

Private and Medicaid Coverage and Payment for Telemedicine/Telehealth Current as of January 14, 2021

State	Medicaid Coverage and Payment	Is coverage parity required?	Is payment parity required?
AL	<p>All physicians with an Alabama license, enrolled as a provider with the Alabama Medicaid Agency, regardless of location, are eligible to participate in the Telemedicine Program to provide medically necessary telemedicine services to Alabama Medicaid eligible recipients.</p> <p>Services must be administered via an interactive audio and video telecommunications system which permits two-way communication between the distant site physician and the origination site where the recipient is located (this does not include a telephone conversation, electronic mail message, or facsimile transmission between the physician, recipient, or a consultation between two physicians). Alabama Medicaid Management Information System Provider Manual, October 2020, page 28-17.</p>	Not addressed.	Not addressed.
AK	<p>Alaska Medicaid will pay for telemedicine applications provided by a treating, consulting, presenting, or referring provider for a medical service covered by Medicaid and provided within the scope of the provider's license.</p> <p>AK. Admin. Code Title 7 § 110.620(a).</p>	<p>Yes. A health care insurer that offers, issues for delivery, or renews in the state a health care insurance plan in the group or individual market shall provide coverage for benefits provided through telehealth by a health care provider licensed in this state and may not require that prior in-person contact occur between a health care provider and a patient before payment is made for covered services. AK Stats. § 21.42.422 as amended in 2020 by HB 29.</p>	Not addressed.

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
AZ	<p>The Arizona Health Care Cost Containment System (AHCCCS) covers medically necessary, non-experimental, and cost-effective services provided via telehealth. There are no geographic restrictions for telehealth; services delivered via telehealth are covered by AHCCCS in rural and metropolitan regions.</p> <p>Telehealth may include healthcare services delivered via asynchronous (store and forward), remote patient monitoring, teledentistry, or telemedicine (interactive audio and video).</p> <p>Arizona Health Care Cost Containment System, Fee-for-Service Provider Billing Manual, Chapter 10 Individual Practitioner Services.</p>	<p>Yes. Insurers must provide coverage for health care services that are provided through telemedicine if the health care service would be covered were it provided through in-person consultation between the insured and a health care provider and provided to an insured receiving the service in this state.</p> <p>A corporation may not limit or deny the coverage of health care services provided through telemedicine and may apply only the same limits or exclusions on a health care service provided through telemedicine that are applicable to an in-person consultation for the same health care service.</p> <p>AZ. Rev. Stats. Title 20 §§ 20-841.09(A) and (B) (applicable to Hospital, Medical, Dental and Optometric Service Corporations). See also AZ. Rev. Stats. Title 20 §§ 20-1057.13(A) and (B) applicable to health care services organizations); AZ. Rev. Stats. Title 20 §§ 20-1376.05(A) and (B) (applicable to disability insurance); AZ. Rev. Stats. Title 20 §§ 20-1406.05(A) and (B) (applicable to Group and Blanket Disability Insurance).</p>	<p>Not addressed.</p>
AR	<p>A health benefit plan shall cover the services of a licensed physician on the same basis as the health benefit plan provides coverage for the same healthcare services provided by the physician in person. AR Code § 23-79-1602(c)(1). <i>(Note: Per § 23-79-1602(a)(2), § 23-79-1602(c)(1) applies to the Arkansas Medicaid Program).</i></p>	<p>Yes. A health benefit plan shall provide coverage and reimbursement for healthcare services provided through telemedicine on the same basis as the health benefit plan provides coverage and reimbursement for health services provided in person, unless this subchapter specifically provides otherwise. AR Code § 23-79-1602(c)(1).</p>	<p>Yes. A health benefit plan shall provide coverage and reimbursement for healthcare services provided through telemedicine on the same basis as the health benefit plan provides coverage and reimbursement for health services provided in person, unless this subchapter specifically provides otherwise.</p> <p>A health benefit plan is not required to reimburse for a healthcare service provided through telemedicine that is not comparable to the same service provided in person.</p>

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
AR CONT.			<p>A health benefit plan shall provide a reasonable facility fee to an originating site operated by a healthcare professional or a licensed healthcare entity if the healthcare professional or licensed healthcare entity is authorized to bill the health benefit plan directly for healthcare services.</p> <p>The combined amount of reimbursement that a health benefit plan allows for the compensation to the distant site and the originating site shall not be less than the total amount allowed for healthcare services provided in person.</p> <p>Payment for healthcare services provided through telemedicine shall be provided to the distant site and the originating site upon submission of the appropriate procedure codes.</p> <p>AR Code §§ 23-79-1602(c)(1)(2) and (d)(1)-(3).</p>

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
CA	<p>In-person contact between a health care provider and a patient shall not be required under the Medi-Cal program for services appropriately provided through telehealth, subject to reimbursement policies adopted by the Medi-Cal program to compensate a licensed health care provider who provides health care services through telehealth that are otherwise reimbursed pursuant to the Medi-Cal program. CA Welfare and Institutions Code, § 14132.72(c).</p> <p>For the purposes of payment for covered treatment or services provided through telehealth, the Medi-Cal program shall not limit the type of setting where services are provided for the patient or by the health care provider. CA Welfare and Institutions Code § 14132.72(e).</p>	<p>Yes. A health insurer shall not require that in-person contact occur between a health care provider and a patient before payment is made for the services appropriately provided through telehealth, subject to the terms and conditions of the contract entered into between the policyholder or contract holder and the insurer, and between the insurer and its participating providers or provider groups, and pursuant to CA Ins. Code § 10123.855(c). See also CA Health and Safety Code § 1374.13(c).</p> <p>A health insurer shall not limit the type of setting where services are provided for the patient or by the health care provider before payment is made for the covered services appropriately provided by telehealth, subject to the terms and conditions of the contract between the policyholder or contract holder and the insurer, and between the insurer and its participating providers or provider groups, and pursuant to CA Ins. Code § 10123.855(d). CA Health and Safety Code § 1374.13(d).</p> <p>This section shall also apply to health care service plan contracts and <i>Medi-Cal managed care plan contracts</i>. CA Health and Safety Code § 1374.13(e).</p> <p>A health care service plan contract issued, amended, or renewed on or after January 1, 2021, shall specify that the health care service plan shall provide coverage for health care services appropriately delivered through telehealth services on the same basis and to the same extent that the health care service plan is responsible for coverage for the same service through in-person diagnosis, consultation, or treatment. Coverage shall not be limited only to services delivered by select third-party corporate telehealth providers. CA Ins. Code § 10123.855(b)(1); CA Health and Safety Code § 1374.14(b)(1).</p>	<p>Yes. A contract issued, amended, or renewed on or after January 1, 2021, between a health insurer and a health care provider for an alternative rate of payment pursuant to Section 10133 shall specify that the health insurer shall reimburse the treating or consulting health care provider for the diagnosis, consultation, or treatment of an insured or policyholder appropriately delivered through telehealth services on the same basis and to the same extent that the health insurer is responsible for reimbursement for the same service through in-person diagnosis, consultation, or treatment.</p> <p>CA. Ins. Code § 10123.855(a)(1); CA. Health and Safety Code § 1374.14(a)(1).</p> <p>This section does not limit the ability of a health care service plan and a health care provider to negotiate the rate of reimbursement for a health care service provided pursuant to a contract subject to this section. Services that are the same, as determined by the provider’s description of the service on the claim, shall be reimbursed at the same rate whether provided in person or through telehealth. CA. Ins. Code § 10123.855(a)(2); CA. Health and Safety Code § 1374.14(a)(2).</p>

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
CO	<p>In-person contact between a health care or mental health care provider and a patient is not required under the state's medical assistance program for health care or mental health care services delivered through telemedicine that are otherwise eligible for reimbursement under the program. C.R.S. § 25.5-5-320(1) and amended in 2020 by SB 20-212.</p> <p>The reimbursement rate for a telemedicine service shall, as a minimum, be set at the same rate as the medical assistance program rate for a comparable in-person service. The state department may consider setting the reimbursement rate on a monthly basis as well as on a daily or per-visit basis. C.R.S. § 25.5-5-320(2) and amended in 2020 by SB 20-212.</p>	<p>Yes. On or after January 1, 2017, a health benefit plan that is issued, amended, or renewed in this state shall not require in-person contact between a provider and a covered person for services appropriately provided through telehealth, subject to all terms and conditions of the health benefit plan. A provider is not obligated to document or demonstrate that a barrier to in-person care exists to trigger coverage under a health benefit plan for services provided through telehealth. C. R.S. § 10-16-123(2)(a) and amended in 2020 by SB 20-212.</p> <p>A carrier shall not restrict or deny coverage of a health care service that is a covered benefit solely:</p> <p>Because the service is provided through telehealth rather than in-person consultation or contact between the participating provider or, subject to § 10-16-704, the nonparticipating provider and the covered person where the health care service is appropriately provided through telehealth; or Based on the communication technology or application used to deliver the telehealth services pursuant to this section.</p> <p>C. R.S. § 10-16-123(2)(b)(II)(A) and (B) and amended in 2020 by SB 20-212.</p>	<p>Yes. Subject to all terms and conditions of the health benefit plan, a carrier shall reimburse the treating participating provider or the consulting participating provider for the diagnosis, consultation, or treatment of the covered person delivered through telehealth on the same basis that the carrier is responsible for reimbursing that provider for the provision of the same service through in-person consultation or contact by that provider. C. R.S. § 10-16-123(2)(b)(I) and amended in 2020 by SB 20-212.</p> <p>A carrier shall include in the payment for telehealth interactions reasonable compensation to the originating site for the transmission cost incurred during the delivery of health care services through telehealth; except that, for purposes of this subsection (2)(c), the carrier is not required to pay or reimburse for any transmission costs the covered person incurred or originating site fees, regardless of how or by whom the fees are billed, for the delivery of health care services through telehealth to or from the covered person's home or a private residence. C. R.S. § 10-16-123(c) and amended in 2020 by SB 20-212.</p>

