



NATIONAL CONSORTIUM OF  
**TELEHEALTH**  
RESOURCE CENTERS

## Facilitating Use of Telehealth for Metabolic Dietitians

August 21, 2025



# Webinar Tips and Notes

- Your phone &/or computer microphone has been muted.
- If we do not reach your question, please contact your regional TRC. There may be delays in response time:  
<https://telehealthresourcecenter.org/contact-us/>
- Please fill out the post-webinar survey.
- Closed Captioning is available.
- Please submit your questions using the Q&A function.
- The webinar is being **recorded**.
- Recordings will be posted to our YouTube Channel:  
<https://www.youtube.com/c/nctrc>





# Facilitating the Use of Telehealth for Metabolic Dietitians

August 21, 2025

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PBTRC  
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# Overview

- Introduction
- What are the Telehealth Resource Centers?
- Review of Questions Asked
- General Telehealth Policies
- General Coverage and Reimbursement
- Telehealth Resources
- Future Activities



# Introduction

## **Who am I?**

- Board certified genetic counselor.
- Supervised Hawaii Newborn Metabolic Screening Program for 25 years.
- Project Director of Western States Regional Genetics Network for 20 years.
- Have worked with metabolic dietitians throughout my 30 year career.
- Developed telegenetics training program for genetics providers as part of WSRGN activities.
- During pandemic, converted telegenetics training to healthcare provider training and developed educational resources for families to do telehealth in their homes.
- Currently, co-director of the Pacific Basin Telehealth Resource Center.



## Introduction

### **Why is this topic important for metabolic dietitians?**

- Provides more flexibility and accessibility for families especially those living in rural areas.
- Allows more continuous care when families can't travel to in-person appointments easily.
- Can provide more information to the dietitian when families are “seen” in their home.
- Can allow families to be more “natural” in their home setting.
- Aligns well with activities in the Make America Healthy Again plan

# Introduction to the Telehealth Resource Centers



# HRSA Funded Telehealth Resource Centers

[www.telehealthresourcecenter.org](http://www.telehealthresourcecenter.org)



NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC
12 REGIONAL RESOURCE CENTERS		

2 NATIONAL RESOURCE CENTERS	





# What kind of services do we provide?

The NCTRC assists health care organizations, networks, and physicians/health providers in implementing cost-effective telehealth programs.

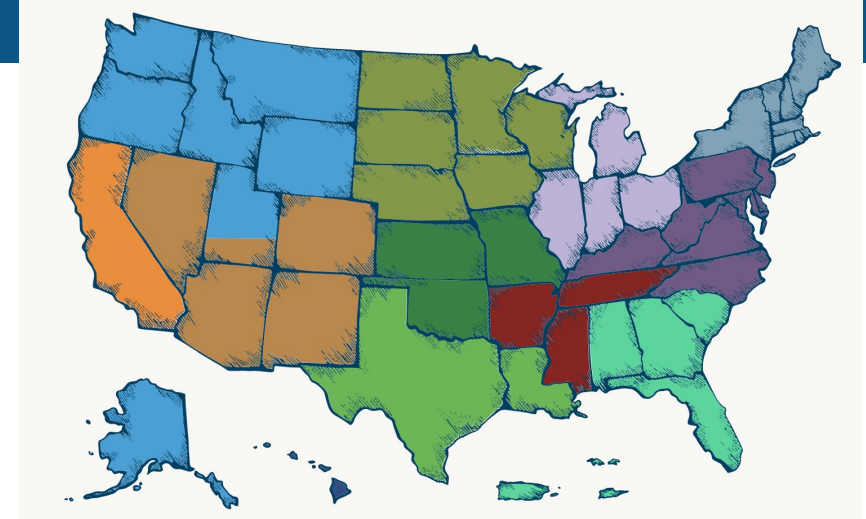
We also assist with:

- Equipment
- Policy
- Practice Guidelines
- Program Development
- Business Models
- Much more!



