

TELEMEDICINE REIMBURSEMENT MANDATES BY STATE: Medicaid & Private Payer

Unless otherwise noted, this information came from
[The Center for Telehealth and E-Health Law](#),
 and
[The American Telemedicine Association State Telemedicine Policy Center](#)

State	Medicaid reimbursement	Private payer reimbursement
ALASKA	In general, telemedicine services are billed in the same way that face-to-face visits are billed. However, depending on the method used in the telemedicine consultation (e.g., interactive or store-and-forward) and on the role of the provider in the consultation, a modifier on the procedure code may be needed.	
ARIZONA	AHCCCS (Arizona's Medicaid agency) covers medically necessary services provided via telemedicine. Service delivery via telemedicine can be in one of two modes: Real time means the interactive, two-way transfer of information and medical data, which occurs at two sites simultaneously: the hub site (the location of the telemedicine consulting provider) and the spoke site (the location where the recipient is receiving the telemedicine service). Diagnostic, consultation, and treatment services are delivered through interactive audio, video, and/or data communication.	

	<p>Store-and-forward means transferring medical data from one site to another through the use of a camera or similar device that records (stores) an image that is sent (forwarded) via telecommunication to another site for consultation.</p>	
<p>ARKANSAS</p>	<p>Medicaid limits its coverage of interactive electronic consultations to two (2) per client per year in a physician's office or a hospital. This yearly limit is based on the State Fiscal Year (July 1 through June 30). The Program approves benefit extension requests for clients of all ages, based on documented medical necessity. Office and outpatient visits that are interactive electronic medical transactions (telemedicine) are counted toward the applicable benefit limits for traditional physician visits. Medicaid policy regarding benefit extensions for telemedicine visits (other than consultations) is the same as that for traditional visits.</p> <p>Arkansas Medicaid covers the following telemedicine services:</p> <ol style="list-style-type: none"> 1. Consultations 2. Fetal echography and echocardiography, 3. Non-emergency visits in a physician's office, a clinic or a hospital outpatient department and 4. Inpatient hospital visits. <p>Physician visits and consultations qualify for coverage as telemedicine visits and consultations if they meet the following conditions:</p> <ol style="list-style-type: none"> 1. The visit or consultation is in accordance with Physician's Common Procedural Terminology (CPT) guidelines for evaluation and 	

	<p>management procedures except that:</p> <p>2. Visual and auditory contact between physician and patient is by means of electronic transmission.</p> <p>a. The physician and the patient must see and hear each other.</p> <p>b. The entire transaction must occur in real time.</p> <p>B. In the case of an interactive electronic consultation, Medicaid will reimburse the physician physically attending the patient, as well as the consultant. Special billing procedures are required of both physicians.</p>	
CALIFORNIA	<p>A telemedicine service must use interactive audio, video or data communication to qualify for reimbursement. The E&M service must be in real-time or near real-time (delay in seconds or minutes) to qualify as an interactive two-way transfer of medical data and information between the patient and practitioner. Neither a telephone conversation, an electronic mail message or facsimile transmission between a health care practitioner and a patient, or "store and forward" patient visits and consultations, which are transmitted after the patient is no longer available, constitutes telemedicine and will not be reimbursed.</p>	<p>Requires health insurers that cover hospital, medical, or surgical expenses, including those telemedicine services to reimburse each complete claim, or portion thereof, whether in state or out of state, as soon as practical, but no later than 30 working days after receipt of the complete claim by the insurer.</p>
COLORADO		<p>Prohibits a health benefit plan that is issued, amended, or renewed for a person residing in a county with 150,000 or fewer residents from requiring face-to-face contact between a provider and a covered person for services appropriately provided through Telemedicine. Excludes telephone or facsimile.</p>

		Requires any health benefits provided through telemedicine to meet the same standard of care as for in-person care.
FLORIDA	Does not does reimburse for the provision of telemedicine services but has an Expansion of Telehealth Waiver, effective July 1, 2009.	
GEORGIA	Allows a specialist physician located at a medical center to communicate with a patient and the attending physician in a distant community through video teleconsultations, and to be reimbursed in the same amounts listed in the Schedule of Maximum Allowable for Physician, Advance Nurse Practitioner, Nurse Midwife, Oral Max, Podiatry.	
HAWAII		Prohibits an insurer from requiring face-to-face contact between a health care provider and a patient as a prerequisite for payment for services appropriately provided through telehealth.
IDAHO	Covers only telehealth services for psychiatric care	
ILLINOIS	Will reimburse one provider at the Spoke Site and one or more providers at the Hub Site depending on medical necessity.	