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
CT	<p>The Connecticut Medicaid program shall, within available state and federal resources, provide coverage under the Medicaid program for telehealth services for categories of health care services that the commissioner determines are (1) clinically appropriate to be provided by means of telehealth, (2) cost effective for the state, and (3) likely to expand access to medically necessary services for Medicaid recipients for whom accessing appropriate health care services poses an undue hardship. Gen. Stats. of Conn. § 17b-245e(b)(1-3).</p>	<p>Yes. Each individual health insurance policy shall provide coverage for medical advice, diagnosis, care or treatment provided through telehealth, to the extent coverage is provided for such advice, diagnose, care or treatment when provided through in-person consultation between the insured and a health care provider. Such coverage shall be subject to the same terms and conditions applicable to all other benefits under such policy.</p> <p>No such policy shall: (1) Exclude a service for coverage solely because such service is provided only through telehealth and not through in-person consultation between the insured and a health care provider, provided telehealth is appropriate for the provision of such service; or (2) be required to reimburse a treating or consulting health care provider for the technical fees or technical costs for the provision of telehealth services. Conn Gen. Stat. §§ 38a-499a(b) and (c); Conn Gen. Stat. §§ 38a-526a(b) and (c).</p>	<p>Not addressed.</p>
DE	<p>The Delaware Medical Assistance Program (DMAP) covers medically necessary telemedicine services and procedures covered under the Title XIX State Plan. Qualifying provider services include any covered State Plan service that would typically be provided to an eligible individual in a face-to-face setting by an enrolled provider. Telemedicine is not limited based on the diagnosed medical condition of the eligible recipient. All telemedicine services must be furnished within the limits of provider program policies and within the scope and practice of the provider's professional standards as described and outlined in DMAP Provider Manuals. State Plan Under Title XIX of the Social Security Act. Attachment 3.1-A, Telemedicine.</p>	<p>Yes. Each insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis; each health service corporation providing individual or group accident and sickness subscription contracts; and each health maintenance organization providing a health-care plan for health-care services shall provide coverage for the cost of such health-care services provided through telemedicine and telehealth. 18 Del. Laws § 3370(b) and (c); 18 Del. Laws § 3571R(b) and (c).</p>	<p>Yes. An insurer, health service corporation, or health maintenance organization shall reimburse the treating provider or the consulting provider for the diagnosis, consultation, or treatment of the insured delivered through telemedicine services on the same basis and at least at the rate that the insurer, health service corporation, or health maintenance organization is responsible for coverage for the provision of the same service through in-person consultation or contact. Payment for telemedicine interactions shall include</p>

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
DE CONT.		An insurer, health service corporation, or health maintenance organization shall not exclude a service for coverage solely because the service is provided through telemedicine services and is not provided through in-person consultation or contact between a health-care provider and a patient for services appropriately provided through telemedicine services. 18 Del. Laws § 3370(d) ; 18 Del. Laws § 3571R(d) .	reasonable compensation to the originating or distant site for the transmission cost incurred during the delivery of health-care services. 18 Del. Laws § 3370(e) ; 18 Del. Laws § 3571R(e) .
FL	Florida Medicaid reimburses for telemedicine services using interactive telecommunications equipment that includes, at a minimum audio and video equipment permitting two-way, real time, interactive communication between a recipient and a practitioner. FL Admin. § Code 59G-1.057(4) .	Not addressed.	No. A contract between a health maintenance organization issuing major medical individual or group coverage and a telehealth provider, as defined in s. 456.47, must be voluntary between the health maintenance organization and the provider and must establish mutually acceptable payment rates or payment methodologies for services provided through telehealth. Any contract provision that distinguishes between payment rates or payment methodologies for services provided through telehealth and the same services provided without the use of telehealth must be initialed by the telehealth provider. FL Stats. § 641.31(45) . See also FL Stats. § 627.42396 .

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
GA	<p>Medicaid covered services are provided via telehealth for eligible members when the service is medically necessary, the procedure is individualized, specific, and consistent with symptoms or confirmed diagnosis of an illness or injury under treatment, and not in excess of the member’s needs. Telehealth Guidance, GA. Dept of Community Health, Division of Medicaid, October 1, 2020.</p>	<p>Yes. Each insurer proposing to issue a health benefit policy shall provide coverage for the cost of health care services provided through telehealth or telemedicine as directed through regulations promulgated by the department. Ga. Code Ann., § 33-24-56.4(d).</p> <p>An insurer shall not exclude a service for coverage solely because the service is provided through telemedicine services and is not provided through in-person consultation or contact between a health care provider and a patient for services appropriately provided through telemedicine services. Ga. Code Ann., § 33-24-56.4(e).</p>	<p>Yes. An insurer shall reimburse the treating provider or the consulting provider for the diagnosis, consultation, or treatment of the insured delivered through telemedicine services on the same basis and at least at the rate that the insurer is responsible for coverage for the provision of the same service through in-person consultation or contact; provided, however, that nothing in this subsection shall require a health care provider or telemedicine company to accept more reimbursement than they are willing to charge.</p> <p>Payment for telemedicine interactions shall include reasonable compensation to the originating or distant site for the transmission cost incurred during the delivery of health care services. Ga. Code Ann., § 33-24-56.4(f).</p>
HI	<p>Hawaii’s Medicaid managed care and fee-for-service programs shall not deny coverage for any service provided through telehealth that would be covered if the service were provided through in-person consultation between a patient and a health care provider. HI Stats § 346-59.1(a).</p> <p>Reimbursement for services provided through telehealth shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. Nothing in this section shall require a health care provider to be physically present with the patient at an originating site unless a health care provider at the distant site deems it necessary. HI Stats. § 346-59.1(a).</p>	<p>Yes. No accident and health or sickness insurance plan that is issued, amended, or renewed shall require face-to-face contact between a health care provider and a patient as a prerequisite for payment for services appropriately provided through telehealth in accordance with generally accepted health care practices and standards prevailing in the applicable professional community at the time the services were provided.</p> <p>The coverage required in this section may be subject to all terms and conditions of the plan agreed upon among the enrollee or subscriber, the insurer, and the health care provider. HI Stats. § 431:10A-116.3(b). See also HI Stats. § 432D-23.5(b); HI Stats. § 432:1-601.5(b).</p>	<p>Yes. Reimbursement for services provided through telehealth shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient.</p> <p>Nothing in this section shall require a health care provider to be physically present with the patient at an originating site unless a health care provider at the distant site deems it necessary. HI Stats. § 431:10A-116.3(c). See also HI Stats. § 432D-23.5(c); HI Stats. § 432:1-601.5(c).</p>

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
ID	Telehealth services are covered and reimbursable fee-for-service if delivered via two-way live video between the provider and the participant. Services must be equal in quality to services provided in-person, and comply with HIPAA privacy requirements, licensure requirements, Medicaid Information Release MA18-07, and all Medicaid rules, regulations and policies. Idaho Medicaid Provider Handbook General Information and Requirements for Providers, Section 8.9 .	Not addressed. Idaho has enacted the Idaho Telehealth Access Act , ID Stats. § 54-5701 et seq, but coverage parity is not addressed.	Not addressed. Idaho has enacted the Idaho Telehealth Access Act , ID Stats. § 54-5701 et seq, but payment parity is not addressed.
IL	Illinois Medicaid covers some specific services, such as telepsychiatry, but does not have broad coverage requirements. See, e.g., IL admin. Code § 140.403 Telehealth Services.	No. Illinois does not require health insurers to cover telehealth services, only that an insurer must meet specific conditions <i>if</i> it decides to cover those services. Illinois does not address coverage parity. Specifically, if a health insurer covers telehealth services, then it must not: (1) require that in-person contact occur between a health care provider and a patient; (2) require the health care provider to document a barrier to an in-person consultation for coverage of services to be provided through telehealth; (3) require the use of telehealth when the health care provider has determined that it is not appropriate; or (4) require the use of telehealth when a patient chooses an in-person consultation. 215 ILCS 5/356z.22(b)(1)(A)-(D) .	Not addressed.
IN	The Indiana Health Coverage Programs (IHCP) covers telemedicine services, including medical exams and certain other services normally covered by Medicaid, within the parameters specified in § 405 IAC 5-38 .	Yes. A policy must provide coverage for telemedicine services in accordance with the same clinical criteria as the policy provides coverage for the same health care services delivered in person. IN Code § 27-8-34-6(a) (life, accident, and health insurance) ; IN Code § 27-13-7-22(a) (HMOs) . Coverage for telemedicine services required by IN Code § 27-8-34-6(a) may not be subject to a dollar limit, deductible, or coinsurance requirement that is less favorable to a covered individual than the dollar limit, deductible, or coinsurance requirement that applies to the same health care services delivered to a covered individual in person.	Not addressed.

