

Montana



At A Glance

MEDICAID REIMBURSEMENT

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

PRIVATE PAYER LAW

- Law Exists: Yes
- Payment Parity: No

PROFESSIONAL REQUIREMENTS

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

STATE RESOURCES

1. Medicaid Program: Montana Healthcare Program
2. Administrator: Montana Dept. of Public Health and Human Services
3. Regional Telehealth Resource Center: Northwest Regional Telehealth Resource Center

Private Payer

DEFINITIONS

Last updated 02/13/2024

“Telehealth” means the use of audio, video, or other telecommunications technology or media, including audio-only communication, that is:

- Used by a health care provider or health care facility to deliver health care services; and
- delivered over a secure connection that complies with state and federal privacy laws.

The term does not include delivery of health care services by means of facsimile machines or electronic messaging alone. The use of facsimile and electronic message is not precluded if used in conjunction with other audio, video, or telecommunications technology or media.

For physicians providing written certification of a debilitating medical condition pursuant to 50-46-310, the term does not include audio-only communication unless the physician has previously established a physician-patient relationship through an in-person encounter.”

SOURCE: MT Code Annotated Sec. 33-22-138(6)(d), (Accessed Feb. 2024).

REQUIREMENTS

Last updated 02/13/2024

Each group or individual policy, certificate of disability insurance, subscriber contract, membership contract, or health care services agreement that provides coverage for health care services must provide coverage for health care services provided by a health care provider or health care facility by means of telemedicine [term changes to ‘telehealth’ Jan. 1, 2022] if services are otherwise covered by the policy, certificate, contract, or agreement.

Coverage under this section must be equivalent to the coverage for services that are provided in person by a health care provider or health care facility.

Eligible providers under the parity law include:

- Physicians
- Physician Assistants

- Podiatrists
- Pharmacists
- Optometrists
- Physical Therapists
- Occupational Therapists
- Speech-language Pathologists and Audiologists
- Psychologists
- Social Workers
- Licensed Professional Counselors
- Nutritionists
- Addiction Counselors
- Registered professional nurse
- Naturopathic physician (Effective Jan. 1, 2022)
- Advanced practice registered nurse
- Genetic counselor certified by the American board of genetic counseling
- Diabetes educator certified by the national certification board for diabetes
- Dentists & Dental Hygienists

Eligible facilities under this law include:

- Critical access hospital
- Hospice
- Hospital
- Long-term care facility
- Mental health center
- Outpatient center for primary care
- Outpatient center for surgical services

Each group or individual policy, certificate of disability insurance, subscriber contract, membership contract, or health care services agreement that provides coverage for health care services must provide coverage for health care services provided by a health

care provider or health care facility by means of telehealth if the services are otherwise covered by the policy, certificate, contract, or agreement.

A policy, certificate, contract, or agreement may not:

- impose restrictions involving:
 - the site at which the patient is physically located and receiving health care services by means of telehealth; or
 - the site at which the health care provider is physically located and providing the services by means of telehealth; or
- distinguish between telehealth services provided to patients in rural locations and telehealth services provided to patients in urban locations.

Coverage under this section must be equivalent to the coverage for services that are provided in person by a health care provider or health care facility.

Nothing in this section may be construed to require:

- a health insurance issuer to provide coverage for services that are not medically necessary, subject to the terms and conditions of the insured's policy;
- coverage of an otherwise noncovered benefit;
- a health care provider to be physically present with a patient at the site where the patient is located unless the health care provider who is providing health care services by means of telehealth determines that the presence of a health care provider is necessary; or
- except as provided in 16-12-509 or as provided in Title 37 and related administrative rules, a patient to have a previously established patient-provider relationship with a specific health care provider in order to receive health care services by means of telehealth.

Coverage under this section may be subject to deductibles, coinsurance, and copayment provisions. Special deductible, coinsurance, copayment, or other limitations that are not generally applicable to other medical services covered under the plan may not be imposed on the coverage for services provided by means of telehealth.

This section does not apply to disability income, hospital indemnity, medicare supplement, specified disease, or long-term care policies.

The commissioner may adopt rules necessary to implement the provisions of this section.

SOURCE: MT Code Sec. 33-22-138, (Accessed Feb. 2024).

PARITY

Last updated 02/13/2024

SERVICE PARITY

Private payers are required to provide coverage for services delivered through telehealth if the services are otherwise covered by the policy, certificate, contract, or agreement.

Coverage must be equivalent to the coverage for services that are provided in-person by a health care provider or health care facility.

SOURCE: MT Code Sec. 33-22-138, (Accessed Feb. 2024).

PAYMENT PARITY

No explicit payment parity.

