

MEDICAID: TELEMEDICINE POLICIES

Last updated – 5/7/20

Overview: Many State Medicaid programs across the country have provided guidance and guidelines to encourage the use of telehealth during the COVID-19 pandemic. Much of the information cited below comes from the Center for Connected Health Policy, the American Medical Association, and individual state orders.

Sources: [Center for Connected Health Policy](#), [American Medical Association](#), [CMS: Policy Considerations for States Expanding Use of Telehealth](#), [CMS State Toolkit to Accelerate Use of Telehealth in Medicaid and CHIP](#)

State	Relevant Policy Links	COVID-19 Related Telemedicine/Telehealth Updates
Alabama	Alabama Medicaid Extends Temporary Telemedicine Coverage Telemedicine Origination Site Facility Fee Department of Public Health Extends Stay At Home Order	<ul style="list-style-type: none"> • Allows clinicians to provide medically necessary services that can be appropriately delivered via telecommunication services including telephone consultations. The extension also allows some behavioral health services to be appropriately delivered via telecommunication services including telephone consultations. These actions will be effective for one month, expiring on dates of service April 16, 2020. It will be reevaluated for a continuance as needed. • The stay at home order has been extended through April 30, 2020; however, the Medicaid telehealth flexibilities are currently set to expire on April 16, 2020. The Alabama Medicaid Agency has indicated this expiration date will be reevaluated as necessary. • Effective April 1, 2020, the Alabama Medicaid Agency (Agency) will begin paying an origination site facility fee of \$20.00. The origination fee will be limited to one per date of service per recipient.
Alaska	Division of Health Care Services Medicaid Telehealth Coverage	<p>Alaska Medicaid covered telemedicine services prior to the COVID-19 state of emergency. Telemedicine is considered a mode of delivery and is reimbursed at the same rate as if services were performed in person. In order to be eligible for reimbursement, the service must be provided through camera, video, or dedicated audio conference equipment in real-time. Under certain circumstances, store-and-forward and self-monitoring or testing is covered by Alaska Medicaid.</p>

<p>Arizona</p>	<p>Governor Ducey Expands Telemedicine Coverage For Arizonans</p> <p>Executive Order 2020-15</p>	<p>The executive order requires all AZ Medicaid (AHCCCS) plans in to reimburse eligible covered health care services delivered via telemedicine to AHCCCS members for the duration of the public health emergency. It also prohibits AHCCCS plans from discounting rates for services provided via telemedicine. Both telephone and audio/visual visits will be covered.</p>
<p>Arkansas</p>	<p>Telemedicine Requirements for Physicians during the COVID-19 Public Health Emergency</p>	<p>Division of Medical Services (DMS) is lifting the requirement to have an established professional relationship before utilizing telemedicine for physicians under the following conditions for the duration of the emergency declaration:</p> <ul style="list-style-type: none"> • The physician providing telehealth services must have access to a patient’s personal health record maintained by a physician. • The telemedicine service may be provided by any technology deemed appropriate, including telephone, but it must be provided in real time (cannot be delayed communication). • Physicians may use telemedicine to diagnose, treat, and, when clinically appropriate, prescribe a non-controlled drug to the patient.
<p>California</p>	<p>Executive Order to Expand Telehealth Services - Privacy & Security</p> <p>Medi-Cal Payment for Telehealth and Virtual/Telephonic Communications Relative to the 2019-Novel Coronavirus (COVID-19)</p>	<ul style="list-style-type: none"> • Suspends requirements related to the responsibility of a health care provider to obtain verbal or written consent before the use of telehealth services. • Suspends certain penalties related to inadvertent disclosure of health information during the good faith provision of telehealth services. • Medi-Cal providers may bill DHCS or their managed care plan as appropriate for any covered Medi-Cal benefits or services using the appropriate procedure codes, i.e., Current Procedural Terminology (CPT) or Health Care Procedures Coding System (HCPCS) codes, as defined by the American Medical Association (AMA) in the most current version of the billing manual that are appropriate to be provided via a telehealth modality. The CPT or HCPCS code(s) must be billed using Place of Service Code “02” as well as the appropriate telehealth modifier, as follows <ul style="list-style-type: none"> ○ Synchronous, interactive audio and telecommunications systems: Modifier 95