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
IN CONT.		<p>Any annual or lifetime dollar limit that applies to telemedicine services must be the same annual or lifetime dollar limit that applies in the aggregate to all items and services covered under the individual contract or the group contract.</p> <p>IN Code § 27-8-34-6(b)and (c) (life, accident, and health insurance); IN Code § 27-13-7-22(b) and (c) (HMOs).</p>	
IA	<p>An in-person contact between a health care professional and a patient is not required as a prerequisite for payment for otherwise-covered services appropriately provided through telehealth in accordance with generally accepted health care practices and standards prevailing in the applicable professional community at the time the services are provided, as well as being in accordance with provisions under rule 653—13.11(147,148,272C).</p> <p>Health care services provided through in-person consultations or through telehealth shall be treated as equivalent services for the purposes of reimbursement. IA Admin. Code § 441-78.55(294A).</p>	<p>Yes. Notwithstanding the uniformity of treatment requirements of section 514C.6, a policy, contract, or plan providing for third-party payment or prepayment of health or medical expenses shall not discriminate between coverage benefits for health care services that are provided in person and the same health care services that are delivered through telehealth. IA Code § 514C.34(2).</p>	Not addressed.
KS	<p>No individual or group health insurance policy, medical service plan, contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society, health maintenance organization or the Kansas medical assistance program shall exclude an otherwise covered healthcare service from coverage solely because such service is provided through telemedicine, rather than in-person contact, or based upon the lack of a commercial office for the practice of medicine, when such service is delivered by a healthcare provider. KS Stats. § 40-2,213(b).</p> <p>Office visits, individual psychotherapy, and pharmacological management services may be reimbursed when provided via telecommunication technology. The consulting or expert provider at the distant site must bill an appropriate code from the list below with place of service (POS) 02 – Telemedicine and will be</p>	<p>Yes. No individual or group health insurance policy, medical service plan, contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society, health maintenance organization or the Kansas medical assistance program shall exclude an otherwise covered healthcare service from coverage solely because such service is provided through telemedicine, rather than in-person contact, or based upon the lack of a commercial office for the practice of medicine, when such service is delivered by a healthcare provider. KS Stats. § 40-2,213(b).</p>	<p>No. Payment or reimbursement of covered healthcare services delivered through telemedicine may be established by an insurance company, nonprofit health service corporation, nonprofit medical and hospital service corporation or health maintenance organization in the same manner as payment or reimbursement for covered services that are delivered via in-person contact are established. KS Stats. § 40-2,213(d).</p>

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
KS CONT.	reimbursed at the same rate as face-to-face services. Kansas Department of Health and Environment, Division of Health Care Finance, Kansas Medical Assistance Program, Fee-for-Service Provider Manual , Updated 01.2020.		
KY	The State of Kentucky and Medicaid managed care organizations shall not: (1) require a Medicaid provider to be physically present with a Medicaid recipient; (2) Require administrative clearance for telehealth that would not be required if a service were provided in person; (3) Require demonstration that it is necessary to provide services to a Medicaid recipient through telehealth; (4) Restrict or deny coverage of telehealth based solely on the communication technology or application used to deliver the telehealth services. KY Stats. § 205.5591(3)(a), (b), (d), (e).	No, unless a physician agrees to lower reimbursement rates for telehealth. Telehealth coverage and reimbursement shall be equivalent to the coverage for the same service provided in person unless the telehealth provider and the health benefit plan contractually agree to a lower reimbursement rate for telehealth services. A health benefit plan shall not: Require a provider to be physically present with a patient or client, unless the provider determines that it is necessary to perform those services in person. KY Stats. § 304.17A-138(1)(a)(b).	Yes. Telehealth coverage and reimbursement shall be equivalent to the coverage for the same service provided in person unless the telehealth provider and the health benefit plan contractually agree to a lower reimbursement rate for telehealth services. KY Stats. § 304.17A-138(1)(a).
LA	Medicaid covered services provided via an interactive audio and video telecommunications system (telemedicine) shall be identified on claim submissions by appending the Health Insurance Portability and Accountability Act (HIPAA) of 1996 compliant place of service (POS) or modifier to the appropriate procedure code, in line with current policy. LA Admin. Code Title 50, § 50-1-503(A) . When otherwise covered, services located in the Telemedicine appendix of the CPT manual, or its successor, may be reimbursed when provided by telemedicine/telehealth. In addition, other specified services may be reimbursed when provided by telemedicine/telehealth and these services are explicitly noted in this manual. Physicians and other licensed practitioners must continue to adhere to all existing clinical policy for all services rendered. Providing services through telemedicine/telehealth does not remove or add any medical necessity requirements.	Not addressed. Notwithstanding any provision of any policy or contract of insurance or health benefits issued, whenever such policy provides for payment, benefit, or reimbursement for any health care service, including but not limited to diagnostic testing, treatment, referral, or consultation, and such health care service is performed via transmitted electronic imaging or telemedicine, such a payment, benefit, or reimbursement under such policy or contract shall not be denied to a licensed physician conducting or participating in the transmission at the originating health care facility or terminus who is physically present with the individual who is the subject of such electronic imaging transmission and is contemporaneously communicating and interacting with a licensed physician at the receiving terminus of the transmission. LA Stats. § 22:1821(F)(1).	No. The payment, benefit, or reimbursement to such a licensed physician at the originating facility or terminus shall not be less than seventy-five percent of the reasonable and customary amount of payment, benefit, or reimbursement which that licensed physician receives for an intermediate office visit. LA Stats. § 22:1821(F)(1).

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
LA CONT.	Louisiana Medicaid only reimburses the distant site provider for services provided via telemedicine/telehealth. Reimbursement for services provided by telemedicine/telehealth is at the same level as services provided in person. Louisiana Department of Health, Professional Services Provider Manual, Chapter Five of the Medicaid Services Manual, Issued on September 3, 2020.		
ME	If a member is eligible for the underlying covered service to be delivered, and if delivery of the covered service via telehealth is medically appropriate, as determined by the health care provider, the member is eligible for telehealth services. 10-144 Chapter 101 MaineCare Benefits Manual Chapter I, section 4.02-1.	<p>Yes. A carrier offering a health plan in this State may not deny coverage on the basis that the health care service is provided through telehealth if the health care service would be covered if it were provided through in-person consultation between an enrollee and a provider.</p> <p>Coverage for health care services provided through telehealth must be determined in a manner consistent with coverage for health care services provided through in-person consultation.</p> <p>If an enrollee is eligible for coverage and the delivery of the health care service through telehealth is medically appropriate, a carrier may not deny coverage for telehealth services.</p> <p>A carrier may not exclude a health care service from coverage solely because such health care service is provided only through a telehealth encounter, as long, as telehealth is appropriate for the provision of such health care service. ME Stats. 24A, § 4316(2).</p>	Not addressed.
MD	Services provided through telehealth are subject to the same program restrictions, pre-authorizations, limitations and coverage that exist for the service when provided in-person. Maryland Medicaid Telehealth Program Manual.	<p>Yes. An entity subject to this section, i.e., an insurer, nonprofit health service plans, HMOs:</p> <ol style="list-style-type: none"> shall provide coverage under a health insurance policy or contract for health care services appropriately delivered through telehealth; and 	No. An entity subject to this section: shall reimburse a health care provider for the diagnosis, consultation, and treatment of an insured patient for a health care service covered under a health insurance policy or contract that can be appropriately provided

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
MD CONT.	To the extent authorized by federal law or regulation, the provisions of § 15–139(c) through (f) of the Insurance Article relating to coverage of and reimbursement for health care services delivered through telemedicine shall apply to the [Medicaid] Program and managed care organizations in the same manner they apply to carriers. (See the columns to the right in this row). MD Health General Code § 15-105.2(b)(2) (Effective September 30, 2021).	2. may not exclude from coverage a health care service solely because it is provided through telehealth and is not provided through an in-person consultation or contact between a health care provider and a patient. MD Insurance Code § 15–139(c)(1)(i)(ii) .	through telehealth. MD Insurance Code § 15–139(d)(1) .
MA	<p>The Division of Medical Assistance (DMA) and its contracted health insurers, health plans, HMOs, behavioral health management firms and third-party administrators under contract to a Medicaid MCO, accountable care organization or primary care clinician plan shall provide coverage for health care services delivered via telehealth by a contracted health care provider if: (i) the health care services are covered by way of in-person consultation or delivery; and (ii) the health care services may be appropriately provided through the use of telehealth; provided, however, that Medicaid contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third-party administrators under contract to a Medicaid managed care organization or primary care clinician plan shall not meet network adequacy through significant reliance on telehealth providers and shall not be considered to have an adequate network if patients are not able to access appropriate in-person services in a timely manner upon request. Coverage shall not be limited to services delivered by third-party providers.</p> <p>A contract that provides coverage for telehealth services may include a deductible, copayment or coinsurance requirement for a health care service provided via telehealth, as long, as the deductible, copayment or coinsurance does not exceed the deductible, copayment, or coinsurance applicable to an in-person consultation or in-person delivery of services. The rate of payment for telehealth services provided via interactive audio-video</p>	<p>Not addressed. An individual policy of accident and sickness insurance issued under section that provides hospital expense and surgical expense insurance and any group blanket or general policy of accident and sickness insurance issued under section 110 that provides hospital expense and surgical expense insurance that is issued or renewed within or without the commonwealth shall provide coverage for health care services delivered via telehealth by a contracted health care provider if: (i) the health care services are covered by way of in-person consultation or delivery; and (ii) the health care services may be appropriately provided through the use of telehealth; provided, however, that an insurer shall not meet network adequacy through significant reliance on telehealth providers and shall not be considered to have an adequate network if patients are not able to access appropriate in-person services in a timely manner upon request. Coverage shall not be limited to services delivered by third-party providers. Coverage shall not be limited to services delivered by third-party providers. This provision also applies to Non-Profit Hospital Service Corporations, Medical Service Corporations, HMOs, and Preferred Provider Arrangements. SB 2984, enacted in 2021.</p>	<p>Yes, with respect to behavioral health services. Insurance companies organized under this chapter shall ensure that the rate of payment for in-network providers of behavioral health services delivered via interactive audio-video technology and audio-only telephone shall be no less than the rate of payment for the same behavioral health service delivered via in-person methods.</p> <p>The rate of payment for telehealth services provided via interactive audio-video technology may be greater than the rate of payment for the same service delivered by other 945 telehealth modalities.</p> <p>Coverage that reimburses a provider with a global payment, as defined in section 1 of chapter 6D, shall account for the provision of telehealth services to set the global payment amount. This provision also applies to Non-Profit Hospital Service Corporations, Medical Service Corporations, HMOs and Preferred Provider Arrangements. SB 2984, enacted in 2021.</p>

