Source:*

[MO Revised Statute Ch. 208 Sec. 208.670.](#)

Telehealth services are only covered if medically necessary.

*Source:*

[MO Department of Social Services. Physician Provider Manual. Sec. 13.69. pg. 285. 5/23/18.](#)

Coverage is limited to:

- Consultations made to confirm a diagnosis; or
- Evaluation and management services; or
- A diagnosis, therapeutic, or interpretative service; or
- Individual psychiatric or substance abuse assessment diagnostic interview examinations; or
- Individual psychotherapy
- Pharmacologic management (for RHCs)

*Source:*

[MO HealthNet, Physician Manual, Telehealth Services, Sec. 13.69, p. 285 \(May 23, 2018\)](#)

[MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 210 \(May 23, 2018\)](#)

[MO HealthNet, Rural Health Clinic, p. 165 \(May 23, 2018\).](#)

Eligible providers for live video coverage:

- Physicians;
- Advanced registered Nurse Practitioners, including Nurse Practitioners with a mental health specialty;
- Psychologists.

*Source:*

[MO HealthNet, Physician Manual, Telehealth Services, Sec. 13.69, p. 285 \(May 23, 2018\)](#)

[MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 210 \(May 23, 2018\) \(Accessed Sept. 2018\).](#)

No reimbursement for email.

No reimbursement for phone.

No reimbursement for fax.

No reimbursement for a consultation between healthcare providers.

No reimbursement for services provided via videophone.

Source:

[MO HealthNet, Physician Manual, Telehealth Services, p. 284 \(May 23, 2018\).](#)

Providers must obtain written patient consent before delivery of telehealth services. Each of the written information must be provided in a format and manner that the participant can understand:

- The participant shall have the option to refuse the Telehealth service at anytime without affecting the right to future care and treatment and without risking the loss or withdrawal of a MO HealthNet benefit to which the participant is entitled;
- The participant shall be informed of alternatives to the Telehealth service that are available to the participant;
- The participant shall have access to medical information resulting from the Telehealth service as provided by law;
- The dissemination, storage, or retention of an identifiable participant image or other information from the Telehealth service must not occur without the written informed consent of the participant or the participant's legally authorized representative;

The participant shall have the right to be informed of the parties who will be present at the originating site and the distant site during the Telehealth service and shall have the right to exclude anyone from either site; and

The participant shall have the right to object to the videotaping or other recording of a Telehealth service.

Source:

[MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 213 \(May 23, 2018\)](#)

[MO HealthNet, Physician Manual, Telehealth Services, p. 287 \(May 23, 2018\)](#)

[MO HealthNet, Rural Health Clinic, p. 167-8 \(May 23, 2018\),](#)

Collaborative Care Arrangement

Telehealth providers (including Advanced Practice Registered Nurses who providing nursing services under a collaborative practice arrangement) are required to obtain patient (or the patient's guardian's) consent and document consent in patient's record.

Source:

[MO Code of State Regulation. Title 20, 2150-2.240 & Sec. 20, 2150-5.100](#)

[Sec. 20, 2150-5.100](#)

[MO Revised Statute Title XXII Occupations and Professions Ch. 335.175.](#)

Prescribing or dispensing drugs without sufficient examination is prohibited.

Source:

[MO Revised Statutes § 334.100\(2\)\(h\) \(2012\).](#)

A telemedicine encounter can establish a physician-patient relationship if the standard of care does not require an in-person encounter and in accordance with evidence-based standards of practice and telemedicine practice guidelines that address the clinical and technological aspects of telemedicine.

In order to establish a physician-patient relationship through telemedicine:

- The technology utilized shall be sufficient to establish an informed diagnosis as though the medical interview and physical examination has been performed in-person; and
- Prior to providing treatment, including issuing prescriptions, a physician who uses telemedicine shall interview the patient, collect or review relevant medical history, and perform an examination sufficient for the diagnosis and treatment of the patient. A questionnaire completed by the patient, whether via the internet or telephone, does not constitute an acceptable medical interview and examination for the provision of treatment by telehealth.

Source:

[MO Revised Statute Ch. 191 Sec. 191.1146.](#)

In addition, in order to prescribe, the relationship includes:

1. Obtaining a reliable medical history and performing a physical examination of the patient, adequate to establish the diagnosis for which the drug is being prescribed and to identify underlying conditions or contraindications to the treatment recommended or provided;
2. Having sufficient dialogue with the patient regarding treatment options and the risks and benefits of treatment or treatments;



3. If appropriate, following up with the patient to assess the therapeutic outcome;
4. Maintaining a contemporaneous medical record that is readily available to the patient and, subject to the patient's consent, to the patient's other health care professionals; and
5. Maintaining the electronic prescription information as part of the patient's medical record.

The requirements of subsection 1 (see above) may be satisfied by the prescribing physician's designee when treatment is provided in:

- A hospital;
- A hospice program;
- Home health services provided by a home health agency;
- Accordance with a collaborative practice agreement;
- Conjunction with a physician assistant licensed;
- Conjunction with an assistant physician;
- Consultation with another physician who has an ongoing physician-patient relationship with the patient, and who has agreed to supervise the patient's treatment, including use of any prescribed medications; or
- On-call or cross-coverage situations.

No health care provider shall prescribe any drug, controlled substance, or other treatment to a patient based solely on an evaluation over the telephone; except that, a physician, such physician's on-call designee, an advanced practice registered nurse in a collaborative practice arrangement with such physician, a physician assistant in a supervision agreement with such physician, or an assistant physician in a supervision agreement with such physician may prescribe any drug, controlled substance, or other treatment that is within his or her scope of practice to a patient based solely on a telephone evaluation if a previously established and ongoing physician-patient relationship exists between such physician and the patient being treated.

No health care provider shall prescribe any drug, controlled substance, or other treatment to a patient based solely on an internet request or an internet questionnaire.

*Source:*

[MO Revised Statute Sec. 334.108.](#)

In order to treat patients in this state through the use of telemedicine or telehealth, health care providers shall be fully licensed to practice in this state and shall be subject to regulation by their respective professional boards.

Does not apply to:

- Informal consultation performed by a health care provider licensed in another state, outside of the context of a contractual relationship, and on an irregular or infrequent basis without the expectation or exchange of direct or indirect compensation;
- Furnishing of health care services by a health care provider licensed and located in another state in case of an emergency or disaster; provided that, no charge is made for the medical assistance; or
- Episodic consultation by a health care provider licensed and located in another state who provides such consultation services on request to a physician in this state.

Source:

[MO Revised Statute Ch. 191 Sec. 191.1145.](#)

### Montana

Telemedicine is the use of interactive audio-video equipment to link practitioners and patients located at different sites.

Source:

[MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine \(Jun. 2018\).](#)

*Telemedicine means the practice of medicine using interactive electronic communication, information technology, or other means between a licensee in one location and a patient in another location with or without an intervening health care provider. Telemedicine typically involves the application of secure videoconferencing or store-and-forward technology, as defined in 33-22-138. The term does not mean an audio-only telephone conversation, an e-mail or instant messaging conversation, or a message sent by facsimile transmission.*

Source:

[MT Code Sec. 37-3-102\(13\).](#)

## State Law/Regulation Compendium-Telemedicine

Telemedicine is “the use of a secure interactive audio and video, or other telecommunications technology by a health care provider to deliver health care services at a site other than the site where the patient is located. Does not include audio only (phone call), e-mail, and/or facsimile transmission.”

Source:

[MT Children’s health Insurance Plan, Healthy Montana Kids \(HMK\). Evidence of Coverage \(Nov., 2017\), p. 11.](#)

The Montana Medicaid Program reimburses providers for medically necessary telemedicine services furnished to eligible members

The originating and distant providers may not be within the same facility or community. The same provider may not be the pay to for both the originating and distance provider.

Source:

[MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine \(Jun. 2018\).](#)

The following provider types can bill the originating site fee:

- Outpatient hospital
- Critical access hospital
- Federally qualified health center
- Rural health center
- Indian health service
- Physician
- Psychiatrist
- Mid-levels
- Dieticians
- Psychologists
- Licensed clinical social worker
- Licensed professional counselor
- Mental health center
- Chemical dependency clinic

## State Law/Regulation Compendium-Telemedicine

- Group/clinic
- Public health clinic
- Family planning clinic

The place of service is considered to be the location of the distance provider providing the telemedicine service.

*Source:*

[MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, Physician Related Svcs., Telemedicine \(Jun. 2018\).](#)

Telemedicine can be provided in member's residence; the distance provider is responsible for the confidentiality requirements. Member's residences do not qualify for originating provider reimbursement.

