

**Marketplace National Regional Benefit Interpretation Document**

Benefit Name	TELEMEDICINE, TELEHEALTH SERVICES & VIRTUAL VISITS
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, Nevada, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses telemedicine/telehealth services and virtual visits.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member’s EOC/SOB, the member’s EOC/SOB provision will govern.</p> <div data-bbox="456 953 1224 991" style="border: 1px solid black; padding: 2px;"> <p><b>A. FEDERAL/STATE MANDATED REGULATIONS</b></p> </div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p><b>CALIFORNIA:</b></p> <p><a href="#">California Health and Safety Code § 1348.8</a>: Telephone Medical Advice</p> <p><a href="#">CA HSC 1374.13</a></p> <p><a href="#">CA HSC 1374.14</a></p> <p><a href="#">CA HSC 1375.1</a></p> <p>CA Business and Professions Code, <a href="#">2290.5</a></p> <p><a href="#">AB 457 (APL 22-003)</a>: Effective January 1, 2022, amends Health and Safety Code section 1374.14 and adds section 1374.141. Section 1374.141 requires a plan to meet certain conditions if it offers telehealth services to an enrollee through a “third-party corporate telehealth provider.”</p> <p><b>FLORIDA:</b></p> <p><a href="#">Fl. Stat. § 627.42396</a>: Reimbursement for telehealth services</p>

[Fl. Stat. § 456.47](#): Use of telehealth to provide services

**ILLINOIS:**

[HB 5087](#): Physical Therapy - Telehealth

**KENTUCKY:**

[Ky. Rev. Stat. § 304.17A-005\(47\)](#): Definition of “Telehealth.”

[Ky. Rev. Stat. § 304.17A-138](#): Telehealth coverage and reimbursement -- Requirements for health benefit plan -- Benefits subject to deductible, copayment, or coinsurance -- Payment subject to provider network arrangements – Administrative regulations.

**MICHIGAN:**

[https://www.michigan.gov/documents/mdhhs/Telemedicine\\_2019\\_671338\\_7.pdf](https://www.michigan.gov/documents/mdhhs/Telemedicine_2019_671338_7.pdf)

[Section 500.3476](#)

**MISSISSIPPI:**

<https://sos.ms.gov/ACProposed/00021111b.pdf>

**NEW MEXICO:**

<https://www.nmlegis.gov/sessions/04%20Regular/final/HB0581.html>

**OHIO:**

[Ohio Rev. Code § 3902.30](#): Coverage for telehealth services.

[Ohio Rev. Code § 1751.90](#): Coverage for teledentistry.

[Ohio Rev. Code § 4743.09](#): Standards for telehealth services.

**TEXAS:**

[CHAPTER 1455](#): TELEMEDICINE AND TELEHEALTH

Texas Health and Safety Code, Chapter 35. Children with Special Care Needs [§ 35.0041](#)

**UTAH:**

[Chapter 60](#): Telehealth Act

**WASHINGTON:**

[RCW 48.43.735](#): Reimbursement of health care services provided through telemedicine or store and forward technology—Audio-only telemedicine.

[WAC 284-43-5622](#): Plan design.

**WISCONSIN:**

[Chapter Med 24](#): Telemedicine

**B. STATE MARKET PLAN ENHANCEMENTS**

**CALIFORNIA:**

There are Behavioral Telehealth Vendors for California.

**C. COVERED BENEFITS**

**IMPORTANT NOTE:** Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

**TELEHEALTH AND TELEMEDICINE SERVICES**

**CALIFORNIA:**

**Telehealth Services:** Telehealth involves the use of telecommunications and information technology to provide access to health assessments, diagnoses, interventions, consultations, supervision, and information across geographical distances. Telehealth includes various technologies such as telephones, facsimile machines, electronic mail systems, and remote patient monitoring devices, which facilitate the collection and transmission of patient data for monitoring and interpretation. Covered Services are also available through Telehealth, except as specifically stated in this Agreement. Telehealth includes telepsychiatry. In-person contact with a Provider is not required for these services, and the type of setting where these services are provided is not limited. The following additional provisions apply to the use of Telehealth services:

- Must be obtained from a Participating Provider
- Are meant to be used when care is needed now for non-Emergency medical issues
- Are a method of accessing Covered Services, and not a separate benefit
- Are not permitted when the Member and Participating Provider are in the same physical location
- Do not include texting, facsimile or email only
- In the case of Covered Services provided through store-and-forward technology, an in-person office visit is required to establish a diagnosis or treatment plan.

