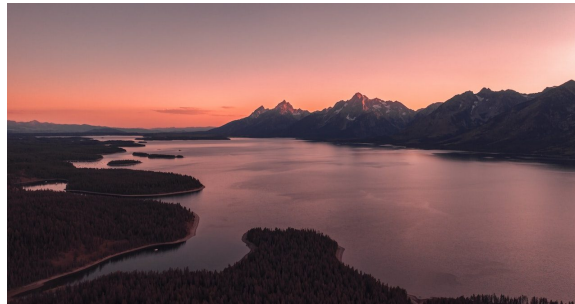


# Wyoming



## At A Glance

### MEDICAID REIMBURSEMENT

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

### PRIVATE PAYER LAW

- Law Exists: No
- Payment Parity: No

### PROFESSIONAL REQUIREMENTS

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

### FQHCs

- Originating sites explicitly allowed for Live Video: Yes
- Distant sites explicitly allowed for Live Video: No
- Store and forward explicitly reimbursed: No
- Audio-only explicitly reimbursed: No
- Allowed to collect PPS rate for telehealth: No

### STATE RESOURCES

1. Medicaid Program: Wyoming Medicaid
2. Administrator: Office of Equality Care, under the Wyoming Dept. of Health
3. Regional Telehealth Resource Center: Northwest Regional Telehealth Resource Center

# Private Payer

## DEFINITIONS

*Last updated 01/31/2024*

No Reference Found

## REQUIREMENTS

*Last updated 01/31/2024*

No Reference Found

## PARITY

*Last updated 01/31/2024*

### SERVICE PARITY

No Reference Found

### PAYMENT PARITY

No Reference Found

# Medicaid

## OVERVIEW

*Last updated 01/31/2024*

Wyoming Medicaid reimburses for live video under some circumstances. There is no reference to store-and-forward or remote patient monitoring reimbursement.

## DEFINITIONS

*Last updated 01/31/2024*

Telehealth is the use of an electronic media to link beneficiaries with health professionals in different locations. The examination of the Member is performed via a real time interactive audio and video telecommunications system. This means that the Member must be able to see and interact with the offsite practitioner at the time services are provided via telehealth technology.

Telehealth does not include a telephone conversation, electronic mail message (email), or facsimile transmission (fax) between a healthcare practitioner and a Member, or a consultation between two (2) health care practitioners asynchronous “store and forward” technology.

SOURCE: WY Dept. of Public Health Insurance, Medicaid, CMS 1500 ICD-10, p. 142 & 144 (Jan. 2, 2024), WY Division of Healthcare Financing Tribal Provider Manual, pgs. 133, 135, 212, & 214 (Jan. 2, 2024), & Institutional Provider Manual pg. 133 & 135. (Oct. 2, 2023). (Accessed Jan. 2, 2024).

Telehealth is the use of an electronic media to link beneficiaries with health professionals in different locations.

Telehealth does not include a telephone conversation, electronic mail message (email), or facsimile transmission (fax) between a healthcare practitioner and a student, or a consultation between two health care practitioners asynchronous “store and forward” technology.

SOURCE: WY Division of Health Insurance, School Based Services Manual, pg. 16 (Jan. 2, 2024). (Accessed Jan. 2024).

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## LIVE VIDEO

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*Last updated 01/31/2024*

### POLICY

A medical professional is not required to be present with the client at the originating site unless medically indicated [not in school-based manual]. However, to be reimbursed, services provided must be appropriate and medically necessary. See manual for examples of physicians/practitioners eligible to bill for professional services.

For Medicaid payment to occur, interactive audio and video telecommunications must be permitting real-time communication between the distant site physician or practitioner and the patient with sufficient quality to assure the accuracy of the assessment, diagnosis, and visible evaluation of symptoms and potential medication side effects. All interactive video telecommunication must comply with HIPAA patient privacy regulations at the site where the patient is located, the site where the consultant

is located, and in the transmission process. If distortions in the transmission make adequate diagnosis and assessment improbable and a presenter at the site where the patient is located is unavailable to assist, the visit must be halted and rescheduled. It is not appropriate to bill for portions of the evaluation unless the exam was actually performed by the billing Provider. The billing Provider must comply with all licensing and regulatory laws applicable to the Providers' practice or business in Wyoming and must not currently be excluded from participating in Medicaid by state or federal sanctions.

SOURCE: WY Dept. of Public Health Insurance, Medicaid, CMS 1500 Provider Manual, pgs. 136-137 (Jan. 2, 2024), WY Division of Healthcare Financing Tribal Provider Manual, pg. 134 & 213 (Jan. 2, 2024); School Based Services Manual, pg. 16 (Oct. 2, 2023); & Institutional Provider Manual pg. 135. (Jan. 2, 2024). (Accessed Jan. 2024).

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## **ELIGIBLE SERVICES/SPECIALTIES**

Telehealth services must be properly documented when offered at the discretion of the provider as deemed medically necessary.

Each site will be able to bill for their own services as long as they are an enrolled Medicaid provider (this includes out-of-state Medicaid providers). Providers shall not bill for both the spoke and hub site; unless, the provider is at one location and the member is at a different location even though the pay to provider is the same. Examples include Community Mental Health Centers and Substance Abuse Treatment Centers. A single pay to provider can bill both the originating site (spoke site) and the distant site provider (hub site) when applicable.

## **Documentation Requirements**

- Quality assurance/improvement activities relative to telehealth delivered services need to be identified, documented and monitored.
- Providers need to develop and document evaluation processes and patient outcomes related to the telehealth program, visits, Provider access, and patient satisfaction.
- All service providers are required to develop and maintain written documentation in the form of progress notes the same as if they originated during an in-person visit or consultation with the exception that the mode of communication (such as, teleconference) should be noted
- Documentation must be maintained at the hub and spoke locations to substantiate the services provided. Documentation must indicate that the services were rendered via telehealth and must clearly identify the location of the hub and spoke sites.

