



Medicaid Reimbursement for Telehealth

BY SYDNE ENLUND

States may reimburse for telehealth under Medicaid if the service satisfies federal requirements of efficiency, economy and quality of care. Extensive control is given to states to decide how to structure and administer their Medicaid telehealth policies. Some Medicaid policies are enabled or mandated through state law, but a significant number take place within states' executive branch through Medicaid rules and regulations.

States **have the option** to determine whether to allow for telehealth; what types of services to cover; where in the state it can be utilized; how it is implemented; reimbursement rates; and what types of qualified practitioners may deliver services via telehealth.




Medicaid reimbursement for all telehealth modalities—such as live video visits, store-and-forward and remote patient monitoring—**has increased significantly** over the past the decade.

3 Things to Know:

- 1 States have a great deal of flexibility and authority in **determining Medicaid reimbursement** for health care services provided via telehealth.
- 2 All 50 states allow for Medicaid reimbursement for some aspect of **live video telehealth visits**.
- 3 The types of **providers, services and locations eligible for reimbursement** vary across state Medicaid programs.



More States Providing Medicaid Reimbursement for Telehealth

	2013	2021
 Live Video Visits	44	50 & District of Columbia
 Store-and-Forward	6	22
 Remote Patient Monitoring	6	27

Source: NCSL and CCHP

All state Medicaid programs include policies that provide some type of reimbursement for telehealth, but the scope of these policies varies among states. [Ten states](#) stipulate Medicaid coverage and reimbursement for all three common telehealth modalities (live video, store-and-forward and remote patient monitoring). Proponents of expanding Medicaid reimbursement say it [improves](#) access to care and allows patients to receive care in their homes and communities. However, opponents [suggest](#) that the quality of care is not always equivalent to in-person services and certain technologies may be unreliable for various services and treatments.

Live Video Reimbursement

All 50 states allow for [Medicaid](#) reimbursement for some aspect of live video telehealth visits, though variation exists across states. States determine—and may even restrict—the types of services, providers or the patient locations that are eligible for Medicaid reimbursement. A few states, such as Pennsylvania, specify certain types of providers eligible for Medicaid reimbursement for telehealth, while others, including Maine, allow reimbursement to any licensed provider. Some states explicitly list which services provided through telehealth can be reimbursed (e.g., mental health, primary care). Generally, states have been expanding these categories in recent years to allow greater reimbursement for a growing number of providers and services.

Store-and-Forward Reimbursement

Twenty-two states and the District of Columbia [allow for reimbursement](#) of store-and-forward—or the electronic transmission of medical images, documents and pre-recorded videos through secure electronic communication. Additionally, four states enacted legislation allowing for store-and-forward reimbursement, but their Medicaid programs have yet to implement the reimbursement policies.

Radiology, dentistry and dermatology are the most common types of services delivered via telehealth to be reimbursed for store-and-forward services. Some states limit the types of settings and services for which store-and-forward services may be reimbursed. For example:

