

# Arkansas



## At A Glance

### MEDICAID REIMBURSEMENT

- Live Video: Yes
- Store-and-Forward: No
- Remote Patient Monitoring: Yes
- Audio Only: Yes

### PRIVATE PAYER LAW

- Law Exists: Yes
- Payment Parity: No

### PROFESSIONAL REQUIREMENTS

- Licensure Compacts: ASLP-IC, CC, NLC, OT, PSY, PTC
- Consent Requirements: Yes

### STATE RESOURCES

1. Medicaid Program: Arkansas Medicaid
2. Program Administrator: Arkansas Department of Human Services
3. Regional Telehealth Resource Center: South Central Telehealth Resource Center

# Private Payer

## DEFINITIONS

*Last updated 05/27/2024*

Telemedicine means the use of electronic information and communication technology to deliver healthcare services, including without limitation the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient. Telemedicine includes store-and-forward and remote patient monitoring. For the purposes of this subchapter, “telemedicine” does not include the use of:

- Audio-only communication, unless the audio-only communication is real-time, interactive, and substantially meets the requirements for a healthcare service that would otherwise be covered by the health benefit plan.
- As with other medical services covered by a health benefit plan, documentation of the engagement between patient and provider via audio-only communication shall be placed in the medical record addressing the problem, content of conversation, medical decision-making, and plan of care after the contact.
- The documentation described in subdivision (7)(C)(i)(b) of this section is subject to the same audit and review process required by payers and governmental agencies when requesting documentation of other care delivery such as in-office or face-to-face visits;
- A facsimile machine;
- Text messaging; or
- Email.

SOURCE: AR Code 23-79-1601(7). (Accessed May 2024).

## Network Adequacy

“Telemedicine” means the use of electronic information and communication technology to and self-management of a patient, as well as store-and-forward technology and remote patient monitoring.

SOURCE: AR Admin Code, Title 054, 00, Sec. 106, (Accessed May 2024).

## Ambulance Services

“Telemedicine” means the use of audio-visual electronic information and communication technology to deliver healthcare services, including without limitation

the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient.

“Telemedicine” includes store-and-forward technology and remote patient monitoring.

“Telemedicine” does not include the use of audio-only electronic technology.

SOURCE: AR Code 20-13-108 & 23-79-2702, (Accessed May 2024).

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## REQUIREMENTS

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*Last updated 05/27/2024*

A health benefit plan shall provide coverage and reimbursement for healthcare services provided through telemedicine on the same basis as the health benefit plan provides coverage and reimbursement for health services provided in person, unless this subchapter specifically provides otherwise. A health benefit plan is not required to reimburse for a healthcare service provided through telemedicine that is not comparable to the same service provided in-person. A health benefit plan may voluntarily reimburse for healthcare services provided through means described in Sec. 23-79-1601(7)(C).

A healthcare plan must provide a reasonable facility fee to an originating site operated by a healthcare professional or licensed healthcare entity if licensed to bill the health benefit plan.

A health benefit plan cannot prohibit its providers from charging patients directly for services provided by audio-only communication that aren't reimbursed by the plan.

A health plan may not impose:

- An annual or lifetime dollar maximum on coverage for services provided through telemedicine unless it applies to the aggregate of all items and services covered
- A deductible, copayment, coinsurance, benefit limitation or maximum benefit that is not equally imposed upon other healthcare services;
- A prior authorization requirement for services provided through telemedicine that exceeds the prior authorization requirement for in-person healthcare services under the health benefit plan
- A requirement for a covered person to choose any commercial telemedicine service provider or a restricted network of telemedicine-only providers rather than the covered person's regular doctor or provider of choice; or

- A copayment, coinsurance, or deductible that is not equally imposed upon commercial telemedicine providers as those imposed on network providers.

SOURCE: AR Code Sec. 23-79-1602, (Accessed May 2024).

Screening for behavioral health conditions and behavioral health services provided as described in subsection (a) of this section may be provided via telemedicine and reimbursed as required under § 23-79-1601 et seq.

SOURCE: AR Code Sec. 23-79-2802, (Accessed May 2024).

## Network Adequacy

The Commissioner, pursuant to his or her discretion, may publish more detailed and specific network adequacy time/distance standards, as well as guidelines regarding the use of telemedicine to meet network adequacy standards, via SERFF Network Adequacy Data Submission Instructions, and/or annual bulletin for setting forth certification requirements for ACA submissions. Such new standards will become effective for review on January 1, of the following year.

SOURCE: AR Admin Code, Title 054, 00, Sec. 106, (Accessed May 2024).

## Ambulance Services

An ambulance service's operators may triage and transport a patient to an alternative destination in this state or treat in place if the ambulance service is coordinating the care of the patient through telemedicine with a physician for a medical-based complaint or with a behavioral health specialist for a behavioral-based complaint.

SOURCE: AR Code 20-13-108, (Accessed May 2024).

On and after January 1, 2024, a healthcare insurer [includes Medicaid] that offers, issues, or renews a health benefit plan in this state shall provide coverage for:

- An ambulance service to:
  - Treat an enrollee in place if the ambulance service is coordinating the care of the enrollee through telemedicine with a physician for a medical-based complaint or with a behavioral health specialist for a behavioral-based complaint; or
  - Triage or triage and transport an enrollee to an alternative destination if the ambulance service is coordinating the care of the enrollee through telemedicine with a physician for a medical-based complaint or with a behavioral health specialist for a behavioral-based complaint; or
- An encounter between an ambulance service and enrollee that results in no transport of the enrollee if:

- The enrollee declines to be transported against medical advice; and
- The ambulance service is coordinating the care of the enrollee through telemedicine with a physician for a medical-based complaint or with a behavioral health specialist for a behavioral-based complaint.

See statute for additional restrictions.

SOURCE: AR Code 23-79-2703, (Accessed May 2024).

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## PARITY

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*Last updated 05/27/2024*

### SERVICE PARITY

Health plans must reimburse “on the same basis” if the service were delivered in-person. A health benefit plan is not required to reimburse for a healthcare service provided through telemedicine that is not comparable to the same service provided in-person.

SOURCE: AR Code 23-79-1602(c). (Accessed May 2024).

On and after January 1, 2024, a healthcare insurer [includes Medicaid] that offers, issues, or renews a health benefit plan in this state shall provide coverage for:

- An ambulance service to:
  - Treat an enrollee in place if the ambulance service is coordinating the care of the enrollee through telemedicine with a physician for a medical-based complaint or with a behavioral health specialist for a behavioral-based complaint; or
  - Triage or triage and transport an enrollee to an alternative destination if the ambulance service is coordinating the care of the enrollee through telemedicine with a physician for a medical-based complaint or with a behavioral health specialist for a behavioral-based complaint; or
- An encounter between an ambulance service and enrollee that results in no transport of the enrollee if:
  - The enrollee declines to be transported against medical advice; and
  - The ambulance service is coordinating the care of the enrollee through telemedicine with a physician for a medical-based complaint or with a behavioral health specialist for a behavioral-based complaint.

See statute for additional restrictions.

SOURCE: AR Code 23-79-2703, (Accessed May 2024).

## PAYMENT PARITY

The combined amount of reimbursement that a health benefit plan allows for the compensation to the distant site and the originating site shall not be less than the total amount allowed for healthcare services provided in-person.

SOURCE: AR Code 23-79-1602(d)(2). (Accessed May 2024).

The reimbursement rate for an ambulance service whose operators triage, treat, and transport an enrollee to an alternative destination, or triage, treat, and do not transport an enrollee if the enrollee declines to be transported against medical advice, if the ambulance service is coordinating the care of the enrollee through telemedicine with a physician for a medical-based complaint or with a behavioral health specialist for a behavioral-based complaint under this section shall be at least at the rate:

- Contracted with a local government entity where the alternative destination is located; or
- Established by the Workers' Compensation Commission under its schedule for emergency Advance Life Support Level 1.

SOURCE: AR Code 23-79-2703, (Accessed May 2024).

# Medicaid

## OVERVIEW

*Last updated 05/27/2024*

Arkansas Medicaid reimburses for live video when the telemedicine service is comparable to an in-person service. Store-and-forward and remote patient monitoring are included in Medicaid's definition of telemedicine, but there was no specific information found regarding reimbursement of the modalities, with the exception of mobile telemonitoring in the Patient-Led Arkansas Shared Savings Entity (PASSE) Program. Audio-only communication is covered in certain circumstances.

## DEFINITIONS

*Last updated 05/27/2024*

Telemedicine is defined as the use of electronic information and communication technology to deliver healthcare services including without limitation, the assessment, diagnosis, consultation, treatment, education, care management, and self-

management of a client. Telemedicine includes store-and-forward technology and remote client monitoring.

SOURCE: AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated April 1, 2024 & Section III Billing Documentation. Rule 305.000. Updated Jan. 1, 2022 (Accessed May 2024).

### **Provider-Led Arkansas Shared Savings Entity (PASSE) Program**

The use of electronic information and communication technology to deliver healthcare services, including without limitation the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient. It included store-and-forward technology and remote patient monitoring. The following activities will not be considered a reportable encounter when delivered to a member of the PASSE:

- Audio-only communication, including without-limitation, interactive audio;
- A facsimile machine;
- Text messaging; or
- Electronic mail systems.

Virtual services are telemedicine, telehealth, e-consulting, and provider home visits that are part of a patient care treatment plan and are provided at the individual's home or in a community setting. These services are provided using mobile secure telecommunication devices, electronic monitoring equipment, and include clinical provider care, behavioral health therapies, speech, occupational and physical therapy services, and treatment provided to an individual at their residence.

SOURCE: PASSE Program (1/1/23) Section II, Program Policy. (Accessed May 2024)

### **Rural Health Centers**

Arkansas Medicaid defines telemedicine services as medical services performed as electronic transactions in real time.

SOURCE: AR Medicaid Provider Manual. Section II Rural Health. Rule 211.300. p. 6, Updated 2/1/24. (Accessed May 2024).

“Telemedicine” means the use of electronic information and communication technology to deliver healthcare services, including without limitation the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient.

Telemedicine includes store-and-forward and remote patient monitoring.