<p>INDIANA</p>	<p>Requires the hub and spoke sites to be greater than 20 miles apart for reimbursement. Prohibits reimbursement for store and forward technology by Medicaid.</p>	
<p>KANSAS</p>	<p>Allows consultations, office visits, individual psychotherapy, and pharmacological management services to be reimbursed when provided via telecommunication technology at the same rate as face-to-face services. Excludes e-mail, telephone and facsimile transmissions.</p>	
<p>KENTUCKY</p>	<p>Prohibits insurers from denying reimbursement solely because an in-person consultation between a Medicaid-participating practitioner and a patient did not occur. Excludes coverage for audio-only telephone, facsimile machine, or electronic mail.</p>	<p>Prohibits a health benefit plan from excluding a service from coverage solely because the service is provided through telehealth and not provided through a face-to face consultation if the consultation is provided through the telehealth network. Excludes consultations done with an audio-only telephone, facsimile machine, or electronic mail. Allows a health benefit plan to provide coverage for a consultation at a site not within the telehealth network at the discretion of the insurer.</p>
<p>LOUISIANA</p>		<p>Prohibits any insurer that provides for payment, benefit, or reimbursement for any health care service, including but not limited to diagnostic testing, treatment, referral, or consultation, denial of payment to a licensed physician for such health care service performed via transmitted electronic</p>

		<p>imaging or telemedicine.</p> <p>Requires the payment to such a licensed physician not be less than 75 percent of the reasonable and customary amount of payment, benefit, or reimbursement which that licensed physician receives for an intermediate office visit.</p>
MAINE	<p>Requires that there be a “compelling benefit” for the member in order to cover and reimburse for telehealth services. Requires two-way audio and video equipment.</p>	<p>Requires insurers to provide coverage for health care services provided through telemedicine if the health care service would be covered through in-person consultation.</p>
MICHIGAN	<p>Reimburses for telemedicine provided with interactive audio/video technology, requiring that the “beneficiary must be able to see and interact with the off-site practitioner.”</p>	
MINNESOTA	<p>Covers telemedicine consultations made via two-way, interactive video or store-and-forward technology. Excludes telephone conversations. Limited to three telemedicine consultations per recipient per calendar week. Requires reimbursement for telemedicine consultations at the full allowable rate.</p>	
MISSISSIPPI	<p>Reimburses only for teleradiology services.</p>	
MISSOURI	<p>Covers medically necessary telehealth services, but</p>	

	requires the use of 2-way interactive video so that the patient can see and interact with the provider.	
MONTANA	Reimburses for telemedicine services when the consulting provider is enrolled in Medicaid.	
NEBRASKA	Provides coverage for telehealth services but does not include a telephone conversation, electronic mail message, or facsimile transmission between a health care practitioner and a patient or a consultation between two health care practitioners	
NEW HAMPSHIRE		Requires insurance coverage for telemedicine services if the health care service would be covered by the insurer if it were provided through in-person consultation.
NEW MEXICO	Requires reimbursement for services at the originating-site and the distant-site at the same amount as when the services provided are furnished without the use of a telecommunication system.	
NORTH CAROLINA	Reimburses for t telemedicine and telepsychiatry services, excluding telephone conversations; video cell phone interactions; e-mail messages; facsimile transmission between a health care provider and a recipient; and “store and forward” recipient visits and consultations, which are transmitted after the recipient is	