*Source:*

[MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine \(Jun. 2018\)](#)

### Nebraska

Telehealth consultation means any contact between a client and a health care practitioner relating to the health care diagnosis or treatment of such client through telehealth. For the purposes of telehealth, a consultation includes any service delivered through telehealth.

Telemonitoring is the remote monitoring of a client's vital signs, biometric data, or subjective data by a monitoring device which transmits such data electronically to a health care practitioner for analysis and storage.

*Source:*

[NE Admin. Code Title 471 Sec. 1-006.02, Ch. 1, Manual Letter #52-2016.](#)

[NE Rev. Statute, 71-8503](#)

Telehealth means the use of medical information electronically exchanged from one site to another, whether synchronously or asynchronously, to aid a health care practitioner in the diagnosis or treatment of a patient. Telehealth includes services originating from a patient's home or any other location where such patient is located, asynchronous services involving the acquisition and storage of medical information at one site that is then forwarded to or retrieved by a health care practitioner at another site for medical evaluation, and telemonitoring.

*Source:*

[NE Rev. Statute, 71-8503\(3\)](#)

Live Video:

Nebraska Medicaid-enrolled providers licensed, registered, or certified to practice in Nebraska are eligible for reimbursement.

Source:

[NE Rev. Statute, 71-8503\(2\)](#)

Health care practitioners must assure that the originating sites meet the standards for telehealth, including providing a place where the client's right for confidential and private services is protected.

Source:

[NE Admin. Code Title 471 Sec. 1-006.04, Ch. 1, Manual Letter #52-2016.](#)

Uniform Credentialing Act (Licensed/Credentialed Health Professionals)

Telehealth means the use of medical information electronically exchanged from one site to another, whether synchronously or asynchronously, to aid a credential holder in the diagnosis or treatment of a patient. Telehealth includes services originating from a patient's home or any other location where such patient is located, asynchronous services involving the acquisition and storage of medical information at one site that is then forwarded to or retrieved by a credential holder at another site for medical evaluation, and telemonitoring.

Source:

[NE Revised Statutes Sec. 38-120.01.](#)

Telemonitoring means the remote monitoring of a patient's vital signs, biometric data, or subjective data by a monitoring device which transmits such data electronically to a credential holder for analysis and storage.

[NE Revised Statutes Sec. 38-120.02.](#)

Source:

*A physician or physician assistant may establish a provider-patient relationship through telehealth and may prescribe while using telehealth.*

Source:

[NE Revised Statute 38-2063.](#)

Nevada

Telehealth may be used by any Nevada Medicaid and Nevada Check Up provider working within their scope of practice.

Source:

[Nevada Dept. of Health and Human Services Billing Guidelines Telehealth Billing Instructions, p.1 \(Jun. 27, 2018\).](#)

A distant site provider must be an enrolled Medicaid provider.

Licensed Clinical Psychologists, Licensed Clinical Social Workers and clinical staff may bill and receive reimbursement for psychotherapy, but not for medical evaluation and management services.

Source:

[NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3403.2, p. 2 & Section 3403.5, p. 2 \(Jul. 27, 2017\).](#)

No reimbursement for email.

No reimbursement for telephone, except psychiatric treatment in crisis intervention.

No reimbursement for FAX.

Source:

[NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 603, p. 4 \(Jan. 1, 2018\)](#)

[NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3403, p. 1 \(Jul. 27, 2017\).](#)

Telehealth means the delivery of services from a provider of health care to a patient at a different location through the use of information and audio-visual communication technology, not including standard telephone, facsimile or electronic mail.

Source:

[NV Revised Statutes Sec. 629.515\(2\)\(c\)..](#)

a provider of health care who is located at a distant site may use telehealth to direct or manage the care or render a diagnosis of a patient who is located at an originating site in this State or write a treatment order or prescription for such a patient, the provider must hold a valid license or certificate to practice his or her profession in this State, including, without limitation, a special purpose license

Source:

[NV Revised Statutes Sec. 629.515\(3\)](#)

A physician-patient relationship, required to fill prescriptions that call for schedule II, III, or IV controlled substances, may be established in-person, electronically, telephonically, or by fiber optics, including without limitation via telehealth within or outside Nevada or the United States within 6 months preceding the date the prescription is issued.

Source:

[NV Revised Statutes Sec. 639.235\(4\).](#)

If a practitioner prescribes a schedule II, III, or IV controlled substance for the treatment of pain, they may not prescribe more than one additional prescription that increases the dose unless they meet with the patient in-person or through telehealth to reevaluate the treatment plan.

Source:

[NV Revised Statutes Sec. 639.23911\(2\).](#)

Before prescribing a schedule II, III, or IV controlled substance to continue the treatment of pain of a patient who has used the controlled substance for 90 consecutive days or more, a practitioner must meet with the patient in-person or through telehealth to review the treatment plan and determine whether continuation of treatment using the controlled substance is medically appropriate, in addition to other requirements.

Source:

[NV Revised Statutes Sec. 639.23913\(c\).](#)

An advanced practice registered nurse authorized to prescribe controlled substances may do so electronically, telephonically or by fiber optics, including telehealth, from within or outside Nevada or the United States.

Source:

[NV Revised Statutes Sec. 632.237\(4\)..](#)

*A practitioner must hold a valid Nevada License or certificate to practice his or her profession, including a special purpose license before providing services via telehealth unless he or she is a provider of health care services who is providing services within the scope of his or her employment by or pursuant to a contract entered into with an urban Indian organization.*

Source:

[NV Revised Statutes Sec. 629.515\(1\)](#)

*A physician licensed in another state may be issued a special purpose license to deliver services electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside Nevada or the United States.*

Source:

[NV Revised Statutes Sec. 630.261\(e\). \(Accessed Sep. 2018\).](#)

*Nevada Professional Regulation/Health & Safety Miscellaneous*

*The Board of Medicine is required to adopt regulations regarding a physician assistant's use of equipment that transfers information concerning the medical condition of a patient electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside Nevada or the United States.*

Source:

[NV Revised Statutes Sec. 630.275\(10\)](#)

*A hospital may grant staff privileges to a provider of health care who is at another location for the purpose of providing services through telehealth.*

Source:

[NV Revised Statutes Sec. 639.0727.](#)

New Hampshire

*Telemedicine means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. Telemedicine shall not include the use of audio-only telephone or facsimile.*

Source:

[NH Revised Statutes Annotated, 329:1-d-1](#)

Live Video:

*New Hampshire Medicaid complies with the Centers for Medicare and Medicaid Service requirements for telehealth. See Medicare's list of CPT codes for a full list of services reimbursable under New Hampshire Medicaid.*

Source:

[NH Revised Statutes 167:4-d](#)

[Centers for Medicare and Medicaid Services. Medicare Learning Network Booklet, p. 5-8. \(Feb. 2018\).](#)



## State Law/Regulation Compendium-Telemedicine

*Providers who may receive reimbursement (based on Medicare list):*

- *Physician*
- *Physician assistant*
- *Nurse practitioner*
- *Clinical nurse specialist*
- *Nurse-midwife*
- *Clinical psychologist and clinical social worker (may not seek payment for medical evaluation and management services)*
- *Registered dietician or nutrition professional*
- *Nurse anesthetist*

*Source:*

[NH Revised Statutes 167:4-d](#)

[42 CFR Sec. 410.78\(b\)\(2\).](#)

*Authorized originating sites are (based on Medicare list):*

- *The offices of physicians or practitioners*
- *Hospitals*
- *Critical Access Hospitals (CAHs)*
- *Rural Health Clinics*
- *Federally Qualified Health Centers*
- *Hospital-based or CAH-based Renal Dialysis Centers (including satellites)*
- *Skilled Nursing Facilities (SNFs) and*
- *Community Mental Health Centers (CMHCs)*

*Source:*

[NH Revised Statutes 167:4-d](#)

[Centers for Medicare and Medicaid Services. Medicare Learning Network Booklet, p. 5-8. \(Feb. 2018\).](#)

*No reimbursement for email.*

*No reimbursement for telephone.*

*No reimbursement for FAX.*

*Source:*

[NH Revised Statutes 167:4-d](#)

[42 CFR Sec. 410.78\(a\)\(3\).](#)

*Source:*

A physician providing services by means of telemedicine directly to a patient shall: Maintain a medical record; and Subject to the patient's consent, forward the medical record to the patient's primary care or treating provider, if appropriate.

