

Arizona



At A Glance

MEDICAID REIMBURSEMENT

- Live Video: Yes
- Store-and-Forward: Yes
- Remote Patient Monitoring: Yes
- Audio Only: Yes

PRIVATE PAYER LAW

- Law Exists: Yes
- Payment Parity: Yes

PROFESSIONAL REQUIREMENTS

- Licensure Compacts: CC, IMLC, NLC, OT, PSY, PTC, SW
- Consent Requirements: Yes

STATE RESOURCES

1. Medicaid Program: Arizona Health Care Cost Containment System (AHCCCS)
2. Administrator: Arizona Health Care Cost Containment System Administration
3. Regional Telehealth Resource Center: Southwest Telehealth Resource Center

Private Payer

DEFINITIONS

Last updated 05/29/2025

[Telehealth] means the interactive use of audio, video or other electronic media, including asynchronous store-and-forward technologies and remote patient monitoring technologies, for the purpose of diagnosis, consultation or treatment. Includes:

- The use of an audio-only telephone encounter between a subscriber who has an existing relationship with a health care provider or provider group if both of the following apply:
 - An audio-visual telehealth encounter is not reasonably available due to the subscriber's functional status, the subscriber's lack of technology or telecommunications infrastructure limits, as determined by the health care provider.
 - The telehealth encounter is initiated at the request of the subscriber or authorized by the subscriber before the telehealth encounter.
- The use of an audio-only encounter between the subscriber and a health care provider, regardless of whether there is an existing relationship with the health care provider or provider group, if the telehealth encounter is for a behavioral health or substance use disorder service and both items of subdivision (a) of this paragraph apply.

Does not include the sole use of a fax machine, instant messages, voice mail or email.

SOURCE: AZ Rev. Statutes. Sec. 20-841.09 & 20-1057.13 & 20-1376.05 & 20-1406.05 (Accessed May 2025).

"Telemedicine" has the same meaning as "telehealth" found at A.R.S. § 20-1057(G) (see above).

SOURCE: AZ Admin. Code Sec. R20-6-1902. Pg. 156 (Accessed May 2025).

REQUIREMENTS

Last updated 05/29/2025

All contracts issued, delivered or renewed in this state must provide coverage for health care services that are provided through telehealth if the health care service would be covered were it provided through an in-person encounter between the subscriber and a health care provider and provided to a subscriber receiving the service in this state. The following requirements apply to coverage of telehealth services:

- A corporation may not limit or deny the coverage of health care services provided through telehealth, including ancillary services, and may apply only the same limits or exclusions on a health care service provided through telehealth that are applicable to an in-person encounter for the same health care service, except for procedures or services for which the weight of evidence, based on practice guidelines, peer-reviewed clinical publications or research or recommendations by the telehealth advisory committee on telehealth best practices established by section 36-3607, determines not to be appropriate to be provided through telehealth.
- Except as otherwise provided in this paragraph, a corporation shall reimburse health care providers at the same level of payment for equivalent services as identified by the healthcare common procedure coding system, whether provided through telehealth using an audio-visual format or in-person care. A corporation shall reimburse health care providers at the same level of payment for equivalent in-person behavioral health and substance use disorder services as identified by the healthcare common procedure coding system if provided through telehealth using an audio-only format. This paragraph does not apply to a telehealth encounter provided through a telehealth platform that is sponsored or provided by the corporation. A corporation may not require a health care provider to use a telehealth platform that is sponsored or provided by the corporation as a condition of network participation.
- Before January 1, 2022, a corporation shall cover services provided through an audio-only telehealth encounter if that service is covered by medicare or the Arizona health care cost containment system when provided through an audio-only telehealth encounter. Beginning January 1, 2022, a corporation shall cover services provided through an audio-only telehealth encounter if the telehealth advisory committee on telehealth best practices established by section 36-3607 recommends that the services may appropriately be provided through an audio-only telehealth encounter.
- A health care provider shall bill for a telehealth encounter using the healthcare common procedure coding system and shall identify whether the telehealth encounter was provided in an audio-only or audio-video format. To submit a claim for an audio-only service, the health care provider must make telehealth services generally available to patients through the interactive use of audio, video or other electronic media.
- At the time of the telehealth encounter, the health care provider shall access clinical information and records, if available, that are appropriate to evaluate the patient's condition. The health care provider shall inform the subscriber before the telehealth encounter if there is a charge for the encounter.
- A corporation may establish reasonable requirements and parameters for telehealth services, including documentation, fraud prevention, identity verification and recordkeeping, but such requirements and parameters may not be more restrictive or less favorable to health care providers or subscribers than are required for health care services delivered in person.
- Covered telehealth services may be provided regardless of where the subscriber is located or the type of site.

- Except in an emergency, the contract may limit the coverage to those health care providers who are members of the corporation's provider network.

Subsection A of this section does not:

- Limit the ability of corporations to provide incentives to subscribers that are designed to improve health outcomes, increase adherence to a course of treatment or reduce risk.
- Prevent corporations from offering network contracts to health care providers who employ value-based purchasing or bundled payment methodologies if otherwise allowed by law or prevent health care providers from voluntarily agreeing to enter into such contracts with a corporation.

This section does not relieve a corporation from an obligation to provide adequate access to in-person health care services. Network adequacy standards required by federal or state law may not be met by a corporation through the use of contracted health care providers who provide only telehealth services and do not provide in-person health care services in this state or within fifty miles of the border of this state.

This section does not prevent a corporation from imposing deductibles or copayment or coinsurance requirements for a health care service provided through telehealth if the deductible, copayment or coinsurance does not exceed the deductible, copayment or coinsurance applicable to an in-person encounter for the same health care service. If the corporation waives a deductible or copayment or coinsurance requirement that impacts a health care provider's contracted reimbursement rate, the corporation shall reimburse the health care provider for the cost of the deductible or copayment or coinsurance requirement to ensure that the health care provider receives the contracted reimbursement rate if the service is covered and the claim meets other requirements of the network participation agreement.

Services provided through telehealth or resulting from a telehealth encounter are subject to all of this state's laws and rules that govern prescribing, dispensing and administering prescription pharmaceuticals and devices and shall comply with Arizona licensure requirements and any practice guidelines of the telehealth advisory committee on telehealth best practices established by section 36-3607 or, if not addressed, the practice guidelines of a national association of medical professionals promoting access to medical care for consumers via telecommunications technology or other qualified medical professional societies to ensure quality of care.

SOURCE: AZ Rev. Statutes. Sec. 20-841.09 & 20-1057.13 & 20-1376.05 & 20-1406.05 (Accessed May 2025).

Health Care Service Organizations (HCSO) are allowed, but not mandated, to provide access to covered services through:

- Telephone calls and messages
- Electronic mail
- Communication with the physician's or practitioner's staff,
- Coverage by another physician or practitioner, or
- Telemedicine,

SOURCE: AZ Admin. Code Sec. R20-6-1915. Pg. 159 (Accessed May 2025).

Worker's Compensation

Reimbursement values for telehealth services are governed by the Fee Schedule and no reductions are justified unless specified by the Fee Schedule. The performance of telehealth services is governed by Arizona Revised Statutes, Title 36, Chapter 36. Bills for telehealth services shall include modifier -95 and place of service (POS) code according to the incorporated AMA/CMS guidelines. Reimbursement for telehealth services shall be based on the non-facility (NF) rate regardless of the POS code.

For purposes of the Fee Schedule, the Commission recognizes that direct supervision of a Physician Assistant or Nurse Practitioner by a Physician can be accomplished through the use of modern technology and telecommunications (telemedicine) and may not require the on-site presence of the Physician when the Physician Assistant or Nurse Practitioner sees the patient. In all instances, however, and regardless of the extent to which telemedicine is used, the Physician must actively participate in and manage the patient's care if services provided by a Physician Assistant or Nurse Practitioner are billed at 100% of the fee schedule under the "incident to" exception.

SOURCE: AZ Physicians and Pharmaceutical Fee Schedule, The Industrial Commission of Arizona, 2024/2025 Fee Schedule Introduction, May 1, 2024, (Accessed May 2025).

PARITY

Last updated 05/29/2025

SERVICE PARITY

All contracts issued, delivered or renewed in this state must provide coverage for health care services that are provided through telehealth if the health care service would be

covered were it provided through an in-person encounter between the subscriber and a health care provider and provided to a subscriber receiving the service in this state.

A corporation [or group or blanket disability insurer or health service organization] may not limit or deny the coverage of health care services provided through telehealth, including ancillary services, and may apply only the same limits or exclusions on a health care service provided through telehealth that are applicable to an in-person encounter for the same health care service, except for procedures or services for which the weight of evidence, based on practice guidelines, peer-reviewed clinical publications or research or recommendations by the telehealth advisory committee on telehealth best practices established by section 36-3607, determines not to be appropriate to be provided through telehealth.

Beginning January 1, 2022, a corporation shall cover services provided through an audio-only telehealth encounter if the telehealth advisory committee on telehealth best practices established by section 36-3607 recommends that the services may appropriately be provided through an audio-only telehealth encounter.

Certain other requirements apply. See above 'requirements' section.

SOURCE: AZ Rev. Statutes. Sec. 20-841.09 & 20-1057.13 & 20-1376.05 & 20-1406.05 (Accessed May 2025).

PAYMENT PARITY

A corporation [or group or blanket disability insurer or health service organization] shall reimburse health care providers at the same level of payment for equivalent services as identified by the healthcare common procedure coding system, whether provided through telehealth using an audio-visual format or in-person care. A corporation shall reimburse health care providers at the same level of payment for equivalent in-person behavioral health and substance use disorder services as identified by the healthcare common procedure coding system if provided through telehealth using an audio-only format. This paragraph does not apply to a telehealth encounter provided through a telehealth platform that is sponsored or provided by the corporation. A corporation may not require a health care provider to use a telehealth platform that is sponsored or provided by the corporation as a condition of network participation.

