

West Virginia



At A Glance

MEDICAID REIMBURSEMENT

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

PRIVATE PAYER LAW

- Law Exists: Yes
- Payment Parity: Yes

PROFESSIONAL REQUIREMENTS

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

STATE RESOURCES

1. Medicaid Program: West Virginia Medicaid
2. Administrator: Bureau for Medical Services, under the West Virginia Dept. of Human Services
3. Regional Telehealth Resource Center: Mid-Atlantic Telehealth Resource Center

Private Payer

DEFINITIONS

Last updated 05/13/2025

“Telehealth services” means the use of synchronous or asynchronous telecommunications technology or audio only telephone calls by a health care practitioner to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include e-mail messages or facsimile transmissions.

SOURCE: WV Statute Sec. 5-16-2 & 33-57-1; 33-15-4x, 33-16-3rr, 33-24-7y, 33-25-8v, 33-25A-8y as added by SB 533 (2024 Legislation Session). (Accessed May 2025).

“Virtual telehealth” means a new patient or follow-up patient for acute care that does not require chronic management or scheduled medications.

SOURCE: WV Statute Sec. 5-16-2 & 33-57-1. (Accessed May 2025).

Network Adequacy: “Telemedicine” or “Telehealth” means health care services provided through telecommunications technology by a health care professional who is at a location other than where the covered person is located.

SOURCE: WV Code Sec. 33-55-1 & WV Admin. Law Sec. 114-100. (Accessed May 2025).

REQUIREMENTS

Last updated 05/13/2025

An insurer or health plan shall provide coverage of health care services provided through telehealth services if those same services are covered through face-to-face consultation by the policy. The plan or insurer may not exclude a service for coverage solely because the service is provided through telehealth services.

An originating site may charge a site fee.

The coverage required by this section shall include the use of telehealth technologies as it pertains to medically necessary remote patient monitoring services to the full extent that those services are available.

The Insurance Code sections specify that the statutory coverage requirements apply to insurers which issue or renew health insurance policies on or after July 1, 2020, and that reimbursement requirements apply to insurers which issue, renew, amend, or adjust a plan, policy, contract, or agreement on or after July 1, 2021.

SOURCE: WV Statute Public Employees Insurance Act Sec. 5-16-7b & WV Statute Ins. Code 33-57-1. (Accessed May 2025).

Health carriers providing a network plan are required to maintain a network that is sufficient in numbers and appropriate types of providers. The commissioner shall determine sufficiency in accordance with the requirements of this section, and may establish sufficiency by reference to any reasonable criteria, which may include telemedicine or telehealth, among other components.

SOURCE: WV Code Sec. 33-55-3. (Accessed May 2025).

Health carriers must create an access plan that addresses how they use telemedicine or telehealth or other technology to meet network access standards.

SOURCE: WV Admin Law Sec. 114-100. (Accessed May 2025).

Coverage of emergency medical services to triage and transport to alternative destination or treat in place

An insurer which issues or renews a health insurance policy on or after January 1, 2025, shall provide coverage for an emergency medical services agency to:

- Treat an enrollee in place if the ambulance service is coordinating the care of the enrollee through telehealth services with a physician for a medical-based complaint or with a behavioral health specialist for a behavioral-based complaint;
- Triage or triage and transport an enrollee to an alternative destination if the ambulance service is coordinating the care of the enrollee through telehealth services with a physician for a medical-based complaint or with a behavioral health specialist for a behavioral-based complaint; or
- An encounter between an ambulance service and enrollee that results in no transport of the enrollee if:
 - The enrollee declines to be transported against medical advice; and
 - The emergency medical services agency is coordinating the care of the enrollee through telehealth services or medical command with a physician for a medical-based complaint or with a behavioral health specialist for a behavioral-based complaint.

The coverage under this section:

- Only includes emergency medical services transportation to the treatment location;
- Is subject to the initiation of response, triage, and treatment as a result of a 911 call that is documented in the records of the emergency medical services agency;
- Is subject to deductibles or copayment requirements of the policy, contract, or plan;
- Does not diminish or limit benefits otherwise allowable under a health benefit plan, even if the billing claims for medical or behavioral health services overlap in time that is billed by the ambulance service also providing care; and
- Does not include rotary or fixed wing air ambulance services.

The reimbursement rate for an emergency medical services agency that triages, treats, and transports a patient to an alternative destination, or triages, treats, and does not transport a patient, if the patient declines to be transported against medical advice, if the ambulance service is coordinating the care of the enrollee through medical command or telemedicine with a physician for a medical-based complaint, or with a behavioral health specialist for a behavioral-based complaint under this section, shall be reimbursed at the same rate as if the patient were transported to an emergency room of a facility provider.

SOURCE: WV Code Sec. 33-15-4x, 33-16-3rr, 33-24-7y; 33-25-8v, 33-25A-8y as added by SB 533 (2024 Legislation Session). (Accessed May 2025).

PARITY

Last updated 05/13/2025

SERVICE PARITY

A plan or an insurer shall provide coverage of health care services provided through telehealth services if those same services are covered through face-to-face consultation by the policy. The plan or an insurer may not exclude a service for coverage solely because the service is provided through telehealth services.

A plan or an insurer shall provide reimbursement for a telehealth service at a rate negotiated between the provider and the plan or insurance company for the virtual telehealth encounter. They shall also provide reimbursement for a telehealth service for an established patient, or care rendered on a consulting basis to a patient located in an acute care facility whether inpatient or outpatient on the same basis and at the same rate under a contract, plan, agreement, or policy as if the service is provided through an in-person encounter rather than provided via telehealth.

The coverage required by this section shall include the use of telehealth technologies as it pertains to medically necessary remote patient monitoring services to the full extent that those services are available.

The Insurance Code sections specify that the statutory coverage requirements apply to insurers which issue or renew health insurance policies on or after July 1, 2020, and that the reimbursement requirements apply to insurers which issue, renew, amend, or adjust a plan, policy, contract, or agreement on or after July 1, 2021.

SOURCE: WV Statute Public Employees Insurance Act Sec. 5-16-7b & WV Statute Ins. Code 33-57-1. (Accessed May 2025).

PAYMENT PARITY

The plan or insurer shall provide reimbursement for a telehealth service at a rate negotiated between the provider and the insurance company for virtual telehealth encounters.

The plan or insurer shall provide reimbursement for a telehealth service for an established patient, or care rendered on a consulting basis to a patient located in an acute care facility whether inpatient or outpatient, on the same basis and at the same rate as if the service is provided through an in-person encounter rather than provided via telehealth.

The Insurance Code sections specify that the statutory reimbursement requirements apply to insurers which issue, renew, amend, or adjust a plan, policy, contract, or agreement on or after July 1, 2021.

SOURCE: WV Statute Sec. 5-16-7b & 33-57-1. (Accessed May 2025).

Medicaid

OVERVIEW

Last updated 05/14/2025

West Virginia Medicaid reimburses for live video under some circumstances. Reimbursement is largely limited to real-time communications, however store-and-forward services may be billed by ophthalmologists and optometrists with certain

restrictions. Specific remote patient monitoring codes are also eligible for reimbursement. WV ongoing telehealth Medicaid flexibilities ended on December 31, 2024.

DEFINITIONS

Last updated 05/12/2025

“Telehealth” is the use of digital information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include video conferencing, the internet, store and forward imaging, streaming media, landline and wireless communications.

SOURCE: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter-519.17 Practitioner Services: Telehealth Services, p. 5 (Effective Jan. 1, 2022). (Accessed May 2025).

Telehealth – for purposes of Medicaid, telemedicine seeks to improve a patient’s health by permitting two-way, real time interactive communication between the patient, and the physician or practitioner at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment.

SOURCE: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter-200 Definitions and Acronyms. (Nov. 1, 2016), p. 20-21 & Ch. 502 Children with Serious Emotional Disorder Waiver, (Oct. 1, 2024), Pg. 72-73. (Accessed May 2025).

“Telehealth Services: Health care services provided through advanced telecommunications technology from one location to another. Medical information is exchanged in real-time communication from an Originating Site, where the participant is located, to a Distant Site, where the provider is located, allowing them to interact as if they are having a face-to-face, “hands-on” session.”

Telehealth is not a telephone conversation, email, or faxed transmission between a healthcare provider and a member, or a consultation between two healthcare providers. The member must be able to see and interact with the off-site provider at the time services (“real-time not delayed”) are provided through Telehealth. Services provided through videophone or webcam are not covered. Please refer to Chapter 519 Practitioner Services, Policy 519.17 Telehealth Services for additional information.

SOURCE: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter 522 Federally Qualified Health Center and Rural Health Clinic Svcs. P. 17, 9. (Jul. 1, 2019). (Accessed May 2025).

Medication-Assisted Treatment Program Licensing Act

“Telehealth” means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment education, care management, and self-management of a patient’s health care while the patient is at the originating site and the health care provider is at a distant site.

SOURCE: WV Code Section 16B-13-2 and SB 300 (2024 Session). (Accessed May 2025).

Certificate of Need

“Telehealth” means the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.

SOURCE: WV Code Section 16-2D-2(45). (Accessed May 2025).

LIVE VIDEO

Last updated 05/12/2025

TEMPORARY POLICY

Ongoing Telehealth Medicaid Flexibilities until December 31, 2024:

Public Health Emergency Medicaid Telehealth Services Flexibilities Ended 12/31/2024.

PERMANENT POLICY

The Medicaid plan, which issues, renews, amends, or adjusts a plan, policy, contract, or agreement on or after July 1, 2021, shall provide reimbursement for a telehealth service at a rate negotiated between the provider and the insurance company for virtual telehealth encounters. The Medicaid plan, which issues, renews, amends, or adjusts a plan, policy, contract, or agreement on or after July 1, 2021, shall provide reimbursement for a telehealth service for an established patient, or care rendered on a consulting basis to a patient located in an acute care facility whether inpatient or outpatient on the same basis and at the same rate under a contract, plan, agreement, or policy as if the service is provided through an in-person encounter rather than provided via telehealth.

SOURCE: WV Statute Sec. 9-5-28. (Accessed May 2025).

To utilize Telehealth, providers must document that the service was rendered under that modality. When filing a claim, the provider must bill the service code with Place of Service code 02 or 10. West Virginia Medicaid covers and reimburses Telehealth services that are identified in designated policies as appropriate to be rendered through this modality.

West Virginia Medicaid does not limit Telehealth services to members in non-metropolitan statistical professional shortage areas as defined by the Centers for Medicare and Medicaid Services (CMS) Telehealth guidance.

Telehealth services are available via web-based applications and/or smartphone applications (apps) as long as they meet the current HIPAA and 42 CFR Part 2 regulations of compliance and utilize a VPN.

