



## *Office of Licensing and Monitoring*

June 22, 2018 – Maryland Department of Transportation (MDOT)  
7201 Corporate Center Drive, Hanover, MD 21076



### *Agenda*

Welcome

Darlene Ham

Telehealth

Nina McHugh

University of Maryland

Mark Lardner & Neil Mallon  
CANS & Uniform Incident Report

COMAR Technical Assistance

Andre Thomas



Questions and Answer Period

**Next Quarterly Provider Meeting:**

September 27, 2018 from 10 a.m. to 12 p.m. @ MDOT

# Maryland Medicaid Telehealth Program Frequently Asked Questions

Updated: May 2, 2018

## Covered Services

### 1. Can I use telehealth for buprenorphine induction?

Yes, you can use telehealth for buprenorphine induction. As required with in-person buprenorphine induction, only DATA 2000 waiver providers can bill the appropriate E&M code for buprenorphine induction. If provided via telehealth, providers must bill with the –GT modifier. The originating site community-based substance use disorder provider and opioid treatment program can, bill the telehealth transmission fee Q-code, and see the patient and bill for any services performed in-person not related to telehealth services.

### 2. May I perform telehealth services from my home?

Registered Distant site providers may use secure space/areas in the provider's home to engage in telehealth. Telehealth providers must meet the minimum standards for privacy required, as well as, the minimum technology standards required for telehealth. If the distant site provider working from a home office is an employee of the originating site; the originating site may only bill for the rendering providers services and may not bill the telehealth transmission fee Q-code.

### 3. What are other permitted places of services for distant site providers?

Other permitted places of service from where to deliver telehealth services include: school (03), office (11), inpatient hospital (21), outpatient hospital (22), emergency room (23), nursing facility (32), independent clinic (49), Federally Qualified Health Center (FQHC) (50), community mental health center (53), non-residential substance abuse treatment facility (57), end-stage renal disease treatment facility (65), public health clinic (71).

## Program Eligibility

### 4. Who may become an originating site?

The following provider types may act as originating sites for telehealth:

- A college or university student health or counseling office;
- A community-based substance use disorder provider;
- A deaf or hard of hearing participant's home or any other secure location as approved by the participant and the provider;
- An elementary, middle, high, or technical school with a supported nursing, counseling or medical office;
- A local health department;
- A Federally Qualified Health Center (FQHC);
- A hospital, including the emergency department;
- A nursing facility;

- A private office (physician, physician assistant, psychiatric nurse practitioner, nurse practitioner, or nurse midwife);
- An opioid treatment program;
- An outpatient mental health center (OMHC);
- A renal dialysis center; or
- A residential crisis services site

See Telehealth Manual, Program Eligibility, page 3 and COMAR 10.09.49.07 Provider Conditions for Participation.

Only the Medicaid payable providers within the permitted telehealth originating sites that have registered with the telehealth program may bill the telehealth transmission fee. The following permitted originating sites serve the role of a telepresenter, but may not bill the telehealth transmission fee Q-code: A residential crisis center; an elementary, middle, high, or technical school with a supported nursing; A deaf or hard of hearing participant's home or any other secure location as approved by the participant and the provider; and a college or university student health or counseling office. For example, a residential crisis service site may initiate a telehealth service with a permitted distant site provider, but is unable to bill for the telehealth transmission fee Q-code since it is not a Medicaid payable provider type.

**Note for Reimbursement:** An originating site in a school setting must be a qualified School-Based Health Center (SBHC) with an FQHC or a local health department sponsoring entity in order to bill the telehealth transmission fee Q-code. SBHCs require approval by the Maryland State Department of Education (MSDE). After receiving MSDE approval, a qualifying provider may enroll with Maryland Medicaid as an SBHC. The SBHC may be reimbursed for the telehealth transmission fee Q-code if the SBHC sponsoring entity is an FQHC or local health department. Please follow up with MSDE and the local Public School System to ensure that the provider is an approved SBHC that is enrolled with Maryland Medicaid. See the Maryland Medicaid School-Based Health Center Provider Manual at [health.maryland.gov/providerinfo](http://health.maryland.gov/providerinfo).

A school may still serve as the originating site for a telehealth interaction if the service is performed outside of an SBHC with an FQHC or local health department sponsor. However, the school may not bill Medicaid for the telehealth transmission fee Q-code in these circumstances.

### **5. Who may become a distant site provider?**

Distant site providers enrolled in Maryland Medicaid and registered as a Telehealth distant site: a nurse midwife; a nurse practitioner; a psychiatric nurse practitioner; a physician; a physician assistant; or a provider fluent in American Sign Language providing telehealth services to a deaf or hard of hearing participant.

Effective October 1, 2017, the following provider sites may register as distant site providers eligible to provide telehealth services within the rendering provider's scope of practice: a community-based substance use disorder provider; an opioid treatment program; or an outpatient mental health center.

See Telehealth Manual, Program Eligibility, page 3 COMAR 10.09.49.07 Provider Conditions for Participation.



## **6. How do I register as a Telehealth Provider?**

Every reimbursable Telehealth provider must complete an online registration. To register as a telehealth originating site or distant site provider, please visit <https://mmcp.health.maryland.gov/Pages/telehealth.aspx>

To complete the registration process, you will need:

- Your Maryland Medical Assistance provider number;
- Your National Provider Identification (NPI) number; and
- An email account to receive communications from the Telehealth team.

Once Medicaid verifies your registration information, you will receive a confirmation email. Until Medicaid confirms your registration, providers should not provide for telehealth services. See Telehealth Manual, Provider Registration, page 4.

For behavioral health services, Medicaid will coordinate with Beacon Health Options to ensure the appropriate telehealth fee schedule is loaded to your account. It is your responsibility to ensure Beacon has added the telehealth fee schedule to your qualified services before billing for telehealth services.

