



# State Telehealth Laws and Reimbursement Policies

## AT-A-GLANCE Fall 2023

The majority of temporary COVID-19 pandemic policies have now ended, prompting states that had not already done so to move toward implementing broader permanent telehealth policies. This entails integrating additional detail and clarifications into Medicaid, private payer and professional policies.

### AUDIO-ONLY

The number of state Medicaid programs reimbursing audio-only has more than doubled since Spring 2021. Seven states have added reimbursement for audio-only telehealth since CCHP's last update in Spring 2023. While audio-only reimbursement is becoming more common, it's also often associated with restrictions on the circumstances that qualify for reimbursement, such as limiting reimbursement to only certain conditions or services.



# 45

45 STATES AND DC  
Recognize the home as an eligible originating site

Certain Medicaid programs specify that telehealth services provided at a patient's residence are eligible for reimbursement when billed with Place of Service Code 10, denoting home-based telehealth services.

### The Report's Methodology

- States were reviewed between late May and early September 2023.
- CCHP only counts states as providing reimbursement if official Medicaid documentation is found confirming they are reimbursing for a specific modality. A statutory requirement alone is not considered enough.
- COVID-19 emergency policies are not included in CCHP's reporting, though they may still be found in the online [policy finder](#). Only permanent policies are accounted for in this report.
- A state is counted as reimbursing for a modality/eligible site even if they do so in a very limited way. Therefore, it's always important to check the state's specific requirements.

### Medicaid Reimbursement

While most state Medicaid programs currently maintain restrictions on permissible telehealth modalities, eligible originating sites, services, and providers, there is an emerging pattern of gradual adjustments intended to broaden telehealth accessibility. This encompasses the incorporation of new services like school-based services and the expansion of coverage to additional providers such as speech-language pathologists. Lists of service codes eligible for telehealth-delivered services (similar to Medicare) have also become more common. These changes reflect a gradual but promising shift toward broader adoption of telehealth within Medicaid programs across the states.



# 50

50 STATES AND DC  
Live Video



# 43

43 STATES AND DC  
Audio-only telephone\*



# 37

37 STATES  
Remote patient monitoring\*



# 33

33 STATES  
Store-and-forward\*



\*Some states that are included in the counts above reimburse this modality solely as part of Communication Technology-Based Services (CTBS), which have their own separate codes and reimbursement rates.

## Private Payer Law

Forty-three states, the District of Columbia and the Virgin Islands have a private payer law that addresses telehealth reimbursement. Not all of these laws require reimbursement or payment parity. While no new states added private payer laws or payment parity in this Fall 2023 edition, adjustments were made to several states' payment parity requirements, often concerning clarification about whether audio-only interactions qualify for payment parity.

### EXAMPLE:

For example, **NEVADA** passed a bill requiring payment parity be maintained for mental health conditions or substance use disorder when provided by audio-only interactions.



## Prescribing

States are increasingly focusing on elucidating telehealth prescription requirements, and a noticeable trend involves defining parameters related to provider-patient relationships. It's important to highlight that regulations concerning the prescription of controlled substances are generally more rigorous than those for non-controlled substances.

*Note: Providers must also comply with federal limits on prescribing controlled substances.*

### EXAMPLE:

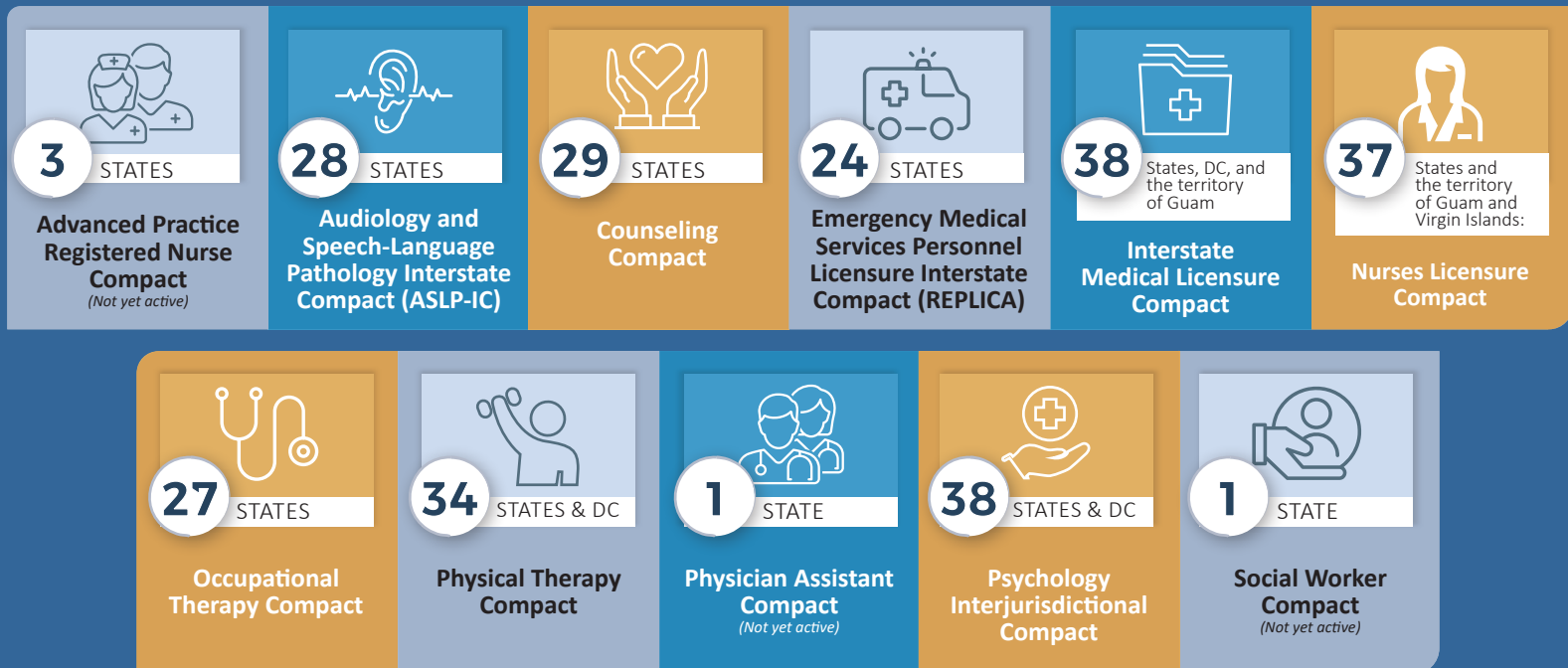
**OKLAHOMA** prohibits telemedicine encounters from establishing a physician-patient relationship for purposes of prescribing specific types of opiates unless the encounter is used to prescribe an opioid antagonists or schedule III, IV or V controlled dangerous substances for medication assisted treatment or detoxification treatment for substance use disorder.



## Licensure

Twenty-seven states have alternatives to full licensure for out-of-state telehealth providers. This includes special licenses, certificates, or exceptions to licensing related to telehealth. New Mexico, for example, recently enacted a bill specifying requirements for an expedited license for out-of-state telemedicine providers, which allows individual applicants to provide telemedicine services under certain circumstances.

**Adoption of Interstate Compacts continues to be common for states. The numbers:**



### Center for Connected Health Policy

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