

Telehealth and the COVID-19 Public Health Emergency

A report summarizing telehealth policy changes at
the Federal and State level during the Public Health Emergency
(PHE)



Centers for Medicaid and CHIP Services
Children and Adults Health Programs Group
Division of Tribal Affairs

Abbie Walsh, abigail.walsh@cms.hhs.gov

Table of Contents

1. Telehealth Definitions

2. Acronyms

3. Medicare & Telehealth

4. Medicaid & Telehealth

5. PHE Medicaid Telehealth Flexibilities Introduced by States

Telehealth Definitions

Audio-Only	Use of audio-only communication between patient and provider; commonly allowed during PHE for patients with inadequate access to broadband services; e.g. a phone call
Distant Site	The physical location of the health care provider when they are rendering services
E-Visits/E-Consults	Non-face-to-face patient-initiated communications to providers, typically through a patient portal
Live Video	Use of two-way audio and visual communication between patient and provider
Originating Site	The physical location of the patient when they are receiving services
Remote Patient Monitoring	Patient data that is collected and transmitted outside of a provider's office (usually through wearable technology), that then results in clinical decision making by the provider
Store and Forward	Electronic transmission of patient medical information or data (ex- photos) to a provider who can then evaluate a patient case
Telehealth/Telemedicine	Two-way, real-time interactive communication between a patient and a physician or practitioner at a distant site through telecommunications equipment that includes, at a minimum, audio and visual equipment.
Virtual Check-In	Brief, patient-initiated communication (usually via phone) with provider to determine if visit is needed

Acronyms Referenced in Report

ABA	Applied Behavioral Analysis
APRN	Advanced Practice Registered Nurse
ASD	Autism Spectrum Disorder
CADC	Certified Alcohol Drug Counselor
CNS	Clinical Nurse Specialist
CSW	Clinical Social Worker
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment
ERSD	End Stage Renal Disease
FQHC	Federally Qualified Health Center
IHS	Indian Health Service
LCSW	Licensed Clinical Social Worker
LISW-CP	Licensed Independent Social Worker- Clinical Practice
LMFT	Licensed Marriage and Family Therapist
LMHC	Licensed Mental Health Counselor
LMSW	Licensed Master Social Worker
LPC	Licensed Professional Counselor
LPES	Licensed Psycho-Educational Specialist
LPN	Licensed Practical Nurse
NP	Nurse Practitioner
OB/GYN	Obstetrics/Gynecology
OT	Occupational Therapy
PA	Physician Assistant/Physician Associate
PT	Physical Therapist
RHC	Rural Health Clinic
RN	Registered Nurse
SLP	Speech Language Pathologist
SUD	Substance Use Disorder

Medicare and Telehealth

On March 6, 2020, at the beginning of the PHE, Medicare announced several flexibilities related to the delivery and reimbursement of telehealth services. The press release made by CMS may be found [here](#).

General Medicare Telehealth Flexibilities Introduced During the COVID-19 PHE

	Policy Flexibility
Geographic location of patient	No geographic restriction on where patient may be located.
Telehealth Modality	<ul style="list-style-type: none"> • Two-way, audio/visual telecommunications technology • Audio-only (for certain services only) • Asynchronous “store and forward” technology for beneficiaries in federal telemedicine demonstration projects located in Alaska and Hawaii
Providers	All Medicare enrolled providers may provide telehealth services; this includes FQHC and RHC providers. Hospitals may also bill for services furnished by clinical staff of the hospital to beneficiaries in their homes through telecommunications technology through the Hospitals Without Walls policy.
Services	<p>Over 250 codes have been approved to be reimbursed for telehealth services during the PHE. A full list of codes may be found here.</p> <p>Additionally, CMS removed certain requirements for other services that use communication technology beyond Medicare telehealth, such as allowing virtual check-ins and E-visits to be provided to both new and established patients.</p>

Reimbursement	<p>Telehealth visits are paid at the same rate as an in-person visit.¹</p> <p>For services on the Medicare Telehealth Services List, FQHCs and RHCs, they will receive a reimbursement of \$97.24 per the <u>2022 Medicare Physician Fee Schedule</u>.</p>
<p>Sources:</p> <ol style="list-style-type: none"> 1. <u>Centers for Medicare and Medicaid. Telemedicine Health Care Provider Fact Sheet.</u> 2. <u>Health and Human Services. Policy Changes During the COVID-19 PHE.</u> 	

Telehealth policies extending beyond the PHE:

- Per the Consolidated Appropriations Act of 2021:
 - Medicare will reimburse for telehealth services (including audio-only) for the treatment, evaluation and management, and diagnosis of mental health/behavioral health conditions if the following conditions are met:
 - The patient is established with provider
 - The patient has met with provider in-person within last 6 months
 - The patient will subsequently meet with provider in-person within next 12 months
 - Note: there are no geographic restrictions for the patient, and the originating site may be the patient’s home
- Per the 2022 Medicare Physician Fee Schedule (PFS):
 - Revised the definition of “telecommunications system” to include the use of audio-only telecommunications technology in instances where the beneficiary does not have access to or does not wish to use two-way, audio/video. Note: The provider must have the ability to provide

¹ Per our read of 1834(m), Medicare telehealth services should be paid at the same rate they would have received had the service occurred in-person. However, certain services have a site of service payment differential between the facility (i.e. hospital) and non-facility (i.e. physician office) setting. Generally, the non-facility rate is higher. Whether a service is reimbursed at the facility or non-facility rate is triggered by place of service (POS) codes. Outside of the PHE, Medicare telehealth has its own POS code, POS 02, which triggers the facility payment rate. During the PHE, practitioners were directed to use the POS code they would have used had the service been furnished in person, so that practitioners who were accustomed to receiving the non-facility rate could continue to receive that higher payment amount during the PHE. After the PHE, Medicare will go back to requiring POS 02 for all Medicare telehealth services.

the telehealth services via two-way, audio/video technology consistent with beneficiary preference.

- A mental health visit for a FQHC or RHC was redefined to include encounters furnished using interactive, real-time, audio and video telecommunications technology or audio-only interactions in cases where the patient is not capable of, or does not consent to, the use of video technology for the purposes of diagnosis, evaluation or treatment of a mental health disorder for established patients who have been seen in-person in past 6 months and will continue to be seen once in-person every 12 months after. These visits are paid the same as in-person mental health visits.
- On July 7, 2022, CMS issued the CY 2023 Medicare Physician Fee Schedule proposed rule
 - The full proposed rule may be found [here](#)
 - The public comment period closed on September 6, 2022
 - Provisions related to telehealth policies are:
 - CMS will make several temporary telehealth services available on a Category III basis
 - Category III codes are temporary in nature and they're intended to be used so further data can be collected on their effectiveness
 - A list of the Category III codes can be found in Table 8 (page 101) of the proposed rule
 - Implementing Medicare telehealth provisions in the 2022 Consolidated Appropriations Act via program instruction or other subregulatory guidance
 - Adding a telehealth indicator on clinician group and provider profile pages to help patients identify which of their providers may provide telehealth services
- On July 13, 2022, CMS issued the CY 2023 Outpatient Prospective Payment System proposed rule
 - The full proposed rule may be found [here](#)
 - The public comment period closed on September 13, 2022.
 - In this rule CMS proposes to continue payment after the end of the public health emergency for remote behavioral health services provided by clinical staff of hospital outpatient departments.

