

# Idaho



## At A Glance

### MEDICAID REIMBURSEMENT

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

### PRIVATE PAYER LAW

- Law Exists: No
- Payment Parity: No

### PROFESSIONAL REQUIREMENTS

- Licensure Compacts: ASLP-IC, EMS, IMLC, NLC, PSY
- Consent Requirements: Yes

### FQHCs

- Originating sites explicitly allowed for Live Video: No
- Distant sites explicitly allowed for Live Video: Yes
- Store and forward explicitly reimbursed: No
- Audio-only explicitly reimbursed: Yes
- Allowed to collect PPS rate for telehealth: No

### STATE RESOURCES

1. Medicaid Program: Idaho Medicaid
2. Administrator: Idaho Dept. of Health and Welfare
3. Regional Telehealth Resource Center: Northwest Regional Telehealth Resource Center

# Private Payer

## DEFINITIONS

*Last updated 02/13/2024*

No reference found.

## REQUIREMENTS

*Last updated 02/13/2024*

No Reference Found

## PARITY

*Last updated 02/13/2024*

### SERVICE PARITY

No Reference Found

### PAYMENT PARITY

No Reference Found

# Medicaid

## OVERVIEW

*Last updated 02/13/2024*

Idaho Medicaid reimburses for live video virtual services (they have changed the term from “telehealth”), remote patient monitoring and audio-only. The Medicaid program does not reimburse for store-and-forward.

## DEFINITIONS

*Last updated 02/13/2024*

Virtual care or telehealth means providing medically necessary health care services without actual physical contact, through the use of electronic means. Under Idaho Medicaid this means the participant and the provider are interacting in real-time or “live” from two physically different locations, by video or telephone.

Source: Medicaid Telehealth Policy, General Information and Requirements for Providers. Section 9.12 Pg. 1313 Rev. Jan. 30, 2024 ,Idaho Medicaid May 2023. (Accessed Feb. 2024).

Covered virtual care services are real-time communication through interactive technology that enables a provider and a patient at two locations separated by distance to interact simultaneously through two-way video and audio transmission.

SOURCE: Idaho Medicaid Provider Handbook: Therapy Services, Section 4.6, p. 37, Jan. 30, 2024. (Accessed Feb. 2024).

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## LIVE VIDEO

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*Last updated 02/13/2024*

### POLICY

Services delivered through virtual care will be considered for reimbursement when rendered within the provider’s scope of practice and billed according to all applicable administrative rules, policy, federal and state regulations. Any covered service may be delivered via virtual care when:

- The service can be safely and effectively delivered via virtual care and the medium utilized;
- The service fully meets the code definition when provided via virtual care;
- The service is billed with the FQ or GT modifier; and
- All other existing coverage criteria are met.

Video must be provided in real-time with full motion video and audio that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication. Transmission of voices must be clear and audible. Reimbursement is also not available for services that are interrupted and/or terminated early due to equipment difficulties.

SOURCE: Idaho Medicaid Provider Handbook. General Information and Requirements for Providers. (Jan. 30, 2024), Section 9.12 & 9.12.1 p. 133-134. Idaho Medicaid (May 2023). (Accessed Feb. 2024).

Services delivered via virtual care as defined in Title 54, Chapter 57, Idaho Code, must be identified as such in accordance with billing requirements published in the Idaho Medicaid Provider Handbook. Virtual care services billed without being identified as

such are not covered. Virtual care services may be reimbursed within limitations defined by the Department in the Idaho Medicaid Provider Handbook. Fee-for-service reimbursement is not available for asynchronous services except remote monitoring.

SOURCE: ID Administrative Code 16.03.09 Sec. 210 (09), Pg. 25 (Accessed Feb. 2024).

For Home Health, the face-to-face encounter that initiates treatment may occur virtually.

SOURCE: ID Administrative Code 16.03.09 Sec. 723 (02)(b), Pg. 101, ID Medicaid Provider Handbook: Home Health and Hospice Services, 1.2.4.1, p. 6. (Mar. 2, 2021). (Accessed Feb. 2024).

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## ELIGIBLE SERVICES/SPECIALTIES

Any covered service may be delivered via virtual care when:

- The service can be safely and effectively delivered via virtual care and the medium utilized;
- The service fully meets the code definition when provided via virtual care;
- The service is billed with the FQ or GT modifier; and
- All other existing coverage criteria are met.

Reporting of test results only is not covered as a telehealth service.

Only one eligible provider may be reimbursed per service per participant per date of service. No reimbursement is available for the use of equipment at the originating or remote sites. Reimbursement is also not available for services that are interrupted and/or terminated early due to equipment difficulties. Claims for services delivered via virtual care will be reimbursed at the same rate as face-to-face services.

Idaho Medicaid uses places of service 02 (Telehealth provided other than in patient's home) and 10 (Telehealth provided in patient's home). Providers must use these places of service on claims for virtual care. Claims for virtual care must include one of the following modifiers:

- FQ – A telehealth service was furnished using real-time audio-only communication technology.
- GT – A telehealth service was furnished using real-time audio-visual communication technology.

Additionally, providers can also use the following modifier in conjunction with one of the above:

- FR – A supervising practitioner was present through a real-time two-way, audio/video communication technology.