Molina covers services appropriately delivered through telehealth on the same basis and to the same extent that Molina covers the same service through in-

person diagnosis, consultation, or treatment. Coverage is not limited only to services delivered by select third-party corporate telehealth providers. The services offered by a third-party corporate telehealth provider are also available through a Member's primary care provider or another Molina network provider in person or via telemedicine (if available). Members have a right to access their medical records pursuant to, and consistent with, California Health and Safety Code Chapter 1 (commencing with Section 123100) of Part 1 of Division 106. The record of any services provided to a Member through a third party corporate telehealth provider shall be shared with the Member's primary care provider, unless the Member objects. Services received through a third-party corporate telehealth provider are available at no greater than in-network cost-sharing, and out-of-pocket costs, if any, shall accrue to any applicable deductible or out-of-pocket maximum.

**FLORIDA:**

**Telehealth Services:** Telehealth involves the use of telecommunications and information technology to provide access to health assessments, diagnoses, interventions, consultations, supervision, and information across geographical distances. Telehealth includes various technologies such as telephones, facsimile machines, electronic mail systems, and remote patient monitoring devices, which facilitate the collection and transmission of patient data for monitoring and interpretation. Covered Services are also available through Telehealth, except as specifically stated in this Agreement. In-person contact with a Provider is not required for these services, and the type of setting where these services are provided is not limited. The following additional provisions apply to the use of Telehealth services:

- Must be obtained from a Participating Provider
- Are meant to be used when care is needed now for non-emergency medical issues
- Are a method of accessing Covered Services, and not a separate benefit
- Are not permitted when the Member and Participating Provider are in the same physical location
- Do not include texting, facsimile or email only

In the case of Covered Services provided through store and forward technology, and in-person office visit is required to establish a diagnosis or treatment plan.

**IDAHO:**

**Telehealth Services:** Telehealth involves the use of telecommunications and information technology to provide access to health assessments, diagnoses, interventions, consultations, supervision, and information across geographical distances. Telehealth includes various technologies such as telephones, facsimile machines, electronic mail systems, and remote patient monitoring

devices, which facilitates the collection and transmission of patient data for monitoring and interpretation.

Covered Services are also available through Telehealth, except as specifically stated in this Agreement. In-person contact with a Provider is not required for these services, and the type of setting where these services are provided is not limited. The following additional provisions apply to the use of Telehealth services:

- Must be obtained from a Participating Provider
- Are meant to be used when care is needed now for non-emergency medical issues
- Are a method of accessing Covered Services, and not a separate benefit
- Are not permitted when the Member and Provider are in the same physical location
- Do not include texting, facsimile or e-mail only

In the case of Covered Services provided through store and forward technology, and in-person office visit is required to establish a diagnosis or treatment plan.

**ILLINOIS:**

**Telehealth Services:** Telehealth is the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, treatment, and information across distance. Covered Services are also available through Telehealth, except as specifically stated in this Agreement. Telehealth includes telepsychiatry. In-person contact with a Provider is not required for these services, and the type of setting where these services are provided is not limited.

The following additional provisions apply to the use of Telehealth services:

- Must be obtained from a Participating Provider licensed
- Are meant to be used when care is needed now for non-Emergency medical issues.
- Are a method of accessing Covered Services, and not a separate benefit.
- Are not permitted when the Member and Participating Provider are in the same physical location.
- Do not include texting, facsimile, or email only

In the case of Covered Services provided through store-and-forward technology, an in-person office visit is required to establish a diagnosis or treatment plan.

**KENTUCKY:**

**Telehealth Services:** Telehealth is a mode of delivering healthcare services through the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, treatment, and information across distance. Telehealth includes real-time

interactive audio or video telecommunication technology or store-and-forward services that are provided via synchronous or asynchronous technologies, remote patient monitoring technology, and audio-only encounters, by a health care provider to a patient or to another health care provider at a different location. Covered Services are also available through Telehealth, except as specifically stated in this Agreement. Telehealth includes telepsychiatry and telehealth services provided by a home health agency licensed under KRS Chapter 216. In-person contact with a Provider is not required for these services, and the type of setting where these services are provided is not limited.