Medicaid

OVERVIEW

Last updated 02/13/2024

Montana Medicaid reimburses for live video under some circumstances. With the end of COVID, MT Medicaid has specified that there are no requirements for technology used to deliver services via telemedicine/telehealth and can be provided using secure portal messaging, secure instant messaging, telephone conversations, and audio-visual conversations. However, still no mention of remote patient monitoring in their telehealth policy.

Telehealth services must be reimbursed at the same rate of payment as services delivered in person.

DEFINITIONS

Last updated 02/13/2024

“Telehealth” means the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, and information across distance, including but not limited to the use of secure portal

messaging, secure instant messaging, audiovisual communications, and audio-only communications.

The term includes both clinical and nonclinical services.”

SOURCE: MT Code Annotated Sec. 53-6-155, (Accessed Feb. 2024).

Telemedicine is the use of interactive audio-video equipment to link practitioners and patients located at different sites.

SOURCE: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Feb. 2020). (Accessed Feb. 2024).

Healthy Montana Kids

Telehealth – The Use of a secure interactive audio and video, or other telecommunications technology by a healthcare Provider to deliver healthcare services at a site other than the site where the patient is located. Does not include audio only (phone call), e-mail, and/or facsimile transmission.

SOURCE: MT Children’s health Insurance Plan, Healthy Montana Kids (HMK). Evidence of Coverage (Jan. 2023), p. 10. (Accessed Feb. 2024).

LIVE VIDEO

Last updated 02/13/2024

POLICY

Providers enrolled in the Medicaid program may provide medically necessary services by means of telehealth if the service:

- is clinically appropriate for delivery by telehealth as specified by the department by rule or policy;
- comports with the guidelines of the applicable Medicaid provider manual; and
- is not specifically required in the applicable provider manual to be provided in a face-to-face manner

Telehealth services must be provided at same rate as services delivered in person.

Department directed to adopt rules for the provision of telehealth (see statute for further details).

SOURCE: MCA 53-6-122 (Accessed Feb. 2024).

MT Medicaid reimburses for medically necessary telemedicine services to eligible members. Providers must be enrolled as Montana Healthcare Programs providers and be licensed in the state of Montana.

Telemedicine should not be selected when face-to-face services are medically necessary. Members should establish relationships with primary care providers who are available on a face-to-face basis.

The originating and distant providers may not be within the same facility or community. The same provider may not be the “pay to” for both the originating and distance provider.

SOURCE: MT Dept. of Public Health and Human Svcs, Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Feb. 2020). (Accessed Feb. 2024).

ELIGIBLE SERVICES/SPECIALTIES

All Montana Medicaid covered services delivered via telemedicine/telehealth are reimbursable if the services:

- Are medically necessary and clinically appropriate for delivery via telemedicine/telehealth;
- Follow the guidelines set forth in the applicable Montana Healthcare Programs provider manual; and
- Are not a service specifically required to be face-to-face as defined in the applicable Montana Healthcare Programs provider manual.

There are no specific requirements for technologies used to deliver services via telemedicine/telehealth and can be provided using secure portal messaging, secure instant messaging, telephone conversations, and audio-visual conversations.

Rates of payment for services delivered via telemedicine/telehealth will be the same as rates of payment for services delivered via traditional (e.g., in-person) methods set forth in the applicable regulations. Please refer to the fee schedules posted on the Provider Information website for current rates.

SOURCE: MT Medicaid, All Provider Notice, Coverage and Reimbursement for Telemedicine/Telehealth Services, Mar. 21, 2023, (Accessed Feb. 2024).

Applied Behavior Analysis Services

Telehealth delivery for ABA services, with approved Telehealth Exception Request form. Face-to-face service delivery is preferred. Telehealth may be substituted if clinically appropriate. Complete the Telehealth Exception Request Form available on the Applied Behavior Analysis Services page of the Provider Information website. You must read and accept the end user agreement at the link. Telehealth exception requests must be approved prior to the delivery of services via telehealth.

SOURCE: MT Medicaid, All Provider Notice, Comprehensive Waiver, Applied Behavior Analysis, and Targeted Case Management, Mar. 12, 2023, & Resumption of Face-to-Face Requirements for Selected Programs, Apr. 10, 2023, (Accessed Feb. 2024).

MT Developmental Disabilities Program and Targeted Case Management Providers: Comprehensive Waiver, Applied Behavior Analysis, and Targeted Case Management Updates

Telehealth delivery for some waiver services when clinically appropriate. Please see the applicable Montana Developmental Disabilities Program Service Manual for information on services that require face-to face-delivery and do not allow for telehealth.

SOURCE: MT Medicaid, All Provider Notice, Comprehensive Waiver, Applied Behavior Analysis, and Targeted Case Management, Mar. 12, 2023, (Accessed Feb. 2024).