		<ul style="list-style-type: none"> ○ Asynchronous store and forward telecommunications systems: Modifier GQ
Colorado	Health First Colorado: Temporary Expansion of Telehealth Services	<p>Throughout the COVID-19 state of emergency, Health First Colorado (Colorado’s Medicaid Program) is temporarily expanding its telemedicine policy to authorize the following:</p> <ul style="list-style-type: none"> • Expanding the definition of telemedicine services to include telephone only and live chat modalities. • Adding specified Physical Therapy, Occupational Therapy, and Home Health, Hospice and Pediatric Behavioral Therapy services to the list of eligible interactive audiovisual telemedicine services. • Authorizing Federally Qualified Health Centers (FQHCs), Rural Health Clinic (RHCs), and Indian Health Services to bill encounters for telemedicine visits.
Connecticut	CMAP COVID-19 Response – Bulletin 1: Emergency Temporary Telemedicine Coverage Executive Order 7G: Flexibility for Medicaid Providers to Perform Telehealth through Additional Methods	<ul style="list-style-type: none"> • Temporary Expansion to Connecticut Medical Assistance Program (CMAP) Telemedicine policies: include waiving homebound requirements for all otherwise coverable medical telemedicine services; the addition of specified “New Patient” Evaluation and Management Services; and waiving the originating site requirements for psychiatric diagnostic evaluations. • Medicaid coverage for telehealth is expanded to include audio-only (telephone) visits for covered telehealth services for existing patients. • The executive order waives any requirement for providers to be licensed, registered or certified specifically as a telehealth provider in order to provide telemedicine services. • These expansions in coverage are valid until the end of the declared public health emergency, or rescinded by the governor.
Delaware	Division of Medicaid and Medical Assistance Changes to Telehealth Policies to Respond to COVID-19 Executive Order: Tenth Modification of the Declaration of a State Emergency Department of Insurance Emergency Rule (Telehealth)	<p>In response to COVID-19, Delaware Medicaid and Medical Assistance (DMMA) has expanded the methods that telehealth may be delivered to include interactive communication and telephonic services. These services will be fully covered.</p> <ul style="list-style-type: none"> • Interactive communication includes “real time” audio and video equipment for two-way communication. • Telephonic services (audio-only) are acceptable if interactive communications are unavailable

		<p>and are medically appropriate for the covered service.</p> <p>Out of state providers are allowed to perform telehealth services within the state of Delaware.</p>
District of Columbia	<p>DC Medicaid Coding for Telemedicine and Coronavirus</p> <p>Guidance on the Use of Telehealth</p> <p>Telemedicine Provider Guidance</p>	<p>Under the Department of Health Care Finance’s (DHCF) telemedicine rule, Medicaid reimbursement is allowable for four categories of healthcare services: (a) Evaluation and management; (b) Consultation, evaluation and management of a specific healthcare problem requested by an originating site provider; (c) Behavioral healthcare services including, but not limited to, psychiatric evaluation and treatment, psychotherapies, and counseling; and (d) Speech therapy.</p> <p>On March 12, 2020, DHCF adopted an emergency and proposed rule that established authority for Medicaid to pay for telemedicine services delivered in a beneficiary’s home.</p> <p>DHCF will reimburse providers for audio-only telephone visits throughout the public health emergency and until 60 days after the end of a public health emergency declared by the Mayor.</p>
Florida	<p>Emergency Order – Suspension of Statutes, Rules and Orders, Made Necessary by COVID-19</p> <p>Florida Medicaid Health Care Alert</p>	<ul style="list-style-type: none"> Physicians may issue a renewal prescription for a controlled substance listed as Schedule II, III, or IV for chronic pain management without having to conduct a physical examination of the existing patient. Providers using telehealth must ensure treatment services are medically necessary and performed in accordance with the corresponding and promulgated service-specific coverage policy and fee schedule. For new procedure codes temporarily covered during the state of emergency, services must be performed in accordance with the American Medical Association’s Current Procedural Terminology procedure code definitions and guidance.
Georgia	<p>Telehealth guidance for Medicaid/PeachCare for Kids®/Fee-for-service Providers</p>	<p>Expansion of telehealth will be supported by waiving telehealth services originating site limitations and allowing telehealth services to be provided by the following modalities: telephone, webcam, and video cell phone communication.</p>