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
<p>MA CONT.</p>	<p>technology and audio-only telephone may be greater than the rate of payment for the same service delivered by other telehealth modalities.</p> <p>Coverage that reimburses a provider with a global payment, as defined in section 1 of chapter 6D, shall account for the provision of telehealth services to set the global payment amount.</p> <p>The division shall ensure that the rate of payment for in-network providers of behavioral health services delivered via interactive audio-video technology and audio-only telephone shall be no less than the rate of payment for the same behavioral health service delivered via in-person methods; provided, that this subsection shall apply to providers of behavioral health services covered as required under subclause (i) of clause (4) of the second sentence of subsection (a) of section 6 of chapter 176O. SB 2984, enacted in 2021.</p> <p>Also, DMA shall ensure that, for the next two years, the rate of payment for in-network providers of chronic disease management and primary care services delivered via telehealth are not less than the rate of payment for the same service delivered via in-person methods. SB 2984, enacted in 2021.</p>		<p>Also, insurers, Non-Profit Hospital Service Corporations, Medical Service Corporations, HMOs, and Preferred Provider Arrangements shall ensure that, for the next two years, the rate of payment for in-network providers of chronic disease management and primary care services delivered via telehealth are not less than the rate of payment for the same service delivered via in-person methods. SB 2984, enacted in 2021.</p>
<p>MI</p>	<p>The Michigan Department of Community Health currently covers telemedicine services. See, e.g., Michigan Department of Health and Human Services, Medicaid Provider Manual, Section 17 Telemedicine.</p> <p>Beginning October 1, 2020, telemedicine services are covered under the medical assistance program and Healthy Michigan program if the originating site is an in-home or in-school setting, in addition to any other originating site allowed in the Medicaid provider manual or any established site considered appropriate by the provider. MI Compiled Laws § 400.105(h)(1).</p>	<p>Yes. An insurer that delivers, issues for delivery, or renews in this state a health insurance policy shall not require face-to-face contact between a health care professional and a patient for services appropriately provided through telemedicine, as determined by the insurer. Telemedicine services must be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the patient is located. Telemedicine services are subject to all terms and conditions of the health insurance policy agreed upon between the policy holder and the insurer, including, but not limited to, required</p>	<p>Not addressed.</p>

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
MI CONT.		copayments, coinsurances, deductibles, and approved amounts. Insurance Code of 1956, § 500.3476(1) . See also Michigan Nonprofit Health Care Corporation Reform Act, § 550.1401(k)(1) .	
MN	Medical assistance covers medically necessary services and consultations delivered by a licensed health care provider via telemedicine in the same manner as if the service or consultation was delivered in person. Coverage is limited to three telemedicine services per enrollee per calendar week, except as provided in paragraph (f). Telemedicine services shall be paid at the full allowable rate. MN Stats. § 256B.0625(3b)(a) .	Yes. A health plan sold, issued, or renewed by a health carrier for which coverage of benefits begins on or after January 1, 2017, shall include coverage for telemedicine benefits in the same manner as any other benefits covered under the policy, plan, or contract, and shall comply with the regulations of this section. MN Stats. § 62A.672(1)(a) . A health carrier shall not exclude a service for coverage solely because the service is provided via telemedicine and is not provided through in-person consultation or contact between a licensed health care provider and a patient. MN Stats. § 62A.672(2) .	Yes. A health carrier shall reimburse the distant site licensed health care provider for covered services delivered via telemedicine on the same basis and at the same rate as the health carrier would apply to those services if the services had been delivered in person by the distant site licensed health care provider. MN Stats. § 62A.672(3) .
MS	All health insurance and employee benefit plans in this state must provide coverage for telemedicine services to the same extent that the services would be covered if they were provided through in-person consultation. MS Stats. § 83-9-351(2) . “Health insurance plan” means any health insurance policy or health benefit plan offered by a health insurer and includes the State and School Employees Health Insurance Plan and any other public health care assistance program offered or administered by the state or any political subdivision or instrumentality of the state. The term does not include policies or plans providing coverage for specified disease or other limited benefit coverage. MS Stats. § 83-9-351(1)(b) .	Yes. All health insurance and employee benefit plans in this state must provide coverage for telemedicine services to the same extent that the services would be covered if they were provided through in-person consultation. MS Stats. § 83-9-351(2) . “Health insurance plan” means any health insurance policy or health benefit plan offered by a health insurer and includes the State and School Employees Health Insurance Plan and any other public health care assistance program offered or administered by the state or any political subdivision or instrumentality of the state. The term does not include policies or plans providing coverage for specified disease or other limited benefit coverage. MS Stats. § 83-9-351(1)(b) .	No. All health insurance and employee benefit plans in this state must provide coverage and reimbursement for the asynchronous telemedicine services of store-and-forward telemedicine services and remote patient monitoring services based on the criteria set out in this section. Store-and-forward telemedicine services shall be reimbursed to the same extent that the services would be covered if they were provided through in-person consultation. MS Stats. § 83-9-353(12) .

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
MS CONT.	<p>Medicaid reimburses the provider at the originating site the Mississippi Medicaid telehealth originating site facility fee for telehealth services per completed transmission, in addition to a separately identifiable covered service if performed. MS Admin. Code Title 23, Part 225, Chapter 1, Rule 1.5(A).</p> <p>Medicaid reimburses all providers delivering a medically necessary telehealth service at the distant site at the current applicable Mississippi Medicaid fee-for-service rate for the service provided. The provider must include the appropriate modifier on the claim indicating the service was provided through telehealth. MS Admin. Code Title 23, Part 225, Chapter 1, Rule 1.5(B).</p>		
MO	<p>The Department of Social Services shall reimburse providers for services provided through telehealth if such providers can ensure services are rendered meeting the standard of care that would otherwise be expected should such services be provided in person.</p> <p>The Department shall not restrict the originating site through rule or payment so long as the provider can ensure services are rendered meeting the standard of care that would otherwise be expected should such services be provided in person.</p> <p>Payment for services rendered via telehealth shall not depend on any minimum distance requirement between the originating and distant site. Reimbursement for telehealth services shall be made in the same way as reimbursement for in-person contact; however, consideration shall also be made for reimbursement to the originating site.</p> <p>Reimbursement for asynchronous store-and-forward may be capped at the reimbursement rate had the service been provided in person. MO Stats. § 208.670(2).</p>	<p>Yes. Each health carrier or health benefit plan that offers or issues health benefit plans which are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2014, shall not deny coverage for a health care service on the basis that the health care service is provided through telehealth if the same service would be covered if provided through face-to-face diagnosis, consultation, or treatment. MO Stats. § 376.1900(2).</p> <p>A health carrier may not exclude an otherwise covered health care service from coverage solely because the service is provided through telehealth rather than face-to-face consultation or contact between a health care provider and a patient. MO Stats. § 376.1900(3).</p>	<p>No. A health carrier shall not be required to reimburse a telehealth provider or a consulting provider for site origination fees or costs for the provision of telehealth services; however, subject to correct coding, a health carrier shall reimburse a health care provider for the diagnosis, consultation, or treatment of an insured or enrollee when the health care service is delivered through telehealth on the same basis that the health carrier covers the service when it is delivered in person. MO Stats. § 376.1900(4).</p>

