

QUICK GLANCE STATE TELEHEALTH ACTIONS IN RESPONSE TO COVID-19 (April 3 – 5 pm PT)

Please note this document is meant to be a quick overview of certain state actions. Details related to those actions are not captured in this chart and some states did not need to take action during COVID-19 to update their policies (EX: having a pre-COVID-19 policy that already allowed the home to be an eligible originating site). Refer to the official state documents to fully understand the scope and details of the policy. Each item is linked to the appropriate document. This is also a living document. Please check CCHP's website to ensure you have the most recent version.

STATE	MEDICAID	PAYERS	LICENSING	FQHC/RHC	TELEHEPHONE	CONSENT	FACILITY FEE	PRESCRIBING/ ESTABLISHING PATIENT-PROVIDER RELATIONSHIP	HOME ELIGIBLE SITE MEDICAID	ALLIED HEALTH PROFESSIONALS
AL	Expand coverage, but specific codes to bill				<u>Yes</u>	Form waived but must get verbal consent	Starting 4/1 Medicaid will pay facility fee			
AK										
AZ	Cover all services if covered in Medicaid	Exec Order all payers to expand telehealth coverage & cover if would for in-person.			<u>Yes</u>			Prohibits regulatory board to require in- person exam before writing prescription	<u>Yes</u>	
AR	Medicaid will not require established patient-provider relationship prior to telehealth being used. Will only be for Live video and phone.		Suspension of need for special Technology-assisted license for Marriage Family Therapy		Yes			Suspend requirement of in- person/LV encounter to establish patient- provider relationship	Yes	
CA		Managed Care health plans must cover telehealth services and at same rate Private plans must cover telehealth services and at same rate Health plans should allow network providers to use telehealth			Yes					
со	What services are covered remain the same as it was pre-COVID-19 but some other expansions made for modality and eligible provider.	Directed to do an outreach and education campaign to enrollees on telehealth. Cover COVID-19-related innetwork telehealth at no cost share.		Billable in Medicaid	Yes and expands to live chat					Eligible during the emergency.
СТ	Adds "new patient" E/M Code. Expansion of covered services.								<u>Yes</u>	



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DE	Working to remove in-person prior to use of telehealth requirement. Just needs to be DE resident, not need be in DE at the time		Medicaid working on allowing out-of- state providers to provide services if they hold a license in another jurisdiction.		<u>Yes</u>	Redefined consent				
DC									<u>Yes</u>	
FL			Allow out of state to practice w/o FL license		<u>Yes</u>				<u>Some</u>	
GA	Patient must initiate the service				<u>Yes</u>	Must get verbal consent and note in record.			<u>Yes</u>	Eligible in Medicaid.
HI										
ID										
IL	Medicaid policies update	Plans must cover all telehealth services provided by in- network providers			Yes and specifically including smartphones For LTC screenings can be done via telephone				Yes	Included in the health plan order
IN	Suspend telehealth restrictions and face-to-face requirements Must be live video but not limited to Pre-COVID-19 codes								<u>Yes</u>	
IA	Provide services that would provide in- person through telehealth if medically appropriate									
KS								Regulatory boards not to enforce in- person exam requirement when prescribing Out of state providers may provide services w/o KS license if certain conditions met		



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КҮ	Reminder on the use of telehealth, no significant change from existing policies				Yes, G2010 & G2012 codes – Behavioral Health					
LA	Still must be HIPAA compliant	Must waive any limitations restricting telehealth access to providers included in networks. No prior relationship requirement.		Allow to bill	Yes, if appropriate and LV is not available				Yes	Yes
ME	Services still need to be in real-time	Parity of coverage for telehealth and in-person services and includes phone			<u>Yes</u>	Medicaid waiving consent and advance notice requirement		Will allow telehealth to prescribe controlled substance	<u>Yes</u>	
MD									<u>Yes</u>	
MA	Medically necessary services appropriately provided, and not imposing technology limitations. But see specifics in bulletin. Specific codes and	Managed care plans must cover telehealth as it is covered in FFS as well as certain telephone services In-network providers must be allowed to deliver services via telehealth			Yes				Yes	
IVII	services reimbursed				163				<u>Yes</u>	
MN									<u>Yes</u>	
MS										
МО	Waive requirement that there be an established patient- provider relationship		Medicaid will waive requirement that providers be licensed in MO as long as they are licensed in the state they practice.	RHC may be distant site providers	Yes				Yes	
MT		Health plans agree to cover telehealth			<u>Yes</u>				<u>Yes</u>	
NE				Virtual Communications with code 0071	Yes					
NV	No restrictions on the use of telehealth for group therapy				Yes					



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NH	Can provide services through all modes of	Must allow all in- network providers			<u>Yes</u>				<u>Yes</u>		
	<u>telehealth</u>	to deliver services via telehealth									
NJ	Modality limitations	Payers may not ask	Expedite licensure of	Face-to-face	Yes				Yes	All health care	
	waived	for cost sharing for	out-of-state	requirements for FQHCs waived						providers allowed to	
	Waive established	telehealth services. Parity in payment	<u>providers</u>	FQHCs waived						provide services via telehealth and bill	
	patient-provider	for in-network									
	relationship prior to	providers with in-	In state of emergency, relaxing								
	use of telehealth	person services.	of licensing								
		Health plans during									
		a state of									
		emergency must cover telehealth									
		services to same									
		extent as in-person									
		except no cost-									
NM	Specific details and	sharing. Payers must pay the		<u>Yes</u>	Yes				Yes		
	codes	same rate if service		100	103				103		
		took place over									
		telehealth/phone as would have in-									
		person									
NY					Yes – Mental Health						
					V Other						
					<u>Yes – Other</u> <u>Medicaid services</u>						
NC				Yes, but billing	Yes				<u>Yes</u>		
				<u>G0071</u>							
ND	Only real time services, but will				Yes				<u>Yes</u>		
	allow phone										
ОН	Providers allowed to			Yes – face-to-face					<u>Yes</u>	<u>Yes</u>	
	exercise judgment in			requirement waived							
	the use of telehealth and no initial face-										
	to-face require										
	before services										
ОК	<u>rendered</u>				Yes					Yes	
OR					Yes					165	
PA	Expanded coverage									Yes	
	of medically										
	necessary services										



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RI		Must pay in-network providers same rate as in-person and plans must establish reasonable requirements for coverage of these services			<u>Yes</u>				<u>Yes</u>	Yes – Plans must allow them to provide services via telehealth
SC					Yes					
SD										
TN			Temporarily suspend medical licensure requirement		Yes – For behavioral health					
TX					Yes					
UT										
VT			Out-of-state providers with license in another state in good standing may provide services w/o license in VT	<u>Yes</u>	<u>Yes</u>					<u>Yes</u>
VA	Waiving HIPAA requirements				<u>Yes</u>				<u>Yes</u>	
WA		Payment and coverage parity for telehealth service delivered by in- network provider								
WV	Non-emergent E&M visits covered									
WI				Tribal FQHCs will get PPS	<u>Yes</u>				<u>Yes</u>	
WY										