# NCTRC Website – [telehealthresourcecenter.org](https://telehealthresourcecenter.org)

- Website acts as a central clearinghouse for TRC-curated resources
  - Factsheets
  - Toolkits
  - Reports
  - Webinars
  - Videos
  - Podcasts
  - Translated Resources
- Contact Us Page
- Interactive map to easily locate your regional TRC
- Experts Page



## Experts

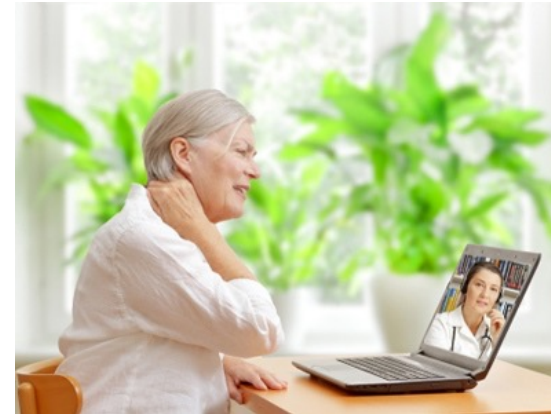
Our experts speak on a variety of topics related to the field of telehealth. Contact one today to speak at your next event.





# TTAC Resources

- Toolkits
  - Clinician's Guide to Video Platforms
  - Digital Cameras
  - Direct to Consumer
  - Electronic Stethoscopes
  - Home Telehealth
  - mHealth
  - Mobile Blood Pressure
  - Patient Exam Cameras
  - Technology Assessment 101
- Innovation Watch
- Quickstart Guide: Launching A Solo Tele-Nutrition Practice



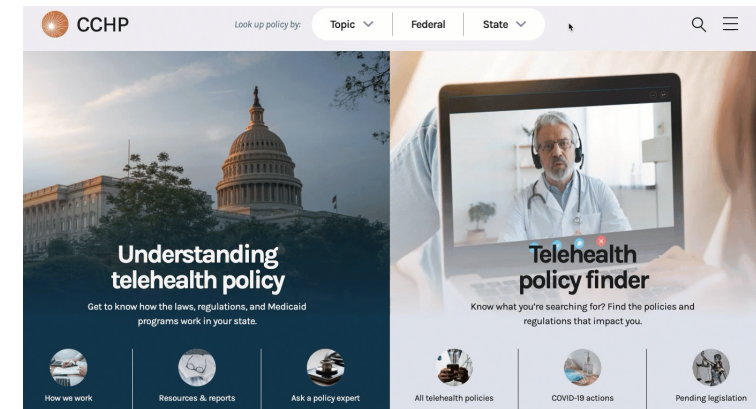
# CCHP Resources




Center for Connected  
Health Policy


THE NATIONAL  
TELEHEALTH POLICY  
RESOURCE CENTER

- Policy Finder
  - Telehealth-related laws and regulations across all 50 states and DC, as well as at the federal level
- State Telehealth Laws and Reimbursement Policies
  - Executive Summary
  - Infographic
  - Summary Chart
- Final Physician Fee Schedule CY 2026 Factsheet
- Billing for Telehealth Encounters – An Introductory Guide on Medicare Fee-For-Service
- Telehealth 201 Video Series






Center for Connected  
Health Policy



The National  
Telehealth Policy  
Resource Center



# State Telehealth Laws and Medicaid Program Policies

## Fall 2024

### Summary Chart of Key Telehealth Policy Areas

This chart provides a quick reference summary of each state's telehealth policy on Medicaid reimbursement, private payer reimbursement laws (both if a law exists and whether or not payment parity is required), and professional requirements around consent, cross-state licensure, and interstate compact based on information gathered between late May and early September 2024. For further details, and additional categories, see each state's section on CCHP's [telehealth policy finder tool](#).