A health care provider shall bill for a telehealth encounter using the healthcare common procedure coding system and shall identify whether the telehealth encounter was provided in an audio-only or audio-video format. To submit a claim for an audio-only service, the health care provider must make telehealth services generally available to patients through the interactive use of audio, video or other electronic media.

SOURCE: AZ Rev. Statutes. Sec. 20-841.09 & 20-1057.13 & 20-1376.05 & 20-1406.05 (Accessed May 2025).

Medicaid

OVERVIEW

Last updated 05/29/2025

Arizona Health Care Cost Containment System (AHCCCS) covers medically necessary, non-experimental, and cost-effective Telehealth services provided by AHCCCS-registered providers. See manuals for list of services that can be provided by real-time telehealth, though its not an exclusive list. There are no geographic restrictions for Telehealth; services delivered via Telehealth are covered by AHCCCS in rural and urban regions.

AHCCCS reimburse for store-and-forward for specific specialties and for remote patient monitoring, although restrictions apply. Audio-only services are covered if a telemedicine encounter is not reasonably available due to the member's functional status, the member's lack of technology or telecommunications infrastructure limits, as determined by the provider.

DEFINITIONS

Last updated 05/29/2025

Telehealth: Healthcare services delivered via asynchronous , audio-only, remote patient monitoring, teledentistry, or telemedicine.

Telemedicine: The practice of synchronous (real-time) health care delivery, diagnosis, consultation, and treatment and the transfer of medical data through interactive audio and video communications that occur in the physical presence of the member.

SOURCE: AZ Health Cost Containment System, AHCCCS Contract and Policy Dictionary, 3/25, pg. 108, (Accessed May 2025).

Telehealth means services delivered via:

- Asynchronous (store and forward);
- Remote patient monitoring;
- Teledentistry; or
- Telemedicine (real-time interactive audio-video)

Teledentistry is “the acquisition and transmission of all necessary subjective and objective diagnostic data through interactive audio, video or data communications by an AHCCCS registered dental provider to a dentist at a distant site for triage, dental treatment planning, and referral.”

Telemedicine is “the practice of synchronous (real-time) health care delivery, diagnosis, consultation and treatment and the transfer of medical data through interactive audio, video or data communications that occur in the physical presence of the patient.

SOURCE: AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Billing Manual, Ch. 10: Individual Practitioner Services, (5/2/24), pg. 49-50, & IHS/Tribal Provider Billing Manual, (5/2/2024), pg. 52-53. (Accessed May 2025).

Telemedicine services include health care delivery, diagnosis, consultation, treatment, and the transfer of medical data through real-time synchronous interactive audio and video communications that occur in the physical presence of the member.

SOURCE: AZ Health Care Cost Containment System, AHCCCS Medical Policy for AHCCCS Covered Services, Ch. 300, (320-I pg. 2). Approved 8/29/23. (Accessed May 2025).

Telehealth is the use of digital technology, like computers, telephones, smartphones, and tablets, to access healthcare services remotely.

SOURCE: AZ Health Care Cost Containment System. Telehealth Services, (Accessed May 2025).

LIVE VIDEO

Last updated 05/29/2025

POLICY

Fee-for-Service Provider Manual

AHCCCS covers medically necessary, non-experimental and cost-effective services provided via telehealth. There are no geographic restrictions for telehealth; services delivered via telehealth are covered by AHCCCS in rural and metropolitan regions.

Telehealth may include healthcare services delivered via asynchronous (store and forward), remote patient monitoring, teledentistry, or telemedicine (interactive audio and video).

SOURCE: AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Billing Manual, Ch. 10: Individual Practitioner Services, (5/2/2024), pg. 48, & IHS/Tribal Provider Billing Manual, (5/2/2024), pg. 52 (Accessed May 2025).

The Contractor and FFS programs shall cover medically necessary, non-experimental, and cost effective services delivered via Telehealth by AHCCCS registered providers for AHCCCS covered services.

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), and DES/DDD (DDD) Contractors; Fee-For-Service (FFS) Programs including: the American Indian Health Program (AIHP), DES/DDD Tribal Health Program (DDD THP), Tribal ALTCS, TRBHA; and all FFS populations, excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100). This Policy establishes the requirements regarding telehealth.

SOURCE: AZ Health Care Cost Containment System, AHCCCS Medical Policy for AHCCCS Covered Services, Ch. 300, (320-I (Services with Special Circumstances) pg. 1. Approved 8/29/23. (Accessed May 2025).

ELIGIBLE SERVICES/SPECIALTIES

Codes are listed in the excel links on Medicaid's Telehealth page in the form of excel documents. Note that AZ Medicaid did adopt the AMA's 98000 code-set for 2025.

Telehealth Code Set

SOURCE: AZ Health Care Cost Containment System. Telehealth Services, (Accessed May 2025).

Some of the services that can be covered via real-time telehealth include, but are not limited to:

- Behavioral Health
- Cardiology
- Dentistry
- Dermatology
- Endocrinology
- Hematology/Oncology

- Home Health
- Infectious Diseases
- Inpatient Consultations
- Medical Nutrition Therapy (MNT)
- Neurology
- Obstetrics/Gynecology
- Oncology/Radiation
- Ophthalmology
- Orthopedics
- Office Visits (adult and pediatric)
- Outpatient Consultations
- Pain Clinic
- Pathology & Radiology
- Pediatrics and Pediatric Subspecialties
- Pharmacy Management
- Rheumatology
- Surgery Follow-Up and Consultations

Behavioral health telehealth services are covered for Title XIX (Medicaid) and Title XXI (KidsCare) members.

Covered behavioral health services can include, but are not limited to:

- Diagnostic consultation and evaluation,
- Psychotropic medication adjustment and monitoring,
- Individual and family counseling, and
- Case management.

For a complete code set of services, along with their eligible place of service and modifiers, that can be billed as telehealth please visit the AHCCCS Medical Coding Resources webpage.

For real time behavioral health services, the member's physician, case manager, behavioral health professional, or tele-presenter may be present with the member

during the consultation, but their presence is not required.

SOURCE: AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Billing Manual, Ch. 10: Individual Practitioner Services, (5/2/2024), pg 50 -51; IHS/Tribal Provider Billing Manual, Ch. 8 Individual Practitioner Services, (5/2/24), pg. 52-54 (Accessed May 2025).

Prolonged preventive services, beyond the typical service of the primary procedure, that require direct patient contact and occur in either the office or another outpatient setting are covered under telehealth. See manual for example codes.

SOURCE: AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Manual, Ch. 10: Individual Practitioner Services, (5/2/2024), pg. 51, (Accessed May 2025).

AHCCCS Policy Manual

The Contractor and FFS programs may not limit or deny the coverage of services provided through Telehealth and may apply only the same limits or exclusions on a service provided through Telehealth that are applicable to an in-person encounter for the same service, except for services for which the weight of evidence, based on practice guidelines, peer-reviewed clinical publications or research or recommendations by the Telehealth advisory committee on Telehealth best practices established by A.R.S. § 36-3607, determines not to be appropriate to be provided through Telehealth.

Services delivered via Telehealth shall not replace member or provider choice for healthcare delivery modality. As specified in A.R.S. § 36-3605i , a provider shall make a good faith effort in determining both of the following:

- Whether a service should be provided through Telehealth instead of in-person. The provider shall use clinical judgment in considering whether the nature of the services necessitates physical interventions and close observation and the circumstances of the member, including diagnosis, symptoms, history, age, physical location and access to telehealth; and
- The communication medium of Telehealth and, whenever reasonably practicable, the telehealth communication medium that allows the provider to most effectively assess, diagnose and treat the member. Factors the provider may consider in determining the communication medium include the member's lack of access to or inability to use technology or limits in telecommunication infrastructure necessary to support interactive Telehealth encounters.

Telemedicine services include health care delivery, diagnosis, consultation, treatment, and the transfer of medical data through real-time synchronous interactive audio and video communications that occur in the physical presence of the member.

The Contractor and FFS Programs shall reimburse providers at the same level of payment for equivalent services as identified by Healthcare Common Procedure Coding

System (HCPCS) whether provided via telemedicine or in-person office/facility setting.

The AHCCCS Telehealth code set defines which codes are billable as a Telemedicine service and the applicable modifier(s) and place of service providers must use when billing for a service provided via Telemedicine.

Refer to the AHCCCS coding webpage for coding requirements for Telehealth services, including applicable modifiers and POS available:

<https://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html>

The Contractor and FFS Programs shall cover Teledentistry for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) aged members when provided by an AHCCCS registered dental provider. Refer to AMPM Policy 431 for more information on oral health care for EPSDT aged members including covered dental services.

Teledentistry includes the provision of preventative and other approved therapeutic services by the AHCCCS registered Affiliated Practice Dental Hygienist, who provides dental hygiene services under an affiliated practice relationship with a dentist. Refer to AMPM Policy 431 for information on Affiliated Practice Dental Hygienist.

Teledentistry does not replace the dental examination by the dentist. Limited exams may be billed through the use of Teledentistry. Periodic and comprehensive examinations cannot be billed through the use of teledentistry alone.

SOURCE: AZ Medical Policy for AHCCCS Covered Services. Telehealth and Telemedicine Ch 300, (320-I pg. 1-2 & 4-5), Approved 8/29/23. (Accessed May 2025)

In addition to services provided pursuant to section 36-2907, subsection A, paragraph 7, the Arizona health care cost containment system administration shall implement teledentistry services for enrolled members who are under twenty-one years of age.