The same procedure codes and rates apply for telehealth as in person.

The modifiers to indicate a telehealth service is “GT” or “95”, which must be used in conjunction with the appropriate procedure code to identify the professional telehealth services provided by the Distant Site Provider (for example, procedure code 90832 billed with modifier GT). The GT or 95 modifier must be billed by the Distant Site. Using the GT or 95 modifier does not change the reimbursement fee.

For ESRD-related services, at least one face-to-face “hands on” visit (not telehealth) must be furnished each month to examine the vascular access site by a qualified provider.

Care Management Entity service providers (CME Providers) are to use Place of Service code 02 Telehealth per their Provider agreement with Magellan Healthcare. CME Providers are NOT to use the “GT” or “95” modifier or “Q3014-Telehealth Originating Site Facility Fee” codes for virtual services.

If the patient or legal guardian indicate at any point that they want to stop using the technology, the service should cease immediately, and an alternative appointment set up.

The services must be medically necessary and follow generally accepted standards of care.

See manual for billing examples.

SOURCE: WY Dept. of Public Health Insurance, Medicaid, CMS 1500 Provider Manual, p. 135-139 (Jan. 2, 2024), WY Division of Healthcare Financing Tribal Provider Manual, pgs. 133-137, 212-216 (Jan. 2, 2024) & Institutional Provider Manual pg. 132-135. (Jan. 2, 2024). (Accessed Jan. 2024).

Group psychotherapy is not a covered service.

SOURCE: WY Division of Healthcare Financing Tribal Provider Manual, pgs. 135 & 214 (Jan. 2, 2024), (Accessed Jan. 2024).

## **Diabetes Prevention Program (DPP)**

The first session of a DPP program cannot be performed via telehealth, but sessions 2-16 can be. The GT modifier should be used.

SOURCE: WY Dept. of Public Health Insurance, Medicaid, CMS 1500 Provider Manual p. 259 (Jan. 2, 2024) & WY Division of Healthcare Financing Tribal Provider Manual, Ch. 18, Covered Services- Dietitian, pgs. 375 (Jan. 2, 2024), (Accessed Jan. 2024).

## **Mental Health Services**

The following services are excluded:

- Clinical services which are not provided in person or via a telehealth modality, other than collateral contacts necessary to develop or implement a treatment plan.

SOURCE: WY Admin Rules and Regulations, Agency 048, Department of Health-Medicaid, Mental Health Services, 37, Ch. 13, (Accessed Jan. 2024).

The “GT” and 95 modifier is an allowable Behavioral Health Modifier.

SOURCE: WY Division of Healthcare Financing Tribal Provider Manual, Ch. 15, Covered Services-Behavioral Health, pg. 342 (Jan. 2, 2024). (Accessed Jan. 2024).

## **School Based Services (SBS)**

All individual services covered under the SBS Program may be billed by participating LEAs when performed via telehealth, except for services that preclude a telehealth modality. Group services are only reimbursable if delivered face-to-face. Telehealth is not an approved modality for group services. For Medicaid payment to occur, interactive audio and video telecommunications must be permitting real-time communication between the distant site physician or practitioner and the student with sufficient quality to assure the accuracy of the assessment, diagnosis, and visible evaluation of symptoms and potential medication side effects.

### **Non-Covered Services**

Telehealth does not include a telephone conversation, electronic mail message (email), or facsimile transmission (fax) between a healthcare practitioner and a student, or a consultation between two health care practitioners asynchronous “store and forward” technology. Group services delivered using telehealth are not a covered service for Medicaid reimbursement. In addition, Medicaid will not reimburse for the use or upgrade of technology, for transmission charges, for charges of an attendant who instructs a patient on the use of the equipment or supervises/monitors a patient during the telehealth encounter, or for consultations between professionals.

Services are reimbursable when performed according to telehealth guidelines and billed with the appropriate CPT code. Ancillary costs, such as equipment, technical support, facility fee, and transmission charges incurred while providing telehealth services via audio/video communication are not reimbursable.

SOURCE: WY Division of Health Insurance, School Based Services Manual, pg. 16-17, (Jan. 2, 2024). (Accessed Jan. 2024).

## **Adverse Childhood Experiences**

Providers may screen a patient for ACEs via telehealth if the provider believes that the ACE screening can be administered in a clinically appropriate manner. Providers must continue to comply with all other billing procedures, Wyoming Medicaid guidelines, and confidentiality laws

SOURCE: WY Dept. of Public Health Insurance, Medicaid, CMS 1500 Provider Manual p. 218 (Jan. 2, 2024), (Accessed Jan. 2024).

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## ELIGIBLE PROVIDERS

The location of the physician or practitioner providing the professional services via a telecommunications system is called the Distant Site or Hub Site. A medical professional is not required to be present with the Member at the originating site unless medically indicated. However, to be reimbursed, services provided must be appropriate and medically necessary.

Examples of physicians/practitioners eligible to bill for professional services are:

- Physicians;
- Advanced practice nurses with a specialty of psychiatry/mental health;
- Physician's assistant;
- Psychologists and neuropsychologists;
- Licensed Mental health professionals (LCSW, LPC, LMFT, LAT);
- Board Certified Behavioral Analysts;
- Speech therapist.

Provisionally licensed mental health professionals cannot bill Medicaid directly, but must provide services through a supervising provider. Services provided by non-physician practitioners must be within their scope(s) of practice and according to Medicaid policy.