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
MT	<p>Telemedicine is the use of interactive audio-video equipment to link practitioners and members located at different sites.</p> <p>The Montana Healthcare Program reimburses providers for medically necessary telemedicine services furnished to eligible members. Montana Department of Health and Human Services, Montana Healthcare Programs General Information for Providers Manual, updated on February 2020.</p>	<p>Yes. Each group or individual policy, certificate of disability insurance, subscriber contract, membership contract, or health care services agreement that provides coverage for health care services must provide coverage for health care services provided by a health care provider or health care facility by means of telemedicine if the services are otherwise covered by the policy, certificate, contract, or agreement.</p> <p>Coverage under this section must be equivalent to the coverage for services that are provided in person by a health care provider or health care facility. MT Stats. §§ 33-22-138(1) and (2).</p>	Not addressed.
NE	<p>Nebraska covers many telehealth services for physical and behavioral health services. NE Admin. Code Title 471, Chapter 1, .004 et seq.</p> <p>Telehealth services are reimbursed by Medicaid at the same rate as the service when it is delivered in person in accordance with each service specific chapter in NE Admin. Code Title 471. NE Admin. Code Title 471, Chapter 1, 004.09.</p>	<p>Yes. Any insurer offering (a) any individual or group sickness and accident insurance policy, certificate, or subscriber contract delivered, issued for delivery, or renewed in this state, (b) any hospital, medical, or surgical expense-incurred policy, or (c) any self-funded employee benefit plan to the extent not preempted by federal law, shall not exclude, in any policy, certificate, contract, or plan offered or renewed on or after August 24, 2017, a service from coverage solely because the service is delivered through telehealth and is not provided through in-person consultation or contact between a licensed health care provider and a patient. NE Statutes § 44-7.107(2).</p>	Not addressed.
NV	<p>The Division of Health Care Financing and Policy reimburses for telehealth services. The originating site must be located within the state.</p> <p>"Telehealth" is defined as the delivery of service from a provider of health care to a patient at a different location through the use of information and audio-visual communication technology, not including standard telephone, facsimile or electronic mail.</p>	<p>Yes. A policy of health insurance must include coverage for services provided to an insured through telehealth to the same extent as though provided in person or by other means.</p> <p>NV Stats. § 689A.0463(1). See also § 689B.0369(1) (applicable to group or blanket health insurance); § 616C.730(1) (applicable to workers' compensation); § 695A.265(1) (applicable to Fraternal Benefit Societies); § 695B.1904(1) (applicable to Nonprofit Corporations for Hospital, Medical and Dental Service); § 695C.1708(1) (applicable to Health Maintenance Organizations); § 695D.216(1) (applicable to Plans for Dental Care).</p>	Not addressed.

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
NV CONT.	<p>Services provided via telehealth must be clinically appropriate and within the health care professional's scope of practice as established by its licensing agency. Services provided via telehealth have parity with in-person health care services. Health care professionals must follow the appropriate Medicaid Services Manual policy for the specific service they are providing. Medicaid Services Manual, Transmittal Letter, July 26, 2017.</p> <p>Medicaid managed care must include coverage for services provided to an insured through telehealth to the same extent as though provided in person or by other means. NV Stats. § 695G.162(1).</p>		
NH	<p>The Medicaid program shall provide coverage and reimbursement for health care services provided through telemedicine on the same basis as the Medicaid program provides coverage and reimbursement for health care services provided in person. NH Stats. § 167:4-d(III)(b).</p> <p>The combined amount of reimbursement that the Medicaid program allows for the compensation to the distant site and the originating site shall not be less than the total amount allowed for health care services provided in person. There shall be no restriction on eligible originating or distant sites for telehealth services. NH Stats. § 167:4-d(III)(c) and (d).</p> <p>The Medicaid program shall provide reimbursement for all modes of telehealth, including video and audio, audio-only, or other electronic media provided by medical providers to treat all members for all medically necessary services. NH Stats. § 167:4-d(III)(e).</p> <p>Medical providers below shall be allowed to perform health care services through the use of all modes of telehealth, including video and audio, audio-only, or other electronic media. Medical providers include, but are not limited to, the following: (1) Physicians and physician assistants, governed by RSA 329 and RSA 328-D. NH Stats. § 167:4-d(III)(f)(1).</p>	<p>Yes. An insurer offering a health plan in this state shall provide coverage and reimbursement for health care services provided through telemedicine on the same basis as the insurer provides coverage and reimbursement for health care services provided in person. NH Stats. § 415-J:3(III).</p> <p>An insurer offering a health plan in this state may not deny coverage on the sole basis that the coverage is provided through telemedicine if the health care service would be covered if it were provided through in-person consultation between the covered person and a health care provider. NH Stats. § 415-J:3(II).</p>	<p>Yes. An insurer offering a health plan in this state shall provide coverage and reimbursement for health care services provided through telemedicine on the same basis as the insurer provides coverage and reimbursement for health care services provided in person. NH Stats. § 415-J:3(III).</p> <p>An insurer shall provide reasonable compensation to an originating site operated by a health care provider or a licensed health care facility if the health care provider or licensed health care facility is authorized to bill the insurer directly for health care services. In the event of a dispute between a provider and an insurance carrier relative to the reasonable compensation under this section, the insurance commissioner shall have exclusive jurisdiction under RSA 420-J:8-e to determine if the compensation is commercially reasonable. The provider</p>

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
NH CONT			<p>and the insurance carrier shall each make best efforts to resolve any dispute prior to applying to the insurance commissioner for resolution, which shall include presenting to the other party evidence supporting its contention that the compensation level it is proposing is commercially reasonable. NH Stats. § 415-J:3(IV).</p> <p>The combined amount of reimbursement that a health benefit plan allows for the compensation to the distant site and the originating site shall be the same as the total amount allowed for health care services provided in person. NH Stats. § 415-J:3(V).</p>
NJ	<p>The State Medicaid and NJ FamilyCare programs shall provide coverage and payment for health care services delivered to a benefits recipient through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered through in-person contact and consultation in New Jersey. NJ Stats. § 30:4D-6k(7)(a).</p>	<p>Yes. A carrier that offers a health benefits plan in this State shall provide coverage and payment for health care services delivered to a covered person through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered through in-person contact and consultation in New Jersey. Reimbursement payments under this section may be provided either to the individual practitioner who delivered the reimbursable services, or to the agency, facility, or organization that employs the individual practitioner who delivered the reimbursable services, as appropriate. NJ Stats. § 26:2S-29(8)(a).</p>	<p>No. A carrier that offers a health benefits plan in this State shall provide coverage and payment for health care services delivered to a covered person through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered through in-person contact and consultation in New Jersey. Reimbursement payments under this section may be provided either to the individual practitioner who delivered the reimbursable services, or to the agency, facility, or organization that employs the individual practitioner who delivered the reimbursable services, as appropriate. NJ Stats. § 26:2S-29(8)(a).</p>

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
NM	<p>Coverage for services rendered through telemedicine shall be determined in a manner consistent with Medicaid coverage for health care services provided through in person consultation. NM Admin. Code § 8.310.2.12(M)(1).</p> <p>The distant site is the location where the consulting telemedicine provider is physically located at time of the telemedicine service. All services are covered to the same extent the service and the provider are covered when not provided through telemedicine. For these services, use of the telemedicine communications system fulfills the requirement for a face-to-face encounter. NM Admin. Code § 8.310.2.12) (M)(2).</p> <p>Telemedicine providers: Reimbursement for professional services at the originating-site and the distant-site are made at the same rate as when the services provided are furnished without the use of a telecommunication system. In addition, reimbursement is made to the originating-site for an interactive telemedicine system fee at the lesser of the provider’s billed charge; or the maximum allowed by MAD for the specific service or procedure. NM Admin. Code § 8.310.2.12)(M)(4).</p>	<p>Yes. An individual or group health insurance policy, health care plan or certificate of health insurance that is delivered, issued for delivery, or renewed in this state shall provide coverage for services provided via telemedicine to the same extent that the health insurance plan, policy, or contract covers the same services when those services are provided via in-person consultation or contact. An insurer shall not impose any unique condition for coverage of services provided via telemedicine. NM Stats. § 59A-22-49.3(A).</p>	<p>Yes. An insurer shall reimburse for health care services delivered via telemedicine on the same basis and at least the same rate that the insurer reimburses for comparable services delivered via in-person consultation or contact. NM Stats. § 59A-22-49.3(I).</p>
NY	<p>NYS Medicaid has expanded coverage of telehealth to include store-and-forward technology, additional originating sites, and additional practitioners. NYS Medicaid has expanded coverage of telehealth services to include:</p> <ol style="list-style-type: none"> 1. additional originating and distant sites, 2. additional telehealth applications (store-and-forward technology, and remote patient monitoring), and 3. additional practitioner types. <p>Store-and Forward Technology</p>	<p>Yes. An insurer shall not exclude from coverage a service that is otherwise covered under a policy that provides comprehensive coverage for hospital, medical or surgical care because the service is delivered via telehealth NY Stats. § 3217-H(a) (applicable to Insurance Contracts - Life, Accident and Health, Annuities); See also NY Stats. § 4306-G(a) (applicable to Non-profit Medical and Dental Indemnity, or Health and Hospital Service Corporations).</p>	<p>Not addressed.</p>

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
<p>NY CONT.</p>	<p>Reimbursement for consultations provided via store-and-forward technology will be paid at 75 percent of the Medicaid fee for the service provided.</p> <p>Remote Patient Monitoring (RPM) A fee of \$48.00 per month will be paid for RPM. To bill for RPM, a minimum of 30 minutes per month must be spent collecting and interpreting the member's RPM data. New York State Department of Health, Medicaid Update, Special Edition, Expansion of Telehealth, February 2019</p>		
<p>NC</p>	<p>Medicaid shall cover procedures, products, and services related to this policy when they are medically necessary, and:</p> <ul style="list-style-type: none"> (a) the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's needs; and (b) the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and (c) the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker, or the provider. <p>Provider Provider(s) shall bill their usual and customary charges.</p> <p>For a schedule of rates, refer to: https://medicaid.ncdhhs.gov/</p> <p>When the GT modifier is appended to a code billed for professional services, the service is paid at 100% of the allowed amount of the fee schedule.</p> <ol style="list-style-type: none"> 1. For hospitals, this is a covered service for both inpatient and outpatient and is part of the normal hospital reimbursement methodology. 	<p>Not addressed.</p>	<p>Not addressed.</p>