SOURCE: Idaho Medicaid Provider Handbook. General Information and Requirements for Providers. (Jan. 30, 2024), Sections 9.12 & 9.12.3 p. 133-134, Idaho Medicaid May 2023. (Accessed Feb. 2024).

### **Physician/Non-Physician Practitioner Services:**

Stand-alone vaccine counseling is also reimbursable when delivered as virtual care services.

Services in the National Diabetes Prevention Program are eligible for telehealth.

Physicians and non-physician practitioners are eligible to receive reimbursement for telehealth services.

Physicians and psychiatric nurse practitioners may provide psychotherapy (CPT® 90839 and 90840) to participants in crisis via telehealth. The medical record of the participant must support a crisis service was provided for the full duration billed and demonstrate that an urgent assessment of the participant's mental state was necessary, and/or their health or safety was at risk. The participant must be in the room for the duration of the visit or a majority of the service, which is focused on the individual. 90839 is a stand-alone code not to be reported with psychotherapy or psychiatric diagnostic evaluation codes, the interactive complexity code, or any other psychiatry section code.

SOURCE: ID Medicaid Provider Handbook: Physician and Non-Physician Practitioner (Aug 8, 2023), p. 51, 57, 78, 85. (Accessed Feb. 2024).

### **Children with Developmental Disabilities**

Children's DD Telehealth services are reimbursable if provided and billed in accordance with the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook.

SOURCE: ID Medicaid Provider Handbook Agency Professional (Feb. 22, 2023), p. 28. (Accessed Feb. 2024).

### **Therapy Services (Occupational, Physical Therapists & Speech Language Pathologists)**

Covered telehealth services are real-time communication through interactive technology that enables a provider and a patient at two locations separated by distance to interact simultaneously through two-way video and audio transmission. Evaluations and reevaluations may be provided by virtual care. The therapist must certify that the

services can safely and effectively be done with virtual care services and the physician or non-physician practitioner order must specifically allow the services to be provided by virtual care services. Therapists must adhere to all requirements of their licensing board for virtual care services.

Specific service codes found in manual.

SOURCE: ID Medicaid Provider Handbook, Therapy Services (Jan. 30, 2024) pg 37 , (Accessed Feb. 2024).

## **Psychiatric Crisis**

Physicians and psychiatric nurse practitioners may provide psychotherapy (CPT® 90839 and 90840) to participants in crisis via virtual care. The medical record of the participant must support a crisis service was provided for the full duration billed and demonstrate that an urgent assessment of the participant's mental state was necessary, and/or their health or safety was at risk. The participant must be in the room for the duration of the visit or a majority of the service, which is focused on the individual. 90839 is a stand-alone code not to be reported with psychotherapy or psychiatric diagnostic evaluation codes, the interactive complexity code, or any other psychiatry section code.

SOURCE: ID Medicaid Provider Handbook: Physician and Non-Physician Practitioner (Jan. 30, 2024), p. 78. (Accessed Feb. 2024).

## **Laboratory Services**

To be reimbursable, drug tests must be ordered by a licensed or certified healthcare professional who has performed a face-to-face evaluation of the participant (this may include telehealth if the requirements of the telehealth policy are met).

SOURCE: ID Medicaid Provider Handbook: Laboratory Services (Aug 8, 2023), p. 22. (Accessed Feb. 2024).

## **Eye and Vision Services**

Vision therapy is not covered for group therapy, telehealth or with home computer programs.

SOURCE: ID Medicaid Provider Handbook: Eye and Vision Services (Jan. 8, 2024), p. 54. (Accessed Feb. 2024).

## **Early Intervention Services (IDEA)**

Medicaid reimburses for early intervention services in accordance with Medicaid established rates and reimbursement methodology. The ITP must provide virtual care services in accordance with the Idaho Medicaid Provider Handbook.

SOURCE: SOURCE: Idaho Medicaid Provider Handbook. General Information and Requirements for Providers. 9.9.7, p. 128 (Jan. 30, 2024), (Accessed Feb. 2024).

## **Interpretative Services**

Idaho Medicaid will reimburse for interpretation, translation, Braille and sign language services provided to participants in person or through virtual care. Reimbursement is also available when interpretive services are provided to the parent or guardian of a child under 18. The service is only eligible for reimbursement if the provider has no alternative means of oral or written communication. No additional reimbursement is available for multilingual providers that share a language with the participant. Interpreters and translators must meet state and professional licensure requirements and be at least eighteen years of age. See the Virtual Care Services section for more information about reimbursement eligibility using virtual care services.

SOURCE: SOURCE: Idaho Medicaid Provider Handbook. General Information and Requirements for Providers. 9.10.3, p. 129 (Jan. 30, 2024), (Accessed Feb. 2024).

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## **ELIGIBLE PROVIDERS**

Only one eligible provider may be reimbursed for the same service per participant per date of service.

SOURCE: Idaho Medicaid Provider Handbook. General Information and Requirements for Providers. (Jan 30, 2024), Sections 9.12.3 p. 134, Idaho Medicaid (May 2023). (Accessed Feb. 2024).

Idaho Medicaid therapy services, see manual for specific codes.

SOURCE: ID Medicaid Provider Handbook, Therapy Services (Jan. 30, 2024) pg 37 (Accessed Feb. 2024).

Physicians and psychiatric nurse practitioners may provide psychotherapy to participants in crisis via telehealth, using CPT 90839 and 90840.

