



## STATE POLICIES FOR REIMBURSEMENT OF TELEHEALTH

### FQHC-specific guidance by State

Excerpted from [Center for Connected Health Policy's State Telehealth Laws and Reimbursement Policies](#)

Scroll down to your state to find more information about telehealth coverage by State Medicaid specific to Federally Qualified Health Centers (FQHCs), according to the [Center for Connected Health Policy](#) as of Spring 2018.

Type of Telehealth	Live Video	Store-and-Forward	Remote Patient Monitoring
<b>Alabama</b>	X		X
	Covers consults, office & outpatient visits, individual psychotherapy, psychiatric diagnostic services, neurobehavioral status exams. Some specialties have more narrow requirements.	N/A	Through the In Home Monitoring Program for patients with diabetes and/or congestive heart failure.
<b>Alaska</b>	X	X	X
	Eligible services include initial or one follow-up office visit; consultation to confirm diagnosis; diagnostic, therapeutic, interpretive services; psychiatric or substance abuse assessments; individual psychotherapy or pharmacological management service.	Must be "provided through the transference of digital images, sounds, or previously recorded video from one location to another to allow a consulting provider to obtain information, analyze it, and report back to the referring provider" (AK Admin. Code, Title 7, 110.625(a) (2012).	Must be "provided by a telemedicine application based in the recipient's home, with the provider only indirectly involved in the provision of the service" (AK Admin. Code, Title 7, 110.625(a) (2012).
<b>Arizona</b>	X	X	X
	Eligible services include behavioral health services, cardiology, dermatology,	Covered for dermatology, radiology, ophthalmology, and	Considered necessary for members with Congestive Heart Failure if observation/

	endocrinology, hematology/oncology, home health, infectious disease, Medical Nutrition Therapy, neurology, obstetrics/ gynecology, oncology/radiation, ophthalmology, orthopedics, pain clinic, pain management, pathology, pediatrics and pediatric subspecialties, pharmacy management, radiology, rheumatology, surgery follow-up and consults.	pathology.	inpatient admission with primary or secondary discharge diagnosis of CHF within the part two months or readmission within the past six months; AND a symptom level at the New York Heart Association class II or greater was identified by one of the specified ICD-10 diagnostic codes.
<b>Arkansas</b>	X	X	
	Up to two visits per patient per year may be covered for consults; fetal echography and echocardiography (real time); non-emergency visits in a physician's office, a clinic, or hospital outpatient department; FQHC encounters. Only covers evaluation and management if attending physician is presenting case to consulting physician at remote site using telemedicine.	Only radiology procedures.	N/A
<b>California</b>	X	X	
	Must be billed with modifiers GT or 95.	Tele-dermatology, tele-ophthalmology, and teledentistry.	N/A
<b>Colorado</b>	X		X
	Can include up to two collaborating providers and the member. Includes medical and mental health services.	N/A	Cover flat fee set by state board if the patient is receiving services from a home health provider for congestive heart failure, chronic obstructive pulmonary disease, asthma, and/or diabetes; requires monitoring at least five times weekly to manage the disease as ordered by physician or podiatrist; has been hospitalized two or more times in the last 12 months for

			conditions related to the disease; the patient or caregiver misses no more than five monitoring events in a 30 day period; the patient's home has space for all program equipment and full transmission capability.
<b>Connecticut</b>	X	X	
	Only for case management behavioral health services for clients age 18 and under.	FQHCs can be reimbursed for electronic consults for specialty care.	N/A
<b>District of Columbia</b>	X		
	Patient must be with provider at originating site. Includes FQHC- eligible services. Includes evaluation and management, consultation, behavioral healthcare services, & speech therapy.	N/A	N/A
<b>Delaware</b>	X		
	Up to three consulting providers for separately identifiable telemedicine services for a member in one day. Includes inpatient/outpatient hospitals, physicians (or PA's under their supervision), certified nurse practitioners, nurse midwives, licensed psychologists, licensed clinical social workers, licensed professional counselors of mental health, speech language pathologists, audiologists.	N/A	N/A
<b>Florida</b>	X		
	Some reimbursed in Community Behavioral Health Services per Fee Schedule.	N/A	N/A

<b>Georgia</b>	X		
	Only medically necessary clinical services that are individualized, specific, and consistent with symptoms or confirmed diagnosis of an illness or injury under treatment, not in excess of patient's needs. Includes office visits, pharmacologic management, limited office psychiatric services, limited prevention intervention services, limited radiological services, limited number of other physician fee schedule services.	N/A	N/A
<b>Hawaii</b>	X		
	As long as it "includes audio and video equipment permitting real-time consultation among the patient, consulting practitioner and referring practitioner" (Code of HI Rules 17-1737).	N/A	N/A
<b>Idaho</b>	X		
	Includes services referred by a PCP and provided by physician or non-physician practitioner: primary care services, specialty services, psychotherapy with evaluation and management, psychotherapy diagnostic interview, pharmacological management, therapeutic consultation and crisis intervention, interpretive services.	N/A	N/A
<b>Illinois</b>	X	X	X
	Covered if a physician or licensed healthcare professional is present with the patient at all times at the originating site; the distant site provider is a physician, PA, podiatrist, or APN		Covers home uterine monitoring with prior approval and when patient meets specific criteria.