Developmental Disabilities Program (DDP)

- 0208 Waiver Services
 - Face-to-face service delivery is preferred. Telehealth may be substituted for some services when clinically appropriate. Please see the applicable Montana Developmental Disabilities Program Service Manual for information on services that require face-to-face delivery and do not allow for telehealth.
- Targeted Case Management Developmental Disabilities
 - Returning to a minimum of 3 face-to-face contacts per year.
- Applied Behavior Analysis Services
 - Face-to-face service delivery is preferred. Telehealth may be substituted if clinically appropriate. Complete the Telehealth Exception Request Form available on the Applied Behavior Analysis Services page of the Provider Information website. You must read and accept the end user agreement at the link. Telehealth exception requests must be approved prior to the delivery of services via telehealth.

SOURCE: MT Medicaid, All Provider Notice, Resumption of Face-to-Face Requirements for Selected Programs, Apr. 10, 2023, (Accessed Feb. 2024).

Permanent updates to face-to-face services are ‘proposed’ effective May 12, 2023 for Treatment Bureau, Children’s Mental Health Bureau, Health Resources Division, and Senior and Long-Term Care Division. See notice for details.

SOURCE: MT Medicaid, All Provider Notice, Resumption of Face-to-Face Requirements for Selected Programs, Apr. 10, 2023, (Accessed Feb. 2024).

Healthy Montana Kids

Outpatient medical and behavioral health services (non-surgical) include services provided via telehealth.

SOURCE: MT Children’s Health Insurance Plan, Healthy Montana Kids (HMK). Evidence of Coverage (Jan. 2023), p. 23 & 28-29. (Accessed Feb. 2024).

Physical, Occupational and Speech Therapy

Telehealth services are available for Physical, Occupational and Speech Therapy when ordered by a physician or mid-level practitioner. All Montana Medicaid covered services delivered via telemedicine/telehealth are reimbursable so long as such services are medically necessary and clinically appropriate for delivery via telemedicine/telehealth.

SOURCE: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, Therapies Manual, Covered Services (Mar. 2020). (Accessed Feb. 2024).

School-Based Services

Telehealth services are allowed for Physical Therapy, Occupational Therapy and Speech Therapy. All Montana Medicaid covered services delivered via telemedicine/telehealth are reimbursable so long as such services are medically necessary and clinically appropriate for delivery via telemedicine/telehealth.

SOURCE: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, School-Based Services Manual, Covered Services (4/14/22). (Accessed Feb. 2024).

The availability of services through telemedicine in no way alters the scope of practice of any health care provider; or authorizes the delivery of health care services in a setting or manner not otherwise authorized by law.

SOURCE: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, Physician Related Svcs., Telemedicine (Feb. 2020). (Accessed Feb. 2024).

Durable Medical Equipment

Face-to-face assessments of the patient by the prescriber can be performed using telemedicine.

SOURCE: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, Durable Medical Equipment, Prosthetics, Orthotics, and Medical Supplies (DMEPOS) Manual, Covered Services (12/1/23). (Accessed Feb. 2024).

Diabetes Prevention Program (DPP) Information

Telehealth cohorts must provide live interaction, via technology, with the lifestyle coach following the same protocol as in-person cohorts.

SOURCE: MT Dept. of Public Health and Human Svcs. Diabetes Prevention Program (DPP) Information, MT Healthcare Programs Notice, May 8, 2023, (Accessed Feb. 2024).

ELIGIBLE PROVIDERS

Providers must be enrolled as Montana Healthcare Programs providers and be licensed in the State of Montana in order to:

- Treat a Montana Healthcare Programs member; and
- Submit claims for payment to Montana Healthcare Programs

SOURCE: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Feb. 2020). (Accessed Feb. 2024).

Distance Provider – The enrolled provider delivering a medically necessary and clinically appropriate service from the distance site.

Distant Site – A site where the enrolled provider providing the service is located at the time the service is provided. While all applicable licensure and programmatic requirements apply to the delivery of the service, there are no additional geographic or facility restrictions on distant sites for services delivered via telehealth.

Enrolled Provider – A practitioner enrolled in the Montana Healthcare Programs.

SOURCE: MT Medicaid, All Provider Notice, Coverage and Reimbursement for Telemedicine/Telehealth Services, Mar. 21, 2023, (Accessed Feb. 2024).

ELIGIBLE SITES

Telemedicine can be provided in a member's residence; the distance provider is responsible for the confidentiality requirements. See "Originating Provider Requirements" section for list of eligible originating sites for facility fee.

SOURCE: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Feb. 2020). (Accessed Feb. 2024).

