50 State Scan of Teleheath Reimbursement Laws and Medicaid Policies - Factsheet

Telehealth policy trends continue to vary from state-to-state, with no two states alike in how telehealth is defined, reimbursed or regulated.

Medicaid Policy Trends

Live video Medicaid reimbursement continues to far exceed reimbursement for store-and-forward and remote patient monitoring (RPM). Since CCHP’s March 2016 update, 3 states have added reimbursement for store-and-forward and RPM.

However, many of the reimbursement policies that do exist continue to have restrictions and limitations, creating a barrier utilizing telehealth to deliver services.

The current state of Medicaid reimbursement:

- **48 states** and Washington DC provide reimbursement for some form of live video in Medicaid fee-for-service.
- **12 states** reimburse for store and forward delivered services. States that only provide reimbursement for teleradiology were not counted in this number.
- **19 states** reimburse for remote patient monitoring (RPM)
- **7 states** reimburse for all three
- **30 states** provide a transmission and/or facility fee

*Not all of these policies are currently in effect.

Despite the large number of states reimbursing for live video telehealth, restrictions are still prevalent. One of the most common restrictions is a limitation on where the patient is located, referred to as the originating site. A handful of states have adopted Medicare’s policy of limiting telehealth reimbursement to rural areas in some way. Additionally, an increasing number of Medicaid programs have limited the type of facility that can serve as an originating site, often excluding a patient’s home from eligibility.

- **9 states** have geographic/rural restrictions
- **3 states** have eliminated their geographic requirement since February 2013.
- **25 states** limit reimbursement to a specific list of facilities, with 10 adding such a list to their policy in the past nine months

*Other common telehealth restrictions include:*

- The specialty that telehealth services can be provided for
- The types of services or CPT codes that can be reimbursed (office visit, inpatient consult, etc.)
- The type of providers that can be reimbursed (e.g. physician, nurse, etc.)
Private Payer Reimbursement

35 jurisdictions have laws that govern private payer reimbursement of telehealth. This is the most common policy change in states.

- Some laws require reimbursement be equal to in-person coverage.
- Not all laws mandate reimbursement.

Other Telehealth Policy Trends

**Online Prescribing**

Most states consider an online questionnaire only as insufficient to establish patient-provider relationship and prescribe medication. Some states allow telehealth to be used to conduct a physical exam, while others do not.

**Consent**

29 States have a consent requirement in either Medicaid policy, law or regulation. As more states pass telehealth reimbursement laws, informed consent requirements have become increasingly common.

**Licensure**

9 state boards issue licenses related to telehealth. 2 states dropped their telemedicine license and adopted the Interstate Medical Licensure Compact in the past year. Tennessee’s Medical board also dropped their telemedicine license, however the TN Osteopathic Board will continue to issue them.

17 states have adopted the Compact, which is an expedited licensure process.

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