SOURCE: AZ Statute, Sec. 36-2907.13. (Accessed May 2025).

Remote Monitoring:

- G2010 – Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.
- G2012 – Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within

the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.

SOURCE: AZ Administrative Code Title 20, Ch. 5, pg. 425-426. (Accessed May 2025).

Home Health Services

A Face-To-Face visit, in person or via telehealth, with a member's PCP or non-physician practitioner, related to the primary reason the member requires home health services [42 CFR 440.70].

The Face-to-Face encounter may occur through telehealth.

SOURCE: AZ Medical Policy for AHCCCS Covered Services. Home Health Services, Ch 211, (pg. 1 & 5), Approved 4/11/24. & FFS Manual, Home Health, Ch. 20, Revised 10/1/18, pg. 2, & IHS/Tribal Billing Manual, Ch. 13 Home Health, (Revised 10/1/18) pg. 2, (Accessed May 2025).

Medical Equipment, Medical Appliances and Medical Supplies

The face-to-face encounter may occur through telehealth.

SOURCE: AZ Medical Policy for AHCCCS Covered Services. Medical Equipment, Medical Appliances and Medical Supplies, Ch 310-P, (pg. 3), Approved 6/6/23 & FFS Billing Manual, Ch. 13, .pg 4, (Revised 5/31/23), (Accessed May 2025).

Transportation

Treatment on scene may also be performed, when medically indicated, via a telehealth visit performed in accordance with AMPM Policy 320-I.

SOURCE: AZ Medical Policy for AHCCCS Covered Services. Transportation, Ch 310-BB, (pg. 4), Approved 8/6/24. (Accessed May 2025).

To initiate and facilitate a members' receipt of medically necessary covered service(s) by a Qualified Health Care Partner at the scene of a 9-1-1 response either in-person on the scene or via telehealth (Treatment in Place).

SOURCE: FFS Billing Manual, Ch. 14, .pg 7, (Revised 1/30/23), & IHS/Tribal Billing Manual, Ch. 11, (Revised 6/16/23) pg. 7, (Accessed May 2025).

Therapeutic Foster Care for Children (TFC)

A BHP shall participate in a meeting with the TFC Agency worker and the TFC Family Provider at least once per month, in-person or via telemedicine (i.e., interactive audio/video communications). The BHP shall also be available by request or as needed to provide any necessary support to the TFC Family Provider.

During the initial six weeks of a child receiving services in a TFC, the TFC agency shall conduct one home visit per week with the child and TFC Family Provider. In addition to licensure required home visits outlined in AAC Title 21, Chapter 6 the TFC agency will support the TFC Family Provider with therapeutic interventions used to meet TFC Treatment Plan goals; these visits may occur in-person or via telemedicine (i.e., interactive audio/video communications).

SOURCE: AZ Medical Policy for AHCCCS Covered Services. Therapeutic Foster Care for Children, Ch 320-W, (pg. 4-5) (6/14/25), Approved 5/14/24. (Accessed May 2025).

Out-Of-State Placements for Behavioral Health Treatment

When appropriate, the member/Health Care Decision Maker and designated representative is involved throughout the duration of the placement. This may include family counseling in-person or by telemedicine.

SOURCE: AZ Medical Policy for AHCCCS Covered Services. Out-Of-State Placements for Behavioral Health Treatment, Ch 450, (pg. 4), Approved 6/18/20. (Accessed May 2025).

Behavioral Health Crisis Services and Care Coordination

Crisis services are provided in a variety of settings, such as face-to-face at an individual's home, in the community or via telehealth (inclusive of services provided via text, chat, and phone).

SOURCE: AZ Medical Policy for AHCCCS Covered Services. Behavioral Health Crisis Services and Care Coordination, Ch 590, (pg. 3), Approved 7/10/24. (Accessed May 2025).

Behavioral Analysis Services

Behavior Analysis Services shall be rendered in accordance with an individualized behavior analysis treatment plan, which shall: ... Identify the modality by which the service will be delivered (whether in person or via telehealth, or in-group or individual setting, or combination thereof).

SOURCE: AZ Medical Policy for AHCCCS Covered Services. Behavioral Analysis Services, Ch 520-S, (pg. 4), Approved 5/7/20. (Accessed May 2025).

Children's Rehabilitative Services Care Coordination and Service Plan Management

The Contractor shall ensure availability of alternative methods for providing services such as field clinics and telemedicine in rural areas.

SOURCE: AZ Medical Policy for AHCCCS Covered Services. Children's Rehabilitative Services Care Coordination and Service Plan Management, Ch 560, (pg. 2), Approved 7/5/24. (Accessed May 2025).

Pre-Admission Screening and Resident Review (PASRR)

Level II Evaluations for individuals with a diagnosis of or suspected of having an MI are coordinated by AHCCCS but are performed by a designated entity and may be conducted via Telehealth.

SOURCE: AZ Medical Policy for AHCCCS Covered Services. Pre-Admission Screening and Resident Review (PASRR), Ch 680-C, (pg. 2), Approved 3/16/23. (Accessed May 2025).

Opioid Treatment Program

The screening and full examination may be completed via telehealth for those patients being admitted for treatment at the OTP with either buprenorphine or methadone, if a practitioner or primary care provider, determines that an adequate evaluation of the patient can be accomplished via telehealth. When using telehealth, the following caveats apply:

- In evaluating patients for treatment with schedule II medications (such as Methadone), audio-visual telehealth platforms must be used, except when not available to the patient. When not available, it is acceptable to use audio-only devices, but only when the patient is in the presence of a licensed practitioner who is registered to prescribe (including dispense) controlled medications. The OTP practitioner shall review the examination results and order treatment medications as indicated, and
- In evaluating patients for treatment with schedule III medications (such as Buprenorphine) or medications not classified as a controlled medication (such as Naltrexone), audio-visual or audio only platforms may be used. The OTP practitioner shall review the examination results and order treatment medications as indicated.

The OTPs must maintain current procedures adequate to identify the theft or diversion of take-home medications, including labeling containers with the OTP's name, address, and telephone number. Programs also must ensure that each individual take-home dose is packaged in a manner that is designed to reduce the risk of accidental ingestion, including child-proof containers (see Poison Prevention Packaging Act, Pub. L 91-601 (15 USC 1471 et seq.)). Programs must provide education to each patient on: Safely transporting medication from the OTP to their place of residence; and the safe storage of take-home doses at the individual's place of residence, including child and household safety precautions. The provision of this education should be documented in the patient's clinical record.

SOURCE: AZ Medical Policy for AHCCCS Covered Services. Opioid Treatment Program, Ch 660, Approved 5/13/24. (Accessed May 2025).

Behavioral Health Services

When providing services via telemedicine (i.e. via interactive audio and video telecommunications), the GT modifier shall be used.

When providing services via asynchronous telecommunications systems (i.e. store and forward), the GQ modifier shall be used.

The POS for telehealth claims is the originating site.

Refer to the AHCCCS Telehealth Code Set, AMPM Policy 320-I Telehealth, and to Chapter 10, Individual Practitioner Services, of the Fee-for-Service Provider Billing Manual for additional information on telehealth services.

SOURCE: AZ Fee-For-Service Provider Billing Manual. Behavioral Health Services, Ch 19, Revised 7/8/24. (Accessed May 2025).

Emergency Triage, Treat and Transport (ET3)

ET3 permits emergency transportation (ground ambulance) providers to: ...

- To initiate and facilitate a members' receipt of medically necessary covered service(s) by a Qualified Health Care Partner at the scene of a 9-1-1 response either in-person on the scene or via telehealth (Treatment in Place).

SOURCE: AZ Fee-For-Service Provider Billing Manual. Emergency Triage, Treat and Transport (ET3), Ch 14, Revised 1/30/23. (Accessed May 2025).

ELIGIBLE PROVIDERS

Fee-for-Service Provider Manual & IHS/Tribal Provider Billing Manual

Telehealth, including Teledentistry services, may be provided by AHCCCS registered providers, within their scope of practice.

SOURCE: AZ Health Care Cost Containment System, AHCCCS Fee-For- Service Provider Billing Manual, Ch. 10: Individual Practitioner Services, (5/2/24), pg. 51, & IHS/Tribal Provider Billing Manual (5/2/24), pg. 55. (Accessed May 2025).

At the time of service delivery via real time telehealth an individual who is familiar with the member's condition may be present with the member. This is called a telepresenter. Telepresenter services are not billable.

SOURCE: AZ Health Care Cost Containment System, AHCCCS Fee-For- Service Provider Billing Manual, Ch. 10: Individual Practitioner Services, (5/2/24), pg. 50, (Accessed Jun. 2025).

For Reimbursement at the A-R – Revenue Codes 0510, 0512 and 0516 may be submitted to AHCCCS on a UB-04 claim form. To indicate that the clinic visit (0510), a dental visit (0512) or urgent clinic visit (0516) was done via telehealth a modifier (GT or GQ) shall be included on the claim.

For Reimbursement at the Capped FFS Rate or APM Ra-e – For a complete code set of services, along with their eligible place of service and modifiers that can be billed as telehealth, please visit the AHCCCS Medical Coding Resources web page at: <https://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html>

SOURCE: AZ Health Care Cost Containment System, AHCCCS IHS/Tribal Provider Billing Manual (5/2/24), pg. 55. (Accessed May 2025).

Telehealth and telemedicine may qualify as an FQHC/RHC visit if it meets the requirements specified in AMPM 320-I, Telehealth and Telemedicine. To qualify as a reimbursable telehealth visit, claims with procedure code T1015 must additionally include another eligible code from the AHCCCS Telehealth Code Set.