For the purposes of this subchapter, “telemedicine” does not include the use of:

- Audio-only communication, unless the audio-only communication is real-time, interactive, and substantially meets the requirements for a healthcare service that would otherwise be covered by the health benefit plan.
- As with other medical services covered by a health benefit plan, documentation of the engagement between patient and provider via audio-only communication shall be placed in the medical record addressing the problem, content of conversation, medical decision-making, and plan of care after the contact.
- The documentation described in subdivision (7)(C)(i)(b) of this section is subject to the same audit and review process required by payers and governmental agencies when requesting documentation of other care delivery such as in-office or face-to-face visits;
- A facsimile machine;
- Text messaging; or
- Email

SOURCE: AR Code 23-79-1601(7). (Accessed May 2024).

## Ambulance Services

“Telemedicine” means the use of audiovisual electronic information and communication technology to deliver healthcare services, including without limitation the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient.

“Telemedicine” includes store-and-forward technology and remote patient monitoring.

“Telemedicine” does not include the use of audio-only electronic technology.

SOURCE: AR Code 20-13-108 & 23-79-2702, (Accessed May 2024).

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## LIVE VIDEO

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*Last updated 05/27/2024*

## POLICY

Arkansas Medicaid provides payment to a licensed or certified healthcare professional or a licensed or certified entity for services provided through telemedicine if the service provided through telemedicine is comparable to the same service provided in-person.

Coverage and reimbursement for services provided through telemedicine will be on the same basis as for services provided in-person. While a distant site facility fee is not

authorized under the Telemedicine Act, if reimbursement includes payment to an originating site (as outlined in the above paragraph), the combined amount of reimbursement to the originating and distant sites may not be less than the total amount allowed for healthcare services provided in-person.

SOURCE: AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. p. I-13 Updated Jan. 1, 2022 (Accessed May 2024).

Arkansas Medicaid shall provide payment for telemedicine healthcare services to licensed or certified healthcare professionals or entities that are authorized to bill Arkansas Medicaid directly for healthcare services. Coverage and reimbursement for healthcare services provided through telemedicine shall be reimbursed on the same basis as healthcare services provided in person.

SOURCE: Section III Billing Documentation. Rule 305.000., p. III-8 Updated Jan. 1, 2022. (Accessed May 2024).

## **Rural Health Centers**

In order for a telemedicine encounter to be covered by Medicaid, the practitioner and the patient must be able to see and hear each other in real time.

SOURCE: AR Medicaid Provider Manual. Section II Rural Health. Rule 211.300. p. II-6 Updated 2/1/24. (Accessed May 2024).

## **Occupational Therapy, Physical Therapy and Speech-Language Pathology Services**

An enrolled provider may be reimbursed for medically necessary occupational therapy, physical therapy, and speech-language pathology services delivered through telemedicine.

The service provider is responsible for ensuring service delivery through telemedicine is equivalent to in-person, face-to-face service delivery.

- The service provider is responsible for ensuring the calibration of all clinical instruments and the proper functioning of all telecommunications equipment.
- All services delivered through telemedicine must be delivered in a synchronous manner, meaning through real-time interaction between the practitioner and client via a telecommunication link.
- A store and forward telecommunication method of service delivery where either the client or practitioner records and stores data in advance for the other party to review at a later time is prohibited, although correspondence, faxes, emails, and other non-real time interactions may supplement synchronous telemedicine service delivery.

Services delivered through telemedicine are reimbursed in the same manner and subject to the same benefit limits as in-person, face-to-face service delivery. View or print the billable telecommunication codes and descriptions.

SOURCE: AR Medicaid Provider Manual. Section II Occupational Therapy, Physical Therapy and Speech-Language Pathology Services, Rule 214.600. Updated Jan. 1, 2022, (Accessed May 2024).

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## **ELIGIBLE SERVICES/SPECIALTIES**

A health benefit plan [includes Arkansas Medicaid] shall provide coverage and reimbursement for healthcare services provided through telemedicine on the same basis as the health benefit plan provides coverage and reimbursement for health services provided in person, unless this subchapter specifically provides otherwise.

A health benefit plan is not required to reimburse for a healthcare service provided through telemedicine that is not comparable to the same service provided in person.

SOURCE: AR Code 23-79-1602(c). (Accessed May 2024).

Covered counseling services are outpatient services. Specific Counseling Services are available to inpatient hospital patients (as outlined in Sections 240.000 and 220.100), through telemedicine, and to nursing home residents. Counseling Services are billed on a per unit or per encounter basis as listed. All services must be provided by at least the minimum staff within the licensed scope of practice to provide the service.

Telemedicine is listed as an allowed delivery mode for certain services throughout the Counseling Services Manual (formerly the Outpatient Behavioral Health Services manual).

SOURCE: AR Medicaid Manual, Section II Counseling Services, Updated Apr. 1, 2024, (Accessed May 2024).

## **Occupational Therapy, Physical Therapy and Speech-Language Pathology Services**

An enrolled provider may be reimbursed for medically necessary occupational therapy, physical therapy, and speech-language pathology services delivered through telemedicine.

Occupational therapy, physical therapy, and speech-language pathology evaluation and treatment planning services may not be conducted through telemedicine and must be performed through traditional in-person methods.

SOURCE: AR Medicaid Provider Manual. Section II Occupational Therapy, Physical Therapy and Speech-Language Pathology Services, Rule 214.600. Updated Jan. 1, 2022, (Accessed May 2024).

## **Rural Health Centers**

Arkansas Medicaid covers RHC encounters and two ancillary services (fetal echography and echocardiography) as “telemedicine” services.

Arkansas Medicaid defines telemedicine services as medical services performed as electronic transactions in real time. In order for a telemedicine encounter to be covered by Medicaid, the practitioner and the patient must be able to see and hear each other in real time. Physician interpretation of fetal ultrasound is covered as a telemedicine service if the physician views the echography or echocardiography output in real time while the patient is undergoing the procedure.

SOURCE: AR Medicaid Provider Manual. Section II Rural Health. Rule 211.300. Updated 2/1/24. (Accessed May 2024).

## **Patient-Led Arkansas Shared Savings Entity (PASSE) Program**

Virtual services can be provided using mobile secure telecommunication devices, electronic monitoring equipment and include clinical provider care, behavioral health therapies, speech, occupational and physical therapy services, and treatment provided to an individual at their residence. Virtual provider services may use various evidence-based and innovative independence at-home strategies. They may include the provision of on-going care management, remote telehealth monitoring and consultation, face to face or through the use secure web-based communication and mobile telemonitoring technologies to remotely monitor and evaluate the patient’s functional and health status. Virtual and telehealth services are provided in lieu of providing the same services at a practice site or provided at the individual’s place of residence.

SOURCE: PASSE Program, Section. II, p. 8, (1/1/23). (Accessed May 2024).

A healthcare professional may use telemedicine to perform group meetings for healthcare services, including group therapy.

Telemedicine for group therapy provided to adults who are participants in a program or plan authorized and funded under 42 U.S.C. § 1396a, as approved by the United States Secretary of Health and Human Services, may only be permitted if the Centers for Medicare and Medicaid Services allows telemedicine for group therapy provided to adults.

Telemedicine shall not be used for group therapy provided to a child who is eighteen (18) years of age or younger.

SOURCE: AR CODE 17-80-404 (Accessed May 2024).

## Home Health

The face-to-face encounter may occur through telemedicine when applicable to the program manual of the performing provider of the encounter.

SOURCE: AR Medicaid Provider Manual. Section II Nurse Practitioner. Rule 203.020, II-7. Updated 1/1/24 (Section updated 7-1-17) & AR Medicaid Provider Manual. Section II Home Health. Rule 206.000, II-5. Section updated July 1, 2017 (overall manual updated 1/1/24), & AR Medicaid Provider Manual. Section II Certified Nurse-Midwife. Rule 204.101, II-6. Section updated July 1, 2017. (Overall manual updated 1/1/24, (Accessed May 2024).

## Behavioral Health Conditions and Services

Screening for behavioral health conditions and behavioral health services as described in subsection (a) of this section may be provided via telemedicine and reimbursed by the Arkansas Medicaid Program as required under § 20-77-141.

SOURCE: AR Code 20-77-149, (Accessed May 2024).

## Ambulance Services – Newly Passed Legislation

An ambulance service's operators may triage and transport a patient to an alternative destination in this state or treat in place if the ambulance service is coordinating the care of the patient through telemedicine with a physician for a medical-based complaint or with a behavioral health specialist for a behavioral-based complaint.

SOURCE: AR Code 20-13-108, (Accessed May 2024).

On and after January 1, 2024, a healthcare insurer [includes Medicaid] that offers, issues, or renews a health benefit plan in this state shall provide coverage for:

- An ambulance service to:
  - Treat an enrollee in place if the ambulance service is coordinating the care of the enrollee through telemedicine with a physician for a medical-based complaint or with a behavioral health specialist for a behavioral-based complaint; or
  - Triage or triage and transport an enrollee to an alternative destination if the ambulance service is coordinating the care of the enrollee through telemedicine with a physician for a medical-based complaint or with a behavioral health specialist for a behavioral-based complaint; or

- An encounter between an ambulance service and enrollee that results in no transport of the enrollee if:
  - The enrollee declines to be transported against medical advice; and
  - The ambulance service is coordinating the care of the enrollee through telemedicine with a physician for a medical-based complaint or with a behavioral health specialist for a behavioral-based complaint.

See statute for additional restrictions.

The reimbursement rate for an ambulance service whose operators triage, treat, and transport an enrollee to an alternative destination, or triage, treat, and do not transport an enrollee if the enrollee declines to be transported against medical advice, if the ambulance service is coordinating the care of the enrollee through telemedicine with a physician for a medical-based complaint or with a behavioral health specialist for a behavioral-based complaint under this section shall be at least at the rate:

- Contracted with a local government entity where the alternative destination is located; or
- Established by the Workers' Compensation Commission under its schedule for emergency Advance Life Support Level 1.

SOURCE: AR Code 23-79-2703, (Accessed May 2024).

Ground ambulance triage, treat, and transport to alternative location/destination services (T3AL) may be covered only when provided by an ambulance company that is licensed and is an enrolled provider in the Arkansas Medicaid Program. An ambulance service may triage and transport a beneficiary to an alternative destination or treat in place if the ambulance service is coordinating the care of the beneficiary through telemedicine with a physician for a medical-based complaint or with a behavioral health specialist for a behavioral-based complaint. Telemedicine rules are described in Section 105.190 and must be followed unless instructions are given within Section II of the prevailing Medicaid manual. The use of audio-only electronic technology is not allowed for T3AL services.