Enrolled Originating Site Provider – An enrolled provider who is operating a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. 1320d, et seq., and assisting an enrollee with the technology necessary for a telehealth visit. An originating site provider is not required to participate in the delivery of the healthcare service. An enrollee's residence is not reimbursable as an enrolled originating site provider.

Originating Site – A site where a patient is located at the time healthcare services are provided via a telecommunications system or where an asynchronous store-and-forward service originates.

SOURCE: MT Medicaid, All Provider Notice, Coverage and Reimbursement for Telemedicine/Telehealth Services, Mar. 21, 2023, (Accessed Feb. 2024).

When performing a telemedicine consult, use the appropriate CPT E/M consult code. The place of service is the location of the provider providing the telemedicine service.

SOURCE: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, Physician Related Svcs., Billing Procedures (3/5/21). (Accessed Feb. 2024).

Member's residences do not qualify for originating provider reimbursement.

SOURCE: MCA 53-6-122 & MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Feb. 2020). (Accessed Feb. 2024).

“Originating site provider” means an enrolled provider who is operating a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. 1320d, et seq., and assisting an enrollee with the technology necessary for a telehealth visit.

An originating site provider is not required to participate in the delivery of the health care service.

SOURCE: MCA 53-6-155, (Accessed Feb. 2024).

GEOGRAPHIC LIMITS

Distant Site – A site where the enrolled provider providing the service is located at the time the service is provided. While all applicable licensure and programmatic

requirements apply to the delivery of the service, there are no additional geographic or facility restrictions on distant sites for services delivered via telehealth.

SOURCE: MT Medicaid, All Provider Notice, Coverage and Reimbursement for Telemedicine/Telehealth Services, Mar. 21, 2023, (Accessed Feb. 2024).

The originating and distant providers may not be within the same facility or community. The same provider may not be the pay to for both the originating and distance provider.

SOURCE: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Feb. 2020). (Accessed Feb. 2024).

FACILITY/TRANSMISSION FEE

The department will reimburse for all Montana Medicaid covered services delivered via telemedicine/telehealth originating site fees as long as such services are medically necessary and clinically appropriate for delivery via telemedicine/telehealth, comply with the guidelines set forth in the applicable Montana Medicaid provider manual, and are not a service specifically required to be face-to-face.

SOURCE: Administrative Rules of Montana, Sec. 37.40.330, (Accessed Feb. 2024).

The following provider types can bill the originating site fee:

- Outpatient hospital
- Critical access hospital*
- Federally qualified health center*
- Rural health center*
- Indian health service*
- Physician
- Psychiatrist
- Mid-levels
- Dieticians
- Psychologists
- Licensed clinical social worker
- Licensed professional counselor

- Mental health center
- Chemical dependency clinic
- Group/clinic
- Public health clinic
- Family planning clinic

*Reimbursement for Q3014 is a set fee and is paid outside of both the cost to charge ratio and the all-inclusive rate.

Originating site providers must include a specific diagnosis code to indicate why a member is being seen by a distance provider and this code must be requested from the distance site prior to billing for the telemedicine appointment.

The originating site provider may also, as appropriate, bill for clinical services provided on-site the same day that a telemedicine originating site service is provided. The originating site may not bill for assisting the distant site provider with an examination, including for any services that would be normally included in a face-to-face visit.

FQHCs and RHCs can bill a telehealth originating site procedure code Q3014 if applicable.

SOURCE: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Feb. 2020). (Accessed Feb. 2024).

No reimbursement for infrastructure or network use charges.

SOURCE: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, Physician Related Svcs., Billing Procedures (March 2021). (Accessed Feb. 2024).

STORE-AND-FORWARD

Last updated 02/13/2024

POLICY

Telehealth services may be provided using secure portal messaging, secure instant messaging, telephone communication, or audiovisual communication.

SOURCE: Montana Code Annotated 53-6-122 (Accessed Feb. 2024).

All Montana Medicaid covered services delivered via telemedicine/telehealth are reimbursable if the services:

- Are medically necessary and clinically appropriate for delivery via telemedicine/telehealth;

- Follow the guidelines set forth in the applicable Montana Healthcare Programs provider manual; and
- Are not a service specifically required to be face-to-face as defined in the applicable Montana Healthcare Programs provider manual.

There are no specific requirements for technologies used to deliver services via telemedicine/telehealth and can be provided using secure portal messaging, secure instant messaging, telephone conversations, and audio-visual conversations.

Rates of payment for services delivered via telemedicine/telehealth will be the same as rates of payment for services delivered via traditional (e.g., in-person) methods set forth in the applicable regulations. Please refer to the fee schedules posted on the Provider Information website for current rates.

SOURCE: MT Medicaid, All Provider Notice, Coverage and Reimbursement for Telemedicine/Telehealth Services, Mar. 21, 2023, (Accessed Feb. 2024).