SOURCE: AZ Health Care Cost Containment System, AHCCCS. Provider Qualifications and Provider Requirements. Ch. 600, Oct. 2015, pg. 3 & AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Billing Manual, Ch. 10: Addendum FQHC/RHC, (8/25/2022), pg. 3, (Accessed May 2025).

Telehealth may qualify as a Federally Qualified Healthcare Center/Rural Health Clinic (FQHC/RHC) visit, if all other applicable conditions in this Policy are met. Refer to AMPM Policy 670.

SOURCE: AZ Medical Policy for AHCCCS Covered Services. Telehealth and Telemedicine Ch 300, (320-I pg. 5), Approved 10/29/24, (Accessed May 2025).

School Based Claiming Program

For DSC services provided via telehealth, all providers shall be an AHCCCS registered provider and licensed in Arizona by the governing board for the profession or specialty or may provide services via telehealth if all requirements for the provision of telehealth are met, including board registration as specified in ARS 36-3606 and AMPM Policy 320-I.

SOURCE: AZ Medical Policy for AHCCCS Covered Services. School Based Claiming Program Ch 700, (710 pg. 3), Approved 10/29/24. (Accessed May 2025).

ELIGIBLE SITES

The Place of Service (POS) listed on the CMS 1500 claim form shall be the originating site (where the AHCCCS member is located or where the asynchronous service originates).

For Medicare Dual members, claims may be submitted with the POS listed as 02 (Telemedicine) to comply with Medicare guidelines. The POS 02 (Telemedicine) will designate the service being provided as a telehealth service.

Fee-for-Service Provider Manual definitions:

Distant site means “the site at which the provider delivering the service is located at the time the service is provided via telehealth.”

Originating site means “the location of the AHCCCS member at the time the service is being furnished via telehealth or where the asynchronous service originates. This is considered the place of service.”

SOURCE: AZ Health Care Cost Containment System, AHCCCS Fee-For- Service Provider Billing Manual, Ch. 10: Individual Practitioner Services, (5/2/24), pg. 50 & IHS/Tribal Provider Billing Manual, (5/2/24). pg. 54 (Accessed May 2025).

There are no Place Of Service (POS) restrictions for distant site.

SOURCE: AZ Medical Policy for AHCCCS Covered Services. Telehealth and Telemedicine Ch 300, (320-I pg. 5), 8/29/23. (Accessed Feb. 2025).

GEOGRAPHIC LIMITS

There are no geographic restrictions for telehealth. Services delivered via telehealth are covered by AHCCCS in rural and urban/metropolitan regions.

SOURCE: AZ Medical Policy for AHCCCS Covered Services. Telehealth and Telemedicine Ch 300, (320-I pg. 1), Approved 8/29/23 ; AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Billing Manual, Ch. 10: Individual Practitioner Services, (5/2/24), pg. 48, & IHS/Tribal Provider Billing Manual, (5/2/24), pg. 52. (Accessed May 2025).

FACILITY/TRANSMISSION FEE

No Reference Found

STORE-AND-FORWARD

Last updated 05/29/2025

POLICY

Telehealth (asynchronous, store and forward) – Transmission of recorded health history (e.g., pre-recorded videos, digital data, or digital images, such as xrays and photos) through a secure electronic communications system between a practitioner, usually a specialist, and a member or other practitioner, in order to evaluate the case or to render consultative and/or therapeutic services outside of a synchronous (real-time) interaction. As compared to a real-time member care, asynchronous care allows practitioners to assess, evaluate, consult, or treat conditions using secure digital transmission services, data storage services, and software solutions.

SOURCE: AZ Health Cost Containment System, AHCCCS Contract and Policy Dictionary, 3/25, pg. 109, (Accessed May 2025).

Asynchronous services are rendered after the initial collection of data from the member and are provided without real-time interaction with the member.

SOURCE: AZ Health Care Cost Containment System, AHCCCS Medical Policy for AHCCCS Covered Services, Ch. 300, (320-I pg. 3). Approved 8/29/23. (Accessed May 2025).

Asynchronous (store-and-forward) is “transmission of recorded health history (e.g. pre-recorded videos, digital data, or digital images, such as x-rays and photos) through a secure electronic communications system between a practitioner, usually a specialist, and a member or other practitioner, in order to evaluate the case or to render consultative and/or therapeutic services outside of a synchronous (real-time) interaction. As compared to a real-time member care, synchronous care allows practitioners to assess, evaluate, consult, or treat conditions using secure digital transmission services, data storage services, and software solutions.”

AHCCCS will reimburse for store-and-forward in their fee-for-service program for certain services.

SOURCE: AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Billing Manual, Ch. 10: Professional and Technical Services, (5/2/24), pg. 49-50 & IHS/Tribal Provider Billing Manual, (5/2/24). pg. 53, (Accessed May 2025).

Remote monitoring

- G2010 – Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the

previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.

- G2012 – Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.

SOURCE: AZ Administrative Code Title 20, Ch. 5, pg. 425-426. (Accessed May 2025).

ELIGIBLE SERVICES/SPECIALTIES

AHCCCS covers all major forms of telehealth services. Asynchronous (also called “store and forward”) occurs when services are not delivered in real-time, but clinical information or images are uploaded by providers and then retrieved for review and recommendation, usually by a specialist. Telephonic services (audio-only) use a traditional telephone to conduct healthcare appointments. Telemedicine involves interactive audio and video, in a real-time, synchronous communication. AHCCCS also covers telehealth for remote patient monitoring and teledentistry. See excel document for codes.

Telehealth Code Set for asynchronous.

SOURCE: AZ Health Care Cost Containment System. Telehealth Services, (Accessed Feb. 2025).

The following services are covered via asynchronous telehealth (store-and-forward):

- Behavioral Health
- Cardiology
- Dermatology
- Infectious Disease
- Neurology
- Ophthalmology
- Pathology
- Radiology

Covered behavioral health services via asynchronous telehealth can include Naturalistic Observation Diagnostic Assessment (NODA).

SOURCE: AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Billing Manual, Ch. 10: Professional and Technical Services, (5/2/24), pg. 49 & 51 & IHS/Tribal Provider Billing Manual, (5/2/24). pg. 52-54 (Accessed May 2025).

AHCCS Medical Policy Manual

Asynchronous services are rendered after the initial collection of data from the member and are provided without real-time interaction with the member. Reimbursement for this type of consultation is limited to clinically appropriate services that are provided without real-time interaction and are limited to the following disciplines, with the exception of e-consults:

- Dermatology
- Radiology
- Ophthalmology
- Pathology
- Neurology
- Cardiology
- Behavioral Health
- Infectious Disease
- Allergy/Immunology

The AHCCCS Telehealth code set defines which codes are billable as an asynchronous service and the applicable modifier(s) and place of service providers must use when billing for a service provided via asynchronous means.

E-Consult Services

The Contractor and FFS Programs shall cover medically necessary e-consult visits, to aid in the coordination of care between a Primary Care Provider (PCP) and a specialist, and to improve timely access to specialty providers.

The AHCCCS Telehealth code set defines which codes are billable as an e-consult service and the applicable modifier(s) and place of service providers must use when billing for a service provided through e-consult.

SOURCE: AZ Medical Policy for AHCCCS Covered Services. Telehealth and Telemedicine Ch 300, (320-I pg. 3), Approved 8/29/23. (Accessed May 2025).

Behavioral Health Crisis Services and Care Coordination

Crisis services are provided in a variety of settings, such as face-to-face at an individual's home, in the community or via telehealth (inclusive of services provided via text, chat, and phone).

SOURCE: AZ Medical Policy for AHCCCS Covered Services. Behavioral Health Crisis Services and Care Coordination, Ch 590, (pg. 3), Approved 7/10/24. (Accessed May 2025).

GEOGRAPHIC LIMITS

There are no geographic restrictions for telehealth. Services delivered via telehealth are covered by AHCCCS in rural and urban regions.

SOURCE: AZ Medical Policy for AHCCCS Covered Services. Telehealth and Telemedicine Ch 300, (320-I pg. 1), Approved 8/29/23 ; AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Billing Manual, Ch. 10: Individual Practitioner Services, (5/2/24), pg. 48, & IHS/Tribal Provider Billing Manual, (5/2/24), pg. 52 (Accessed May 2025).

FACILITY/TRANSMISSION FEE

No Reference Found

REMOTE PATIENT MONITORING

Last updated 05/29/2025

POLICY

Remote Patient Monitoring: Personal health and medical data collection from a member in one location via electronic communication technologies, which is transmitted to a provider in a different location for use in providing improved chronic disease management, care, and related support. Such monitoring shall be either synchronous (real-time) or asynchronous (store and forward).

SOURCE: AZ Health Cost Containment System, AHCCCS Contract and Policy Dictionary, 3/25, pg. 96, (Accessed May 2025).

Remote patient monitoring enables the monitoring of members outside of conventional clinical settings, such as in the home. The Contractor and FFS Programs cover both synchronous and asynchronous remote patient monitoring.

SOURCE: AZ Health Care Cost Containment System, AHCCCS Medical Policy for AHCCCS Covered Services, Ch. 300, (320-I pg. 4). Approved 8/29/23. (Accessed May 2025).

Service delivery via telehealth can be done via teledentistry, remote patient monitoring, telemedicine, or asynchronous (store and forward).

Remote Patient Monitoring is “personal health and medical data collection from a member in one location via electronic communication technologies, which is transmitted to a provider in a different location for use in providing improved chronic disease management, care, and related support. Such monitoring may be either synchronous (real-time) or asynchronous (store-and-forward).