SOURCE: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter-519.17 Practitioner Services: Telehealth Services, p. 2 (Effective Jan. 1, 2022). (Accessed May 2025).

Effective January 1, 2022, the CMS added place of service 10 – telehealth provided in a patient’s home. This is a location other than a hospital or other facility where the patient receives care in a private residence. The patient is in their home when receiving health services or health related services through telecommunication technology. Place of service 02 will still be utilized for telehealth provided other than in the patient’s home.

SOURCE: WV Dept. of Health and Human Svcs. Medicaid Provider Newsletter, Qtr. 1 2022, p. 6. (Accessed May 2025).

Federally Qualified Health Center and Rural Health Clinic Services:

The member must be able to see and interact with the off-site provider at the time services (“real-time not delayed”) are provided via telehealth. Services provided via videophone or webcam are not covered.

SOURCE: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter 522.8 Federally Qualified Health Center and Rural Health Clinic Svcs. P. 9. (July 1, 2019). (Accessed May 2025).

ELIGIBLE SERVICES/SPECIALTIES

See the applicable chapters of the WV BMS Policy Manual for more detail on specific services, including whether telehealth is an accepted modality to render the service. If

not indicated as available, telehealth should be considered a non-covered modality to render the service.

See Chapter 519 Practitioners Services Policy 519.17 Appendix A (updated 1/1/2025) for Medicaid Telehealth Standard Codes.

SOURCE: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17 Practitioner Services: Telehealth Services., p. 3 (Effective Jan. 1, 2022). (Accessed May 2025).

School-based health services manual refers to the Telehealth Chapter (519.17) of the practitioner manual, and lists under each code in the manual whether or not it is eligible for telehealth.

SOURCE: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–538 School-Based Health Services. Revised Aug. 1, 2019, (Accessed May 2025).

The West Virginia Bureau for Medical Services encourages providers that have the capability to render services via Telehealth to allow easier access to services for WV Medicaid Members. To utilize Telehealth providers will need to document that the service was rendered under that modality. When filing a claim the Provider will bill the service code with a GT Modifier. Each service in this manual is identified as “Available” or “Not Available” for Telehealth. Some services codes give additional instruction and/or restriction for Telehealth as appropriate. See manuals for additional details.

SOURCE: WV Dept. of Health and Human Svcs., Medicaid Provider Manual, Chapter 523: Targeted Case Management, p. 6. (Jul. 1, 2016), WV Dept. of Health and Human Service Medicaid Provider Manual, Chapter–503.12 Licensed Behavioral Health Center Services (Jul. 15, 2018); 504.10 Substance Use Disorder Services (Jan. 1, 2023); 521.9 Behavioral Health Outpatient Services (Jan. 15, 2018); Chapter 521 Behavioral Health Outpatient Services Appendix B: Drug Free Mom and Baby Programs, p. 5 (Jan. 1, 2022), Children with Serious Emotional Disorder Waiver (Oct 1, 2024). (Accessed May 2025).

Manual on Children with Serious Emotional Disorder Waiver refers to the Telehealth Chapter (519.17) of the practitioner manual, and lists under each code in the manual whether or not it is eligible for telehealth.

Many services, including CFT meetings, can be provided via telehealth 50% of the time. These services must comply with service definitions and Section 502.20 Telehealth Modalities and Service Provision. This delivery method is reimbursable for the wraparound facilitator, as it is considered a face-to-face meeting. In extenuating circumstances, CFT members may participate by teleconferencing (i.e., telephone). The wraparound facilitator must obtain signatures within 10 business days for any CFT member who attended the meeting via telehealth or teleconference and must forward

copies of the Plan of Care to all participating CFT members and the MCO care manager within 14 calendar days of the meeting. If the clinical record does not include a valid signature page with required signatures, in ink or in an electronic documentation system, the plan of care will be invalid, and subsequently, no services provided under its auspices will be billable. Please see Chapter 519.17 Practitioner Services, Telehealth Services, for more information on telehealth requirements.

SOURCE: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Ch. 502 Children with Serious Emotional Disorder Waiver, (Oct 1, 2024), Pg. 38. (Accessed May 2025).

Diabetes self-management programs may offer telehealth education when resources are limited, and may otherwise communicate by telephone when patients lack access to broadband internet.

SOURCE: WV Rule Sec. 64-115-3, (Accessed May 2025).

For therapeutic leave/pass, the psychiatric residential treatment facilities must make therapy services available for the member (individual or family sessions) either in-person or via telehealth.

SOURCE: WV BMS Provider Manual, Chapter 531 Psychiatric Residential Treatment Facility Services (Jan. 1, 2023), p. 34. (Accessed May 2025).

Office-Based Medication Assisted Treatment Programs

Counseling sessions may be conducted via telehealth. Counseling sessions are defined as a face-to-face interaction, which may include telehealth, in a private location between a patient(s) and a primary counselor for a period of no less than 30 continuous minutes designated to address patient substance use disorder issues or coping strategies and individualized treatment plan of care.

SOURCE: WV Rule Sec. 69-12-2 & 23. (Accessed May 2025).

Partial Hospitalization

Telehealth services delivered in the Partial Hospitalization Programs must align with the Telehealth policy in Chapter 503, Licensed Behavioral Health Center (LBHC) Services unless otherwise described. Medicaid will reimburse according to the fee schedule for services provided.

SOURCE: WV Dept. of Health and Human Svcs, Partial Hospitalization Program, Chapter 510, p. 6 (Jan. 1, 2024). (Accessed May 2025).

Substance Use Disorder Services

Peer recovery support services may not be provided during the same time/at the same place as any other direct support Medicaid service. TCM is the only service that can be billed as it is an indirect service. Peer recovery support services may be provided in any location except at the PRSS' home and location of service must be completed in a safe, harm-free environment that maintains confidentiality. Furthermore, PRSS services cannot occur during transportation of a member or during other recovery services such as group recovery meetings. A fundamental feature of peer recovery support is that the services are provided in the natural environment as much as possible with a primary PRSS developing rapport and a good recovery relationship. Telehealth may be utilized for these services and must follow all West Virginia Medicaid guidelines.

SOURCE: WV Dept. of Health and Human Svcs. Chapter 504 Substance Use Disorder Services, p. 24 (Jan. 1, 2023). (Accessed May 2025).

ELIGIBLE PROVIDERS

Authorized distant site providers include:

- Physicians;
- Podiatrists;
- Physician Assistants (PA);
- Advanced Practice Registered Nurses (APRN)
- Certified Nurse Midwife (CNM);
- Clinical Nurse Specialists (CNS);
- Community Mental Health Center (CMHC);
- Licensed Behavioral Health Center (LBHC);
- Licensed Psychologists (LP) and Supervised Psychologist (SP);
- Licensed Independent Clinical Social Worker (LICSW); and
- Licensed Professional Counselor (LPC)
- FQHC and RHC may only serve as a distant site for Telehealth services provided by a psychiatrist or psychologist and are reimbursed at the encounter rate.

The distant-site practitioner must bill the appropriate Current Procedural Technology/Healthcare Common Procedure Coding System (CPT/HCPCS) code with the appropriate Place of Service (02). The GT modifier is no longer required to be billed with

the service code. Effective January 1, 2022, Telehealth provided in a patient's home will require the appropriate Place of Service code 10.

SOURCE: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter-519.17.1 Practitioner Services: Telehealth Services. (Effective Jan. 1, 2022) p. 2-3. (Accessed May 2025).

FQHCs or RHCs may now serve as a distant site for Telehealth consultations by a psychiatrist or psychologist only and be reimbursed at the encounter rate. The distant-site practitioner must bill the appropriate Current Procedural Technology/Healthcare Common Procedure Coding System (CPT/HCPCS) code with the appropriate Place of Service (02) on a HCFA1500 form.

SOURCE: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter 522 Federally Qualified Health Center and Rural Health Clinic Svcs. P. 9. (Jul. 1, 2019). (Accessed May 2025).

Medication-Assisted Treatment Program Licensing Act

A practitioner providing medication-assisted treatment may perform certain aspects of telehealth if permitted under his or her scope of practice.

SOURCE: WV Code Section 16B-13-5 and SB 300 (2024 Session). (Accessed May 2025).

ELIGIBLE SITES

Any site not listed below must be considered as an unapproved site and does not qualify to be reimbursed for services rendered through the telehealth modality. Authorized originating sites:

- Offices of physicians or practitioners;
- Hospitals;
- Critical Access Hospitals (CAH);
- Rural Health Clinics (RHCs);
- Federally Qualified Health Centers (FQHCs);
- Renal Dialysis Facilities including Hospital-Based or CAH-Based Renal Dialysis Centers and satellites;
- Skilled Nursing Facilities (SNF);
- Licensed behavioral health centers;
- Community Mental Health Centers (CMHC);

- School-Based Health Centers;
- University-Based Health Centers;
- A patient's home; and
- Work location of a patient

The originating site may bill for an office, outpatient, or inpatient evaluation and management (E&M) service in addition to the Telehealth service and for other Medicaid-covered services the distant site orders, or for services unrelated to the medical problem for which the Telehealth service was requested.

SOURCE: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter-519.17 Practitioner Services: Telehealth Services., p. 2-3 (Effective Jan. 1, 2022). (Accessed May 2025).

FQHCs or RHCs may serve as an originating site for Telehealth services, which is the location of the Medicaid member at the time the service is provided through a telecommunications system. Enrolled FQHCs or RHCs that serve as an originating site for Telehealth services are paid an originating site facility fee.

SOURCE: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter 522 Federally Qualified Health Center and Rural Health Clinic Svcs. P. 9. (Jul. 1, 2019). (Accessed May 2025).

Effective January 1, 2022, the CMS added place of service 10 – telehealth provided in a patient's home. This is a location other than a hospital or other facility where the patient receives care in a private residence. The patient is in their home when receiving health services or health related services through telecommunication technology. Place of service 02 will still be utilized for telehealth provided other than in the patient's home.

SOURCE: WV Dept. of Health and Human Svcs. Medicaid Provider Newsletter. Qtr. 1 2022. (Accessed May 2025).

GEOGRAPHIC LIMITS

WV Medicaid does not limit telehealth services to members in non-metropolitan statistical professional shortage areas as defined by CMS telehealth guidance.

SOURCE: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter-519.17 Practitioner Services: Telehealth Services., p. 2 (Effective Jan. 1, 2022). (Accessed May 2025).

FACILITY/TRANSMISSION FEE

An originating site must bill the appropriate telehealth originating site code (Q3014) unless the originating site is the home of the member.

Separate payment for review and interpretation of medical records, telephone line charges, or facility fees are not covered. The billing of the originating site code when the originating site is the home of the member is not covered.

SOURCE: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter-519.17
Practitioner Services: Telehealth Services., p. 3-4 (Effective Jan. 1, 2022). (Accessed May 2025).