	licensed by IL or the state where the patient is located; the originating and distant site provider is not terminated, suspended, or barred from the Department's medical programs; medical data is exchanged through a telecommunication system; the interactive telecommunication system has the capability to allow the distant site provider to examine the patient sufficiently to allow proper diagnosis of the involved body system; the system can transmit clear, audible heart tones and lung sounds and clear video images of the patient and any diagnostic tools.		
<b>Indiana</b>	X		X
	Cover services provided when medically necessary and hub and spoke are 20 miles apart: consultation, office visit, psychotherapy, psychiatric diagnostic interview, end-stage renal disease services, and pharmacologic management.	N/A	Will reimburse home health agencies with prior authorization for patients with chronic obstructive pulmonary disease, congestive heart failure, and/or diabetes.
<b>Iowa</b>	X		
	Must meet generally accepted health care practices and standard prevailing in the applicable professional community.	N/A	N/A
<b>Kansas</b>	X		X
	Includes office visits, individual psychotherapy, pharmacological management services when billed with GT modifier and 02 place of service code.	N/A	Includes home telehealth for services prescribed by a physician, considered medically necessary, signed beneficiary consent for telehealth services, skilled nursing service, does not exceed two visits per week for non-Home and Community Based Services patients.

<b>Kentucky</b>	X		
	Covers consultation, mental health evaluation and management services, individual and group psychotherapy, pharmacologic management, psychiatric/ psychological/mental health diagnostic interview examinations, individual medical nutrition services, individual diabetes self-management training, OT evaluation or treatment, PT evaluation or treatment, speech therapy evaluation or treatment, neurobehavioral status examination, end-stage renal disease monitoring, assessment or counseling consultation.	N/A	N/A
<b>Louisiana</b>	X		X
	Only reimburses distant site provider.	N/A	Cover installation fee and monthly maintenance for TeleCare Activity and Sensor Monitoring, health status monitoring, and medication dispensing and monitoring.
<b>Maine</b>	X	X	X
	Covered if medically appropriate. Does not include medical equipment, personal care aid, pharmacy services, assistive technology services, non-emergency transportation, ambulance services, services that require physical contact, any service medically inappropriate for telehealth services.		Patient must have diagnosis of health condition requiring monitoring of clinical data at least five times per week; have documentation in record that patient is at risk of hospitalization or admission to ER or have received Telemonitoring Services during the past calendar year with a note that continued services are needed; have telemonitoring services included in Member's plan of care; reside in setting suitable to support equipment; have capacity to effectively use equipment or have caregiver to do so.

<b>Maryland</b>	X		
	Covers somatic and behavioral health services from a nurse midwife, nurse practitioner, psychiatric nurse practitioner, physician, provider fluent in American Sign Language delivering service to deaf or hard of hearing patient, community-based substance abuse use disorder provider, opioid treatment program, FQHC.	N/A	N/A
<b>Massachusetts</b>			X
	N/A	N/A	Covered if provided by home health agencies as service to clients reimbursable by Medicaid, only for short time reimbursement.
<b>Michigan</b>	X		
	Includes inpatient consults, office or other outpatient services or consults, psychiatric diagnostic procedures, subsequent hospital care, training services for diabetes, end-stage renal disease related services, individual behavior change intervention, behavior health and/or substance use disorder treatment, telehealth education service, nursing facility subsequent care	N/A	N/A
<b>Minnesota</b>	X	X	X
	Services include consultations; telehealth consults for ED or initial inpatient care; subsequent hospital care services or nursing facility care with limit of one telemedicine visit per 30 days per provider; end-stage renal disease services; individual & group medical nutrition	Includes dental services. For diagnostic tests, limit one reading per test.	Requires prior authorization for tele-home-care. Falls under Elderly Waiver and Alternative Care programs.

