

## Private and Medicaid payment for telemedicine

State	Medicaid payment required?	Private payment reimbursement required?
Alabama	Yes.  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. (Ala. Admin. Code r. 560-X-6-.14)	No
Alaska	Yes.  The department will pay for medical services furnished through telemedicine applications as an alternative to traditional methods of delivering services to Medicaid recipients as provided in AS 47.07. (Alaska Admin. Code tit. 7, § 110.620)	Yes  [HB 234 (2016)]
Arizona	Yes.  Arizona Health Care Cost Containment System (AHCCCS) covers medically necessary services provided via telemedicine. (Ariz. Rev. Stat. Ann. §36-3601 et seq. ; Ariz. Rev. Stat. Ann. § 20-841.09)	Yes.  Coverage under private plans applies to only eight health services (trauma, burn, cardiology, infectious diseases, mental health disorders, neurologic diseases including strokes, dermatology, and pulmonology). (ARS 20-841.09)
Arkansas	Yes.  Arkansas Medicaid covers Federally Qualified Health Center (FQHC) encounters and two ancillary services (fetal echography and echocardiography) as "telemedicine" services.  Arkansas Medicaid defines telemedicine services as medical services performed as electronic transactions in real time. In order for a telemedicine encounter to be covered by Medicaid, the practitioner and the patient must be able to see and hear each other in real time.	Yes  A health benefit plan shall cover the services of a licensed physician <i>on the same basis</i> as the health benefit plan provides coverage for the same healthcare services provided by the physician in person. (2015)
California	Yes.  No health care service plan shall require that in-person contact occur between a health care provider and a patient before payment is made for the covered services appropriately provided through telehealth, subject to the terms and conditions of the contract entered into between the enrollee or subscriber and the health care service plan, and between the health care service plan and its participating providers or provider groups.	Yes
Colorado	Yes.	Yes

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	<p>In-person contact between a health care or mental health care provider and a patient shall not be 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. (Colo. Rev. Stat. §10-16-102; §10-16-123; and Colo. Rev. Stat. §25.5-5-320)</p>	<p>A carrier shall reimburse the treating provider or the consulting participating provider for the diagnosis, consultation, or treatment of the covered person delivered through telehealth <i>on the same basis</i> that the carrier is responsible for reimbursing that provider for the provision of the same service through in-person consultation or contact. A carrier shall include in the payment reasonable compensation to the transmitting site for the transmission cost incurred during the delivery of health care services.</p> <p>Health benefit plans are required to cover health care services delivered to a covered person by a provider via telehealth in the same manner that the plan covers health care services delivered by a provider in person.</p> <p>A health plan cannot restrict or deny coverage of telehealth services based on the communication technology or application used to deliver the telehealth services;</p> <p>The availability of telehealth services does not change a carrier's obligation to contract with providers available in the community to provide in-person services;</p> <p>A covered person may receive telehealth services from a private residence, but the carrier is not required to pay or reimburse for any transmission costs or originating site fees the covered person incurs;</p> <p>A carrier is to apply the applicable copayment, coinsurance, or deductible amount to health care services a covered person receives through telehealth, which amount cannot exceed the amount applicable to those health care services when delivered through in-person care;</p> <p>Telehealth includes health care services provided through HIPAA-compliant audio-visual communication or the use of a HIPAA-compliant application via a cellular telephone but does not include voice-only telephone communication or text messaging.</p>
Connecticut	<p>Yes.</p> <p>The Commissioner of Social Services may establish a demonstration project to offer telemedicine as a Medicaid-covered service at federally-qualified community health centers. Under the demonstration project, in-person contact between a health care provider and a patient shall not be required for health care services delivered by telemedicine that otherwise would be eligible for reimbursement under the state</p>	<p>Yes (Effective January 1, 2016)</p> <p>Each individual health insurance policy shall provide coverage for medical advice, diagnosis, care or treatment provided through telehealth, <i>to the extent coverage is provided</i> 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</p>