STATE	MEDICAID REIMBURSEMENT				PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS									
	ANY VIDEO	HYBRID-AND-PODCAST	INTERSTATE COMPACT	AUDIT-ONLY	ANY VIDEO	PAYMENT PARITY	CROSS-STATE LICENSURE	INTERSTATE COMPACT	CONSENT	TELEPHYSICIAN	TELE-NURSE	TELE-PSYCH	TELE-PHARM	TELE-PT	TELE-SPEECH	
ALABAMA																
ALASKA																
ARIZONA																
ARKANSAS																
CALIFORNIA																
COLORADO																
CONNECTICUT																
DELAWARE																
DISTRICT OF COLUMBIA																
FLORIDA																
GEORGIA																
HAWAII																
IDAHO																
ILLINOIS																

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**State Telehealth Laws and Medicaid Program Policies**  
AT-A-GLANCE | FALL 2024

Since the COVID-19 pandemic in 2020, Medicaid programs across the United States have gradually stabilized and refined their telehealth policies. The policy trends show a continued expansion of telehealth reimbursement in targeted areas, as well as expanded cross-state licensing allowances, while states simultaneously implement various guardrails, often through professional telehealth requirements.

**The Report's Methodology**

- CCHP only counts states as providing Medicaid reimbursement if their Medicaid documentation is based on confirming that reimbursement is available to a specific provider. A provider reimbursement alone is not considered enough.
- States included state statute, administrative codes, Medicaid manuals, and other Medicaid communications (such as memorandums, correspondence, etc.) and selected Medicaid fee schedules were not a source for this report.
- A state is counted as monitoring for a pending higher rate even if they do so in a very limited way. Therefore, it's always important to check for state-specific requirements.
- For the licensing section specifically, note that while CCHP's search of state and regulatory was confined to telehealth, if we happened to come across a more general licensing exception, we did include it in our reporting. Therefore, to be counted as having a telehealth-specific license or exception, the license/regulation did need to specifically reference telehealth (or service code) in some way.

**Audio-only**

Audio-only has seen huge growth in Medicaid reimbursement since the COVID pandemic. Audio-only reimbursement in Medicaid is sometimes limited to use in certain situations, such as with established patients, and for specific conditions, such as mental health. Some states also restrict Medicare by having a list of eligible codes that are reimbursable via audio-only.

**Home as 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 availability of home-based telehealth services. The home is recognized as an eligible originating site in 47 states and the District of Columbia.

**Medicaid Reimbursement**

While live video is widely reimbursed in state Medicaid programs, most states still have limitations on allowable telehealth modalities, eligible sites, services, and providers. However, a trend of gradual change is emerging to improve telehealth accessibility. Medicaid programs are now often allowing reimbursement for services and professions that may not have been reimbursed going telehealth previously, such as ambulance services utilizing telehealth for triage during "hotspots", and dental services where telehealth is being integrated in certain circumstances, for example in the early stages of delivery. Lists of service codes eligible for telehealth-delivered services (similar to Medicare) have also become more common. These changes reflect a measured but promising shift toward broader adoption of telehealth within Medicaid programs across the states.

**Key Statistics:**

- 31 states all modalities
- 42 states restrict services/reimbursement
- 50 states restrict live video
- 45 states restrict audio-only
- 37 states restrict home-based





# Learning More

The NCTRC website houses fact sheets on telehealth policy, reimbursement, business development, FDA approved technology and more.

Various guides and research resources are also available to help develop your telehealth program.

If you cannot find relevant resources, be sure to contact your regional TRC for expert technical assistance.

Learn more at [www.telehealthresourcecenter.org](http://www.telehealthresourcecenter.org).



Subscribe to our mailing list! <http://eepurl.com/diXIQX>



# REGIONAL TELEHEALTH RESOURCE CENTERS



**CTRC**  
**California Telehealth Resource Center**  
 Serving California  
<http://www.caltrc.org>  
 877.590.8144



**PBTRC**  
**Pacific Basin Telehealth Resource Center**  
 Serving Hawaii and Pacific Basin  
<http://www.pbtrc.org>  
 808.956.2897



**gpTRAC**  
**Great Plains Telehealth Resource & Assistance Center**  
 Serving North Dakota, South Dakota, Minnesota, Iowa, Wisconsin and Nebraska  
<http://www.gptrac.org>  
 888.239.7092



