



## 50-State Survey of Telemental/Telebehavioral Health

**WASHINGTON**

What is the definition of “telemedicine” or “telehealth”?

“Telemedicine is when a health care practitioner uses HIPAA-compliant, interactive, real-time audio and video telecommunications (including web-based applications) or store and forward technology to deliver covered services that are within his or her scope of practice to a client at a site other than the site where the provider is located. If the service is provided through store and forward technology, there must be an associated office visit between the client and the referring health care provider.”

[WASH. ADMIN. CODE § 182-531-1730\(1\).](#)

What is the definition of “telemental,” “telebehavioral,” and “telepsychiatry”?

“‘Telepsychology’ is the delivery of psychological services using telecommunications technologies.”

[Wisconsin Department of Health, Office of Health Professions and Facilities, Examining Board of Psychology, \*Telepsychology\* \(Jan. 29, 2016\), at 1.](#)

**PSYCHIATRISTS**

Are there any licensing requirements specific to telemedicine/telehealth (e.g., requirements to be licensed in the state where the patient is located)?

***Link no longer exists:*** Washington State Department of Health, Health Professions Quality Assurance Division, Medical Quality Assurance Commission, *Guidelines for Appropriate Use of the Internet in Medical Practice* (eff. Oct. 2002).

What are the criteria for establishing a practitioner-patient relationship via telemedicine/telehealth?

***Link no longer exists:*** Washington State Department of Health, Health Professions Quality Assurance Division, Medical Quality Assurance Commission, *Guidelines for Appropriate Use of the Internet in Medical Practice* (eff. Oct. 2002).

Does a psychiatrist have prescribing authority? If so, under what conditions/limits may a psychiatrist prescribe via telemedicine/telehealth?



## WASHINGTON

**Link no longer exists:** Washington State Department of Health, Health Professions Quality Assurance Division, Medical Quality Assurance Commission, *Guidelines for Appropriate Use of the Internet in Medical Practice* (eff. Oct. 2002).

### PSYCHOLOGISTS

Are there any licensing requirements specific to telemedicine/telehealth (e.g., requirements to be licensed in the state where the patient is located)?

“Psychologists utilizing telepsychology on patients-clients in Washington State must be licensed to practice psychology in Washington State or have a temporary permit to practice psychology in Washington State. Washington State licensed psychologists are encouraged to be familiar with and comply with relevant laws and regulations when providing telepsychology services to patients-clients across state and international borders.”

[Wisconsin Department of Health, Office of Health Professions and Facilities, Examining Board of Psychology, \*Telepsychology\* \(Jan. 29, 2016\), at 2.](#)

What are the criteria for establishing a practitioner-patient relationship via telemedicine/telehealth?

Psychologists [must] obtain and document informed consent that specifically addresses the concerns that may be related to the telepsychology services they provide. Such informed consent should be developed so it is reasonably understandable to clients-patients. Informed consent may include, but is not limited to:

- (a) The manner in which the psychologist and client-patient will use particular telecommunications technologies, the boundaries that will be established and observed, and procedures for responding to electronic communications from clients-patients;
- (b) Issues and potential risks surrounding confidentiality and security of client-patient information when particular telecommunication technologies are used (e.g., potential for decreased expectation of confidentiality if certain technologies are used);
- (c) Limitations on the availability and/or appropriateness of specific telepsychology services that may be hindered as a result of the services being offered remotely.



## WASHINGTON

[Wisconsin Department of Health, Office of Health Professions and Facilities, Examining Board of Psychology, \*Telepsychology\* \(Jan. 29, 2016\), at 2.](#)

### PRIVACY/CONFIDENTIALITY

Are there privacy/confidentiality requirements specifically related to telemental/telebehavioral/telepsychiatric health services?

“Psychologists practicing telepsychology [must] take reasonable steps to protect and maintain the confidentiality of data and information relating to their clients-patients. When necessary, psychologists consult with technology experts to augment their knowledge of telecommunications technologies in order to apply adequate security measures in their practices that will protect and maintain the confidentiality of data and information related to their patients-clients.”

[Wisconsin Department of Health, Office of Health Professions and Facilities, Examining Board of Psychology, \*Telepsychology\* \(Jan. 29, 2016\), at 2.](#)

***Link no longer exists:*** [Washington State Department of Health, Health Professions Quality Assurance Division, Medical Quality Assurance Commission, \*Guidelines for Appropriate Use of the Internet in Medical Practice\* \(eff. Oct. 2002\).](#)

### COVERAGE & REIMBURSEMENT

Does the state have a parity statute in place mandating coverage by private insurers for telemedicine/telehealth services (including telemental/telebehavioral/telepsychiatric health services) on par with those provided in face-to-face/in-person encounters?