Sources:

1. [CCHPCA. CY '22 Physician Fee Schedule Fact Sheet](#)
2. [Centers for Medicare and Medicaid Services. CY 2022 Telehealth Update, Medicare PFS](#)
3. [CCHPCA. 2021 Consolidated Appropriations Fact Sheet](#)

Telehealth flexibilities currently phasing out at the end of the PHE:

Per the Consolidated Appropriations Act of 2022, the following will be phased out at the end of the 151-day waiting period once the PHE is declared over:

- Where beneficiaries receive Medicare telehealth services and when services originate will go back to original restrictions pre-COVID 19 PHE
- Mental health telehealth services will require an in-person visit within 6 months of initial assessment and an in-person every 12 months following
- Medicare will no longer reimburse telehealth visits for the following providers: PT, OT, SLPs, and audiologists
- FQHC and RHCs will no longer be reimbursed as distant site telehealth providers. However, mental health visits can continue to be furnished via telecommunications technology after the conclusion of the PHE.

The Act also directs the Medicare Payment Advisory Commission (MedPAC) to present a report to Congress by June 15, 2023. The report should include analyzing telehealth utilization, Medicare telehealth expenditures, Medicare payment policies, implications on quality of care and access to services, and any other topics MedPAC sees fit.

HHS was also directed to provide data to the public on a quarterly basis that shows telehealth utilization, beginning on July 1, 2022.

Source:

1. [House of Representatives. Consolidated Appropriations Act of 2022.](#)
2. [CCHPCA. Telehealth Expansions to Continue 151 Days Post-PHE.](#)

Medicaid Telehealth Policies

Medicaid's approach to telehealth has always allowed for states to have broad flexibilities when it came to designing their state telehealth policies.

- These flexibilities include:
 - What services will be covered through telehealth
 - What providers can provide telehealth services
 - CMS does require that services must be provided within the providers' scope of practice
 - What types of technology/modalities can be used
 - Where in the state telehealth services will be covered
 - How services will be reimbursed
 - If a state chooses to reimburse a telehealth service differently than its face-to-face counterpart, the state must submit a reimbursement State Plan Amendment (SPA) for approval
 - Additional guidance from CMS may be found [here](#)

- CMS offers several resources to states to help guide them through the design of the telehealth policies.
 - [Medicaid and CHIP Telehealth Toolkit Checklist](#)
 - [State Medicaid & CHIP Telehealth Tool Kit: Policy Considerations for Expanding Use of Telehealth](#)
 - [Medicaid & CHIP Telehealth Toolkit Supplement](#)

PHE-Related Medicaid Telehealth Flexibilities Introduced by States

* Please note that all of the information presented below is intended to show what state telehealth programs looked like *during* the PHE. This information may have changed. It may not be representative of the program flexibilities prior to the PHE or at the end of the PHE. Please consult with your state’s Medicaid and Department of Health websites for updates related to telehealth policies.²

Alabama	<ul style="list-style-type: none"> ● Services covered: Consultations, evaluation and management, chronic disease management, behavioral health, emergency dental services, postpartum visits, speech therapy, OT, PT, prenatal visits, ● Location: Originating site not specified ● Modality: Live video, and audio-only ● Providers eligible for reimbursement: physicians, nurse practitioners, physician assistants, and dental providers who currently receive Alabama Medicaid payment <ul style="list-style-type: none"> ○ Behavioral health providers included in PHE extension- psychologists, licensed professional counselors, associate licensed counselors, LMFTs therapists, LMSWs, and licensed independent and clinical social workers ○ Other providers included in extension- optometrists, OTs, PTs, SLPs ● Reimbursement: No payment parity policies in place <p>Sources:</p> <ol style="list-style-type: none"> 1. https://medicaid.alabama.gov/alert_detail.aspx?ID=13746 2. https://medicaid.alabama.gov/alert_detail.aspx?ID=13751 3. https://medicaid.alabama.gov/alert_detail.aspx?ID=13770 4. https://medicaid.alabama.gov/alert_detail.aspx?ID=13771 5. https://medicaid.alabama.gov/alert_detail.aspx?ID=13786 6. https://medicaid.alabama.gov/alert_detail.aspx?ID=13852 7. https://medicaid.alabama.gov/alert_detail.aspx?ID=13909 8. https://medicaid.alabama.gov/alert_detail.aspx?ID=14013
Alaska	<ul style="list-style-type: none"> ● Services covered: Temporary telehealth fee schedule may be found here <ul style="list-style-type: none"> ○ Specific additions due to COVID-19 PHE include but not limited to: professional services performed in a hospital (observation, inpatient, discharge, consult, ER, and

² The originating site refers to clinic service benefits only and is meant to address the flexibility granted from the Section 1135 Disaster waiver for clinic services where the practitioner and the beneficiary were not able to be in the clinic.

	<ul style="list-style-type: none"> ○ Medication Assisted Treatment and Opioid Treatment Programs (OTP): the duration of the public health emergency, a telemedicine visit with a physician, APRN or PA can meet the “face-to-face” requirement as long as there is a Registered Nurse in the same location as the patient when the telemedicine service is initiated and the RN and the physician, APRN or PA are employed by the same OTP ● Modality: Live video, store and forward, remote patient monitoring, and audio-only ● Providers eligible for reimbursement: Certified, licensed, or registered health care providers to provide health care services using telehealth: APRNs, alcohol and drug counselors, art therapists, athletic trainers, audiologists, behavior analysts, chiropractors, clinical and master social workers, dentists, dietician-nutritionists, genetic counselors, marital and family therapists, music therapists, naturopaths, nurse mid-wives, OTs, OT assistants, PTs, PT assistants, optometrists, paramedics, pharmacists, physicians, PAs, podiatrists, professional counselors, psychologists, RNs, respiratory care practitioners, and SLPs ● Reimbursement: Effective through June 30, 2023 there is a payment parity policy in place that states telehealth visits are to be reimbursed at the same rate as the in-person rate <p><u>Sources:</u></p> <ol style="list-style-type: none"> 1. https://www.cga.ct.gov/2021/ba/pdf/2021SB-01022-R000366-BA.pdf 2. https://www.ctdssmap.com/CTPortal/Information/Get-Download-File?Filename=COVID_19_IM.pdf&URI=Important_Message%2fCOVID_19_IM.pdf 3. https://leg.colorado.gov/agencies/office-legislative-legal-services/colorado-revised-statutes <p><u>Additional notes:</u></p> <p>* Telehealth flexibilities extended through 6/30/23 via <u>executive order</u> signed by Gov. Lamont</p>
<p>Florida</p>	<ul style="list-style-type: none"> ● Services covered: Any medical or behavioral health service including evaluation, diagnostics, and treatment services ● Location: No originating site requirement specified ● Modality: Live video, store and forward, remote patient monitoring, and audio-only