Despite the above more recent guidance, the General Information for Providers Telemedicine Manual still seems to restrict store-and-forward coverage based upon how it defines telehealth.

Distant site – Distance providers should submit claims for telehealth services using the appropriate CPT or HCPCS code for the professional service along with the GT modifier (interactive communication). Effective January 1, 2017, providers must also use the telehealth place of service of 02 for claims submitted on a CMS-1500 claim. By coding with the GT modifier and the 02 place of service, the provider is certifying that the service was a face-to-face visit provided via interactive audio-video telemedicine.

SOURCE: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Feb. 2020). (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

No Reference Found

CONDITIONS

No Reference Found

PROVIDER LIMITATIONS

No Reference Found

OTHER RESTRICTIONS

No Reference Found

EMAIL, PHONE & FAX

Last updated 02/13/2024

All Montana Medicaid covered services delivered via telemedicine/telehealth are reimbursable if the services:

- Are medically necessary and clinically appropriate for delivery via telemedicine/telehealth;
- Follow the guidelines set forth in the applicable Montana Healthcare Programs provider manual; and
- Are not a service specifically required to be face-to-face as defined in the applicable Montana Healthcare Programs provider manual.

There are no specific requirements for technologies used to deliver services via telemedicine/telehealth and can be provided using secure portal messaging, secure instant messaging, telephone conversations, and audio-visual conversations.

Rates of payment for services delivered via telemedicine/telehealth will be the same as rates of payment for services delivered via traditional (e.g., in-person) methods set forth in the applicable regulations. Please refer to the fee schedules posted on the Provider Information website for current rates.

SOURCE: MT Medicaid, All Provider Notice, Coverage and Reimbursement for Telemedicine/Telehealth Services, Mar. 21, 2023, (Accessed Feb. 2024).

Despite the above more recent guidance, the General Information for Providers Telemedicine Manual still seems to restrict audio-only coverage.

Telemedicine reimbursement does not include:

- Consultation by telephone
- Facsimile machine transmissions
- Crisis hotlines

SOURCE: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Feb. 2020). (Accessed Feb. 2024).

Telehealth services may be provided using secure portal messaging, secure instant messaging, telephone communication, or audiovisual communication.

SOURCE: Montana Code Annotated 53-6-122 (Accessed Feb. 2024)

CONSENT REQUIREMENTS

Last updated 02/13/2024

Telemedicine/Telehealth Requirements

- To the extent possible, providers must ensure members have the same rights to confidentiality and security as provided during traditional office visits.
- Providers must follow consent and patient information protocol consistent with those followed during in-person visits.
- Telemedicine/telehealth does not alter the scope of practice of any healthcare provider; or authorize the delivery of healthcare services in a setting or manner not otherwise authorized by law.
- Record keeping must comply with Administrative Rules of Montana (ARM) 37.85.414.

- Enrolled providers delivering services via telemedicine/telehealth must submit claims using the appropriate CPT or HCPCS code, place of service, and modifier for the services rendered.

SOURCE: MT Medicaid, All Provider Notice, Coverage and Reimbursement for Telemedicine/Telehealth Services, Mar. 21, 2023, (Accessed Feb. 2024).

A provider shall follow consent and patient information protocols consistent with the protocols followed for in-person visits.

SOURCE: Montana Code Annotated 53-6-122 (Accessed Feb. 2024).

OUT OF STATE PROVIDERS

Last updated 02/13/2024

Any out of state distance providers must be licensed in the State of Montana and enrolled in Montana Healthcare Programs in order to provide telemedicine services to Montana Healthcare Programs members. Providers must contact the Montana Department of Labor and Industry to find out details on licensing requirements for their applicable professional licensure.

SOURCE: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Feb. 2020). (Accessed Feb. 2024).

MISCELLANEOUS

Last updated 02/13/2024

Telemedicine/Telehealth Requirements

- To the extent possible, providers must ensure members have the same rights to confidentiality and security as provided during traditional office visits.
- Providers must follow consent and patient information protocol consistent with those followed during in-person visits.
- Telemedicine/telehealth does not alter the scope of practice of any healthcare provider; or authorize the delivery of healthcare services in a setting or manner not otherwise authorized by law.
- Record keeping must comply with Administrative Rules of Montana (ARM) 37.85.414.
- Enrolled providers delivering services via telemedicine/telehealth must submit claims using the appropriate CPT or HCPCS code, place of service, and modifier for the services rendered.

SOURCE: MT Medicaid, All Provider Notice, Coverage and Reimbursement for Telemedicine/Telehealth Services, Mar. 21, 2023, (Accessed Feb. 2024).