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
NC CONT.	<p>2. Reimbursement for these services is subject to the same restrictions as face-to-face contacts (such as, place of service, allowable providers, multiple service limitations, prior authorization).</p> <p>Medicaid and Health Choice Telemedicine Clinical Coverage Policy No: 1H, NC Medicaid, Telemedicine and Telepsychiatry, Amended Date: March 15, 2019.</p>		
ND	<p>Providers are required to bill ND Medicaid their usual and customary charge for each service provided. "Usual and customary charge" refers to the amount the provider charges the general public in most cases for a specific item or service.</p> <p>Providers may not charge ND Medicaid a higher fee than that charged to non-Medicaid covered individuals, even if the ND Medicaid allowable fee is greater than the provider's usual and customary charge. If special discounts are available to non-Medicaid covered individuals, claims submitted to ND Medicaid must represent the same discounted charges as those available to the general public.</p> <p>Payment to providers from Medicaid and all other payers may not exceed the total Medicaid fee.</p> <p>General Information for Providers, North Dakota Medicaid and other Medical Assistance Programs, July 2020.</p>	<p>Yes. An insurer may not deliver, issue, execute, or renew a policy that provides health benefits coverage unless that policy provides coverage for health services delivered by means of telehealth which is the same as the coverage for health services delivered by in-person means. N.D. Century Code § 26.1-36-09.15(2).</p>	<p>No. Payment or reimbursement of expenses for covered health services delivered by means of telehealth under this section may be established through negotiations conducted by the insurer with the health services providers in the same manner as the insurer with the health services providers in the same manner as the insurer establishes payment or reimbursement of expenses for covered health services that are delivered by in-person means. N.D. Century Code § 26.1-36-09.15(3).</p>

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
OH	<p>Ohio Medicaid pays for many healthcare items and services. Rule 5160-1-18 Telehealth lists 22 categories of services that Ohio Medicaid covers, e.g.:</p> <p>Inpatient or office consultation for a new or established patient when providing the same quality and timeliness of care to the patient other than by telehealth is not possible, as documented in the medical record.</p> <p>Remote evaluation of recorded video or images submitted by an established patient.</p> <p>Virtual check-in by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient.</p> <p>Online digital evaluation and management service for an established patient.</p> <p>Remote patient monitoring. Ohio Admin. Code, Chapter 5160-1, §§ 5160-1-018(D)(3), (5), (6), (7), and (8).</p>	<p>Yes. A health benefit plan shall provide coverage for telemedicine services on the same basis and to the same extent that the plan provides coverage for the provision of in-person health care services. A health benefit plan shall not exclude coverage for a service solely because it is provided as a telemedicine service. Ohio Rev. Code, §§ 3902.30(B)(1) and (2).</p>	<p>Not addressed.</p>
OK	<p>Oklahoma Medicaid covers telehealth. Telehealth services are not an expansion of SoonerCare-covered services, but an option for the delivery of certain covered services. OK Admin. Code, Title 317, Chapter 30, subchapter 3, Part 1, section 317:30-3-27(b).</p> <p>"Telehealth" means the practice of health care delivery, diagnosis, consultation, evaluation and treatment, transfer of medical data or exchange of medical education information by means of a two-way, real-time interactive communication, not to exclude store and forward technologies, between a patient and a health care provider with access to and reviewing the patient's relevant clinical information prior to the telemedicine visit.</p>	<p>Yes. For services that a health care practitioner determines to be appropriately provided by means of telemedicine, health care service plans, disability insurer programs, workers' compensation programs, or state Medicaid managed care program contracts issued, amended, or renewed on or after January 1, 1998, shall not require person-to-person contact between a health care practitioner and a patient. OK Stats. § 36-6803(A).</p>	<p>Not addressed.</p>

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
OK CONT.	<p>Telehealth shall not include consultations provided by telephone audio-only communication, electronic mail, text message, instant messaging conversation, website questionnaire, nonsecure video conference, or facsimile transmission. OK Admin. Code § 317:30-3-27(a)(4).</p> <p>For services that a health care practitioner determines to be appropriately provided by means of telemedicine, state Medicaid managed care program contracts issued, amended, or renewed on or after January 1, 1998, shall not require person-to-person contact between a health care practitioner and a patient. OK Stats. § 36-6803(A).</p>		
OR	<p>Coverage for physical health telemedicine services include Telemedicine (synchronous audio/video visits), Patient to Clinician services (electronic/telephonic) and Clinician to Clinician Consultations (electronic/telephonic).</p> <p>For purposes of physical health services, the Authority shall provide coverage for telemedicine services to the same extent that the services would be covered if they were provided in person subject to the requirements outlined in the Prioritized List and associated guideline notes.</p> <p>OR Admin. Rules, Oregon Health Authority, Health Systems Division: Medical Assistance Programs - Chapter 410, Division 130, §§ 410-130-0610(4) and (4)(e).</p>	<p>Yes. A health benefit plan must provide coverage of a health service that is provided using synchronous two-way interactive video conferencing if:</p> <ul style="list-style-type: none"> (a) The plan provides coverage of the health service when provided in person by a health professional, (b) The health service is medically necessary, (c) The health service is determined to be safely and effectively provided using synchronous two-way interactive video conferencing according to generally accepted health care practices and standards; and (d) The application and technology used to provide the health service meet all standards required by state and federal laws governing the privacy and security of protected health information. <p>OR Stats. §§ 743A.058(2)(a)-(d).</p>	<p>No. The coverage under §§ 743A.058(2)(a)-(d) is subject to:</p> <ul style="list-style-type: none"> (a) The terms and conditions of the health benefit plan; and (b) The reimbursement specified in the contract between the plan and the health professional. <p>OR Stats. §§ 743A.058(4)(a) and (b).</p>

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
PA	<p>On May 23, 2012, the Pennsylvania Department of Public Welfare issued a bulletin:</p> <ol style="list-style-type: none"> (1) Establishing telemedicine, which is the use of real-time interactive telecommunications technology that includes, at a minimum, audio, and video equipment as a mode of delivering consultation services. (2) Expanding the scope of physician specialists who may render consultations to MA recipients using interactive telecommunication technology to include all physician specialists. (3) Removing the requirement that the telemedicine consultations be performed during the course of an office visit with participation by the referring provider. Medical Assistance Bulletin, 09-12-31, 31-12-31, 33-12-30, Consultations Performed Using Telemedicine, effective May 23, 2012. 	Not addressed.	Not addressed.
RI	<p>The 2020 Rhode Island Medicaid Fee Schedule identifies a number of telehealth services paid for by Rhode Island Medicaid. These services include follow-up inpatient telehealth consultations and initial inpatient telehealth consultations.</p>	<p>Yes.</p> <p>Each health insurer that issues individual or group accident and sickness insurance policies for healthcare services and/or provides a healthcare plan for healthcare services shall provide coverage for the cost of such covered healthcare services provided through telemedicine services, as provided in this section.</p> <p>A health insurer shall not exclude a healthcare service for coverage solely because the healthcare service is provided through telemedicine and is not provided through in-person consultation or contact, so long as such healthcare services are medically appropriate to be provided through telemedicine services and, as such, may be subject to the terms and conditions of a telemedicine agreement between the insurer and the participating healthcare provider or provider group. RI Gen. Laws §§ 27-81-4(a) and (b).</p>	Not addressed.

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
SC	<p>Medicaid covers telemedicine when the service is medically necessary and under the following circumstance:</p> <p>The medical care is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess, of the beneficiary’s need, and</p> <p>The medical care can be safely furnished, and not equally effective and more conservative or less costly treatment is available Statewide.</p> <p>Services that are eligible for reimbursement include consultation, office visits, individual psychotherapy, pharmacologic management, and psychiatric diagnostic interview examinations and testing, delivered via a telecommunication system.</p> <p>Professional Services</p> <p>Reimbursement to the health professional delivering the medical service is the same as the current fee schedule amount for the service provided. South Carolina Department of Health and Human Services, Physicians Services Provider Manual, July 1, 2020.</p>	Not addressed.	Not addressed.
SD	<p>Yes. Over twenty different types of health care professionals and facilities may provide telemedicine services paid for by South Dakota Medicaid. Services provided via telemedicine are subject to the same service requirements and limitations as in-person services. South Dakota Medicaid Billing and Policy Manual, Telemedicine Services, UPDATED November 20, 2020.</p> <p>Reimbursement</p>	Yes. No health insurer may exclude a service for coverage solely because the service is provided through telehealth and not provided through in-person consultation or contact between a health care professional and a patient. Health care services delivered by telehealth must be appropriate and delivered in accordance with applicable law and generally accepted health care practices and standards prevailing at the time the health care services are provided, including rules adopted by the appropriate professional licensing board having oversight of the health care professional providing the health care services.	Not addressed.