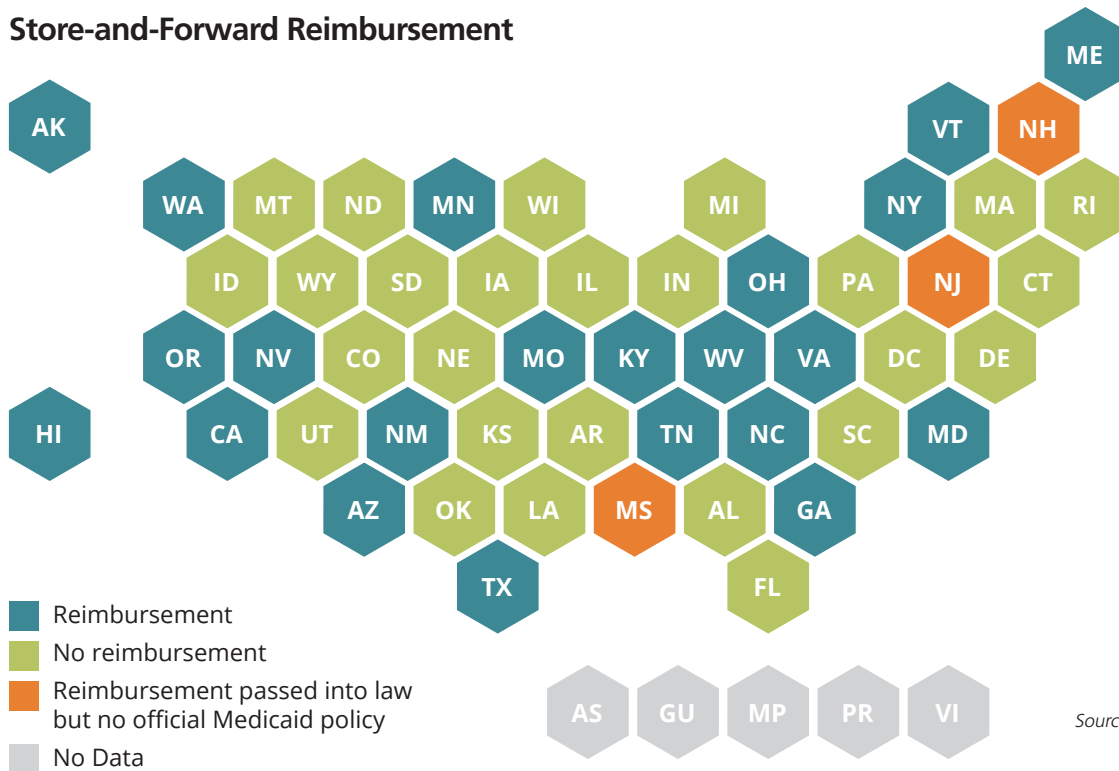


Georgia's Medicaid program only reimburses for store-and-forward services related to teledentistry in a school-based setting.



Washington state's Medicaid program only reimburses for teledentistry and teledermatology.

Store-and-Forward Reimbursement



Source: NCSL and CCHP



Remote Patient Monitoring Reimbursement

Laws and regulations in at least 27 states [allow for Medicaid reimbursement](#) of remote patient monitoring—the use of a specific technology to facilitate interaction between clinicians and patients at home or another remote location. As with store-and-forward, two states have enacted legislation allowing for remote monitoring reimbursement, but each state’s Medicaid program has yet to implement the policies.

In 2020, South Carolina and Washington state removed reimbursement for remote monitoring. Some states also set limits on its use. For example:

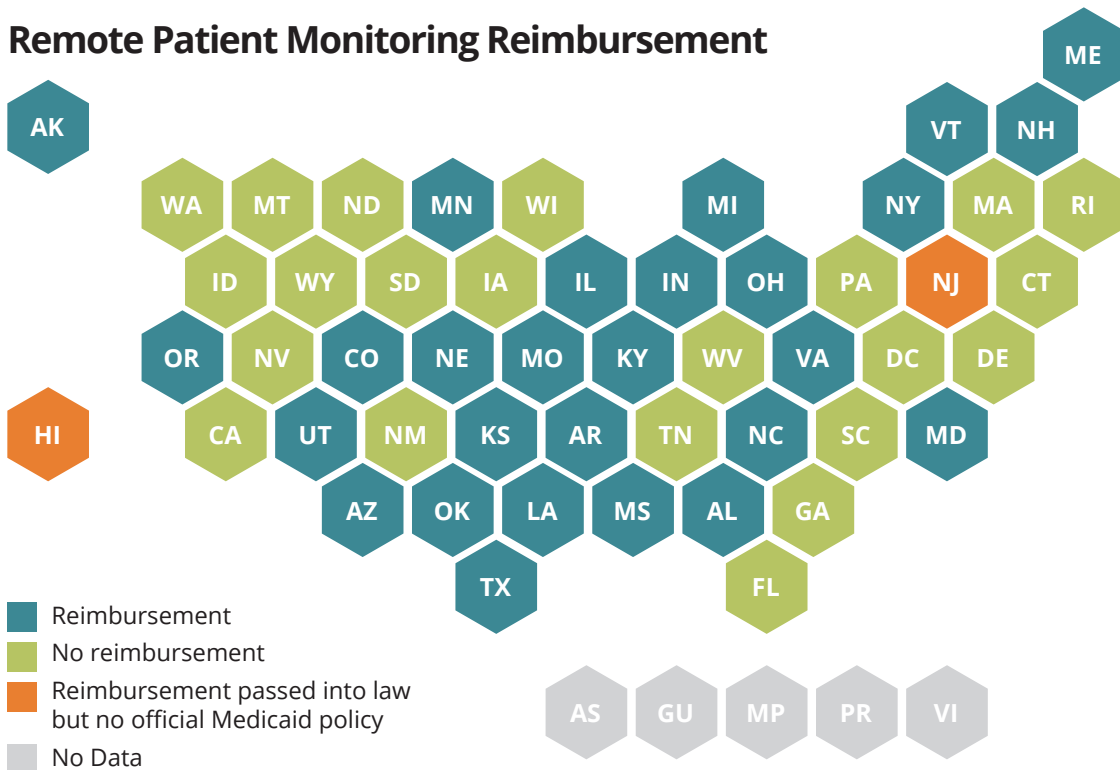


Alabama allows reimbursement for providers caring for patients with diabetes, congestive heart failure and hypertension to participate in remote patient monitoring.



Oregon reimburses only dental providers for remote monitoring.

Remote Patient Monitoring Reimbursement



Source: NCSL and CCHP

A note about this brief: Although the COVID-19 pandemic ushered in a wave of new Medicaid coverage requirements for telehealth, many of these actions are temporary. State counts listed throughout this brief only include permanent laws and regulations. Please refer to the Telehealth, COVID-19 and Looking Ahead brief for more information.

About the Telehealth Explainer Series

As state leaders seek to capitalize on the potential for telehealth to support the health care workforce and improve access to care, a number of state policy issues may arise. This new series of explainer briefs addresses six aspects of telehealth to better inform policymaking for state lawmakers.

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