If you have any questions, please email [mdh.telemedicineinfo@maryland.gov](mailto:mdh.telemedicineinfo@maryland.gov)

## **7. As a rendering only provider, am I eligible to engage in Telehealth services?**

Yes. As long as you are enrolled with Maryland Medicaid as an allowable provider type, you may register to perform services via telehealth.

To bill for services performed via telehealth, you must include the pay-to-provider's information when you register. You will need your pay-to-provider's Medical Assistance Provider Identification Number and NPI number. Without the pay to provider information, you will be unable to receive reimbursement for your telehealth services.

## **8. Can I register as an originating site in an elementary, middle, high, or technical school?**

SBHC with FQHC or local health department sponsoring entities may register as originating sites and bill the telehealth transmission fee code after the SBHC receives approval from MSDE enrolls as a Medicaid provider. See the Maryland Medicaid School-Based Health Center Provider Manual at [health.maryland.gov/providerinfo](http://health.maryland.gov/providerinfo).

Schools and school health offices that are not enrolled with Maryland Medicaid as SBHCs are not able to be reimbursed for the telehealth transmission fee Q-code. A school may still serve as the originating site for a telehealth interaction if the service is performed outside of an enrolled SBHC. However, the school may not bill Medicaid for the telehealth transmission fee Q-code in these circumstances, and does not need to register as an originating site with the Telehealth Program.

For services provided in school settings outside of SBHCs, providers should coordinate with Maryland State Department of Education (MSDE) (and/or the local Public School System) to receive permission to engage in telehealth at the school. Medicaid telehealth regulations do not cover this part of the process.

**9. As an individual telehealth distant site provider, do I need to be licensed in Maryland?**

If you are rendering services via telehealth with a participant located in Maryland then you are considered to be practicing in Maryland, and therefore, must be licensed in Maryland and are subject to the Maryland Board of Physician and the Maryland Board of Nursing licensure requirements. The location of the distant site does not matter.

It is your responsibility to ensure that you meet the Board licensure requirements. Failure to comply with licensure requirements involving services delivered via telehealth will likely have implications beyond Maryland Medicaid's telehealth purview.

Please review COMAR 10.32.05.03 and COMAR 10.09.36.02.

## **Technical Requirements**

**10. What are the technical requirements to engage in telehealth?**

COMAR 10.09.49.08 states the technical requirements to engage in telehealth. At a minimum, the provider must maintain the following technology requirements: an adjustable camera; audio equipment that ensures clear communication and includes echo cancellation; bandwidth speed and image resolution sufficient to provide quality video to meet a minimum of 15 frames per second or higher, as industry standards change; the ability to see the patient enough to support diagnostic needs; an audio-video transmission with less than 300 millisecond delay.

All technical staff should be trained to use telehealth technology and in HIPAA Compliance.

**11. What are the audio equipment requirements?**

Audio equipment should allow for clear communication between patient and provider and include echo cancellation (capable of eliminating room return audio echo). The sophistication of audio equipment may vary depending on services provided via telehealth. For example, providers rendering services or diagnosis may want to consider audio at 7 kHz full duplex with an easy to use mute function and volume adjustment as high-quality microphones and speakers to ensure effective oral communication. These combinations ensure accurate interpretation of the patient's and provider's oral communication.

**12. What are Image Resolution requirements?**

Maryland requires, at a minimum, a camera that has the ability to, manually or under remote control, provides multiple views of a patient. Additionally, the camera should be capable of adjusting the resolution, focus, and zoom based on the needs of the consultation.

The American Telemedicine Association suggests a minimum resolution of 640x360 pixels. Full high-definition video (1920x1080 pixels) is preferable to ensure that the video encounter is sufficient to meet the needs of the consultation.



### **13. What are internet speed requirements?**

Typically, most broadband internet connections satisfy 10.09.08(B). However, you should confirm with your internet provider that your network meets these requirements.

Video conferencing software should adapt to changing bandwidth environments without losing or dropping the connection. Bandwidth requirements may vary based on the size of the site and use of telehealth services. For example, based on the Federal Communications Commission recommendations for minimum bandwidth, a single physician practice should have a minimum of 10 megabits per second (Mbps) (symmetrical) for high-definition video consultations. However, a large medical or academic center should have at least 1,000 Mbps (symmetrical) of bandwidth.

Note that the actual speed of a telehealth encounter is limited by the bandwidth at both the originating and distant sites. Providers should not bill for a telehealth service if bandwidth limitations at their partner site do not meet the technical criteria for a telehealth service.

Providers must have an alternate plan in case of technology breakdown during a telehealth service.

### **14. As a telehealth provider how do I ensure HIPAA compliance?**

The security concerns associated with the electronic transmission of health information are a primary concern in telehealth. Telehealth providers must uphold patient confidentiality at all times. Providers are responsible to establish and implement reasonable and appropriate safeguards to ensure HIPAA Compliance.

For overviews of HIPAA compliance in different scenarios, visit the [HIPAA Journal](#).

### **15. Is Skype HIPAA compliant?**

It depends.

The audio-video transmission used must be HIPAA compliant. Skype's free service is not HIPAA compliant.

Skype for Business in combination with a signed Business Associate Agreement (BAA) agreement may satisfy HIPAA requirements. By offering a BAA, Microsoft helps support providers' HIPAA compliance, but using Microsoft services does not, on its own, achieve it. Microsoft's HIPAA Compliance statement visit <https://www.microsoft.com/en-us/trustcenter/Compliance/HIPAA>.

It is the responsibility of both the distant site and originating site telehealth providers to ensure services provided via telehealth are HIPAA compliant.