For the purposes of T3AL, a behavioral health specialist is a board-certified psychiatrist or an Independently Licensed Practitioner who can provide counseling services to Medicaid beneficiaries in the Outpatient Behavioral Health program.

SOURCE: AR Medicaid Provider Manual. Section II Transportation. Rule 214.100, II-7 to 8. Updated 2/1/24, (Accessed May 2024).

## **Group Therapy – General Professional Requirement (Not Medicaid exclusive)**

A healthcare professional may use telemedicine to perform group meetings for healthcare services, including group therapy.

Telemedicine for group therapy provided to adults who are participants in a program or plan authorized and funded under 42 U.S.C. § 1396a, as approved by the United States Secretary of Health and Human Services, may only be permitted if the Centers for Medicare and Medicaid Services allows telemedicine for group therapy provided to adults.

Telemedicine shall not be used for group therapy provided to a child who is eighteen (18) years of age or younger.

SOURCE: AR CODE 17-80-404 (Accessed May 2024).

### **Life360 HOMES**

The Rural Life360 will provide the following care coordination supports: ... Provide intensive care coordination and coaching supports for enrolled clients. Intensive care coordination and coaching include: ... Providing supports through any of the following:

1. Home visits in such frequency as is necessary to assist the client meet his/her documented PCAP goals
2. Office visits
3. Video-supported visits
4. Telephone or text message contacts in conjunction with in-person visits

SOURCE: AR Medicaid Provider Manual. Section II Life360 HOMES. Rule 210.500 & 210.600, Updated 11-1-23. (Accessed May 2024).

### **AR Independent Assessment (ARIA)**

Behavioral Health Services:

A reassessment will be completed by staff employed by the independent assessment contractor utilizing the current approved assessment instrument (ARIA), which was approved prior to April 1, 2021, to assess functional need. An interview will be conducted in person for initial assessments, with the option of using telemedicine to complete Behavioral Health reassessments. The telemedicine tool must meet the 1915(i) requirement for the use of telemedicine under 42 CFR 441.720 (a)(1)(i)(A) through (C).

To continue to receive Complex Care services, members must receive a complex care assessment annually and be assessed as needing Complex Care services. A

reassessment will be completed by appropriate DHS-approved staff using the appropriate Complex Care assessment tool. If a member does not meet the need for Complex Care services, the member will be placed back in Tier 3. An in-person interview will be conducted for initial assessments, with the option of using telemedicine to complete reassessments for members who meet the criteria for Complex Care. The telemedicine tool must meet the 1915(i) requirement for the use of telemedicine under 42 CFR 441.720 (a)(1)(i)(A) through (C).

SOURCE: AR Medicaid Provider Manual, Section II, AR Independent Assessment (ARIA), 210.100 & .600, 1-1-24, (Accessed May 2024).

### **Life Choices Lifeline and Continuum of Care Program**

The purpose of the Life Choices Lifeline and Continuum of Care Program is to provide a statewide telemedicine network and care program to provide community outreach, direct services, support, social services case management, care coordination, consultation, and referrals to:

- Encourage healthy childbirth;
- Support childbirth as an alternative to abortion;
- Promote family formation;
- Aid in successful parenting;
- Assist parents in establishing successful parenting techniques; and
- Increase families' economic self-sufficiency.

SOURCE: AR Rules for Life Choices Lifeline and Continuum of Care Program, Sec. 102, (Lexis Nexis: 016 Dep of Human Services, 29 Div. of Medical Services, 009 Developmental Screens for Children), (Accessed May 2024).

Covered EIDT services are clinic-based services and cannot be delivered through telemedicine or at any location other than the licensed EIDT facility.

SOURCE: AR Rules and Regulations, Sec. 016.05.24-002, & AR Medicaid Provider Manual. Section II EIDT. Rule 221.000. Updated 4-1-24 (Accessed May 2024).

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## **ELIGIBLE PROVIDERS**

The distant site is the location of the healthcare provider delivering telemedicine services.

SOURCE: Section III Provider Billing Documentation. Rule 305.000. Updated Jan. 1, 2022 (Accessed May 2024).

Services at the distant site must be provided by an enrolled Arkansas Medicaid Provider who is authorized by Arkansas law to administer healthcare.

The professional or entity at the distant site must be an enrolled Arkansas Medicaid Provider.

SOURCE: AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated Jan. 1, 2022 & Section III Billing Documentation. Rule 305.000. Updated Jan. 1, 2022, (Accessed May 2024).

The provider of the distant site must submit claims for telemedicine services using the appropriate CPT or HCPCS code for the professional service delivered. The provider must use Place of Service two (02) (telemedicine distant site) when billing the CPT or HCPCS codes.

SOURCE: AR Medicaid Provider Manual. Section III Billing Documentation. Rule 305.000. Updated Jan. 1, 2022. (Accessed May 2024)

The distant site healthcare provider will not utilize telemedicine services with a client unless a professional relationship exists between the provider and the client. A professional relationship exists when, at a minimum:

- The healthcare provider has previously conducted an in-person examination of the client and is available to provide appropriate follow-up care;
- The healthcare provider personally knows the client and the client's health status through an ongoing relationship and is available to provide follow-up care;
- The treatment is provided by a healthcare provider in consultation with, or upon referral by, another healthcare provider who has an ongoing professional relationship with the client and who has agreed to supervise the client's treatment including follow-up care;
- An on-call or cross-coverage arrangement exists with the client's regular treating healthcare provider or another healthcare provider who has established a professional relationship with the client;
- A relationship exists in other circumstances as defined by the Arkansas State Medical Board (ASMB) or a licensing or certification board for other healthcare providers under the jurisdiction of the appropriate board if the rules are no less restrictive than the rules of the ASMB.

- A professional relationship is established if the provider performs a face to face examination using real time audio and visual telemedicine technology that provides information at least equal to such information as would have been obtained by an in-person examination. (See ASMB Regulation 2.8);
- If the establishment of a professional relationship is permitted via telemedicine under the guidelines outlined in ASMB regulations, telemedicine may be used to establish the professional relationship only for situations in which the standard of care does not require an in-person encounter and only under the safeguards established by the healthcare professional's licensing board (See ASMB Regulation 38 for these safeguards including the standards of care); or
- The healthcare professional who is licensed in Arkansas has access to a client's personal health record maintained by a healthcare professional and uses any technology deemed appropriate by the healthcare professional, including the telephone, with a client located in Arkansas to diagnose, treat, and if clinically appropriate, prescribe a noncontrolled drug to the client.

See Miscellaneous section for additional restrictions.

SOURCE: AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated Jan. 1, 2022 (Accessed May 2024).

## **Medication Assisted Treatment (MAT) for Opioid Use Disorder**

The provider at the distance site shall use both the GT modifier and the X2 or X4 modifier on the service claim.

SOURCE: AR Medicaid Provider Manual Physician Section II-129, 2/1/24, (Accessed May 2024)

Providers are encouraged to use telemedicine services when in-person treatment is not readily accessible.

SOURCE: AR Admin. Rule 230.000 (Lexis Nexis: 016-06 CARR 036) p. 12 (9/1/2020) (Accessed May 2024).

## **Patient-Led Arkansas Shared Savings Entity (PASSE) Program**

The provision of virtual care can include an interdisciplinary care team or be provided by individual clinical service provider.

SOURCE: PASSE Program, p. II-8 (1/1/23). (Accessed May 2024).

The Arkansas Medicaid Program shall reimburse for the following behavioral and mental health services provided via telemedicine:

- Counseling and psychoeducation provided by a person licensed as:
  - A psychologist;

- A psychological examiner;
- A professional counselor;
- An associate counselor;
- An associate marriage and family therapist;
- A marriage and family therapist;
- A clinical social worker; or
- A master social worker;
- Crisis intervention services;
- Substance abuse assessments;
- Mental health diagnosis assessments for an individual under twenty-one (21) years of age; and
- Group therapy for individuals who are eighteen (18) years of age or older under the current service definition determined by the Arkansas Medicaid Program and when provided via audio-visual technology that is compliant with the HIPPA and composed of beneficiaries of similar age and clinical presentation to qualified beneficiaries.

SOURCE: AR Code 20-77-141 (Accessed May 2024).

## Ambulance Service

An ambulance service may:

- Treat a beneficiary in alternative location if the ambulance service is coordinating the care of the beneficiary through telemedicine with a physician for a medical-based complaint or with a behavioral health specialist for a behavioral-based complaint; or
- Triage or triage and transport a beneficiary to an alternative destination if the ambulance service is coordinating the care of the beneficiary through telemedicine with a physician for a medical-based complaint or with a behavioral health specialist for a behavioral-based complaint.

An encounter between an ambulance service and a beneficiary that results in no transport of the enrollee is allowable if the beneficiary declines to be transported against medical advice and the ambulance service is coordinating the care of the beneficiary through telemedicine with a physician for a medical-based complaint.

An encounter between an ambulance service and a beneficiary is billable as follows:

- The ambulance service may bill either a basic life support (BLS) or advanced life support (ALS) service according to the level of the service provided to the beneficiary, plus mileage. Mileage may be billed for treating in the alternative location (one-way mileage to the location of the

beneficiary. Mileage rules set forth in Section 204.000, 205.000, 214.000, and 216.000 will otherwise be followed.

SOURCE: AR Medicaid Provider Manual. Section II Transportation. Rule 214.110, II-8. Updated 2/1/24, (Accessed May 2024).

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## ELIGIBLE SITES

### Patient-Led Arkansas Shared Savings Entity (PASSE) Program

Virtual and telehealth services can be provided at the individual's home or in a community setting.

SOURCE: PASSE Program, II-8 (1/1/23). (Accessed May 2024).

“Originating site” means a site at which a patient is located at the time healthcare services are provided to him or her by means of telemedicine, which includes the home of a patient.

SOURCE: AR Code 23-79-1601(4) (Accessed May 2024).

### School Based

Regardless of whether the provider is compensated for healthcare services, if a healthcare provider seeks to provide telemedicine services to a minor in a school setting and the minor client is enrolled in Arkansas Medicaid, the healthcare provider shall:

- Be the designated Primary Care Provider (PCP) for the minor client;
- Have a cross-coverage arrangement with the designated PCP of the minor client; or
- Have a referral from the designated PCP of the minor client.

If the minor client does not have a designated PCP, this section does not apply. Only the parent or legal guardian of the minor client may designate a PCP for a minor client.

SOURCE: AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated Jan. 1, 2022 (Accessed May 2024).