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	Medicaid plan program, to the extent permitted by federal law and where deemed clinically appropriate. (Conn. Gen. Stat. P.A. §12-109, § 1)	under such policy.
Delaware	<p>Yes.</p> <p>The Delaware Medical Assistance Program will reimburse for telemedicine-delivered services provided to Delaware Medicaid clients in order to improve access to behavioral health services and general health care services, including medical subspecialties not widely available in the state.</p>	<p>Yes</p> <p>An 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 <i>on the same basis and at least at the rate</i> that the insurer, 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 reasonable compensation to the originating or distant site for the transmission cost incurred during the delivery of health care services.</p>
Florida	<p>Yes.</p> <p>Under Florida's 1915 (b) Managed Care Waiver, telemedicine is provided but limited to certain state plan covered services, and is only provided to Medicaid eligible children enrolled in the Children's Medical Services Network (CMS) who reside in underserved areas of the state. Eligible providers include those CMS Network approved providers currently allowed to provide consultative and office visits within their licensed scope of practice. The services delivered to recipients via telemedicine are reimbursed to eligible providers on a fee-for-service basis, at the same rate as the Medicaid allowed fee for the service provided in a traditional face-to-face manner. Medicaid will not pay for the purchase or installation of the equipment, or for any technical support required for telemedicine. A State Plan amendment has been finalized allowing telemedicine as a modality for other services.</p>	No
Georgia	<p>Yes.</p> <p>Every health benefit policy that is issued, amended, or renewed shall include payment for services that are covered under such health benefit policy and are appropriately provided through telemedicine in accordance with Code Section 43-34-31 and generally accepted health care practices and standards prevailing in the applicable professional community at the time the services were provided. The coverage required in this Code section may be subject to all terms and conditions of the applicable health benefit plan. (Ga. Code Ann., § 33-24-56.4)</p>	Yes
Hawaii	Yes.	Yes

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	<p>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. 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 provider.</p> <p>There shall be no reimbursement for a telehealth consultation between health care providers unless a health care provider-patient relationship exists between the patient and one of the health care providers involved in the telehealth interaction. (Hawaii Rev. Stat. §431:10A-116.3; Hawaii Rev. Stat. §432:1-601.5; Hawaii Rev. Stat. §432D-23.5)</p> <p>[HI SB 2395 (2016)]</p>	[HI SB 2395 (2016)]
Idaho	<p>Yes.</p> <p>Idaho Medicaid reimburses for telepsychiatry only.</p>	No
Illinois	<p>Yes.</p> <p>Physicians, advanced practice nurses, podiatrists, FQHCs, Rural Health Clinics (RHCs) and Encounter Rate Clinics (ERCs) will be allowed to render telemedicine services. In addition, telepsychiatry will be covered, when the physician rendering the service has completed either a general psychiatric residency program or a child/adolescent psychiatric residency program. (Ill. Rev. Stat. ch. 225, §60/49.5)</p>	<p>Yes</p> <p>(215 ILCS 5/356x.22)</p>
Indiana	<p>Yes.</p> <p>Telemedicine services are covered by the Indiana Health Coverage Programs (IHCP). (Ind. Code §12-15-5-11; 405 IAC 5-38)</p>	<p>Yes</p> <p>A policy must provide coverage for telemedicine services <i>in accordance with the same clinical criteria</i> as the policy provides coverage for the same health care services delivered in person.</p>
Iowa	<p>Yes</p> <p>In-person contact between a health care professional and a patient is not required 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 are provided. Health care services provided through in-person consultations or through telehealth shall be <i>treated as equivalent services</i> for the purposes of reimbursement.</p>	No

