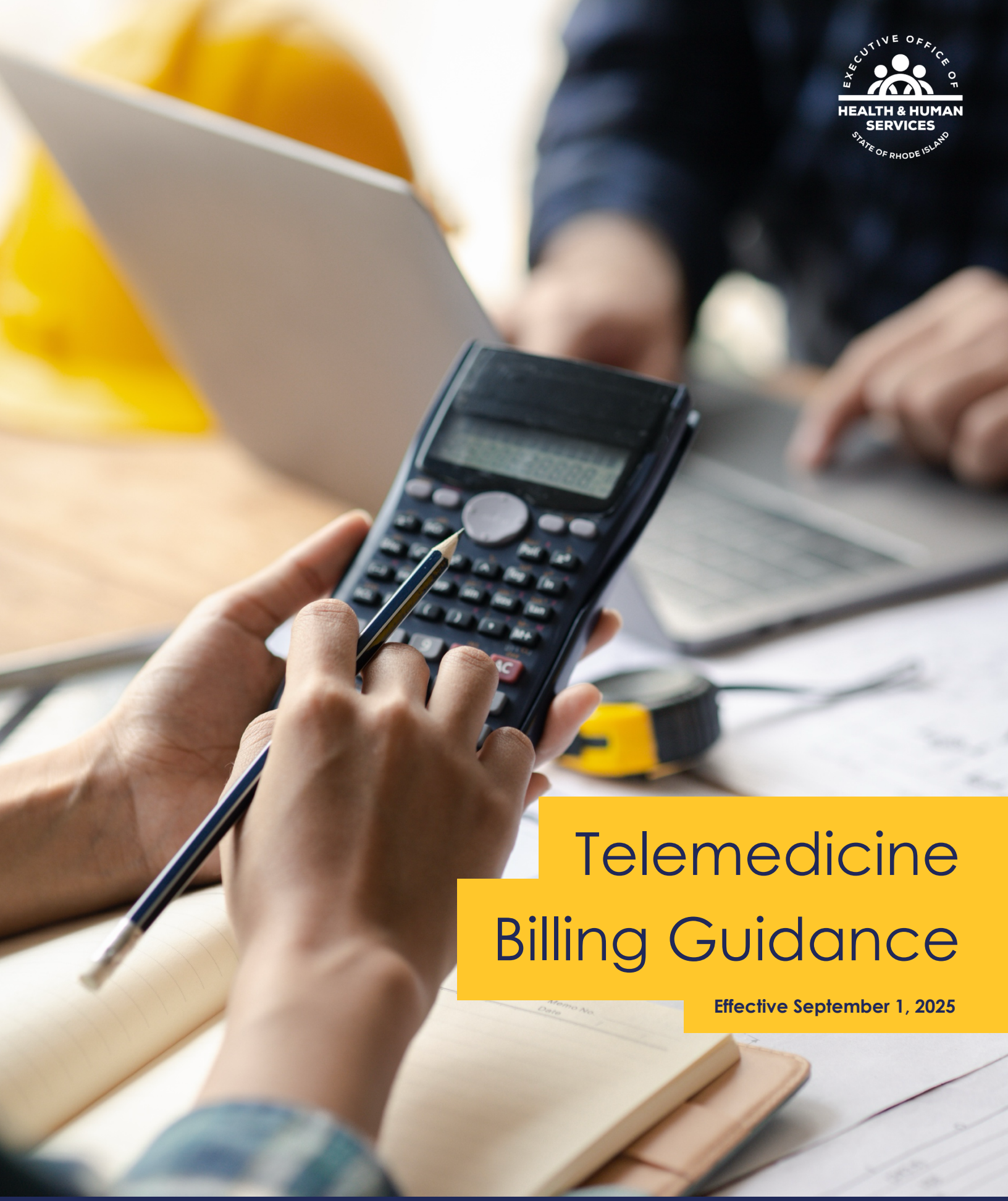

EXECUTIVE OFFICE OF HEALTH & HUMAN SERVICES
STATE OF RHODE ISLAND

Telemedicine Billing Guidance

Effective September 1, 2025

July 2025

Geographic location, weather conditions, limited availability of specialists, and other factors can create significant barriers to accessing timely and appropriate healthcare services, including behavioral health care. To address these challenges, telehealth serves as a critical tool for improving healthcare access. By leveraging secure and appropriate technology, individuals can connect with qualified providers ensuring continuity of care, expanding provider reach, and enhancing the efficiency of healthcare delivery.

As telehealth continues to serve as a critical component of healthcare delivery, it is essential for providers utilizing telehealth to adhere to established billing and reimbursement guidelines to ensure compliance with federal and state regulations. Accurate documentation, proper coding, and adherence to policies are necessary to provide quality care and maintain the integrity of telehealth services.

This guidance document provides additional detail on the reimbursement of services provided by telehealth. Any services provided via telehealth must also comply with all other Medicaid requirements.

Definitions

Definitions for terms used in this guidance can be found at R.I. Gen. Laws § 27-81-3.

Confidentiality

Services provided by means of telehealth must be in compliance with HIPAA and all other relevant laws and regulations governing confidentiality, privacy, and consent, including, but not limited to 45 C.F.R. Parts 160 and 164; 42 C.F.R. Part 2; Confidentiality Rule (210-RICR-10-05-1); and R.I. Gen. Laws § 5-37.3-4. Providers must take steps to reasonably ensure privacy during all patient-practitioner interactions.