STORE-AND-FORWARD

Last updated 05/12/2025

POLICY

Store and forward means the asynchronous computer-based communication of medical data or images from an originating location to a health care provider at another site for the purpose of diagnostic or therapeutic assistance.

Ophthalmologists and Optometrists may bill store and forward telehealth services (92227 and 92228) in combination with certain diagnosis restrictions.

SOURCE: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter-519.17
Practitioner Services: Telehealth Services. (Effective Jan. 1, 2022) p. 3, 5. (Accessed May 2025).

ELIGIBLE SERVICES/SPECIALTIES

Only available for ophthalmologist and optometrist providers for two specific codes.

SOURCE: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter-519.17
Practitioner Services: Telehealth Services. (Effective Jan. 1, 2022) p. 3. (Accessed May 2025).

GEOGRAPHIC LIMITS

No Reference Found

TRANSMISSION FEE

No Reference Found

REMOTE PATIENT MONITORING

Last updated 05/12/2025

POLICY

According to the WV Medicaid Telehealth Services Manual, only real-time communications are reimbursed. A WV Medicaid Provider Newsletter announced additions to the 2022 CPT code set, including five new codes to report therapeutic remote monitoring, expanding on remote physiologic monitoring codes created in 2020. However, in examining the fee schedule, RPM codes do not appear to be covered. (See: Physician Fee Schedule 4-1-25 to 3-31-26 and WV Medicaid Telehealth Standard Codes List). Additionally, this may be due to WV Medicaid ending their COVID telehealth flexibilities. Public Health Emergency Medicaid Telehealth Services Flexibilities Ended 12/31/2024.

SOURCE: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter-519.17 Practitioner Services: Telehealth Services. p. 2 (Effective Jan. 1, 2022); WV Dept. of Health and Human Svcs. Medicaid Provider Newsletter, Qtr. 1 2022, p. 6. (Accessed May 2025).

CONDITIONS

No Reference Found

PROVIDER LIMITATIONS

No Reference Found

OTHER RESTRICTIONS

No Reference Found

EMAIL, PHONE & FAX

Last updated 05/12/2025

Ongoing Telehealth Medicaid Flexibilities until December 31, 2024:

Public Health Emergency Medicaid Telehealth Services Flexibilities Ended 12/31/2024.

Permanent Policy

No reimbursement for FAX.

No reimbursement for email.

The Jan. 1, 2022 update to the WV Medicaid Provider Manual on Telehealth Services removed the reference to telephones under Non-Covered Services.

SOURCE: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter-519.17.2 Practitioner Services: Telehealth Services. p. 4, 6 (Effective Jan. 1, 2022). (Accessed May 2025).

FQHCs/RHCs, Behavioral Health Outpatient Services & Licensed Behavioral Health Centers

No reimbursement for telephone.

No reimbursement for FAX.

No reimbursement for email.

SOURCE: WV Dept. of Health and Human Svcs. Medicaid Provider Manual. Chapter 522.8 Federally Qualified Health Center and Rural Health Clinic Svcs. P. 9. (July 1, 2019). WV Dept. of Health and Human Svcs, Behavioral Health Outpatient Services Chapter 521, p. 9 (Jan. 15, 2018). WV Dept. of Health and Human Svcs, Licensed Behavioral Health Centers, Chapter 503, p. 9 (July 15, 2018). WV Dept. of Health and Human Svcs, 519 Applied Behavior Analysis, p. 4 (April 1, 2020). (Accessed May 2025).

In FQHCs/RHCs, services provided through videophone or webcam are not covered.

SOURCE: WV Dept. of Health and Human Svcs. Medicaid Provider Manual. Chapter 522.8 Federally Qualified Health Center and Rural Health Clinic Svcs. P. 9. (July 1, 2019) (Accessed May 2025).

Substance Use Disorder

Reimbursement is not available for a telephone conversation, electronic mail message (e-mail), or facsimile transmission (fax) between a provider and a member except for

targeted case management services.

SOURCE: WV Dept. Health and Human Svcs., Substance Use Disorder, Chapter 504, p. 10 (Jan. 1, 2023). (Accessed May 2025).

Children with Serious Emotional Disorder Waiver

Reimbursement is not available for a telephone conversation, electronic mail message (email), or facsimile transmission (fax) between a provider and a member except for wraparound facilitation services.

In extenuating circumstances, plan of care members may participate by teleconferencing (i.e., telephone).

SOURCE: WV Dept. of Health and Human Svcs, Children with Serious Emotional Disorder Waiver, Chapter 502, p. 14, 38 (Oct. 10, 2024. (Accessed May 2025).

Diabetes Self-Management Programs

Diabetes self-management programs may offer telehealth education when resources are limited, and may otherwise communicate by telephone when patients lack access to broadband internet.

SOURCE: WV Rule Sec. 64-115-1. (Accessed May 2025).

Partial Hospitalization

Reimbursement is not available for a telephone conversation, electronic mail message (e-mail), or facsimile transmission (fax) between a provider and a member.

SOURCE: WV Dept. of Health and Human Svcs, Partial Hospitalization Program, Chapter 510, p. 6 (Jan. 1, 2024). (Accessed May 2025).

Targeted Case Management

The case manager shall conduct regular monitoring and follow-up activities with the member, the member's legal representative, or with other related service providers. Periodic reviews may be done through personal and telephone contacts with the member and other involved parties. The periodic reviews will be conducted as necessary but at least annually. To bill the monitoring and follow up component 1 of the first 3 TCM Components must have been rendered for the Targeted Case Manager to monitor or follow up on.

SOURCE: WV Dept. of Health and Human Svcs., Chapter 523 Targeted Case Management, p. 13 (July 1, 2016). (Accessed May 2025).

Home Health

Telephone consultations are not covered.

SOURCE: WV Dept. of Health and Human Svcs, Chapter 508 Home Health, p. 11 (Dec. 21, 2018). (Accessed May 2025).

CONSENT REQUIREMENTS

Last updated 05/13/2025

Member's consent to receive treatment via Telehealth shall be obtained and may be included in the member's initial general consent for treatment.

If the member (or legal guardian) indicates at any point that he or she wishes to stop using the technology, the service should cease immediately, and an alternative method of service provision should be arranged.

The provider who has the ultimate responsibility for the care of the patient must first obtain verbal and written consent from the recipient, including as listed below:

- The right to withdraw at any time
- A description of the risks, benefits and consequences of telemedicine
- Application of all existing confidentiality protections
- Right of the patient to documentation regarding all transmitted medical information
- Prohibition of dissemination of any patient images or information to other entities without further written consent.

SOURCE: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter-519.17 Practitioner Services: Telehealth Services. (Effective Jan. 1, 2022) p. 4.; WV Dept. of Health and Human Svcs., Medicaid Provider Manual, Chapter 523: Targeted Case Management, p. 7 (Jul. 1, 2016); 521.9 Behavioral Health Outpatient Services. P. 9-10. (Jan. 15, 2018). p. 10. (Accessed May 2025).

OUT OF STATE PROVIDERS

Last updated 05/13/2025

All interstate telehealth practitioners must be registered with the appropriate board in West Virginia.

Interstate: The provision of telehealth services to a patient located in West Virginia by a healthcare practitioner located in any other state or commonwealth of the United States. The practitioner must be licensed and in good standing in the state they reside

and not currently under investigation or subject to an administrative complaint. The provider must register as an interstate telehealth practitioner with the appropriate board in West Virginia and will be subject to the laws and requirements set forth by the registering board. The practitioner must also enroll with the current Medicaid fiscal agent(s) as an Interstate Provider. A practitioner currently licensed to practice in West Virginia is not subject to registration.

SOURCE: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17.2 Practitioner Services: Telehealth Services. p. 3, 5 (Effective Jan. 1, 2022). (Accessed May 2025).

MISCELLANEOUS

Last updated 05/13/2025

Members may utilize Telehealth through their personal computer by utilizing a VPN established and maintained by the provider and meeting the equipment standards stated in this policy.

See manual for equipment standards and requirements.

SOURCE: WV Dept. of Health and Human Svcs. Medicaid Provider Manual, Chapter–519.17.2 Practitioner Services: Telehealth Services. p. 3 (Effective Jan. 1, 2022). (Accessed May 2025).

Additional instructions regarding telehealth standards and billing available in the following manuals: Licensed Behavioral Health Center Services (Ch. 503); Substance Use Disorder Services (Ch. 504); Behavioral Health Outpatient Services (Ch. 521); Targeted Case Management (Ch. 523). Limited to specific CPT codes.

SOURCE: WV Dept. of Health and Human Service Medicaid Provider Manual, Chapter–503.12 Licensed Behavioral Health Center Services (Jul. 15, 2018); 504.10 Substance Use Disorder Services (Jan. 1, 2023); 521.9 Behavioral Health Outpatient Services (Jan. 15, 2018); 523.3 Targeted Case Management (Jul. 1, 2016). (Accessed May 2025).

Sexual Assault Examinations

A hospital is required to have a trained health care provider available or transfer agreement as provided in a county plan, to complete a sexual assault forensic examination. “Available” includes, but not limited, having access to a trained sexual assault forensic examination expert via telehealth.

SOURCE: WV Code Section 15-9B-4(b)(3). (Accessed Nov. 2024).

An administrative rule establishes requirements for the treatment of sexual assault victims at a health care facility that provides sexual assault forensic exams. Qualified

providers include those with specific sexual assault training and access to a teleSANE. The rule defines teleSANE to mean a certified sexual assault nurse examiner with documented expertise who provides forensic exam guidance through telehealth technology and is an approved provider by the Sexual Assault Forensic Examination Commission (SAFE) Commission. The rule was initially to be effective August 5, 2024, however a subsequently filed emergency rule delayed the effective date to January 1, 2026.

SOURCE: WV Rule Sec. 149-11-2 & 149-11-3 as added by Emergency Rule. (Accessed Nov. 2024).

Emergency Medical Services – Triage, Treat, and Transport to Alternative Destination

An emergency medical services agency may triage and transport a patient to an alternative destination in this state or treat in place if the emergency medical services agency is coordinating the care of the patient through medical command or telehealth services with a physician for a medical-based complaint or with a behavioral health specialist for a behavioral-based complaint. Emergency medical services agencies shall execute a memorandum of understanding with alternative treatment destinations as permitted by the protocols to transport patients. On or before October 1, 2024, the director shall establish protocols for emergency medical services agencies to triage, treat, and transport to alternative destinations.

SOURCE: WV Code Section 16-4C-26 as added by SB 533 (2024 Legislation Session). (Accessed May 2025).

Behavioral Health Centers Licensure – Standards for 24-Hour Programs Requiring Medical Monitoring

The provider must have a policy regarding the face-to-face or telemedicine availability of medical staff to directly observe the patient after hours within 30 minutes as necessary and appropriate unless an arrangement is made for alternative medical care.