	therapy; individual and group diabetes self-management training with at least one hour of in-person instruction in the initial year or training; smoking cessation; alcohol and substance abuse structured assessment and intervention services.		
<b>Mississippi</b>	X		X
	Medically necessary services when coverage is provided in person and is live, interactive, and audiovisual. Includes Medicaid mental health medication evaluation and management. At distant site, only physicians, PAs, nurse practitioners, psychologists, Licensed Social Workers, and Licensed Professional Counselors are included.	N/A	Covered when medically necessary and has prior authorization and ordered by physician, PA, or nurse practitioner for someone who has been diagnosed with diabetes, congestive heart failure, and/or chronic obstructive pulmonary disease; has had two or more hospitalizations in the last 12 months due to one of the conditions above; and is capable of using the remote patient monitoring equipment and transmitting necessary data or has a caregiver willing to assist with this.
<b>Missouri</b>	X		X
	Covers consultation made to confirm diagnosis; evaluation and management services; a diagnosis, therapeutic or interpretive service; individual psychiatric or substance abuse assessment diagnostic interview examinations; individual psychotherapy; pharmacologic management	N/A	Personal Emergency Response Systems are available for patients at high risk of being institutionalized
<b>Montana</b>	X		
	Providers must be enrolled in Medicaid. Originating and distance provider may not be within same facility or community.	N/A	N/A

<b>Nebraska</b>	X	X	X
	FQHC and RHC core services provided via telehealth are not covered under the encounter rate.	Covers tele-radiology.	Covered if the services are from the originating site; the client is cognitively capable to operate the equipment or has a willing and able person to do so; the originating site has space for all program equipment; the provider maintains a client's record supporting the medical necessity of the service.
<b>Nevada</b>	X		
	Must follow same prior authorization requirements as in-person services. Licensed Clinical Psychologists, Licensed Clinical Social Workers, and clinical staff can be reimbursed for psychotherapy but not medical evaluation and management services. End-Stage Renal Disease requires at least one in-person visit.	N/A	N/A
<b>New Hampshire</b>	X		
	Includes physician, nurse practitioner, clinical nurse specialist, nurse-midwife, clinical psychologist, clinical social worker, registered dietician or specified nutrition professional	N/A	N/A
<b>New Jersey</b>	X		
	Covers telepsychiatry for intake evaluations, medication management, and/or psychotherapy session for clients of any age.	N/A	N/A
<b>New Mexico</b>	X	X	

	Services covered at same rate as in-person. Also covered by NM Managed Care.	Service must be delivered through transfer of digital images, sounds, or previously recorded video from one location to another.	N/A
<b>New York</b>	X	X	X
	Includes FQHCs and services delivered by physician specialists, including psychiatrist; Certified Diabetes Educators; Certified Asthma Educators; Clinical Psychologists; dentists, psychiatric nurse practitioners; genetic counselors; Licensed Clinical Social Workers (LCSW); Licensed Master Social Workers (LMSW) when employed by Article 28 clinic. LCSWs and LMSWs can only provide services to enrollees under age 21 and pregnant women up to 60 days postpartum.	Includes dermatology, ophthalmology, and other disciplines as determined by the Commissioner.	Includes synchronous or asynchronous electronic information and communication technologies to collect personal health information and medical data. May be provided by facility licensed under Article 28 of Public Health Law or by a physician, nurse practitioner, midwife or PA who has examined the patient and with whom has an established relationship.
<b>North Carolina</b>	X		
	Providers must obtain prior approval from NC Medicaid for all services delivered via telemedicine and telepsychiatry. The beneficiary must be present at the time of consultation, the medical examination must be under the control of the consulting provider, the distant site of the service must be of a sufficient distance from the originating site to provide services to a beneficiary who does not have readily available access to such specialty services, and the consultation must take place by a two-way real-time interactive audiovisual system. Other limits or eligibility requirements may apply. Synchronous, real-time dentistry is covered.	N/A	N/A

<b>North Dakota</b>	X		
	Covered as long as there is real-time visual contact. Includes new and established office and other outpatient E/M services; psychiatric diagnostic evaluation; individual psychotherapy; pharmacologic management; individual speech therapy; initial inpatient telehealth consultation.	N/A	N/A
<b>Ohio</b>	X		
	Includes medical and mental health for FQHCs.	N/A	N/A
<b>Oklahoma</b>	X	X	X
	Medicaid (SoonerCare) reimburses when the GT modifier is billed and proper documentation, including services rendered, location and services provided, is maintained.	Only is compensable by OHCA.	Only is compensable by OHCA.
<b>Oregon</b>	X		
	Covered when billed services comply with billing requirements. Includes some behavioral health services from fee schedule.	N/A	N/A
<b>Pennsylvania</b>	X		
	Covers physicians, certified registered nurse practitioners, and certified nurse midwives. For FQHCs, audiovisual telepsychiatry services part of the Behavioral health Managed Care delivery system, not fee-for-service.	N/A	N/A