The modifiers to indicate a telehealth service is "GT" or "95", which must be used in conjunction with the appropriate procedure code to identify the professional telehealth services provided by the Distant Site Provider (for example, procedure code 90832 billed with modifier GT). The GT or 95 modifier MUST be billed by the Distant Site. Using the GT or 95 modifier does not change the reimbursement fee.



SOURCE: WY Dept. of Public Health Insurance, Medicaid, CMS 1500 Provider Manual, p. 136-137 (Jan. 2, 2024); & WY Division of Healthcare Financing Tribal Provider Manual, pg. 134-136 & 213-214, (Jan. 2, 2024) & Institutional Provider Manual pgs. 135-136. (Jan. 2, 2024). (Accessed Jan. 2024).

Providers shall not bill for both the spoke and hub site; unless, the provider is at one location and the client is at a different location even though the pay to provider is the same. Examples include Community Mental Health Centers and Substance Abuse Treatment Centers. A single pay to Provider can bill both the originating site (spoke site) and the distant site Provider (hub site) when applicable. See below for billing and documentation requirements.

SOURCE: WY Dept. of Public Health Insurance, Medicaid, CMS 1500 Provider Manual, p. 135 (Jan. 2, 2024), WY Division of Healthcare Financing Tribal Provider Manual, 133 & 212, (Jan. 2, 2024) & Institutional Provider Manual pg. 134. (Jan. 2, 2024). (Accessed Jan. 2024).

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## ELIGIBLE SITES

Each site will be able to bill for their own services as long as they are an enrolled Medicaid provider (this includes out-of-state Medicaid providers). Providers shall not bill for both the spoke and hub site; unless, the provider is at one location and the client is at a different location even though the pay to provider is the same. Examples include Community Mental Health Centers and Substance Abuse Treatment Centers. A single pay to Provider can bill both the originating site (spoke site) and the distant site Provider (hub site) when applicable.

The Originating Site or Spoke site is the location of an eligible Medicaid client at the time the service is being furnished via telecommunications system occurs.

Authorized originating sites:

- Hospitals;
- Office of a physician or other practitioner (this includes medical clinics)
- Office of a psychologist or neuropsychologist
- Community mental health or substance abuse treatment centers (CMHC/SATC);
- Office of an advanced practice nurse (APN) with specialty of psych/mental health
- Office of a Licensed Mental Health Professional (LCSW, LPC, LMFT, LAT);
- Federally Qualified Health Centers;



- Rural Health Clinics;
- Skilled nursing facilities;
- Indian Health Services Clinics;
- Hospital-based or Critical Access Hospital-based renal dialysis centers (including satellites). Independent renal dialysis facilities are not eligible originating sites;
- Development Center;
- Family Planning Clinics;
- Public Health Offices

A medical professional is not required to be present at the originating site, unless medically indicated. However, to be reimbursed, services provided must be appropriate and medically necessary.

SOURCE: WY Dept. of Public Health Insurance, Medicaid, CMS 1500 Provider Manual, p. 135-136 (Jan. 2, 2024), WY Division of Healthcare Financing Tribal Provider Manual, 133-134 & 212-213, (Jan. 2, 2024) & Institutional Provider Manual pg. 134-135. (Jan. 2, 2024). (Accessed Jan. 2024).

### **School Based Services (SBS)**

Telehealth claims must indicate that the place of service is “Telehealth” by selecting code “02”. Refer to the “1.2 Location of Services” for more information. 03 indicates a school.

SOURCE: WY Division of Health Insurance, School Based Services Manual, (Jan. 2, 2024), pg. 17. (Accessed Jan. 2024).

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## **GEOGRAPHIC LIMITS**

No Reference Found

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## **FACILITY/TRANSMISSION FEE**

Medicaid will not reimburse for the use or upgrade of technology, for transmission charges, for charges of an attendant who instructs a patient on the use of the equipment or supervises/monitors a patient during the telehealth encounter, or for consultations between professionals.

The originating site fee is not billable if the client uses their own equipment, such as a personal phone, tablet, or computer. [not in school-based manual].

SOURCE: WY Dept. of Public Health Insurance, Medicaid, CMS 1500 Provider Manual, p. 137 (Jan. 2, 2024), WY Division of Healthcare Financing Tribal Provider Manual, Ch. 6 Institutional/UB Common Billing Information, pgs. 135 & 214 (Jan. 2, 2024); School Based Services Manual, pg. 16 (Jan. 2, 2024); & Institutional Provider Manual pg. 135-136. (Jan. 2, 2024). (Accessed Jan. 2024).

When billing for the originating site facility fee, use procedure code Q3014. A separate or distinct progress note is not required to bill Q3014. Validation of service delivery would be confirmed by the accompanying practitioner's claim with the GT or 95 modifier indicating the practitioner's service was delivered via telehealth. Medicaid will reimburse the originating site provider the lesser of charge or the current Medicaid fee.

Providers cannot bill for Q3014 if clients used their own equipment, such as personal phones or computers.

Additional services provided at the originating site on the same date as the telehealth service may be billed and reimbursed separately according to published policies and the National Correct Coding Initiative (NCCI) guidelines.