Providers must also use the telehealth place of service of 02 for claims submitted on a CMS-1500 claim. By coding with the GT modifier and the 02 place of service, the provider is certifying that the service was a face-to-face visit provided via interactive audio-video telemedicine.

If a rendering provider's number is required on the claim for a face-to-face visit, it is required on a telemedicine claim.

Confidentially requirements apply (see manual).

SOURCE: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Feb. 2020). (Accessed Feb. 2024).

A provider shall:

- ensure an enrollee receiving telehealth services has the same rights to confidentiality and security as provided for traditional office visits;
- follow consent and patient information protocols consistent with the protocols followed for in person visits; and
- comply with recordkeeping requirements established by the department by rule.

Telehealth services may be provided using secure portal messaging, secure instant messaging, telephone communication, or audiovisual communication.

The department shall adopt rules for the provision of telehealth services, including but not limited to:

- billing procedures for enrolled providers;
- the services considered clinically appropriate for telehealth purposes;
- recordkeeping requirements for providers, including originating site providers; and
- other requirements for originating site providers, including allowable provider types, reimbursement rates, and requirements for the secure technology to be used at originating sites.

SOURCE: Montana Code Annotated 53-6-122 (Accessed Feb. 2024).

Telehealth is allowed for therapy in a youth facility under certain circumstances.

SOURCE: Montana Administrative Rules Sec. 37.97.906, (Accessed Feb. 2024).

Abortion

Supporting documentation for abortions must include a physical examination, including vital signs, heart, lungs, abdomen, extremities, and estimate of gestational

age (if imaging is not available).

A lawsuit has been filed challenging the rule amendments adopted under Montana Administrative Register (MAR) Notice No. 37-1024, and seeking preliminary and permanent injunction against the rule amendments. A temporary restraining order has been entered, enjoining enforcement of the rule changes pending hearing on the request for a preliminary injunction. Accordingly, Montana Medicaid has postponed implementation of the rule amendments adopted under MAR 37-1024 until further notice. See: Medicaid Coverage of Abortion Services Notice.

SOURCE: MT Administrative Rules Sec. 37.86.104, (Accessed Feb. 2024).

Professional Requirements

DEFINITIONS

Last updated 02/13/2024

Telemedicine means the practice of medicine using interactive electronic communications, information technology, audio-only conversations, or other means between a licensee in one location and a patient in another location with or without an intervening health care provider. Telemedicine includes the application of secure videoconferencing or store-and-forward technology.

The term does not mean an e-mail or instant messaging conversation or a message sent by facsimile transmission.

For physicians providing written certification of a debilitating medical condition pursuant to 50-46-310, the term does not include audio-only communication unless the physician has previously established a physician-patient relationship through an in-person encounter.

SOURCE: MT Code Sec. 37-3-102, (Accessed Feb. 2024).

“Telehealth” means the use of audio, video, or other telecommunications technology or media, including audio-only communication, that is:

- used by a health care provider or health care facility to deliver health care services; and
- delivered over a secure connection that complies with the requirements of state and federal privacy laws.

The term does not include delivery of health care services by means of facsimile machines or electronic messaging alone. The use of facsimile machines and electronic messaging is not precluded if used in conjunction with other audio, video, or telecommunications technology or media.

For physicians providing written certification of a debilitating medical condition pursuant to 16-12-509, the term does not include the use of audio-only communication unless the physician has previously established a physician-patient relationship through an in-person encounter.

SOURCE: Montana Code Annotated 37-2-305, (Accessed Feb. 2024).

“Practice pharmacy by means of telehealth” means to provide pharmaceutical care through the use of information technology to patients at a distance.

SOURCE: Montana Code Annotated 37-7-101 (Accessed Feb. 2024).

CONSENT REQUIREMENTS

Last updated 02/13/2024

Family Law – Parent and Child Rights

If the parental consent is given through telemedicine, the health professional shall verify the identity of the parent at the site where the consent is given.

SOURCE: MT Statute 46-6-702, (Accessed Feb. 2024).

ONLINE PRESCRIBING

Last updated 02/13/2024

The licensee using telemedicine in the treatment and care of patients in Montana shall adhere to the same standards of care required for in-person medical care settings.

A physician-patient relationship may be established for purposes of telemedicine:

- by an in-person medical interview and physical examination when the standard of care requires an in-person encounter;
- by consultation with another licensee or health care provider who has a documented relationship with the patient and who agrees to participate in, or supervise, the patient’s care; or
- through telemedicine if the standard of care does not require an in-person encounter.

The licensee using telemedicine in patient care may prescribe Schedule II drugs to a patient only after first establishing a physician-patient relationship through an in-person encounter which includes a medical interview and physician examination.