### Early Intervention Day Treatment (EIDT)

Since EIDT services are clinic-based services, three services cannot be delivered through telemedicine or at any location other than through the licensed EIDT clinic. EIDT providers are considered all-inclusive, meaning a beneficiary attending an EIDT should

have all of their habilitative occupational therapy, physical therapy, and speech-language pathology service needs performed by the EIDT program at the EIDT clinic.

SOURCE: AR Rules and Regulations, Sec. 016.05.24-002, (Accessed May 2024).

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## GEOGRAPHIC LIMITS

No Reference Found

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## FACILITY/TRANSMISSION FEE

Payment will include a reasonable facility fee to the originating site (the site at which the patient is located at the time telemedicine healthcare services are provided). In order to receive reimbursement, the originating site must be operated by a healthcare professional or licensed healthcare entity that is authorized to bill Medicaid directly for healthcare services.

There is no facility fee for the distant site. The professional or entity at the distant site must be an enrolled Arkansas Medicaid Provider. Any other originating sites are not eligible to bill a facility fee.

SOURCE: AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated Jan. 1, 2022. & Section III Billing Documentation. Rule 305.000. Updated Jan. 1, 2022, (Accessed May 2024).

The originating site shall submit a telemedicine claim under the billing providers “pay to” information, using HCPCS code Q3014. The code must be submitted for the same date of service as the professional code and must indicate the place of service (where the member was at the time of the telemedicine encounter). Except in the case of hospital facility claims, the provider who is responsible for the care of the member at the originating site shall be entered as the performing provider in the appropriate field of the claim. For outpatient claims that occur in a hospital setting, the provider must also use Place of Service code twenty-two (22) with the originating site billing Q3014. In the case of in-patient services, HCPCS code Q3014 is not separately reimbursable because it is included in the hospital per diem.

SOURCE: AR Medicaid Provider Manual. Section III Billing Documentation. Rule 305.000. III-8 to 9, Updated Jan. 1, 2022 (Accessed May 2024).

## Federally Qualified Health Centers

Use procedure code and type of service code Y (paper claims only) to indicate telemedicine charges.

The charge associated with this procedure code should be an amount attributable to the telemedicine service, such as line (or wireless) charges. Medicaid will deny the charge and capture it in the same manner as with ancillary charges.

SOURCE: AR Medicaid Provider Manual. Section II FQHC. Rule 262.120. Updated 2/1/24. pg. II-34, (Accessed May 2024).

A health benefit plan shall provide a reasonable facility fee to an originating site operated by a healthcare professional or a licensed healthcare entity if the healthcare professional or licensed healthcare entity is authorized to bill the health benefit plan directly for healthcare services.

SOURCE: AR Code 23-79-1602(d) (1). (Accessed May 2024).

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## STORE-AND-FORWARD

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*Last updated 05/27/2024*

### POLICY

Store-and-forward technology is the transmission of a client's medical information from a healthcare provider at an originating site to a healthcare provider at a distant site. An originating site includes the home of a client.

SOURCE: [AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated Jan. 1, 2022, \(Accessed May 2024\).](#)

Although store-and-forward is included in Medicaid's definition of telemedicine, no information was found regarding reimbursement of store-and-forward.

### Patient-Led Arkansas Shared Savings Entity (PASSE) Program

Virtual providers can use secure web-based communication to remotely monitor and evaluate the patient's functional and health status.

SOURCE: [PASSE Program \(1/1/23\). \(Accessed May 2024\).](#)

## Occupational Therapy, Physical Therapy and Speech-Language Pathology Services

All services delivered through telemedicine must be delivered in a synchronous manner, meaning through real-time interaction between the practitioner and client via a

telecommunication link.

A store and forward telecommunication method of service delivery where either the client or practitioner records and stores data in advance for the other party to review at a later time is prohibited, although correspondence, faxes, emails, and other non-real time interactions may supplement synchronous telemedicine service delivery.

SOURCE: [AR Medicaid Provider Manual. Section II Occupational Therapy, Physical Therapy and Speech-Language Pathology Services, Rule 214.600. Updated Jan. 1, 2022, \(Accessed May 2024\).](#)

## Electrocardiograms

In keeping with Medicare's policy regarding coverage of electrocardiogram interpretations, payment is allowed to the attending physician for electrocardiogram interpretation performed at the hospital. This is allowed as a basic service even if additional services such as Computer Telemed Service and associated over reads are performed through the hospital. This policy is based on the fact that physicians usually interpret their own EKGs unless they refer to a specialist to perform this service. In cases involving the attending physician interpreting the electrocardiogram and referring the case to a cardiologist, the attending physician is allowed payment for the interpretation. The cardiologist will be paid for his/her interpretation of the electrocardiogram by including this service in the consultation fee.

SOURCE: [AR Medicaid Provider Manual. Physician/Independent Lab/CRNA/Radiation Therapy, Rule 292.720. Updated 10-13-03, \(Accessed May 2024\).](#)

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## ELIGIBLE SERVICES/SPECIALTIES

No Reference Found

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## GEOGRAPHIC LIMITS

No Reference Found

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## TRANSMISSION FEE

No Reference Found

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# REMOTE PATIENT MONITORING

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*Last updated 05/27/2024*

## POLICY

Remote client monitoring means the use of electronic information and communication technology to collect personal health information and medical data from a client at an originating site that is transmitted to a healthcare provider at a distant site for use in the treatment and management of medical conditions that require frequent monitoring.

SOURCE: [AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated Jan. 1, 2022, \(Accessed May 2024\).](#)

Although remote patient monitoring is included in Medicaid's definition of telemedicine, no information was found regarding reimbursement of store-and-forward.

## Patient-Led Arkansas Shared Savings Entity (PASSE) Program

Virtual providers can use mobile telemonitoring technologies to remotely monitor and evaluate the patient's functional and health status.

SOURCE: [PASSE Program, p. II-8 \(1/1/23\). \(Accessed May 2024\).](#)

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## CONDITIONS

No Reference Found

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## PROVIDER LIMITATIONS

No Reference Found

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## OTHER RESTRICTIONS

As previously communicated, Arkansas Medicaid is updating the billing processes for diabetic supplies including Continuous Glucose Monitors (CGM), which will be changing to a pharmacy claim type submission by both pharmacies and DME providers. Because

the rule is still pending approval, the official start date is postponed. Additional communications will be provided closer to the date of implementation.

SOURCE: AR Medicaid, Official Notice: All Providers, Apr. 25, 2024, (Accessed May 2024).

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## EMAIL, PHONE & FAX

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*Last updated 05/27/2024*

A health benefit plan (includes Medicaid) may voluntarily reimburse for healthcare services provided through Sec. 23-79-1601(7)(C). See below.

For the purposes of this subchapter, “telemedicine” does not include the use of:

- Audio-only communication, unless the audio-only communication is real-time, interactive, and substantially meets the requirements for a healthcare service that would otherwise be covered by the health benefit plan.
- As with other medical services covered by a health benefit plan, documentation of the engagement between patient and provider via audio-only communication shall be placed in the medical record addressing the problem, content of conversation, medical decision-making, and plan of care after the contact.
- The documentation described in subdivision (7)(C)(i)(b) of this section is subject to the same audit and review process required by payers and governmental agencies when requesting documentation of other care delivery such as in-office or face-to-face visits;
- A facsimile machine;
- Text messaging; or
- Email.

SOURCE: AR Code 23-79-1602 & 1601(7)(c). (Accessed May. 2024).

Telemedicine does not include the use of:

- Audio-only communication unless the audio-only communication is in real-time, is interactive, and substantially meets the requirements for a health care service that would otherwise be covered by the health benefit plan:
- Documentation of the engagement between patient and provider via audio-only communication shall be placed in the medical record addressing the problem, content of the conversation, medical decision-making, and plan of care after the contact;
- Medical documentation is subject to the same audit and review process required by payers and governmental agencies when requesting documentation of other care delivery such as in-office or face-to-face visits;
- A facsimile machine;

- Text messaging; or
- Email

SOURCE: AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated Jan. 1, 2022, (Accessed May. 2024).

### **Provider-Led Arkansas Shared Savings Entity (PASSE) Program**

The following activities will not be considered a reportable encounter when delivered to a member of the PASSE:

- Audio-only communication including without-limitation, interactive audio;
- A facsimile machine;
- Text messaging; or
- Electronic mail systems

SOURCE: PASSE Program, (1/1/23). (Accessed May. 2024).

### **Targeted Care Management – Covered Case Management Services**

Face to face or telephone contacts with the beneficiary and/or other individuals for the purpose of assisting in the beneficiary's needs being met

1. Communications through FAX or email are covered when the purpose of the communication is to gather information from an individual other than the beneficiary AND the purpose of the communication meets the TCM service definition.
2. Billable communication is limited to time spent sending emails and/or faxes. Receiving faxes and/or emails is not a billable TCM service. Hard copies of emails and faxes must be maintained in the beneficiary's file for audit purposes by the Arkansas Medicaid Program or its representatives. Documentation must support all claims for Medicaid reimbursement, as is currently required by the Medicaid Program.
3. Communications through fax or email is not billable when communication is with the beneficiary.

SOURCE: Targeted Case Management, 213.000 p. II-8, (Updated 10/1/12, overall manual updated 8/1/21). (Accessed May 2024).

### **Life360 HOMES**

The Rural Life360 will provide the following care coordination supports: ... Provide intensive care coordination and coaching supports for enrolled clients. Intensive care coordination and coaching include: ... Providing supports through any of the following:

1. Home visits in such frequency as is necessary to assist the client meet his/her documented PCAP goals
2. Office visits
3. Video-supported visits
4. Telephone or text message contacts in conjunction with in-person visits

SOURCE: AR Medicaid Provider Manual. Section II Life360 HOMES. Rule 210.500 & 210.600, Updated 11-1-23. (Accessed May 2024).

## Life Choices Lifeline and Continuum of Care Program

Program services may be provided, as appropriate, in person through existing facilities or remotely through a telephonic system or other comparable technological system. Any technological or telephonic system used must maintain the confidentiality of Participant information obtained while providing Program services, including security of data in compliance with HIPAA and HITECH, and all state or federal privacy laws.

SOURCE: AR Rules for Life Choices Lifeline and Continuum of Care Program, Sec. 102, (Lexis Nexis: 016 Dep of Human Services, 29 Div. of Medical Services, 009 Developmental Screens for Children), (Accessed May 2024).