SOURCE: AZ Health Care Cost Containment System, AHCCCS Fee-For-Service Provider Billing Manual, Ch. 10: Individual Practitioner Services, (5/2/24), pg. 50 & IHS/Tribal Provider Billing Manual, (5/2/24), pg. 53. (Accessed May 2025).

AHCCCS covers all major forms of telehealth services. Asynchronous (also called “store and forward”) occurs when services are not delivered in real-time, but clinical information or images are uploaded by providers and then retrieved for review and recommendation, usually by a specialist. Telephonic services (audio-only) use a traditional telephone to conduct healthcare appointments. Telemedicine involves interactive audio and video, in a real-time, synchronous communication. AHCCCS also covers telehealth for remote patient monitoring and teledentistry.

See chart on webpage for code set.

SOURCE: AZ Health Care Cost Containment System. Telehealth Services, (Accessed May 2025).

Remote monitoring

- G2010 – Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.
- G2012 – Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.

SOURCE: AZ Administrative Code Title 20, Ch. 5, pg. 425-426. (Accessed May 2025).

CONDITIONS

No Reference Found

PROVIDER LIMITATIONS

No Reference Found

OTHER RESTRICTIONS

Coverage of equipment and/or supplies for remote patient monitoring is limited to when:

1. The service being provided is an AHCCCS covered service eligible for remote monitoring; and
2. The equipment and/or supplies are AHCCCS covered items. For additional information, refer to AMPM Policy 310-P.

The AHCCCS Telehealth code set defines which codes are billable as a remote patient monitoring service and the applicable modifier(s) and place of service providers must use when billing for a service provided through remote patient monitoring.

SOURCE: AZ Health Care Cost Containment System, AHCCCS Medical Policy for AHCCCS Covered Services, Ch. 300, (320-I pg. 2 & 4). Approved 8/29/23. (Accessed May 2025).

EMAIL, PHONE & FAX

Last updated 05/29/2025

Telehealth – Audio Only: The practice of synchronous (real-time) health care delivery, through interactive audio-only communications.

SOURCE: AZ Health Cost Containment System, AHCCCS Contract and Policy Dictionary, 3/25, pg. 109, (Accessed May 2025).

The Contractor and FFS Programs shall cover audio-only services if a telemedicine encounter is not reasonably available due to the member's functional status, the member's lack of technology or telecommunications infrastructure limits, as determined by the provider. To submit a claim for an audio-only service, the provider shall make the telehealth services generally available to members through telemedicine.

The Contractor and FFS Programs shall reimburse providers at the same level of payment for equivalent in-person office/facility setting for mental health and substance use disorder services, as identified by HCPCS, if provided through telehealth using an audio-only format.

The AHCCCS Telehealth code set defines which codes are billable as an audio-only service and the applicable modifier(s) and place of service providers shall use when billing for an audio-only service.

SOURCE: AZ Health Care Cost Containment System, AHCCCS Medical Policy for AHCCCS Covered Services, Ch. 300, (320-I pg. 4). Approved 8/29/23, p. 4. (Accessed May 2025).

AHCCCS covers all major forms of telehealth services. Asynchronous (also called “store and forward”) occurs when services are not delivered in real-time, but clinical information or images are uploaded by providers and then retrieved for review and recommendation, usually by a specialist. Telephonic services (audio-only) use a traditional telephone to conduct healthcare appointments. Telemedicine involves interactive audio and video, in a real-time, synchronous communication. AHCCCS also covers telehealth for remote patient monitoring and teledentistry.

A list of reimbursable codes for permanent telephonic delivery is linked on the AHCCCS Telehealth Services webpage.

SOURCE: AZ Health Care Cost Containment System. Telehealth Services, (Accessed May 2025).

Two HCPCS codes are included in this section of the 2022/2023 Fee Schedule:

- G2010 – Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.
- G2012 – Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.

SOURCE: AZ Administrative Code Title 20, Ch. 5, pg. 425-426. (Accessed May 2025).

Telephonic Crisis Intervention Services (Telephone Response) (H0030): H0030 can only be utilized by a provider that is part of the state crisis system and contracted with an

ACC-RBHA to provide telephonic crisis intervention services. Claims submitted to DFSM will be denied with instructions to bill to the ACC-RBHA.

SOURCE: Fee-for-Service Provider Billing Manual Behavioral Health Services, Ch. 19, p. 21 (Revised 7/8/24), (Accessed May 2025).

Effective 7/1/2020, HCPCS code H0030 (Behavioral Health Hotline Service) shall replace T1016 as the dedicated crisis telephone billing code. The applicable rates and modifiers for crisis telephone billing that were valid for T1016 will now be valid for H0030. This includes modifiers HO (Master's Degree level), HN (Bachelor's Degree level) and ET (Emergency Services).

Note: Providers rendering telephonic crisis services to Tribal ALTCS members shall also bill for these services with H0030.

SOURCE: Fee for Service Provider Billing Manual, IHS/Tribal Billing Manual, Ch. 12 Behavioral Health, (Revised 2/11/23) pg. 11-12, (Accessed May 2025).

Behavioral Health Crisis Services and Care Coordination

Crisis services are provided in a variety of settings, such as face-to-face at an individual's home, in the community or via telehealth (inclusive of services provided via text, chat, and phone).

SOURCE: AZ Medical Policy for AHCCCS Covered Services. Behavioral Health Crisis Services and Care Coordination, Ch 590, (pg. 3), Approved 7/10/24. (Accessed May 2025).

Direct Care Services

The initial supervisory/monitoring visit is required by the 5th day from the initial service provision and shall not occur on the same day as the initial service provision. For homemaker services only, the 5th day supervisory/monitoring visit (depending on the nature of the care being performed) may be conducted telephonically.

SOURCE: AZ Medical Policy for AHCCCS Covered Services. Direct Care Services, Ch 1240-A, (pg. 8), Approved 5/21/24. (Accessed May 2025).

Tarted Case Management Services

Members accepting TCM may reside in any of the Contractor's approved settings and may choose the type (on-site visit, telephone, letter) and frequency of TCM contact except under certain circumstances.

SOURCE: AZ Medical Policy for AHCCCS Covered Services. Tarted Case Management Services, Ch 1640, (pg. 4), Approved 6/6/24. (Accessed May 2025).

Behavioral Health Services

Crisis services include mobile team services, telephone crisis response, and facility-based crisis intervention services including observation, stabilization, and detoxification services. Crisis stabilization services will continue to include related transportation and facility charges.

H0030 can only be utilized by a provider that is part of the state crisis system and contracted with an ACC-RBHA to provide telephonic crisis intervention services. Claims submitted to DFSM will be denied with instructions to bill to the ACC-RBHA.

Refer to the AHCCCS Telehealth Code Set for services that can be billed when providing telephonic services.

SOURCE: AZ Fee-For-Service Provider Billing Manual. Behavioral Health Services, Ch 19, Revised 7/8/24. (Accessed May 2025).

Early and Periodic Screening, Diagnostic, and Treatment Services

Incontinence Briefs: A PA has been obtained as required by AHCCCS, Contractor, or Contractor's designee. The Contractor may require a new PA to be issued no more frequently than every 12 months. A PA for a renewal of an existing prescription may be provided by the physician through telephone contact with the member rather than an in-person physician visit.

SOURCE: AZ AHCCCS Medical Policy Manual, Chapter 400 – Medical Policy for Maternal and Child Health 430, p. 19 Effective Date 10/1/24. (Accessed Jun. 2025).

CONSENT REQUIREMENTS

Last updated 05/29/2025

Informed consent standards for Telehealth services shall adhere to all applicable statutes and policies governing informed consent, including A.R.S. § 36-3602.

SOURCE: AZ Health Care Cost Containment System. Telehealth and Telemedicine Ch 300, (320-I pg. 5), Approved 8/29/23. (Accessed May 2025).

For telehealth services, in addition to the requirements set forth in section of Universal Requirements for informed consent of this Policy, before a provider delivers health care via telehealth, verbal or written informed consent from the member, or when applicable, the member's HCDM, shall be obtained as specified in AMPM Policy 320-I, A.R.S. §36-3602, and A.A.C. R9-21-206.01.

Exceptions to this Consent requirement include:

- If the telehealth interaction does not take place in the physical presence of the member,
- In an emergency situation in which the member, or when applicable, the member's HCDM is unable to give Informed Consent, or
- Transmission of diagnostic images to a health care provider serving as a consultant or the reporting of diagnostic test results by that consultant.

SOURCE: AZ Health Care Cost Containment System. AHCCCS General and Informed Consent, Ch. 320-Q, pg. 3. Effective 10/1/23. (Accessed May 2025).

Except as otherwise provided by law or a court order, no person, corporation, association, organization or state-supported institution, or any individual employed by any of these entities, may procure, solicit to perform, arrange for the performance of or perform mental health screening in a nonclinical setting or mental health treatment on a minor without first obtaining the written or oral consent of a parent or a legal custodian of the minor child. If the parental consent is given through **telehealth**, the health professional must verify the parent's identity at the site where the consent is given.

This section does not apply when an emergency exists that requires a person to perform mental health screening or provide mental health treatment to prevent serious injury to or save the life of a minor child.

A person who violates this section is guilty of a class 1 misdemeanor.

For the purposes of this section, "parent" means the parent or legal guardian of a minor child.

SOURCE: AZ Revised Statutes Section 36-2272. (Accessed Jun. 2025).

OUT OF STATE PROVIDERS

Last updated 05/29/2025

A provider who is not licensed within the State of Arizona may provide Telehealth services to an AHCCCS member located in the state if the provider is an AHCCCS registered provider and complies with all requirements listed within A.R.S. § 36-3606.