		For services provided via telehealth, all services must be medically necessary, patients must initiate the service and provide consent to be treated virtually, and the qualified healthcare provider must continue to comply with state telehealth laws and regulations.
Hawaii	COVID-19 Pandemic Action Plan for Quest Integration (QI) Health Plans (Part I) COVID-19 Pandemic Action Plan for QI Health Plans (Part II) QI Telehealth Guidance During Public Emergency Related to COVID-19 QI Telehealth Guidance for Public Emergency- Qualified Non-Physician Health Care Professionals	<ul style="list-style-type: none"> • The COVID-19 Pandemic Action Plan (parts I and II) outline a broad overview of the provision of services during Hawaii’s state of emergency. This plan will remain in place until the last day of the month in which the state of emergency is lifted. • When the state of emergency ends, telehealth codes listed in QI guidance will no longer be covered. • Medicaid Quest Division (MQD) will cover brief 5-10 minute check-ins via telephone to determine whether an office visit or other service is needed (billed as fee-for-service). • MQD already covers e-visits for established patients and will continue to cover them at the same rate. If an in-person relationship has not been established with a patient, MQD will allow that to be established via a telehealth mechanism.
Idaho	Medicaid Provider Information re: Telehealth	Any procedure delivered via telehealth may be covered when: the service can be safely and effectively delivered via telehealth, the service meets the code definition when provided via telehealth, the services is billed with a GT modifier, and all other existing coverage criteria are met. The guidance does not apply to services paid through managed care plans for people eligible for both Medicare and Medicaid administered by Blue Cross of Idaho or Molina Healthcare of Idaho. Claims for services delivered via telehealth will be reimbursed at the same rates as face-to-face services.
Illinois	Medicaid Telehealth Services Expansion Prompted by COVID-19 Executive Order to Expand Telehealth Services	<p>To protect the public health in connection with the present public health emergency, the Department will reimburse medically necessary and clinically appropriate telehealth services with dates of service on or after March 9, 2020 until the public health emergency no longer exists, that meet the following requirements:</p> <ul style="list-style-type: none"> • The telehealth service must be delivered using: an “interactive telecommunication system” or “telecommunication system” or; • A communication system where information exchanged between the physician or other

		<p>qualified health care practitioner and the patient during the course of the synchronous telehealth service is of an amount and nature that would be sufficient to meet the key components and requirements of the same service when rendered via face-to-face interaction.</p> <p>The state has expanded the services covered during the public health emergency to include: virtual check-ins and e-visits meeting certain criteria.</p> <p>The Executive Order prohibits state regulated health plans from charging co-pays on telehealth for in-network providers. Reimbursement for telehealth services will continue to be made at the same rate paid for face-to-face in-person services.</p>
Indiana	<p>IHCP Bulletin</p> <p>IHCP responds to telemedicine FAQs as of April 1, 2020</p> <p>Executive Order</p>	<p>All services delivered through telemedicine are subject to the same limitations and restrictions as they would be if delivered in-person. Appropriate consent from the member must be obtained by the provider prior to delivering services. Documentation must be maintained by the provider to substantiate the services provided and that consent was obtained. Documentation must indicate that the services were rendered via telemedicine, clearly identify the location of the provider and patient, and be available for post-payment review. The provider and/or patient may be located in their home(s) during the time of these services.</p> <p>Providers can prescribe controlled substances via telemedicine for new patients if:</p> <ul style="list-style-type: none"> • The prescription is issued for a legitimate medical purpose. • The telemedicine communication is conducted using a real-time, two-way interactive communication system. • All other applicable federal and state laws are followed. <p>The expanded telehealth coverage is effective through the duration of the declared public health emergency.</p>
Iowa	<p>Informational Letter No. 2119-MC-FFS-CVD</p>	<ul style="list-style-type: none"> • The Iowa Medicaid Enterprise seeks authority to allow telehealth services to be provided, regardless of the recipient’s location, for all Medicaid-covered benefits including mental and