	<ul style="list-style-type: none"> • Providers eligible for reimbursement: Including but not limited to: physicians, PAs, NPs, midwives, licensed psychologists, LCSW, credited substance abuse counselor, professional, paraprofessional, or unlicensed behavioral health staff delivering qualified services, dentists, optometrists, OT, PT, SLP, audiologist, dieticians, doulas, podiatrists, home health staff, RNs • Reimbursement: No payment parity policies in place <p>Sources:</p> <ol style="list-style-type: none"> 1. https://ahca.myflorida.com/COVID-19_Medicaid.shtml 2. https://ahca.myflorida.com/docs/COVID-19_Medicaid_FAQs_7-31-2020.pdf 3. https://ahca.myflorida.com/Medicaid/statewide_mc/pdf/2018-23_plan_comm/PT_2020-20_COVID-19_State-of-Emergency_Telemedicine_Services.pdf 4. https://ahca.myflorida.com/Medicaid/pdffiles/provider_alerts/2020_03/Medicaid_Telemedicine_Guidance_20200318.pdf
Hawaii	<ul style="list-style-type: none"> • Services covered: Medical, behavioral health, substance abuse disorders, OT, PT, and speech therapy • Location: Patient’s home qualifies as an originating site • Modality: Live video, store and forward, remote patient monitoring, and audio-only • Providers eligible for reimbursement: physicians, advanced practice providers, psychologists and LCSWs, dentists, PTs, OTs, SLPs, community-based workers, pharmacy services, FQHCs, and RHCs • Reimbursement: Payment parity policy in place that states telehealth visits are to be reimbursed at the same rate as the in-person rate <p>Sources:</p> <ol style="list-style-type: none"> 1. https://medquest.hawaii.gov/en/plans-providers/provider-memo.html <ul style="list-style-type: none"> • Reference memos: QI-2008, QI-2010, Q1-2013, QI-2009 2. https://www.capitol.hawaii.gov/hrscurrent/Vol09_Ch0431-0435H/HRS0431/HRS_0431-0010A-0116_0003.htm
Idaho	<ul style="list-style-type: none"> • Services covered: Must meet the following 4 requirements: 1) can be effectively and safely delivered via telehealth, 2) the service fully meets the code definition when provided via telehealth, 3) the service is billed with a GT modifier, 4) all other existing coverage criteria are met • Location: Patient may be located at home or facility

	<ul style="list-style-type: none"> • Modality: Live video, and audio-only • Providers eligible for reimbursement: Idaho Medicaid eligible providers • Reimbursement: No payment parity policies in place <p><u>Sources:</u></p> <ol style="list-style-type: none"> 1. https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=3234&dbid=0&repo=PUBLIC-DOCUMENTS&cr=1 <p><u>Additional Notes:</u></p> <p>* Task force created to give recommendations on permanent implementation of telehealth flexibilities post-PHE; report found here</p>
Illinois	<ul style="list-style-type: none"> • Services covered: Any medically necessary covered service • Location: Originating site may be at patient’s home • Modality: Live video, and audio-only • Providers eligible for reimbursement: Any enrolled practitioner providing services within the scope of their license <ul style="list-style-type: none"> ○ Expanded to include, but not limited to: FQHC, RHC, LCSW, local education agencies, dentists, community health agent, SLP, PT, OT, behavioral health providers • Reimbursement: Medically necessary services provided through telehealth are to be reimbursed at the same rate as their in-person counterpart through January 1, 2028. Payment parity for mental health and substance use services will not expire. <p><u>Sources:</u></p> <ol style="list-style-type: none"> 1. https://www2.illinois.gov/hfs/MedicalProviders/notices/Pages/prn200330d.aspx 2. https://www2.illinois.gov/hfs/SiteCollectionDocuments/FINALTelehealthRulesChangeFAQs03302020.pdf 3. https://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=102-0104
Iowa	<ul style="list-style-type: none"> • Services covered: Services that by definition are direct contact services and typically rendered in person are allowable to be rendered through telehealth when clinically appropriate • Location: Patient’s home is permissible <ul style="list-style-type: none"> ○ Behavioral health services may be rendered if patient is out of the state temporarily • Modality: Live video, and audio only • Providers eligible for reimbursement: Physicians, PAs, dentists, PTs, OTs, SLPs, home health, hospital, behavioral health

	<p>(including: psychiatrists, clinical psychologist, NP, CNS, CSW, LISW, LMFT, LMHC, or CADC), home and community-based service providers</p> <ul style="list-style-type: none"> • Reimbursement: Payment health parity between in-person and telehealth visits for mental health services <p>Sources:</p> <ol style="list-style-type: none"> 1. https://dhs.iowa.gov/ime/providers/faqs/covid19/telehealth#:~:text=Iowa%20Medicaid%20has%20expanded%20access,the%20provider's%20scope%20of%20practice. 2. https://dhs.iowa.gov/sites/default/files/2126-MC-FFS-D-CVD_Billing_Services_for_Telehealth_related_to_COVID-19_3.pdf?070720201310 3. https://dhs.iowa.gov/ime/providers/faqs/covid19/behavioral-health-services 4. https://www.legis.iowa.gov/docs/code/2022/514C.34.pdf
<p>Kansas</p>	<ul style="list-style-type: none"> • Services covered: Primary care office visits, primary care E/M, psychotherapy, mental health services, SUD services, SBIRT services, autism services, audiology, speech therapy, PT, OT, limited oral evaluation and re-evaluation, tobacco and smoking cessation services, and home-based community services • Location: Patient's home is an allowable originating site • Modality: Live video, remote patient monitoring, and audio-only (permissible for only some services) • Providers eligible for reimbursement: Physicians, PAs, APRNs, persons licensed, registered, certified, or authorized to practice by the behavioral sciences regulatory board, dentists, SLPs, audiologists, early childhood intervention specialists, local education agencies • Reimbursement: No payment parity policies in place <p>Sources:</p> <ol style="list-style-type: none"> 1. https://portal.kmap-state-ks.us/Documents/Provider/Bulletins/20046%20-%20General%20-%20Telemedicine_Updates_in_Response%20to_COVID19.pdf 2. https://portal.kmap-state-ks.us/Documents/Provider/Bulletins/20065%20-%20General%20-%20Additional_MH_Codes_for_Telemedicine.pdf 3. https://portal.kmap-state-ks.us/Documents/Provider/Bulletins/20051%20-%20HCBS%20-%20Expanding_Telemedicine_for_HCBS_Services.pdf 4. https://portal.kmap-state-ks.us/Documents/Provider/Bulletins/20120%20-%20General%20-%20Expansion_Select_TM_Allowed_Codes_Home_Setting.pdf