(1) A health plan offered to employees and their covered dependents under this chapter issued or renewed on or after January 1, 2017, shall reimburse a provider for a health care service provided to a covered person through telemedicine or store and forward technology if: (a) The plan provides coverage of the health care service when provided in person by the provider; (b) The health care service is medically necessary; and (c) The health care service is a service recognized as an essential health benefit under section 1302(b) of the federal patient protection and affordable care act in effect on January 1, 2017.

(2)(a) If the service is provided through store and forward technology there must be an associated office visit between the covered person and the referring health care provider. Nothing in this section prohibits the use of telemedicine for the associated office visit. (b) For purposes of this section, reimbursement of store and



## 50-State Survey of Telemental/Telebehavioral Health

**WASHINGTON**

forward technology is available only for those covered services specified in the negotiated agreement between the health plan and health care provider.

(3) An originating site for a telemedicine health care service subject to subsection (1) of this section includes a: (a) Hospital; (b) Rural health clinic; (c) Federally qualified health center; (d) Physician's or other health care provider's office; (e) Community mental health center; (f) Skilled nursing facility; or (g) Renal dialysis center, except an independent renal dialysis center.

(4) Any originating site under subsection (3) of this section may charge a facility fee for infrastructure and preparation of the patient. Reimbursement must be subject to a negotiated agreement between the originating site and the health plan. A distant site or any other site not identified in subsection (3) of this section may not charge a facility fee.

(5) The plan may not distinguish between originating sites that are rural and urban in providing the coverage required in subsection (1) of this section.

(6) The plan may subject coverage of a telemedicine or store and forward technology health service under subsection (1) of this section to all terms and conditions of the plan, including, but not limited to, utilization review, prior authorization, deductible, copayment, or coinsurance requirements that are applicable to coverage of a comparable health care service provided in person.

(7) This section does not require the plan to reimburse: (a) An originating site for professional fees; (b) A provider for a health care service that is not a covered benefit under the plan; or (c) An originating site or health care provider when the site or provider is not a contracted provider under the plan.

[WASH. REV. CODE § 41.05.700 \(effective until Jan. 1, 2018\).](#)

(1) For health plans issued or renewed on or after January 1, 2017, a health carrier shall reimburse a provider for a health care service provided to a covered person through telemedicine [or] store and forward technology if: (a) The plan provides coverage of the health care service when provided in person by the provider; (b) The health care service is medically necessary; and (c) The health care service is a service recognized as an essential health benefit under section 1302(b) of the federal patient protection and affordable care act in effect on January 1, 2017.

(2)(a) If the service is provided through store and forward technology there must be an associated office visit between the covered person and the referring health care provider. Nothing in this section prohibits the use of telemedicine for the associated office visit. (b) For purposes of this section, reimbursement of store and



## WASHINGTON

forward technology is available only for those covered services specified in the negotiated agreement between the health carrier and the health care provider.

(3) An originating site for a telemedicine health care service subject to subsection (1) of this section includes a: (a) Hospital; (b) Rural health clinic; (c) Federally qualified health center; (d) Physician's or other health care provider's office; (e) Community mental health center; (f) Skilled nursing facility; or (g) Renal dialysis center, except an independent renal dialysis center.

(4) Any originating site under subsection (3) of this section may charge a facility fee for infrastructure and preparation of the patient. Reimbursement must be subject to a negotiated agreement between the originating site and the health carrier. A distant site or any other site not identified in subsection (3) of this section may not charge a facility fee.

(5) A health carrier may not distinguish between originating sites that are rural and urban in providing the coverage required in subsection (1) of this section.

(6) A health carrier may subject coverage of a telemedicine or store and forward technology health service under subsection (1) of this section to all terms and conditions of the plan in which the covered person is enrolled, including, but not limited to, utilization review, prior authorization, deductible, copayment, or coinsurance requirements that are applicable to coverage of a comparable health care service provided in person.

(7) This section does not require a health carrier to reimburse: (a) An originating site for professional fees; (b) A provider for a health care service that is not a covered benefit under the plan; or (c) An originating site or health care provider when the site or provider is not a contracted provider under the plan.

[WASH. REV. CODE § 48.43.735 \(effective until Jan. 1, 2018\).](#)

Does Medicaid provide coverage for telemental/telebehavioral/telepsychiatric health services? If so, what are the coverage criteria?

**Updated link:** [Washington State Health Care Authority, Washington Apple Health \(Medicaid\), Physician-Related Services/Health Care Professional Services Billing Guide \(Apr. 2017\), at 77-79.](#)