Physicians and non-physician practitioners are eligible to receive reimbursement for telehealth services.

SOURCE: ID Medicaid Provider Handbook, Physician and Non-Physician Practitioner. Sec. 4.34.3, Pg. 78, (4.38) 85. (Feb. 2, 2024), (Accessed Feb. 2024).



## FQHCs, RHCs & IHS

Telehealth services provided as an encounter by a facility are reimbursable if the services are delivered in accordance with the Idaho Medicaid Telehealth Policy and applicable handbooks.

FQHC, RHC or IHS providers should not report the GT or FQ modifier with encounter code T1015 but should include it with each applicable supporting codes.

SOURCE: ID Medicaid Provider Handbook: IHS, FQHC, and RHC Services, (Nov. 18, 2022), p. 30. Idaho Medicaid Provider Handbook. General Information and Requirements for Providers. (Jan. 30, 2024), Sections 9.12.3 p. 134, Idaho Medicaid (May 2023). (Accessed Feb. 2024).

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## ELIGIBLE SITES

Idaho Medicaid uses places of service 02 (Telehealth provided other than in patient's home) and 10 (Telehealth provided in patient's home). Providers must use these places of service on claims for virtual care. Claims for virtual care must include one of the following modifiers:

- FQ – A telehealth service was furnished using real-time audio-only communication technology.
- GT – A telehealth service was furnished using real-time audio-visual communication technology.

SOURCE: Idaho Medicaid Provider Handbook. General Information and Requirements for Providers. (Jan. 30, 2024), Sections 9.12.3 p. 134, Idaho Medicaid May 2023. (Accessed Feb. 2024).

Idaho Medicaid reduces physician and non-physician practitioner reimbursement when certain procedures are provided in a facility setting. For these procedure codes there is a 30 percent reduction for physicians, and a 40 percent reduction for non-physician practitioners, of the Idaho Medicaid Numerical Fee Schedule in the following places of service (POS) including POS 02 Telehealth (Not recognized by Idaho Medicaid).

SOURCE: Idaho Medicaid Provider Handbook: Physician and Non-Physician Practitioner. 9.2, p. 129. (Feb. 2, 2024). (Accessed Feb. 2024).

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## GEOGRAPHIC LIMITS

No Reference Found



FACILITY/TRANSMISSION FEE

Therapy Services

Therapy services covered via virtual care are listed in the table below. Reimbursement is according to the numerical fee schedule. There is no additional fee for either the originating or the distant site.

SOURCE: ID Medicaid Provider Handbook, Therapy Services (Jan. 30, 2024) pg 37 (Accessed Feb. 2024).

STORE-AND-FORWARD

Last updated 02/13/2024

POLICY

Services provided via asynchronous communication are not reimbursable under Idaho Medicaid. However, remote monitoring services are covered for established patients.

SOURCE: Idaho Medicaid Provider Handbook. General Information and Requirements for Providers. (Jan. 30, 2024), Sections 9.12 p. 133, Idaho Medicaid May 2023. (Accessed Feb. 2024).

ELIGIBLE SERVICES/SPECIALTIES

No Reference Found

GEOGRAPHIC LIMITS

No Reference Found

TRANSMISSION FEE

No Reference Found

REMOTE PATIENT MONITORING

*Last updated 02/13/2024*

## **POLICY**

Services provided via asynchronous communication are not reimbursable under Idaho Medicaid. However, remote monitoring services are covered for established patients. Remote Therapeutic Monitoring (RTM) and Remote Physiological Monitoring (RPM) cannot be billed together and must be billed as a distinct and separate service.

SOURCE: Idaho Medicaid Provider Handbook. General Information and Requirements for Providers. (Jan. 30, 2024), Sections 9.12 p. 133, Idaho Medicaid May 2023. (Accessed Feb. 2024).

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## **CONDITIONS**

Must be for established patients. Remote Therapeutic Monitoring (RTM) and Remote Physiological Monitoring (RPM) cannot be billed together and must be billed as a distinct and separate service.

SOURCE: Idaho Medicaid Provider Handbook. General Information and Requirements for Providers. (Jan. 30, 2024), Sections 9.12 p. 133, (Accessed Feb. 2024).

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## **PROVIDER LIMITATIONS**

No Reference Found

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## **OTHER RESTRICTIONS**

No Reference Found

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## **EMAIL, PHONE & FAX**

*Last updated 02/13/2024*

Virtual care or telehealth means providing medically necessary health care services without actual physical contact, through the use of electronic means. Under Idaho Medicaid this means the participant and the provider are interacting in real-time or “live” from two physically different locations, by video or telephone.

Idaho Medicaid uses places of service 02 (Telehealth provided other than in patient's home) and 10 (Telehealth provided in patient's home). Providers must use these places of service on claims for virtual care. Claims for virtual care must include one of the following modifiers:

- FQ – A telehealth service was furnished using real-time audio-only communication technology.
- GT – A telehealth service was furnished using real-time audio-visual communication technology.

SOURCE: Idaho Medicaid Provider Handbook. General Information and Requirements for Providers. (Jan. 30, 2024), Sections 9.12 7 9.12.3 p. 133-134, Idaho Medicaid May 2023. (Accessed Feb. 2024).

Certain CPT/HCPCS codes are covered. See bulletin for specific codes.