	<ol style="list-style-type: none"> 5. https://portal.kmap-state-ks.us/Documents/Provider/Bulletins/20067%20-%20General%20-%20Tobacco Cessation Counseling.pdf 6. https://portal.kmap-state-ks.us/Documents/Provider/Bulletins/20062%20-%20General%20-%20Expansion of Telemedicine Services ECI and LEA.pdf 7. https://portal.kmap-state-ks.us/Documents/Provider/Bulletins/20073%20-%20General%20-%20Expansion of Telemedicine Services for Therapy Services.pdf 8. https://portal.kmap-state-ks.us/Documents/Provider/Bulletins/20046%20-%20General%20-%20Telemedicine Updates in Response%20to COVID19.pdf 9. https://portal.kmap-state-ks.us/Documents/Provider/Bulletins/20045%20-%20General%20-%20KanCare Telemedicine Reimbursement Update.pdf
<p>Louisiana</p>	<ul style="list-style-type: none"> • Services covered: Any and all health services allowed for all CPT codes covered • Location: No limitation to originating site, including patient’s home • Modality: Live video, and audio-only (when necessary and unless noted otherwise) • Providers eligible for reimbursement: Enrolled providers of Louisiana Medicaid, including all Medicaid MCOs • Reimbursement: Payment for telehealth services to a provider may be no less than 75% of the amount reimbursed for an in-person service <p>Sources:</p> <ol style="list-style-type: none"> 1. https://ldh.la.gov/assets/docs/BayouHealth/HealthPlanAdvisories/2020/HPA20-6 Revised 3.14.22.pdf 2. http://legis.la.gov/Legis/Law.aspx?d=508988
<p>Maine</p>	<ul style="list-style-type: none"> • Services covered: Medically necessary care that is of comparable quality to what would be delivered in person <ul style="list-style-type: none"> ○ Waivers for comparable quality requirement given to these services: behavioral health outpatient services (individual/group/family therapy), intensive outpatient therapy, children’s home and community-based treatment • Location: Originating site can be member’s home, nursing facility, long-term care, or other healthcare facility • Modality: Live video, store and forward, remote patient monitoring, and audio-only • Providers eligible for reimbursement: Provider must be acting within the scope of their license, enrolled as a MaineCare

	<p>provider, and otherwise eligible to deliver the underlying covered service according to the MaineCare benefits manual</p> <ul style="list-style-type: none"> • Reimbursement: No payment parity policies in place <p><u>Sources:</u></p> <ol style="list-style-type: none"> 1. Maine Telehealth Guide 2. https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/documents/pdfs_doc/COVID-19/041620-Telehealth-Guidance.pdf
<p>Maryland</p>	<ul style="list-style-type: none"> • Services covered: Primary care (new or established visits), behavioral health (diagnostic, evaluation and management), individual, group, or family therapy, SUD treatment, applied behavioral health service, PT, OT, SLP, oral evaluation for specific problem, nutritional counseling • Location: Participant’s home is including as an eligible originating site for duration of PHE • Modality: Live video, remote patient monitoring, and audio-only • Providers eligible for reimbursement: Physicians, NPs, PAs, nurse midwives, RNs, psychiatrist, psychiatric nurse practitioner, LCSW, all providers in outpatient mental health clinics, dentists, PTs, OTs, SLPs, FQHCs • Reimbursement: From July 1, 2021 to June 30, 2023 telehealth services must be reimbursed at the same rate as their in-person service counterpart, per the Preserve Telehealth Act of 2021 <p><u>Sources:</u></p> <ol style="list-style-type: none"> 1. https://health.maryland.gov/mmcp/SiteAssets/SitePages/Telehealth/COVID-19%204a Telephonic%20Services%20Guidance 3.21.20.pdf 2. https://health.maryland.gov/phpa/Documents/COVID-19.1 Telehealth%20Guidance Neall.pdf 3. https://health.maryland.gov/bha/Documents/FAQ%20-%20Telehealth%209.22.2020.pdf 4. https://www.mbp.state.md.us/forms/2021 legislative summary.pdf
<p>Massachusetts</p>	<ul style="list-style-type: none"> • Services covered: Any medically necessary MassHealth-covered service, with specific <u>exclusions</u> including: ambulatory, anesthesia, chiropractic, hearing aid, inpatient hospital, laboratory, nursing facility, orthotic, prosthetic, renal dialysis, surgery, and x-ray services • Location: No restrictions on originating sites • Modality: Live video, remote patient monitoring, and audio-only

	<ul style="list-style-type: none"> • Providers eligible for reimbursement: Any MassHealth-enrolled provider • Reimbursement: Payment parity between telehealth and in-person visits for behavioral health services <p>Sources:</p> <ol style="list-style-type: none"> 1. https://www.mass.gov/doc/all-provider-bulletin-327-access-to-health-services-through-telehealth-options-corrected-0/download 2. https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXXII/Chapter175/Section47MM
Michigan	<ul style="list-style-type: none"> • Services covered: Primary care, maternity care, PT, OT, SLP, long term care, home health, case management, diabetes management, ESRD, psychiatric evaluation diagnostic procedures, behavioral change intervention, SUD treatment, and audiology • Location: Patient’s home is allowed to be an originating site but providers cannot bill for a facility fee • Modality: Live video, store and forward, remote patient monitoring, and audio-only • Providers eligible for reimbursement: Physicians and other practitioners whose service provided is on the telemedicine fee schedule • Reimbursement: No payment parity policies in place <p>Sources:</p> <ol style="list-style-type: none"> 1. https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder2/Folder77/Folder1/Folder177/MSA_20-13.pdf?rev=3a1c5a20d35b41d0927f9b65e14e9437&hash=7B01OCD92B0C1DCD8F3ED50E9CCA1DB5 2. https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder4/Folder5/Folder3/Folder105/Folder2/Folder205/Folder1/Folder305/MSA_2053Audiology_Telemedicine.pdf?rev=f3953667571c44cab23b469345f3fe1a&hash=3BECFD39CF160BBCEC4E286CF3407D50 3. https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder1/Folder87/MSA_21-24-Telemedicine.pdf?rev=ddd0ab422004146b455311563fbabb8&hash=8390ECE8B057909A60547C1A2D0B0C6E
Minnesota	<ul style="list-style-type: none"> • Services covered: Minnesota Health Care Program (MHCP) program will cover telehealth services in the same manner as any other benefit covered through the program