SOURCE: WV Rule Sec. 64-11-12.29.3. (Accessed Nov. 2024).

Licensed Behavioral Health Centers

Community-Based Mobile Crisis Intervention Services are provided by multidisciplinary Mobile Crisis Response Teams. These teams comprise at least two individuals: At a minimum, one Clinical staff with experience in crisis response and one direct care staff. For safety, a minimum of two staff must be present for the face-to-face intervention. Clinical care staff must be fully engaged in the intervention by meeting face-to-face with

the member or via telehealth as appropriate. For the safety of the mobile response team, teams must consist of a minimum of two individuals for face-to-face responses. While two staff are required to respond, one staff can respond on an emergency basis only.

SOURCE: WV Dept. of Health and Human Services, Medicaid Provider Manual, Chapter 503 Licensed Behavioral Health Centers Appendix H, p. 8 (Feb. 1, 2024). (Accessed May 2025).

Targeted Case Management

Telehealth providers must have in place a systematic quality assurance and improvement program relative to Telehealth services that is documented and monitored.

SOURCE: WV Dept. of Health and Human Services, Medicaid Provider Manual, Chapter 523 Targeted Case Management, p. 7 (July 1, 2016). (Accessed May 2025).

Professional Requirements

DEFINITIONS

Last updated 05/13/2025

“Telehealth services” means the use of synchronous or asynchronous telecommunications technology or audio only telephone calls by a health care practitioner to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include internet questionnaires, e-mail messages, or facsimile transmissions.

Interstate telehealth services means the provision of telehealth services to a patient located in West Virginia by a health care practitioner located in any other state or commonwealth of the United States.

SOURCE: WV Statute Sec. 30-1-26. (Accessed May 2025).

“Practice of telemedicine means the practice of medicine using communication tools such as electronic communication, information technology or other means of interaction between a licensed health care professional in one location and a patient in another location, with or without an intervening health care provider, and typically involves secure real time audio/video conferencing or similar secure audio/video

services, remote monitoring, interactive video and store and forward digital image or health data technology to provide or support health care delivery by replicating the interaction of a traditional in person encounter between a provider and a patient. The practice of telemedicine occurs in this state when the patient receiving health care services through a telemedicine encounter is physically located in this state.”

SOURCE: WV Code Sec. 30-3-13.(b). (Accessed May 2025).

“Telemedicine” means the practice of medicine using tools such as electronic communication, information technology, store and forward telecommunication, audio only telephone calls, or other means of interaction between a physician or podiatrist in one location and a patient in another location, with or without an intervening health care provider.

“Telemedicine technologies” means technologies and devices which enable secure communications and information exchange in the practice of telemedicine, and typically involve the application of secure real-time audio/video conferencing or similar secure video services, remote monitoring or store and forward digital image technology, or audio only telephone calls to provide or support health care delivery by replicating the interaction of a traditional in-person encounter between a physician or podiatrist and a patient.

SOURCE: WV Statute Sec. 30-3-13a & 30-14-12d. (Accessed May 2025).

Veterinarians

“Telehealth services” means the use of synchronous or asynchronous telecommunications technology or audio only telephone calls by a veterinary care professional to provide veterinary care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; maintenance of medical data; patient and professional health-related education; public health services; and health administration. The term does not include internet questionnaires, email messages, or facsimile transmissions.

SOURCE: WV Statute Sec. 30-10-24. (Accessed May 2025).

Speech-Language Pathologists and Audiologists Compact

“Telehealth” means the application of telecommunication, audio-visual, or other technologies that meets the applicable standard of care to deliver audiology or speech-language pathology services at a distance for assessment, intervention, or consultation.

SOURCE: WV Code Sec. 30-32A-2. (Accessed May 2025).

Teledentistry – Effective July 11, 2025

“Teledentistry” means the use of telehealth by a provider who is located at a distant site to facilitate the diagnosis, treatment, education, care management, and self-management of or consultation with a patient who is located at an originating site. The term includes, without limitation:

- Real-time interactions between a patient at an originating site and a provider at a distant site;
- The asynchronous transmission of medical and dental information concerning a patient from an originating site to a provider at a distant site;
- Interaction between a provider at a distant site who is providing dental services to a patient at an originating site and another provider at the originating site; and
- Monitoring of a patient at an originating site by a provider at a distant site.

SOURCE: WV Code Section 30-4-3, (SB 710 (Passed April 12, 2025)). (Accessed May 2025).

Dentistry (Final Rule, Expires August 1, 2027)

“Teledentistry” or “Teledentistry services” means the use of synchronous or asynchronous telecommunications technology or audio only telephone calls by a dentist or dental hygienist to provide health care services, within their scope of practice, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include internet questionnaires, e-mail messages, or facsimile transmissions.

SOURCE: WV Admin Law 5-16-2. (Accessed Nov. 2024).

Board of Nursing (Final Rule, Expires Aug. 1, 2033), Board of Osteopathic Medicine (Final Rule, Expires Aug. 1, 2027), Board of Medicine (Final Rule, Expires Aug. 1, 2027)

“Telehealth services” means the use of synchronous or asynchronous telecommunications technology or audio only telephone calls by (profession) to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include internet questionnaires, e-mail messages, or facsimile transmissions.

“Telemedicine technologies” means technologies and devices which enable secure communications and information exchange in the practice of telemedicine, and typically involve the application of secure real-time audio/video conferencing or similar secure video services, remote monitoring or store and forward digital image technology, or audio only telephone calls to provide or support health care delivery by replicating the interaction of a traditional in-person provider and a patient.

SOURCE: WV Admin Law 19-16-2. (Nursing), WV Admin Law 24-10-2. (Osteopathic Medicine), WV Admin Law 11-15-2. (Medicine). (Accessed May 2025).

Board of Social Work (Final Rule, Expires August 1, 2030) and Board of Optometry (Final Rule, Expires August 1, 2028)

“Telehealth services” means the use of synchronous or asynchronous telecommunications technology or audio only telephone calls by a health care practitioner to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include internet questionnaires, e-mail messages, or facsimile transmissions.

SOURCE: WV Admin Law 25-1-2 (Social Workers), WV Admin Law 14-12-2 (Optometrists). (Accessed May 2025).

Board of Counseling Examiners (Emergency Rule, Expires Aug. 1, 2029)

“Telehealth services” means the use of synchronous or asynchronous telecommunications technology or audio only telephone calls that are compliant with Federal and State privacy and confidentiality requirements by a licensed professional counselor or licensed marriage and family therapist to provide services, including, but not limited to, assessment, diagnosis, and treatment. The term does not include internet questionnaires, email messages, or facsimile transmissions.

“Telemedicine technologies” means technologies and devices which enable secure communications and information exchange in the practice of telemedicine, and typically involve the application of secure real-time audio/video conferencing or similar secure video services, remote monitoring or store and forward digital image technology, or audio only telephone calls to provide or support health care delivery by replicating the interaction of a traditional in-person counseling session.

SOURCE: WV Admin Law 27-14-2. (Accessed May 2025).

Board of Nursing (Final Rule, Expires Aug. 1, 2033)

“Virtual telehealth” means a new patient or follow-up patient for acute care that does not require chronic management or scheduled medications.

SOURCE: WV Admin Law 19-16-2. (Accessed May 2025).

Board of Chiropractic Examiners (Final Rule, Expires Aug. 1, 2027)

“Telehealth services” means the use of synchronous or asynchronous telecommunications technology or audio only telephone calls by a health care practitioner to provide chiropractic services for assessment, intervention and/or consultation. The term does not include internet questionnaires, email messages, or facsimile transmissions, nor does it include promoting or soliciting patients.

SOURCE: WV Admin Law 4-9-2. (Accessed May 2025).

Speech Language Pathology and Audiology (Final Rule, Expires August 1, 2030)

“Telepractice Services” is defined as the application of telecommunication technology to deliver speech-language pathology and/or audiology services at a distance for assessment, intervention and/or consultation.

SOURCE: WV Rule 29-01-2. (Accessed May 2025).

Dietitians (Final Rule, Expires August 1, 2029)

“Telehealth” is the application of evaluative, consultative, preventative, and therapeutic services delivered through telecommunication and information technologies. Medical nutrition therapy or nutrition therapy services provided by means of a telehealth service delivery model can be synchronous, that is, delivered through interactive technologies in real time, or asynchronous, using store-and-forward technologies. Telehealth is considered the same as teletherapy, telerehabilitation, and telepractice in various settings and for the purpose of this rule.

“Telehealth technologies” means technologies and devices which enable secure electronic communications and information exchange in the practice of telehealth, and typically involve the application of secure real-time audio/video conferencing or similar secure video services or store and forward digital image technology to provide medical nutrition therapy or nutrition therapy services by replicating the interaction of a traditional in-person encounter between a licensed dietitian and a patient.

SOURCE: WV Rule 31-7-2. (Accessed May 2025).

Respiratory Care

“Telehealth” is the application of evaluative, consultative, preventative, and therapeutic services delivered through telecommunication and information technologies. Respiratory Care services provided by means of a telehealth service delivery model can be synchronous, that is, delivered through interactive technologies in real time, or asynchronous, that is, of or requiring a form of computer control timing protocol in which a specific operation begins upon receipt of an indication (signal) that the preceding operation has been completed. Telehealth is considered the same as teletherapy, telerehabilitation, and telepractice in various settings and for the purpose of this rule.

SOURCE: WV Rule 30-11-2 (Accessed May 2025).

Occupational Therapy (Effective July 1, 2025)

“Telehealth” is the application of evaluative, consultative, preventative, and therapeutic services delivered through telecommunication and information technologies. Occupational therapy services provided by means of a telehealth service delivery model can be synchronous, that is, delivered through interactive technologies in real time, or asynchronous, using store-and-forward technologies. Telehealth is considered the same as teletherapy, telerehabilitation, and telepractice in various settings and for the purpose of this rule.

SOURCE: WV Rule 13-9-2 (Accessed May 2025).

CONSENT REQUIREMENTS

Last updated 05/13/2025

Physicians and podiatrists must obtain from the patient appropriate consent for the use of telemedicine technologies.

SOURCE: WV Statute Sec. 30-14-12d & 30-3-13a. (Accessed May 2025).

Athletic Trainers, Physical Therapists

An athletic trainer and physical therapist that provides telehealth services must obtain and maintain the informed consent of the patient, or of another individual authorized to make health care treatment decisions for the patient, prior to the provision of telehealth services.

SOURCE: WV Admin. Law Sec. 16-5-13.6, WV Admin. Law Sec. 16-01-12.6, (Accessed May 2025).