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Kansas	Yes.  Office visits, individual psychotherapy, and pharmacological management services may be reimbursed when provided via telecommunication technology. The consulting or expert provider must bill the codes listed below using the GT modifier and will be reimbursed at the same rate as face-to-face services. (Kan. Stat. Ann. §66-2001)	No
Kentucky	Yes.  The Cabinet for Health and Family Services and any regional managed care partnership or other entity under contract with the cabinet for the administration or provision of the Medicaid program shall provide Medicaid reimbursement for a telehealth consultation that is provided by a Medicaid-participating practitioner who is licensed in Kentucky and that is provided in the telehealth network established in KRS 194A.125(3)(b). (Ky. Rev. Stat. §194A.125(3)(b) and §205.559)  Kentucky will pursue a pilot project in which it creates coverage provisions and reimbursement criteria for telemonitoring services. (KRS Chapter 205, Section 1.	Yes
Louisiana	Yes.  The State of Louisiana requires all health plans to cover telemedicine services and reimburse at no less than 75% of the "reasonable and customary amount of payment, benefit, or reimbursement which that licensed physician receives for an intermediate office visit." (La. Rev. Stat. Ann. §22:1821 and §37:1276.1)	Yes
Maine	Yes.  A carrier offering a health plan in this State may not deny coverage on the basis that the coverage is provided through telemedicine if the health care service would be covered were it provided through in-person consultation between the covered person and a health care provider. (Me. Rev. Stat. Ann. tit. 24-A §4316)	Yes
Maryland	Yes. (Beginning October 1, 2013) (Md. Insurance Code Ann. § 15-139; Md Health-General Code Ann. § 15-105.2)	Yes
Massachusetts	No. (2012 Mass. Acts, Chap. 224)	No  (a) For the purposes of this section, "telemedicine" as it pertains to the delivery of health care services, shall mean the use of interactive audio, video or other electronic media for the purpose of diagnosis, consultation or treatment. "Telemedicine" shall not

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		<p>include the use of audio-only telephone, facsimile machine or e-mail.</p> <p>(b) An insurer may limit coverage of telemedicine services to those health care providers in a telemedicine network approved by the insurer.</p> <p>(c) A contract that provides coverage for services under this section may contain a provision for a deductible, copayment or coinsurance requirement for a health care service provided through telemedicine as long as the deductible, copayment or coinsurance does not exceed the deductible, copayment or coinsurance applicable to an in-person consultation.</p> <p>(d) Coverage for health care services shall be consistent with coverage for health care services provided through in-person consultation.</p>
Michigan	<p>Yes. (2012 Mich. Pub. Acts, Act 214 and 215)</p> <p>The Michigan Department of Community Health currently covers telemedicine services.</p>	Yes
Minnesota*	<p>Yes.</p> <p>Medical assistance covers telemedicine consultations. Telemedicine consultations must be made via two-way, interactive video or store-and-forward technology. Store-and-forward technology includes telemedicine consultations that do not occur in real time via synchronous transmissions, and that do not require a face-to-face encounter with the patient for all or any part of any such telemedicine consultation. (Minn. Stat. §256B.0625)</p>	<p>Yes (Effective January 1, 2017)</p> <p>A health plan shall include coverage for telemedicine benefits <i>in the same manner as</i> any other benefits covered under the policy, plan, or contract. A health carrier shall reimburse the distant site licensed health care provider for covered services delivered via telemedicine <i>on the same basis and at the same rate as</i> the health carrier would apply to those services if the services had been delivered in person by the distant site licensed health care provider.</p>
Mississippi	Yes. (Beginning July 1, 2013) (Miss. Code Ann. §25-15-9 and §73-25-34)	Yes
Missouri	<p>Yes.</p> <p>Telehealth may be utilized to service individuals who are qualified as MO HealthNet participants under Missouri law. Reimbursement for such services shall be made in the same way as reimbursement for in-person contacts. (Mo. Rev. Stat. 208.670)</p> <p>2. Reimbursement for the use of asynchronous store-and-forward technology in the practice of telehealth in the MO HealthNet program shall be allowed for orthopedics, dermatology, ophthalmology and optometry, in cases of diabetic retinopathy, burn and wound care, dental services which require a diagnosis, and maternal-fetal medicine ultrasounds. (Mo. Rev. Stat. 208.670)</p> <p>Missouri law restricts the eligible “originating sites” to 17 locations. (Mo. Rev. Stat. 208.677)</p> <p>Missouri also provides coverage for home</p>	<p>Yes</p> <p>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 <i>on the same basis</i> that the health carrier covers the service when it is delivered in person.</p>