### **16. How do I know if a vendor is HIPAA Compliant?**

Maryland Medicaid does not endorse the use of any one particular vendor. The vendors highlighted below are most often inquired about. Use the resources below as a starting point to select and arrange for HIPAA compliant telehealth software:

**To assess Microsoft services HIPAA compliance, go here [Microsoft](#).**

**To assess Google services HIPAA compliance, go here [Google](#).**

Doxy.me and VSee Video conferencing market HIPAA compliant products to learn more about these services go here [Doxy.me](#) and [VSee video conferencing](#).

## **Reimbursement**

### **17. For which telehealth model does Maryland Medicaid reimburse?**

Maryland Medicaid's Telehealth Program only reimburses for a "hub-and-spoke" model. The "hub," or "distant site," is the location of the provider who will perform the clinical services and/or consultation. The "distant site provider," who is physically present at the distant site, provides services via telehealth to the "spoke," or "originating site," where the participant is located. The "telepresenter," physically located at the originating site with the participant, facilitates the telehealth communication between the participant and distant site provider by arranging, moving, or operating the telehealth equipment. Communication between the originating and distant sites involves real-time interaction via a secure, two-way audio-visual telecommunication system. See Telehealth Manual, Program Scope, and Service Model, page 1 and Reimbursement, page 5.

Under the Telehealth Program, Maryland Medicaid does not cover Store and Forward technology. Store and Forward technology is the transmission of medical images or other media captured by the originating site provider and sent electronically to a distant site provider, who does not physically interact with the patient located at the originating site. It is covered for dermatology, ophthalmology, or radiology services under the Physician Services at COMAR 10.09.02.07.

Effective January 1, 2018, Maryland Medicaid will reimburse for remote patient monitoring. Please refer to COMAR 10.09.96 Remote Patient Monitoring for more information.

### **18. How do I bill for telehealth?**

Registered telehealth providers will submit claims in the same manner the provider uses for in-person services (i.e., paper CMS 1500 forms or 837 electronic submissions) and on a fee-for-service basis.

Per COMAR 10.09.02.04, providers may only bill for services that they or their employees perform at the pay to provider's physical location. Providers may not bill on behalf of their telehealth partner.

Providers cannot bill until they have met HIPAA and Technical Requirements.

### **19. Registered originating site providers**

Registered originating site providers may bill for the following:

- The telehealth transmission fee code Q3014; or
- If a Maryland-based hospital, the telemedicine revenue code 0780; or
- If an out-of-state hospital, the telehealth transmission fee code Q3014.

### **20. Registered distant site providers**



Registered distant site providers must bill using normal CPT codes and account for telehealth services using the “-GT” modifier.

For more information, see Telehealth Manual, Reimbursement, page 5.

**21. Can I contract with my telehealth partner and bill on their behalf?**

No. You may not bill on behalf of your telehealth partner. An originating site cannot receive reimbursement for the telehealth transmission fee Q-code and the professional fee. And vice versa, a distant site provider may not bill for services performed via telehealth and the originating site’s telehealth transmission fee Q-code.

If your provider type is allowed to contract with other provider types outside of telehealth, please send a copy of your telehealth contract to [mdh.telemedicineinfo@maryland.gov](mailto:mdh.telemedicineinfo@maryland.gov).

Note: Per COMAR 10.09.02.04, providers may only bill for services that they or their employees perform. Providers may not bill on behalf of their telehealth partner. In the case where the registered pay-to provider is the same for both the originating and distant sites, the provider may not bill the transmission fee code Q3014. The same biller cannot be reimbursed for both the telehealth services rendered and the telehealth transmission fee code.

**22. When may I start billing for telehealth services?**

Once you have completed the telehealth registration, Maryland Medicaid will follow up via email confirming registration status. You may not start billing for telehealth services before receiving the follow-up email from Medicaid. See Telehealth Manual, Provider Registration, page 4.

You must obtain authorization for any service that requires prior authorization before performing services.





# Telehealth Program Manual

Updated: May 2, 2018

## Scope

This manual contains information about the Maryland Medicaid Telehealth Program. Information included in this manual is subject to COMAR 10.09.49 Telehealth Services.

The purpose of providing medically necessary services via telehealth is to improve:

- Access to both outpatient specialty care and psychiatric services, thus reducing preventable hospitalizations and reducing barriers to health care access;
- Access to outpatient and inpatient psychiatric subspecialty consultation, thus improving diagnostic clarification, treatment recommendations, and planning for individuals;
- Health outcomes through timely disease detection and treatment options; and
- Capacity and choice for ongoing outpatient and inpatient treatment in underserved areas of the State.

Effective October 1, 2015, Maryland Medicaid combined the Telemedicine and Telemental Health Programs and renamed as the Telehealth Program. The Telehealth Program serves Medicaid participants regardless of geographic location within Maryland.

Telehealth participants may be enrolled in the fee-for-service (FFS) program or a HealthChoice managed care organization (MCO). Telehealth providers must be enrolled in the Maryland Medical Assistance Program and register as an originating or distant site via an online form before rendering telehealth services.

Additionally, providers billing for behavioral health services must register with the Department's administrative service organization (ASO) before rendering behavioral health services.

## Service Model

Maryland Medicaid's Telehealth Program employs a "hub-and-spoke" model. This model involves real-time interactive communication between the originating and distant sites via a secure, two-way audio-visual telecommunication system.

The "hub," or "distant site," is the location of the provider who will perform the services. The "distant site provider" is the rendering practitioner that is physically present at the distant site.

The "spoke," or "originating site" is where the participant/patient is located. The "telepresenter," physically located at the originating site with the participant, facilitates the telehealth communication between the participant and distant site provider by arranging, moving, or operating the telehealth equipment.

The originating site must obtain consent from the patient prior to engaging in telehealth (COMAR 10.09.49.06.B). The participant's medical record must contain documentation of the participant's consent.



If the participant is unable to consent, the medical record must contain in writing an explanation as to why the participant was unable to consent to telehealth services.

Please review **Appendix B, Provider Scenarios** for more information about appropriate Maryland Medicaid telehealth service model arrangements.