Telehealth services:

- Must be obtained from a Participating Provider licensed in Kentucky, or as allowed under the standards and provisions of a recognized interstate compact.
- Are meant to be used when care is needed now for non-Emergency medical issues.
- Are a method of accessing Covered Services, and not a separate benefit.
- Are not permitted when the Member and Participating Provider are in the same physical location.
- Do not include texting, facsimile, or email.

In the case of Covered Services provided through store-and-forward technology, an in-person office visit is required to establish a diagnosis or treatment plan.

**MICHIGAN:**

**Telehealth Services:** Telehealth is the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, and information across distance. Telehealth includes such technologies as telephones, facsimile machines, electronic mail systems, and remote patient monitoring devices, which are used to collect and transmit patient data for monitoring and interpretation.

Covered Services are also available through Telehealth, except as specifically stated in this Agreement. In-person contact with a Provider is not required for these services, and the type of setting where these services are provided is not limited.

The following additional provisions apply to the use of Telehealth services:

- Must be obtained from a Participating Provider
- Are meant to be used when care is needed now for non-emergency medical issues
- Are a method of accessing Covered Services, and not a separate benefit

- Are not permitted when the Member and Participating Provider are in the same physical location
- Do not include texting, facsimile or email only

Covered Services provided through store and forward technology must include an in-person office visit to determine diagnosis or treatment.

**MISSISSIPPI:**

**Telehealth Services:** Telehealth involves the use of telecommunications and information technology to provide access to health assessments, diagnoses, interventions, consultations, supervision, and information across geographical distances. Telehealth includes various technologies such as telephones, facsimile machines, electronic mail systems, and remote patient monitoring devices, which facilitate the collection and transmission of patient data for monitoring and interpretation. Covered Services are also available through Telehealth, except as specifically stated in this Agreement. In-person contact with a Provider is not required for these services, and the type of setting where these services are provided is not limited. The following additional provisions apply to the use of Telehealth services:

- Must be obtained from a Participating Provider
- Are meant to be used when care is needed now for non-emergency medical issues
- Are a method of accessing Covered Services, and not a separate benefit
- Are not permitted when the Member and Participating Provider are in the same physical location
- Do not include texting, facsimile or email only

In the case of Covered Services provided through store-and-forward technology, an in-person office visit is required to establish a diagnosis or treatment plan.

**NEVADA:**

**Telehealth Services:** Telehealth involves the use of telecommunications and information technology to provide access to health assessments, diagnoses, interventions, consultations, supervision, and information across geographical distances. Telehealth includes various technologies such as telephones, electronic mail systems, and remote patient monitoring devices, which facilitate the collection and transmission of patient data for monitoring and interpretation. Covered Services are also available through Telehealth, except as specifically stated in this Agreement. Telehealth includes telepsychiatry. In-person contact with a Provider is not required for these services, and the type of setting where these services are provided is not limited. The following additional provisions apply to the use of Telehealth services:

- Must be obtained from a Participating Provider

- Are meant to be used when care is needed now for non-Emergency medical issues
- Are a method of accessing Covered Services, and not a separate benefit
- Are not permitted when the Member and Participating Provider are in the same physical location
- Do not include texting, facsimile or email only

In the case of Covered Services provided through store-and-forward technology, an in-person office visit is required to establish a diagnosis or treatment plan.

**NEW MEXICO:**

**Telehealth Services:** Telehealth involves the use of telecommunications and information technology to provide access to health assessments, diagnoses, interventions, consultations, supervision, and information across geographical distances. Telehealth includes various technologies such as telephones, facsimile machines, electronic mail systems, and remote patient monitoring devices, which facilitate the collection and transmission of patient data for monitoring and interpretation. Covered Services are also available through Telehealth, except as specifically stated in this Agreement. Telehealth includes telepsychiatry. In-person contact with a Provider is not required for these services, and the type of setting where these services are provided is not limited.

The following additional provisions apply to the use of Telehealth services:

- Must be obtained from a Participating Provider
- Are meant to be used when care is needed now for non-Emergency medical issues
- Are a method of accessing Covered Services, and not a separate benefit
- Are not permitted when the Member and Participating Provider are in the same physical location
- Do not include texting, facsimile or email only

In the case of Covered Services provided through store-and-forward technology, an in-person office visit is required to establish a diagnosis or treatment plan.

**OHIO:**

**Telehealth Services:** Telehealth is the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance. Covered Services are available through telehealth, except as specifically stated in this Agreement. In-person contact with a Provider is not required for these services, and the type of setting where these services are provided is not limited.