**SCTRC**  
**South Central Telehealth Resource Center**  
 Serving Arkansas, Mississippi and Tennessee  
<http://www.learntelehealth.org>  
 855.664.3450



**HTRC**  
**Heartland Telehealth Resource Center**  
 Serving Kansas, Missouri and Oklahoma  
<http://www.heartlandtrc.org>  
 877.643.4872



**SETRC**  
**Southeast Telehealth Resource Center**  
 Serving Alabama, Georgia, South Carolina, Florida, Puerto Rico, and US Virgin Islands  
<http://www.setrc.us>  
 888.738.7210



**MATRC**  
**Mid-Atlantic Telehealth Resource Center**  
 Serving Virginia, West Virginia, Kentucky, Maryland, Delaware, North Carolina, Pennsylvania, Washington DC and New Jersey (shared)  
<http://www.matrc.org>  
 434.906.4960



**SWTRC**  
**Southwest Telehealth Resource Center**  
 Serving Arizona, Colorado, New Mexico, Utah and Nevada  
<http://www.southwesttrc.org>  
 877.535.6166



**NETRC**  
**Northeast Telehealth Resource Center**  
 Serving Connecticut, Maine, Massachusetts, New Hampshire, New Jersey (shared), New York, Rhode Island, and Vermont  
<http://www.netrc.org>  
 800.379.2021



**TexLa**  
**TexLa Telehealth Resource Center**  
 Serving Texas and Louisiana  
<https://texlatrc.org>  
 877.391.0487 direct: 806.743.7960



**NRTRC**  
**Northwest Regional Telehealth Resource Center**  
 Serving Washington, Oregon, Idaho, Montana, Utah, Wyoming and Alaska  
<http://www.nrtrc.org>  
 833.747.0643



**UMTRC**  
**Upper Midwest Telehealth Resource Center**  
 Serving Indiana, Illinois, Michigan and Ohio  
<http://www.umtrc.org>  
 855.283.3734

# NATIONAL TELEHEALTH RESOURCE CENTERS



**National Telehealth Policy Resource Center**  
 Serving all Telehealth Resource Centers and All States  
<http://www.cchpca.org>  
 877.707.7172



**National Telehealth Technology Assessment Resource Center**  
 Serving all Telehealth Resource Centers and All States  
<http://www.telehealthtechnology.org>  
 844.242.0075





# Review of Questions Asked by Metabolic Dietitians

# Review of Questions Asked

## Categories of Questions:

- I need help setting up a telehealth program
- I want to know about coverage and reimbursement issues
- I want to know about seeing patients across state borders
- I want to know best practices for using telehealth
- I want to know what others are doing with telehealth





# TELEMEDICINE TRAINING SERIES

**Developing a Telemedicine Program**  
September 9<sup>th</sup>, 2025  
9:15 a.m. – 12:30 p.m. MST

- Creating a Strategic Business Plan
- Virtual Communication Etiquette
- Privacy & Cybersecurity
- Telehealth Law & Policy
- Building Effective Telemedicine Programs, Guidelines, & Standards
- Bridging Care Gaps While Addressing Disparities