SOURCE: AZ Medical Policy for AHCCCS Covered Services. Telehealth and Telemedicine Ch 300, (320-I pg. 2), Approved 8/29/23. (Accessed May 2025).

MISCELLANEOUS

Last updated 05/29/2025

Services provided through Telehealth or resulting from a telehealth encounter are subject to all applicable statutes and rules that govern prescribing, dispensing and administering prescription medications and devices.

Privacy and confidentiality standards for Telehealth services shall adhere to all applicable statutes and policies governing healthcare services, including the Health Insurance Portability and Accountability Act (HIPAA).

SOURCE: AZ Medical Policy for AHCCCS Covered Services. Telehealth and Telemedicine Ch 300, (320-I pg. 5), Approved 8/29/23. (Accessed May 2025).

Health Care Institutions (Certain Licensed Facilities)

Administrators must ensure that policies and procedures for physical health services, habilitation services and behavioral care are established, documented and implemented to protect the health and safety of a resident that ... cover telemedicine, if applicable.

SOURCE: AZ Administrative Code, R9-10-2203, [appears in additional sections] (Accessed May 2025).

A report on Engaging Members through Technology is required by AHCCCS contractors for upcoming calendar year. Must include criteria for identifying and targeting members who can benefit from telehealth services and from web/mobile-based applications, among other items.

SOURCE: AZ Medical Policy for AHCCCS Covered Services. Quality Management/Performance Improvement Program Ch 920, (pg. 6), Approved 8/3/23. (Accessed May 2025).

Medical record requirements are applicable to paper, electronic format medical records, and telemedicine.

When telemedicine is conducted, records shall clearly identify that the visit is a telemedicine visit.

SOURCE: AZ Medical Policy for AHCCCS Covered Services. Medical Records and Communication of Clinical Information, Ch. 940, (pg. 2 & 3), Effective 2/12/24. (Accessed May 2025).

Professional Requirements

DEFINITIONS

Last updated 05/29/2025

“Telehealth” means:

- The interactive use of audio, video or other electronic media, including asynchronous store-and-forward technologies and remote patient monitoring technologies, for the practice of health care, assessment, diagnosis, consultation or treatment and the transfer of medical data.
- Includes the use of an audio-only telephone encounter between the patient or client and health care provider if an audio-visual telehealth encounter is not reasonably available due to the patient’s functional status, the patient’s lack of technology or telecommunications infrastructure limits, as determined by the health care provider.
- Does not include the use of a fax machine, instant messages, voice mail or email.

SOURCE: AZ Revised Statute Sec. 36-3601 (Accessed May 2025).

Out of State Telehealth Providers

“Telehealth services” means health care services provided through telehealth.

SOURCE: R9-16-1001, (Accessed May 2025).

Board of Psychologist Examiners

“Telepractice” means providing psychological services through interactive audio, video or electronic communication that occurs between the psychologist and the patient or client, including any electronic communication for diagnostic, treatment or consultation purposes in a secure platform, and that meets the requirements of telehealth pursuant to section 36-3602. Telepractice includes supervision.

SOURCE: AZ Revised Statute Sec. 32-2061 (Accessed May 2025).

Board of Behavioral Health Examiners

“Telepractice” means providing behavioral health services through interactive audio, video or electronic communication that occurs between a behavioral health professional and the client, including any electronic communication for evaluation, diagnosis and treatment, including distance counseling, in a secure platform, and that meets the requirements of telemedicine pursuant to A.R.S. § 36-3602. A.R.S. § 32-3251.

SOURCE: AZ Administrative Code R4-6-101, (Accessed May 2025).

Dentistry

“Teledentistry” means the use of data transmitted through interactive audio, video or data communications for the purposes of examination, diagnosis, treatment planning, consultation and directing the delivery of treatment by dentists and dental providers in settings permissible under title 32, chapter 11 or specified in rules adopted by the board.

SOURCE: AZ Revised Statute Sec. 36-3611 & 32-1201(25) [slight variation]. (Accessed Feb. 2025).

Audiology

“Telehealth” means the application of telecommunication technology to deliver audiology or speech-language pathology services at a distance for assessment, intervention or consultation.

SOURCE: AZ Senate Bill 1075 (2025 Session), (Accessed May 2025).

CONSENT REQUIREMENTS

Last updated 05/29/2025

Before a health care provider delivers health care through telehealth, the treating health care provider shall obtain verbal or written informed consent, including by electronic means, from the patient or the patient’s health care decision maker. If the informed consent is obtained verbally, the health care provider shall document the consent on the patient’s medical record.

The consent requirement does not apply in the following circumstances:

- If the telehealth interaction does not take place in the physical presence of the patient.
- In an emergency situation in which the patient or the patient’s health care decision maker is unable to give informed consent.
- 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.

SOURCE: Arizona Revised Statute Sec. 36-3602 (Accessed May 2025).

Out of State Telehealth Providers

A registered health care provider shall: ...

- Obtain a client’s informed consent prior to:
 - Providing a telehealth service, or
 - Dissemination of images or information identifiable to a client for research or educational purposes; and

SOURCE: R9-16-1006 (Accessed Feb. 2025).

Veterinarians

Notwithstanding any other law and except for an animal that is used in commercial food production that is regulated under title 3, a veterinarian may establish a veterinarian client patient relationship through electronic means if all of the following apply: ...

- The veterinarian is licensed pursuant to this chapter or holds a permit pursuant to section 32-2217.01.
- The veterinarian obtains informed consent from the client, including an acknowledgement that the standards of care prescribed by this chapter apply to in-person visits and visits through electronic means. The veterinarian shall maintain for at least three years documentation of the consent described in this paragraph.
- The veterinarian provides the client with the veterinarian's name and contact information and secures an alternate means of contacting the client if the electronic means is interrupted. The electronic or written record provided to the client after the telemedicine visit must include the veterinarian's license number.
- Before conducting an evaluation of the patient through electronic means, the veterinarian advises the client of all of the following:
 - the veterinarian may ultimately recommend an in-person visit.
 - the veterinarian is prohibited by federal law from prescribing some drugs or medications based only on an electronic examination.
 - the appointment through electronic means may be terminated at any time.
- The veterinarian is able to recommend the client to a local veterinarian who can see the animal in person. The client has the option to choose an in-person visit.

SOURCE: Arizona Revised Statute 32-2240.03 (Accessed May 2025).

Dentistry

Except as provided in subsection E of this section, before a dentist or dental provider delivers care through teledentistry, the dentist or dental provider shall obtain verbal or written informed consent from the patient or the patient's health care decision maker. If the informed consent is obtained verbally, the dentist or dental provider shall document the consent on the patient's record.

The consent requirements of this section do not apply to the transmission of diagnostic images to another health care provider or dental specialist or the reporting of diagnostic test results by that specialist.

Source: AZ Revised Statute Sec. 36-3612 (A) & (E). (Accessed May 2025).

Mental Health Screening of a Minor

Except as otherwise provided by law or a court order, no person, corporation, association, organization or state-supported institution, or any individual employed by any of these entities, may procure, solicit to perform, arrange for the performance of or perform mental health screening in a nonclinical setting or mental health treatment on a minor without first obtaining the written or oral consent of a parent or a legal custodian of the minor child. If the parental consent is given through **telehealth**, the health professional must verify the parent's identity at the site where the consent is given.

This section does not apply when an emergency exists that requires a person to perform mental health screening or provide mental health treatment to prevent serious injury to or save the life of a minor child.

SOURCE: AZ Revised Statute Sec. 36-2272. (Accessed Jun. 2025).

Workers Compensation

The request for the medical examination shall fix a time and place having regard to the convenience of the employee, the employee's physical condition and the employee's ability to attend. A medical examination may be conducted via telehealth as defined in section 36-3601 with the consent of both the employee and the requesting party. The employee may have a physician present at the examination if procured and paid for by the employee.

SOURCE: AZ Revised Statute Sec. 23-1026. (Accessed Jun. 2025).

ONLINE PRESCRIBING

Last updated 05/29/2025

Medical Board

Unprofessional conduct includes prescribing, dispensing or furnishing a prescription medication or a prescription-only device to a person unless the licensee first conducts a physical or mental health status examination of that person or has previously established a doctor-patient relationship. The physical or mental health status examination may be conducted through telehealth with a clinical evaluation that is appropriate for the patient and the condition with which the patient presents, unless the examination is for the purpose of obtaining a written certification from the physician for the purposes of title 36, chapter 28.1. This subdivision does not apply to:

- A physician who provides temporary patient supervision on behalf of the patient's regular treating licensed health care professional or provides a consultation requested by the patient's regular treating licensed health care professional.
- Emergency medical situations as defined in section 41-1831.
- Prescriptions written to prepare a patient for a medical examination.
- Prescriptions written or prescription medications issued for use by a county or tribal public health department for immunization programs or emergency treatment or in response to an infectious disease investigation, public health emergency, infectious disease outbreak or act of bioterrorism. For the purposes of this item, "bioterrorism" has the same meaning prescribed in section 36-781.
- Prescriptions written or antimicrobials dispensed to a contact as defined in section 36-661 who is believed to have had significant exposure risk as defined in section 36-661 with another person who has been diagnosed with a communicable disease as defined in section 36-661 by the prescribing or dispensing physician.
- Prescriptions written or prescription medications issued for administration of immunizations or vaccines listed in the United States centers for disease control and prevention's recommended immunization schedule to a household member of a patient.
- Prescriptions for epinephrine auto-injectors written or dispensed for a school district or charter school to be stocked for emergency use pursuant to section 15-157 or for an authorized entity to be stocked pursuant to section 36-2226.01.
- Prescriptions written by a licensee through a telehealth program that is covered by the policies and procedures adopted by the administrator of a hospital or outpatient treatment center.
- Prescriptions for naloxone hydrochloride or any other opioid antagonist approved by the United States food and drug administration that are written or dispensed for use pursuant to section 36-2228 or 36-2266.
- Performing office based surgery using sedation in violation of board rules.
- Practicing medicine under a false or assumed name in this state.