Eligible sites include:

- Hospitals
- Office of a physician or other practitioner (this includes medical clinics)
- Office of a psychologist or neuropsychologist
- Community mental health or substance abuse treatment center (CMHC/SATC)
- Office of an advanced practice nurse (APN) with specialty of psych/mental health
- Office of a Licensed Mental Health Professional (LCSW, LPC, LMFT, LAT)
- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)
- Skilled nursing facility (SNF)
- Indian Health Services Clinic (IHS)
- Hospital-based or Critical Access Hospital-based renal dialysis centers (including satellites).
- Independent Renal Dialysis Facilities are not eligible originating sites
- Developmental Center
- Family Planning Clinics

- Public Health Offices

SOURCE: WY Dept. of Public Health Insurance, Medicaid, CMS 1500 Provider Manual, pgs. 135-138 (Jan. 2, 2024), WY Division of Healthcare Financing Tribal Provider Manual, Ch. 6 Tribal, pgs. 133-136 & 212-215, (Jan. 2, 2024) & Institutional Provider Manual pg. 134-136, (Jan. 2, 2024). (Accessed Jan. 2024).

Care Management Entity service providers (CME Providers) are to use Place of Service code 02-Telehealth per their Provider agreement with Magellan Healthcare. CME Providers are NOT to use the “GT” modifier or “Q3014-Telehealth Originating Site Facility Fee” codes for virtual services.

SOURCE: WY Dept. of Public Health Insurance, Medicaid, CMS 1500 Provider Manual, p. 138 (Jan. 2, 2024), WY Division of Healthcare Financing Tribal Provider Manual, pg. 136 (Jan. 2, 2024) & Institutional Provider Manual pg. 137. (Jan. 2, 2024). (Accessed Jan. 2024).

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## STORE-AND-FORWARD

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*Last updated 01/31/2024*

### POLICY

Telehealth does not include a telephone conversation, electronic mail message (email), or facsimile transmission (fax) between a healthcare practitioner and a member, or a consultation between two health care practitioners asynchronous “store and forward” technology.

SOURCE: WY Dept. of Public Health Insurance, Medicaid, CMS 1500 Provider Manual, pg. 137 (Jan. 2, 2024), WY Division of Healthcare Financing Tribal Provider Manual, pg. 135 & 214, (Jan. 2, 2024) & Institutional Provider Manual pg. 135. (Jan. 2, 2024). (Accessed Jan. 2024).

Telehealth does not include a telephone conversation, electronic mail message (email), or facsimile transmission (fax) between a healthcare practitioner and a student, or a consultation between two health care practitioners asynchronous “store and forward” technology.

SOURCE: WY Division of Health Insurance, School Based Services Manual, pg. 16, (Jan. 2, 2024). (Accessed Jan. 2024).

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### ELIGIBLE SERVICES

No Reference Found

**GEOGRAPHIC LIMITS**

No Reference Found

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**TRANSMISSION FEE**

No Reference Found

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**REMOTE PATIENT MONITORING**

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*Last updated 01/31/2024*

**POLICY**

No Reference Found

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**CONDITIONS**

No Reference Found

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**PROVIDER LIMITATIONS**

No Reference Found

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**OTHER RESTRICTIONS**

No Reference Found

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**EMAIL, PHONE & FAX**

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*Last updated 01/31/2024*

Telehealth does not include a telephone conversation, electronic mail message (email), or facsimile transmission (fax) between a healthcare practitioner and a member, or a consultation between two health care practitioners asynchronous “store and forward” technology.

SOURCE: WY Dept. of Public Health Insurance, Medicaid, CMS 1500 Provider Manual, pg. 137 (Jan. 2, 2024), WY Division of Healthcare Financing Tribal Provider Manual, pg. 135 & 214, (Jan. 2, 2024) & Institutional Provider Manual pg. 135. (Jan. 2, 2024). (Accessed Jan. 2024).

Telehealth does not include a telephone conversation, electronic mail message (email), or facsimile transmission (fax) between a healthcare practitioner and a student, or a consultation between two health care practitioners asynchronous “store and forward” technology.

SOURCE: WY Division of Health Insurance, School Based Services Manual, pg. 16, (Jan. 2, 2024). (Accessed Jan. 2024).

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## CONSENT REQUIREMENTS

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*Last updated 01/31/2024*

The telehealth consent form is no longer required by Wyoming Medicaid. Consent must still be obtained by the provider from the client by one of the following methods:

- Verbally
- Email
- Text Message

This information must be properly documented by the provider and kept on file.

SOURCE: WY Dept. of Public Health Insurance, Medicaid, CMS 1500 Provider Manual, p. 139 (Jan. 2, 2024), WY Division of Healthcare Financing Tribal Provider Manual, pg. 137 & 216 (Jan. 2, 2024) & Institutional Provider Manual pg. 137-138. (Jan. 2, 2024). (Accessed Jan. 2024).

To obtain Medicaid reimbursement for services delivered through the telehealth modality, the following standards must be observed:

- Telehealth consent must be obtained if the originating site is the student’s home.

If the patient and/or legal guardian indicates at any point that he/she wants to stop using the technology, the service should cease immediately and an alternative appointment set up.

SOURCE: WY Division of Health Insurance, School Based Services Manual, pg. 17, (Jan. 2, 2024). (Accessed Jan. 2024).

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## OUT OF STATE PROVIDERS

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*Last updated 01/31/2024*

The billing Provider must comply with all licensing and regulatory laws applicable to the Providers' practice or business in Wyoming and must not currently be excluded from participating in Medicaid by state or federal sanctions.

SOURCE: WY Dept. of Public Health Insurance, Medicaid, CMS 1500 Provider Manual, p. 136 (Jan. 2, 2024), WY Division of Healthcare Financing Tribal Provider Manual, pg. 134 & 213, (Jan. 2, 2024); School Based Services Manual, pg. 16, (Jan. 2, 2024); & Institutional Provider Manual pg. 135. (Jan. 2, 2024). (Accessed Jan. 2024).