The following additional provisions apply to the use of telehealth services:

- Must be obtained from a Participating Provider (or as detailed in the “Non-Participating Provider to Provide a Covered Service” section below)



- Are a method of accessing Covered Services, and not a separate benefit.
- Are not permitted when the Member and Participating Provider are in the same physical location.
- Molina provides coverage for telehealth services on the same basis and to the same extent that the plan provides coverage for the provision of in-person health care services.
- Molina does not exclude coverage for a service solely because it is provided through telehealth.
- Molina does not impose any annual or lifetime benefit maximum in relation to telehealth services other than such a benefit maximum imposed on all benefits offered under the plan.

In the case of Covered Services provided through store-and-forward technology, an in-person office visit is required to establish a diagnosis or treatment plan.

**SOUTH CAROLINA:**

**Telehealth Services:** Telehealth involves the use of telecommunications and information technology to provide access to health assessments, diagnoses, interventions, consultations, supervision, and information across geographical distances. Telehealth includes various technologies such as telephones, facsimile machines, electronic mail systems, and remote patient monitoring devices, which facilitate the collection and transmission of patient data for monitoring and interpretation. Covered Services are also available through Telehealth, except as specifically stated in this Agreement. Telehealth includes telepsychiatry. In-person contact with a Provider is not required for these services, and the type of setting where these services are provided is not limited. The following additional provisions apply to the use of Telehealth services:

- Must be obtained from a Participating Provider
- Are meant to be used when care is needed now for non-Emergency medical issues
- Are a method of accessing Covered Services, and not a separate benefit
- Are not permitted when the Member and Participating Provider are in the same physical location
- Do not include texting, facsimile or email only

In the case of Covered Services provided through store-and-forward technology, an in-person office visit is required to establish a diagnosis or treatment plan.

**TEXAS:**

**Telehealth Services:** Telehealth involves the use of telecommunications and information technology to provide access to health assessments, diagnoses, interventions, consultations, supervision, and information across geographical distances. Telehealth includes various technologies such as telephones, facsimile

machines, electronic mail systems, and remote patient monitoring devices, which facilitate the collection and transmission of patient data for monitoring and interpretation. Covered Services are also available through Telehealth, except as specifically stated in this Agreement. Telehealth includes telepsychiatry. In-person contact with a Provider is not required for these services, and the type of setting where these services are provided is not limited. The following additional provisions apply to the use of Telehealth services:

- Must be obtained from a Participating Provider
- Are meant to be used when care is needed now for non-Emergency medical issues
- Are a method of accessing Covered Services, and not a separate benefit
- Are not permitted when the Member and Participating Provider are in the same physical location
- Do not include texting, facsimile or email only.

In the case of Covered Services provided through store-and-forward technology, an in-person office visit is required to establish a diagnosis or treatment plan.

**Telemedicine Services:** Telemedicine is a method of communication used by our Participating provider network to provide access to consult. It is covered at the same cost share as in person covered services.

**UTAH:**

**Telehealth Services:** Telehealth involves the use of telecommunications and information technology to provide access to health assessments, diagnoses, interventions, consultations, supervision, and information across geographical distances. Telehealth includes various technologies such as telephones, facsimile machines, electronic mail systems, and remote patient monitoring devices, which facilitates the collection and transmission of patient data for monitoring and interpretation. Covered Services are also available through Telehealth, except as specifically stated in this Agreement. In-person contact with a Provider is not required for these services, and the type of setting where these services are provided is not limited. The following additional provisions apply to the use of Telehealth services:

- Must be obtained from a Participating Provider
- Are meant to be used when care is needed now for non-Emergency medical issues
- Are a method of accessing Covered Services, and not a separate benefit
- Are not permitted when the Member and Participating Provider are in the same physical location
- Do not include texting, facsimile, or e-mail only

In the case of Covered Services provided through store-and-forward technology, an in-person office visit is required to establish a diagnosis or treatment plan.

**WASHINGTON:**

**Telehealth Services and Telemedicine:** Telehealth involves the use of telecommunications and information technology to provide access to health assessments, diagnosis, interventions, consultations, supervision, and information across geographical distances. Telehealth includes various technologies such as telephones, facsimile machines, electronic mail systems, and remote patient monitoring devices, which facilitate the collection and transmission of patient data for monitoring and interpretation.

