Center for Connected Health Policy | THE NATIONAL TELEHEALTH POLICY RESOURCE CENTER

State Telehealth Laws and Reimbursement Policies

AT A GLANCE | Spring 2021

** Please note that for the most part, states continue to keep their temporary telehealth COVID-19 emergency policies siloed from their permanent telehealth policies. In instances where the state has made policies permanent, CCHP has incorporated those policies into this report, however temporary COVID-19 related policies are not included. For information on state temporary COVID-19 telehealth policies, visit [CCHP's All Telehealth Policies page and explore the COVID topic section](). **

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

50 STATES AND THE DISTRICT OF COLUMBIA (D.C.) **Have a definition for telehealth, telemedicine or both.**

50 STATES AND D.C.'S MEDICAID PROGRAM **Reimburse for live video**

22 MEDICAID PROGRAMS **Reimburse for S&F***

26 MEDICAID PROGRAMS **Reimburse for RPM***

15 STATES **Allow audio-only service delivery***

26 STATES AND D.C. **Reimburse services to the home**

27 STATES AND D.C. **Reimburse services in the school-based setting**

**Some states reimburse this modality solely as part of Communication Technology-Based Services, which have their own separate codes and reimbursement rates.*

Medicaid Policy Trends

All 50 states and D.C. now reimburse for some type of live video telehealth services in Medicaid. Reimbursement for store-and-forward and remote patient monitoring (RPM) continues to lag behind. Twenty-three state Medicaid programs reimburse for store-and-forward and twenty-five states reimburse for remote patient monitoring (RPM), with additional states having laws requiring Medicaid reimbursement for store-and-forward or RPM, yet no official written policies indicating that such policy has been implemented. Some states are also adopting the Center for Medicare and Medicaid Services' (CMS) communication technology-based services (CTBS) codes, including the virtual check-in and remote evaluation of pre-recorded information, audio-only service codes and remote physiologic monitoring. However, states' approaches to CTBS vary, with some separating it from their telehealth policies, while others include it under the umbrella of telehealth.

Many of the reimbursement policies that do exist continue to have restrictions and limitations, creating a barrier to utilizing telehealth to deliver services. One of the most common restrictions is a limitation on where the patient is located, referred to as the originating site. While most states have dropped Medicare's rural geographic requirement, many Medicaid programs have limited the type of facility that can serve as an originating site, often excluding a patient's home from eligibility. However, this is slowly changing as a result of the pandemic. Twenty-six states and D.C. explicitly and permanently allow the home to be an eligible originating site under certain circumstances. Additionally, 27 states and DC explicitly note that their Medicaid program will reimburse telehealth delivered services in a school-based setting.

TELEPHONE/AUDIO-ONLY SERVICE DELIVERY

The addition of telephone was one of the most common COVID-19 temporary telehealth policy expansions, and fifteen states are now reimbursing the modality permanently, although some only through specific audio-only or CTBS codes that include audio-only service delivery.

PRIVATE PAYER REIMBURSEMENT

43
STATES AND D.C.

43 states and the District of Columbia have laws that govern private payer reimbursement of telehealth. Some laws require reimbursement be equal to in-person coverage, however most only require parity in covered services, not reimbursement amount. Not all laws mandate reimbursement coverage parity, and very few have explicit payment parity.

CONSENT

42
STATES AND D.C.

42 states and D.C. have a consent requirement in either Medicaid policy, law or regulation. This number has increased by one since Fall 2020.

ONLINE PRESCRIBING

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

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

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

OTHER COMMON TELEHEALTH RESTRICTIONS

THE SPECIALTY that telehealth services can be provided for

THE TYPES OF SERVICES or CPT codes that can be reimbursed *(inpatient office, consult, etc.)*

THE TYPES OF PROVIDERS that can be reimbursed *(e.g. physician, nurse, etc.)*

LICENSURE

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

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

28 States: **Physical Therapy Compact**

5 States: **Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC)**

34 States: **Nurse Licensure Compact**

15 States and DC: **Psychology Interjurisdictional Compact (PSYPACT)**

20 States: **Emergency Medical Services Personnel Licensure Interstate Compact (REPLICA)**

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