	Proclamation Continuing State Public Emergency Declaration	<p>behavioral health benefits, if provision of the service via telehealth is clinically feasible and appropriate. As part of this announcement, members will now be able to access their service providers using a wider range of communication tools including telephones that have audio and video capabilities, making it easier for members and providers to connect.</p> <ul style="list-style-type: none"> • The proclamation suspends administrative rules related to telehealth and face-to-face interactions with health care providers.
Kansas	Temporary Expansion of Telemedicine and Certain Telemedicine Requirements	<ul style="list-style-type: none"> • The Kansas State Board of Healing Arts shall not enforce any statute or rule that would require physicians to conduct an in-person examination of a patient prior to the issuance of a prescription, including controlled substances, so long as the physician complies with other provisions in the order. • All physicians are encouraged to utilize telemedicine services, when appropriate for their patients, to avoid unnecessary patient travel both in-state and out of state. • Physicians with licenses in other states may provider telehealth services to patients in Kansas.
Kentucky	Medicaid Provider Letter	<p>Specific policies related to COVID-19 testing and treatment include encouraging the use of telehealth, when possible.</p> <p>Two codes G2010 (remote evaluation) and G2012 (telephone calls) will be added on a temporary basis.</p>
Louisiana	Medicaid Update - allows telephonic emergency management services	<p>Providers offering services via telemedicine/telehealth must use a secure, HIPAA-compliant platform, if available. If not available, providers may use everyday communications technologies (e.g., audio/video cellular telephones) during the COVID-19 emergency. Providers must adhere to all telemedicine/telehealth-related requirements of their professional licensing board. Audio-only services may be provided unless service-specific policy indicates that only an audio/video system is required. Louisiana Medicaid reimburses for telephone evaluation and management services to members who are actively experiencing symptoms consistent with COVID-19.</p>

Maine	MaineCare Guidance Relating to Telehealth and Telephone Services During COVID-19 Emergency Period Executive Order 35: Suspending Enforcement of Certain Licensing Statutes	<p>MaineCare is waiving the requirement for comparable quality on a service by service basis, subject to Department approval. In addition, the federal government is allowing for a relaxation of enforcement of HIPAA requirements during the state of emergency, enabling providers to use platforms such as FaceTime, Skype and Zoom, etc., for interactive telehealth services.</p> <p>The executive order relaxes licensing requirements for telemedicine, allowing all health care providers licensed in the state of Maine to be able to deliver services through telehealth, including video and audio, audio-only, or other electronic media.</p>
Maryland	Temporary Expansion of Medicaid Regulations to Permit Delivery of Telehealth Services	<p>Any provider type is permitted to render telehealth services as a distant site within their scope of practice. Services provided do not have any geographical restrictions; however, they must be in-network and must be provided via a two-way audio/visual connection. Coverage will be the same as if the service were provided in-person. Services that either require in-person evaluation or cannot be reasonably delivered via telehealth are not eligible for reimbursement. This temporary expansion will remain in place until further notice.</p>
Massachusetts	MassHealth Coverage and Reimbursement Policy for Services Related to Coronavirus Disease 2019 (COVID-19) Executive Order: Expedited Licenses	<ul style="list-style-type: none"> • MassHealth will permit qualified providers to deliver clinically appropriate, medically necessary MassHealth-covered services to MassHealth members via telehealth. • Rates of payment for services delivered via telehealth will be the same as rates of payment for services delivered via traditional (e.g., in-person) methods. • Governor Baker’s executive order expedites telemedicine licenses for all qualified providers.
Michigan	Expansion of Telemedicine Policy	<p>Coverage and payment the same as if the service were provided in person. For the duration of the public health emergency, ending 30 days after the end of the emergency, all codes on the telemedicine database (which encompass primary care, behavioral health, etc.) will be allowed to be furnished through audio-only technology.</p>
Minnesota	COVID-19 Telemedicine Guidance for Minnesota Health Care Programs (MHCP)	<p>Until further notice, MHCP is expanding coverage of telemedicine visits for fee-for-service Medicaid programs. The expansion covers both phone, when clinically appropriate, and audio-visual visits.</p>