SOURCE: Arizona Revised Statute Sec. 32-1401 (Accessed May 2025).

Osteopathic Physicians and Surgeons

Prescribing, dispensing or furnishing a prescription medication or a prescription-only device to a person if the licensee has not conducted a physical or mental health status examination of that person or has not previously established a physician-patient relationship. The physical or mental health status examination may be conducted through telehealth as defined in section 36-3601 with a clinical evaluation that is appropriate for the patient and the condition with which the patient presents, unless

the examination is for the purpose of obtaining a written certification from the physician for the purposes of title 36, chapter 28.1. This paragraph does not apply to:

- Emergencies.
- A licensee who provides patient care on behalf of the patient's regular treating licensed health care professional or provides a consultation requested by the patient's regular treating licensed health care professional.
- Prescriptions written or antimicrobials dispensed to a contact as defined in section 36-661 who is believed to have had significant exposure risk as defined in section 36-661 with another person who has been diagnosed with a communicable disease as defined in section 36-661 by the prescribing or dispensing physician.
- Prescriptions for epinephrine auto-injectors written or dispensed for a school district or charter school to be stocked for emergency use pursuant to section 15-157 or for an authorized entity to be stocked pursuant to section 36-2226.01.
- Prescriptions written by a licensee through a telehealth program that is covered by the policies and procedures adopted by the administrator of a hospital or outpatient treatment center.
- Prescriptions for naloxone hydrochloride or any other opioid antagonist approved by the United States food and drug administration that are written or dispensed for use pursuant to section 36-2228 or 36-2266.

SOURCE: Arizona Revised Statute Sec. 32-1854 (Accessed May 2025).

For schedule II drugs, a health care provider regulatory board or agency may not enforce any statute, rule or policy that would require a health care provider who is licensed by that board or agency and who is authorized to write prescriptions or dispense or administer prescription drugs and devices to provide an in-person examination of the patient before issuing a prescription except as specifically prescribed by federal law. A physical or mental health status examination may be conducted during a telehealth encounter. Schedule II drugs may be prescribed only after an in-person or audio-visual examination and only to the extent allowed by federal and state law.

Services provided through telehealth are subject to this state's laws and rules governing the health care provider's scope of practice and the practice guidelines adopted by the telehealth advisory committee on telehealth best practices established by section 36-3607.

SOURCE: Arizona Revised Statute Sec. 36-3602 (Accessed May 2025).

Naturopathic Physicians

Prescribing, dispensing or furnishing a prescription medication or a prescription-only device as defined in section 32-1901 to a person unless the licensee first conducts a physical examination of that person or has previously established a doctor-patient relationship. The physical examination may be conducted through telehealth as defined in section 36-3601 unless the examination is for the purpose of obtaining a written certification from the physician for the purposes of title 36, chapter 28.1. This subdivision does not apply to:

- A licensee who provides temporary patient supervision on behalf of the patient's regular treating licensed health care professional.
- An emergency medical situation as defined in section 41-1831.
- Prescriptions written to prepare a patient for a medical examination.
- Prescriptions written or prescription medications issued for use by a county or tribal public health department for immunization programs or emergency treatment or in response to an infectious disease investigation, a public health emergency, an infectious disease outbreak or an act of bioterrorism. For the purposes of this item, "bioterrorism" has the same meaning prescribed in section 36-781.
- Prescriptions written or antimicrobials dispensed to a contact as defined in section 36-661 who is believed to have had significant exposure risk as defined in section 36-661 with another person who has been diagnosed with a communicable disease as defined in section 36-661 by the prescribing or dispensing physician.
- Prescriptions written by a licensee through a telehealth program that is covered by the policies and procedures adopted by the administrator of a hospital or outpatient treatment center.
- If medical treatment is considered experimental or investigational, failing to include in a patient's record a consent to treatment document that is signed by the patient or the patient's parent or legal guardian and that indicates that the patient or the patient's parent or legal guardian has been informed of the risk of any treatment to be provided and the expected cost of that treatment.
- When issuing a written certification, failing or refusing to include in the adequate medical records of a patient a copy of certain information (see statute for more details).

SOURCE: Arizona Revised Statute Sec. 32-1501, (Accessed May 2025).

Pharmacy

Unprofessional conduct includes knowingly dispensing a drug on a prescription order that was issued in the course of the conduct of business of dispensing drugs pursuant to diagnosis by mail or the internet, unless the order was any of the following: ...

- Written by a licensee through a telehealth program that is covered by the policies and procedures adopted by the administrator of a hospital or outpatient treatment center.
- Written pursuant to a physical or mental health status examination that was conducted through telehealth as defined in section 36-3601 and consistent with federal law.

SOURCE: Arizona Revised Statute Sec. 32-1901.01.01 (Accessed May 2025).

Veterinarians

Veterinarian client patient relationship means a relationship between a veterinarian and a client or the owner or caretaker of an animal in which the veterinarian meets all the following:

- Assumes the responsibility for making medical judgments regarding the animal's health and need for medical treatment and the client, owner or caretaker has agreed to follow the veterinarian's instructions.
- Has sufficient knowledge of the animal to initiate at least a general or preliminary diagnosis of the animal's medical condition. For the purposes of this subdivision, sufficient knowledge is obtained when any of the following occurs:
 - The veterinarian has recently seen and is personally acquainted with the keeping and caring of the animal as a result of examining the animal.
 - The veterinarian makes medically appropriate and timely visits to the premises where the animal is kept.
 - A veterinarian affiliated with the practice has reviewed the medical record of such examinations or visits.
 - The veterinarian obtains current knowledge of the animal by conducting a real-time electronic examination using an audio-video based communication medium.
- Is readily available for a follow-up evaluation or the veterinarian has arranged for either of the following:
 - Emergency coverage.
 - Continuing care and treatment by another veterinarian who has access to the animal's medical records.

Notwithstanding any other law and except for an animal that is used in commercial food production that is regulated under title 3, a veterinarian may establish a veterinarian client patient relationship through electronic means if all of the following apply:

- The veterinarian is licensed pursuant to this chapter or holds a permit pursuant to section 32-2217.01.

- The veterinarian obtains informed consent from the client, including an acknowledgement that the standards of care prescribed by this chapter apply to in-person visits and visits through electronic means. The veterinarian shall maintain for at least three years documentation of the consent described in this paragraph.
- The veterinarian provides the client with the veterinarian's name and contact information and secures an alternate means of contacting the client if the electronic means is interrupted. The electronic or written record provided to the client after the telemedicine visit must include the veterinarian's license number.
- Before conducting an evaluation of the patient through electronic means, the veterinarian advises the client of all of the following:
 - the veterinarian may ultimately recommend an in-person visit.
 - the veterinarian is prohibited by federal law from prescribing some drugs or medications based only on an electronic examination.
 - the appointment through electronic means may be terminated at any time.
- The veterinarian is able to recommend the client to a local veterinarian who can see the animal in person. The client has the option to choose an in-person visit.

A veterinarian may prescribe drugs or medications after establishing a veterinary client patient relationship through electronic means, except that:

- Prescriptions based only on an electronic examination may be initially issued for up to fourteen days and may be renewed one time for up to fourteen days with an additional electronic examination.
- Prescriptions based only on electronic examinations and that have been renewed once may not be renewed again without an in-person examination.
- The veterinarian must notify the client that some prescription drugs or medications may be available at a pharmacy and, if requested, the veterinarian will submit a prescription to a pharmacy that the client chooses.
- The veterinarian may not order, prescribe or make available a controlled substance as defined in section 36-2501 unless the veterinarian has performed an in-person physical examination of the patient or made medically appropriate and timely visits to the premises where the patient is kept.
- The veterinarian shall prescribe all drugs and medications in accordance with all federal and state laws.

Veterinarian services provided through electronic means are subject to the rules adopted pursuant to section 32-2275 relating to the practice of veterinary medicine.

SOURCE: Arizona Revised Statute 32-2240.02 (Accessed May 2025).

A health care provider shall not use telehealth to provide an abortion.

SOURCE: Arizona Revised Statute Sec. 36-3604 (Accessed May 2025).

If a health professional believes that a patient requires more than ninety morphine milligram equivalents per day and the patient is not exempt from the limit pursuant to subsection B of this section, the health professional shall first consult with a physician who is licensed pursuant to chapter 13 or 17 of this title and who is board-certified in pain, or an opioid assistance and referral call service, if available, that is designated by the department of health services. The consultation may be done by telephone or through telehealth.

SOURCE: Arizona Revised Statute Sec. 32-3248.01, (Accessed May 2025).

CROSS-STATE LICENSING

Last updated 05/29/2025

A health care provider who is not licensed in this state may provide telehealth services to a person located in this state if the health care provider complies with all of the following:

1. Registers with the state's applicable health care provider regulatory board or agency that licenses comparable health care providers on an application prescribed by the board or agency that contains certain elements (see law text).
2. Before prescribing a controlled substance to a patient in this state, registers with the controlled substances prescription monitoring program established pursuant to chapter 28 of this title.
3. Pays the registration fee as determined by the applicable health care provider regulatory board or agency.
4. Holds a current, valid and unrestricted license to practice in another state that is substantially similar to a license issued in this state to a comparable health care provider and is not subject to any past or pending disciplinary proceedings in any jurisdiction. The health care provider shall notify the applicable health care provider regulatory board or agency within five days after any restriction is placed on the health care provider's license or any disciplinary action is initiated or imposed. The health care provider regulatory board or agency registering the health care provider may use the national practitioner databank to verify the information submitted pursuant to this paragraph.
5. Acts in full compliance with all applicable laws and rules of this state, including scope of practice, laws and rules governing prescribing, dispensing and administering prescription drugs and devices, telehealth requirements and the best practice guidelines adopted by the telehealth advisory committee on telehealth best practices established by section 36-3607.

