

QUICK GLANCE STATE TELEHEALTH ACTIONS IN RESPONSE TO COVID-19 (May 13 – 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				Yes	Form waived but must get verbal consent	Starting 4/1 Medicaid will pay facility fee			
AK	FAQ & Eligible Services									
AZ	Cover all services if covered in Medicaid	Exec Order all payers to expand telehealth coverage & cover if would for in-person.			Yes			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	<u>Yes</u>	
CA	Updated policies.	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 Clarity and guidance on health plans RE: telehealth			Yes					



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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>	
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	Medicaid reimbursement			Guidance	Yes Telephone guidance in Medicaid					
ID					Allowed health insurers to accept patient-provider relationships established over audio-only					
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



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IN	Suspend telehealth restrictions and face-to-face requirements Must be live video but not limited to Pre-COVID-19 codes Covered Services								Yes	
IA	Provide services that would provide inperson 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		
KY	Reminder on the use of telehealth, no significant change from existing policies Telehealth Guidance				Yes, G2010 & G2012 codes – Behavioral Health Yes					
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				<u>Yes</u>	Yes
ME	Services still need to be in real-time	Parity of coverage for telehealth and in-person services and includes phone			Yes	Medicaid waiving consent and advance notice requirement		Will allow telehealth to prescribe controlled substance	Yes	



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MI	Specific codes and services reimbursed				<u>Yes</u>			RELATIONSHIP	<u>Yes</u>	
MD	Temporary expansion of RPM Teledentistry				Yes				Yes	OTs, PTs SLP reimbursed in Medicaid
MA	Medically necessary services appropriately provided, and not imposing technology limitations. But see specifics in bulletin.	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	Out of state licensed provider in good standing can practice in MA and if had a licensed issued in last 10 years that lapsed but not revoked, etc., can have it immediately renewed/reactivated.		Yes				Yes	
MN									<u>Yes</u>	
MS MO	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	<u>Yes</u>				<u>Yes</u>	
MT		Health plans agree to cover telehealth			<u>Yes</u>				Yes	
NE				Virtual Communications with code 0071	Yes					
NV	No restrictions on the use of telehealth for group therapy				<u>Yes</u>					
NH	Can provide services through all modes of telehealth	Must allow all in- network providers to deliver services via telehealth			<u>Yes</u>				Yes	
NJ	Modality limitations waived Waive established patient-provider relationship prior to use of telehealth	Payers may not ask for cost sharing for telehealth services. Parity in payment for in-network providers with inperson services. Health plans during a state of emergency must cover telehealth services to same extent as in-person except no cost-sharing.	Expedite licensure of out-of-state providers In state of emergency, relaxing of licensing	Face-to-face requirements for FQHCs waived	Yes				Yes	All health care providers allowed to provide services via telehealth and bill



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								ESTABLISHING PATIENT-PROVIDER RELATIONSHIP	MEDICAID	PROFESSIONALS
ND	Only real time services, but will allow phone				Yes				Yes	
NM	Specific details and codes	Payers must pay the same rate if service took place over telehealth/phone as would have inperson		<u>Yes</u>	Yes				<u>Yes</u>	
NY					Yes – Mental Health Yes – Other Medicaid services					
NC	Expanded			Yes, but billing G0071	Yes				<u>Yes</u>	<u>Yes</u>
ОН	Providers allowed to exercise judgment in the use of telehealth and no initial face-to-face require before services rendered			Yes – face-to-face requirement waived					Yes	Yes
	Billing guidance									
OK OR	Coverage Guidelines Prioritized Services Reg				Yes Yes					<u>Yes</u>
PA	Expanded coverage of medically necessary services Expansion of mental and behavioral health services									Yes
RI		Must pay in-network providers same rate as in-person and plans must establish reasonable requirements for coverage of these services	Issuing temporary licenses to out of state providers		<u>Yes</u>				<u>Yes</u>	Yes – Plans must allow them to provide services via telehealth
SC SD					Yes					Yes for Medicaid
TN			Temporarily suspend medical licensure requirement		Yes – For behavioral health					res for Medicald



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TX					<u>Yes</u>					
UT										
VT			Out-of-state providers with license in another state in good standing may provide services w/o license in VT	Yes	Yes					Yes
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 Teledentistry				Yes				Yes	Yes
WI				Tribal FQHCs will get PPS	<u>Yes</u>				<u>Yes</u>	
WY		Plans encouraged to cover telehealth & reminded that consumer can access telehealth benefits through current provider			Yes – for case management					