Occupational Therapy

Occupational therapy personnel shall obtain informed consent of the delivery of service via telehealth from the patient/client prior to initiation of occupational therapy services via telehealth and maintain documentation of the consent-to-treat process and content in the patient's or client's health records.

SOURCE: WV Admin. Law Sec. 13-09-5.1.c. (Accessed May 2025).

Veterinarians

A veterinarian shall provide a client a clear mechanism to consent for the use of telehealth. As part of establishing the veterinarian-client relationship, the veterinarian assumes responsibility for medical judgements regarding the health of an animal and the client who is the owner or owner's advocate of the animal consents to the veterinarian's treatment plan.

SOURCE: WV Statute Sec. 30-10-24. (Accessed May 2025).

Teledentistry – Effective July 11, 2025

Prior to the provision of services to a patient through teledentistry, a provider shall obtain informed consent that meets the requirements of Section 30-4-8b(g) from a patient who is an adult or a minor authorized by law to provide consent or informed consent that meets the requirements of Section 30-4-8b(g) from the parent or guardian of a patient who is a minor and is not authorized by law to provide consent; and document the informed consent provided pursuant this subsection in the record of the patient.

Informed consent to the provision of services through teledentistry requires the patient or his or her parent or guardian to be informed of:

- The types of services that will be provided through teledentistry and any limitations on the provision of those services through teledentistry;
- The information prescribed by §30-4-8b(f) for each provider who shall provide services through teledentistry;
- Precautions to be taken in the event of a technological failure or an emergency; and
- Any other information prescribed by legislative rule of the board.

SOURCE: WV Code Section 30-4-8b(e)(4)(A) & (B) & (5), (g), (SB 710 (Passed April 12, 2025)). (Accessed May 2025).

Final Rule (Effective until August 1st, 2027) – Dentistry

In providing teledentistry services, a licensee or registrant shall, to the extent possible:

Obtain an appropriate informed consent from the requesting patient after disclosures have been made regarding the delivery models and treatment methods and limitations, to include any special informed consents regarding the use of teledentistry services.

See rule for more details about the requirements for informed consent in teledentistry.

SOURCE: WV Admin Law 5-16-4. (Accessed May 2025).

Final Rule (Effective until August 1, 2030) – Social Workers

Prior to the provision of service, the social worker should obtain informed consent specific to telehealth services using appropriate language understandable to the client. The practitioner-client relationship is established at the time informed consent is obtained.

SOURCE: WV Admin Law 25-1-5. (Accessed May 2025).

Final Rule (Effective until August 1, 2033) – Nurses

A telehealth provider must obtain the patient's consent to receive telehealth services.

SOURCE: WV Admin Law 19-16-7. (Accessed May 2025).

Emergency Rule (Effective until August 1, 2029) – Professional Counselors & Marriage and Family Therapists

A telehealth provider must obtain the patient's consent to receive telehealth services.

SOURCE: WV Admin Law 27-14-6. (Accessed May 2025).

Final Rule (Effective until August 1st, 2027) – Osteopathic Medicine & Medicine

With the exception of the practice of pathology and radiology, a telehealth provider shall obtain the patient's consent to receive telehealth services.

SOURCE: WV Admin Law 24-10-7 & WV Admin Law 11-15-7. (Accessed May 2025).

Final Rule (Effective until August 1, 2028) – Optometrists

The provider of telehealth services shall provide to the patient or guardian a clear mechanism to provide consent for the use of telehealth. All consent and required notification shall occur prior to initiating any services. Patient medical records must meet the same requirements as in-person records including, but not limited to:

- record retention;
- informed consent;
- accessibility to both the licensee or registrant and the patient or legal guardian; and
- be consistent with all established laws and administrative regulations governing patient healthcare records, but not limited to, HIPAA.

SOURCE: WV Admin Law 14-12-3. (Accessed May 2025).

Final Rule (Effective until August 1, 2029) – Dietitians

Prior to providing medical nutrition therapy or nutrition therapy services via telehealth:

- The licensed dietitian shall obtain informed consent of the delivery of service via telehealth from the patient/client prior to initiation of medical nutrition therapy or nutrition therapy services via telehealth and maintain documentation of the consent-to-treat process and content in the patient's or client's health records.
- The licensed dietitian shall verbally verify the identity and location of the patient or client and document in the patient's or client's health records.

SOURCE: WV Rule 31-7-5. (Accessed May 2025).

Respiratory Care

The licensed respiratory therapist shall obtain informed consent of the delivery of service via telehealth from the patient/client prior to initiation of respiratory care services via telehealth and maintain documentation of the consent-to-treat process and content in the patient's or client's health records.

SOURCE: WV Rule Sec 30-11-5.1.3. (Accessed May 2025).

ONLINE PRESCRIBING

Last updated 05/13/2025

Each health care board is required to propose an emergency rule for telehealth regulation. The rule must include a prohibition of prescribing any controlled substance listed in Schedule II of the Uniform Controlled Substance Act, unless authorized by another section: *Provided*, That the prescribing limitations contained in this section do not apply to a physician or a member of the same group practice with an established patient.

The standard of care shall require that with respect to the established patient, the patient shall visit an in-person health care practitioner within 12 months of using the

initial telemedicine service or the telemedicine service shall no longer be available to the patient until an in-person visit is obtained. This requirement may be suspended, in the discretion of the health care practitioner, on a case-by-case basis, and it does not apply to the following services: acute inpatient care, post-operative follow-up checks, behavioral medicine, addiction medicine, or palliative care.

A physician or health care provider may not prescribe any drug with the intent of causing an abortion or

prescribing or dispensing gender altering medication to a person who is under 18 years of age.
(**effective July 11, 2025** as made into law by SB 299 (passed April 12, 2025))

SOURCE: WV Statute Sec. 30-1-26. (Accessed May 2025).

“Valid patient-practitioner relationship” means the following have been established:

- (A) A patient has a medical complaint;
- (B) A medical history has been taken;
- (C) A face-to-face physical examination adequate to establish the medical complaint has been performed by the prescribing practitioner or in the instances of telemedicine through telemedicine practice approved by the appropriate practitioner board; and
- (D) Some logical connection exists between the medical complaint, the medical history, and the physical examination and the drug prescribed.

SOURCE: WV Code Sec. 30-5-4. (Accessed May 2025).

A physician-patient relationship may not be established through:

- Text-based communications such as e-mail, Internet questionnaires, text-based messaging, or other written forms of communication.

If an existing physician-patient relationship is not present prior to the utilization to telemedicine technologies, or if services are rendered solely through telemedicine technologies, a physician-patient relationship may only be established:

- Through the use of telemedicine technologies which incorporate interactive audio using store and forward technology, real-time videoconferencing, or similar secure video services during the initial physician-patient encounter;
- For the practice of pathology and radiology, a physician-patient relationship may be established through store and forward telemedicine or other similar technologies; or
- Through the use of audio-only calls or conversations that occur in real time. Patient communication through audio-visual communication is preferable, if available or possible.

Audio-only calls or conversations that occur in real time may be used to establish the physician-patient relationship.

Once a physician-patient relationship has been established, either through an in-person encounter or in accordance with the above, the physician may utilize any telemedicine technology that meets the standard of care and is appropriate for the patient presentation.

A physician or podiatrist who practices medicine to a patient solely through the utilization of telemedicine technologies may not prescribe to that patient any controlled substances listed in Schedule II of the Uniform Controlled Substances Act: Provided, That the prescribing limitations contained in this section do not apply to a physician or a member of the same group practice with an established patient.

The prescribing limitations do not apply when a physician is providing treatment to patients who are minors, or if 18 years of age or older, who are enrolled in a primary or secondary education program and are diagnosed with intellectual or developmental disabilities, neurological disease, Attention Deficit Disorder, Autism, or a traumatic brain injury in accordance with guidelines as set forth by organizations such as the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, or the American Academy of Pediatrics. The physician must maintain records supporting the diagnosis and the continued need of treatment.

The prescribing limitations do not apply to a hospital, excluding the emergency department, when a physician submits an order to dispense a controlled substance, listed in Schedule II of the Uniform Controlled Substances Act, to a hospital patient for immediate administration in a hospital.

A physician or podiatrist may not prescribe any pain-relieving controlled substance listed in Schedule II of the Uniform Controlled Substance Act as part of a course of treatment for chronic nonmalignant pain solely based upon a telemedicine encounter: Provided, That the prescribing limitations contained in this section do not apply to a physician or a member of the same group practice with an established patient.

A physician or health care provider may not prescribe any drug with the intent of causing an abortion.

These provisions do not prohibit the use of audio-only or text-based communications by a physician who is:

- Responding to a call for patients with whom a physician-patient relationship has been established through an in-person encounter by the physician;

- Providing cross coverage for a physician who has established a physician-patient or relationship with the patient through an in-person encounter; or
- Providing medical assistance in the event of an emergency.

SOURCE: WV Statute Sec. 30-14-12d & 30-3-13a, (Accessed May 2025).

“Dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public or any member thereof” includes practice of providing treatment recommendations relating to issuing prescriptions, via electronic or other means, for persons without establishing an on-going provider-patient relationship wherein the physician, podiatric physician or physician assistant has obtained information adequate to support the prescription: Provided, That this definition does not apply: in a documented emergency; or in an on-call or cross coverage situation; or where patient care is rendered in consultation with another provider who has an ongoing relationship with the patient, and who has agreed to supervise the patient’s treatment, including use of any prescribed medications.

SOURCE: WV Code of State Rules Sec. 11-1A-12.2(k) p. 21. (Accessed May 2025).

Veterinarians

A veterinarian-client-patient relationship is required for providing veterinary care in the State of West Virginia via telehealth services. The veterinary care professional shall perform an in person exam within the 12 months prior, and at least every 12 months thereafter, or the telehealth service shall no longer be available to the patient. Such relationship exists when:

- A veterinarian assumes responsibility for medical judgments regarding the health of an animal and the client who is the owner or owner’s advocate of the animal consents to the veterinarian’s treatment plan; and
- A veterinarian, through personal examination of an animal or a representative sample of a herd or flock, obtains sufficient information to make at least a general or preliminary diagnosis of the medical condition of the animal, herd or flock, which diagnosis is expanded through medically appropriate visits to the premises where the animal, herd or flock is kept,
- In the event of an imminent, life-threatening emergency veterinary care may be provided in this State via telehealth services without an existing veterinarian-client-patient relationship or an in-person visit within 12 months.

A registrant shall not prescribe any controlled substance listed in Schedule II of the Uniform Controlled Substance Act via interstate telehealth services.

SOURCE: WV Statute Sec. 30-10-24. (Accessed May 2025).

Teledentistry – Effective July 11, 2025

A provider may not provide treatment for any condition based solely on the results of an online questionnaire.