	<ul style="list-style-type: none"> ○ Exclusions include: prescription renewal, scheduling a test, clarification of issues from a previous visit, reporting of lab results, non-clinical communication ● Location: Member’s home may serve as originating location ● Modality: Live video, store and forward, remote patient monitoring, and audio-only ● Providers eligible for reimbursement: Providers must self-attest that they meet all conditions of the MHCP telehealth policy by completing and submitting an Assurant statement to be eligible for reimbursement ● Reimbursement: Payment parity policy in place that states telehealth visits are to be reimbursed at the same rate as the in-person rate <p><u>Sources:</u></p> <ol style="list-style-type: none"> 1. https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS-320036#EP_Telemedicine 2. https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS-335178 3. https://www.revisor.mn.gov/statutes/2021/cite/62A.673?keyword_type=all&keyword=telehealth <p><u>Additional notes:</u></p> <p>* The use of the audio-only modality is approved until 7/1/2023</p>
<p>Mississippi</p>	<ul style="list-style-type: none"> ● Services covered: Services must be safe and medically appropriate, provided with the same level of care as if it were in person, and services already covered by Mississippi Division of Medicaid that are in the provider’s scope of care ● Location: Member’s home may serve as an originating site ● Modality: Live video, store and forward, remote patient monitoring, and audio-only ● Providers eligible for reimbursement: Physicians, PAs, NPs, psychologists, LCSWs, LPCs, board certified behavioral analysts, community mental health centers, private mental health centers, MYPAC providers, speech therapists (established patients only), OTs (established patients only), PTs (established patients only), RHCs, FQHCs ● Reimbursement: No explicit payment parity policies in place, except that “remote patient monitoring services are required to include reimbursement for a daily monitoring rate at a minimum of ten dollars per day each month and sixteen dollars

	<p>per day when medication adherence management services are included, not to exceed 31 days per month” [Miss. Code Ann. § 83-9-353]</p> <p><u>Sources:</u></p> <ol style="list-style-type: none"> 1. https://medicaid.ms.gov/wp-content/uploads/2021/06/DOM-Emergency-Telehealth-policy-V10_6.30.2021.pdf 2. https://medicaid.ms.gov/providers/billing-manual/
<p>Missouri</p>	<ul style="list-style-type: none"> • Services covered: Any service within the scope of the provider’s practice that can be delivered at the same level of care as it would be provided in person • Location: The originating site cannot be the patient’s home • Modality: Live video, store and forward, remote patient monitoring, and audio-only • Providers eligible for reimbursement: Any licensed health care provided who is enrolled as a MO HealthNet provider • Reimbursement: Payment parity policy in place that states telehealth visits are to be reimbursed at the same rate as the in-person rate <p><u>Sources:</u></p> <ol style="list-style-type: none"> 1. https://dss.mo.gov/mhd/providers/education/files/telemedicine-billing-presentation.pdf 2. https://dss.mo.gov/mhd/providers/pages/provtips.htm#011122 3. https://revisor.mo.gov/main/OneSection.aspx?section=208.670&bid=35040
<p>Montana</p>	<ul style="list-style-type: none"> • Services covered: All Montana Medicaid covered services are reimbursable as telehealth services as long as they are medically necessary and not required to be face-to-face • Location: Patient’s home is eligible to be an originating site but not eligible for reimbursement as an originating site provider • Modality: Live video, and audio-only • Providers eligible for reimbursement: Physicians, public health clinics, family planning clinics, mid-level practitioners, psychiatrist, psychologist, LCSWs, professional counselor, mental health centers, chemical dependency clinics, FQHCs, RHCs, IHS providers, dieticians • Reimbursement: No payment parity policies in place <p><u>Sources:</u></p> <ol style="list-style-type: none"> 1. https://medicaidprovider.mt.gov/docs/providernotices/2020PN/provnoticetelemedicinepolicyclarificationrev03272020.pdf

Nebraska

- **Services covered:** Routine primary care, behavioral health assessment and management, individual, family, group, and child-parent psychotherapy, functional family therapy, consultation, peer support services, prenatal care, lactation consultation, PT, OT, speech, language, voice, communication, and/or auditory processing disorders, swallowing disorder, oral function for feeding, teledentistry, outpatient cardiac rehab, hospice care, home health assessment and visits, teleradiology (store and forward), non 'hands-on' school-based services
 - Specific exclusions: inpatient services, crisis stabilization, mental health and SUD residential services, mental health respite, social detoxification, hospital diversion, and day treatment
- **Location:** Originating site may include a member's home and NE Total Care Provider Network Health Care facilities
- **Modality:** Live video, store and forward, remote patient monitoring, and audio-only (cannot be used for speech therapy)
- **Providers eligible for reimbursement:** Any physician, dentist, NP, or PA under the Uniform Credentialing Act and enrolled as a NE Medicaid provider may provide services that are within in their scope of practice. Also included, but only reimbursable for video/audio telehealth are PT, OT, and SLP
 - Behavioral health providers temporarily added for PHE: psychologist (PhD/PsyD), provisional psychologist, licensed independent mental health worker, licensed mental health worker, provisionally licensed mental health worker, licensed alcohol and drug counselor, and provisionally licensed alcohol and drug counselor
 - Other providers temporarily added for PHE: FQHC, RHC, and IHS providers
- **Reimbursement:** Payment parity between telehealth and in-person visits for behavioral health services

Sources:

1. https://www.nebraskatotalcare.com/content/dam/centene/Nebraska/PDFs/ProviderRelations/NTC-Telehealth-Resource-060718_508.pdf
2. <https://dhhs.ne.gov/Documents/COVID-19%20General%20Statewide%20Telehealth%20FAQ.pdf>
3. <https://dhhs.ne.gov/Medicaid%20Provider%20Bulletins/Provider%20Bulletin%2020-06.pdf>
4. <https://dhhs.ne.gov/Medicaid%20Provider%20Bulletins/Provider%20Bulletin%2020-09.pdf>