## **Covered Services**

Services provided through telehealth are subject to the same program restrictions, preauthorizations, limitations and coverage that exist for the service when provided in-person.

Somatic services: Providers must contact the participant's Healthchoice MCO with questions regarding prior authorization requirements for telehealth services.

Behavioral services: Providers must contact Beacon Health Options with questions regarding prior authorization requirements for telehealth services.

## **Participant Eligibility**

A participant is eligible to receive telehealth services if the individual:

- Is enrolled in the Maryland Medical Assistance Program on the date the service is rendered;
- Consents to telehealth services (unless there is an emergency that prevents obtaining consent);
- Is present at the originating site at the time the telehealth service is rendered; and
- Is authorized to receive services, except for services provided in a hospital emergency department.

## **Eligible Providers**

### **Originating Sites**

The following provider types may act as originating sites for telehealth:

- A college or university student health or counseling office;
- A community-based substance use disorder provider;
- A deaf or hard of hearing participant's home or any other secure location as approved by the participant and the provider;
- An elementary, middle, high, or technical school with a supported nursing, counseling or medical office;
- A local health department;
- A Federally Qualified Health Center (FQHC);
- A hospital, including the emergency department;
- A nursing facility;
- A private office (physician, physician assistant, psychiatric nurse practitioner, nurse practitioner, or nurse midwife);
- An opioid treatment program;
- An outpatient mental health center (OMHC);
- A renal dialysis center; or

- A residential crisis services site

### **Distant sites**

Effective October 1, 2017, the following provider sites may register as distant site providers eligible to deliver services via telehealth within the rendering provider's scope of practice:

- A community-based substance use disorder provider;
- An opioid treatment program;
- An outpatient mental health center; or
- A Federally Qualified Health Center (FQHC)

The following rendering provider types licensed to practice in Maryland may register as distant site providers to render behavioral or somatic services via telehealth:

- A nurse midwife;
- A nurse practitioner;
- A psychiatric nurse practitioner;
- A physician;
- A physician assistant; or
- A provider fluent in American Sign Language providing telehealth services to a deaf or hard of hearing participant.

### **How do I register as a Telehealth Provider?**

Medicaid payable-providers must register as telehealth providers to bill for telehealth services. To register as a telehealth distant or originating site provider, please visit [here](#). Scroll down and select the appropriate site registration link for which you wish to register. To complete the registration process, you will need:

- Provider's Maryland Medical Assistance provider number;
  - If applicable, both the individual rendering telehealth services and the pay-to provider's MA number
- Provider's National Provider Identification (NPI) number; and
  - If applicable, both the individual rendering telehealth services and the pay-to provider's NPI number
- An email account to receive for communications from the Telehealth team.

Once Medicaid verifies your registration information, you will receive a confirmation email. Until Medicaid confirms your registration, providers should not deliver services via telehealth.

If you have any questions, you may email [mdh.telemedicineinfo@maryland.gov](mailto:mdh.telemedicineinfo@maryland.gov)

### **Technical Requirements**

A telehealth provider must use technology that supports the standard level of care required to deliver the service rendered. Providers shall, at a minimum, meet the following technology requirements:



1. A camera that has the ability to manually, or under remote control, provide multiple views of a patient with the capability of altering the resolution, focus, and zoom requirements according to the consultation;
2. Have display monitor size sufficient to support diagnostic needs used in the telehealth service
3. Bandwidth speed and image resolution sufficient to provide quality video to meet a minimum of 15 frames per second, or higher, as industry standards change;
4. Unless engaging in a telehealth communication with a participant who is deaf or hard of hearing, audio equipment that ensures clear communication and includes echo cancellation;
5. Creates audio transmission with less than 300 millisecond delay.
6. Secured and HIPAA compliant telehealth communication (COMAR 10.09.36 General Medical Assistance Provider Participation Criteria).

A dedicated connection that provides bandwidth only for telehealth communications is preferable for services delivered via telehealth.

All technical staff must be trained in telehealth technology use and HIPAA Compliance.

Please review Maryland Medicaid's FAQs for additional technological and HIPAA Compliance questions.

## **Reimbursement**

Per COMAR 10.09.02.04, providers may only bill for services that they or their employees perform. Providers may not bill on behalf of their telehealth partner. In the case where the registered pay-to provider is both the originating and distant sites, the provider may not bill the telehealth transmission fee code Q3014. The same biller cannot be reimbursed for both the service delivered via telehealth and the telehealth transmission fee.

Registered telehealth providers submit claims in the same manner the provider uses for in-person services (i.e., paper CMS 1500 forms or 837 electronic submissions).

Services rendered via telehealth are reimbursed the same as in-person services and on a fee-for-service basis.

Only providers who are HIPAA compliant and meet Technical Requirements may bill for services rendered via telehealth.

Providers should use the place of service code that would be appropriate as if it were a non-telehealth claim. The originating site should use the location of the patient. The distant site should use the location of the doctor. If a distant site provider is rendering services at an off-site office, use place of service office (11). Place of Service Code 02 (Telehealth) is not recognized for Maryland Medicaid participants except for use on Medicare crossover claims to specify services rendered through a telecommunication system for dual eligible participants. Allowable place of service codes should remain unchanged for Medicaid-only claims.

## **Registered originating site providers**

Registered originating site providers may bill for the following:

- The telehealth transmission fee code Q3014;
- If a Maryland-based hospital or nursing facility, the telemedicine revenue code 0780; or
- If an out-of-state hospital, the telehealth transmission fee code Q3014.

When billing the telehealth transmission fee, originating site providers should use the place of service code that best identifies the participant/patient's location.

## **Registered distant site providers**

As explained above, telehealth services must be provided through two-way audio-visual technology assisted communication with the participant who is physically located at a permitted originating site.