Patient Rights

Patients receiving telehealth services have the following rights:

- Patients are entitled to receive clear, comprehensive information about telehealth services, including their benefits, risks, and available alternatives, before agreeing to participate.
- Patients may refuse or withdraw consent for telehealth services at any time without affecting their access to in-person medical care by the provider.
- Patients must be informed of the identity, credentials, and affiliations of all healthcare providers involved in their telehealth care.
- Patients have the right to access and request corrections to their medical records, as permitted under state and federal law.

Informed Consent for Telehealth Services

Before participating in telehealth, patients must acknowledge and understand the following:

- Participants must provide written or verbal consent to receive telehealth services in lieu of in-person healthcare services, consistent with all applicable state laws.
- By consenting to telehealth, patients agree to receive care via electronic communication and understand that they may choose in-person care if preferred or medically necessary.
- While telehealth offers convenience and accessibility, technological limitations may occur, including service disruptions or the need for an in-person evaluation for certain conditions.
- Reasonable measures will be taken to ensure the security of telehealth communications. However, as with any electronic communication, risks to data privacy may exist.
- Telehealth services are not a substitute for emergency medical care. If patients experience a medical emergency, they should call 911 or seek immediate in-person medical attention.

Coverage Requirements

- The patient must be present at the time of service. Patient must be available in real time and participating in the encounter, whether by video or audio-only (if permitted). Services may not be billed if the patient is not directly involved in the delivery of the service.
- Services must be medically necessary and clinically appropriate, as determined by the rendering provider, to be provided through telemedicine. Medically necessary and clinically appropriate services must meet the same quality of in-person care that is available to the patient. Care must be safe and effective when delivered via telehealth. Limitations of the modality must be considered when determining appropriateness.
- The communication of information exchanged between the provider and the patient must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via face-to-face interaction.
- Services must be delivered via the most clinically appropriate modality. Remote patient monitoring and store-and-forward are not modalities for eligible for reimbursement unless specified elsewhere.
- Treatment must meet the same standard of care as, and be an appropriate substitute for, a face- to-face encounter.
- Services must be within the provider's scope of license.
- Providers must have availability for both telehealth and in-person services.

Coverage Exclusions

The following services and activities are not reimbursable through telehealth:

- Services rendered through email, text message, fax, or social media platforms.
- Telehealth services provided on the same day as a face-to-face visit by the same provider.
- Incidental communications such as test result follow-up, educational material distribution, or general check-ins.
- Administrative tasks including appointment scheduling, reminders, medication refills, or test ordering.
- Use of automated computer programs to diagnose or treat conditions.

Audio-Only Telehealth Services

Audio-only telehealth may be appropriate in specific situations where video capabilities are unavailable or impractical. However, due to the inherent limitations of audio-only interactions, certain services require careful clinical consideration and robust documentation. Use of audio-only telehealth is permitted only when clearly justified in the medical record. Medical records are subject to audit and review by the Executive Office of Health and Human Services (EOHHS) to ensure compliance.

Audio-only telehealth is not permitted when services require visual or physical assessment such as physical therapy, occupational therapy, neurological assessments, dermatologic consultations and other services. New patient visits and initial encounters should generally include video unless documented justification for audio-only that describes clinical appropriateness for the modality.

All audio-only telehealth encounters must include documentation of informed verbal consent. Providers must confirm that the member was informed of the option to use video, and either declined or did not have access to the necessary technology.

Each audio-only encounter must include the following:

- Start and end time of the call;
- Provider verification of member identity;
- Documentation of verbal consent;
- Clear rationale for audio-only use;
- Clinical content and outcomes of the encounter; and
- Follow-up plan (if any).

Providers must be willing to provide telephone records of services, if requested for an audit of services provided by audio-only telehealth. Phone records may be in the form of phone billing records or call records available from the telephone provider. Staff call logs, in and of themselves, are insufficient documentary evidence.

Failure to document these elements may result in denial or recoupment upon audit. While audio-only telehealth remains a valuable tool for expanding access, its use must reflect clinical judgment and align with Medicaid policy expectations.

Provider Requirements

All providers, including providers delivering services via telehealth, must be licensed and/or certified and enrolled as a Medicaid provider. All provider requirements can be found at 210-RICR-20-00-1.

Out of State Providers

Providers located outside of Rhode Island, including in a border community, may deliver telehealth services to Medicaid members only if they meet both of the following criteria:

- The provider holds an active and unrestricted license in the state of Rhode Island that authorizes them to practice in the applicable discipline; and
- The provider meets the state's provider enrollment requirements and is enrolled as a participating provider in the Rhode Island Medicaid program at the time the service is rendered.

Out-of-state licensure alone does not confer eligibility to render services to Rhode Island Medicaid members via telehealth. All providers must comply with applicable state licensure laws, including any telehealth-specific requirements and must complete the full Medicaid enrollment process prior to billing for services. Services delivered via telehealth by out-of-state providers must also comply with state regulations for out-of-state providers as required in 210-RICR-20-00-3. Services rendered by out-of-state providers who are not licensed in Rhode Island or enrolled in Medicaid will not be reimbursed.

Excluded Provider Types

The following provider types do not qualify for reimbursement of services delivered through telehealth:

- Adult day care
- Anesthesiologists and nurse anesthetists
- Assisted living, nursing facilities, group homes, PRTF, MHPRR and all other residential placements
- Ambulance services

- Audiologists
- Chiropractors
- Dental specialties
- Durable medical equipment, including personal emergency response system suppliers
- Home delivered meals
- Home health and home care providers
- Home infusion providers
- Hospice
- Laboratories
- Non-emergency medical transportation
- Pathology services
- Pharmacies
- Radiologists
- Retail-based clinics