SOURCE: Idaho Medicaid August 2023, p. 9, Idaho Medicaid October 2023, p. 9. (Accessed Feb. 2024).

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## CONSENT REQUIREMENTS

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*Last updated 02/13/2024*

The participant must be informed and consent to the delivery models, any applicable cost-sharing, provider qualifications, treatment methods, or limitations and virtual care technologies and provided adequate training on how to use the technology. The rendering provider at the distant site must also disclose to the participant their identity, current location, telephone number and Idaho license number. Providers can deliver virtual care services from any location in the United States. Providers must meet all applicable licensure requirements required by the State of Idaho. If the participant (or legal guardian) indicates at any point that they want to stop using the technology, the service should cease immediately, and an alternative (in-person) appointment should be scheduled. Providers are subject to all applicable state and federal laws regarding protected health information and personal privacy.

The individual treatment record must include written documentation of evaluation process, the services provided, participant consent, participant outcomes, and those services were delivered via virtual care. The documentation must be of the same quality as is originated during an in-person visit, including but not limited to, billing the CPT® or HCPCS code with the number of minutes closest to the actual time spent providing the service, service type, amount, frequency, duration and time spent with the participant. If the code is a timed code of 15-minute increments, it must be billed with a number of units as described in the Billing 15-Minute Timed Codes section of the General Billing

Instructions, Idaho Medicaid Provider Handbook. These documentation requirements are specific to delivery via virtual care and are in addition to any other documentation requirements specific to the area of service (i.e., IEP requirements for school-based services).

SOURCE: Idaho Medicaid Provider Handbook. General Information and Requirements for Providers. (Jan. 30, 2024), Section 9.12, 9.12.2, p. 133-134. (Accessed Feb. 2024).

Any written information must be provided to the participant before the telehealth appointment in a form and manner which the participant can understand using reasonable accommodations when necessary. The participant must be informed and consent to the delivery models, provider qualifications, treatment methods, or limitations and telehealth technologies. The rendering provider at the distant site must also disclose to the participant their identity, current location (must be within the United States), telephone number and Idaho license number. If the participant (or legal guardian) indicates at any point that they want to stop using the technology, the service should cease immediately, and an alternative (in-person) appointment should be scheduled.

SOURCE: ID Medicaid May 2023. (Accessed Feb. 2024).

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## OUT OF STATE PROVIDERS

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*Last updated 02/13/2024*

No reference found.

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## MISCELLANEOUS

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*Last updated 02/13/2024*

If virtual services are offered, it is the rendering provider's responsibility to ensure meaningful access to virtual services for individuals with limited English proficiency. Meaningful access includes but is not limited to ensuring high quality audio with a clear and audible transmission of voices and adequate training to users of the technology. Any electronic or written information must be provided to the participant before the virtual care appointment and provided in a form and manner which the participant can understand. The provider must make reasonable accommodations through methods such as a translator or qualified interpreter when necessary.

### Technical Requirements:

Video must be provided in real-time with full motion video and audio that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication. Transmission of voices must be clear and audible.

## Documentation Requirements

The individual treatment record must include written documentation of evaluation process, the services provided, participant consent, participant outcomes, and that services were delivered via virtual care. The documentation must be of the same quality as is originated during an in-person visit including but not limited to, billing the CPT® or HCPCS code with the number of minutes closest to the actual time spent providing the service, service type, amount, frequency, duration and time spent with the participant. If the code is a timed code of 15-minute increments, it must be billed with a number of units as described in the Billing 15-Minute Timed Codes section of the General Billing Instructions, Idaho Medicaid Provider Handbook. These documentation requirements are specific to delivery via virtual care and are in addition to any other documentation requirements specific to the area of service (i.e., IEP requirements for school-based services).

SOURCE: Idaho Medicaid Provider Handbook. General Information and Requirements for Providers. (Jan. 30, 2024) 9.12.1 & 1.12.2, p. 131, ID MedicAide (May 2023). (Accessed Feb. 2024).

# Professional Requirements

## DEFINITIONS

*Last updated 02/13/2024*

“Virtual care” means technology-enabled health care services in which the patient and provider are not in the same location. Virtual care is an umbrella term that encompasses terms associated with a wide variety of synchronous and asynchronous care delivery modalities enabled by technology, such as telemedicine, telehealth, m-health, e-consults, e-visits, video visits, remote patient monitoring, and similar technologies. Virtual care is considered to be rendered at the physical location of the patient.

SOURCE: ID Code Sec. 54-5703(6), (Accessed Feb. 2024).

“Telehealth services” means health care services provided by a provider to a person through the use of electronic communications, information technology, asynchronous store and forward transfer or synchronous interaction between a provider at a distant

site and a patient at an originating site. Such services include, but are not limited to, clinical care, health education, home health and facilitation of self-managed care and caregiver support.

SOURCE: ID Admin Code 24.33.03 (201)(06). (Accessed Feb. 2024).

Telepsychology Services mean psychological services provided by a provider through the use of electronic communications, information technology, asynchronous store and forward transfer of information or synchronous interaction between the provider at a distant site and a service recipient at an original site. Such services include, but are not limited to, assessing, testing, diagnosing, treating, education, and consulting.

SOURCE: ID Admin Code 24.12.01 (601). (Accessed Feb. 2024).

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## CONSENT REQUIREMENTS

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*Last updated 02/13/2024*

A patient's informed consent for the use of virtual care shall be obtained as required by any applicable law.