[NH Revised Statutes Annotated, 329:1-d-V\(c\)](#)

Physician-Patient Relationship. – "Physician-patient relationship" means a medical connection between a licensed physician and a patient that includes an in-person or face-to-face 2-way real-time interactive communication exam, a history, a diagnosis, a treatment plan appropriate for the licensee's medical specialty, and documentation of all prescription drugs including name and dosage. A licensee may prescribe for a patient whom the licensee does not have a physician-patient relationship under the following circumstances: writing admission orders for a newly hospitalized patient; for a patient of another licensee for whom the prescriber is taking call; for a patient examined by a physician assistant, nurse practitioner, or other licensed practitioner; or for medication on a short-term basis for a new patient prior to the patient's first appointment or when providing limited treatment to a family member in accordance with the American Medical Association Code of Medical Ethics. Prescribing drugs to individuals without a physician-patient relationship shall be unprofessional conduct subject to discipline under RSA 329:17, VI. The definition of a physician-patient relationship shall not apply to a physician licensed in another state who is consulting to a New Hampshire licensed physician with whom the patient has a relationship.

*Source:*

[NH Revised Statutes Annotated, Sec. 329:1-c.](#)

*It is unlawful to prescribe through telemedicine a controlled drug classified in schedule II through IV.*

*Source:*

[NH Revised Statutes Annotated, 329:1-d.](#)

*A prescription of a non-opioid controlled drug classified in schedule II through IV via telemedicine shall be limited to certain practitioners who are treating a patient with whom*

*the prescriber has an in-person practitioner-patient relationship, for purposes of monitoring or follow-up care, and who are treating patients at a state designated community mental health center or a Substance Abuse and Mental Health Services Administration-certified state opioid treatment program, and shall require an initial in-person exam by a practitioner licensed to prescribe the drug.*

*A prescription of an opioid controlled drug classified in schedule II through IV via telemedicine shall be limited to prescribers who are treating patients at a Substance Abuse and Mental Health Services Administration-certified state opioid treatment program, and shall require an initial in-person exam by a practitioner licensed to prescribe the drug.*

*Subsequent in-person exams must be by a practitioner licensed to prescribe the drug at intervals appropriate for the patient, medical condition, and drug, but not less than annually.*

Source:

[NH Revised Statutes Annotated 318-B:2\(XVI\).](#)

*An out-of-state physician providing services via telemedicine or teleradiology shall be deemed to be in the practice of medicine and required to be licensed in New Hampshire. This does not apply to physicians who provide consultation services.*

Source:

[NH Revised Statutes Annotated, 329:1-d-II.](#)

Source:

[NH HB 1471 \(2018\).](#)

*A board of medical imaging professionals and radiation therapists shall adopt rules relative to standards of care for the practice of telemedicine or telehealth.*

Source:

[NH Revised Statutes Annotated, 328-J:7-XIII.\).](#)

### **Telemedicine Regulations related to COVID-19**

[Emergency Order 8 expands access to telehealth.](#)

[Emergency Order 15 authorizes out of state providers to provide services through telehealth.](#)

New Jersey

*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.*

*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.*

Source:

[NJ Statute C.45:1-61](#)

[SB 291-2017](#)

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.

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.

Source:

[NJ Statute C.30:4D-6K\(e\)](#)

[NJ Statute C.45:1-61 \(SB 291-2017\).](#)

*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.*

Source:

[NJ Statute C.45:1-62.](#)

*Telemedicine does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text or facsimile transmission.*

*Telehealth means the use of information and communications technologies, including telephones.*

Source:

[NJ Statute C.45:1-61 \(SB 291-2017\).](#)

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 from the minor patient's parent or guardian.

Source:

[NJ Statute C.45:1-62.](#)

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.

See statute for exceptions.

Source:

[NJ Statute C.45:1-63\(a\).](#)

**Telemedicine Regulations related to COVID-19**

[The Department of Banking and Insurance issued Bulletin No. 20-07 to expand access to telemedicine and telehealth. \(3/22\)](#)

New York

The Department of Health issued guidance to support that patients should be treated through telehealth wherever possible

Telemedicine is the use of interactive audio and video telecommunications technology to support "real time" interactive patient care and consultations between healthcare practitioners and patients at a distance."

Source:

[NY Medicaid Program. Physician Policy Guidelines. Version 2015-4. Oct. 15, 2015. P. 19.](#)

"Telehealth" means the use of electronic information and communication technologies by telehealth providers to deliver health care services, which shall include the assessment, diagnosis, consultation, treatment, education, care management and/or self-management of a patient. Telehealth shall not include delivery of health care services by means of audio-only telephone communication, facsimile machines, or electronic messaging alone, though use of these technologies is not precluded if used in conjunction with telemedicine, store and forward technology, or remote patient monitoring. For purposes of this section, telehealth shall be limited to telemedicine, store and

forward technology, and remote patient monitoring. This subdivision shall not preclude the delivery of health care services by means of "home telehealth" as used in section thirty-six hundred fourteen of this chapter.

5. "Telemedicine" means the use of synchronous, two-way electronic audio visual communications to deliver clinical health care services, which shall include the assessment, diagnosis, and treatment of a patient, while such patient is at the originating site and a telehealth provider is at a distant site.

Source:

[NY Public Health Law Article 29-G Section 2999-cc](#)

*Related to Credentialing and Privileging health care practitioners providing telemedicine*

*"Telemedicine means the delivery of clinical health care services by means of real time two-way electronic audio-visual communications which facilitate the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient's health care, while such patient is at the originating site and the health care provider is at a distant site."*

Source:

[NY Consolidated Law Service Public Health Sec. 2805-u](#)

*Telemedicine means the use of synchronous, two-way electronic audio visual communications to deliver clinical health care services, which shall include the assessment, diagnosis, and treatment of a patient, while such a patient is at the originating site and a telehealth provider is at a distant site.*

Source:

[NY Consolidated Law Service Public Health Sec. 2805-u](#)

*Under Public Health, originating sites are limited to:*

- *Licensed health facilities in Articles 28 (hospitals) and 40 (hospice);*
- *A facility as defined in Section 1.03, subdivision six of the Mental Hygiene Law which includes and place in which services for the mentally disabled are provided and includes but is not limited to a psychiatric center, development center, institute, clinic, ward, institution or building;*
- *Certified and non-certified day and residential programs funded or operated by the office for people with developmental disabilities.*
- *Private physician's or dentist's offices located in New York;*
- *Public, private and charter elementary and secondary schools, school age childcare programs and child day care centers within the state of New York;*
- *Adult care facility licensed under title two of article seven of the social services law;*
- *The patient's place of residence located within the state of New York or other temporary location located within or outside the state of New York.*

Source:

[NY Public Health Law Article 29-G Section 2999-cc](#)

### **Telemedicine Regulations related to COVID-19**

[An Executive Order encouraging telehealth was issued.](#)

### **North Carolina**

“Telemedicine is the use of two-way real-time interactive audio and video between places of lesser and greater medical capability or expertise to provide and support health care, when distance separates participants who are in different geographical locations.”

Source:

[NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 1, Jan. 1, 2018. \(Accessed Sept. 2018\).](#)

*Maternal and Child Health and Women's Health*

*Telemedicine is the use of audio and video between places of lesser and greater medical capability or expertise to provide and support health care when distance separates participants who are in different geographical locations.*

Source:

[NC General Statute 130A-125.](#)

For live video, All services must be:

- Medically necessary;
- The procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- The procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide;
- The procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

Providers must obtain prior approval from NC Medicaid for all services delivered via telemedicine and tele-psychiatry. Providers must submit:

- Prior approval request;
- All health records and any other records to document that the patient has met the specific criteria for telemedicine services;

Special provisions apply for the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program. See manual.

Source:

[NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 1-7, Jan. 1, 2018.](#)



## State Law/Regulation Compendium-Telemedicine

Eligible medical providers:

- Physicians;
- Nurse practitioners;
- Nurse midwives;
- Physician's assistants.

No reimbursement for email.

No reimbursement for telephone.

No reimbursement FAX.

No reimbursement for video cell phone interaction.

Source:

[NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 4-5, Jan. 1, 2018.](#)

### North Dakota

Telemedicine is the use of interactive audio-video equipment to link practitioners and patients at different sites. Telemedicine involves two collaborating provider sites: an "originating site" and a "distant site". The client/patient is located at the originating site and the practitioner is located at the distant site and provides those professional services allowed/reimbursed by ND Medicaid.

Source:

[North Dakota Medicaid Policy](#)

"Telemedicine" means the practice of medicine using electronic communication, information technologies, or other means between a licensee in one location and a patient in another location, with or without an intervening health care provider. The term includes direct interactive patient encounters as well as asynchronous store-and-forward technologies and remote monitoring.

