

State Telehealth Laws and Reimbursement Policies

AT A GLANCE
FALL 2018

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

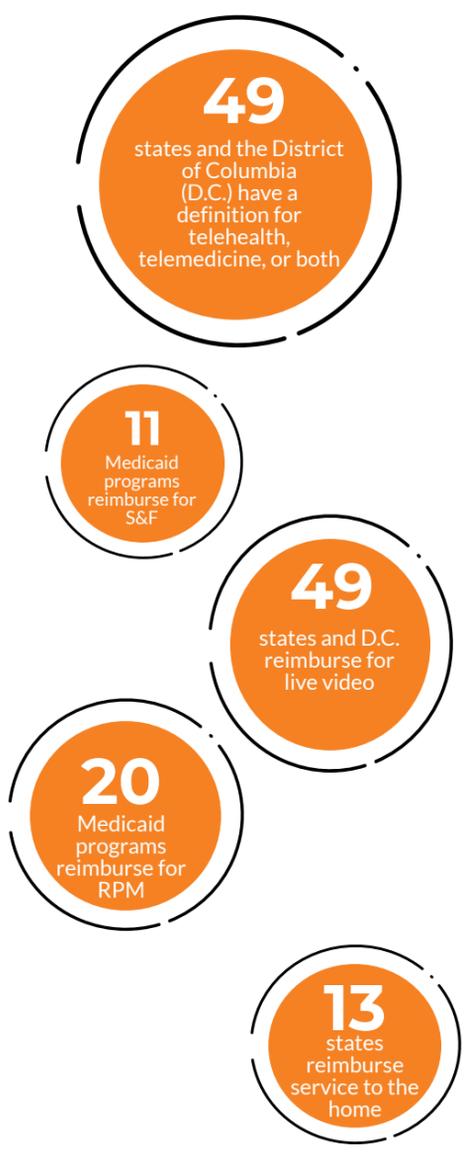
Medicaid Policy Trends

Live video Medicaid reimbursement continues to far exceed reimbursement for store-and-forward (S&F) and remote patient monitoring (RPM). Massachusetts remains the only state that does not offer live video reimbursement. **Eleven** state Medicaid programs reimburse for store-and-forward and **twenty** states reimburse for remote patient monitoring (RPM), with additional states having laws requiring Medicaid reimbursement for store-and-forward or RPM, yet no official written policies indicating that such policy has been implemented.

Many of the reimbursement policies that do exist continue to have restrictions and limitations, creating a barrier to utilizing telehealth to deliver services. One of the most common restrictions is a limitation on where the patient is located, referred to as the originating site. While most states have dropped Medicare's rural geographic requirement, many Medicaid programs have limited the type of facility that can serve as an originating site, often excluding a patient's home from eligibility. However, **thirteen** states (DE, CO, MD, MI, MN, MT, NV, NY, SC, TX, VT, WA and WY) have policies to explicitly allow the home to be an eligible originating site under certain circumstances.

Other Common Telehealth Restrictions

- **The specialty** that telehealth services can be provided for
- **The types of services** or CPT codes that can be reimbursed (inpatient office, consult, etc.)
- **The types of providers** that can be reimbursed (e.g. physician, nurse, etc.)

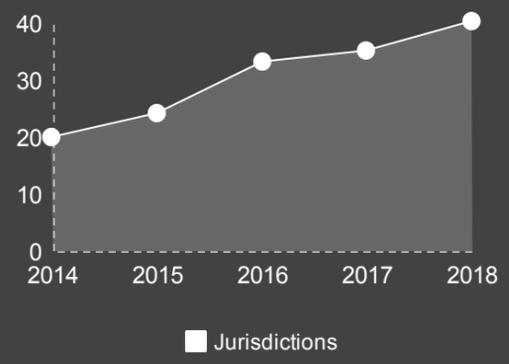


Private Payer Reimbursement

39 states and the District of Columbia have laws that govern private payer reimbursement of telehealth. This is an increase of one state (Kansas) since Spring 2018. Some laws require reimbursement be equal to in-person coverage, however most only require parity in covered services, not reimbursement amount. Not all laws mandate reimbursement.



Private Payer Laws



Online Prescribing

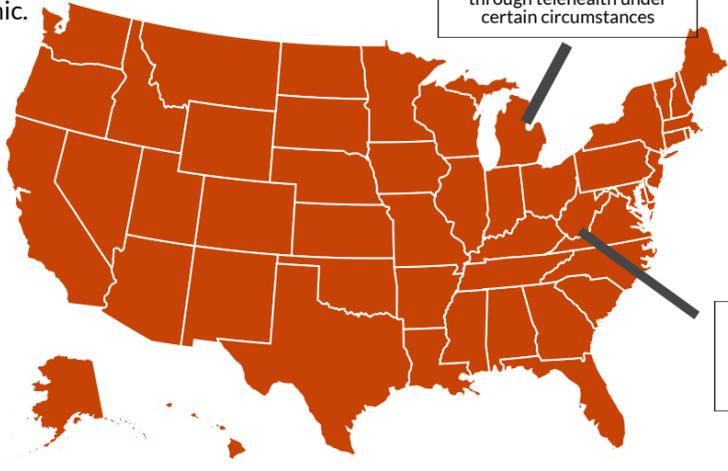
Most states consider an online questionnaire only as insufficient to establish the patient-provider relationship and prescribe medication. Some states allow telehealth to be used to conduct a physical exam, while others do not. Some states have relaxed requirements for prescribing controlled substances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

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

Internet/online questionnaires are not adequate; states may require a physical exam prior to a prescription

Michigan passed law in 2017 allowing prescription of Schedule II-V substance through telehealth under certain circumstances

W. Virginia explicitly allows a practitioner to provide aspects of MAT through telehealth if within their scope of practice

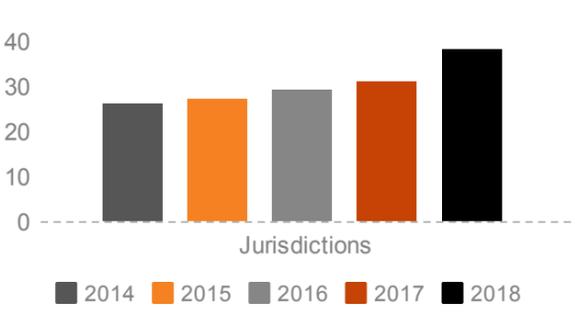


Licensure

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

- **24 States and D.C.:** Interstate Medical Licensure Compact
- **31 States:** Nurse Licensure Compact
- **21 States:** Physical Therapy Compact
- **7 States:** Psychology Interjurisdictional Compact (PSYPACT)

State Consent Requirements



Consent

38 States have a consent requirement in either Medicaid policy, law or regulation, an increase of seven states since Spring 2018.