The licensee using telemedicine in patient care shall:

- make available to the patient verification of the licensee's identity and credentials;
- verify the identity of the patient;
- establish a physician-patient relationship prior to initiating care;
- obtain a medical history sufficient for diagnosis and treatment in keeping with the applicable standard of care prior to providing treatment, issuing prescriptions, or delegating the patient's medical services to other health care providers;
- delegate the patient's medical care only to health care providers:
 - who are known by the licensee to be qualified and competent to perform the delegated services;
 - with whom the patient has an established provider-patient relationship; or
 - who have physical or electronic access to the licensee for consultation and follow-up while the patient is under the licensee's or the delegatee's care;
- securely maintain and make timely available:
 - to the patient or the patient's representative all relevant medical and billing records received or produced in connection with the patient's care; and
 - to other health care providers all medical records received or produced in connection with the patient's care.

SOURCE: Montana State Board of Medical Examiners. Administrative Rules of MT. Rule 24.156.813 Practice Requirements for Physicians Using Telemedicine. (Accessed Feb. 2024).

“Practice pharmacy by means of telehealth” means to provide pharmaceutical care through the use of information technology to patients at a distance.

SOURCE: Montana Code Annotated 37-7-101 (Accessed Feb. 2024).

Except as otherwise provided in this section, a medical practitioner:

- May dispense only those drugs that the practitioner is allowed to prescribe under the practitioner's scope of practice unless the practitioner is engaged in the practice of pharmacy and dispensing a drug pursuant to Title 37, chapter 7; and
- May not dispense a controlled substance unless the practitioner is engaged in the practice of pharmacy and is dispensing a controlled substance pursuant to Title 37, chapter 7.

SOURCE: MT Statute Sec. 37-2-104 (Accessed Feb. 2024).

CROSS-STATE LICENSING

Last updated 02/13/2024

Except as provided in 37-15-103, an audiologist, speech-language pathologist, speech-language pathology assistant, or audiology assistant who is not a resident of Montana and who is not licensed under this chapter may not provide services to patients in Montana through telehealth without first obtaining a license from the board in accordance with this part or pursuant to the Audiology and Speech-Language Pathology Interstate Compact provided for in 37-15-401.

SOURCE: Montana Code Annotated 37-15-314 (Accessed Feb. 2024).

LICENSURE COMPACTS

Last updated 02/13/2024

Member of the Interstate Medical Licensure Compact.

SOURCE: The IMLC. Interstate Medical Licensure Compact. (Accessed Feb. 2024).

Member of the Nurse Licensure Compact.

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

Member of the Physical Therapy Compact.

SOURCE: Compact Map. Physical Therapy Compact. (Accessed Feb. 2024).

Member of Occupational Therapy Compact.

SOURCE: OT Compact, Compact Map, (Accessed Feb. 2024).

Member of Audiology and Speech Language Pathology Compact.

SOURCE: ASLP Compact, Compact Map (Accessed Feb. 2024).

Member of Counseling Compact.

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

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

PROFESSIONAL BOARDS STANDARDS

Last updated 02/13/2024

Board of Medical Examiners

SOURCE: MT Admin Rules, Sec. 24.156.813, (Accessed Feb. 2024).

MT Board of Speech-Language Pathology

SOURCE: MT Admin Rules, Sec. 24.222.9 (Accessed Feb. 2024).

Board of Psychologists

SOURCE: MT Admin Rules Sec. 24.189.415, (Accessed Feb. 2024).

An audiology assistant or a speech-language pathology assistant may engage in telehealth or provide other services as directed by a speech-language pathologist or audiologist that otherwise comply with board rules for scope of practice by speech-language pathology assistants and audiology assistants.

SOURCE: MT Code Annotated, Sec. 37-15-314, (Accessed Nov. 2023).

A person licensed under this title to provide health care in the ordinary course of business or practice of a profession may provide services by means of telehealth when the use of telehealth:

- is appropriate for the services being provided;
- meets the standard of care for delivery of services; and
- complies with any administrative rules for telehealth adopted by the board that licenses the health care provider.

A board may adopt rules establishing requirements for the use of telehealth by its licensees.

SOURCE: MT Code Annotated, Sec. 37-2-305, (Accessed Feb. 2024).

MISCELLANEOUS

Last updated 02/13/2024

MT has a Sexual assault response network program that delivers care through teleSANE. “teleSANE” means the use of audio, video, or other telecommunications technology or media, including audio-only communication, to provide remote, real-time support by an off-site qualified provider to both the on-site nurse and the patient to ensure best practices, proper evidence collection, and a supportive environment.

See statute for details.

SOURCE: House Bill 79 (2023 Session), (Accessed Feb. 2024).