Source:

[ND Admin Code 50-2-15 \(Accessed Sept. 2018\).](#)

*Qualified services for telemedicine must:*

- *Maintain actual visual contact (face-to-face) between the practitioner and patient.*
- *Be medically appropriate and necessary with supporting documentation included in the patient's clinical medical record.*
- *Be provided via secure and*

*appropriate equipment to ensure confidentiality and quality in the deliver of the service. Skype or other other devices or video conferencing platforms that are not secure are not acceptable or allowed to be used for telehealth services.*

Source:

[North Dakota Medicaid Policy](#)

North Dakota Medicaid will reimburse for live video services as long as the patient is present during the service. Actual visual contact (face-to-face) must be maintained between practitioner and patient.

Source:

[Medicaid Access Monitoring Plan-ND](#)

Reimbursement is made for services provided by licensed professional enrolled with ND Medicaid and within the scope of practice per their licensure only.

*North Dakota Medicaid does not reimburse for store-and-forward*

Source:

[Medicaid Medical Policy. North Dakota Department of Human Services: Services Rendered via Telehealth. \(July 2018\)](#)

“Telehealth” is the use of electronic communications to provide and deliver a host of health-related information and healthcare services, including, but not limited to physical therapy related information and services, over large and small distance. Telehealth encompasses a variety of healthcare and health promotion activities, including, but not limited to, education, advice, reminders, interventions, and monitoring of interventions.

Source:

[ND Admin. Code 61.5-01-02-01.](#)

A valid prescription via e-prescribing means a prescription has been issued for a legitimate medical purpose, in the usual course of professional practice, by a practitioner who has first conducted an in-person medical evaluation of the patient. An in-person medical evaluation can include the referring practitioner having performed the exam, in the case of telemedicine.

Source:

[ND Centennial Code, Sec. 19-02.1-15.1.](#)

The ND Medical Board may engage in reciprocal licensing agreements with out-of-state licensing agencies, but is not required to do so.

*Source:*

[ND Century Code Sec. 43-17-21](#)

No reference found for email.

No reimbursement for telephone.

No reference found for FAX.

*Source:*

[ND DHS Medicaid Provider Manual](#)

### **Telemedicine Regulations related to COVID-19**

[An Executive Order expands telehealth services.](#)

### **Ohio**

"Telemedicine" is the direct delivery of services to a patient via synchronous, interactive, real-time electronic communication that comprises both audio and video elements. The following activities are not telemedicine:

- The delivery of service by electronic mail, telephone, or facsimile transmission;
- Conversations between practitioners regarding the patient without the patient present either physically or via synchronous, interactive, real-time electronic communication; and
- Audio-video communication related to the delivery of service in an intensive care unit.

*Source:*

[OAC 5160-1-18.](#)

Telehealth service means a health care service delivered to a patient through the use of interactive audio, video, or other telecommunications or electronic technology from a site other than the site where the patient is located.

*Source:*

[OH Revised Code, Sec. 5164.95.](#)

Ohio Medicaid covers live video telemedicine for certain eligible providers, specific services and at specified originating sites.

*Source:*

[OH Admin Code 5160-1. \(Accessed Sept. 2018\).](#)

The department of Medicaid is required to establish standards for Medicaid payment for health care services the department determines are appropriate to be covered when provided as telehealth services.

*Source:*

[OH Revised Code, Sec. 5164.95.](#)

Eligible Distant Site Providers

- Physicians (MD, DO)
- Psychologists
- Federally Qualified Health Center (medical and mental health)

*Source:*

[OH Fact Sheet: Telemedicine Billing Guidance \(Dec. 2016\).](#)

"Originating site" is the physical location of the patient at the time a health care service is provided through the use of telemedicine. The originating site may be one of five places:

- The office of a medical doctor, doctor of osteopathic medicine, optometrist, or podiatrist;
- A federally qualified health center, as defined in chapter 5160-28 of the Administrative Code, rural health center, or primary care clinic;
- An outpatient hospital;
- An inpatient hospital; or
- A nursing facility.

*Source:*

[OAC 5160-1-18.](#)

Provider types eligible as an originating site, either using a Q3014 HCPCS code or a GQ modifier:

- Primary Care Clinic
- Outpatient Hospital
- Rural Health Clinic (Medical)

## State Law/Regulation Compendium-Telemedicine

- Federally Qualified Health Clinic (Medical)
- Physician
- Professional Medical Group
- Podiatrist
- Optometrist

See fact sheet for additional billing rules.

*Source:*

[Fact Sheet: Telemedicine Billing Guidance \(Dec. 2016\).](#)

Excluded places of service for originating or distant site providers:

- Home
- Inpatient hospital
- Nursing facility
- Inpatient psychiatric hospitals
- Other POS exclusions for E&M and psychiatric codes

*Source:*

[Fact Sheet: Telemedicine Billing Guidance \(Dec. 2016\).](#)

Electronic mail, telephone and facsimile transmission are not telemedicine.

*Source:*

[OH Admin. Code 5160-1-18.](#)

The originating site is responsible for obtaining informed consent.

*Source:*

[OAC 5160-1-18.](#)

Physicians – Obtaining a Telemedicine certificate by an out of state provider.

The practice of telemedicine means the practice of medicine in this state through the use of any communication, including oral, written, or electronic communication, by a physician located outside this state.

*Source:*

[OH Revised Code Annotated, 4731.296.](#)

Informed consent is required (“patient’s agreement or signed authorization”). Must be documented in patient’s record.

*Source:*

[OH Admin. Code 4731-11-09.](#)

A physician shall not prescribe, personally furnish or otherwise provide, or cause to be provided any controlled substance or non-controlled substance to a person on whom the physician has never conducted a physical examination, with the exceptions listed below.

#### Non-Controlled Substances Exceptions

Prescribing is allowed when a patient is remote from the physician by complying with the following:

- Establish the patient’s identity and physical location;
- Obtain the patient’s informed consent;
- Forward medical record to patient’s primary care provider (upon consent);
- Conduct an appropriate evaluation;
- Establish or confirm a diagnosis and treatment plan;
- Document information in patient’s medical record;
- Provide appropriate follow-up care;
- Make medical record of the visit available to patient; and
- Use appropriate technology sufficient to conduct all steps.

Additional restrictions apply for controlled substances. See regulation.

*Source:*

[OH Admin. Code 4731-11-09.](#)

A patient evaluation performed within the previous twenty-four months via telemedicine by a healthcare provider acting within the scope of their professional license is acceptable for satisfying the criteria to be an “active patient”.

*Source:*

[OAC 4731-11-01.](#)

Ohio issues telemedicine certificates that allow the holder to engage in the practice of telemedicine in the state. Providers with telemedicine certificates cannot practice in OH without a special activity certificate.

The OH Medical Board may issue, without examination, a telemedicine certificate to a person who meets all of the following requirements:

- Holds a current, unrestricted license to practice medicine and surgery or osteopathic medicine and surgery or osteopathic medicine and surgery issued by another state that requires license holders to complete at least fifty hours of continuing medical education every two years.
- The person's principal place of practice is in that state.
- The person does not hold a license issued under this chapter authorizing the practice of medicine and surgery or osteopathic medicine and surgery in this state.
- The person meets the same age, moral character, and educational requirements individuals must meet under sections 4731.09 and 4731.14 of the Revised Code and, if applicable, demonstrates proficiency in spoken English in accordance with section 4731.142 of the Revised Code.

*Source:*

[OH Revised Code Annotated, Sec. 4731.296.](#)

The [state medical] board shall convert a telemedicine certificate to a license issued under section 4731.14 of the Revised Code on receipt of a written request from the certificate holder. Once the telemedicine certificate is converted, the holder is subject to all requirements and privileges attendant to a license issued under section 4731.14 of the Revised Code, including continuing medical education requirements.

*Source:*

[OH Revised Code Ann. 4731-296.](#)

### **Telemedicine Regulations related to COVID-19**

[An Executive Order expands telehealth services.](#)

#### Oklahoma

Telemedicine is the use of interactive audio, video or other electronic media for the purpose of diagnosis, consultation or treatment that occurs in real time and when the member is actively participating during the transmission. Telemedicine service is not an expansion of SoonerCare but a different way to offer quality health care access to SoonerCare members.

*Source:*

[Health Care Authority, Providers, Telehealth.](#)

Telehealth means the mode of delivering healthcare services via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management and self-management of patients, at a distance from health care providers.

Source:

[OK Admin. Code Sec. 317:30-3-27 \(a\).](#)

No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.

Source:

[OK Admin. Code Sec. 317:30-3-27\(b\).](#)

*Providers and/or members may provide or receive telehealth services outside of Oklahoma when medically necessary.*

*The provider must be contracted with SoonerCare and appropriately licensed for the service to be provided. If the provider is outside of Oklahoma, the provider must comply with all laws and regulations of the provider's location, including health care and telehealth requirements.*

Source:

[Health Care Authority, Providers, Telehealth & OK Admin. Code Sec. 317:30-3-27.](#)

If the provider is outside of Oklahoma, the provider must comply with all laws and regulations of the provider's location, including health care and telehealth requirements.