Elizabeth Krupinski, PhD



Michael Holcomb, BS



Carrie Foote, BA, BS



Melanie Esher, MAdm




Tara Sklar, JD MPH



# General Telehealth Policies


# Telehealth Law: Do Your Research

cchpca.org

 **CCHP**


Look up policy by: **Topic** ▼ | **Federal** | **State** ▼


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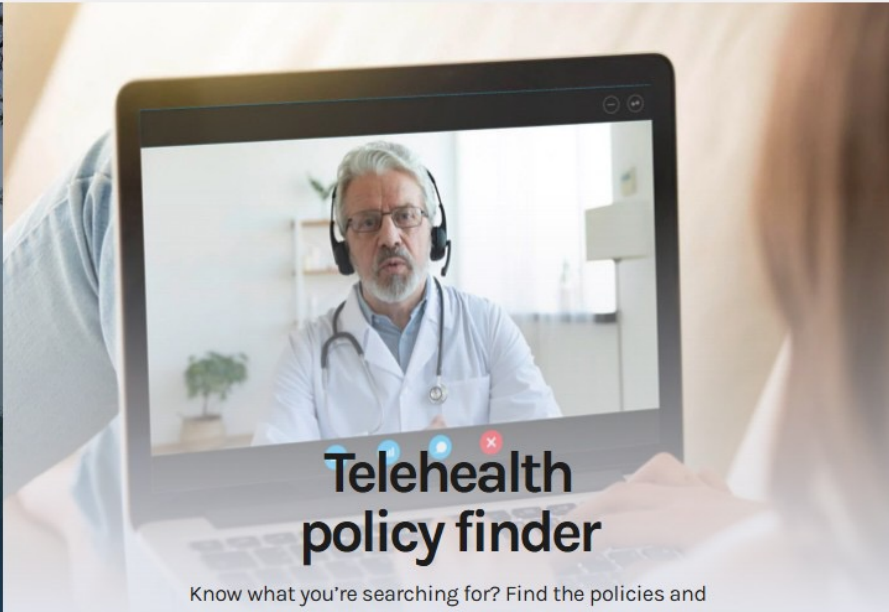
## Understanding telehealth policy

Get to know how the laws, regulations, and Medicaid programs work in your state.

**How we work**


**Resources & reports**


**Ask a policy expert**




## Telehealth policy finder

Know what you're searching for? Find the policies and regulations that impact you.

**All telehealth policies**

**Policy trends**

**Pending legislation**



# Telehealth Law: Do Your Research

→ ↻ 🏠 🌐 njleg.state.nj.us ☆ 🌐 🌐



## *New Jersey Legislature*

The Legislature ▶ Members ▶ Legislative Process ▶ Bills ▶ Publications ▶

 SEARCH BILLS

 FIND YOUR LEGISLATOR

 WATCH PROCEEDINGS

 BUDGET FY2026

### *Legislative Schedule*

For changes in Legislative Schedule due to snow or other emergencies, call [800-792-8630](tel:800-792-8630) (toll-free) or [609-847-3905](tel:609-847-3905)

SENATE SCHEDULE ▶ ASSEMBLY SCHEDULE ▶



## Practicing Across State Borders

- **Distant Site:** Where you are
- **Originating Site:** Where your patient is
- The law (licensure and telehealth) that applies is where your patient is.
- However, some states (e.g. Florida) have “snow bird” telehealth laws which allow healthcare professionals with active licenses in another state or the District of Columbia to register as a telehealth provider to provide telehealth to their existing patients when the patient is visiting in the state.



# Dietitian Licensing/Registration/Certification Practice and Name Protection

## **Example from Utah**

### Chapter 49 Dietitian Certification Act

#### 58-49-4 Qualifications for certification -- Fee.

Each applicant for certification under this chapter shall provide proof satisfactory to the division that the applicant: (1) holds a baccalaureate or post-baccalaureate degree conferred by a college or university approved by the division at the time the degree was conferred with a major course of study in the sciences of food, dietetics, food systems management, or an equivalent major course of study; (2) has completed an internship or preplanned professional baccalaureate or post-baccalaureate experience in a dietetic program under the supervision of a certified dietitian who is certified under this chapter or certified, registered, or licensed under the laws of another state or territory of the United States; (3) has satisfactorily passed a competency examination, approved by or given at the direction of the division; and (4) has paid the appropriate fees determined by the Department of Commerce. The fee assessed by the Department of Commerce shall be fair and reasonable and shall reflect the cost of services provided.



# Dietitian Licensing/Registration/Certification Practice and Name Protection

## **Example from Utah**

Chapter 49 Dietitian Certification Act

58-49-9 Use of titles by uncertified person.