	<ol style="list-style-type: none"> 5. https://dhhs.ne.gov/Medicaid%20Provider%20Bulletins/Provider%20Bulletin%202020-10.pdf 6. https://dhhs.ne.gov/licensure/Documents/NebraskaTelehealthAct.pdf 7. https://nebraskalegislature.gov/laws/statutes.php?statute=44-793
<p>Nevada</p>	<ul style="list-style-type: none"> • Services covered: Primary care services, psychotherapy, group therapy, supervisions, assessments, and parent training, maternity care (unless physical contact is required), PT, OT, speech therapy, home health, and hospice • Location: Originating site may be the patient’s home but must be located within the state of NV • Modality: Live video, store and forward, and audio-only (excluding services that require the provider to maintain visual contact of the patient) • Providers eligible for reimbursement: Physicians, licensed clinical psychologists, LCSWs, podiatrists, RHCs, FQHCs, IHS providers, school-based health centers, home health agencies, and hospice agencies • Reimbursement: Payment parity between in-person visits and telehealth visits, except for audio-only calls through June 29, 2023 <p><u>Sources:</u></p> <ol style="list-style-type: none"> 1. http://dhcfp.nv.gov/uploadedFiles/dhcfpnavgov/content/Pgms/CPT/C OVID-19/Telehealth%20Resource%20Guide ADA.pdf 2. http://dhcfp.nv.gov/uploadedFiles/dhcfpnavgov/content/Pgms/CPT/C OVID-19/Nevada%20Medicaid%20Telehealth%20Memo 3.17.2020 AD A.pdf 3. http://dhcfp.nv.gov/uploadedFiles/dhcfpnavgov/content/Pgms/CPT/C OVID-19/Nevada%20Telehealth%20Memo%20031920%20Update ADA %20(1).pdf 4. http://dhcfp.nv.gov/uploadedFiles/dhcfpnavgov/content/Pgms/CPT/C OVID-19/Telehealth%20Update%20Memo%204-15-2020 ADA.pdf 5. http://dhcfp.nv.gov/uploadedFiles/dhcfpnavgov/content/Pgms/CPT/C OVID-19/PSR%20Permitted%20Through%20Telehealth 04.28.20 ADA.p df 6. https://www.medicaid.nv.gov/Downloads/provider/web_announceme nt 2149 20200326.pdf 7. https://www.medicaid.nv.gov/Downloads/provider/NV Billing Telehe alth.pdf 8. https://www.leg.state.nv.us/NRS/NRS-689A.html#NRS689ASec0463
<p>New Mexico</p>	<ul style="list-style-type: none"> • Services covered: Full list approved telehealth services may be found here

	<ul style="list-style-type: none"> • Location: Patient’s home may be an originating site • Modality: Live video, store and forward, remote patient monitoring, and audio-only • Providers eligible for reimbursement: Physicians, mid-level providers, OTs, PTs, SLPs, FQHCs, RHCs, and IHS providers • Reimbursement: Payment parity policy in place that states telehealth visits are to be reimbursed at the same rate as the in-person rate <p>Sources:</p> <ol style="list-style-type: none"> 1. https://nmmedicaid.portal.conduent.com/static/PDFs/COVIDLOD_Telehealth.pdf 2. https://nmmedicaid.portal.conduent.com/static/PDFs/Provider%20COVID-19%20FAQ%202-Final%20(002).pdf 3. https://cv.nmhealth.org/2020/03/20/state-medicare-program-and-superintendent-of-insurance-issue-new-requirements-to-promote-telemedicine-during-covid-19-emergency/ 4. https://www.srca.nm.gov/parts/title13/13.010.0034.html
<p>New York</p>	<ul style="list-style-type: none"> • Services covered: All services within a provider’s scope of practice can be provided through telemedicine/telephonically when clinically appropriate • Location: No limits on originating site during the PHE • Modality: Live video, store and forward, remote patient monitoring, and audio-only • Providers eligible for reimbursement: Any provider who is authorized to deliver Medicaid billable services within the scope of their practice • Reimbursement: NY has directed all Medicaid telehealth services be reimbursed at same rate as in-person visits through duration of PHE <p>Sources:</p> <ol style="list-style-type: none"> 1. https://www.health.ny.gov/health_care/medicaid/program/update/2021/no07_2021-06_covid-19_telehealth.htm
<p>North Carolina</p>	<ul style="list-style-type: none"> • Services covered: Full list approved telehealth services may be found here, under ‘Codes’ • Location: No restrictions on originating site • Modality: Live video, store and forward, audio-only, and mobile health • Providers eligible for reimbursement: Physicians, NPs, nurse midwives, PAs, RNs, PhD level psychologists, community diagnostic assessment agencies, advanced practice psychiatric clinic nurses, licensed psychological associates, LCSWs,

	<p>licensed clinical mental health counselors, LMFTs, EdD behaviorists, dentists, FQHCs, RHCs, local health departments, clinical pharmacists, educational diagnosticians, SLPs, audiologists, OTs, PTs, registered dietitians, nutritionists, optometrists, respiratory therapists, certified childbirth educator, board certified lactation consultants</p> <ul style="list-style-type: none"> • Reimbursement: No payment parity policies in place <p><u>Sources:</u></p> <ol style="list-style-type: none"> 1. https://medicaid.ncdhhs.gov/blog/2020/04/07/special-bulletin-covid-19-34-telehealth-clinical-policy-modifications-definitions-eligible-providers 2. https://medicaid.ncdhhs.gov/media/8350/open
<p>North Dakota</p>	<ul style="list-style-type: none"> • Services covered: Services covered ND Medicaid that allow video or audio contact to be maintained between patient and provider and are appropriate and medically necessary <ul style="list-style-type: none"> ○ Non-covered services: therapies provided in a group setting, store and forward, targeted case management for high risk pregnant women and infants, targeted case management for individuals in need of LTC services • Location: Patient’s home may be an originating site • Modality: Live video, and audio-only • Providers eligible for reimbursement: Licensed professionals enrolled with ND Medicaid and within the scope of practice per their licensure only • Reimbursement: No payment parity policies in place <p><u>Sources:</u></p> <ol style="list-style-type: none"> 1. https://www.nd.gov/dhs/services/medicalserv/medicaid/docs/general-information-medicaid-provider-manual.pdf 2. https://www.nd.gov/dhs/info/covid-19/docs/policy-medicaid-temporary-telehealth.pdf
<p>Oklahoma</p>	<ul style="list-style-type: none"> • Services covered: Services that can be safely provided via secure telehealth communication devices for all SoonerCare members • Location: Originating site not specified • Modality: Live video, store and forward, remote patient monitoring, and audio-only (excluding teledentistry) • Providers eligible for reimbursement: all OK SoonerCare provider types added on 4/21/2020 (ref: link 2) • Reimbursement: Payment parity policy in place that states telehealth visits are to be reimbursed at the same rate as the in-person rate