Source:

[OK Admin. Code Title 317 Oklahoma Health Care Authority: 30-3-27\(c\).](#)

If a provider determines that telemedicine is an appropriate way to deliver care, an insurer cannot require face-to-face contact.

Source:

[OK Statute, Title 36 Sec. 6803.](#)

Source:

[OK Admin. Code Title 317 Oklahoma Health Care Authority: 30-3-27\(c\). \(Accessed Sept. 2018\).](#)

*A physician-patient relationship can be established, provided that a physician:*



## State Law/Regulation Compendium-Telemedicine

- *Holds a license to practice medicine in this state;*
- *Confirms the patient's identity; and*
- *Provides the patient with the treating physician's identity and professional credentials.*

*Telemedicine encounters involving store-and-forward technology shall not be used to establish a valid physician-patient relationship for purpose of prescribing opiates, synthetic opiates, semisynthetic opiates, benzodiazepine or carisprodol, but may be used to prescribe opioid antagonists or partial agonists.*

*The relationship shall not be based solely on the receipt of patient health information by a physician.*

Source:

[OK Statutes, Title 59, Sec. 478.](#)

*Prescribing or administering a drug or treatment without sufficient examination and the establishment of a valid physician-patient relationship is prohibited.*

Source:

[OK Statute, Title 59, Sec. 509.](#)

*Telemedicine physicians who meet certain criteria are not subject to the face-to-face requirement to establish a physician-patient relationship.*

Source:

[OK Admin. Code Sec. 435:10-7-12.](#)

*A physician-patient relationship includes an in-person patient exam.*

Source:

[OK Admin. Code Sec. 435:10-1-4.](#)

[OK Admin. Code Sec. 317:30-3-27\(f\)\(6\).](#)

*Physician treating patients in OK through telemedicine must be fully licensed in OK.*

Source:

[OK Admin Code Title 435:10-7-13.](#)

### Oregon

A physician granted a license to practice medicine across state lines has the same duties and responsibilities and is subject to the same penalties and sanctions as any other provider licensed in Oregon, including but not limited to:

## State Law/Regulation Compendium-Telemedicine

- A physician shall establish a physician-patient relationship;
- Make a judgment based on some type of objective criteria upon which to diagnose, treat, correct or prescribe;
- Act in the best interest of the patient; and
- Writing prescriptions based only on an Internet sale or consults is prohibited.

Source:

[OR Admin. Rules, 847-025-0000.](#)

Out-of-state physicians may receive a license to practice across state lines in Oregon, as long as they are fully licensed in another state and meet certain requirements.

Source:

[OR Revised Statutes Annotated Sec. 677.139.](#)

The referring and evaluating practitioner must be licensed to practice medicine within the state of Oregon or within the contiguous area of Oregon and must be enrolled as a Division of Medical Assistance Programs (Division) provider.

Source:

[OR Div. of Medical Assistance Program, Medical-Surgical Svcs. Rulebook, Div. 130, 410-130-0610.](#)

Telehealth means a variety of methods, through the use of electronic and telecommunications technologies, for the distance delivery of health care services, including dental care services and clinical information designed to improve a patient's health status and to enhance delivery of the health care services and clinical information.

Source:

[OR Revised Statutes 679.543\(1\).](#)

*Oregon requires out-of-state physicians to acquire active tele-monitoring status through the Oregon Medical Board before they can perform intraoperative tele-monitoring on patients during surgery.*

[OR Admin. Rules. 847-008-0023.](#)

Pennsylvania

*Pennsylvania Medicaid will provide reimbursement for live video to all Medicaid enrolled physician specialists.*

*Eligible Providers (fee for service):*

- *Physicians*
- *Certified registered nurse practitioners*
- *Certified nurse midwives*

*Providers under a managed care system should contact the appropriate managed care organization.*

*Source:*

[\*PA Department of Public Health, Medical Assistance Bulletin OMHSAS-14-01, Mar. 18, 2014\*](#)

Pennsylvania issues extraterritorial licenses that allow practice in Pennsylvania to physicians residing or practicing with unrestricted licenses in an adjoining state, near the Pennsylvania boundary, and whose practice extends into Pennsylvania.

Pennsylvania bases the granting of this license on the availability of medical care in the area involved, and whether the adjoining state extends similar privileges to Pennsylvania physicians.

*Source:*

[\*PA Statutes Annotated, Title 63 Sec. 422.34\(a\) and \(c\)\(2\).\*](#)

Rhode Island

Informed consent should be employed for the use of patient-physician email and other text-based communications.

The agreement should include:

- Types of transmissions that will be permitted
- Circumstances when alternate forms of communication or office visits should be utilized
- Security measures
- Hold harmless clause for information lost due to technical failures
- Requirement for express patient consent to forward patient-identifiable information to a third party
- A statement noting that the patient's failure to comply with the agreement may result in termination of the e-mail relationship

*Source:*

[\*RI Department of Health. Telemedicine.\*](#)

An established in-person physician-patient relationship is required prior to prescribing controlled substances. There is an exception where a covering physician may prescribe a controlled substance if an established coverage agreement is in place and the quantity reflects the prescription is only for a short duration.

*Source:*

[RI Department of Health. Telemedicine.](#)

RI allows physicians who have a license in good standing in another state to consult with RI licensed physicians or provide teaching assistance for no more than seven days unless extended with written permission from the director.

Physicians not present in RI may not provide consultation to a patient without an established physician-patient relationship, unless that patient is in the physical presence of a physician licensed in RI.

*Source:*

[RI General Law, Sec. 5-37-16.2\(a\)\(3\).](#)

Telemedicine does not include an audio-only telephone conversation, email message or facsimile transmission between the provider and patient.

*Source:*

[RI General Law, Sec. 27-81-3\(12\).](#)

### **Telemedicine Regulations related to COVID-19**

[An Executive Order expands access to telemedicine services.](#)

#### South Carolina

Distant site eligible, reimbursed providers:

- Physicians;
- Nurse practitioners;
- Physician Assistants.

Distant (consultant) sites must be located in the SC Medical Service Area, which is the state of SC and areas in NC and GA within 25 miles of the SC border.

*Source:*

[SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 2-35 to 2-36. \(Jul. 2018\).](#)

[SC Health and Human Svcs. Dept. Local Education Manual, p. 2-43 to 2-44. \(Jul. 2018\).](#)

A licensee shall not establish a physician-patient relationship by telemedicine for the purpose of prescribing medication when an in-person physical examination is necessary for diagnosis.

Schedule II and Schedule III prescriptions are not permitted except for those Schedule II and Schedule III medications specifically authorized by the board, which may include, but not be limited to, Schedule II-nonnarcotic and Schedule III-nonnarcotic medications.

To establish a physician-patient relationship via telemedicine, the provider must:

- Comply with state and federal laws on patient confidentiality
- Adhere to current standards of practice
- Provide an appropriate examination
- Verify the identity and location of the patient and be prepared to inform the patient of the licensee's name, location and professional credentials
- Establish a diagnosis through the use of accepted medical practices
- Ensure availability of follow-up care
- Prescribe within a practice setting fully in compliance with the law
- Maintain a complete record of the patient's care
- Maintain the patient's records' confidentiality
- Be licensed to practice in South Carolina
- Be trained in the use of telemedicine

Schedule II and III prescriptions are not permitted except as specifically authorized by the board.

Source:

[SC Code Annotated Sec. 40-47-37\(C\).](#)

The physician must be licensed in South Carolina; however, they do not need to reside in South Carolina.

Source:

[SC Code Annotated Sec. 40-47-37\(C\).](#)

### South Dakota

"Telehealth services" is a home-based health monitoring system used to collect and transmit an individual's clinical data for monitoring and interpretation.

Source:

[SD Regulation 67:40:19\(01\):1](#)

South Dakota Medicaid defines telemedicine as occurring in "real-time", excluding store and-forward applications.