If the provider is an out-of-state, non-enrolled provider and renders services to a Medicaid client, the provider may choose to enroll in the Medicaid Program and submit the claim according to Medicaid billing instructions, or bill the client. Out-of-state providers furnishing services within the state on a routine or extended basis must meet all of the certification requirements of the State of Wyoming. The provider must enroll in Medicaid prior to furnishing services.

Each site will be able to bill for their own services as long as they are an enrolled Medicaid provider (this includes out-of-state Medicaid providers).

SOURCE: WY Dept. of Public Health Insurance, Medicaid, CMS 1500 Provider Manual, pgs. 43 & 135 (Jan. 2, 2024), WY Division of Healthcare Financing Tribal Provider Manual, pg. 43, 133 & 212, (Jan. 2, 2024) & Institutional Provider Manual pgs. 45 & 134. (Jan. 2, 2024). (Accessed Jan. 2024).

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## MISCELLANEOUS

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*Last updated 01/31/2024*

### Mental Health and Substance Use Disorder

"Engagement services" means face-to-face staff contact, which may include delivery through telehealth, with an individual who is waiting to be admitted into treatment for the purpose of maintaining the individual's motivation and to help prepare them for treatment.

SOURCE: WY Admin Rules and Regulations, Agency 048, Mental Health and Substance Use Disorder Services, Ch. 1, Sec.3. (Accessed Jan. 2024).

### Behavioral Health Service Provider Certification

#### DUI/MIP Service Standards

Provide a minimum of eight (8) hours of client face-to-face services, which may be delivered through telehealth, utilizing evidence based curricula that is appropriate to age and developmental levels.



SOURCE: WY Admin Rules and Regulations, Health Dept., Agency 048, Mental Health and Substance Use Disorder Services, Chapter 2, Sec. 14. (Accessed Jan. 2024)

## Interpreter Services

ADA requirements: Title II and Title III of the Americans with Disabilities Act (“ADA”), 42 U.S.C. §§ 12131-34 & 12181-89, prohibits discrimination on the basis of disability in a range of covered areas, including healthcare services. The ADA applies to all types of private and state and local government healthcare providers, including, but not limited to, hospitals, skilled nursing facilities, urgent care centers, physicians, dentists, optometrists, mental health providers, and medical equipment providers. Further, the ADA applies to all services that covered entities provide, including in-person medical services, telehealth appointments and websites.

SOURCE: WY Dept. of Public Health Insurance, Medicaid, CMS 1500 Provider Manual, p. 332 (Jan. 2, 2024), (Accessed Jan. 2024).

# Professional Requirements

## DEFINITIONS

*Last updated 01/31/2024*

### Physicians and Surgeons

“Telemedicine” means the practice of medicine by electronic communication or other means from a physician in a location to a patient in another location, with or without an intervening health care provider.

SOURCE: WY Statutes Sec. 33-26-102.(a(xxix)). (Accessed Jan. 2024).

### Occupational Therapy

“Occupational therapy telehealth” means the provision of occupational therapy services across a distance, using telecommunications technology for the evaluation, intervention or consultation without requiring the occupational therapist and recipient to be physically located in the same place.

SOURCE: WY Statutes Sec. 33-40-102.(a(v)). (Accessed Jan. 2024).

### Physical Therapy

“Telehealth” means the use of electronic communications to provide and deliver a host of health-related information and health care services including, but not limited to, physical therapy related information and services across any distance. Telehealth further includes health care and promotion activities including, but not limited to, education, advice, reminders, interventions, and monitoring interventions.

SOURCE: WY Admin Rules. Board of Physical Therapy. Ch. 7 Sec. 9. (Accessed Jan. 2024).

### **Audiology and Speech-Language Pathology Interstate Compact**

“Telehealth” means the application of telecommunication technology to deliver audiology or speech-language pathology services at a distance for assessment, intervention, and/or consultation.

SOURCE: WY Statutes Annotated Sec. 33-33-402, Sec. 2(y). (Accessed Jan. 2024).

“Telepractice” means the practice of speech-language pathology or audiology by electronic or other means by a speech-language pathologist or audiologist in one (1) location to a patient in another location, with or without an intervening health care provider.

SOURCE: WY Statutes Annotated Sec. 33-33-102, (Accessed Jan. 2024).

### **Speech Language Pathology**

“Telehealth” means the delivery of speech-language pathology or audiology services using electronic communications, information technology, or other means between a Licensee in one location and a patient in another location.

SOURCE: WY Admin Rules. Board of Examiners of Speech-Language Pathology and Audiology Ch. 13, Sec. 2(b). (Accessed Jan 2024).

### **Athletic Trainers**

“Telehealth” means the delivery of athletic training services using electronic communications, information technology, or other means between a Licensee in one location and a patient in another location. Telehealth does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text, or facsimile transmission.

SOURCE: WY Admin Rules, Board of Athletic Trainers, Ch. 10, (Accessed Jan. 2024).

### **Chiropractic Examiners**

“Telehealth” means the delivery of healthcare services using electronic communications, information technology, or other means between a licensee in one location and a patient in another location with or without an intervening healthcare provider.

“Telehealth Technologies” means technologies and devices enabling secure electronic communications and information exchange between a licensee in one location and a patient in another location with or without an intervening healthcare provider.

SOURCE: WY Admin Rules. Board of Chiropractic Examiners. Ch. 1 Sec. 2. (Accessed Jan. 2024).

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## CONSENT REQUIREMENTS

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*Last updated 01/31/2024*

### Physical Therapy

Licensees shall ensure that patients have provided informed consent to the use of telehealth technology.