Mississippi	Medicaid Emergency Waiver – allows telephonic emergency management services	Telehealth is expanded and services must be delivered by a participating Medicaid provider acting within their scope-of-practice, license, or certification at both the originating and distant site. While certain services can be provided through telephonic audio without video, the state of Mississippi does not cover telephone conversations as telehealth services.
Missouri	COVID-19: Telehealth for Behavioral Health Providers (including Counseling/Psychology and ABA providers) Executive Order	Missouri Health Department (MHD) is allowing behavioral health services to be furnished via telehealth to MHD patients, while at home, using their telephone. There is not a separate fee schedule for telehealth services. The Executive order temporarily suspends statutory limitations on the provision of telemedicine including: <ul style="list-style-type: none"> • An in-person physical examination is not required for a physician to prescribe a drug or controlled substance. • The state is permitting new patients to receive telemedicine services from a physician.
Montana	Medicaid Coverage and Reimbursement Policy for Telemedicine/Telehealth Services During the Montana State of Emergency	Montana Medicaid will permit qualified providers to deliver clinically appropriate, medically necessary Montana Medicaid covered services to Montana Medicaid members via reimbursable telemedicine/telehealth services (including telephone and live video). The telehealth flexibilities will remain in effect for the duration of the public health emergency.
Nebraska	Medicaid COVID-19 Provider Bulletin	Nebraska Medicaid is offering reimbursement for telephonic evaluation and management for the following beneficiaries seeking care when they are already an established patient or the parent or legal guardian of an established patient: <ul style="list-style-type: none"> • Patients experiencing mild COVID-19 symptoms, • Patients needing routine follow-up and are not experiencing the symptoms of COVID-19, and • Behavioral health assessment and management.
Nevada	Medicaid Provider Memo – telehealth services	Medicaid will lift the restriction on telephonic services, will be reimbursed the same as in person for telehealth.
New Hampshire	New Hampshire Medicaid Telehealth Fact Sheet during COVID-19 State of Emergency Declaration Emergency Order temporarily Expanding Telehealth	Medicaid reimbursing for all covered services at face-to-face rates, no restriction on originating site, audio-only allowed.

		The Executive order stipulates that there will be no restriction on eligible origination sites for telehealth services.
New Jersey	Temporary Telehealth Guidelines	<p>For the duration of the public health emergency, any healthcare practitioner is authorized to provide and bill for services using telehealth to the extent appropriate under the standard of care. Under no circumstance, will a patient or provider need to go to a specific location to engage in telehealth.</p> <p>Providers have the additional flexibility to use all available, and appropriate, technological devices to offer telehealth, including audio-only, audio/visual, and other video technologies available on smart phones for services as long as these services meet standards of care.</p>
New Mexico	COVID-19 Guidance for MCOs	Medicaid allowing telehealth in all settings, allowing telephonic behavioral health services and reimbursing at face-to-face rates.
New York	New York State Medicaid Update	New York State Medicaid will reimburse telephonic assessment, monitoring, and evaluation and management services provided to members in cases where face-to-face visits may not be recommended and it is appropriate for the member to be evaluated and managed by telephone. All cost-sharing for in-network telehealth services is temporarily waived.
North Carolina	Virtual Patient Communications: Temporary Flexibilities Effective March 13, 2020	<ul style="list-style-type: none"> • Medicaid will reimburse for virtual patient communication and telephonic evaluation of patients with COVID-19 symptoms, for routine follow-up appointments, and for behavioral health assessments when these beneficiaries are already an established patient. • Medicaid has expanded the eligible technologies to be covered to include any secure technology with audio and video capabilities to include smart phones, tablets and computers. • There are no restrictions on originating or distant site for telehealth services. • There are no requirements to obtain prior authorization for an initial telemedicine service.
North Dakota	North Dakota (ND) Medicaid*: COVID-19 Temporary Telehealth Policy	Medicaid reimbursing for covered services delivered via telehealth at face-to-face rates. Services provided to members via telehealth that are eligible for reimbursement must be services covered by ND Medicaid.
Ohio	Appendix with New Telehealth Eligible Procedure Codes	The Ohio Department of Medicaid issued an emergency rule providing for the coverage of