Registered distant site providers must use the “-GT” modifier when billing for services delivered via telehealth.

Distant site providers should use the location of the provider who performed the services via telehealth as the place of service code to bill.

## **Limitations**

The Program will not reimburse telehealth providers for the following:

- When technical difficulties prevent the delivery of part or all of the telehealth session;
- Consultation that occurs during ambulance transport;
- Services that require in-person evaluation or cannot be reasonably delivered via telehealth;
- Use of telehealth services for home health monitoring;
- Use of store-and-forward service delivery models<sup>1</sup>;
- Telecommunication between providers without the participant present;
- An audio-only conversation between a provider and participant;
- An electronic mail message between a provider and participant;
- A facsimile transmission between a provider and participant;

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<sup>1</sup> Store and Forward technology means the transmission of medical images or other media captured by the originating site provider and sent electronically to a distant site provider, who does not physically interact with the patient located at the originating site. It is not covered under Maryland Medicaid's Telehealth program, but is covered for dermatology, ophthalmology, or radiology services under the Physician Services at COMAR 10.09.02.07.



- A telephone conversation, electronic mail message, or facsimile transmission between the originating and distant site providers; or
- Claims submitted by the originating site on behalf of the telehealth distant site provider and vice versa.
- The telehealth transmission fee when the pay-to provider is the same for the originating site as for the distant site.

## **Confidentiality**

Both originating and distant site providers must comply with the laws and regulations concerning the privacy and security of protected health information under Health-General Article, Title 4, Subtitle 3, Annotated Code of Maryland and the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Particularly, providers:

1. Shall ensure that all interactive video technology-assisted communication complies with HIPAA patient privacy and security regulations at the originating site, the distant site, and the transmission process;
2. May not disseminate any participant images or information to other entities without the participant's consent, unless there is an emergency that prevents obtaining consent; and
3. May not store at originating or distant sites the video images or audio portion of the telehealth service for future use.

## **Medical Records**

The originating and distant site providers must maintain documentation in the same manner as during an in-person visit or consultation, using either electronic or paper medical records, per the Health-General Article, §4-403, Annotated Code of Maryland. Participants shall have access to all transmitted medical information, with the exception of live, interactive video, as there is often no stored data in such encounters.

Reminder: originating site providers must document, in the participant's medical record, the participant's signed consent or the emergency situation that prevented obtaining consent from the participant prior to delivering services via telehealth.

## **Appendix A: MCO and ASO Contacts**

### **Aetna:**

Amy Kramer, Director of Operations  
Aetna Better Health of Maryland  
Phone: 443-457-5293 or 803-348-5565

### **Amerigroup:**

For preauthorization and administrative questions: 800-454-3730  
Clinical Contact: Dr. Andrew Bergman, 410-981-4012

### **Jai:**

Helena Manu, Director, Provider Relations  
Phone: 410-433-2200  
Email: [Helena@jaimedical.com](mailto:Helena@jaimedical.com)

### **Kaiser**

Meryl C. Katz, JD, Director, Medicaid Operations-Mid-Atlantic States  
Phone: 301-816-7101  
Email: [Meryl.C.Katz@kp.org](mailto:Meryl.C.Katz@kp.org)

### **Maryland Physicians Care (MPC):**

Laura C. Callahan, RN, VP Compliance-Maryland Physicians Care  
Phone: 443-713-4583  
Cell Phone: 443-401-6191  
Email: [Laura.C.Callahan@marylandphysicianscare.com](mailto:Laura.C.Callahan@marylandphysicianscare.com)

### **MedStar:**

For preauthorization: Care Management: 800-908-1722  
For enrollment: Lesley Wallace, VP Government Contract Management & Oversight  
Email: [Lesley.Wallace@medstar.net](mailto:Lesley.Wallace@medstar.net)  
Phone: 410-933-3013

### **Priority Partners:**

Clinical Contact: Dr. Mark Fracasso  
Phone: 410-689-1959  
Email: [mfracasso@jhhc.com](mailto:mfracasso@jhhc.com)



Administrative questions:

Kathy Pettway

Email: [kpettwa@jhhc.com](mailto:kpettwa@jhhc.com)

**University of Maryland Health Partners:**

Jose Vazquez

Email: [jvazquez@ummshealthplans.com](mailto:jvazquez@ummshealthplans.com)

Phone: 443-552-3270

**United Healthcare:**

Members: 800-318-8821

Providers: 877-842-3210

**Beacon Health Options:**

Provider Relations: 800-888-1965

[marylandproviderrelations@beaconhealthoptions.com](mailto:marylandproviderrelations@beaconhealthoptions.com)

## **Appendix B: Provider Scenarios**

### **Scenario One: Appropriate Use of Telehealth – Somatic Services**

A 16-year-old boy comes into his pediatrician's office for a sick visit. His symptoms align with both Irritable Bowel Syndrome (IBS) and Crohn's Disease. There are several tests available for narrowing down the diagnosis, but his doctor is unsure which is appropriate. The pediatrician acts as the originating site and connects with his gastroenterologist telehealth partner at a regional academic medical center, the distant site. The gastroenterologist is located hours away from the boy and his pediatrician, but through telehealth audio/video technology-assisted communication, the gastroenterologist is able to examine the boy.

The gastroenterologist examines the boy's medical record, which the pediatrician shares through a secure portal. After asking the patient a series of questions about his symptoms and eating habits, the two doctors are able to discuss options for testing, share opinions, and decide upon the most appropriate diagnostic test. The pediatrician may bill the appropriate E&M code for the in-person services delivered and the transmission fee Q-code for acting as the originating site. The gastroenterologist may bill the E&M code and must use the "-GT" modifier in order to identify the claim as a telehealth delivered service.