In addition to the requirements of Section 54-5708, Idaho Code, evidence documenting appropriate patient informed consent for the use of telehealth technologies must be obtained and maintained at regular intervals consistent with the community standard of care. Appropriate informed consent should, at a minimum, include the following terms:

- Verification – Identification of the patient, the provider and the provider's credentials.
- Telehealth Determination – Agreement of the patient that the provider will determine whether or not the condition being diagnosed and/or treated is appropriate for telehealth services.
- Security Measures Information – Information on the security measures taken with the use of telehealth technologies, such as encrypting data, password protected screen savers and data files, or utilizing other reliable authentication techniques, as well as potential risks to privacy and notwithstanding such measures.
- Potential Information Loss – Disclosure that the information may be lost due to technical failures.

SOURCE: ID Code Sec. 54-5708 & ID Admin Code 24.33.03 (205). (Accessed Feb. 2024).

### Telepsychology

Telehealth providers will, upon initial contact with the service recipient except in an emergency, prior to providing telepsychology services, obtain the written, informed



consent of the service recipient(s), consistent with accepted professional and legal requirements concerning:

- Limitations and challenges of using information technology to provide telepsychology services;
- Potential for breaches in confidentiality of information while delivering telepsychology services;
- Risks of sudden and unpredictable disruption of telepsychology services and the alternative means by which communication may be re-established.

Telehealth providers will, upon initial and subsequent contact with the service recipient:

- Make reasonable efforts to verify the identity of the service recipient;
- Provide to the service recipient alternative means of contacting the telehealth provider should communications be disrupted during the provision of services.
- Discuss who, in addition to the provider and the service recipient, may have access to the content of telecommunications between the provider and service recipient;
- Inform the service recipient of when and how the provider will respond to electronic messages;
- Ensure that a written agreement has been executed with service recipient(s) concerning compensation, billing, and payment arrangements.

SOURCE: ID Admin Code 24.12.01 (601(03)). (Accessed Feb. 2024).

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## ONLINE PRESCRIBING

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*Last updated 02/13/2024*

A provider may provide virtual care to a patient if such provider has first established a provider-patient relationship with the patient, the patient has a provider-patient relationship with another provider in the provider group, the provider is covering calls for a provider with an established relationship with the patient, or the provider is performing any activities set forth in section 54-1733(2), Idaho Code. A provider-patient relationship may be established by use of virtual care technologies, provided that the applicable Idaho community standard of care is satisfied.

SOURCE: ID Code 54-5705. (Accessed Feb. 2024).

When delivering health care services via virtual care, including a prescription drug order or prescription medical device order, a provider shall obtain and document a patient's relevant clinical history and current symptoms to establish the diagnosis and identify underlying conditions and contraindications to the treatment recommended. A provider



delivering health care services via virtual care has a duty to practice in a manner consistent with the provider's scope of practice and shall be held to the applicable Idaho community standard of care that applies in an in-person setting. Treatment based solely on a static online questionnaire does not constitute an acceptable standard of care.

SOURCE: ID Code 54-5706. (Accessed Feb. 2024).

A provider with an established provider-patient relationship, including a relationship established pursuant to section 54-5705, Idaho Code, may issue prescription drug orders and prescription medical device orders via virtual care within the scope of the provider's license and according to any applicable state and federal laws, rules, and regulations, including the Idaho community standard of care. However, the prescription drug shall not be a controlled substance unless prescribed in compliance with 21 U.S.C. A prescription drug order and prescription medical device order must be issued for a legitimate medical purpose by a provider acting in a manner consistent with the provider's scope of practice.

Nothing in this chapter shall be construed to expand or restrict the prescriptive authority of any provider beyond what is authorized by the applicable licensing boards. SOURCE ID Code Section 54-5707 (Accessed Feb. 2024).

Prescribers must have prescriber-patient relationship, which includes a documented patient evaluation adequate to establish diagnoses and identify underlying conditions and/or contraindications to the treatment. A valid prescriber-patient relationship may be established through virtual care technologies, provided that the applicable Idaho community standard of care must be satisfied.

Prescriptions based solely on static online questionnaires does not constitute a legitimate medical purpose.

SOURCE: ID Code § 54-1733. (Accessed Feb. 2024).

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## CROSS-STATE LICENSING

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*Last updated 02/13/2024*

Prior to delivering health care services via virtual care, a provider must obtain a license from the applicable licensing board, except a license is not required for virtual care when a provider licensed and in good standing in another state or jurisdiction of the United States:

- Has established a patient-provider relationship with a person who is in Idaho temporarily for business, work, education, vacation, or other reasons and such person requires health care services from that provider;

- Has established a patient-provider relationship with a person and provides temporary or short-term follow-up health care services to such person to ensure continuity of care;
- Is employed by or contracted with an Idaho facility or hospital to provide care services for which the provider has been privileged and credentialed;
- Renders health care services in a time of disaster and provides follow-up health care services to ensure continuity of care;
- Provides health care services in preparation for a scheduled in-person care visit; or
- Consults with or refers a patient to an Idaho licensed provider.