Federally Qualified Health Center (FQHC)

DEFINITION OF VISIT

Last updated 02/13/2024

“Visit” has the meaning set forth in ARM 37.86.4402.

SOURCE: Administrative Rules of Montana 37.86.4401, (Accessed Feb. 2024).

A visit is a face-to-face encounter between an RHC or FQHC patient and an RHC or FQHC health professional for the purpose of providing RHC or FQHC services.

SOURCE: Administrative Rules of Montana 37.86.4402, (Accessed Feb. 2024).

MODALITIES ALLOWED

Last updated 02/13/2024

Live Video

MT Medicaid reimburses for medically necessary services by means of telehealth (live video) under certain circumstances. There is no reference found that explicitly references whether or not FQHCs can deliver services via telehealth and be reimbursed.

See: MT Medicaid Live Video

Store-and-Forward

There are no specific requirements for technologies used to deliver services via telemedicine/telehealth and can be provided using secure portal messaging, secure instant messaging, telephone conversations, and audio-visual conversations. However, there is no explicit reference to FQHCs being able to use store-and-forward technology specifically.

See: MT Medicaid Store-and-forward

Remote Patient Monitoring

No reference found.

See: MT Medicaid Remote Patient Monitoring

Audio-Only

There are no specific requirements for technologies used to deliver services via telemedicine/telehealth and can be provided using secure portal messaging, secure instant messaging, telephone conversations, and audio-visual conversations. However, there is no explicit reference to FQHCs being able to use telephone/audio-only specifically.

See: MT Medicaid Audio-Only

SAME DAY ENCOUNTERS

Last updated 02/13/2024

Reimbursement is available for one encounter per day per eligible member unless it is necessary for the member:

- to be seen by different health professionals with different specialties; or
- to be seen multiple times per day due to unrelated diagnoses.

Encounters with the same primary diagnosis are not considered separately billable visits, regardless of the health professional providing the service.

SOURCE: Administrative Rules of Montana 37.86.4402, (Accessed Feb. 2024).

ELIGIBLE ORIGINATING SITE

Last updated 02/13/2024

FQHCs listed as eligible site in Telemedicine manual.

SOURCE: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Feb. 2020). (Accessed Feb. 2024).

The following revenue codes are reimbursable when billed by an RHC or FQHC with a valid, allowable procedure code:

- 0780 – Telehealth originating site

SOURCE: MT Dept. of Public Health and Human Svcs., FQHC and RHC Provider Manual, Nov. 2021, pg. 8 (Accessed Feb. 2024).

ELIGIBLE DISTANT SITE

Last updated 02/13/2024

No direct reference to whether or not FQHCs can be eligible distant site providers.

See: MT Medicaid Live Video Eligible Providers

FACILITY FEE

Last updated 02/13/2024

FQHCs listed as site eligible for originating site fee in Telemedicine manual.

SOURCE: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, General Information for Providers, Telemedicine (Feb. 2020). (Accessed Feb. 2024).

The following revenue codes are reimbursable when billed by an RHC or FQHC with a valid, allowable procedure code:

- 0780 – Telehealth originating site

SOURCE: MT Dept. of Public Health and Human Svcs., FQHC and RHC Provider Manual, Nov. 2021, pg. 8 (Accessed Feb. 2024).

See: MT Medicaid Live Video Facility/Transmission Fee.

PPS RATE

Last updated 02/13/2024

No reference found.

HOME ELIGIBLE

Last updated 02/13/2024

Clinic services are covered when provided in outpatient settings including the clinic, other medical facility (including a dental office), or a member's place of residence. A member's place of residence may be a nursing facility or other institution used as the member's home.

Allowable services are reimbursed when provided in outpatient settings including the clinic, other medical facility (including a dental office) or a member's place of residence.

A member's place of residence may be a nursing facility or other institution used as the member's home. Clinic services are covered off-site if the service is normally furnished within the scope of the clinic's professional services. RHC and FQHC providers who perform services in a hospital setting must bill the service on a CMS-1500 form. The RHC or FQHC must be submitted as the billing provider and the individual provider that provided services must be submitted as the rendering provider on the CMS-1500 claim form.

SOURCE: MT Dept. of Public Health and Human Svcs., Medicaid and Medical Assistance Programs Manual, FQHC and RHC Provider Manual (Nov. 2021). (Accessed Feb. 2024).

RHC or FQHC services are covered by Montana Medicaid when provided in accordance with these rules to a member in an outpatient setting, including the RHC or FQHC, other medical facility (including a dental office), or a member's place of residence. A member's place of residence may be a nursing facility or other institution.

SOURCE: Administrative Rules of Montana 37.86.4406, (Accessed Feb. 2024).

PATIENT-PROVIDER RELATIONSHIP

Last updated 02/13/2024

No reference found.