### **Scenario Two: Appropriate Use of Telehealth – Behavioral Health Services**

A participant visits a Student Health Counseling Office for a therapy session. During the session, the social worker (LCSW-C) determines that a telehealth consultation with a psychiatrist is necessary to discuss the participant's medication. The LCSW-C sets up a telehealth consultation with a psychiatrist at a distant site. The psychiatrist confers with the participant about her current medication. The LCSW-C does not participate in the telehealth session with the participant, but enables the telehealth session by initiating the connection.

Following the telehealth session, the Student Health Counseling Office as the originating site may bill the transmission fee. The psychiatrist may bill the appropriate E&M code and must use the "-GT" modifier in order to identify the claim as a telehealth delivered service.

### **Scenario Three: Appropriate Use of Telehealth – Behavioral Health Services**

A participant visits a social worker (LCSW-C) based out of a School Based Health Center (SBHC) for a therapy session. During the session, the LCSW-C determines that a telehealth consultation with a psychiatrist is necessary to discuss the participant's medication. The LCSW-C sets up a telehealth consultation with a psychiatrist at a distant site. The psychiatrist confers with the participant about her current medication. The LCSW-C does not participate in the telehealth session with the participant, but enables the telehealth session by initiating the connection.

Following the telehealth session, the psychiatrist may bill the appropriate E&M code and must use the "-GT" modifier in order to identify the claim as a telehealth delivered service. If the participant is in a SBHC enrolled with Maryland Medicaid, the SBHC may bill the transmission fee Q-code for acting as an originating site. If the participant is not in a Medicaid enrolled SBHC, the psychiatrist still bills the E&M code with the "-GT" modifier, but the SBHC may not bill the transmission fee Q-code.



#### **Scenario Four: Appropriate Use of Telehealth – Buprenorphine Services**

An individual with a diagnosed opioid use disorder is identified as a good candidate for, and has elected to use buprenorphine to help in his/her recovery. The individual is seen by a community-based substance use disorder provider. The community-based substance use disorder provider coordinates buprenorphine services with a DATA 2000 waiver provider who is enrolled with Medicaid and registered with the ASO. The physician or nurse practitioner, who is located at a distant site, may bill for the appropriate E&M codes for induction and maintenance using the –GT modifier to identify the claim as a service delivered via telehealth. The community-based substance use disorder provider, as the originating site, may bill the transmission fee Q-code.

Prior to rendering services, the community-based substance use disorder provider obtains authorization for their services through the ASO. The Physician billing for buprenorphine must obtain authorization to bill the E&M codes. The level of intensity of the E&M code should be congruent with the clinical level of need and will be subject to review.

#### **Scenario Five: Appropriate Use of Telehealth- Buprenorphine Services**

An individual with a diagnosed opioid use disorder is identified as a good candidate for, and has elected to use buprenorphine to help in his/her recovery. The individual is seen by a community-based substance use disorder program at location A. The same provider at location B is approved to provide services related to buprenorphine treatment, because there is a DATA 2000 waiver provider on staff that is enrolled with Medicaid and registered with the ASO. The location A program coordinates with the location B program for the patient to receive appropriate buprenorphine services. In this scenario, the location B program would bill the appropriate E&M codes for induction and maintenance using the-GT modifier to identify the claim as a service delivered via telehealth. Location A, as the originating site, would bill the transmission fee Q-code.

Prior to rendering services, the community-based substance use disorder provider obtains authorization for their services through the ASO. The level of intensity of the E&M codes should be congruent with the clinical level of need and will be subject to review.

#### **Scenario Six: Appropriate Use of Telehealth – FQHC**

An individual receives medical care at an FQHC, and during the course of treatment receives authorization for psychiatric services. The FQHC does not have a clinical psychiatrist on staff to treat the patient, but connects with a distant site psychiatrist to render psychiatric care. The FQHC treats the patient for other wraparound services it can perform under its onsite clinical staff and bills Medicaid normally for its approved federally qualified rate. The distant site psychiatrist office sees the patient a telehealth visit, and bills Medicaid for the appropriate E&M code with the -GT modifier and receives the normal rate for the professional services. The FQHC bills Medicaid for the telehealth transmission fee Q-code for acting as the originating site.





# **Title 10 DEPARTMENT OF HEALTH**

## **Subtitle 09 MEDICAL CARE PROGRAMS**

### **Chapter 49 Telehealth Services**

**Authority: Health-General Article, §§2-104(b), 15-103, 15-105, and 15-105.2(b), Annotated Code of Maryland; Ch. 280, Acts of 2013; Ch. 366, Acts of 2016; Ch. 367, Acts of 2016**

#### **.01 Scope.**

A. This chapter applies to telehealth programs reimbursed by the Maryland Medicaid Program.

B. The purpose of providing medically necessary services via telehealth is to improve:

(1) Access to somatic and behavioral health services, thus reducing preventable hospitalizations and reducing barriers to health care access;

(2) Access to outpatient and inpatient subspecialty services, thus improving diagnostic clarification, treatment recommendations, and planning for the individual;

(3) Health outcomes through timely disease detection and treatment options; and

(4) Capacity and choice for ongoing treatment in underserved areas of the State.

#### **.02 Definitions.**

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) "Administrative services organization (ASO)" means an entity that manages the Public Behavioral Health System on behalf of the Department.

(2) "Community-based substance use disorder provider" means a provider licensed by the Department as a community-based substance use disorder provider in accordance with COMAR 10.09.80.

(3) "Department" means the Maryland Department of Health, which is the single State agency designated to administer the telehealth program.

(4) "Distant site" means a site registered with the Department to provide telehealth services, at which the licensed distant site provider is located at the time the service is provided via technology-assisted communication.

(5) "Distant site provider" means the licensed provider at the distant site who provides medically necessary services to the patient at the originating site via telehealth upon request from the originating site provider.

(6) "Federally qualified health center (FQHC)" has the meaning stated in Health-General Article, §24-1301, Annotated Code of Maryland.