Except as otherwise provided for in §30-4-8b(d), a provider shall establish a bona fide relationship with a patient before providing services to a patient through teledentistry. A bona fide relationship between a patient and a provider shall exist if the provider has:

- Reviewed the patient's relevant history, medical records, diagnostic records, and, if treatment is for the correction of a malposition of teeth, the patient's current radiographic records.
- Performed an appropriate, in-person, physical examination of the patient for the purpose of diagnosing, assessing, developing a treatment plan, or determining the patient's current medical or dental condition; and
- A reasonable expectation that he or she provide in-person follow-up care and treatment 32 to the patient on a regular basis.

Notwithstanding the limitations provided in §30-4-8b(c), a provider may establish a relationship with a patient through teledentistry only:

- For the purpose of emergent care;
- In connection with a public health program; or
- To make an initial diagnosis of a malposition of teeth and a determination of the need for an orthodontic appliance. An initial diagnosis and determination must be confirmed through an in-person visit and review of the patient's current radiographic records before the patient begins using the orthodontic appliance.

SOURCE: WV Code Section 30-4-8b(b)(1)(A), (c) & (d), (SB 710 (Passed April 12, 2025)). (Accessed May 2025).

Final Rule (Effective until August 1st, 2027) – Dentistry

No person shall practice teledentistry unless a bona fide practitioner-patient relationship is established. A bona fide practitioner-patient relationship shall exist if the dentist has:

- obtained or caused to be obtained a health and dental history of the patient
- performed or caused to be performed an appropriate examination of the patient, either physically, through use of instrumentation and diagnostic equipment by which digital scans, photographs, images, and dental records are able to be transmitted electronically, or through use of face-to-face interactive two-way real-time communications services or store-and-forward technologies

- provided information to the patient about the services to be performed
- initiated additional diagnostic tests or referrals as needed; or
- through audio only calls or conversations that occur in real time

In cases in which a dentist is providing teledentistry, the examination required shall not be required if the patient has been examined in person by a dentist licensed by the board within the twelve months prior to the initiation of teledentistry and the patient's dental records of such examination have been reviewed by the practitioner providing teledentistry.

SOURCE: WV Admin Law 5-16-4. (Accessed May 2025).

Final Rule (Effective until August 1st, 2027) – Medical Board

Among other ways, a provider-patient relationship is formed when a provider serves a patient's medical needs, examines, diagnoses or treats a patient, or agrees to examine, diagnose or treat a patient.

A provider-patient relationship may be established through:

- An in-person patient encounter;
- Store and forward telemedicine or other similar technologies for the practice of pathology and radiology;
- Telemedicine technologies which incorporate interactive audio using store and forward technology, real-time videoconferencing, or similar secure video services during the initial provider-patient encounter; or
- Audio-only calls or conversations that occur in real time.

While real-time audio-only communications may be utilized to establish the provider-patient relationship, patient communication through audio-visual communication is preferable, if available or possible. Real-time audio-only communications may not be utilized when its use does not conform to the standard of care.

The provider-patient relationship may not be established through text-based communications such as email, internet questionnaires, text-based messaging, or other written forms of communication.

A telehealth provider's selection of telemedicine technologies for a patient encounter must permit the provider to meet the standard of care for the patient's particular health issue and presentation. Treatment, including issuing a prescription, based solely on an online questionnaire, does not conform to the standard of care.

When prescribing to a patient via telemedicine, a telehealth provider shall prescribe within the prescriptive authority of the provider's profession in West Virginia.

A telehealth provider who provides health care to a patient solely through the use of telemedicine technologies is prohibited from prescribing a controlled substance listed in Schedule II of the Uniform Controlled Substance Act except under the following circumstances:

- The patient is an established patient of the prescribing telehealth provider's group practice;
- The provider submits an order to dispense a Schedule II controlled substance to a hospital patient, other than in the emergency department, for immediate administration in a hospital
- The telehealth provider is treating patients who are minors, or if 18 years of age or older, who are enrolled in a primary or secondary education program and are diagnosed with intellectual or developmental disabilities, neurological disease, Attention Deficit Disorder, Autism, or a traumatic brain injury in accordance with guidelines as set forth by organizations such as the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, or the American Academy of Pediatrics. The provider must maintain records supporting the diagnosis and the continued need of treatment.

See rule for additional requirements for prescribing controlled substances.

A telehealth provider may not, based solely upon a telemedicine encounter, prescribe any drug with the intent of causing an abortion.

SOURCE: WV Admin Law 11-15-6, 7 & 8. (Accessed May 2025).

Final Rule (Effective until August 1st, 2033) – Board of Nursing

A practitioner-patient relationship may be established through:

- An in-person patient encounter;
- Telemedicine technologies which incorporate interactive audio using store and forward technology, real-time videoconferencing, or similar secure video services during the initial provider-patient encounter; or
- Audio-only calls or conversations that occur in real time.

While real-time audio-only communications may be utilized to establish the practitioner-patient relationship, patient communication through audio-visual communication is preferable, if available or possible. Real-time audio-only communications may not be utilized when its use does not conform to the standard of care.

The practitioner-patient relationship may not be established through text-based communications such as email, internet questionnaires, text-based messaging, or other written forms of communication.

After a practitioner-patient relationship has been established, a practitioner may utilize any telemedicine technology that meets the standard of care and is appropriate for the patient presentation.

A telehealth provider's selection of telemedicine technologies for a patient encounter must permit the provider to meet the standard of care for the patient's particular health issue and presentation. Treatment, including issuing a prescription if the nurse has prescriptive authority, based solely on an online questionnaire, does not conform to the standard of care.

The standard of care for the provision of health care services is the same for health care services provided in-person and health care services provided via telemedicine technologies.

Nothing in this rule requires a practitioner to use telemedicine technologies to treat a patient if the practitioner, in his or her discretion determines that an in-person encounter is required.

APRNs: When prescribing to a patient via telemedicine, a telehealth provider shall prescribe within the prescriptive authority of the provider's profession in the state of West Virginia pursuant to qualified advanced practice registered nurses to prescribe prescription drugs in accordance with the provisions of W. Va. Code § 60A-9-5a and the requirements set forth in §30-7-15a, 15b, and 15c and 19 CSR 08.

A telehealth provider may not, based solely upon a telemedicine encounter, prescribe any drug with the intent of causing an abortion.

See rule for requirements for controlled substances.

SOURCE: WV Admin Law 19-16-6, 7, 8. (Accessed May 2025).

Final Rule (Effective until August 1st, 2027) – Board of Osteopathic Medicine

A provider-patient relationship may be established through:

- An in-person patient encounter;
- Store and forward telemedicine or other similar technologies for the practice of pathology and radiology;

- Telemedicine technologies which incorporate interactive audio using store and forward technology, real-time videoconferencing, or similar secure video services during the initial provider-patient encounter; or
- Audio-only calls or conversations that occur in real time.

The provider-patient relationship may not be established through text-based communications such as email, internet questionnaires, text-based messaging, or other written forms of communication. After a provider-patient relationship has been established, a provider may utilize any telemedicine technology that meets the standard of care and is appropriate for the patient presentation.

It is the standard of care in this state for health care practitioners to complete an appropriate controlled substance prescribing course prior to prescribing controlled substances to patients located in West Virginia. The Board maintains a list of Board-approved courses in drug diversion training and best practice prescribing controlled substances training on its website. Registrants may comply with the standard of care by completing a Board-approved course or a controlled substance continuing education course required by the registrant's state of licensure.

When prescribing to a patient via telemedicine, a telehealth provider shall prescribe within the prescriptive authority of the provider's profession in this state.

A telehealth provider who provides health care to a patient solely through the use of telemedicine technologies is prohibited from prescribing a controlled substance listed in Schedule II of the Uniform Controlled Substance Act except under the following circumstances:

- The patient is an established patient of the prescribing telehealth provider's group practice;
- The provider submits an order to dispense a Schedule II controlled substance to a hospital patient, other than in the emergency department, for immediate administration in a hospital; or
- The telehealth provider is treating patients who are minors, or if 18 years of age or older, who are enrolled in a primary or secondary education program and are diagnosed with intellectual or developmental disabilities, neurological disease, Attention Deficit Disorder, Autism, or a traumatic brain injury in accordance with guidelines as set forth by organizations such as the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, or the American Academy of Pediatrics. The provider must maintain records supporting the diagnosis and the continued need of treatment.

See additional requirements for providers who prescribe controlled substances.

A telehealth provider may not, based solely upon a telemedicine encounter, prescribe any drug with the intent of causing an abortion.

SOURCE: WV Admin Law 24-10-6, 7, 8. (Accessed May 2025).

Final Rule (Effective until August 1, 2030) – Social Workers

The practitioner-client relationship is established at the time informed consent is obtained.

SOURCE: WV Admin Law 25-1-5. (Accessed Nov. 2024).

Final Rule (Effective until August 1, 2030) – Speech Language Pathology and Audiology

Established patient means a patient who has, within the last three years, received professional services, face-to-face, from the physician, qualified health care professional, or another physician or qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice.

The standard of care requires that with respect to the established patient, the patient shall visit an in-person health care practitioner within 12 months of using the initial telepractice service or the telepractice service shall no longer be available to the patient until an in-person visit is obtained. This requirement may be suspended, in the discretion of the health care practitioner, on a case-by-case basis, but it does not apply to the following services: acute inpatient care, post-operative follow-up checks, behavioral medicine, addiction medicine, or palliative care.

SOURCE: WV Rule 29-01-16. (Accessed May 2025).

Final Rule (Effective until August 1, 2028) – Optometrists

No person shall deliver optometric telehealth services unless a bona fide optometrist-patient relationship is established. A bona fide optometrist-patient relationship shall exist if the optometrist has:

- obtained or caused to be obtained and reviewed a health and ocular history of the patient
- performed or caused to be performed and reviewed appropriate examination of the patient, either physically through use of instrumentation and diagnostic equipment by which digital scans, photographs, images and records able to be transmitted electronically, or through use of face-to-face interactive two-way real-time communications services, store-and-forward technologies, or through audio only calls or conversations that occur in real time;
- provided information to the patient about the services to be performed; and

- initiated additional diagnostic tests or referrals as needed.

In cases in which an optometrist is providing telehealth, the examination required shall not be required if the patient has been examined in person by an optometrist licensed by the Board within the 12 months prior to the initiation of telehealth and the patient's records of such examination have been reviewed by the optometrist providing telehealth.

The standard of care for providing optometric care in the State of West Virginia via telehealth services by a registrant or licensed optometrist shall be the same as for in-person care.

A telehealth provider's selection of telemedicine technologies for a patient encounter must permit the provider to meet the standard of care for the patient's particular health issue and presentation. Treatment, including issuing a prescription, based solely on an online questionnaire, does not conform to the standard of care.