By engaging in virtual care with a patient located in Idaho, a provider exempted from Idaho licensure under subsection (1) of this section consents to the applicable Idaho laws, rules, and regulations governing the provider's profession, including this chapter and the Idaho community standard of care, the jurisdiction of Idaho courts, the jurisdiction of the division of occupational and professional licenses, and the jurisdiction of the applicable licensing board regulating the provider's profession, including the division's and licensing board's complaint, investigation, and hearing process and ability to seek injunctions and impose civil penalties and fines.

SOURCE: ID Statutes 54-5713. (Accessed Feb. 2024).

For purposes of this section, any act that constitutes the delivery of health care services is deemed to occur at the place where the patient is located at the time the act is performed. Venue for a civil or administrative action initiated by the appropriate regulatory licensing authority or by a patient who receives virtual care services from an out-of-state provider may be located in the patient's county of residence, an applicable county in Idaho, or another venue as deemed proper by a court of competent jurisdiction.

SOURCE: ID Statute 54-5712(2). (Accessed Feb. 2024).

## **Mental and Behavioral Health**

For purposes of this section, a mental or behavioral health provider is a provider pursuant to section 54-5703(4), Idaho Code, who is licensed or registered in another state, district, or territory of the United States to practice mental or behavioral health care.

A mental or behavioral health provider who is not licensed in Idaho may provide telehealth services to an Idaho resident or person located in Idaho, notwithstanding any provision of law or rule to the contrary, pursuant to the requirements and limitations of this section.

In addition to the other requirements of this section, a mental or behavioral health provider who engages in interstate telehealth services pursuant to this section must:

- Hold current, valid, and unrestricted licensure from an applicable health care licensing authority in a state, district, or territory of the United States that has substantially similar requirements for licensure as the corresponding Idaho licensing authority;
- Not be subject to any past or pending disciplinary proceedings, excluding any action related to nonpayment of fees related to a license;
- Act in full compliance with all applicable laws, rules, and regulations, including this chapter and laws and rules of the applicable Idaho licensing authority regarding such mental or behavioral health care practice;
- Act in compliance with any existing Idaho requirements regarding the maintenance of liability insurance;
- Consent to Idaho jurisdiction; and
- Biennially register in Idaho to provide telehealth services.

The standard of care under this section shall be the Idaho community standard of care. A mental or behavioral health provider who fails to comply with applicable Idaho laws, rules, and regulations shall be subject to investigation and disciplinary action by an applicable Idaho licensing authority. Disciplinary action may include but is not limited to revoking the mental or behavioral health provider's Idaho practice privileges, referring the matter to licensing authorities in any states where the mental or behavioral health provider possesses licensure, and civil penalties.

Venue for a civil or administrative action initiated by a licensing authority or by a patient who receives telehealth services from an out-of-state mental or behavioral health provider shall be located in the patient's county of residence or in any applicable county in Idaho.

Nothing in this section shields a mental or behavioral health provider from personal jurisdiction in Idaho.

A licensing authority responsible for issuing licenses to provide mental or behavioral health care services in this state shall register interstate telehealth providers pursuant to this section.

A licensing authority shall require an applicant for an Idaho registration to complete an application in a form prescribed by the licensing authority that demonstrates to the licensing authority that the applicant is in compliance with the provisions of this section and that such applicant consents to the requirements of this section. The licensing

authority may establish an application registration fee not to exceed thirty-five (\$35.00) dollars.

If a licensing authority finds that grounds for discipline against a registered provider exist, such licensing authority:

- May impose upon the practice privileges of the registration holder any of the penalties that such licensing authority is authorized to impose;
- Shall promptly notify licensing authorities in any state where a provider possesses licensure of any action taken against the telehealth registration practice privileges of a licensee pursuant to this section; and
- May bring a civil or administrative action against such provider pursuant to subsection (6) of this section.

The registration provided for in this section is not equivalent to Idaho licensure for purposes of in-person services and shall not permit a registrant to provide any in-person services in Idaho. The registration cannot be used as a basis for reciprocal licensure or full licensure in Idaho.

SOURCE: ID Statute 54-5714. (Accessed Feb. 2024).

Where permitted by law, an applicant, in good standing with no restrictions upon or actions taken against their license to practice in a state, territory or district of the United States or Canada is eligible for licensure by endorsement to practice medicine in Idaho.

SOURCE: IDAPA – Division Of Occupational And Professional Licenses -24.33.03, p. 3 (Accessed Feb. 2024)

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## LICENSURE COMPACTS

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*Last updated 02/13/2024*

Member of the Interstate Medical Licensure Compact.

SOURCE: ID Code Sec. 54-1842. & IMLC. (Accessed Feb. 2024).

Member of Nurses Licensure Compact.

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

Member of EMS Compact.

SOURCE: Interstate Commission for EMS Personnel Practice, EMS Compact, (Accessed Feb. 2024).

Member of the Audiology and Speech-Language Pathology Interstate Compact.

SOURCE: Audiology and Speech-Language Pathology Interstate Compact. (Accessed Feb. 2024).

Member of the Psychology Interjurisdictional Compact.

SOURCE: PSYPACT Compact Map (Accessed Feb. 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 02/13/2024*

### ID Board of Dentistry

SOURCE: IDAPA 24.31.01 (Accessed Feb. 2024).

Any dentist who provides any telehealth services to patients located in Idaho must hold an active Idaho license.