(7) "GT modifier" means the Healthcare Common Procedure Coding System (HCPCS) service code modifier indicating that the provider rendered a healthcare service via an interactive audio and video telecommunications system.

(8) "Medically necessary" means that the service or benefit is:

(a) Directly related to diagnostic, preventive, curative, palliative, rehabilitative, or ameliorative treatment of an illness, injury, disability, or health condition;

(b) Consistent with currently accepted standards of good medical practice;

(c) The most cost-efficient service that can be provided without sacrificing effectiveness or access to care; and

(d) Not primarily for the convenience of the participant, family, or provider.

(9) "Opioid treatment program" means a program licensed by the Department in accordance with COMAR 10.09.80.

(10) "Originating site" means the location of an eligible Medicaid participant at the time the service being furnished via technology-assisted communication occurs, which is a site registered with the Department to provide telehealth services.

(11) "Participant" means an individual who is certified as eligible for, and is receiving, Medical Assistance benefits.

(12) "Provider" means:

(a) An individual, association, partnership, corporation, unincorporated group, or any other person authorized, licensed, or certified to provide services for Medical Assistance participants and who, through appropriate agreement with the Department, has been identified as a Maryland Medical Assistance Provider by the issuance of an individual account number;

(b) An agent, employee, or related party of a person identified in §B(12)(a) of this regulation;

(c) An individual or any other person with an ownership interest in a person identified in §B(12)(a) of this regulation.

(13) "Psychiatric nurse practitioner" means an advanced practice registered nurse whose certification and licensing indicates CRNP-PMH.

(14) "Public Behavioral Health System" means the system that provides medically necessary behavioral health services for Medical Assistance participants and certain other uninsured individuals, including mental health and substance use disorder services.

(15) "Residential crisis services site" means a facility that provides intensive mental health and support services that are:

(a) Provided to a child or an adult with mental illness who is experiencing or is at risk of a psychiatric crisis that would impair the individual's ability to function in the community; and

(b) Designed to prevent a psychiatric inpatient admission, provide an alternative to psychiatric inpatient admission, shorten the length of inpatient stay, or reduce the pressure on general hospital emergency departments.

(16) Store and Forward Technology.

(a) "Store and forward technology" means the transmission of medical images or other media captured by the originating site provider and sent electronically to a distant site provider, who does not physically interact with the patient located at the originating site.

(b) "Store and forward technology" does not mean dermatology, ophthalmology, or radiology services according to COMAR 10.09.02.07.

(17) "Technology-assisted communication" means multimedia communication equipment permitting two-way real-time interactive communication between a patient at an originating site and a distant site provider at a distant site.

(18) "Telehealth" means the delivery of medically necessary somatic or behavioral health services to a patient at an originating site by distant site provider, through the use of technology-assisted communication.

(19) "Telehealth Program" means the program by which medically necessary somatic or behavioral health services are authorized to be delivered via technology-assisted communication between originating and distant site providers.

(20) "Transmission fee" means the amount the Department reimburses a registered originating site for the telehealth transmission.

### **.03 Registration.**

An eligible originating and distant site provider shall register with the Maryland Department of Health before providing telehealth services.

### **.04 Service Model.**

- A. Telehealth improves access to distant site providers.
- B. Telehealth providers may be part of a private practice, hospital, or other health care system.
- C. Medical Assistance-registered originating site providers shall engage in agreements with registered distant site providers for telehealth services.
- D. Services rendered via telehealth are reimbursed on a fee-for-service basis.

### **.05 Covered Services.**

Under the Telehealth Program, the Department shall cover:

- A. Medically necessary services covered by the Maryland Medical Assistance Program rendered by a registered distant site provider that shall be:



- (1) Distinct from services provided by the originating site provider;
- (2) Able to be delivered using technology-assisted communication; and
- (3) Clinically appropriate to be delivered via telehealth;

B. Services provided via telehealth to the same extent and standard of care as services provided in person;

C. The transmission fee paid to a registered originating site, except when the originating site is not a Medicaid payable provider; and

D. As determined by the provider's licensure or credentialing board, services performed via telehealth within the scope of a provider's practice.

### **.06 Participant Eligibility.**

A participant is eligible to receive telehealth services if the individual:

A. Is enrolled in the Maryland Medical Assistance Program on the date the service is rendered;

B. Consents to telehealth services unless there is an emergency that prevents obtaining consent, which the originating site shall document in the participant's medical record; and

C. Is present at the originating site at the time the telehealth service is rendered.

### **.07 Provider Conditions for Participation.**

A. To participate in the Program, the provider shall:

(1) Except when the originating site is not a Medicaid payable provider, be enrolled as a Medical Assistance Program provider on the date of the service is rendered;

(2) Except when the originating site is not a Medicaid payable provider, meet the requirements for participation in the Medical Assistance Program as set forth in:

(a) COMAR 10.09.36.02;

(b) COMAR 10.09.36.03; and

(c) The COMAR chapter defining the covered service being rendered;

(3) Register for participation in the Program;

(4) Engage in telehealth with a permitted telehealth provider registered with the Department, except when the originating site is not a Medicaid payable provider; and

(5) If a behavioral health service provider, be registered as a provider through the ASO on the date the service is rendered.

B. Medical Record Documentation. An originating and distant site provider shall:

(1) Maintain documentation in the same manner as during an in-person visit, using either electronic or paper medical records;

(2) Retain telehealth records according to the provisions of Health-General Article, §4-403, Annotated Code of Maryland; and

(3) Include the participant's consent to participate in telehealth or an explanation as to why consent was not available.