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	telemonitoring for a list of services (Mo. Rev. Stat. 208.686(2)(a)) and patients who exhibit certain risk factors (Mo. Rev. Stat. 208.677(b)).	
Montana	Yes.  Coverage of telemedicine services is treated like all other services. (2013 Mont. Laws, Chap. 164; Mont. Code Ann. §37-3-342 et seq.)	Yes
Nebraska	Yes.  In-person contact between a health care practitioner and a patient shall not be required under the medical assistance program.	No  Any insurer offering (1) any individual or group sickness and accident insurance policy, certificate, or subscriber contract delivered, issued for delivery, or renewed in this state, (2) any hospital, medical, or surgical expense incurred policy, or (3) 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 the effective date of this act, a service from coverage solely because the service is delivered through telehealth as defined in section 44312 and is not provided through in person consultation or contact between a licensed health care provider and a patient. This section does not apply to any policy, certificate, contract, or plan that provides coverage for a specified disease or other limited benefit coverage. [LB 92 2017] RSCS 71-8509
Nevada	Yes	Yes  A policy of health insurance must include coverage for services provided to an insured through telehealth <i>to the same extent as</i> though provided in person or by other means.
New Hampshire	No (N.H. Rev. Stat. §415-J:1 et seq.)	Yes
New Jersey	Yes  Health care services that are delivered to a patient through the use of telemedicine shall be covered under the Medicaid and NJ Family Care programs, to the same extent that such services would be covered if they were delivered through traditional in-person means or methods... Health care services delivered through telemedicine shall be reimbursed at a rate that is equal to the reimbursement rate provided for in-person services.  Also applies to managed care, the State Health Benefits Commission and School Employee Health Benefits Commission.  R.S.45:9-18(3)(a) (2017)	Yes



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New Mexico	<p>Yes.</p> <p>Because the use of telehealth improves access to quality health care and will generally benefit the citizens of New Mexico, health insurers, health maintenance organizations, managed care organizations and third-party payors offering services to the citizens of New Mexico are encouraged to use and provide coverage for telehealth within the scope of their plans or policies. The state's medical assistance program is also encouraged to include telehealth within the scope of its plan or policy. (N.M. Stat. Ann. §24-25-1 et seq.; 2013 N.M. Laws, Chap. 105)</p>	<p>Yes</p>
New York	<p>Yes.</p> <p>Medicaid currently covers medically necessary physician specialist consultations provided via telemedicine to patient, depending on the location of the patient (“spoke” site) and physician (“hub” site). Eligible “hub” and “spoke” sites were <a href="#">expanded in 2014</a>.</p>	<p>Yes</p> <p>An insurer may exclude from coverage a service by a health care provider where the provider is not otherwise covered under the policy.</p>
North Carolina	<p>Yes.</p> <p>The North Carolina Division of Medical Assistance covers telemedicine and telepsychiatry for patients over 21 years old.</p>	<p>No</p>
North Dakota	<p>Yes.</p> <p>North Dakota Medicaid covers certain telehealth services.</p>	<p>Yes</p> <p>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.</p> <p>3. 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.</p> <p>(NDCC 26.13609.15)</p> <p>The board shall provide health benefits coverage under a contract for insurance pursuant to section 5452.104 or under a self-insurance plan pursuant to section 5452.104.2 which provides coverage of health services delivered by means of telehealth in the same manner as provided under section 26.13609.15.</p>
Ohio	<p>Yes</p>	<p>Yes</p>