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## CONSENT REQUIREMENTS

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*Last updated 05/27/2024*

Healthcare services provided by telemedicine, including without limitation a prescription through telemedicine, shall be held to the same standard of care as healthcare services provided in person. A healthcare provider providing telemedicine services within Arkansas shall follow applicable state and federal laws, rules and regulations regarding:

- Informed consent;
- Privacy of individually identifiable health information;
- Medical record keeping and confidentiality, and
- Fraud and abuse.

SOURCE: AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated Jan. 1, 2022, (Accessed May 2024).

## Occupational Therapy, Physical Therapy and Speech-Language Pathology Services

Parental or guardian consent is required prior to telemedicine service delivery

SOURCE: AR Medicaid Provider Manual. Section II Occupational Therapy, Physical Therapy and Speech-Language Pathology Services, Rule 214.600. Updated Jan. 1, 2022, (Accessed May 2024).

### **Provider-Led Arkansas Shared Savings Entity (PASSE) Program**

Virtual and telehealth services are provided in lieu of providing the same services at a practice site or provided at the individual's place of residence. Therefore, these services must have patient consent, be documented in the patient integrated medical records, and submitted as a claims or encounter from a contracted provider as medically necessary service. The provision of virtual care can include an interdisciplinary care team or be provided by individual clinical service provider.

SOURCE: PASSE Program, p. II-8, (1/1/23). (Accessed May 2024).

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## **OUT OF STATE PROVIDERS**

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*Last updated 05/27/2024*

A healthcare provider treating patients in Arkansas through telemedicine shall be fully licensed or certified to practice in Arkansas and is subject to the rules of the appropriate state licensing or certification board. This requirement does not apply to the acts of a healthcare provider located in another jurisdiction who provides only episodic consultation services.

SOURCE: AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated Jan. 1, 2022, (Accessed May 2024).

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## **MISCELLANEOUS**

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*Last updated 05/27/2024*

The distant site provider is prohibited from utilizing telemedicine with a patient unless a professional relationship exists between the provider and patient. See manual for ways to establish the relationship. A professional relationship is established if the provider performs a face-to-face examination using real time audio and visual telemedicine technology that provides information at least equal to such information as would have been obtained by an in-person examination; or if the establishment of a professional relationship is permitted via telemedicine under the guidelines outlined in ASMB regulations. Telemedicine may be used to establish the professional relationship only for situations in which the standard of care does not require an in-person encounter and only under the safeguards established by the healthcare professional's licensing board (See ASMB Regulation 38 for these safeguards including the standards of care). See

manual for full list of requirements on establishing a professional relationship. Special requirements also exist for providing telemedicine services to a minor in a school setting (see manual).

A healthcare provider providing telemedicine services within Arkansas shall follow applicable state and federal laws, rules and regulations regarding:

- Informed consent;
- Privacy of individually identifiable health information;
- Medical record keeping and confidentiality, and
- Fraud and abuse.

A health record is created with the use of telemedicine, consists of relevant clinical information required to treat a client, and is reviewed by the healthcare professional who meets the same standard of care for a telemedicine visit as an in-person visit. A professional relationship does not include a relationship between a healthcare provider and a client established only by the following:

- An internet questionnaire;
- An email message;
- A client-generated medical history;
- Text messaging;
- A facsimile machine (Fax) and EFax;
- Any combination of the above; or
- Any future technology that does not meet the criteria outlined in this section.

The existence of a professional relationship is not required when:

- An emergency situation exists; or
- The transaction involves providing information of a generic nature not meant to be specific to an individual client.

Once a professional relationship is established, the healthcare provider may provide healthcare services through telemedicine, including interactive audio, if the healthcare services are within the scope of practice for which the healthcare provider is licensed or certified and in

accordance with the safeguards established by the healthcare professionals licensing board.

SOURCE: AR Medicaid Provider Manual. Section I General Policy. Rule 105.190. Updated Jan. 1, 2022, (Accessed May 2024).

## **Occupational Therapy, Physical Therapy and Speech-Language Pathology Services**

The plan of care and client service record must include the following:

- A detailed assessment of the client that determines they are an appropriate candidate for service delivery by telemedicine based on the client's age and functioning level;
- A detailed explanation of all on-site assistance or participation procedures the therapist or speech-language pathologist is implementing to ensure:
  - The effectiveness of telemedicine service delivery is equivalent to face-to-face service delivery; and
  - Telemedicine service delivery will address the unique needs of the client.
- A plan and estimated timeline for returning service delivery to in-person if a client is not progressing towards goals and outcomes through telemedicine service delivery.

SOURCE: AR Medicaid Provider Manual. Section II Occupational Therapy, Physical Therapy and Speech-Language Pathology Services, Rule 214.600. Updated Jan. 1, 2022, (Accessed May 2024).

## **Patient-Led Arkansas Shared Savings Entity (PASSE) Program**

If the PASSE allows the use of telemedicine, the PASSE must document what services the PASSE allows, the settings allowed, and the qualifications for individuals to perform services via telemedicine.

SOURCE: AR Medicaid Provider Manual PASSE Program, (3/1/19). (Accessed May 2024).

The Department of Human Services shall establish the "Continuum of Care Program" for certain women and parents. The purpose of the program is to facilitate the operation of a statewide telemedicine support network that provides community outreach, consultations, and care coordination for women who are challenged with unexpected pregnancies. See statute for details.

SOURCE: AR Code Sec. 20-8-1003, (Accessed May 2024).

For purposes of a complex care home (which is a specific type of Provider owned, leased, or controlled supportive living residential setting that is certified to offer eligible beneficiaries a twenty-four (24) hour, seven (7) days a week specialized medical, clinical,

and habilitative support and service array), a face-to-face crisis assessment of a beneficiary includes telemedicine.

**Supportive Living:** Face-to-face crisis assessment of a beneficiary within two (2) hours of an emergency/crisis (which may be conducted through telemedicine) unless a different time frame is within clinical standards guidelines and mutually agreed upon by the requesting party and the responding MHP.

SOURCE: AR Rules and Regulations Sec. 016.05.24-001, (Accessed May 2024).

## Professional Requirements

### DEFINITIONS

*Last updated 05/27/2024*

“Telemedicine means the use of electronic information and communication technology to deliver healthcare services, including without limitation the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient. Telemedicine includes store-and-forward technology and remote patient monitoring.”

“Telemedicine” does not include the use of audio-only electronic technology by a physician to renew a written certification that was previously issued to the same patient.

SOURCE: AR Code Sec. 17-80-402 (Accessed May 2024).

“Telemedicine” means the use of electronic information and communication technology to deliver healthcare services, including without limitation the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient. Telemedicine includes store-and-forward technology and remote patient monitoring.

SOURCE: Rules and Regulations, Social Work Licensing Board, Sec. XIV (120 00 CARR 001), Board of Dietetics, Sec. 007.45.24-001, & Board of Examiners in Counseling, Rule XII, Sec. 12.1 (122 00 CARR 001) (Accessed May 2024).

The Board of Examiners in Speech-Language Pathology and Audiology defines “telepractice” as tele-speech, teleaudiology, teleSLP, telehealth or telerehabilitation when used separately or together.

It defines “telepractice service” as the application of telecommunication technology equivalent in quality to services delivered face-to-face to deliver speech-language pathology or audiology services, or both, at a distance for assessment, intervention or consultation, or both.

SOURCE: AR Code Sec. 17-100-103. (Accessed May 2024).

## Physical Therapy

“Telehealth” means the use of electronic information and communication technology to deliver healthcare services, including without limitation the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient. “Telehealth” includes store-and-forward technology and remote patient monitoring.

SOURCE: Telehealth Rule, AR Physical Therapy Website. (Accessed May 2024).

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## CONSENT REQUIREMENTS

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*Last updated 05/27/2024*

The healthcare professional shall follow applicable state and federal laws, rules and regulations for informed consent.

SOURCE: AR Code 17-80-404. (Accessed May, 2024)

## Speech-Language Pathology and Audiology

A licensee shall follow applicable state and federal law, rules, and regulations for: ... informed consent.

SOURCE: AR Board of Examiners in Speech-Language Pathology and Audiology Rules, Section 12: Telepractice, (Accessed May 2024).

Services must be delivered in a transparent manner with proper informed consent, including providing access to information identifying the Provider in advance of the encounter, with licensure and board certifications, as well as patient/client financial responsibilities.

SOURCE: Rules and Regulations Board of Psychology, Sec. 007.00.22-001, (074 00 CARR 001), (Accessed May 2024).

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## ONLINE PRESCRIBING

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*Last updated 05/27/2024*

A distant site provider will not utilize telemedicine to treat a patient located in Arkansas unless a professional relationship exists between the healthcare provider and the patient or as otherwise meets the definition of a professional relationship as defined in Section 17-80-402. Existence of a professional relationship is not required in the following circumstances:

- Emergency situations where life or health of the patient is in danger or imminent danger or
- Simply providing information in a generic nature not meant to be specific to an individual patient.

“Professional relationship” means at a minimum a relationship established between a healthcare professional and a patient when:

- The healthcare professional has previously conducted an in-person examination of the patient and is available to provide appropriate follow-up care, when necessary, at medically necessary intervals;
- The healthcare professional personally knows the patient and the patient’s relevant health status through an ongoing personal or professional relationship and is available to provide appropriate follow-up care, when necessary, at medically necessary intervals;
- The treatment is provided by a healthcare professional in consultation with, or upon referral by, another healthcare professional who has an ongoing professional relationship with the patient and who has agreed to supervise the patient’s treatment, including follow-up care;
- An on-call or cross-coverage arrangement exists with the patient’s regular treating healthcare professional or another healthcare professional who has established a professional relationship with the patient;
- A relationship exists in other circumstances as defined by rule of the Arkansas State Medical Board for healthcare professionals under its jurisdiction and their patients.
- A relationship established under rules of the Arkansas State Medical Board may be utilized for telehealth certification;
- A relationship exists in other circumstances as defined by rule of a licensing or certification board for other healthcare professionals under the jurisdiction of the appropriate board and their patients if the rules are no less restrictive than the rules of the Arkansas State Medical Board; or
- The healthcare professional who is licensed in Arkansas has access to a patient’s personal health record maintained by a healthcare professional and uses any technology deemed appropriate by the healthcare professional, including the telephone, with a patient located in Arkansas to diagnose, treat, and if clinically appropriate, prescribe a noncontrolled drug to the patient.