[South Dakota Telemedicine Laws](#)

### Tennessee

*Telehealth means the use of real-time interactive audio, video telecommunications or electronic technology, or store-and-forward telemedicine services by a healthcare provider to deliver healthcare services to a patient within the scope of practice of the healthcare services provider when such provider is at a qualified site other than the site where the patient is located; and the patient is at a qualified site or at a school clinic staffed by a healthcare services provider and equipped to engage in the telecommunications described in this section or a public elementary or secondary school staffed by a health care services provider and equipped to engage in the telecommunications described in this section and does not include audio only conversation; an electronic mail message or facsimile transmission.*

Source:

[TN Code Annotated, Title 56, Ch. 7, Part 1002.](#)

*Telemedicine is the practice of medicine using electronic communication, information technology or other means, between a licensee in one location and a patient in another location. Telemedicine is not an audio only telephone conversation, email/instant messaging conversation or fax. It typically involves the application or secure video conferencing or store-and-forward to provide or support healthcare delivery by replicating the interaction of a traditional encounter between a provider and a patient.*

Source:

[TN Rule Annotated, 0880-02.-16.](#)

*Prior to online or telephone prescribing, providers must document and:*

## State Law/Regulation Compendium-Telemedicine

- *Perform an appropriate history and physical examination;*
- *Make a diagnosis, consistent with good medical care;*
- *Formulate a therapeutic plan and discuss it with the patient;*
- *Ensure the availability for appropriate follow-up care.*

Source:

[TN Rule Annotated, 0880-02-.14.](#)

*A physician-patient relationship can be established via telemedicine with or without a facilitator present. Certain conditions apply in each case. See rule for details.*

Source:

[TN Rule Annotated, 0880-02.-16.](#)

*Tennessee enacted the Interstate Medical Licensure Compact. (Effective Jan. 2019).*

Source:

[TN Code 63-6-402 \(HB 664 – 2017\).](#)

*Tennessee may issue telemedicine licenses to board-certified physicians from out of state (although not required to do so).*

Source:

[TN Code Annotated Sec. 63-6-209\(b\).](#)

Source:

*Center for Connected Health Policy*

<https://www.cchpca.org>

## Texas

(10) Telehealth service--A health service, other than a telemedicine medical service, delivered by a licensed or certified health professional acting within the scope of the health professional's license or certification who does not perform a telemedicine medical service and that requires the use of advanced telecommunications technology, other than telephone or facsimile technology, including:

- (A) compressed digital interactive video, audio, or data transmission;

## State Law/Regulation Compendium-Telemedicine

(B) clinical data transmission using computer imaging by way of still-image capture and store and forward; and

(C) other technology that facilitates access to health care services or medical specialty expertise.

(11) Telemedicine medical service--A health care service, initiated by a physician who is licensed to practice medicine in Texas under Title 3, Subtitle B of the Occupations Code or provided by a health professional acting under physician delegation and supervision, that is provided for purposes of patient assessment by a health professional, diagnosis or consultation by a physician, or treatment, or for the transfer of medical data, and that requires the use of advanced telecommunications technology, other than telephone or facsimile technology, including:

(A) compressed digital interactive video, audio, or data transmission;

(B) clinical data transmission using computer imaging by way of still-image capture and store and forward; and

(B) other technology that facilitates access to health care services or medical specialty expertise.

Source:

[TX Admin. Code, Title 1 Sec. 354.1430\(10\)](#)

[Occupations Code: Title 3. Chapter 111-telemedicine/telehealth](#)

Asynchronous store and forward technology, including asynchronous store and forward technology in conjunction with synchronous audio interaction between the distant site provider and the patient in another location is reimbursable under Texas Medicaid. The distant site provider would need to use one of the following:

- Clinically relevant photographic or video images, including diagnostic images
- The patient's relevant medical records, such as medical history, laboratory and pathology results, and prescriptive histories
- Other forms of audiovisual telecommunication technologies that allow the distant site provider to meet the in-person visit standard of care

Source:

[Telemedicine and Telehealth Services Benefit Policy Update. Effective Oct. 1, 2018. Information provided Aug. 17, 2018.](#)



3.3 Telehealth Services Telehealth services are a benefit of Texas Medicaid. Telehealth services are defined as health-care services, other than telemedicine medical services, delivered by a health professional licensed, certified or otherwise entitled to practice in Texas and acting within the scope of the health professional's license, certification or entitlement to a patient at a different physical location other than the health professional using telecommunications or information technology. Telehealth services are reimbursed in accordance with 1 TAC §355.

3.3.1 Distant Site A distant site is the location of the provider rendering the service. Distant-site telehealth benefits include services that are performed by the following providers, who must be enrolled as a Texas Medicaid provider: • Licensed professional counselor • LMFT • LCSW • Psychologist • Licensed psychological associate • Provisionally licensed psychologist • Licensed dietitian A distant site provider is the health professional that is licensed, certified, or otherwise entitled to practice in Texas who uses telehealth services to provide health-care services to a patient in Texas.

[TX Medicaid Telecommunication Services Handbook, pg. 9, \(March 2019\).](#)

*An out-of-state physician who is a distant site provider may provide episodic telemedicine medical services without a Texas medical license as outlined in Texas Statute and Regulation.*

[Telemedicine and Telehealth Services Benefit Policy Update. Effective Oct. 1, 2018. Information provided October 1, 2018\)](#)

Sec. 111.005. PRACTITIONER-PATIENT RELATIONSHIP FOR TELEMEDICINE MEDICAL SERVICES.

(a) For purposes of Section [562.056](#), a valid practitioner-patient relationship is present between a practitioner providing a telemedicine medical service and a patient receiving the telemedicine medical service as long as the practitioner complies with the standard of care described in Section [111.007](#) and the practitioner:

(1) has a preexisting practitioner-patient relationship with the patient established in accordance with rules adopted under Section [111.006](#);

(2) communicates, regardless of the method of communication, with the patient pursuant to a call coverage agreement established in accordance with Texas Medical Board rules with a physician requesting coverage of medical care for the patient; or

(3) provides the telemedicine medical services through the use of one of the following methods, as long as the practitioner complies with the follow-up requirements in Subsection (b), and the method allows the practitioner to have access to, and the practitioner uses, the relevant clinical information that would be required in accordance with the standard of care described in Section [111.007](#):

(A) synchronous audiovisual interaction between the practitioner and the patient in another location;

(B) asynchronous store and forward technology, including asynchronous store and forward technology in conjunction with synchronous audio interaction between the practitioner and the patient in another location, as long as the practitioner uses clinical information from:

- (i) clinically relevant photographic or video images, including diagnostic images; or
- (ii) the patient's relevant medical records, such as the relevant medical history, laboratory and pathology results, and prescriptive histories; or

(C) another form of audiovisual telecommunication technology that allows the practitioner to comply with the standard of care described in Section [111.007](#).

(b) A practitioner who provides telemedicine medical services to a patient as described in Subsection (a)(3) shall:

- (1) provide the patient with guidance on appropriate follow-up care; and
- (2) if the patient consents and the patient has a primary care physician, provide to the patient's primary care physician within 72 hours after the practitioner provides the services to the patient a medical record or other report containing an explanation of the treatment provided by the practitioner to the patient and the practitioner's evaluation, analysis, or diagnosis, as appropriate, of the patient's condition.

(c) Notwithstanding any other provision of this section, a practitioner-patient relationship is not present if a practitioner prescribes an abortifacient or any other drug or device that terminates a pregnancy.

Sec. 111.007. STANDARD OF CARE FOR TELEMEDICINE MEDICAL SERVICES AND TELEHEALTH SERVICES. (a) A health professional providing a health care service or procedure as a telemedicine medical service or a telehealth service is subject to the standard of care that would apply to the provision of the same health care service or procedure in an in-person setting.

[Occupations Code Title 3.Chapter 111.Telemedicine/Telehealth 111.005-111.007](#)

### **Telemedicine Regulations related to COVID-19**

[Responding to the Governor's Executive Order, the TX Medical Board has relaxed telemedicine rules.](#)

### **Utah**

Telemedicine "is two-way, real-time interactive communication between the member and the physician or authorized provider at the distant site. This electronic communication uses

interactive telecommunications equipment that includes, at a minimum, audio and video equipment.”

Source:

[Utah Medicaid Provider Manual: Section I: General Information, p. 44 \(January 2019\).](#)

(1) A provider offering telehealth services shall:

(a) at all times:

(i) act within the scope of the provider's license under [Title 58, Occupations and Professions](#), in accordance with the provisions of this chapter and all other applicable laws and rules; and

(ii) be held to the same standards of practice as those applicable in traditional health care settings;

(b) in accordance with [Title 58, Chapter 82, Electronic Prescribing Act](#), before providing treatment or prescribing a prescription drug, establish a diagnosis and identify underlying conditions and contraindications to a recommended treatment after:

(i) obtaining from the patient or another provider the patient's relevant clinical history; and

(ii) documenting the patient's relevant clinical history and current symptoms;

(c) be available to a patient who receives telehealth services from the provider for subsequent care related to the initial telemedicine services, in accordance with community standards of practice;

(d) be familiar with available medical resources, including emergency resources near the originating site, in order to make appropriate patient referrals when medically indicated; and

(e) in accordance with any applicable state and federal laws, rules, and regulations, generate, maintain, and make available to each patient receiving telehealth services the patient's medical records.