Covered Services are also available through Telehealth, except as specifically stated in this Agreement. In-person contact with a Provider is not required for these services, and the type of setting where these services are provided is not limited. The following additional provisions apply to the use of Telehealth services:

- Must be obtained from a Participating Provider
- Are meant to be used when care is needed now for non-emergency medical issues
- Are a method of accessing Covered Services, and not a separate benefit
- Are not permitted when the Member and Participating Provider are in the same physical location
- Do not include texting, facsimile or e-mail only

In the case of Covered Services provided through store-and-forward technology, an in-person office visit is required to establish a diagnosis or treatment plan. Please refer to the “Definitions” section for explanation.

Molina covers audio-only Telemedicine for a Member who has an established relationship with a provider rendering Covered Services. Established relationship means the Member has had at least one in-person appointment within the past year with the provider providing audio-only Telemedicine or with a provider employed at the same clinic as the provider providing audio-only Telemedicine or the covered person was referred to the provider providing audio-only Telemedicine by another provider who has had at least one in-person appointment with the Member within the past year and has provided relevant medical information to the provider providing audio-only Telemedicine.

**WISCONSIN:**

**Telehealth Services:** Telehealth involves the use of telecommunications and information technology to provide access to health assessments, diagnoses, interventions, consultations, supervision, and information across geographical distances. Telehealth includes various technologies such as telephones, facsimile

machines, electronic mail systems, and remote patient monitoring devices, which facilitate the collection and transmission of patient data for monitoring and interpretation. Covered Services are also available through Telehealth, except as specifically stated in this Agreement. Telehealth includes telepsychiatry. In-person contact with a Provider is not required for these services, and the type of setting where these services are provided is not limited. The following additional provisions apply to the use of Telehealth services:

- Must be obtained from a Participating Provider
- Are meant to be used when care is needed now for non-emergency medical issues
- Are a method of accessing Covered Services, and not a separate benefit
- Are not permitted when the Member and Participating Provider are in the same physical location
- Do not include texting, facsimile or email only

In the case of Covered Services provided through store-and-forward technology, an in-person office visit is required to establish a diagnosis or treatment plan.

Store-and-forward technology also known as asynchronous means: In the case of covered services in a telehealth setting a member potentially may communicate online with providers using secure electronic messaging or sending prerecorded information such as a video or a static document like lab results. Providers later review this submitted information to diagnose or treat the member's issue. Asynchronous telehealth, also known as "store-and-forward," is often used for patient intake or follow-up care. For example, a member sends a photo of a skin condition that is later reviewed by a dermatologist who recommends treatment.

### **MORE INFORMATION**

Please refer to the "Definition" section for explanation.

#### **D. NOT COVERED**

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

### **TELEHEALTH**

#### **ALL STATES:**

Services do not include texting, facsimile or email only

#### **ALL STATES:**

Telehealth Services are not permitted when the Member and Participating Provider are in the same physical location

	<b>E. DEFINITIONS</b>			
	<a href="#">See Glossary</a>			
	<b>F. POLICY HISTORY/REVISION INFORMATION</b>			
	<b>Date</b>	<b>Action/Description</b>		
	4/15/2021	<ul style="list-style-type: none"> <li>Added KY 2022 Drafted Language</li> </ul>		
	5/14/2021	<ul style="list-style-type: none"> <li>Added IL 2022 EOC Language</li> </ul>		
	6/30/2021	<ul style="list-style-type: none"> <li>Added ID 2022 EOC Language</li> </ul>		
7/1/2023	<ul style="list-style-type: none"> <li>Added NV 2024 EOC Language</li> </ul>			
<b>Codification</b>	<a href="#">Marketplace Benefit Interpretation Policies Codification</a>			
<b>Prior Authorization</b>	<p>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:</p> <ol style="list-style-type: none"> <li>Covered and No PA Required</li> <li>Not Covered</li> </ol> <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p><a href="#">PA Lookup Tool</a></p>			
<b>Approval</b>	<b>Departments</b>	<b>Product</b>	<b>CIM</b>	<b>Clinical Management</b>
	Date	4/9/2021	6/29/2021	5/12/2021
	Revised (for 1/1/2022)	12/7/2021	4/11/2022	11/30/2021
	Revised (for 1/1/2023)	12/13/2022	4/13/2023	12/13/2022
	Revised (for 1/1/2024)	12/7/2023	5/1/2024	12/8/2023
	Revised (for 1/1/2025)	11/26/2024	-	11/21/2024