- For purposes of this subchapter, a health record may be created with the use of telemedicine and consists of relevant clinical information required to treat a patient, and is reviewed by the healthcare professional who meets the same standard of care for a telemedicine visit as an in-person visit

A professional relationship cannot be established only through:

- An internet questionnaire
- Email message
- Patient generated medical history
- Text messaging
- Facsimile machine
- Any combination of means listed above

See statute for additional avenues to establish the professional relationship.

SOURCE: AR Code 17-80-402 & 403 (Accessed May 2024).

A physician-patient relationship must be established in accordance with Regulation 2.8 before the delivery of services via telemedicine. A patient completing a medical history online and forwarding it to a physician is not sufficient to establish the relationship, nor does it qualify as store-and-forward technology. See regulation for additional requirements.

A Provider using telemedicine may NOT issue a prescription for any controlled substances defined as any scheduled medication under schedules II through V unless the Provider has seen the patient for an in-person exam or unless a relationship exists through consultation or referral; on-call or cross-coverage situations; or through an ongoing personal or professional relationship.

SOURCE: AR Rules and Regulation. Sec. 060.00.16-005 (060 01 CARR 001), (Accessed May 2024).

When mifepristone or another drug or chemical regimen is used to induce an abortion, the initial administration of the drug or chemical shall occur in the same room and in the physical presence of the physician who prescribed, dispensed, or otherwise provided the drug or chemical to the patient.

SOURCE: AR Code Annotated Section 20-16-603(b)(1). (Accessed May 2024).

When mifepristone or another drug or chemical regimen is used to induce an abortion, the initial administration of the drug or chemical shall occur in the same room and in

the physical presence of the physician who prescribed, dispensed, or otherwise provided the drug or chemical to the patient.

SOURCE: AR Medical Board: Rule 36 – Abortion Procedures, (007 33 CARR 012) (Accessed May 2024).

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

“Proper practitioner-patient relationship” means that before the issuance of a prescription, a practitioner, physician, or other prescribing health professional performs a history and in-person physical examination of the patient adequate to establish a diagnosis and to identify underlying conditions or contraindications to the treatment recommended or provided unless:

- The prescribing practitioner is consulting at the specific request of another practitioner who:
  - Maintains an ongoing relationship with the patient
  - Has performed an in-person physical examination of the patient; and
  - Has agreed to supervise the patient’s ongoing care and use of prescribed medications;
- The prescribing practitioner interacts with the patient through an on-call or cross-coverage situation; or
- The relationship is established through telemedicine pursuant to the Telemedicine Act, § 17-80-401 et seq.

SOURCE: AR Code Annotated Sec. 17-92-1003(14)(B). (Accessed May 2024).

## Medical Board

Requiring minimum standards for establishing Patient/Provider relationships. Provider is defined as a person licensed by the Arkansas State Medical Board. A Provider exhibits gross negligence if he provides and/or recommends any form of treatment, including prescribing legend drugs, without first establishing a proper Patient/Provider relationship.

- For purposes of this regulation, a proper Patient/Provider relationship, at a minimum requires that:
  - The Provider performs a history and an “in person” physical examination of the patient adequate to establish a diagnosis and identify underlying conditions and/or contraindications to the treatment recommended/provided, OR

- The Provider performs a face to face examination using real time audio and visual telemedicine technology that provides information at least equal to such information as would have been obtained by an in-person examination; OR
- The Provider personally knows the patient and the patient's general health status through an "ongoing" personal or professional relationship;

Appropriate follow-up be provided or arranged, when necessary, at medically necessary intervals.

- For the purposes of this regulation, a proper Patient/Provider relationship is deemed to exist in the following situations:
  - When treatment is provided in consultation with, or upon referral by, another Provider who has an ongoing relationship with the patient, and who has agreed to supervise the patient's treatment, including follow up care and the use of any prescribed medications.
  - On-call or cross-coverage situations arranged by the patient's treating Provider.

Exceptions – Recognizing a Provider's duty to adhere to the applicable standard of care, the following situations are hereby excluded from the requirement of this regulation:

- Emergency situations where the life or health of the patient is in danger or imminent danger.
- Simply providing information of a generic nature not meant to be specific to an individual patient.
- This Regulation does not apply to prescriptions written or medications issued for use in expedited heterosexual partner therapy for the sexually transmitted diseases of gonorrhea and/or chlamydia.
- This Regulation does not apply to the administration of vaccines containing tetanus toxoid (e.g., DTaP, DTP, DT, Tdap, Td, or TT) or inactive influenza vaccines.

SOURCE: AR Regulations, 060 01 CARR 001, (Accessed May 2024).

A Patient/Provider relationship must be established in accordance with Rule 2.8 before the delivery of services via telemedicine. Provider is defined as a person licensed by the Arkansas State Medical Board. A patient completing a medical history online and forwarding it to a Provider is not sufficient to establish the relationship, nor does it qualify as store-and-forward technology.

A physician shall not issue a written medical marijuana certification to a patient based on an assessment performed through telemedicine. A Patient/Provider relationship established under Rule 2.8 may be utilized for medical marijuana recertification by telehealth. "Telehealth certification" means the electronic assessment of a patient by a

provider in connection with an application for a registry identification card under the Arkansas Medical Marijuana Amendment of 2016.

Telemedicine does not include the use of audio-only electronic technology by a provider to renew a written certification that was previously issued to the same patient.

SOURCE: AR Rule 239.02.22-003 – Rule 38, Telemedicine, (Accessed May 2024).

## Medical Marijuana Certification

“Telehealth certification” means the electronic assessment of a patient by a practitioner in connection with an application for a registry identification card under § 5 of the Arkansas Medical Marijuana Amendment of 2016, Arkansas Constitution, Amendment 98.

SOURCE: AR Code 17-80-402 (Accessed May 2024)

Drug-induced, chemical and surgical abortions shall not be performed by telemedicine.

SOURCE: AR Admin Code 007.05.009 (Accessed May. 2024).

When a physician or other licensed prescriber authorizes or provides new prescriptions or refill medications to a pharmacy that is not physically located in this state or to a pharmacy that utilizes common carriers to deliver medications through the mail for a new patient who has not previously received pharmacist services or prescriptions filled through that pharmacy, that pharmacy shall:

- Establish a professional relationship between a pharmacist and the patient by telephone or telemedicine consult.

SOURCE: AR Code 17-92-120 (Accessed May 2024).

## Social Work

A social worker/client relationship must be established in accordance with Ark. Code Ann. §§ 17-80-402 & 403 and Rule XIV before the delivery of services via telemedicine. A client completing a psychosocial history online and forwarding it to a social worker is not sufficient to establish the relationship, nor does it qualify as store-and-forward technology. A social worker exhibits gross negligence if he or she provides and/or recommends any form of treatment via telemedicine without first establishing a proper social worker/client relationship.

“Professional relationship” does not include a relationship between a social worker and a client established only by the following:

- An internet questionnaire;
- An email message;
- Patient-generated medical history;
- Text messaging;
- A facsimile machine; or
- Any combination thereof.

See regulations for further requirements.

SOURCE: Rules and Regulations, Social Work Licensing Board, Sec. XIV (120 00 CARR 001), (Accessed May 2024).

### **Licensed Counselor or Marriage Family Therapist**

A licensed counselor or marriage and family therapists/client relationship must be established in accordance with Ark. Code Ann. §§ 17-80-402 & 403 and Section 12.3 & 12.4 before the delivery of services via telemedicine. A client's completing a psychosocial history online and forwarding it to a licensed counselor or marriage and family therapist is not sufficient to establish the relationship, nor does it qualify as store-and-forward technology. A licensed counselor or marriage and family therapist exhibits gross negligence if he or she provides and/or recommends any form of treatment via telemedicine without first establishing a proper licensed counselor or marriage and family therapist/client relationship.

“Professional relationship” does not include a relationship between a licensed counselor or marriage and family therapist and a client established only by the following:

- An internet questionnaire;
- An email message;
- Patient-generated medical history;
- Text messaging;
- A facsimile machine; or
- Any combination thereof.

See regulations for further requirements.

SOURCE: Rules and Regulations, Board of Examiners in Counseling, Rule XII, Sec. 12.2 (122 00 CARR 001), (Accessed May 2024).

## Dietitians

“Professional relationship” does not include a relationship between a licensed dietitian and a client established only by the following:

- An internet questionnaire;
- An email message;
- Patient-generated medical history;
- Text messaging;
- A facsimile machine; or
- Any combination thereof.

SOURCE: Rules and Regulations, Dietetics Licensing Board Sec. 239.00.22-002 (007 33 CARR 045), (Accessed May 2024).

**Establishing a Licensed Dietitian/Client Relationship** -A licensed dietitian/client relationship must be established in accordance with Ark. Code Ann. §§ 17-80-402 & 403 and Section VII before the delivery of services via telemedicine. A client’s completing a nutrition history online and forwarding it to a licensed dietitian is not sufficient to establish the relationship, nor does it qualify as store-and-forward technology. A licensed dietitian exhibits gross negligence if he or she provides and/or recommends any form of treatment via telemedicine without first establishing a proper licensed dietitian/client relationship.

**Minimum Requirements for Licensed Dietitian/Client Relationship** – For purposes of this regulation, a proper licensed dietitian/client relationship, at a minimum requires that:

- The licensed dietitian performs an “in person” nutrition history of the client adequate to establish a diagnosis and develop a treatment plan, OR
- The licensed dietitian performs a face to face nutrition history using real time audio and visual telemedicine technology that provides information at least equal to such information as would have been obtained by an in-person nutrition history, OR
- The licensed dietitian knows the client and the client’s general nutrition issues through a previously established professional relationship; AND
- Appropriate follow-up be provided or arranged, when necessary.

**When a Licensed Dietitian/Client Relationship is Deemed to Exist**- For the purposes of this regulation, a proper licensed dietitian/client relationship is deemed to exist in the following situations:

- When treatment is provided in consultation with, or upon referral by, another provider or treatment team who has an ongoing relationship with the client, and who has agreed to supervise the client's treatment, including follow up care.
- On-call or cross-coverage situations arranged by the client's treating provider or treatment team.

Exceptions -Recognizing a licensed dietitian's duty to adhere to the applicable standard of care and to comply with mandatory reporting laws, the following situations are excluded from the requirement of this regulation by Ark. Code Ann. § 17-80-403(a)(2):

- Emergency situations where the life or health of the client is in danger or imminent danger.
- Simply providing information of a generic nature, not meant to be specific to an individual client.