- Licensees shall disclose the risks of potential technology failures, including the potential loss of medical records or other information, and patients must provide their informed consent to these risks.
- If applicable, licensees shall disclose that they may photograph, record, videotape, and store records of the services electronically, and patients must provide their informed consent to these actions.
- Patients may provide their informed consent to these risks or actions through verbal or written agreement, including by email.

SOURCE: WY Admin Rules. Board of Physical Therapy. Ch. 7 Sec. 9. (Accessed Jan. 2024).

### Occupational Therapy

The OT is responsible for determining whether any aspect of the provision of services may be conducted via telehealth or must be conducted in person.

The OT shall obtain informed consent for the delivery of service via telehealth from the client prior to initiation of occupational therapy services via telehealth and maintain documentation in the client’s health record.

SOURCE: WY Admin Rules. Board of Occupational Therapy. Ch. 3 Sec. 4. (Accessed Jan. 2024).

An individual who provides telehealth services to a patient in Wyoming shall: ... Provide the patient, or the patient’s legal guardian, the opportunity to either sign or provide verbal consent to telehealth services

SOURCE: WY Admin Rules, Board of Athletic Trainers, Ch. 10, (Accessed Jan. 2024).

## Chiropractic Examiners

A licensee should not render healthcare advice and/or care using telehealth technologies without: ...

Obtaining appropriate consents from requesting patients after disclosures regarding the delivery models and treatment methods or limitations, including any special informed consents regarding the use of telehealth technologies. An appropriate licensee-patient relationship has not been established when the identity and credentials, including license status, of the provider may be unknown to the patient.

Informed Consent. Evidence documenting appropriate patient informed consent for the use of telehealth technologies must be obtained and maintained. Appropriate informed consent should, at a minimum, include the following terms:

- Identification of the patient, the provider and the provider's credentials;
- Types of transmissions permitted using telehealth technologies (e.g. appointment scheduling, patient education, etc.);
- The patient agrees that the licensee determines whether or not the condition being diagnosed and/or treated is appropriate for a telehealth encounter; and
- Details on security measures taken with the use of telehealth technologies, such as encrypting data, password protected screen savers and data files, or utilizing other reliable authentication techniques, as well as potential risks to privacy notwithstanding such measures, and adherence to all applicable Health Insurance Portability and Accountability Act standards.

SOURCE: WY Admin Rules. Board of Chiropractic Examiners. Ch. 11 Sec. 2. (Accessed Jan. 2024).

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## ONLINE PRESCRIBING

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*Last updated 01/31/2024*

The board may refuse to renew, and may revoke, suspend or restrict a license or take other disciplinary action, including the imposition of conditions or restrictions upon a license on one (1) or more of the following grounds: ...

- Initially prescribing any controlled substance specified in W.S. 35-7-1016 through 35-7-1022 for any person through the Internet, the World Wide Web or a similar proprietary or common carrier electronic system absent a documented physician-patient relationship.

SOURCE: WY Statutes Annotated Sec. 33-26-402(a(xxxiii)). (Accessed Jan. 2024).

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## CROSS-STATE LICENSING

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*Last updated 01/31/2024*

Any physician rendering medical diagnosis and/or treatment to a person physically present in this state must have a license issued by the board when such diagnosis/treatment is rendered, regardless of the physician's location and regardless of the means by which such diagnosis/treatment is rendered. This requirement shall not apply to an out-of-state physician who consults by telephone, electronic or any other means with an attending physician licensed by this board or to an out-of-state physician who is specifically exempt from licensure pursuant to W.S. 33-26-103.

Physicians residing in and currently licensed in good standing to practice medicine in another state or country brought into this state for consultation by a physician licensed to practice medicine in this state may practice medicine without first obtaining a Wyoming license for a total of not more than twelve (12) days in any fifty-two (52) week period and, therefore, are exempt from the licensure requirements of these rules and W.S. 33-26-103(a)(iv). Consults of longer duration or greater frequency require written advance approval of a majority of the Board officers. For purposes of this subsection, the term "brought into this state" means establishing a physician-patient relationship, either by the physician's physical presence with the patient or through telemedicine. See rule for additional requirements.

**Emergencies.** Physicians and physician assistants residing in and who hold full and unrestricted licenses to practice medicine or to practice as a physician assistant in another state or country who come into this state to provide medical care during an emergency or pandemic declared as such by Order of the Governor of this state and/or pursuant to any State Emergency Plan and who comply with all requirements of the board for verification of licensure and identity, may practice medicine or practice as a physician assistant without first obtaining a Wyoming license for the period during which any such emergency or pandemic Declaration or Order remains in effect.

Physicians and physician assistants not otherwise licensed in this state may practice in Wyoming under the consultation exemption during a public health emergency declared by the Governor. For purposes of this paragraph, a physician or physician assistant brought into this state is deemed to be consulting with the state health officer.

See rule for additional requirements.

Continuation of care received outside Wyoming. A physician or physician assistant who has established a provider-patient relationship in another state with a patient who is a resident of Wyoming may provide continued care to the patient via telehealth without a Wyoming physician or physician assistant license subject to the following:

- The provider-patient relationship must have been established in an in-person encounter in a state in which the physician or physician assistant is licensed;
- Subsequent care may be provided to the patient via telehealth while the patient is in Wyoming if the care is a logical and expected continuation of the care provided in an in-person encounter in the state where the physician or physician assistant is licensed. If the patient is presenting with new medical conditions, or conditions that the standard of care dictates an in-person encounter is needed, patient must either return to the state in which the physician or physician assistant is licensed for care, or must be referred to a Wyoming-licensed health care provider.
- The telehealth care may continue for up to six (6) months after the establishment of the provider-patient relationship in another state, after which an in-person encounter must take place in a jurisdiction where the physician or physician assistant is licensed before the telehealth may resume for another six (6) months.