	<p>Emergency Rule Expanding Telehealth for Medical and Behavioral Health Services</p>	<p>telemedicine services until Ohio is no longer in a state of emergency due to COVID-19. No initial face-to-face visit is necessary to initiate services through telehealth.</p> <p>Here is a link to Governor DeWine's executive order declaring a state of emergency.</p>
Oklahoma	<p>Health Care Authority Guidance Including Expanded Use of Telehealth and Telephonic Services During COVID-19</p>	<ul style="list-style-type: none"> • OK expanded the use of telehealth for services that can be safely provided via secure telehealth communication devices for all SoonerCare members. • The Oklahoma Health Care Authority is allowing expanded use of telehealth and telephonic services for all SoonerCare members between March 16 and May 31. The Authority will subsequently re-evaluate if this expanded use should be further extended after that date. • The use of telephonic services (non face-to-face) may be utilized in instances when the beneficiary does not have access to telehealth equipment, the service is necessary and the service can be safely and effectively provided over the telephone.
Oregon	<p>Oregon Health Plan Coverage of Telephone/Telemedicine/Telehealth Services</p> <p>Telemedicine Rule to Align with Updated Practice Guidelines</p> <p>Prioritized List of Covered Health Services to Improve Access to Telehealth</p>	<ul style="list-style-type: none"> • Effective March 13 and retroactive to January 1, 2020, the Oregon Health Authority (OHA) is expanding coverage of telehealth services in light of the COVID-19 outbreak. Fee-for-service Medicaid is opening additional codes to payments for both physical health and behavioral health providers. • The Health Evidence Review Commission (HERC) has come out with new guidelines clarifying this expanded coverage within the Oregon Health Plan. • A searchable version of the prioritized list of covered health services to improve access to telehealth can be found here.
Pennsylvania	<p>Pennsylvania Medicaid Telemedicine Guidelines Related to COVID-19</p>	<p>The Office of Medical Assistance Programs (OMAP) issued guidance in early March advising providers to offer telemedicine services to Medicaid fee-for-service beneficiaries and Physical Health Choices (MCO) members. OMAP will pay for covered services delivered via telehealth if the patient is quarantined or self-isolated in order to slow the spread of COVID-19. Providers should contact the MCO directly for negotiated rates for telehealth services, while fee-for-service Medicaid members will be covered at the</p>

		<p>same rate as the in-person service would have been covered.</p> <p>During this state of emergency, telephone only services may be utilized in situations where video technology is not available. The telemedicine expansions will remain in effect for the duration of the state disaster declaration.</p>
Puerto Rico	Puerto Rico Health Department: Medicaid Program COVID-19 Resources	As of 4/16/2020 there has been no executive action regarding Medicaid coverage for telemedicine services in Puerto Rico.
Rhode Island	Executive Order Expanding Access to Telehealth Services Health Insurance Commissioner & Medicaid Program Instructions during COVID-19 Emergency Telemedicine Measures Emergency Reciprocal Licensing Instructions	<ul style="list-style-type: none"> • All clinically appropriate and medically necessary telemedicine services (including audio-only) will be reimbursed at the same rate as in-person services for the duration of the state of emergency. • The executive order requires insurance carriers to establish reasonable requirements for coverage of telemedicine services that are no more restrictive than Medicaid or Medicare. • RI will honor medical licenses issued in other states with documentation submitted to the state for the duration of the public health emergency.
South Carolina	Medicaid COVID-19 Temporary Telephonic and Telehealth Services Health Insurance Issuer's COVID-19 Response	<ul style="list-style-type: none"> • Effective March 15 and for the duration of the public health emergency, Medicaid will expand coverage to include telephonic services rendered to established patients for physical medicine and for routine behavioral health. Relevant cost codes included in the link. • Private insurer responses vary by carrier.
South Dakota	Medicaid Temporary Expansion of Telemedicine Services During COVID-19	<p>Coverage for telemedicine services and audio-only services are available if the provider and the patient are in the same city.</p> <p>Occupational and physical therapists can provide telemedicine visits through video components; audio-only services can be provided by community mental health centers, substance use disorder provider and mental health practitioners when no other technology is available; audio-only services provided by physicians, NPs and PAs is also available.</p>
Tennessee	Executive Order Behavioral Health Telehealth Services for TennCare Enrollees – Novel COVID-19	Executive order urges all health carriers to provide coverage for telemedicine services if medically necessary regardless of network status or originating site.