No person, without first being certified under this chapter may: (1) assume or use the title or designation "dietitian," "certified dietitian," "registered dietitian," "registered dietitian nutritionist," the letters "C.D.," the letter "D.," or any other title, words, letters, abbreviations, or insignia indicating or implying that the person is a certified dietitian, including by using any of the preceding terms with the alternative spelling "dietician"; or (2) represent in any way, whether orally, in writing, in print, or by signature, directly or by implication, that the person is a certified dietitian.



# Examples of Interesting State Laws for Telehealth Activities

# Washington

## Telehealth Training (standalone telehealth statute)

### Telemedicine training for health care professionals.

(1) The legislature finds that a large segment of Washington residents do not have access to critical health care services. Telemedicine is a way to increase access to health care services to those who would otherwise not have reasonable access. The legislature therefore intends to ensure that health care professionals who provide services through telemedicine, as defined in RCW [70.41.020](#), in cities and rural areas alike, have current information available, making it possible for them to provide telemedicine services to the entire state of Washington.

(2) Except as permitted under subsection (3) of this section, beginning January 1, 2021, a health care professional who provides clinical services through telemedicine, other than a physician licensed under chapter [18.71](#) RCW or an osteopathic physician licensed under chapter [18.57](#) RCW, shall complete a telemedicine training. By January 1, 2020, the telemedicine collaborative shall make a telemedicine training available on its website for use by health care professionals who use telemedicine technology. If a health care professional completes the training, the health care professional shall sign and retain an attestation. The training:



## Washington Telehealth Training continued...

- (a) Must include information on current state and federal law, liability, informed consent, and other criteria established by the collaborative for the advancement of telemedicine, in collaboration with the department and the Washington state medical quality assurance commission [medical commission];
  - (b) Must include a question and answer methodology to demonstrate accrual of knowledge; and
  - (c) May be made available in electronic format and completed over the internet.
- (3) A health care professional is deemed to have met the requirements of subsection (2) of this section if the health care professional:
- (a) Completes an alternative telemedicine training; and
  - (b) Signs and retains an attestation that he or she completed the alternative telemedicine training.



## Washington Telehealth Training continued...

((4) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise.

(a) "Alternative telemedicine training" means training that includes components that are substantively similar to the telemedicine training developed by the telemedicine collaborative under subsection (2) of this section. "Alternative telemedicine training" may include, but is not limited to:

- (i) Training offered by hospitals and other health care facilities to employees of the facility;
- (ii) Continuing education courses; and
- (iii) Trainings developed by a health care professional board or commission.

(b) "Health care professional" means a person licensed, registered, or certified to provide health services.



## **New Jersey Telehealth Registration (standalone telehealth statute)**

Each telehealth or telemedicine organization operating in the State shall annually register with the Department of Health and submit an annual report. See statute for details.

SOURCE: [NJ Statute C.45:1-64. \(Accessed May 2025\).](#)

A telemedicine or telehealth organization, whether operating as a distant site, originating site, or both, shall register with the Department prior to providing services in the State.

See rule for additional requirements.

SOURCE: [NJ Administrative Code 8:53-2.1. \(Accessed May 2025\).](#)

“Telemedicine or telehealth organization” means a corporation, sole proprietorship, partnership, or limited liability company that is organized for the primary purpose of administering services in the furtherance of telemedicine or telehealth.

SOURCE: [NJ Statute C.45:1-61. \(Accessed May 2025\).](#)



## **New Jersey Genetic Counselor Telehealth Provision** (contained in each licensed healthcare professional statute)

(f) During the provision of services through telemedicine or telehealth, and after the provision of services, a licensed genetic counselor, or another designated licensed genetic counselor, shall provide his or her name, professional credentials, and contact information to the patient. Such contact information shall enable the patient to contact the licensed genetic counselor for at least 72 hours following the provision of services, or for a longer period if warranted by the patient's circumstances and accepted standards of care.



## **Utah telehealth provision (standalone telehealth statute)**

### **26B-4-704. Scope of telehealth practice -- Enforcement.**

A provider offering telehealth services shall:

(a) at all times:

....