SOURCE: WY Rules and Regulations, Board of Medicine, Agency 52, Ch. 1, Sec. 4 & 7, (Accessed Jan. 2024).

## Occupational Therapy

In order to provide occupational therapy services via telehealth to a client in Wyoming, an OT or OTA must hold a current Wyoming license.

SOURCE: WY Rules and Regulations, Agency 83, Ch. 3, Sec. 4, (Accessed Jan. 2024).

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## LICENSURE COMPACTS

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*Last updated 01/31/2024*

Member of the Interstate Medical Licensure Compact.

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

Member of the Audiology and Speech-Language Pathology Interstate Compact.

SOURCE: ASLP Compact. (Accessed Jan. 2024).

Member of the Nurse Licensure Compact

SOURCE: Nurse Licensure Compact (Accessed Jan. 2024).

Member of Recognition of EMS Personnel Licensure Interstate Compact.



SOURCE: EMS Compact Member States & Commissioners. (Accessed Jan. 2024).

Member of the Occupational Therapy Licensure Compact.

SOURCE: Occupational Therapy Licensure Compact. (Accessed Jan. 2024).

Member of Psychology Interjurisdictional Compact

SOURCE: PSYPACT Map, (Accessed Jan. 2024).

Member of Counseling Compact

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

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

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## PROFESSIONAL BOARDS STANDARDS

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*Last updated 01/31/2024*

WY Board of Occupational Therapy

SOURCE: WY Admin Rules. Board of Occupational Therapy. Ch. 3, (Accessed Jan. 2024).

WY Board of Physical Therapy

SOURCE: WY Admin Rules. Board of Physical Therapy. Ch. 7, (Accessed Jan. 2024).

WY Board of Examiners of Speech-Language Pathology and Audiology

SOURCE: WY Admin Rules, Speech Language Pathology and Audiology, Ch. 13, (Accessed Jan. 2024).

WY Board of Athletic Trainers

SOURCE: WY Admin Rules, Board of Athletic Trainers, Agency 065, Ch. 10, (Accessed Jan. 2024).

WY Board of Chiropractic Examiners

SOURCE: WY Admin Rules. Board of Chiropractic Examiners. Ch. 11 Sec. 2. (Accessed Jan. 2024).

The WY State Board of Medicine is empowered to adopt rules and regulations for the practice of telemedicine.

SOURCE: WY Statutes Annotated, 33-26-202, (Accessed Jan. 2024).

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## MISCELLANEOUS

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*Last updated 01/31/2024*

Boards have power to adopt rules and regulations allowing the practice of telemedicine/telehealth and the use of telemedicine/telehealth technologies within an applicable profession or occupation consistent with the profession's or occupation's duties and obligations. For purposes of this paragraph, telemedicine/telehealth shall be defined within each promulgated rule in a manner applicable to the individual profession or occupation and in a manner which facilitates the development and promotion of uniform, system wide standards for the practice of telemedicine/telehealth and the use of telemedicine/telehealth technologies. Any board promulgating rules under this paragraph shall first confer with the office of rural health for the purpose of promoting the goals established by W.S. 9-2-117(a)(vi) through (viii).

SOURCE: WY Code 33-1-303(a(iv)). (Accessed Jan. 2024).

## Connect Wyoming Program

Applicants of the Connect Wyoming Program are certifying that the funds shall be used to fund projects that create and retain local jobs and result in purposeful outcomes, including distance learning, telehealth public safety, commerce, and overall well-being.

SOURCE: WY Admin Rules and Regulations, Agency 085, Broadband Development Grant Program, Ch. 4, Sec. 12, (Accessed Jan. 2024).

## Office of Rural Health

The office of rural health is created within the department of health. The office shall:

In collaboration with the state health officer and the state chief information officer, represent the department of health in a consortium of state agencies, private health organizations and professional and community organizations to facilitate the operations of a statewide interoperable telemedicine/telehealth network using existing internet protocol based communication and videoconferencing infrastructure and telecommunication services to the extent possible. The consortium shall:

- Consist of members appointed by the director of the department of health, to include the Wyoming chief information officer or the officer's designee;
- Coordinate the development and promotion of statewide standards for an interoperable telemedicine/telehealth network and, where applicable, promote definitions and standards for statewide electronic health transactions
- Promote and conduct education programs that inform network users that information communicated through the use of telemedicine/telehealth shall conform with state and federal privacy and security laws and information security programs established by the state chief information officer

- Have the authority to seek funds for consortium operation and contract as needed to carry out its responsibilities.

In collaboration with the state health officer and the state chief information officer or their designees, coordinate with appropriate state agencies to establish incentives to implement, promote and facilitate the voluntary exchange of secure telemedicine/telehealth network information between and among individuals, entities and agencies that are providing and paying for services authorized under the Medicaid program, in conformity with rules adopted by the state chief information officer

In collaboration with the state health officer and the state chief information officer or their designees, develop and promote a common direction for a statewide interoperable telemedicine/telehealth network among state agencies, in conformity with rules adopted by the department of enterprise technology services

As required by W.S. 33-1-303(a)(iv) and in collaboration with the state health officer and the state chief information officer or their designees, collaborate with professional and occupational licensure boards concerning the promulgation of rules and definitions related to the practice of telemedicine/telehealth and the use of telemedicine/telehealth technologies.

SOURCE: WY Statutes Annotated, 9-2-117. (Accessed Jan. 2024).