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
SD CONT.	<p>Providers must bill for services at their usual and customary charge. Providers are reimbursed the lesser of their usual and customary charge or the fee schedule rate. Reimbursement for distant site telemedicine services is limited to the individual practitioner’s professional fees or the encounter rate if the service qualifies as an FQHC/RHC or IHS/Tribal 638 clinic service. The maximum allowable reimbursement for distant site services is listed on the applicable fee schedule. The maximum allowable amount for services provided via telemedicine is the same as services provided in-person. Facility related charges for distant site telemedicine providers are not reimbursable. South Dakota Medicaid Billing and Policy Manual, Telemedicine Services, UPDATED November 20, 2020.</p>	<p>Health insurers are not required to provide coverage for health care services that are not medically necessary. SD Codified Laws § 58-17-168.</p>	
TN	<p>A health insurance entity:</p> <ol style="list-style-type: none"> (1) Shall provide coverage under a health insurance policy or contract for covered healthcare services delivered through telehealth; and (2) Shall reimburse a healthcare services provider for the diagnosis, consultation, and treatment of an insured patient for a healthcare service covered under a health insurance policy or contract that is provided through telehealth without any distinction or consideration of the geographic location or any federal, state, or local designation, or classification of the geographic area where the patient is located; and (3) Shall not exclude from coverage a healthcare service solely because it is provided through telehealth and is not provided through an in-person encounter between a healthcare services provider and a patient. TN Code § 56-7-1002(d)(1)-(3). <p>A health insurance entity shall provide coverage for healthcare services provided during a telehealth encounter in a manner that is consistent with what the health insurance policy or contract provides for in-person encounters for the same service....TN Code § 56-7-1002(e).</p>	<p>Yes. A health insurance entity:</p> <ol style="list-style-type: none"> (1) shall provide coverage under a health insurance policy or contract for covered healthcare services delivered through telehealth; and (2) shall not exclude from coverage a healthcare service solely because it is provided through telehealth and is not provided through an in-person encounter between a healthcare services provider and a patient. TN Code § 56-7-1002(d)(1) and (3). <p>A health insurance entity shall provide coverage for healthcare services provided during a telehealth encounter in a manner that is consistent with what the health insurance policy or contract provides for in-person encounters for the same service TN Code § 56-7-1002(e).</p> <p>See also HB 8002 (2020), which amended § 56-7-1002.</p> <p>See also HB 8002 (2020), which enacted a new section to the TN Code § 57-7-1003, entitled Provider-based telemedicine.</p>	<p>Yes. A health insurance entity shall reimburse a healthcare services provider for the diagnosis, consultation, and treatment of an insured patient for a healthcare service covered under a health insurance policy or contract that is provided through telehealth without any distinction or consideration of the geographic location or any federal, state, or local designation, or classification of the geographic area where the patient is located. TN Code § 56-7-1002(d)(2).</p> <p>A health insurance entity shall provide coverage for healthcare services provided during a telehealth encounter in a manner that is consistent with what the health insurance policy or contract provides for in-person encounters for the same service, and shall reimburse for healthcare services provided during a telehealth encounter without distinction or consideration of the</p>

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
<p>TN CONT.</p>	<p>“Health insurance entity” includes managed care organizations participating in the medical assistance program under title 71, chapter 5. TN Code § 56-7-1002(a)(1).</p> <p>See also HB 8002 (2020), which amended § 56-7-1002.</p> <p>See also HB 8002 (2020), which enacted a new section to the TN Code § 57-7-1003, Provider-based telemedicine.</p>		<p>geographic location, or any federal, state, or local designation or classification of the geographic area where the patient is located. TN Code § 56-7-1002(e).</p> <p>A health insurance shall reimburse healthcare services providers who are out-of-network for telehealth care services under the same reimbursement policies applicable to other out-of-network healthcare services providers. TN Code § 56-7-1002(d)(4).</p> <p>A health insurance entity shall reimburse an originating site hosting a patient as part of a telehealth encounter an originating site fee in accordance with the federal Centers for Medicare and Medicaid Services (CMS) telehealth services rule 42 C.F.R. § 410.78 and at an amount established prior to August 20, 2020, by CMS. TN Code § 56-7-1002(j).</p> <p>See also HB 8002 (2020), which amended § 56-7-1002.</p> <p>See also HB 8002 (2020), which enacted a new section to the TN Code § 57-7-1003, entitled Provider-based telemedicine.</p>

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
TX	<p>The Texas Health and Human Services Commission (Commission) shall ensure that a Medicaid managed care organization (MCO):</p> <p>(1) does not deny reimbursement for a covered health care service delivered by a health care provider with whom the ensure that a Medicaid managed care organization (MCO):</p> <p>(1) does not deny reimbursement for a covered health care service delivered by a health care provider with whom the MCO contracts to a Medicaid recipient as a telemedicine medical service or a telehealth service solely because the covered service or procedure is not provided through an in-person consultation; and</p> <p>(2) does not limit, deny, or reduce reimbursement for a covered health care service or procedure delivered by a health care provider with whom the MCO contracts to a Medicaid recipient as a telemedicine medical service or a telehealth service based on the health care provider's choice of platform for providing the health care service or procedure; and</p> <p>(3) ensures that the use of telemedicine medical services or telehealth services promotes and supports patient-centered medical homes by allowing a Medicaid recipient to receive a telemedicine medical service or telehealth service from a provider other than the recipient's primary care physician or provider TX Gov. Code §§ 531.0216(g)(1)-(3).</p>	<p>Yes. (a) A health benefit plan:</p> <p>(1) must provide coverage for a covered health care service or procedure delivered by a preferred or contracted health professional to a covered patient as a telemedicine medical service or telehealth service on the same basis and to the same extent that the plan provides coverage for the service or procedure in an in-person setting; and</p> <p>(2) may not:</p> <p>(A) exclude from coverage a covered health care service or procedure delivered by a preferred or contracted health professional to a covered patient as a telemedicine medical service or a telehealth service solely because the covered health care service or procedure is not provided through an in-person consultation; and</p> <p>(B) limit, deny, or reduce coverage for a covered health care service or procedure delivered as a telemedicine medical service or telehealth service based on the health professional's choice of platform for delivering the service or procedure.</p> <p>TX Ins. Code §§ 1455.004(1), (2)(A) and (B).</p>	<p>Not addressed.</p>

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
TX CONT.	<p>The commission shall require reimbursement for a telemedicine medical service at the same rate as Medicaid reimburses for the same in-person medical service. A request for reimbursement may not be denied solely because an in-person medical service between a physician and a patient did not occur. The commission may not limit a physician's choice of platform for providing a telemedicine medical service or telehealth service by requiring that the physician use a particular platform to receive reimbursement for the service. TX Gov. Code § 531.0217(d).</p>		
UT	<p>Covered services may be delivered by means of telemedicine, as clinically appropriate. Services include consultation services, evaluation and management services, mental health services, substance use disorder services, and telepsychiatric consultations. Utah Admin. Code, Title 414, R414-42-3.</p> <p>Utah Medicaid pays the lesser of the amount billed or the rate on the fee schedule. A provider shall not charge Utah Medicaid a fee that exceeds the provider's usual and customary charges for the provider's private pay patients. Utah Admin. Code, Title 414, R414-42-5.</p>	<p>Not addressed. Notwithstanding the provisions of Section 31A-22-618.5, a health benefit plan offered in the individual market, the small group market, or the large group market and entered into or renewed on or after January 1, 2021, shall:</p> <ul style="list-style-type: none"> (a) provide coverage for telemedicine services that are covered by Medicare; and (b) reimburse, at a commercially reasonable rate, a network provider that provides the telemedicine services described in Subsection (2)(a). <p>Utah Code, Title 31A, Chapter 22, Part 6, § 649.5(2)(a) and (b).</p>	<p>No. Notwithstanding the provisions of Section 31A-22-618.5, a health benefit plan offered in the individual market, the small group market, or the large group market and entered into or renewed on or after January 1, 2021, shall:</p> <ul style="list-style-type: none"> (a) provide coverage for telemedicine services that are covered by Medicare; and (b) reimburse, at a commercially reasonable rate, a network provider that provides the telemedicine services described in Subsection (2)(a). <p>Utah Code, Title 31A, Chapter 22, Part 6, § 649.5(2)(a) and (b).</p>

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
VT	<p>(a) Telemedicine:</p> <p>(1) To be covered, services shall:</p> <p>(A) Be clinically appropriate for delivery through telemedicine, and</p> <p>(B) Be medically necessary.</p> <p>(2) Services delivered shall:</p> <p>(A) Include any service that a provider would typically provide to a beneficiary in a face-to-face setting,</p> <p>(B) Adhere to the same program restrictions, limitations, and coverage that exist for the service when not provided through telemedicine, and</p> <p>(C) Be reimbursed at the same rate as the service being provided in a face-to-face setting.</p> <p>VT Admin. Code 13 174 003, §§ 3.101.2(a)(1) and (2).</p>	<p>Yes. All health insurance plans in this State shall provide coverage for health care services and dental services delivered through telemedicine by a health care provider at a distant site to a patient at an originating site to the same extent that the plan would cover the services if they were provided through in-person consultation. § V.S.A. § 4100k(a)(1).</p>	<p>Yes, subject to an exception.</p> <p>(A) A health insurance plan shall provide the same reimbursement rate for services billed using equivalent procedure codes and modifiers, subject to the terms of the health insurance plan and provider contract, regardless of whether the service was provided through an in-person visit with the health care provider or through telemedicine.</p> <p>(B) The provisions of subdivision (A) of this subdivision (2) shall not apply to services provided pursuant to the health insurance plan's contract with a third-party telemedicine vendor to provide health care or dental services.</p> <p>§ V.S.A. § 4100k(a)(2)(A) and (B). Note: [Subdivision (a)(2)(A) and (B) are repealed effective January 1, 2026.]</p> <p>(e)(1) A health insurance plan shall reimburse for health care services and dental services delivered by store-and-forward means. § V.S.A. § 4100k(e)(1).</p>