Professional Relationship Exceptions- Under Ark. Code Ann. § 17-80-403(c), "Professional relationship" does not include a relationship between a licensed dietitian and a client established only by the following:

- An internet questionnaire;
- An email message;
- Patient-generated medical history;
- Text messaging;
- A facsimile machine; or
- Any combination thereof.

See regulation for additional requirements.

SOURCE: AR Rules and Regulations, Board of Dietetics, Sec. 007.45.24-001, (Accessed May 2024).

## APRN

The APRN shall establish a proper APRN/patient relationship prior to providing any patient care. A proper APRN/patient relationship, at a minimum requires that:

- The APRN perform a history and an "in person" physical examination of the patient adequate to establish a diagnosis and identify underlying conditions and/or contraindications to the treatment recommended/provided;
- The APRN perform a face-to-face examination using real-time audio or visual telemedicine technology that provides information at least equal to such information as would have been obtained by an in-person examination; AND

- Appropriate follow-up be provided or arranged, when necessary, at medically necessary intervals.

A proper APRN/patient relationship is also deemed to exist in the following situations:

- When treatment is provided in consultation with, or upon referral by another health care provider who has an ongoing relationship with the patient, and who has agreed to supervise the patient's treatment, including follow-up care and the use of any prescribed medications.
- On-call or cross-coverage situations arranged by the patient's health care provider.

Recognizing a Providers duty to adhere to the applicable standard of care, the following situations are hereby excluded from the requirement of this regulation:

- Emergency situations where the life or health of the patient is in danger or imminent danger.
- Providing information of a generic nature not meant to be specific to an individual.
- Providing prescriptions written or medications issued for use in expedited heterosexual partner therapy for the sexually transmitted diseases of gonorrhea and/or chlamydia.
- Administration of vaccines containing tetanus toxoid (e.g., DTaP, DTP, DT, Tdap, TD, or TT) or inactive influenza vaccines.

An APRN/patient relationship shall be established in accordance with Chapter 4, Section XIII before the delivery of services via telemedicine. A patient completing a medical history online and forwarding it to an APRN is not sufficient to establish the relationship, nor does it qualify as store-and-forward technology.

An APRN using telemedicine may NOT issue a prescription for any controlled substances defined as any scheduled medication under schedules III through V and only hydrocodone combination products which were reclassified from Schedule III to Schedule II as of October 6, 2014 unless the APRN has seen the patient for an in-person exam or unless a relationship exists through consultation or referral; or on-call or cross-coverage situations.

SOURCE: Rule 007.34.22-003, Sec XV (067 00 CARR 004) (Accessed May 2024).

## Physical Therapy

“Professional relationship” means at a minimum a relationship established between a licensee and a patient when:

- The licensee has previously conducted an in-person examination of the patient and is available to provide appropriate follow-up care, when necessary, at medically necessary intervals;

- The licensee personally knows the patient and the patient's relevant health status through an ongoing personal or professional relationship and is available to provide appropriate follow-up care, when necessary, at medically necessary intervals;
- The treatment is provided by a licensee in consultation with, or upon referral by, another healthcare professional who has an ongoing professional relationship with the patient and who has agreed to supervise the patient's treatment, including follow-up care;
- An on-call or cross-coverage arrangement exists with the patient's regular treating healthcare professional or another healthcare professional who has established a professional relationship with the patient;
- A relationship exists in other circumstances as defined by rule of the Arkansas State Medical Board for healthcare professionals under its jurisdiction and their patients; or
- The licensee has access to a patient's personal health record maintained by a licensee and uses any technology deemed appropriate by the licensee, including the telephone, with a patient located in Arkansas to diagnose and treat the patient.

A licensee at a distant site shall not utilize telehealth with respect to a patient located in Arkansas unless a professional relationship exists between the licensee and the patient or the licensee otherwise meets the requirements of a professional relationship as defined in Section 1.(5) of this rule.

The existence of a professional relationship is not required in the following circumstances: (A) Emergency situations where the life or health of the patient is in danger or imminent danger; or (B) Simply providing information of a generic nature, not meant to be specific to an individual patient.

“Professional relationship” does not include a relationship between a licensee and a patient established only by the following:

- An internet questionnaire;
- An email message;
- Patient-generated medical history;
- Text messaging;
- A facsimile machine; or
- Any combination thereof.

SOURCE: Telehealth Rule, AR Physical Therapy Website. (Accessed May 2024).

## Psychology

A psychologist/psychological examiner exhibits gross negligence if he provides and/or recommends any form of treatment/service, without first establishing a proper psychologist/psychological examiner-patient/client relationship.

For purposes of this rule, a proper psychologist/psychological examiner- patient/client relationship, at a minimum requires that:

- The psychologist/psychological examiner performs a history and an “in person” interview of the patient/client adequate to establish a diagnosis and identify underlying conditions and/or contraindications to the treatment/service recommended/provided, OR
- The psychologist/psychological examiner has access to a patient/client’s personal health record, as defined by A.C.A. §17-80-401 et seq., maintained by a psychologist/psychological examiner and uses any technology deemed appropriate by the psychologist/psychological examiner, including the telephone, with a patient/client located in Arkansas to diagnose or treat the patient/client; OR
- The psychologist/psychological examiner personally knows the patient/client and the patient/client’s general health status through an “ongoing” personal or professional relationship;

For the purposes of this rule, a proper psychologist/psychological examiner-patient/client relationship is deemed to exist in the following situations:

- When treatment/service is provided in consultation with, or upon referral by, another provider who has an ongoing relationship with the patient/client, and who has agreed to supervise the patient/client’s treatment/service, including follow up care.
- On-call or cross-coverage situations arranged by the patient/client’s treating psychologist/psychological examiner.

Exceptions – Recognizing a psychologist/psychological examiner’s duty to adhere to the applicable standard of care, the following situations are hereby excluded from the requirement of this rule:

- Emergency situations where the life or health of the patient/client is in danger or imminent danger.
- Simply providing information of a generic nature not meant to be specific to an individual patient/client.

A Patient/client/Provider relationship must be established in accordance with Rule 19.1 before the delivery of services via telepsychology. Provider is defined as a person licensed by the Arkansas Psychology Board who has documented training in telepsychology. A patient/client completing a history online and forwarding it to a Provider is not sufficient to establish the relationship, nor does it qualify as store-and-forward technology.

SOURCE: Rules and Regulations Board of Psychology, Sec. 007.00.22-001, (074 00 CARR 001), (Accessed May 2024).

## Speech-Language Pathology and Audiology

“Professional relationship” means at a minimum a relationship established between a licensee and a patient when:

- The licensee has previously conducted an in-person examination of the patient and is available to provide appropriate follow-up care, when necessary, at medically necessary intervals;
- The licensee personally knows the patient and the patient’s relevant health status through an ongoing personal or professional relationship and is available to provide appropriate follow-up care, when necessary, at therapeutically necessary intervals;
- The treatment is provided by a licensee in consultation with, or upon referral by, another healthcare professional who has an ongoing professional relationship with the patient and who has agreed to supervise the patient’s treatment, including follow-up care;
- An on-call or cross-coverage arrangement exists with the patient’s regular treating healthcare professional or another healthcare professional who has established a professional relationship with the patient;
- A relationship established under rules of the Arkansas State Medical Board may be utilized for telepractice certification; or
- The licensee has access to a patient’s personal health record maintained by a healthcare professional and uses any technology deemed appropriate by the licensee, including the telephone, with a patient located in Arkansas to diagnose and treat the patient. For purposes of this subchapter, a health record may be created with the use of telepractice and consists of relevant clinical information required to treat a patient, and is reviewed by the licensee who meets the same standard of care for a telepractice visit as an in-person visit;

“Professional relationship” does not include a relationship between a licensee and a patient established only by the following:

- An internet questionnaire;
- An email message;
- Patient-generated medical history;
- Text messaging;
- A facsimile machine; or
- Any combination of means listed in subdivisions (c)(1)-(5) of this section.

SOURCE: AR Board of Examiners in Speech-Language Pathology and Audiology Rules, Section 12: Telepractice, (Accessed May 2024).

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## CROSS-STATE LICENSING

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*Last updated 05/27/2024*

An out-of-state physician utilizing an electronic medium who performs an act that is part of a patient care service that was initiated in Arkansas, including interpretation of an X-ray, that would affect the diagnosis or treatment, is engaged in the practice of medicine and subject to regulation by the Arkansas State Medical Board. This section does not apply to:

- The acts of a medical specialist located in another jurisdiction who provides only episodic consultation services;
- The acts of a physician located in another jurisdiction who is providing consultation services to a medical school;
- Decisions regarding the approval of coverage under any insurance or health maintenance organization plan;
- A service to be performed which is not available in the state;
- A physician physically seeing a patient in person in another jurisdiction; or
- Other acts exempted by the board by rule.

SOURCE: AR Code Revised 17-95-206. (Accessed May 2024).

A healthcare professional who is treating patients in Arkansas through telemedicine shall be fully licensed or certified to practice in Arkansas and is subject to the rules of the appropriate state licensing or certification board. Does not apply to the acts of a healthcare professional located in another jurisdiction who provides only episodic consultation services.

SOURCE: AR Code 17-80-404(d). (Accessed May 2024).

### APRN

APRNs providing care via telemedicine to a patient located within the State of Arkansas shall be licensed to practice nursing in the State of Arkansas.

SOURCE: Rule 007.34.22-003, Sec XV. (067 00 CARR 004), (Accessed May 2024).

### Physical Therapy

All licensees providing care via telemedicine to a patient located within the State of Arkansas shall be licensed to practice physical therapy in the State of Arkansas.

SOURCE: Rule 007.33.22-017. Available on PT Board Website, (Accessed May 2023).

## Psychology

An individual licensed to practice psychology in another jurisdiction may obtain a license to practice psychology in this jurisdiction without written examination, so long as the requirements for a license in the former jurisdiction are equal to, or exceed, the requirements for a license in this jurisdiction, as defined by A.C.A. Sec. 17-97-101, et seq. and the rules and regulations of the Board. The Board has determined that the States who have entered into the Association of State and Provincial Psychology Boards' Agreement of Reciprocity,<sup>@</sup> pursuant to the criteria in effect on June 1, 1999, have requirements for licensure at the doctoral level, which are equal to, or exceed, the requirements for a license in Arkansas. It has also been determined an applicant for licensure who holds a Certificate of Professional Qualification (CPQ) issued by the Association of State and Provincial Psychology Boards (ASPPB), shall be deemed to have met the educational and experience requirements for licensure. Such licensees may be subject to disciplinary action for any of the grounds listed in A.C.A. Sec. 17-97-310 and Rule 10.5. on the same basis as other licensees, including actions taken in another jurisdiction.