6. Complies with all existing requirements of this state and any other state in which the health care provider is licensed regarding maintaining professional liability insurance, including coverage for telehealth services provided in this state.
7. Consents to this state's jurisdiction for any disciplinary action or legal proceeding related to the health care provider's acts or omissions under this article.
8. Follows this state's standards of care for that particular licensed health profession.
9. Annually updates the health care provider's registration for accuracy and submits to the applicable health care provider regulatory board or agency a report with the number of patients the provider served in this state and the total number and type of encounters in this state for the preceding year.

A health care provider who is registered pursuant to this section may not:

- Open an office in this state, except as part of a multistate provider group that includes at least one health care provider who is licensed in this state through the applicable health care provider regulatory board or agency.
- Provide in-person health care services to persons located in this state without first obtaining a license through the applicable health care provider regulatory board or agency.

A health care provider who is not licensed to provide health care services in this state but who holds an active license to provide health care services in another jurisdiction and who provides telehealth services to a person located in this state is not subject to the registration requirements of this section if either of the following applies:

- The services are provided under one of the following circumstances:
 - In response to an emergency medication condition.
 - In consultation with a health care provider who is licensed in this state and who has the ultimate authority over the patient's diagnosis and treatment.
 - To provide after-care specifically related to a medical procedure that was delivered in person in another state.
 - To a person who is a resident of another state and the telehealth provider is the primary care provider or behavioral health provider located in the person's state of residence.
- The health care provider provides fewer than ten telehealth encounters in a calendar year.

SOURCE: AZ Revised Statute Sec. 36-3606 (Accessed May 2025).

Out of State Telehealth Providers

See Regulation for initial application and renewal requirements.

SOURCE: R9-16-1002, 1003 (Accessed May 2025).

Except as provided in A.R.S. § 36-3606(E), an individual wishing to provide health care services through telehealth under A.R.S. Title 36, Chapter 36, and this Article shall:

- Hold a current and valid license to practice in another state that is substantially similar to a license issued in Arizona for a minimum of one year; and
- Be registered according to A.R.S. Title 36, Chapter 36, Article 1 and this Article prior to providing telehealth services.

A registered health care provider shall:

- Comply with the laws and rules of this state, including the requirements for medical records as defined in A.R.S. §§ 12-2291 and 32-3211;
- Notify the Department within five days after any restriction placed on a registered health care provider's license or any disciplinary action initiated or imposed by any jurisdiction or state;
- Ensure the registered health care provider's professional liability insurance policy includes coverage for telehealth services provided to clients in Arizona;
- Maintain a statutory agent for service of process in this state;
- Consent to the Department's jurisdiction for any disciplinary action or legal proceeding related to the registered health care provider's acts or omission under A.R.S. Title 36, Chapter 36, Article 1, and this Article;
- Obtain a client's informed consent prior to:
 - Providing a telehealth service, or
 - Dissemination of images or information identifiable to a client for research or educational purposes; and
- Submit an annual report, in a Department provided-format, that includes:
 - The number of clients served in Arizona, and
 - The number and type of encounters that occurred during the report year.

A registered health care provider is subject to state laws and rules governing scope of practice and practice guidelines established in Arizona and in the state of licensure.

A registered health care provider may not open an office in Arizona or provide in-person health care services to a client in Arizona without first obtaining an Arizona license applicable to the registered health care provider.

SOURCE: R9-16-1006 (Accessed May 2025).

Licensing requirements do not apply to:

- A doctor of medicine residing in another jurisdiction who is authorized to practice medicine in that jurisdiction, if the doctor engages in actual single or infrequent consultation with a doctor of medicine licensed in this state and if the consultation regards a specific patient or patients.
- A doctor of medicine who is licensed to practice in another jurisdiction if the doctor engages in the practice of medicine that is limited to patients with whom the doctor has an already established doctor-patient relationship and who reside outside this jurisdiction when both the doctor and the patient are physically in this state for not more than sixty consecutive days. For the purposes of this paragraph, “patient” means a person who is not a resident of this state and who is an athlete or a professional entertainer.

SOURCE: AZ Revised Statute Sec. 32-1421. (Accessed May 2025).

Except as otherwise provided by statute, an individual who provides counseling, social work, marriage and family therapy, or substance abuse counseling via telepractice to a client located in Arizona shall be licensed by the Board.

Except as otherwise provided by statute, a licensee who provides counseling, social work, marriage and family therapy, or substance abuse counseling via telepractice to a client located outside Arizona shall comply with not only A.R.S. Title 32, Chapter 33, and this Chapter but also the laws and rules of the jurisdiction in which the client is located.

SOURCE: AZ Administrative Code, Title 4, Ch. 6, R4-6-1106. Telepractice, p. 27 (Accessed F3b. 2025)

Board of Physician Assistants

The Board establishes and shall collect a fee to register as an out-of-state health care provider of telehealth services.

SOURCE: AZ Administrative Code, Title 4, Ch. 17, R4-17-204, (Accessed May 2025).

Board of Psychologist Examiners

The Board establishes and shall collect a fee to register as an out-of-state health care provider of telehealth services.

SOURCE: AZ Administrative Code, R4-26-108 & 402, (Accessed May 2025).

Board of Physical Therapy

The Board establishes and shall collect a fee to register as an out-of-state health care provider of telehealth services.

SOURCE: AZ Administrative Code, R4-24-107, (Accessed May 2025).

Board of Medicine

The Board establishes and shall collect a fee to register as an out-of-state health care provider of telehealth services.

SOURCE: AZ Administrative Code, R4-16-205, (Accessed May 2025).

Board of Osteopathic Examiners in Medicine and Surgery

The Board establishes and shall collect Annual Registration as an out-of-state health care provider of telehealth services.

SOURCE: AZ Administrative Code, R4-22-102, (Accessed May 2025).

Board of Podiatry

The Board establishes and charges a fee which applies to the application for telehealth registration and issuance of the registration.

SOURCE: AZ Administrative code, R4-25-103, (Accessed May 2025).

LICENSURE COMPACTS

Last updated 05/29/2025

Member of Counseling Compact

SOURCE: Counseling Compact, Compact Map, (Accessed May 2025).

Member of Interstate Medical Licensure Compact.

SOURCE: Interstate Medical Licensure Compact, (Accessed May 2025).

Member of the Interjurisdictional Compact of the Association of State and Provincial Psychology Boards (PSYPACT).

SOURCE: PSYPACT (Accessed May 2025).

Member of Nurse Licensure Compact.

SOURCE: Nurse Licensure Compact (Accessed May 2025).

Member of Physical Therapy Compact.

SOURCE: Physical Therapy Compact (Accessed May 2025).

Member of the Occupational Therapy Licensure Compact.

SOURCE: Occupational Therapy Licensure Compact. (Accessed May 2025).

Member of Social Work Licensure Compact

SOURCE: Social Work Compact, Compact Map, (Accessed May 2025).

PROFESSIONAL BOARDS STANDARDS

Last updated 05/30/2025

Board of Psychologist Examiners

SOURCE: AZ Reg. Sec. R4-26-109. (Accessed May 2025).

Board of Behavioral Health Examiners

SOURCE: AZ Reg. Sec. R4-6-1106. (Accessed May 2025).

Out-Of-State Telehealth Providers

SOURCE: AZ Reg Sec. R9-16-1006, (Accessed May 2025).

Consistent with the best practice guidelines adopted by the telehealth advisory committee on telehealth best practices established by section 36-3607, a health care provider shall make a good faith effort in determining both of the following:

- Whether a health care service should be provided through telehealth instead of in person. The health care provider shall use the health care provider's clinical judgment in considering whether the nature of the services necessitates physical interventions and close observation and the circumstances of the patient, including diagnosis, symptoms, history, age, physical location and access to telehealth.
- The communication medium of telehealth and, whenever reasonably practicable, the telehealth communication medium that allows the health care provider to most effectively assess, diagnose and treat the patient. Factors the health care provider may consider in determining the communication medium include the patient's lack of access to or inability to use technology or limits in telecommunication infrastructure necessary to support interactive telehealth encounters.

SOURCE: Arizona Revised Statute 36-3605, (Accessed May 2025).

Veterinarians – See statute for requirements around forming a veterinarian client patient relationship through electronic means.

SOURCE: Arizona Revised Statute 32-2240.03 (Accessed May 2025).

MISCELLANEOUS

Last updated 05/29/2025

Beginning October 1, 2021 and on or before the first of each month thereafter, each health care provider regulatory board or agency shall submit to the telehealth advisory

committee on telehealth best practices established by section 36-3607 a report identifying the number and type of out-of-state health care providers who have applied for registration pursuant to section 36-3606 and the number and type of out-of-state health care providers whose registration pursuant to section 36-3606 has been approved.

SOURCE: Ariz. Code 36-3608 [repeal effective Jan. 1, 2026] (Accessed May 2025).

Physical Therapy

“General supervision”

- Means that the supervising physical therapist is on call and is readily available via telecommunications when the physical therapist assistant is providing treatment interventions.
- Includes supervision provided through telehealth as defined in Section 36-3601.

SOURCE: Ariz. Code 32-2001, (accessed May 2025).