Nothing in this rule requires a practitioner to use telemedicine technologies to treat a patient if the practitioner, in his or her discretion determines that an in-person encounter is required.

A registrant shall not prescribe any controlled substance listed in Schedule II of the Uniform Controlled Substance Act via interstate telehealth services.

Nothing in this section shall be construed to invalidate §30-8A-3 or to permit use of any automated refractor or other automated or remote testing device to generate refractive data.

SOURCE: WV Admin Law 14-12-3, 5. (Accessed May 2025).

Emergency Rule (Effective until August 1st, 2029) – Professional Counselors & Marriage and Family Therapists

An interstate telehealth registration does not authorize a LPC or LMFT to establish a new client relationship.

SOURCE: WV Admin Law 27-14-3. (Accessed May 2025).

Final Rule (Effective until August 1, 2029) – Dietitians

A practitioner-patient relationship may be established through video, audio or written forms of communication, such as e-mail or text-based messaging, or any combination thereof.

If an existing practitioner-patient relationship is not present prior to the utilization of telehealth technologies, or if services are rendered solely through telehealth technologies, a practitioner-patient relationship may only be established through the use of telehealth technologies which incorporate interactive audio using store and forward technology, real-time videoconferencing, or similar secure video services during the initial patient evaluation.

Once a practitioner-patient relationship has been established, either through an in-person encounter or in accordance with section 4.2 of this rule, the practitioner may utilize any telehealth technology that meets the standard of care and is appropriate for the patient.

SOURCE: WV Rule 31-7-4. (Accessed May 2025).

Occupational Therapist (Effective July 1, 2025)

A practitioner-patient relationship may not be established through audio-only, written forms of communication, such as e-mail or text-based messaging, or any combination thereof.

If an existing practitioner-patient relationship is not present prior to the utilization of telehealth technologies, or if services are rendered solely through telehealth technologies, a practitioner-patient relationship may only be established through the use of telehealth technologies which incorporate interactive audio using store and forward technology, real-time videoconferencing or similar secure video services during the initial patient evaluation.

Once a practitioner-patient relationship has been established, either through an in-person encounter or in accordance with section 4.2 of this rule, the practitioner may utilize any telehealth technology that meets the standard of care and is appropriate for the patient.

SOURCE: WV Rule 13-09 (Accessed May 2025).

Respiratory Care

A practitioner-patient relationship may be established through video, audio or written forms of communication, such as e-mail or text-based messaging, or any combination thereof.

If an existing practitioner-patient relationship is not present prior to the utilization of telehealth technologies, or if services are rendered solely through telehealth

technologies, a practitioner-patient relationship may only be established through the use of telehealth technologies which incorporate interactive audio, real-time videoconferencing, or similar secure video services during the initial patient evaluation.

Once a practitioner-patient relationship has been established, either through an in-person encounter or in accordance with section 4.2 of this rule, the practitioner may utilize any telehealth technology that meets the standard of care and is appropriate for the patient.

SOURCE: WV Rule Sec 30-11-4. (Accessed May 2025).

CROSS-STATE LICENSING

Last updated 05/13/2025

A state licensing board shall issue an occupational license or other authorization to practice to a person upon application if they hold a valid license or authorization in another state, are in good standing with the board in every other state, and have established residency as a West Virginia resident. Additional requirements and applicable fees apply, see statute for further information.

If West Virginia requires an occupational license to lawfully work in a profession, and another state does not issue an occupational license for the same profession and instead issues another authorization to practice, West Virginia shall issue an occupational license to the person if the person otherwise satisfies subsection (a) of this section.

SOURCE: WV Code Sec. 21-17-3. (Accessed May 2025).

A registration issued pursuant to the provisions of or the requirements of this section does not authorize a health care professional to practice from a physical location within this state without first obtaining appropriate licensure.

By registering to provide interstate telehealth services to patients in this state, a health care practitioner is subject to:

- The laws regarding the profession in this state, including the state judicial system and all professional conduct rules and standards incorporated into the health care practitioner's practice act and the legislative rules of registering board; and
- The jurisdiction of the board with which he or she registers to provide interstate telehealth services, including such board's complaint, investigation, and hearing process.

A health care professional who registers to provide interstate telehealth services pursuant to the provisions of or the requirements of this section shall immediately notify the board where he or she is registered in West Virginia and of any restrictions placed on the individual's license to practice in any state or jurisdiction.

SOURCE; WV Code Sec. 30-1-26. (Accessed May 2025).

The practice of medicine occurs where the patient is located at the time the telemedicine technologies are used.

A physician or podiatrist who practices telemedicine must be licensed as provided in this article or registered as provided in §30-1-1 et seq. of this code.

This does not apply to:

- An informal consultation or second opinion, at the request of a physician or podiatrist who is licensed to practice medicine or podiatry in this state: *Provided*, that the physician or podiatrist requesting the opinion retains authority and responsibility for the patient's care; and
- Furnishing of medical assistance by a physician or podiatrist in case of an emergency or disaster, if no charge is made for the medical assistance.

SOURCE: WV Code Sec. 30-3-13a & 30-14-12d. (Accessed May 2025).

Veterinarians

To provide veterinary care in the State of West Virginia via interstate telehealth services, an individual not otherwise licensed by the board must first apply for and obtain registration with the board. See statute for complete details.

SOURCE: WV Statute Sec. 30-10-24. (Accessed May 2025).

Physician Assistant

A physician assistant means a person who meets the qualifications set forth in the Physician Assistants Practice Act, W. Va. Code §30-3E-1 et seq., and is licensed to practice medicine with a collaborating physician or podiatric physician. Physician assistant also means an individual who holds a physician assistant license in another state and an interstate telehealth registration issued by this Board.

SOURCE: WV Rule Section 11-1B-2.1s (Accessed May 2025).

Final Rule (Effective until August 1, 2030) – Speech Language Pathology and Audiology

See emergency rule for interstate telepractice requirements, including qualifications, fees and renewal protocols.

SOURCE: WV Rule 29-01-16. (Accessed Nov. 2024).

Final Rule (Effective until August 1st, 2027) – Medical Board

A health care practitioner who is not licensed in West Virginia may provide interstate telehealth services to patients located at an originating site in West Virginia, within the practitioner's scope of practice, if the practitioner holds an interstate telehealth registration issued by the Board or pursuant to 11 CSR 14 during a declared state of emergency.

Health care practitioners who are not licensed in West Virginia may only provide telehealth services pursuant to this rule if the practitioner is eligible for an interstate telehealth registration. See rule for complete details about the process of obtaining registration, fees, and renewal terms.

SOURCE: WV Admin Law 11-15-3. (Accessed May 2025).

Teledentistry – Effective July 11, 2025

A person may not provide dental services through teledentistry to a patient who is located at an originating site in this state unless the person:

- Is licensed pursuant to this article or registered pursuant to §30-1-1 et seq. of this code to practice dentistry or dental hygiene in this state; and
- Possesses and maintains a policy of professional liability insurance which insures the provider against any liability arising from the provision of dental services.

No provider, partnership, corporation, or other entity which provides, or purports to provide teledentistry services or provides a platform, technology, or support services through which teledentistry is provided, may advertise their services unless they employ a provider licensed or registered in this state.

SOURCE: WV Code Section 30-4-8b(a), (i) (SB 710 (Passed April 12, 2025)). (Accessed May 2025).

Final Rule (Effective until August 1st, 2027) – Dentistry

A dentist or dental hygienist desiring to provide teledentistry services in this state via interstate telehealth services, shall make application for a registration on a form prescribed by the Board.

See rule for more details about fees and renewal information.

SOURCE: WV Admin Law 5-16-3. (Accessed May 2025).

Final Rule (Effective until August 1st, 2027) – Chiropractic Examiners & Osteopathic Medicine

A (profession) is eligible for registration as an interstate telehealth practitioner. See rule for associated requirements.

SOURCE: WV Admin Law 4-9-2, p. 2. & WV Admin Law 24-10-3, p. 6. (Accessed May 2025).

Final Rule (Effective until August 1, 2030) – Social Workers

A licensee shall only provide telehealth services in accordance with the respective scope of practice commensurate with his/her level of licensure.

Clinical social work services provided by individuals outside of the state may only be provided by a practitioner licensed at the clinical level.

All licensees of the Board providing telehealth services to clients outside the state of West Virginia shall comply with the laws and rules of that jurisdiction.

Social workers eligible for out-of-state telehealth practitioner registration under certain circumstances. See regulation for details.

SOURCE: WV Admin Law 25-1-5,6. (Accessed May 2025).

Final Rule (Effective until August 1, 2033) – Nurses

A registered nurse or advanced practice registered nurse who are not licensed in West Virginia or practicing on a multistate Registered Nurse practice privilege may only provide telehealth services pursuant to this rule if the nurse is eligible for an interstate telehealth registration. See regulation for additional requirements.

SOURCE: WV Admin Law 19-16-4. (Accessed May 2025).

Emergency Rule (Effective until August 1st, 2029) – Professional Counselors & Marriage and Family Therapists

A professional counselor and marriage and family therapist who is not licensed in West Virginia may provide interstate Telehealth Services to clients located in West Virginia, within scope of practice, for no more than 30 nonconsecutive days within a six month period, if holding an interstate telehealth registration issued by the Board. An interstate telehealth registration does not authorize a LPC or LMFT to practice from a physical location or distant site within this state or to establish a new client relationship. See regulation for additional requirements.

SOURCE: WV Admin Law 27-14-3. (Accessed May 2025).

Final Rule (Effective until August 1, 2028) – Optometrists

To provide optometric care in the State of West Virginia via interstate telehealth services, an individual not otherwise licensed by the Board must first apply for and obtain registration with the Board using the application materials provided by the Board and paying fees equal to the initial in-state optometry license application and annual licensing fees. By registering to provide interstate telehealth services to patients in this state, a registrant is subject to all laws, rules, and regulations regarding the practice of optometry in this state, including the state judicial system and all professional conduct rules and standards incorporated into the Optometry Practice Act, W. Va. Code, §30-8-1, et. seq., and all legislative rules and jurisdiction of the West Virginia Board of Optometry including the Board's complaint, investigation, and hearing process. See regulation for additional requirements.

SOURCE: WV Admin Law 14-12-3,4. (Accessed May 2025).

Final Rule (Effective until August 1, 2029) – Dietitians

The practice of medical nutrition therapy or nutrition therapy occurs where the client is physically located at the time the telehealth technologies are used.

A licensed dietitian who practices telehealth must be licensed as provided in this article.

Medical nutrition therapy or nutrition therapy services must be provided by a licensed dietitian who possess a current valid, active license and is in good standing in West Virginia and in all states in which they are licensed and are not currently under investigation or subject to an administrative complaint.

Telehealth services may only be used to provide medical nutrition therapy or nutrition therapy services to a patient or client who is physically located at an originating site in West Virginia other than the site where the licensed dietitian is located, whether or not in West Virginia.