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	Coverage is limited to the following originating sites (e.g. where the patient is located): The office of a MD/DO, optometrist, or podiatrist; a FQHC, rural health center, or primary care clinic; an outpatient hospital; an inpatient hospital; or a nursing facility. Coverage is also limited to certain services. (Ohio Admin. Code 5160-1-18.)	The coverage is subject to the terms and conditions of the health benefit plan and the reimbursement specified in the contract between the plan and the health professional.
Oklahoma	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.	Yes
Oregon	No	Yes  OR is 1 of 3 states that cover interactive audio-video only as a condition of their parity law.
Pennsylvania	Yes.  The Department of Public Welfare's Medical Assistance Program has been expanded to include additional specialty physicians who will be able to perform consultations and diagnose patients, recommend and monitor treatment, and even order tests or prescribe medication.	No
Rhode Island	No	Yes  [RI H 7160/S 2577 (2016)]
South Carolina	Yes.  South Carolina Medicaid covers a variety of telehealth services.	No
South Dakota	Yes.  Telemedicine services provided to eligible South Dakota Medical Assistance Program recipients are limited to consultation services; follow-up office visits for established patients, and pharmacological management services. Coverage of telemedicine consultations is treated like any other consultation service as defined in the Physician's Current Procedural Terminology (CPT).	No
Tennessee	No	Yes  A health insurance carrier 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 on the same basis

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		<p>and at least at the same rate that the health insurance entity is responsible for coverage for the provision of the same service through in-person encounters 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 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 on the same basis and at least at the same rate that the health insurance entity is responsible for coverage for the provision of the same service through in-person encounters 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.</p> <p>Tennessee Code Annotated, Section 56-7-1002</p>
Texas	<p>Yes.</p> <p>A health benefit plan may not exclude a telemedicine medical service or a telehealth service from coverage under the plan solely because the service is not provided through a face-to-face consultation. (Tex. Government Code Ann. §531.0216 and §531.02173; Tex. Insurance Code Ann. §1455.004)</p>	<p>Yes</p> <p>*Coverage not required for telemedicine provided only by synchronous or asynchronous audio interaction, including an audio-only telephone consultation, text-only email, or fax. (Tex. Insurance Code Ann. 1455.004)</p>
Utah	<p>Yes.</p> <p>Medically necessary diagnostic and therapeutic services, appropriate for the adequate diagnosis or treatment of some special health care needs children, are covered services. (Utah Code Ann. §26-18-13) 2017 expanded Medicaid reimbursement to mental health services.</p>	<p>No</p>
Vermont	<p>Yes.</p> <p>All health insurance plans in this state shall provide coverage for telemedicine services delivered to a patient in a health care facility to the same extent that the services would be covered if they were provided through in-person consultation.</p> <p>"Health insurance plan" means any health insurance policy or health benefit plan offered by a health insurer, as defined in 18 V.S.A. § 9402, as well as Medicaid, the Vermont health access plan, and any other public health care assistance program offered or administered by the state or by any subdivision or instrumentality of the state. (Vt. Stat. Ann. tit. 8,</p>	<p>Yes</p> <p>VT is 1 of 3 states that cover interactive audio-video only as a condition of their parity law. The law also limits coverage to services provided in health care facilities only.</p>

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Virginia	<p>Yes.</p> <p>The Virginia Department of Medical Assistance Services (DMAS) reimburses for telemedicine services under limited circumstances. (VA Code Ann. §38.2-3418.16)</p>	<p>Yes.</p> <p>An 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 <i>on the same basis</i> 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>
Washington	<p>Yes.</p> <p>Fee-for-service clients are eligible for medically necessary covered health care services delivered via telehealth. [RCW 74.09.325 and 2016 c 68 s 5]</p>	<p>Yes</p> <p>[RCW 48.43.935 c 68 s 3; RCW 41.05.700 and 2016 c 68 s 4]</p>
West Virginia	<p>Yes.</p> <p>Under two conditions: (1) The consultation must involve real time consultation as appropriate for the member's medical needs and as needed to provide information to and at the direction of the consulting physician. (2) Medicaid coverage of teleconsultations is limited to members in non-metropolitan statistical professional shortage areas as defined by CMS. The referring provider must be located in the non-metropolitan area.</p>	<p>No</p>
Wisconsin	<p>Yes.</p> <p>Reimbursement for these services is subject to the same restrictions as face-to-face contacts (e.g., POS, allowable providers, multiple service limitations, PA).</p>	<p>No</p>
Wyoming	<p>Yes.</p> <p>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). (Wash. Rev. Code §33-26-102)</p>	<p>No</p>

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