	no longer available.	
NORTH DAKOTA	Reimburses for telemedicine services to physicians at both the originating and consulting sites may bill for services. Supplies needed for any procedures performed are considered part of the procedure and are not separately billable. Separate long distance charges required for out-of-network sites are billable.	
OHIO	Offers reimbursement only for telepediatrics services.	
OKLAHOMA	Reimburses telemedicine services at the same rate as the fee-for-service provisions of the state Medicaid managed care program. Limited to consultations, office visits, individual psychotherapy, psychiatric diagnostic interview examinations and testing, mental health assessments and pharmacologic management for members in rural areas, underserved areas, or geographic areas where there is a lack of medical/psychiatric/mental health expertise locally. Requires an interactive telecommunications system is required as a condition of coverage. Covers store and forward technology for applications in which, under conventional health care delivery, the medical service does not require face-to-face contact between the member and the provider.	Prohibits insurers from denying coverage for services provided through audio, video, or data communications. Allows compensation for patient consultations and diagnoses and the transfer of medical information through telecommunication technology. Excludes telephone and fax communications from the term "telemedicine."
OREGON		Requires coverage of a telemedical health service if: a. The plan provides coverage of the health

		service when provided in person by the health professional; b. The health service is medically necessary; and c. The health service does not duplicate or supplant a health service that is available to the patient in person.
PENNSYLVANIA	Provides payment for consultations when using telecommunication technology, including video conferencing and telephone, by enrolled maternal fetal medicine specialists, related to high risk obstetrical care, and psychiatrists, related to psychopharmacology.	
SOUTH CAROLINA	Limited to tele-psychiatric services.	
SOUTH DAKOTA	Reimburses for telemedicine services for physician consultations, follow-up visits, and pharmacological management.	
TEXAS	Reimburses for telemedicine services, excluding: (1) the cost of telemedicine hardware and/or equipment, videotapes, and transmissions; and (2) telephone conversations, chart reviews, e-mail messages, and faxes.	Prohibits a health benefit plan from excluding a telemedicine medical service or a telehealth service from coverage under the plan solely because the service is not provided through a face-to-face consultation. Allows a health benefit plan to require a deductible, a copayment, or coinsurance for a telemedicine medical service or a telehealth service, but prohibits the amount from exceeding the amount for a comparable medical service provided through

		a face-to-face consultation.
UTAH	On or after July 1, 2008, communication by telemedicine is considered face to face contact between a health care provider and a patient under the state's medical assistance program.	
VERMONT	Limited to tele-psychiatric services.	
VIRGINIA	Reimburses for telemedicine services.	
WASHINGTON	Reimburses for telemedicine services when medically necessary, excluding email, telephone, and facsimile transmissions; installation or maintenance of any telecommunication devices or systems; home health monitoring; and "store and forward" telecommunication based services.	
WYOMING	Reimburses for telemedicine services provided with interactive audio and video telecommunications using 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. Requires all interactive video telecommunication to 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. Excludes telephone conversation, electronic mail message (email), or facsimile transmission (fax).	
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Additional resources:

“Proposed Criteria for Reimbursing eVisits: Content Analysis of Secure Patient Messages in a Personal Health Record System”
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1839266/>

Blue Cross Blue Shield of North Carolina E-Visit Reimbursement Overview <http://www.bcbsnc.com/content/providers/evisit.htm>

“e-Visits: The Tipping Point - Are We There Yet?” http://www.transformed.com/e-Visits/e-Visits_There_Yet.cfm

“The doctor is (logged) in: Insurers clear way for online patient interaction”
<http://triad.bizjournals.com/triad/stories/2009/07/27/story2.html>

“Virtual visits: the new ATMs?” <http://www.modernhealthcare.com/article/20071018/FREE/310180002#>

Minnesota Medical Association
<http://www.minnesotamedicine.com/PastIssues/January2009/PulseInboxJanuary2009/tabid/2794/Default.aspx>

AAP report on Telephone-Care <http://pediatrics.aappublications.org/cgi/reprint/109/2/290>

NCSL report on HIT http://ncsl.org/Portals/1/documents/health/forum/HITCH_report.pdf