C. Permitted Originating Sites. The following sites may register as an originating site for Telehealth Program service delivery:

(1) A college or university student health or counseling office;

(2) A community-based substance use disorder provider;

(3) A deaf or hard of hearing participant's home or any other secure location as approved by the participant and the provider;

(4) An elementary, middle, high, or technical school with a supported nursing, counseling or medical office;

(5) A local health department;

(6) A FQHC;

(7) A hospital, including the emergency department;

(8) A nursing facility;

(9) The office of a physician, physician assistant, psychiatric nurse practitioner, nurse practitioner, or nurse midwife;

(10) An opioid treatment program;

(11) An outpatient mental health center;

(12) A renal dialysis center; or

(13) A residential crisis services site.

D. Permitted Distant Site Providers.

(1) Effective October 1, 2017, the following provider sites may register as distant site providers eligible to deliver services via telehealth within the rendering provider's scope of practice:

(a) A community-based substance use disorder provider;

(b) An opioid treatment program;

(c) An outpatient mental health center; or

(d) A federally qualified health center.

(2) The following rendering provider types licensed to practice in Maryland may register as distant site providers to render behavioral or somatic services via telehealth:

(a) A nurse midwife;

(b) A nurse practitioner;

(c) A psychiatric nurse practitioner;

(d) A physician;

(e) A physician assistant; or

(f) A provider fluent in American Sign Language providing telehealth services to a deaf or hard of hearing participant.

## **.08 Technical Requirements.**

A. A provider of health care services delivered through telehealth shall adopt and implement technology in a manner that supports the standard of care to deliver the required service.

B. A provider of health services delivered through telehealth shall, at a minimum, meet the following technology requirements:

(1) A camera that has the ability to manually or under remote control provide multiple views of a patient with the capability of altering the resolution, focus, and zoom requirements according to the service;

(2) Unless engaging in a telehealth communication with a participant who is deaf or hard of hearing, audio equipment that ensures clear communication and includes echo cancellation;

(3) Bandwidth speed and image resolution sufficient to provide quality video to meet a minimum of 15 frames per second, or higher, as industry standards change;

(4) Display monitor size sufficient to support diagnostic needs used in the telehealth services; and

(5) Create video and audio transmission with less than 300 millisecond delay.

## **.09 Confidentiality.**

The originating and distant site providers:

A. Shall comply with the laws and regulations concerning the privacy and security of protected health information under:

(1) Health-General Article, Title 4, Subtitle 3, Annotated Code of Maryland; and

(2) The Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. §§1320d et seq., as amended, the HITECH Act, 42 U.S.C. §§17932, et seq., as amended, and 45 CFR Parts 160 and 164, as amended;



B. Shall ensure that all interactive video technology-assisted communication comply with HIPAA patient privacy and security regulations at the originating site, at the distance site, and in the transmission process;

C. Shall occupy a space or area that meets the minimum standards for privacy expected for a patient-provider interaction;

D. May not disseminate any participant images or information to other entities without the participant's consent, unless there is an emergency that prevents obtaining consent; and

E. May not store at originating and distant sites the video images or audio portion of the telehealth service for future use.

## **.10 Limitations.**

A. A service provided through telehealth is subject to the same program restrictions, preauthorizations, limitations, and coverage that exist for the service when provided in person.

B. A telehealth service does not include:

(1) An audio-only telephone conversation between a health care provider and a patient;

(2) An electronic mail message between a health care provider and a patient;

(3) A facsimile transmission between a health care provider and a patient; or

(4) A telephone conversation, electronic mail message, or facsimile transmission between the originating and distant site providers without interaction between the distant site provider and the patient.

C. Store and forward technology does not meet the Maryland Medical Assistance Program's definition of telehealth. The Maryland Medical Assistance Program covers services such as dermatology, ophthalmology, and radiology according to COMAR 10.09.02.07.

D. Telehealth-delivered services may not bill to the Maryland Medical Assistance Program or to the ASO when technical difficulties preclude the delivery of part or all of the telehealth session.

E. The Department may not reimburse a provider for the following:

(1) Services that occur during an ambulance transport;

(2) Communications between providers where the participant is not physically present at the originating site;

(3) Telehealth services delivered where either:

(a) The distant site is not a registered distant site provider as set forth in Regulation .07 of this chapter; or

(b) The originating site is not a permitted originating site provider as set forth in Regulation .07 of this chapter; or

(4) Mental health and substance use disorder services that did not receive prior authorization from the Department or its ASO.

F. The Department may not reimburse for services that:

- (1) Require in-person evaluation; or
- (2) Cannot be reasonably delivered via telehealth.

G. The Department may not reimburse distant site providers for a facility fee.

H. The Department may not reimburse for originating site transmission fees billed using both the physicians' services fee and the Health Services Cost Review Commission fee.

I. The Department may not reimburse for home health monitoring services.

## **.11 Reimbursement.**

A. To receive reimbursement for telehealth services, a provider shall:

- (1) Be actively enrolled with Maryland Medical Assistance; and
- (2) Participate with a telehealth partner that meets provider conditions for participation as set forth in Regulation .07 of this chapter.

B. Originating Site Transmission Fee.

- (1) The telehealth transmission fee is set:
  - (a) In COMAR 10.09.02.07D; or
  - (b) By the Health Services Cost Review Commission for sites located in regulated space.
- (2) Transmission fees paid to the originating site may be used to pay for:
  - (a) Line or per minute usage charges, or both; and
  - (b) Any additional programmatic, administrative, clinical, or contingency support at the originating site.

C. Distant Site Reimbursement.

- (1) The distant site shall be reimbursed:
  - (a) For somatic services provided via telehealth, as set forth in COMAR 10.09.02.07D;
  - (b) For mental health services provided via telehealth, as set forth in COMAR 10.09.59.09; or
  - (c) For substance use disorder services provided via telehealth, as set forth in COMAR 10.09.80.08.
- (2) Services delivered via telehealth shall be billed with the telehealth GT modifier.
- (3) Services delivered via telehealth shall be within the provider's scope of practice as determined by its governing licensure or credentialing board.



## **Administrative History**

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