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
VA	<p>Virginia Medicaid covers telemedicine services. The covered services are specified in Chapter IV of the Physician/Practitioner Medicaid Manual, entitled “Covered Services and Limitations.” Covered services include evaluation and management, psychiatric care, specialty medical procedures such as echocardiography and obstetric ultrasound, speech therapy, and radiology procedures. Chapter V of the Physician/Practitioner Medical Manual provides more specifics. Further, A description of Virginia telemedicine coverage was issued in a “Medicaid Memo” issued on May 13, 2014.</p>	<p>Yes. Notwithstanding the provisions of § 38.2-3419, each insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis; each corporation providing individual or group accident and sickness subscription contracts; and each health maintenance organization providing a health care plan for health care services shall provide coverage for the cost of such health care services provided through telemedicine services, as provided in this section. Code of Virginia, § 38.2-3418.16(A).</p> <p>An insurer, corporation, or health maintenance organization shall not exclude a service for coverage solely because the service is provided through telemedicine services and is not provided through face-to-face consultation or contact between a health care provider and a patient for services appropriately provided through telemedicine services. Code of Virginia, § 38.2-3418.16(C).</p>	<p>Yes. An insurer, corporation, or health maintenance organization shall not be required to reimburse the treating provider or the consulting provider for technical fees or costs for the provision of telemedicine services; however, such insurer, corporation, or health maintenance organization shall reimburse the treating provider or the consulting provider for the diagnosis, consultation, or treatment of the insured delivered through telemedicine services on the same basis that the insurer, corporation, or health maintenance organization is responsible for coverage for the provision of the same service through face-to-face consultation or contact.</p> <p>No insurer, corporation, or health maintenance organization shall require a provider to use proprietary technology or applications in order to be reimbursed for providing telemedicine services. Code of Virginia, § 38.2-3418.16(D).</p>

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
WA	<p>The Washington Medicaid agency covers telemedicine. WA Admin. Code § 182-531-0100(4)(y).</p> <p>(1) Telemedicine is when a health care practitioner uses HIPAA-compliant, interactive, real-time audio and video telecommunications (including web-based applications) or store and forward technology to deliver covered services that are within his or her scope of practice to a client at a site other than the site where the provider is located.</p> <p>(2) The Medicaid agency does not cover the following services as telemedicine:</p> <ul style="list-style-type: none"> (a) Email, audio only telephone, and facsimile transmissions; and (b) Installation or maintenance of any telecommunication devices or systems; and (c) Purchase, rental, or repair of telemedicine equipment. WA Admin. Code § 182-531-1730(1) and (2). <p>The Medicaid agency covers telemedicine when it is used to substitute for an in-person face-to-face, hands-on encounter for only those services specifically listed in the telemedicine section of the Guide (see below). MCO’s also cover the delivery of care via telemedicine. Washington State Health Care Authority, Physician-Related Services/Health Care Professional Services Billing Guide, September 1, 2020.</p> <p>The Medicaid agency reimburses medically necessary covered services through telemedicine when the service is provided by a Washington Apple Health provider and is within their scope of practice. Guide, p. 89.</p>	<p>Yes. (1)(a) For health plans issued or renewed on or after January 1, 2017, a health carrier shall reimburse a provider for a health care service provided to a covered person through telemedicine or store and forward technology if:</p> <ul style="list-style-type: none"> (i) The plan provides coverage of the health care service when provided in person by the provider; and (ii) The health care service is medically necessary; and (iii) The health care service is a service recognized as an essential health benefit under section 1302(b) of the federal patient protection and affordable care act in effect on January 1, 2015; and (iv) The health care service is determined to be safely and effectively provided through telemedicine or store and forward technology according to generally accepted health care practices and standards, and the technology used to provide the health care service meets the standards required by state and federal laws governing the privacy and security of protected health information. <p>RCW § 48.43.735(1)(a)(i)-(iv). See also RCW § 41.05.700(1)(a)(i)-(iv) (applicable to public employment, civil service, and pensions).</p>	<p>Yes, but with exceptions for hospitals and certain provider groups. (b)(i) Except as provided in (b)(ii) of this subsection, for health plans issued or renewed on or after January 1, 2021, a health carrier shall reimburse a provider for a health care service provided to a covered person through telemedicine at the same rate as if the health care service was provided in person by the provider. RCW § 48.43.735(1)(b)(i).</p> <p>(ii) Hospitals, hospital systems, telemedicine companies, and provider groups consisting of eleven or more providers may elect to negotiate a reimbursement rate for telemedicine services that differs from the reimbursement rate for in-person services. RCW § 48.43.735(1)(b)(ii).</p> <p>(iii) For purposes of this subsection (1)(b), the number of providers in a provider group refers to all providers within the group, regardless of a provider’s location. RCW § 48.43.735(1)(b)(iii).</p> <p>(2) For purposes of this section, reimbursement of store and forward technology is available only for those covered services specified in the negotiated agreement between the health carrier and the health care provider. RCW § 48.43.735(2). See also RCW § 41.05.700(2).</p>

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
WA CONT.	<p>The payment amount for the professional service provided through telemedicine by the provider at the distant site is equal to the current fee schedule amount for the service provided. Submit claims for telemedicine services using the appropriate CPT or HCPCS code for the professional service. Guide, p. 89.</p> <p>Except as provided in (b)(ii) of this subsection, upon initiation or renewal of a contract with the Washington state health care authority to administer a Medicaid managed care plan, a managed health care system shall reimburse a provider for a health care service provided to a covered person through telemedicine at the same rate as if the health care service was provided in person by the provider. RCW § 74.09.325(1)(b)(i).</p> <p>Hospitals, hospital systems, telemedicine companies, and provider groups consisting of eleven or more providers may elect to negotiate a reimbursement rate for telemedicine services that differs from the reimbursement rate for in-person services. RCW § 74.09.325(1)(b)(ii).</p>		
WV	<p>West Virginia Medicaid encourages providers that have the capability and meet the standards and regulations set forth in this policy to render services via telehealth to allow easier access to services for West Virginia Medicaid Members. West Virginia Medicaid covers and reimburses Telehealth services that are identified in designated polices as appropriate to be rendered through this modality. West Virginia Department of Health and Human Resources, Bureau for Medical Services, Provider Manual, Chapter 519 Practitioner Services, section 519.17 Telehealth Services.</p>	<p>Yes. After July 1, 2020, the plan shall provide coverage of health care services provided through telehealth services if those same services are covered through face-to-face consultation by the policy.</p> <p>After July 1, 2020, the plan may not exclude a service for coverage solely because the service is provided through telehealth services.</p>	<p>No. The plan shall provide reimbursement for a telehealth service at a rate negotiated between the provider and the insurance company.</p> <p>WV Stats. § 33-57-1(d). See also WV Stats. § 5-16-7B(d) (West Virginia Public Employees Insurance Act).</p>

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
WA CONT.		<p>“Telehealth services” means the use of synchronous or asynchronous telecommunications technology by a health care practitioner to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include audio-only telephone calls, e-mail messages, or facsimile transmissions.</p> <p>WV Stats. §§ 33-57-1(a)(5), (b) and (c). See also WV Stats. §§ 5-16-7B(a)(5), (b) and (c). (West Virginia Public Employees Insurance Act).</p>	
WI	<p>The Wisconsin Medicaid program shall provide reimbursement under the Medical Assistance program for any benefit that is a covered benefit that is delivered by a certified provider for Medical Assistance through interactive telehealth. WI Stats. § 49.45(61)(b).</p> <p>Specific types of services that Wisconsin Medicaid covers may be found at WI Stats. § 49.45(61)(c).</p> <p>The Wisconsin Medicaid program may not limit coverage or reimbursement of a service provided based on the location of the Medical Assistance recipient when the service is provided. WI Stats. § 49.45(61)(e)(3).</p> <p>The Wisconsin Medicaid program reimburses the service rendered by distant site providers at the same rate as when the service is provided face-to-face. ForwardHealth-BadgerCare Plus and Medicaid-Topic #510 Telehealth.</p>	Not addressed.	Not addressed.

State	Medicaid coverage and payment	Is coverage parity required?	Is payment parity required?
WY	<p>It is the intent that telehealth services will provide better access to care by delivering services as they are needed when the client is residing in an area that does not have specialty services available.</p> <p>It is expected that this modality will be used when travel is prohibitive, or resources will not allow the clinician to travel to the client’s location. Each site will be able to bill for their own services as long as they are an enrolled Medicaid provider (this includes out-of-state Medicaid providers). A single pay to provider can bill both the originating site (spoke site) and the distant site provider (hub site) when applicable. Wyoming Department of Health, Division of Healthcare Financing, CMS 1500 ICD-10, January 2, 2021.</p>	Not addressed.	Not addressed.