	<p><u>Sources:</u></p> <ol style="list-style-type: none"> 1. https://oklahoma.gov/ohca/policies-and-rules/xpolicy/medical-providers-fee-for-service/general-provider-policies/general-scope-and-administration/telehealth.html 2. https://oklahoma.gov/ohca/providers/updates/global-messages/2020-global-messages.html 3. https://oklahoma.gov/ohca/providers/telehealth/state-emergency-for-covid-19.html 4. https://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=87591
<p>Oregon</p>	<ul style="list-style-type: none"> • Services covered: Any service that is ordinarily covered and for which the provider believes in the clinical value reasonably approximates the clinical value of an in-person service • Location: Patient’s home is allowable for originating site • Modality: Live video, remote patient monitoring, and audio-only • Providers eligible for reimbursement: Physical health providers, behavioral health providers, oral health providers • Reimbursement: No payment parity policies in place <p><u>Sources:</u></p> <ol style="list-style-type: none"> 1. https://www.oregon.gov/oha/HSD/OHP/Tools/Oregon%20Medicaid%20COVID-19%20Provider%20Guide.pdf 2. https://www.oregon.gov/oha/HSD/OHP/Announcements/Telemedicine-telehealth%20billing%20guidance%20for%20Oregon%20Health%20Plan%20fee-for-service%20providers.pdf 3. https://www.oregon.gov/oha/HSD/OHP/Announcements/Expanded%20telehealth%20coverage%20for%20behavioral%20health%20services.pdf
<p>Rhode Island</p>	<ul style="list-style-type: none"> • Services covered: Full list approved telehealth services may be found here • Location: No restrictions on originating site and patients are not required to be in RI during visit • Modality: Live video, and audio-only • Providers eligible for reimbursement: Physicians, certified registered nurses, certified PhD psychologists, MSW social workers, principal rehabilitation counselors, LMFTs, mental health counselors, child mental health physician, child mental health psychologist, peer recovery, psychiatrist, psychiatric

	<p>clinical nurse specialist, licensed chemical dependency professional, PTs, OTs, SLPs, nutritionist dieticians, FQHCs</p> <ul style="list-style-type: none"> • Reimbursement: Payment parity policy that states any medically and clinically necessary service provided by a primary care provider, registered dietician nutritionist, or behavioral health provider via telehealth must be reimbursed at same rate as an in-person visit <p><u>Sources:</u></p> <ol style="list-style-type: none"> 1. https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-03/COVID-19%20Memo%20for%20RI%20Medicaid%20Telehealth_05272020vF.pdf 2. https://bhddh.ri.gov/mh/pdf/COVID-19%20Memo%20for%20RI%20Medicaid%20Telehealth_03182020%20(002).pdf? 3. http://webserver.rilin.state.ri.us/Statutes/TITLE27/27-81/27-81-4.HTM
<p>South Carolina</p>	<ul style="list-style-type: none"> • Services covered: Evaluation and management, psychiatric diagnostic evaluation, individual psychotherapy, family psychotherapy, applied behavioral analysis, developmental evaluation center screenings, addiction and recovery-related services, physical and speech therapy services, services for BabyNet-enrolled children, EPSDT visits • Location: No specific requirements for referring site (originating site) • Modality: Live video, and audio-only • Providers eligible for reimbursement: physician, NP, PA, licensed independent practitioner, FQHCs, RHCs, licensed psychologists, LMFTs, LISW-CPs, LPES, LMSW, registered behavioral technicians, PTs, OTs, SLPs • Reimbursement: No payment parity policies in place <p><u>Sources:</u></p> <ol style="list-style-type: none"> 1. https://www.scdhhs.gov/sites/default/files/%282020-03-23%29%20COVID_TH%20Bulletin_0.pdf 2. https://msp.scdhhs.gov/covid19/sites/default/files/press-release/files/%282020-03-19%29%20COVID_TH%20Bulletin%20%281%29.pdf <p><u>Additional notes:</u></p> <p>* Permanent changes to telehealth announced here</p> <ul style="list-style-type: none"> • SCDHHS will waive referring site restrictions that existed prior to the PHE, allowing providers to be reimbursed for telehealth

	<p>services delivered to Medicaid members regardless of their location for E/M CPT codes rendered by a physician, NP, or PA</p>
<p>South Dakota</p>	<ul style="list-style-type: none"> • Services covered: Full list approved telehealth services may be found here, under ‘Appendix: Covered Telemedicine Procedures’ • Location: Originating sites eligible for reimbursement- physician office, outpatient hospital, critical access hospital, RHC, FQHC, IHS clinic, community mental health center, SUD agency, nursing facilities, schools <ul style="list-style-type: none"> ○ Other originating sites are allowable but do not allow for reimbursement • Modality: Live video, store and forward (dentistry only), remote patient monitoring, and audio-only • Providers eligible for reimbursement: Audiologists, certified social worker, clinical nurse specialists, community health worker, community mental health centers, dentists, diabetes education program, dieticians, FQHCs, IHS providers, LMFTs, licensed professional counselor, NPs, nutritionists, OTs, optometrists, PTs, physicians, PAs, podiatrists, psychologists, RHCs, SLPs, SUD agencies, Tribal 638 facilities • Reimbursement: Payment parity policy in place that states telehealth visits are to be reimbursed at the same rate as the in-person rate, per SD Medicaid Manual <p><u>Sources:</u></p> <ol style="list-style-type: none"> 1. https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Telemedicine.pdf 2. https://dss.sd.gov/docs/medicaid/providers/ProviderBulletins/COVID-19/COVID19_FAQ_Providers.pdf 3. https://dss.sd.gov/docs/medicaid/general_info/tribal/2020/07_28_20/Telemedicine_overview.pdf
<p>Texas</p>	<ul style="list-style-type: none"> • Services covered: Primary care consults, primary care office visits, primary care evaluation and management, psychiatric diagnostic visits, pharmacologic management, psychotherapy, behavioral health case management, peer specialist services, SUD services, PT, OT, speech therapy, home and community-based services, audiology • Location: Patient’s home is acceptable originating site • Modality: Live video, store and forward, and audio-only • Providers eligible for reimbursement: Physicians, NPs, APRNs, PA, nurse midwives, RNs, licensed professional counselors, LMFTs, LCSWs, licensed psychologists, OTs, PTs, SLPs, home health agencies, RHCs