SOURCE: WV Rule 31-7-3, 5. (Accessed May 2025).

Occupational Therapist (Effective July 1, 2025)

The practice of occupational therapy occurs where the client is physically located at the time the telehealth technologies are used.

An occupational therapist or occupational therapy assistant who practices telehealth must be licensed or hold a compact privilege to practice in West Virginia as provided in this article.

SOURCE: WV Rule 13-09 (Accessed May 2025).

Respiratory Care

The practice of respiratory care occurs where the client is physically located at the time the telehealth technologies are used.

A licensed respiratory therapist who practices telehealth must be licensed as provided in this title.

Respiratory Care services must be provided by a licensed respiratory therapist who possesses a current, valid, active license and is in good standing in West Virginia and in all states in which they are licensed and are not currently under investigation or subject to an administrative complaint.

SOURCE: WV Rule Sec 30-11-3. (Accessed May 2025).

LICENSURE COMPACTS

Last updated 05/14/2025

Member of the Interstate Medical Licensure Compact

SOURCE: Interstate Medical Licensure Compact. The IMLC. (Accessed May 2025).

Member of the Audiology & Speech-Language Pathology Interstate Compact

SOURCE: ASLP Compact. (Accessed May 2025).

Member of the Physical Therapist Licensure Compact

SOURCE: PT Compact (Accessed May 2025).

Member of the Emergency Medical Services Personnel Licensure Compact

SOURCE: EMS Compact (Accessed May 2025).

Member of the Nurse Licensure Compact

SOURCE: Nurse Licensure Compact (Accessed May 2025).

Member of the Psychology Interjurisdictional Compact

SOURCE: PSYPACT Map (Accessed May 2025).

Member of the Occupational Therapy Licensure Compact

SOURCE: Occupational Therapy Licensure Compact. (Accessed May 2025).

Member of the Counseling Compact

SOURCE: Counseling Compact Map. (Accessed May 2025).

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

PROFESSIONAL BOARDS STANDARDS

Last updated 05/13/2025

Board of Examiners for Speech-Language Pathology and Audiology

SOURCE: WV Admin. Law Sec. 29-1-17 (Accessed May 2025).

Board of Physical Therapy

SOURCE: WV Admin Law Sec. 16-01 & 05 (Accessed May 2025).

Board of Occupational Therapy

SOURCE: WV Admin. Law Sec. 13-09. (Updates go into effect July 1, 2025) (Accessed May 2025).

Veterinarians

SOURCE: WV Statute Sec. 30-10-24. (Accessed May 2025).

Dentistry

SOURCE: SB 710 (Effective July 1, 2025) & WV Admin Law 5-16.(Expires Aug 1, 2027) (Accessed May 2025).

Board of Nursing (Final Rule, Expires Aug. 1, 2033)

SOURCE: WV Admin Law 19-16. (Accessed May 2025).

Board of Osteopathic Medicine (Final Rule, Expires Aug. 1, 2027)

SOURCE: WV Admin Law 24-10. (Accessed May 2025).

Board of Social Work (Final Rule, Expires Aug. 1, 2030)

SOURCE: WV Admin Law 25-1. (Accessed May 2025).

Board of Medicine (Final Rule, Expires Aug. 1, 2027)

SOURCE: WV Admin Law 11-15. (Accessed May 2025).

Board of Examiners in Counseling (Emergency Rule, Expires Aug. 1, 2029)

SOURCE: WV Admin Law 27-14. (Accessed May 2025).

Board of Optometry (Final Rule, Expires Aug. 1, 2028)

SOURCE: WV Admin Law 14-12. (Accessed May 2025).

Board of Licensed Dietitians (Final Rule, Expires Aug. 1, 2029)

SOURCE: WV Rule 31-7. (Accessed May 2025).

Respiratory Care

SOURCE: WV Rule 30-11 (Accessed May 2025).

A health care board shall propose an emergency rule for legislative approval to regulate telehealth practice by a telehealth practitioner. The proposed rule shall consist of the following:

1. The practice of the health care service occurs where the patient is located at the time the telehealth services are provided;
2. The health care practitioner who practices telehealth shall be:
 - a. Licensed in good standing in all states in which he or she is licensed and not currently under investigation or subject to an administrative complaint; and
 - b. Registered as an interstate telehealth practitioner with the appropriate board in West Virginia;
3. When the health care practitioner-patient relationship is established.
4. The standard of care for the provision of telehealth services. The standard of care shall require that with respect to the established patient, the patient shall visit an in-person health care practitioner within 12 months of using the initial telemedicine service or the telemedicine service shall no longer be available to the patient until an in-person visit is obtained. This requirement may be suspended, in the discretion of the health care practitioner, on a case-by-case basis, and it does not to the following services: acute inpatient care, post-operative follow-up checks, behavioral medicine, addiction medicine, or palliative care.
5. A prohibition of prescribing any controlled substance listed in Schedule II of the Uniform Controlled Substance Act, unless authorized by another section: *Provided*, That the prescribing limitations contained in this section do not apply to a physician or a member of the same group practice with an established patient.
6. Establish the conduct of a registrant for which discipline may be imposed by the board of registration.

7. Establish a fee, not to exceed the amount to be paid by a licensee, to be paid by the interstate telehealth practitioner registered in the state.
8. A reference to the Board's discipline process.

SOURCE: WV Statute Sec. 30-1-26. (Accessed May 2025).

Statutes include requirements for telemedicine practice standards for the physicians and osteopathic physicians and surgeons.

SOURCE: WV Statute Sec. 30-14-12d & 30-3-13a. (Accessed May 2025).

Teledentistry – Effective July 11, 2025

AN ACT to amend and reenact §30-4-3 of the Code of West Virginia, 1931, as amended; and to amend the code by adding a new section, designated §30-4-8b, relating to the practice of dentistry; defining terms; setting forth the requirements for teledentistry licensure or registration; setting forth the standard of care for teledentistry; setting forth the requirements to establish a provider-patient relationship for teledentistry; setting forth exceptions to the provider-patient relationship for teledentistry; setting forth prerequisites to services for teledentistry; setting forth required disclosures for teledentistry; setting forth informed consent for teledentistry; setting forth record-keeping requirements for teledentistry; setting forth patient privacy requirements for teledentistry; setting forth provider competency requirements for teledentistry; requiring rulemaking; setting forth disciplinary proceedings for teledentistry; and setting forth disciplinary procedures teledentistry.

SOURCE: WV Code Section 30-4-8b. SB 710 (Passed April 12, 2025). (Accessed May 2025).

MISCELLANEOUS

Last updated 05/14/2025

Sexual Assault Forensic Examinations

“teleSANE” means certified sexual assault nurse examiner with documented expertise who provides forensic exam guidance through telehealth technology and is an approved provider by the SAFE Commission.

A qualified health care provider in treatment of a sexual assault victim is:

- A registered professional nurse who has completed a modified sexual assault examiner course approved by the SAFE Commission and utilizes a teleSANE in performing forensic exams.

- A registered professional nurse who has completed a modified sexual assault examiner course approved by the SAFE Commission and utilizes a teleSANE in performing forensic exams.
- A physician assistant performing forensic exams within his or her scope of practice and with the availability of a teleSANE.
- An advanced practice registered nurse performing forensic exams within his or her scope of practice and with the availability of a teleSANE.

SOURCE: WV Rule Section 149-11-2.11 & 2.19. (Accessed May 2025).

Final Rule (Effective until August 1, 2030) – Social Workers

A social worker shall maintain current competence in the use of telehealth and technology through relevant continuing education or consultation.

SOURCE: WV Admin Law 25-1-5. (Accessed Nov. 2024).

Teledentistry – Effective July 11, 2025

No provider, partnership, corporation, or other entity which provides, or purports to provide teledentistry services or provides a platform, technology, or support services through which teledentistry is provided, may advertise their services unless they employ a provider licensed or registered in this state. Advertisements for teledentistry services must include the following disclaimer, in a conspicuous location, stating the limitations and safety concerns regarding teledentistry:

DISCLAIMER: Orthodontic treatment is a complex biological process that if not done correctly or performed without a thorough examination of the overall health of the teeth and gums could result in the permanent loss of teeth, which may result in additional costs or lifelong dental problems. Teledentistry services are intended to supplement traditional treatment methods and are not intended to replace in-person examinations. It is important to consult with a licensed or registered orthodontist or dentist prior to beginning any treatment.

A provider who provides services through teledentistry must be adequately familiar with the nature and availability of dental care in the geographical area in which the patient is located to ensure that the patient receives appropriate care during the provision of the services. If a provider is not able to competently provide services through teledentistry, including, without limitation, because the provider is unable to receive adequate information about the patient, the provider must notify the patient of that fact and:

- Provide the services in person;

- Request any additional information necessary to competently provide the services through teledentistry; or
- Refer the patient to an appropriate licensee or registrant to receive the services in 101 person.

SOURCE: WV Code Section 30-4-8b(i), (k) (SB 710 (Passed April 12, 2025)). (Accessed May 2025).

Final Rule (Effective until August 1, 2032) – Teledentistry

A dentist registered to provide teledentistry services shall complete continuing education as required by the State her or she is licensed in, but shall complete 3 hours of drug diversion as set forth in subdivision 3.5.4. of this rule every two years. A dental hygienist registered to provide teledentistry services shall complete continuing education as required by the State her or she is licensed in.

SOURCE: WV Admin Law 5-11-5. (Accessed May 2025)

Speech-Language Pathology and Audiology & Hearing-Aid Dealers and Fitters

The Board of Examiners for Speech-Language Pathology and Audiology is required to propose rules including guidelines for telepractice that also apply to hearing aid fitters.

SOURCE: WV Statute Sec. 30-32-7 and 30-26-21. (Accessed May 2025).

HB 4110 (2024 Session) – Dietitians

Legislation authorizes the West Virginia Board of Licensed Dietitians to promulgate a legislative rule relating to telehealth practice, requirements, and definitions.

SOURCE: WV Statute Section 30-35-7 as amended by HB 4110 (2024 Session). (Accessed May 2025).

Massage Therapy Licensure Board

The Board will not issue a license for the practice of telehealth for massage therapy due to it being an in-person and hands on profession.

SOURCE: WV Rule 194-1-5. (Accessed May 2025).

Board of Acupuncture

The Board will not issue a license for the practice of telehealth due to the practice of acupuncture being an in-person office visit and hands on profession.

SOURCE: WV Rule 32-3-17. (Accessed May 2025).

Medical Imaging and Radiation Therapy Technology Board of Examiners

Telehealth practice is inapplicable to the practice of a medical imaging and radiation therapy technologist.

SOURCE: WV Rule 18-1-6. (Accessed May 2025).