SOURCE: IDAPA 24.31.01 as amended by Executive Order 2020-13, p. 163 (Accessed Feb. 2024)

### ID Board of Psychologist Examiners (Telepsychology)

SOURCE: IDAPA 24.12.01 (Accessed Feb 2024)

### Idaho State Board Of Medicine

SOURCE: IDAPA -24.33.03, (Accessed Feb. 2024)

### Idaho Board of Physical Therapy

SOURCE: IDAPA 24.13.01. (Accessed Feb. 2024).

### Idaho Speech, Hearing and Communication Services Licensure Board

SOURCE: IDAPA 24.23.01 (Accessed Feb. 2024).

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## MISCELLANEOUS

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*Last updated 02/13/2024*

When delivering health care services via virtual care, including a prescription drug order or prescription medical device order, a provider shall obtain and document a patient's relevant clinical history and current symptoms to establish the diagnosis and identify underlying conditions and contraindications to the treatment recommended. A provider delivering health care services via virtual care has a duty to practice in a manner consistent with the provider's scope of practice and shall be held to the applicable Idaho

community standard of care that applies in an in-person setting. Treatment based solely on a static online questionnaire does not constitute an acceptable standard of care.

SOURCE: ID Code 54-5706. (Accessed Feb. 2024).

A provider delivering health care services via virtual care or a provider who is a member of the same provider group as the provider delivering health care services via virtual care shall be available for follow-up care or to provide information to patients who make use of such services. Patients receiving care virtually shall be provided a method to contact the provider of record.

SOURCE: ID Code 54-5709. (Accessed Feb. 2024).

A provider delivering health care services via virtual care must document in the patient's medical record the health care services rendered via virtual care according to the same standard used for equivalent in-person services. All virtual care medical records must be maintained in compliance with any applicable state and federal laws, rules, and regulations, including the health insurance portability and accountability act (HIPAA), P.L. 104-191 (1996), and the health information technology for economic and clinical health act (HITECH), P.L. 111-115 (2009). Such records shall be accessible to other providers, if the patient has given permission, and to the patient in accordance with applicable laws, rules, and regulations.

SOURCE: ID Code 54-5711. (Accessed Feb. 2024).

For purposes of this section, any act that constitutes the delivery of health care services is deemed to occur at the place where the patient is located at the time the act is performed. Venue for a civil or administrative action initiated by the appropriate regulatory licensing authority or by a patient who receives virtual care services from an out-of-state provider may be located in the patient's county of residence, an applicable county in Idaho, or another venue as deemed proper by a court of competent jurisdiction.

SOURCE: ID Code 54-5712(2). (Accessed Feb. 2024).

## Physical Therapists

**General Supervision** – A physical therapist's availability at least by means of telecommunications, which does not require a physical therapist to be on the premises where physical therapy is being provided, for the direction of a physical therapist assistant.



**Supervising Physical Therapist** – A licensed physical therapist who developed and recorded the initial plan of care and/or who has maintained regular treatment sessions with a patient. Such physical therapist's designation of another licensed physical therapist if the physical therapist who developed and recorded the initial plan of care or maintained regular treatment sessions is not available to provide direction at least by means of telecommunications.

SOURCE: ID Admin Code IDAPA 24.13.01(010)(08) & (11). (Accessed Feb. 2024).

## Respiratory Therapists

The supervising respiratory care practitioner or licensed physician need not be physically present or on the premises at all times but must be available for telephonic consultation. The extent of communication between the supervising or consulting respiratory care practitioner or licensed physician and the person being supervised shall be determined by the competency of the person, the treatment setting, and the diagnostic category of the client.

SOURCE: ID Admin Code IDAPA 24.33.06.034. (Accessed Feb. 2024).

## Dietitian

The supervising monitor need not be physically present or on the premises at all times but must be available for telephonic consultation. The extent of communication between the monitor and the provisionally licensed dietitian will be determined by the competency of the individual, the treatment setting, and the diagnostic category of the patients.

SOURCE: ID Admin Code IDAPA 24.33.07.02. (Accessed Feb. 2024).

# Federally Qualified Health Center (FQHC)

## DEFINITION OF VISIT

*Last updated 02/13/2024*

Encounters fall into one of two categories depending on the provider. Indian Health Service Clinics (IHS) and Federally Qualified Health Centers (FQHC) provide either dental or medical/mental health encounters. An encounter is defined as a face-to-face contact for the provision of one of these types of services between a participant and one of the following:



- A physician;
- A physician assistant;
- A nurse practitioner;
- A podiatrist;
- A chiropractor;
- A clinical social worker;
- A clinical psychologist;
- An other specialized nurse practitioner; or
- A visiting nurse.

SOURCE: ID Medicaid Provider Handbook: IHS, FQHC, and RHC Services (Nov 18, 2022)., p. 15. (Accessed Feb. 2024).

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## MODALITIES ALLOWED

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*Last updated 02/13/2024*

### Live Video

Telehealth services provided as an encounter by a facility are reimbursable if the services are delivered in accordance with the Idaho Medicaid Telehealth Policy and applicable handbooks.

SOURCE: ID Medicaid Provider Handbook: IHS, FQHC, and RHC Services (Nov. 18, 2022)., p. 30. (Accessed Feb. 2024).

Only one eligible provider may be reimbursed per service per participant per date of service. No reimbursement is available for the use of equipment at the originating or remote sites. Reimbursement is also not available for services that are interrupted and/or terminated early due to equipment difficulties. Claims for services delivered via virtual care will be reimbursed at the same rate as face-to-face services.