<b>Rhode Island</b>	X		
	See RI Medicaid fee schedule for covered services related to follow-up inpatient telehealth consultations.	N/A	N/A
<b>South Carolina</b>	X		X
	Eligible services include office or other outpatient visits, inpatient consultation, individual psychotherapy, pharmacological management, psychiatric diagnostic interview examination and testing, neurobehavioral status examination, electrocardiogram interpretation and report only.	N/A	Falls under Medicaid Home Again Program for Community Long Term Care. Community Choice waiver participants must have a primary diagnosis of Insulin Dependent Diabetes Mellitus, Hypertension, Chronic Obstructive Pulmonary Disease, and/or Congestive Heart Failure; have history of at least two hospitalizations and/or ED visits in the past 12 months; have a primary care physician that approves the use of telemonitoring service and is responsible for receiving and acting upon the information received; and be capable of using the telemonitoring equipment and transmitting the necessary data or have an individual able to do so.
<b>South Dakota</b>	X		
	Limited services are included. See SD Medicaid manual for complete list of CPT codes.	N/A	N/A
<b>Tennessee</b>	X		
	Offered through managed care entities. Each has their own telehealth policy.	N/A	N/A
<b>Texas</b>	X		X

	Includes consultations, office or other outpatient visits, psychiatric diagnostic interviews, pharmacologic management, psychotherapy, and data transmission. Distant site provider must be physician, Certified Nutrition Specialist, Nurse Practitioner, Advanced Practice Registered Nurse, PA, or Certified Nurse Midwife.	N/A	Medicaid reimburses home telemonitoring in the same way as their other professional services provided by a home health agency. Only available to patients who are diagnosed with diabetes and/or hypertension, or when it is determined by Texas Health and Human Services Commission to be cost effective and feasible. Includes conditions like pregnancy, heart disease, cancer, chronic obstructive pulmonary disease, congestive heart failure, mental illness, asthma, myocardial infarction or stroke.
<b>Utah</b>	X		X
	Includes (but not limited to) consultation services, evaluation and management services, mental health services, and substance use disorder services.	N/A	Home telemetry for outpatient long-term cardiac monitoring is allowed with prior authorization. It must be ordered by a BC/BE neurologist, the client must have had a stroke or TIA with no identified cause, client should have already had 24 hour monitoring previously, client should not be taking anti-coagulated or Warfarin for any other reason, client should not have a known contradiction for Warfarin, outpatient long-term cardiac monitoring may only be authorized for the 30 day test, data from the test must be reviewed and interpreted by a BC/BE cardiologist.
<b>Vermont</b>	X		X
	Provider must be enrolled in Medicaid and use GT modifier. 02 place of service code must be on all claims.	N/A	Home telemonitoring is Medicaid benefit. Patients must have Medicaid as primary insurance or be dually eligible with non-homebound status, have congestive heart failure, be clinically eligible for home health services, and have a physician's plan of care with an order for telemonitoring services.

<b>Virginia</b>	X	X	X
	Includes evaluation and management, psychiatric care, specialty medical procedures, speech therapy, and radiology service and procedures.	Includes radiology and radiology procedures, diabetic retinopathy, and outpatient teledermatology.	Continuous Glucose Monitoring for members with Type 1 diabetes, Type 2 diabetes (when over 16 years old), and pregnant women injecting insulin with Type 1 or Type 2 diabetes. Service authorization is required.
<b>Washington</b>	X	X	X
	Includes medically necessary services for patients with fee-for-service coverage. It is not mandatory that managed care plans pay for telehealth services. Applied Behavior Analysis for clients age 20 and under has eligible telehealth services.	Covers teledermatology when there is an associated office visit that can be done in-person or via asynchronous telemedicine, transmission of information is HIPAA compliant, and there is written informed consent.	Includes assessment and monitoring of clinical data including vital signs, pain levels, and other biometric measures specified in the plan of care; assessment of response to previous changes in the plan of care; detection of condition changes based on the telemedicine encounter that may indicate the need for a change in the plan of care; and implementation of management plan. Must be provided by Registered Nurse or Licensed Practical Nurse.
<b>West Virginia</b>	X		
	Covered a limited amount of services, but FQHCs are not authorized to serve as distant sites for telehealth consultations.	N/A	N/A
<b>Wisconsin</b>	X		
	Includes services from audiologists, nurse midwives, nurse practitioners, Ph.D. psychologists, PAs, physicians, psychiatrists, professionals providing services in mental health or substance abuse programs certified by the Division of Quality Assurance. Additional requirements for mental health services.	N/A	N/A

<b>Wyoming</b>	X		
	Eligible providers include physicians, advanced practice nurses with a specialty of psychiatry/mental health, PA (billed under the supervising physician), psychologists and neuropsychologists, mental health professionals (LCSW, LPC, LMFT, LAT), and speech therapist. Licensed mental health professionals cannot bill Medicaid directly; they must provide services through a supervising provider.	N/A	N/A