(2) A provider may not offer telehealth services if:

(a) the provider is not in compliance with applicable laws, rules, and regulations regarding the provider's licensed practice; or

(b) the provider's license under [Title 58, Occupations and Professions](#), is not active and in good standing.

An out-of-state physician may engage in practice without a Utah license if:

- The physician is licensed in another state, with no licensing action pending and at least 10 years of professional experience;
- The services are rendered as a public service and for a noncommercial purpose;
- No fee or other consideration of value is charged, expected or contemplated, beyond an amount necessary to cover the proportionate cost of malpractice insurance;
- The physician does not otherwise engage in unlawful or unprofessional conduct.

### **Telemedicine Regulations related to COVID-19**

[An Executive Order suspends enforcement of statutes related to telehealth.](#)

#### Vermont

(a) As used in this section, "distant site," "health care provider," "originating site," "store and forward," and "telemedicine" shall have the same meanings as in 8 V.S.A. § 4100k.

(b) Subject to the limitations of the license under which the individual is practicing, a health care provider licensed in this State may prescribe, dispense, or administer drugs or medical supplies, or otherwise provide treatment recommendations to a patient after having performed an appropriate examination of the patient in person, through telemedicine, or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically. Treatment recommendations made via electronic means, including issuing a prescription via electronic means, shall be held to the same standards of appropriate practice as those in traditional provider-patient settings.

(c)(1) A health care provider delivering health care services through telemedicine shall obtain and document a patient's oral or written informed consent for the use of telemedicine technology prior to delivering services to the patient.

(A) The informed consent for telemedicine services shall be provided in accordance with Vermont and national policies and guidelines on the appropriate use of telemedicine within the provider's profession and shall include, in language that patients can easily understand:

*(i) an explanation of the opportunities and limitations of delivering health care services through telemedicine;*

*(ii) informing the patient of the presence of any other individual who will be participating in or observing the patient's consultation with the provider at the distant site and obtaining the patient's permission for the participation or observation; and*

*(iii) assurance that all services the health care provider delivers to the patient through telemedicine will be delivered over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.*

*(B) For services delivered through telemedicine on an ongoing basis, the health care provider shall be required to obtain consent only at the first episode of care.*

*(2) The provider shall include the patient's written consent in the patient's medical record or document the patient's oral consent in the patient's medical record.*

*(3) A health care provider delivering telemedicine services through a contract with a third-party vendor shall comply with the provisions of this subsection (c) to the extent permissible under the terms of the contract. If the contract requires the health care provider to use the vendor's own informed consent provisions instead of those set forth in this subsection, the health care provider shall be deemed to be in compliance with the requirements of this subsection if he or she adheres to the terms of the vendor's informed consent policies.*

*(4) Notwithstanding any provision of this subsection to the contrary, a health care provider shall not be required to obtain a patient's informed consent for the use of telemedicine in the following circumstances:*

*(A) in the case of a medical emergency;*

*(B) for the second certification of an emergency examination determining whether an individual is a person in need of treatment pursuant to section 7508 of this title; or*

*(C) for a psychiatrist's examination to determine whether an individual is in need of inpatient hospitalization pursuant to 13 V.S.A. § 4815(g)(3).*

*(d) Neither a health care provider nor a patient shall create or cause to be created a recording of a provider's telemedicine consultation with a patient.*

*(e) A patient receiving teleophthalmology or teledermatology by store and forward means shall be informed of the right to receive a consultation with the distant site health care provider and shall receive a consultation with the distant site health care provider upon request. If requested, the consultation with the distant site health care*

*provider may occur either at the time of the initial consultation or within a reasonable period of time following the patient's notification of the results of the initial consultation. Receiving teledermatology or teleophthalmology by store and forward means shall not preclude a patient from receiving real time telemedicine or face-to-face services with the distant site health care provider at a future date. Originating site health care providers involved in the store and forward process shall obtain informed consent from the patient as described in subsection (c) of this section. (Added 2011, No. 107 (Adj. Sess.), § 4, eff. May 8, 2012; amended 2017, No. 64, § 2, eff. Oct. 1, 2017.)*

Source:

[Vermont State Statutes](#)

*Licensure: A physician must be licensed, or under the jurisdiction, of the medical board of the state where the patient is located. The practice of medicine occurs where the patient is located at the time telemedicine technologies are used. Physicians who treat or prescribe through online services sites are practicing medicine and must possess appropriate licensure in all jurisdictions where patients receive care.<sup>6</sup>*

*Evaluation and Treatment of the Patient: A documented medical evaluation and collection of relevant clinical history commensurate with the presentation of the patient to establish diagnoses and identify underlying conditions and/or contra-indications to the treatment recommended/provided must be obtained prior to providing treatment, including issuing prescriptions, electronically or otherwise. Treatment and consultation recommendations made in an online setting, including issuing a prescription via electronic means, will be held to the same standards of appropriate practice as those in traditional (encounter in person) settings.*

*Evidence documenting appropriate patient informed consent for the use of telemedicine technologies must be obtained and maintained*

*Continuity of Care: Patients should be able to seek, with relative ease, follow-up care or information from the physician [or physician's designee] who conducts an encounter using telemedicine technologies.*

*Disclosures and Functionality on Online Services Making Available Telemedicine Technologies: Online services used by physicians providing medical services using telemedicine technologies should clearly disclose:*

- *Specific services provided;*
- *Contact information for physician;*
- *Licensure and qualifications of physician(s) and associated physicians;*

## State Law/Regulation Compendium-Telemedicine

- *Fees for services and how payment is to be made;*
- *Financial interests, other than fees charged, in any information, products, or services provided by a physician;*
- *Appropriate uses and limitations of the site, including emergency health situations;*
- *Uses and response times for e-mails, electronic messages and other communications transmitted via telemedicine technologies;*
- *To whom patient health information may be disclosed and for what purpose; • Rights of patients with respect to patient health information; and*
- *Information collected and any passive tracking mechanisms utilized. Online services used by physicians providing medical services using telemedicine technologies should provide patients a clear mechanism to:*
  - *Access, supplement and amend patient-provided personal health information; • Provide feedback regarding the site and the quality of information and services; and*
  - *Register complaints, including information regarding filing a complaint with the applicable state medical and osteopathic board(s).*

### [Vermont State Policies](#)

#### Virginia

##### *Licensure:*

*The practice of medicine occurs where the patient is located at the time telemedicine services are used, and insurers may issue reimbursements based on where the practitioner is located. Therefore, a practitioner must be licensed by, or under the jurisdiction of, the regulatory board of the state where the patient is located and the state where the practitioner is located. Practitioners who treat or prescribe through online service sites must possess appropriate licensure in all jurisdictions where patients receive care*

##### *Evaluation and Treatment of the Patient:*

*A documented medical evaluation and collection of relevant clinical history commensurate with the presentation of the patient to establish diagnoses and identify underlying conditions and/or contra-indications to the treatment recommended/provided must be obtained prior to providing treatment, which*

*treatment includes the issuance of prescriptions, electronically or otherwise. Treatment and consultation recommendations made in an online setting, including issuing a prescription via electronic means, will be held to the same standards of appropriate practice as those in traditional, in-person encounters. Treatment, including issuing a prescription based solely on an online questionnaire, does not constitute an acceptable standard of care.*

*Informed Consent:*

*Evidence documenting appropriate patient informed consent for the use of telemedicine services must be obtained and maintained*

*Prescribing:*

*Prescribing controlled substances requires the establishment of a bona fide practitioner-patient relationship in accordance with § 54.1-3303 (A) of the Code of Virginia. Prescribing controlled substances, in-person or via telemedicine services, is at the professional discretion of the prescribing practitioner. The indication, appropriateness, and safety considerations for each prescription provided via telemedicine services must be evaluated by the practitioner in accordance with applicable law and current standards of practice and consequently carries the same professional accountability as prescriptions delivered during an in-person encounter.*

[Virginia Board of Medicine](#)

Washington

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.

[WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 87 \(March 1 2018\), \(Accessed Sep. 2018\).](#)

*Fee-for-service clients are eligible for medically necessary covered health care services delivered via telemedicine. The referring provider is responsible for determining and documenting that telemedicine is medically necessary.*

[WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 87\(March 1,2018\). \(Accessed Sep. 2018\).](#)



*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.*

*Teledermatology does not include single-mode consultations by telephone calls, images transmitted via facsimile machines, or electronic mail.*

*Teledermatology services provided via store and forward telecommunications system must be billed with modifier GQ.*

- *The teledermatology is associated with an office visit between the eligible client and the referring health care provider.*

- *The teledermatology is asynchronous telemedicine and the service results in a documented care plan, which is communicated back to the referring provider.*

- *The transmission of protected health information is HIPPA compliant.*
- *Written informed consent is obtained from the client that store and forward technology will be used and who the consulting provider is.*

- *GQ modifier required.*

[WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 339\(March 1,2018\). \(Accessed Sep. 2018\).](#)

*Practitioner-Patient Relationship: The relationship between a provider of medical services (practitioner) and a receiver of medical services (patient) based on mutual understanding of their shared responsibility for the patient's health care. The relationship is clearly established when the practitioner agrees to undertake diagnosis and/or treatment of the patient and the patient agrees that the practitioner will diagnose and/or treat, whether or not there has been or is an in-person encounter between the parties. The parameters of the practitioner-patient relationship for Telemedicine should mirror those that would be expected for similar in-person*

*Telemedicine: The practice of medicine using enabling technology between a practitioner in one location and a patient in another location with or without an intervening practitioner. It is a tool in medical practice, not a separate form of medicine. medical encounters.*

*A. Licensure: A practitioner using Telemedicine to practice medicine on patients in Washington must be licensed to practice medicine in Washington.*

*1. This includes practitioners who treat or prescribe to Washington patients through online service sites.*

*2. The licensure exemption in RCW 18.71.030(6) does not apply to Telemedicine practice. RCW 18.71.030(6) exempts from the licensing requirement "The practice of medicine by any practitioner licensed by another state or territory in which he or she resides, provided that such practitioner shall not open an office or appoint a place of meeting patients or receiving calls within this state." As the legislature created this exemption in 1909, it clearly was not designed to apply to Telemedicine. Our state supreme court has stated that this exemption "merely permits out-of-state physicians temporarily within the state, but without an office or similar professional connections, to practice their calling while in Washington."2'*

Standard of Care: Practitioners using Telemedicine will be held to the same standard of care as practitioners engaging in more traditional in-person care delivery, including the requirement to meet all technical, clinical, confidentiality and ethical standards required by law.

1. Practitioner-Patient Relationship: When practicing Telemedicine, a practitioner must establish a practitioner-patient relationship with the patient. The absence of in-person contact does not eliminate this requirement. 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.

2. Informed 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: a. 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; b. The credentials of the practitioner.

Allowable Treatment Parameters: The Telemedicine practitioner may provide any treatment deemed appropriate for the patient, including prescriptions, if the evaluation performed is adequate to justify the action taken. The practitioner is responsible for knowing the limitations of the care he or she can provide, no matter how the care is delivered. Just as in a traditional

setting, Telemedicine practitioners should recognize situations that are beyond their expertise, their ability, or the limits of available technology to adequately evaluate or manage in the existing circumstances, and refer such patients for appropriate care.

Prescriptions: Prescribing medications, whether in person or via Telemedicine, is at the professional discretion of the practitioner. The practitioner, in accordance with current standards of practice, must evaluate the indications, appropriateness, and safety considerations for each Telemedicine prescription. Telemedicine prescriptions entail the same professional accountability as prescriptions incident to an in-person contact. Where appropriate clinical procedures and considerations are applied and documented, practitioners may exercise their judgment and prescribe medications as part of Telemedicine. Especially careful consideration should apply before prescribing DEA-controlled substances, and compliance with all laws and regulations pertaining to such prescriptions is expected. Measures to assure informed, accurate and error-free prescribing practices (e.g. integration with e-Prescription services) are encouraged.

[Washington Medical Quality Assurance Commission Guidelines-Telehealth/Telemedicine](#)

#### **Telemedicine Regulations related to COVID-19**

[A Proclamation to provide for payment parity for telemedicine services. \(3/25\)](#)

#### West Virginia

“The telecommunication system is defined as an interactive audio and video system that permits real time communication between the member at the originating site and the practitioner at the distant site. The telecommunication technology must allow the treating practitioner at the distant site to perform a medical examination of the member that substitutes for an in-person encounter.”

West Virginia Medicaid reimbursement of telehealth services is limited to certain CPT/HCPCS codes. See manual.

*Source:*

[WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter-519.17 Practitioner Services: Telehealth Services. Revised Jan. 15, 2016 \(Accessed Aug. 2018\).](#)

"Practice of telemedicine means the practice of medicine using communication tools such as electronic communication, information technology or other means of interaction between a licensed health care professional in one location and a patient in another location, with or without an intervening health care provider, and typically involves secure real time audio/video conferencing or similar secure audio/video services, remote monitoring, interactive video and store-and-forward digital image or health data technology to provide or support health care

delivery by replicating the interaction of a traditional in person encounter between a provider and a patient. The practice of telemedicine occurs in this state when the patient receiving health care services through a telemedicine encounter is physically located in this state.”

*Source:*

[WV Code Sec. 30-3-13.](#)

Telemedicine means the practice of medicine using tools such as electronic communication, information technology, store-and-forward telecommunication, or other means of interaction between a physician or podiatrist in one location and a patient in another location, with or without an intervening health care provider.

*Source:*

[WV Code, 30-3-13a.](#)

A physician patient relationship cannot be established through audio or text communication. A relationship can be fostered through real-time video conferencing or store and forward (for pathology and radiology).

Wisconsin

"Telehealth" is a service provided from a remote location using a combination of interactive video, audio, and externally acquired images through a networking environment between an individual at an originating site and a provider at a remote location with the service being of sufficient audio and visual fidelity and clarity as to be functionally equivalent to face-to-face contact. "Telehealth" does not include telephone conversations or Internet-based communications between providers or between providers and individuals.

[Wisconsin Statute 49.45 \(29w\)\(b\)1.b.](#)

ForwardHealth allows for certain covered services to be provided via telehealth.

*Source:*

[WI ForwardHealth Update. Feb. 2018.](#)

Out-of-state providers who do not have border status enrollment with WI Medicaid are required to obtain prior authorization (PA) before providing services. WI Medicaid is prohibited from paying providers located outside of the US and its territories.

Telemedicine means the practice of medicine when patient care, treatment or services are provided through the use of medical information exchanged from one site to another via electronic communications. Telemedicine does not include the provision of health care services only through an audio only telephone, email messages, text messages, facsimile transmission, mail or parcel service or any combination thereof.

[Admin. Code MED Ch. 24.](#)

Med 24.07 Internet diagnosis and treatment.

(1) When a physician uses a website to communicate to a patient located in this state, the physician may not provide treatment recommendations, including issuing a prescription, unless the following requirements are met:

(a) The physician shall be licensed to practice medicine and surgery by the medical examining board as required under s. [Med 24.04](#).

(b) The physician's name and contact information have been made available to the patient.

(c) Informed consent as required under s. [448.30](#), Stats., and ch. [Med 18](#).

[Med 24.07\(1\)\(d\)](#) (d) A documented patient evaluation has been performed. A patient evaluation shall include a medical history and, to the extent required to meet or exceed the standard of minimally competent medical practice, an examination or evaluation, or both, and diagnostic tests.

(e) A patient health care record is prepared and maintained as required under ch. [Med 21](#).

(2) Providing treatment recommendations, including issuing a prescription, based only on a static electronic questionnaire does not meet the standard of minimally competent medical practice.

History: [CR 15-087](#); cr. [Register May 2017 No. 737](#), eff. 6-1-17.

Wyoming

Telehealth is the use of an electronic media to link beneficiaries with health professionals in different locations. The examination of the client is performed via a real time interactive audio and video telecommunications system. This means that the client must be able to see and interact with the off-site practitioner at the time services are provided via telehealth technology. It is the intent that telehealth services will provide better access to care by delivering services as they are needed when the client is residing in an area that does not have specialty services available. It is expected that this modality will be used when travel is prohibitive or resources won't allow the clinician to travel to the client's location.

[WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 111 \(Revised Jul. 1, 2018\).](#)

"Telemedicine means the practice of medicine by electronic communication or other means from a physician in a location to a patient in another location, with or without an intervening health care provider."

[WY Statutes Sec. 33-26-102](#)

prescribing any controlled substance specified in W.S. 35-7-1016 through 35-7-1022 for any person through the Internet, the World Wide Web or a similar proprietary or common carrier electronic system absent a documented physician-patient relationship;

[WY Statutes Annotated Sec. 33-26-402.](#)

Non-Covered Services Telehealth does not include a telephone conversation, electronic mail message (email), or facsimile transmission (fax) between a healthcare practitioner and a client, or a consultation between two health care practitioners asynchronous “store and forward” technology.

[Wyoming Provider Manual](#)

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