	<ul style="list-style-type: none"> • Reimbursement: No payment parity policies in place <p><u>Sources:</u></p> <ol style="list-style-type: none"> 1. https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/sb-789-telemedicine-telehealth-hts-medicaid-dec-2020.pdf 2. https://www.hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information/medicaid-chip-services-information-providers <p><u>Additional notes:</u></p> <p>* Texas HHS, alongside the state legislature, is currently assessing telehealth provisions that may be made permanent after the end of the PHE. To track their progress, please follow along here.</p>
<p>Utah</p>	<ul style="list-style-type: none"> • Services covered: Any covered Medicaid State Plan service that is clinically appropriate, does not require hands-on care, examination, or testing <ul style="list-style-type: none"> ○ Reference pg. 48-52 of link 3 for every covered service • Location: Originating site exclusions not specified • Modality: Live video, store and forward, and audio-only • Providers eligible for reimbursement: Providers enrolled in the Utah Medicaid Program providing services allowable, within their scope of practice • Reimbursement: Payment parity policy in place that states telehealth visits are to be reimbursed at the same rate as the in-person rate, per UT Medicaid Manual <p><u>Sources:</u></p> <ol style="list-style-type: none"> 1. https://medicaid.utah.gov/Documents/pdfs/covid/COVID-19_TelehealthFAQ1.21.pdf 2. https://medicaid.utah.gov/Documents/pdfs/covid/COVID_ABAProviders.pdf 3. https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/All%20Providers%20General%20Information%20Section%20I/AllProvidersGeneralInfo_Section_1.pdf <p><u>Additional notes:</u></p> <p>* As of 3/4/22, attempts at passing legislative related to telehealth changes did not pass https://le.utah.gov/~2022/bills/static/HB0365.html</p>

<p>Virginia</p>	<ul style="list-style-type: none"> • Services covered: Full list approved telehealth services may be found here, under ‘Attachment A’ • Location: Patient’s home may be an originating site but not reimbursable • Modality: Live video, store and forward, remote patient monitoring, and audio-only • Providers eligible for reimbursement: Enrolled DMAS providers who maintain a physical location in the Commonwealth and meet state licensure, registration, and certification • Reimbursement: Payment parity policy in place that states telehealth visits are to be reimbursed at the same rate as the in-person rate <p><u>Sources:</u></p> <ol style="list-style-type: none"> 1. https://www.dmas.virginia.gov/media/3738/telehealth-q-and-a-v-8-5-21.pdf 2. https://www.dmas.virginia.gov/media/4487/msr-2022-062-003-w-attachment-telehealth-services-supplement-rpm.pdf 3. https://www.youtube.com/watch?v=lePdrHyZ9V8 4. https://law.lis.virginia.gov/vacode/title38.2/chapter34/section38.2-3418.16/ <p><u>Additional notes:</u></p> <p>* Permanent changes to telehealth (specifically audio-only) as of 4/8/22 found here</p>
<p>Washington</p>	<ul style="list-style-type: none"> • Services covered: All FFS encounters at FQHCs, RHCs, and tribal clinics, EPSDT services, office based opioid treatment services, medical nutrition therapy, OB services/maternity care, antepartum care, family planning, behavioral health services, ABA services, PT, OT, speech therapy, dental re-evaluation appointments, problem focused dental appointments, home health • Location: Patient’s home is an allowable originating site but provider may not bill for originating site fee • Modality: Live video, store and forward, audio-only, e-consults, and mobile health • Providers eligible for reimbursement: Physicians, advanced practitioners, dentists, behavioral health providers, FQHCs, RHCs • Reimbursement: Payment parity policy in place that states telehealth visits are to be reimbursed at the same rate as the in-person rate

	<p><u>Sources:</u></p> <ol style="list-style-type: none"> 1. https://www.hca.wa.gov/assets/billers-and-providers/apple-health-telemedicine-telehealth-brief-COVID19-20200607.pdf 2. https://www.hca.wa.gov/assets/billers-and-providers/physician-related-serv-bg-20200401.pdf 3. https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules 4. https://www.hca.wa.gov/assets/billers-and-providers/apple-health-clinical-policy-and-billing-COVID19-faq-20220201.pdf 5. https://www.hca.wa.gov/assets/billers-and-providers/apple-health-applied-behavior-analysis-policy-and-billing-COVID-19.pdf 6. https://www.hca.wa.gov/assets/billers-and-providers/apple-health-dental-emergency-coverage-COVID-19.pdf 7. https://www.hca.wa.gov/assets/billers-and-providers/apple-health-diabetes-education-FAQ.pdf 8. https://www.hca.wa.gov/assets/billers-and-providers/apple-health-home-health-FAQ.pdf 9. https://www.hca.wa.gov/assets/billers-and-providers/physical-occupational-speech-therapy-guidance-COVID-19.pdf 10. https://app.leg.wa.gov/wac/default.aspx?cite=284-170-130
<p>Wisconsin</p>	<ul style="list-style-type: none"> • Services covered: General health care (doctor’s visits, medication therapy management), school-based services, dentistry, targeted case management, therapies (OT, PT, speech therapy), behavioral health (mental health, substance use, behavioral treatment) <ul style="list-style-type: none"> ○ During the PHE- daily dosing contacts w/ RN or LPN working in an opioid treatment program may be done via telephone • Location: No restrictions on originating site, but member’s homes are not eligible for reimbursement at originating site • Modality: Live video, store and forward, remote patient monitoring, and audio-only • Providers eligible for reimbursement: Physicians, nurse midwives, NPs, PAs, PhD psychologists, psychiatrists, mental health day treatment providers, master’s level psychotherapists, narcotic treatment providers, substance abuse counselors, case management providers, dentists, dental hygienists, oral surgeons, audiologists, PTs, OTs, SLPs, podiatrists, ESRD providers, home health agencies, opticians, optometrists, school-based providers, FQHCs, and RHCs • Reimbursement: Payment parity policy in place that states telehealth visits are to be reimbursed at the same rate as the in-person rate, per WI Medicaid Manual

	<p><u>Sources:</u></p> <ol style="list-style-type: none"> 1. https://www.dhs.wisconsin.gov/telehealth/index.htm 2. https://www.dhs.wisconsin.gov/telehealth/member-faqs.htm 3. https://www.forwardhealth.wi.gov/WIPortal/content/html/news/telehealth_resources.html.spage 4. https://www.forwardhealth.wi.gov/kw/pdf/2020-15.pdf <p><u>Additional notes:</u></p> <p>* Permanent changes made to state telehealth policies will go into in effect at end of PHE can be found here</p>
<p>Wyoming</p>	<ul style="list-style-type: none"> • Services covered: Any service that is medically necessary and follow accepted standards of care, and services that are covered by Medicaid • Location: Patient’s home is an approved originating site (but provider may not bill originating site fee) • Modality: Live video, and audio-only • Providers eligible for reimbursement: Any provider that is an enrolled Medicaid provider (including out of state Medicaid providers) <ul style="list-style-type: none"> ○ Extended to FQHCs, RHCs, and Tribal/638 facilities • Reimbursement: No payment parity policies in place <p><u>Sources:</u></p> <ol style="list-style-type: none"> 1. Manual Institutional 04 01 20.pdf 2. Telehealth Updates for Originating Sites.pdf 3. FQHC RHC Tribal Facilities Telehealth 03.20.20.pdf