(e) be familiar with available medical resources, including emergency resources near the originating site, in order to make appropriate patient referrals when medically indicated;



# Other Professional Issues

# Legal Issues

- Check your liability/malpractice coverage especially if you are providing cross state border services.
- Many dietitians that work for a healthcare facility/organization are covered by the blanket policy. Important that the blanket policy covers services provided via telehealth.
- Check the state statutes on consent requirements for telehealth.



# Coverage and Reimbursement

# Reimbursement

- If you are not getting reimbursed for in-person consultations, it is highly unlikely you will get reimbursed for telehealth consults.
- Federal, state, and private insurers' telehealth coverage and reimbursement policies vary and change.
- Make sure to use the proper modifiers when necessary
  - 95 modifier is most common for video telehealth
  - 93 modifier is used for audio only telehealth
  - Some use GT modifier but is decreasing in use
  - Some use of "CMS Place of Service (POS)" 02 modifier (Medicare)
  - FQ used for FQHC and rural health centers



# Medicaid

- Most State Medicaid programs will cover dietitian services when the services are determined as medically necessary through the program's policies.
- Be aware that Medicaid policies will be changing to respond to federal policy and budget changes.



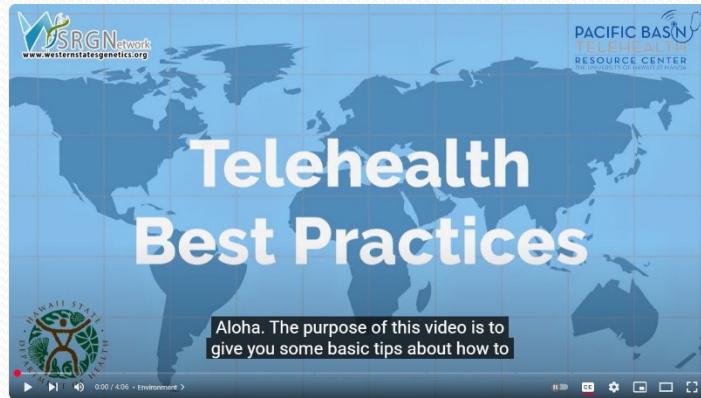
# Reimbursement

- Check about additional reimbursements
  - Facility fees (originating and distant sites)
  - Transmission fees
  - Originating site provider charges
- Consider contracts rather than fee for service.



# Telehealth Resources

<https://www.pbtrc.org/video-materials/>



Telehealth Best Practices  
for Providers Video

[https://youtu.be/kdTc2Wbi\\_Ag](https://youtu.be/kdTc2Wbi_Ag)

What to Expect from a Telehealth Visit Video

English: [https://youtu.be/XEcdpvhl\\_no](https://youtu.be/XEcdpvhl_no)

Spanish: <https://youtu.be/1p31UqKZR-78?si=JrukPBZmQ4bpcnpu>

Mandarin: <https://youtu.be/F8hGiV5MVJU?si=QfjWH43xuPabWQJe>

Samoan: [https://youtu.be/SpILTXsNzMM?si=UH\\_un6ZR1BCaKKOy](https://youtu.be/SpILTXsNzMM?si=UH_un6ZR1BCaKKOy)

Vietnamese: <https://youtu.be/MQeNKcT5lg?si=8BjUj1o95OucOqRp>

Tagalog: [https://youtu.be/HoV6\\_q66of4?si=YYP5TV7jPCL6cSwS](https://youtu.be/HoV6_q66of4?si=YYP5TV7jPCL6cSwS)







**Mahalo!!**

# Our Next Webinar

The NCTRC Webinar Series

Occurs 3<sup>rd</sup> Thursday of every month.

**Hosting TRC:** Southeast Telehealth Resource Center (SETRC)

**Telehealth Topic:** Transforming High Risk OB Care With Telemedicine

**Date:** September 11, 2025

**Times:** 11 AM – 12 PM (PT)





# Please Complete Our Survey

*Your opinion of this webinar is valuable to us.*

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***Please participate in this brief perception survey  
(will also open after webinar):***

<https://www.surveymonkey.com/r/XK7R72F>