All Providers providing care via telepsychology to a patient/client located within the State of Arkansas shall be licensed to practice psychology in the State of Arkansas.

SOURCE: Rules and Regulations Board of Psychology, Sec. 007.00.22-001, 074 00 CARR 001, (Accessed May 2024).

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## LICENSURE COMPACTS

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*Last updated 05/27/2024*

Member of Audiology and Speech Language Therapy Interstate Compact

SOURCE: ASLP-IC, Compact Map, (Accessed May 2024).

Member of Counseling Compact.

SOURCE: Counseling Compact, Map, (Accessed May 2024).

Member of Nurse Licensure Compact.

SOURCE: Nurse Licensure Compact. Current NLC States and Status. (Accessed May 2024).

### Member of Occupational Therapy Licensure Compact.

SOURCE: Occupational Therapy Licensure Compact, Compact Map, (Accessed May 2024).

### Member of Physical Therapy Licensure Compact.

SOURCE: PT Compact. Compact Map. (Accessed May 2024).

### Member of the Psychological Interjurisdictional Compact.

SOURCE: Psypact Compact Map, (Accessed May 2024).

\* See Compact websites for implementation and license issuing status and other related requirements.

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## PROFESSIONAL BOARDS STANDARDS

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*Last updated 05/27/2024*

For all medical professionals, see the ‘Appropriate Use of Telemedicine’ standards in statute.

SOURCE: AR Code 17-80-404, (Accessed May 2024).

### AR Board of Examiners in Speech-Language Pathology and Audiology

SOURCE: AR Board of Examiners in Speech-Language Pathology and Audiology Rules, Section 12: Telepractice, (Accessed May 2024).

### AR Board of Physical Therapy

SOURCE: Rule 007.33.22-017. (Accessed May 2024).

### AR Board of Nursing: Advanced Practice Registered Nurse

SOURCE: Rule 007.34.22-003, Sec XV. (Accessed May 2024).

### Arkansas Social Work Licensing Board

SOURCE: Rules and Regulations, Social Work Licensing Board, Sec. XIV, (120 00 CARR 001), (Accessed May 2024).

### AR Board of Examiners in Counseling

SOURCE: Rules and Regulations, Board of Examiners in Counseling, Rule XII, Sec. 12.1, (122 00 CARR 001) (Accessed May 2024).

### AR Board of Dietitians

SOURCE: Rules and Regulations, Dietetics Licensing Board Sec. 239.00.22-002 (007 33 CARR 045), (Accessed May 2024).

### Arkansas Board of Psychology

SOURCE: Rules and Regulations Board of Psychology, Sec. 007.00.22-001, (Accessed May 2024).

### Arkansas Veterinary Medical Examining Board

SOURCE: Rules and Regulations, AR Veterinary Medical Board: Veterinary Telehealth and Telemedicine, (Accessed May 2024).

### Arkansas Medical Board

SOURCE: Rules and Regulations, AR Medical Board, (Accessed May 2024).

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## MISCELLANEOUS

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*Last updated 05/27/2024*

No Reference Found

## Federally Qualified Health Center (FQHC)

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### DEFINITION OF VISIT

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*Last updated 02/06/2024*

An FQHC encounter is a face-to-face contact between a patient of the FQHC and a health care professional whose services are covered by the Arkansas Title XIX (Medicaid) State Plan.

For coverage and reimbursement purposes, Arkansas Medicaid distinguishes between “core services” encounters and “other ambulatory services” encounters.

A Federally Qualified Health Center (FQHC) “core service” encounter is a face-to-face contact between a patient of the FQHC and a physician, physician assistant, nurse practitioner, licensed clinical psychologist, licensed clinical social worker, licensed professional counselor, licensed mental health counselor, or licensed marriage and family therapist and includes services and supplies incidental to the face-to-face contact.

An FQHC “other ambulatory services” encounter is a face-to-face contact between a patient of the FQHC and a contractor or employee of the FQHC whose services for the

patient are covered by the particular Medicaid program (e.g., Dental or Visual Care) in which the FQHC is enrolled to provide the other ambulatory services. For example: A physician in an FQHC diagnoses a 22-year-old patient's pregnancy and sends her to the FQHC's dentist for an oral examination as a precaution against dental problems that may complicate the pregnancy. Arkansas Medicaid covers medical services in a dentist's office for Medicaid beneficiaries of all ages. The dentist's office visit is an "other ambulatory services" encounter. It is not incident to the FQHC core service encounter because it is not itself an FQHC core service.

SOURCE: AR Medicaid Provider Manual. Section II FQHC. Rule 214.000, 100 & 200. Updated Oct. 13, 2003. pg. II-10 & 11, (Accessed Feb. 2024).

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## MODALITIES ALLOWED

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*Last updated 02/06/2024*

### Live Video

To comply with CMS mandate, telehealth visits are to be paid the same as a face-to-face encounter visit for FQHC providers. The following procedure codes have had the rates updated to match their encounter rate: G2025

SOURCE: AR Department of Human Services, FQHC Provider Rate for G2025, Sept. 15, 2023, (Accessed Feb. 2024).

FQHC Manual refers providers to Telemedicine policy manual for encounters. AR Medicaid covers live video telemedicine in some circumstances.

See: AR Medicaid Live Video

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### Store and Forward

FQHC Manual refers providers to Telemedicine policy manual for encounters. No information regarding store-and-forward reimbursement is found in the telemedicine policy section beyond a definition.

See: AR Medicaid Store-and-Forward.

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### Remote Patient Monitoring

FQHC Manual refers providers to Telemedicine policy manual for encounters. No information regarding remote patient monitoring reimbursement is found in the telemedicine policy section beyond a definition.

See: AR Medicaid Remote Patient Monitoring

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### Audio-Only

FQHC Manual refers providers to Telemedicine policy manual for encounters. Audio-only is allowed only in certain circumstances in telemedicine policy section. No direct reference to whether or not an FQHC can use the modality is provided.

See: AR Medicaid Email, Phone and Fax

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## SAME DAY ENCOUNTERS

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*Last updated 02/06/2024*

An encounter is a face-to-face contact between a patient of an FQHC and any health professional whose services are reimbursed under the Arkansas Title XIX (Medicaid) State Plan.

- Contacts with more than one health professional and multiple contacts with the same health professional that take place on the same day and at a single location constitute a single encounter except when the patient, after the first encounter, suffers illness or injury requiring additional diagnosis or treatment.
- A patient of the FQHC may have a separate family planning encounter during the same visit to the FQHC for a core service encounter; however, a family planning visit is not reimbursed separately when it takes place on the same day as a family planning surgical procedure.
- An FQHC encounter is not reimbursed separately on the same day as an obstetric or gynecologic procedure that the FQHC reports by CPT procedure code unless the encounter is for a different disorder or condition.

SOURCE: AR Medicaid Provider Manual. Section II FQHC. Rule 252.100. Updated Oct. 13, 2003. pg. II-22, (Accessed Feb. 2024).

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## ELIGIBLE ORIGINATING SITE

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*Last updated 02/06/2024*

Use procedure code and type of service code Y (paper claims only) to indicate telemedicine charges.

View or print the procedure codes for Federally Qualified Health Center (FQHC) services.

The charge associated with this procedure code should be an amount attributable to the telemedicine service, such as line (or wireless) charges. Medicaid will deny the charge and capture it in the same manner as with ancillary charges.

SOURCE: AR Medicaid Provider Manual. Section II FQHC. Rule 262.120. Updated Feb. 1, 2022. pg. II-34, (Accessed Feb. 2024).

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## ELIGIBLE DISTANT SITE

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*Last updated 02/06/2024*

To comply with CMS mandate, telehealth visits are to be paid the same as a face-to-face encounter visit for FQHC providers. The following procedure codes have had the rates updated to match their encounter rate: G2025

SOURCE: AR Department of Human Services, FQHC Provider Rate for G2025, Sept. 15, 2023, (Accessed Feb. 2024).

The telemedicine procedure code and procedure codes for ancillary services, except for family planning-related laboratory procedures listed in this manual, will be denied.

SOURCE: AR Medicaid Provider Manual. Section II FQHC. Rule 252.140. Updated Oct. 13, 2003. pg. II-27, (Accessed Feb. 2024).

FQHC Manual refers providers to Telemedicine policy manual for encounters.

See: AR Medicaid Live Video Eligible Providers.

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## FACILITY FEE

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*Last updated 02/06/2024*

Use procedure code and type of service code Y (paper claims only) to indicate telemedicine charges.

The charge associated with this procedure code should be an amount attributable to the telemedicine service, such as line (or wireless) charges. Medicaid will deny the charge and capture it in the same manner as with ancillary charges.

SOURCE: AR Medicaid Provider Manual. Section II FQHC. Rule 262.120. Updated Feb. 1, 2022. pg. II-34, (Accessed Feb. 2024).

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## PPS RATE

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*Last updated 02/06/2024*

Effective for dates of service on and after January 1, 2003, the procedure codes listed in this manual, the Child Health Services (EPSDT) provider manual and the ARKids First-B Provider Manual (with the exception of the FQHC encounter procedure code and the telemedicine procedure code) will be initially reimbursed in accordance with the Arkansas Medicaid fee schedule, at the lesser of the billed charge or the Medicaid maximum allowable fee.

The telemedicine procedure code and procedure codes for ancillary services, except for family planning-related laboratory procedures listed in this manual, will be denied.

SOURCE: AR Medicaid Provider Manual. Section II FQHC. Rule 262.120. Updated Oct. 13, 2003. pg. II-26, II-32 (Accessed Feb. 2024).

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## HOME ELIGIBLE

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*Last updated 02/06/2024*

FQHC services furnished off-site are covered under the FQHC benefit when the employed practitioner of the FQHC furnishes the services on behalf of the FQHC or when the FQHC practitioner's agreement with the FQHC requires that he or she provide the services and seek compensation from the FQHC.

SOURCE: AR Medicaid Provider Manual. Section II FQHC. Rule 212.300. Updated Oct. 13, 2003. pg. II-10, (Accessed Feb. 2024).

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## PATIENT-PROVIDER RELATIONSHIP

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*Last updated 02/06/2024*

No reference found.