Idaho Medicaid will now accept places of service 02 (Telehealth provided other than in patient's home) and 10 (Telehealth provided in patient's home). Providers should use these places of service on claims for virtual care going forward. Claims for virtual care must include one of the following modifiers:

- FQ – A telehealth service was furnished using real-time audio-only communication technology.

- GT – A telehealth service was furnished using real-time audio-visual communication technology.

Additionally, providers can also use the following modifier in conjunction with one of the above:

- FR – A supervising practitioner was present through a real-time two-way, audio/video communication technology.

FQHC, RHC or IHS providers should not report the GT or FQ modifier with encounter code T1015 but should include it with each applicable supporting codes.

SOURCE: ID Medicaid Provider Handbook: General Information and Requirements for Providers (Jan. 30, 2024), p. 134. MediAide May 2023. (Accessed Feb. 2024).

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## Store and Forward

Idaho Medicaid does not reimburse for Store and Forward. See ID Medicaid Store and Forward. No specific mention of FQHCs.

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## Remote Patient Monitoring

Idaho Medicaid reimburses for RPM. See ID Medicaid RPM. No specific mention of FQHCs.

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## Audio-Only

Idaho Medicaid will now accept places of service 02 (Telehealth provided other than in patient's home) and 10 (Telehealth provided in patient's home). Providers should use these places of service on claims from virtual care going forward. Claims for virtual care must include one of the following modifiers:

- FQ – A telehealth service was furnished using real-time audio-only communication technology.
- GT – A telehealth service was furnished using real-time audio-visual communication technology.

Additionally, providers can also use the following modifier in conjunction with one of the above:

- FR – A supervising practitioner was present through a real-time two-way, audio/video communication technology.

FQHC, RHC or IHS providers should not report the GT or FQ modifier with encounter code T1015 but should include it with each applicable supporting codes.

SOURCE: ID Medicaid Provider Handbook: General Information and Requirements for Providers (Jan. 30, 2024), p. 134. MedicAide May 2023. (Accessed Feb. 2024).

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## **SAME DAY ENCOUNTERS**

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*Last updated 02/13/2024*

All contact with providers for the same type of encounter counts as a single encounter. An encounter with more than one health professional, or multiple contacts with the same professional, in the same day, and all incidental services constitutes a single encounter. If a participant has a visit with a healthcare professional that qualifies as an encounter, any group education or activities provided on the same day are included in the encounter. Missed appointments, visits to pick up medication, or incidental services on the day of the encounter are not considered a separate encounter. Encounters are limited to three per day for FQHCs. An exception is allowed for an additional encounter of the same type when a participant, subsequent to the first encounter, suffers an illness or injury that requires additional diagnosis and treatment and is supported by documentation. Qualifying additional encounters should be billed with Modifier 59.

SOURCE: ID Medicaid Provider Handbook: IHS, FQHC, and RHC Services (Nov. 18, 2022), p. 16. (Accessed Feb. 2024).

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## **ELIGIBLE ORIGINATING SITE**

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*Last updated 02/13/2024*

No reference found.

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## **ELIGIBLE DISTANT SITE**

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*Last updated 02/13/2024*

Medicaid policy is not subject to Medicare restrictions for virtual care unless the participant has Medicare primary. Otherwise, all Medicaid providers, including federally qualified health centers (FQHC's), rural health centers (RHC's), and Indian health clinics (IHC's) may bill for virtual care services according to these guidelines.

FQHC, RHC or IHS providers should not report the GT or FQ modifier with encounter code T1015 but should include it with each applicable supporting codes.

SOURCE: ID Medicaid Provider Handbook: General Information and Requirements for Providers (Jan. 30, 2024), p. 133-134. ID MedicAide May 2023. (Accessed Feb. 2024).

Telehealth services provided as an encounter by a facility are reimbursable if the services are delivered in accordance with the Idaho Medicaid Telehealth Policy and applicable handbooks. See the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook for more information about eligible services and billing requirements.

SOURCE: ID Medicaid Provider Handbook, IHS, FQHC, and RHC Services, p. 31 (Nov. 18, 2022). (Accessed Feb. 2024).

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## FACILITY FEE

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*Last updated 02/13/2024*

No reference found.

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## PPS RATE

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*Last updated 02/13/2024*

The services of Indian Health Services (IHS), Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) are a covered benefit under Idaho Medicaid. Covered services are indicated on the Idaho Medicaid Numerical Fee Schedule with a reimbursement amount. Amounts of \$0.00 are covered and require manual pricing per the General Billing Instructions, Idaho Medicaid Provider Handbook. Services must meet the criteria for the procedure found in the Physician and Non-Physician Practitioner and Hospital, Idaho Medicaid Provider Handbooks. Certain procedures must be prior authorized to be covered. See the Prior Authorizations section for more information. Services that qualify as described in the Encounters section shall be billed at the encounter rate.

SOURCE: ID Medicaid Provider Handbook: IHS, FQHC, and RHC Services (Nov. 18 2022), p. 15. (Accessed Feb. 2024).

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## HOME ELIGIBLE

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*Last updated 02/13/2024*

No reference found.

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# PATIENT-PROVIDER RELATIONSHIP

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*Last updated 02/13/2024*

No reference found.