Texas	Allowing Phone Consults and Easing Some Regulations COVID-19 Guidance: Targeted Case Management Through Remote Delivery	<ul style="list-style-type: none"> • Telemedicine consults (including telephone only) may be used to establish a physician-patient relationship. • Targeted case management through Medicaid may be delivered via audio-visual technologies or telephone (audio-only).
Utah	Executive Order- Suspending Enforcement of Statutes Relating to Telehealth Services	<p>The executive order allows for the delivery of telehealth services in Medicaid but does not stipulate levels of coverage.</p>
Vermont	Vermont Medicaid Payments for Telephonic Services Furnished During the Emergency Response to COVID-19 Emergency Rule for Coverage of Telehealth Services VT H. 742 Expanding Access to Health Care Services Through Telehealth and Telemedicine	<ul style="list-style-type: none"> • Effective March 23, VT Medicaid will cover brief virtual communications services used to determine whether an office visit or other service is needed. • Medically necessary, clinically appropriate services (including onboarding new patients) delivered via telehealth will be covered at the same rate as in-person services. • Health plans may charge co-payments, deductibles, or coinsurance for telehealth services only if the amount does not exceed that of an in-person consultation.
Virginia	Virginia Department of Medical Assistance Services (DMAS) Memo on Provider Flexibilities Related to COVID-19	<p>DMAS will reimburse Medicaid-covered services delivered via telehealth where the following conditions are met:</p> <ul style="list-style-type: none"> • Providers must get patient informed consent to treat via telehealth; • Claims must be submitted using the appropriate CPT or HCPCS code using modifiers where applicable; • Providers must maintain documentation that supports the medical necessity of the deliver model chosen. <p>Telehealth services (both audio/visual and audio-only) will be reimbursed at the same rate as face to face visits as long as coded correctly.</p>
Washington	Health Care Authority (HCA) Offers Limited Number of No-Cost Telehealth Technology Licenses for Providers Apple Health (Medicaid) Coverage for Telemedicine Services Proclamation by Governor Jay Inslee Implementing Provider Payment Parity for Telemedicine Services	<ul style="list-style-type: none"> • The HCA has purchased a limited number of Zoom licenses that providers can use at no-cost to them in order to provide telehealth services. • Governor Inslee’s proclamation requires health carriers to cover telemedicine services at the same rate as in-person services. Telemedicine claims cannot be denied if they come from an in-network provider for a medically necessary service that would be otherwise covered. • Telemedicine is covered as an alternative means to provide care in all Medicaid benefits, including behavioral health. Telemedicine does

		not include the use of audio-only telephone, facsimile, or email.
West Virginia	West Virginia Bureau for Medical Services (BMS) Allowing Non-Emergent E&M Visits through Telehealth Modality BMS Memo on Psychological Testing and Evaluation through Telehealth	BMS will be covering non-emergent E&M visits as well as Psychological testing services delivered through live video conferencing to Medicaid enrollees.
Wisconsin	Forward Health Telehealth Coverage Update	BadgerCare will provide coverage for audio visual and telephone only telehealth services at a rate equivalent to coverage for face-to face services. These services provided via telehealth must be clinically appropriate for the patient and must be services that are otherwise covered under Wisconsin Medicaid. This coverage update is only valid through the state of emergency.
Wyoming	Wyoming Insurance Department Memo	The memo encourages health insurers to expand their coverage of telehealth services during the public health crisis.