## Federally Qualified Health Center (FQHC)

### DEFINITION OF VISIT

*Last updated 01/31/2024*

A medical visit is a face-to-face encounter between a Member and:

- Dental Professional (ADA Dental Claim Form)
- Nurse Practitioner
- Nurse Midwife
- Physician
- Physician's Assistant
- Visiting Nurse

Medical visits can also consist of:

- Medical nutrition therapy
- Diabetes outpatient self-management training

A dental visit is a face-to-face visit between a Member and a:

- Dentist
- Orthodontist
- Dental care team specialist supervised by one of the above

Other health visits are a face-to-face encounter between a Member and:

- Clinical Psychologist
- Clinical Social Worker
- Other health professional for mental health services

**NOTE:** When a practitioner is performing services outside the FQHC facility, services cannot be billed under the FQHC NPI number. The services will need to be billed under the practitioner's NPI on a professional/837P claim.

SOURCE: WY Dept. of Health, Medicaid Institutional Provider Manual, pgs. 236-237, (Jan. 2, 2024). (Accessed Jan. 2024).

"Visit" means a face-to-face encounter between a FQHC or RHC client and a FQHC or RHC professional staff member for the purpose of providing FQHC or RHC services. Telehealth visits are considered face-to-face visits.

SOURCE: WY Admin Rules. Department of Health, (Title 48). Medicaid Program 37, Ch. 37 Sec. 3. (Accessed Jan. 2024).

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## MODALITIES ALLOWED

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*Last updated 01/31/2024*

### Live Video

Each site will be able to bill for their own services as long as they are an enrolled Medicaid Provider (this includes out-of-state Medicaid Providers). Providers shall not bill for both the spoke and hub site; unless the Provider is at one location and the Member is at a different location even though the pay to Provider is the same. Examples include Community Mental Health Centers and Substance Abuse Treatment Centers. A single pay to Provider can bill both the originating site (spoke site) and the distant site Provider (hub site) when applicable.

SOURCE: WY Dept. of Public Health Insurance, Medicaid, CMS 1500 Provider Manual, p. 135 (Jan. 2, 2024), WY Division of Healthcare Financing Tribal Provider Manual, 133 & 212, (Jan. 2, 2024) & Institutional Provider Manual pg. 134. (Jan. 2, 2024). (Accessed Jan. 2024).

See: WY Medicaid Live Video

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## Store and Forward

WY Medicaid's definition of telehealth excludes store-and-forward.

See: WY Medicaid Store-and-Forward

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## Remote Patient Monitoring

No reference found.

See: WY Medicaid Remote Patient Monitoring

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## Audio-Only

WY Medicaid's definition of telehealth excludes audio-only telephone conversations.

See: WY Medicaid Email, Phone and Fax

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# SAME DAY ENCOUNTERS

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*Last updated 01/31/2024*

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

- To be seen by different health professionals with different specialties; or
- To be seen multiple times per day due to unrelated diagnoses
- When a Member is seen by providers of the same specialty within the same visit, services rendered are reimbursable as one face-to-face encounter

Multiple encounters within the FQHC, on the same day, with different practitioners are still considered one (1) encounter UNLESS the Member suffers illness or injury requiring

treatment unrelated to the first encounter or if the Members have both a medical visit and other health visit, as defined above.

SOURCE: WY Dept. of Health, Medicaid Institutional Provider Manual, pgs. 236 & 239, (Jan. 2, 2024). (Accessed Jan. 2024).

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## ELIGIBLE ORIGINATING SITE

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*Last updated 01/31/2024*

The Originating Site or Spoke site is the location of an eligible Medicaid client at the time the service is being furnished via telecommunications system occurs.

Authorized originating sites:

- Federally Qualified Health Centers

SOURCE: WY Dept. of Public Health Insurance, Medicaid, CMS 1500 Provider Manual, p. 135 (Jan. 2, 2024), WY Division of Healthcare Financing Tribal Provider Manual, 133 & 212, (Jan. 2, 2024) & Institutional Provider Manual pg. 134. (Jan. 2, 2024). (Accessed Jan. 2024).

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## ELIGIBLE DISTANT SITE

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*Last updated 01/31/2024*

Not explicitly listed on eligible provider list.

“Visit” means a face-to-face encounter between a FQHC or RHC client and a FQHC or RHC professional staff member for the purpose of providing FQHC or RHC services. Telehealth visits are considered face-to-face visits.

SOURCE: WY Admin Rules. Department of Health, (Title 48). Medicaid Program 37, Ch. 37 Sec. 3. (Accessed Jan. 2024).

See: WY Medicaid Live Video Eligible Providers

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## FACILITY FEE

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*Last updated 01/31/2024*

Eligible sites that can bill Q3014 (originating site facility fee) include:

- Federally Qualified Health Center (FQHC)

SOURCE: WY Dept. of Public Health Insurance, Medicaid, CMS 1500 Provider Manual, p. 135 (Jan. 2, 2024), WY Division of Healthcare Financing Tribal Provider Manual, 133 & 212, (Jan. 2, 2024) & Institutional Provider Manual pg. 134. (Jan. 2, 2024). (Accessed Jan. 2024).



See: WY Medicaid Live Video Facility/Transmission Fee

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## PPS RATE

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*Last updated 01/31/2024*

No reference found

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## HOME ELIGIBLE

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*Last updated 10/30/2023*

When a practitioner is performing services outside the FQHC facility, services cannot be billed under the FQHC NPI number. The services will need to be billed under the practitioner's NPI on a professional/837P claim.

SOURCE: WY Dept. of Health, Medicaid Institutional Provider Manual, pg. 237, (Jan. 2, 2024). (Accessed Jan. 2024).

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## PATIENT-PROVIDER RELATIONSHIP

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*Last updated 01/31/2024*

No reference found