




## DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

**To:** All Medicaid Provider Types, Public Behavioral Health Providers, Medicaid Managed Care Organizations, Optum Behavioral Health ASO

**From:** Robert R. Neall, Secretary   
Maryland Department of Health

**Re:** COVID-19 #4b: Temporary Authorization of Audio-Only Health Care Services to Mitigate Possible Spread of Novel Coronavirus (“COVID-19”) Executive Order No. 20-03-20-01

**Effective:** March 21, 2020

**NOTE:** Please ensure appropriate staff members in your organization are informed of the contents of this memorandum

### Background

On March 5, 2020, Governor Lawrence J. Hogan, Jr., declared a state of emergency due to disease (“COVID-19”) caused by the novel coronavirus. An outbreak of disease due to COVID-19 first occurred in the Hubei Province, China, in late 2019, and has currently been detected in more than 109 countries, including the United States. COVID-19 is a severe respiratory disease, resulting in illness or death, caused by person-to-person spread of the novel coronavirus.

On March 20, 2020, Governor Hogan issued Executive Order No. 20-03-20-01 to authorize the reimbursement of audio-only health care services and to grant further flexibility regarding the use of HIPAA-compliant telehealth technology during the state of emergency.

### Telephone Services Authorized During State of Emergency

On March 12, 2020, the Department issued guidance to temporarily expand Medicaid telehealth regulations to permit the home as an originating site.<sup>1</sup> Pursuant to the Governor’s Executive Order and in recognition of the fact that certain Medicaid participants’ are still unable to access needed services, the Medicaid Program is relaxing certain requirements around the use of telephones to provide clinical services.

Providers who are not able to meet in-person with a participant should make every effort to use the following technology, in order of priority:

---

<sup>1</sup> COVID-19 #1: Temporary Expansion of Medicaid Regulations to Permit Delivery of Telehealth Services to the Home to Mitigate Possible Spread of Novel Coronavirus (“COVID-19”), [https://phpa.health.maryland.gov/Documents/COVID-19.1\\_Telehealth%20Guidance\\_Neall.pdf](https://phpa.health.maryland.gov/Documents/COVID-19.1_Telehealth%20Guidance_Neall.pdf).

1. Traditional telehealth technology which meets all formal requirements is strongly preferred. (These services remain unaffected by the measures in this guidance).
2. If Medicaid participants are unable to access originating sites possessing fully qualified technology (ability to pan/focus camera, multiple views, etc.) this emergency policy will permit the use of notebook computers, smartphones, or audio-only phones.
3. If Medicaid participants cannot access cell-phone based video technology, audio-only telephone calls will be permitted.

This document further outlines the services and providers that will be eligible for use with audio-only telephones.

### **General Conditions**

1. The measures outlined in this document are restricted to use during the emergency declared by Governor Hogan to deal with the threat of COVID-19 and will expire immediately at the end of the declared emergency, unless Executive Order No. 20-03-20-01 is rescinded or superseded, amended, or revised by additional orders such that the Secretary's authority to issue this guidance no longer exists.
2. The measures address only those clinical services through Medical Assistance and the Public Behavioral Health System. This document does not address the eligibility of Medicare-funded or commercial services; clarification on whether or not these payers will allow for audio-only telephone services should be obtained directly from the payers in question.
3. Telehealth services including audio-only telephone services, or services using video applications that do not meet State regulations, may only be delivered **with the explicit consent of the participant**. Consent shall be obtained from the recipient's parent or guardian if such consent is legally required. Participants must be provided with a clear explanation of the telehealth or voice service and its confidentiality limitations, including the use of non-HIPAA compliant technology. Providers must ensure that this is documented in the Medicaid participant's medical record. Attention to ensuring that participants' confidentiality is protected in terms of private space, etc., must be a priority. The provider shall abide by all laws regarding a participant's rights and health information.
4. The provider shall verify the identity of the participant receiving PRP services, and shall provide the provider's name, contact information, and health occupation license number.
5. Providers may only deliver services that fall within their normal scope of practice as authorized by the relevant professional board. Services provided telephonically are subject to the same program restrictions, preauthorizations, limitations, and coverage that exist for the service when provided in-person.
6. Providers must contact the behavioral health ASO if they have questions regarding prior authorization requirements for services rendered via audio-only telephonic or telehealth.

7. Behavioral health services: Providers must contact the behavioral health ASO with questions regarding prior authorization requirements for services rendered via audio-only telephonic or telehealth.

This document further outlines the services and providers which will be eligible for use with voice-only telephones.

### **Providers who may deliver behavioral health services using voice telephone**

Only those provider types already authorized by existing State regulations to use telehealth technology may deliver public behavioral health system-funded telephone services. To bill Medicaid, a provider must be a current Medicaid provider. There is no longer a separate telehealth registration process.

Providers may only deliver services that fall within their normal scope of practice as authorized by the relevant professional board.

Providers may not deliver services for which they would not normally be eligible as Medicaid providers.

#### *Provider types eligible to provide telehealth include:*

Psychiatrists.

Psychiatric Nurse Practitioners (CRNP-PMH).

Advanced Practice Nurses (APRN-PMH).

LCPC, LCMFT, LCADC, LCPAT.

LCSW-C.

In Outpatient Mental Health Clinics - only under supervision - LMSW or LCSW, LGPC, LGADC LGMFT, LGPAT.

In ASAM Level 1 outpatient SUD program, State licensed providers only – CAC-AD, CSC-AD.

FQHCs who bill through the Specialty Behavioral Health System.

Providers listed above must be enrolled in the Department's Speciality Behavioral Health Program.

### **Services which may be delivered using voice telephone**

Services which may be delivered using the telephone are restricted to the following:

#### **E&M codes**

99211, 99212, 99213, 99214, 99215

**Psychotherapy codes**

90832 (16-37-time span) Individual psychotherapy outpatient (30 m) – Adult and Child

90834 (38-52-time span) Individual psychotherapy outpatient (45 m) – Adult and Child

90846 Family Therapy without patient present – Adult and Child

90847 Family Therapy with patient present - Adult and Child (not covered for voice telephone)

90833 30 min Individual psychotherapy add on

90836 45 min Individual psychotherapy add on

90837 (53 min and up)

90839 Psychotherapy for Crisis, first 60 min – Adult and Child

90840 Psychotherapy for Crisis, additional 30 min – Adult and Child

**SUD Treatment codes**

H0016 MAT Initial Induction: Alcohol/Drug Services; Medical/Somatic (Buprenorphine /Methadone is covered by telehealth services only not for voice telephone)

H0001 Alcohol and/or Drug Assessment (not covered for voice telephone)

H0004 (15 min increments, max 6 per day) Individual Outpatient Therapy

**Group Treatment Codes** (A telehealth group in this policy is defined as each member dialing into a central meeting, using HIPAA compliant video technology. Voice telephone groups are not covered)

90853 Group Psychotherapy

H0005 Group Outpatient Therapy

H0015 Intensive Outpatient (IOP)

H2036 Partial Hospitalization

S9480 Intensive OP Psych. Services, per diem (clinic model) - Adult and Child

H0032 Interdisciplinary Team Treatment Planning w/patient present (not covered for voice telephone)

### **SERVICE REIMBURSEMENT**

Professional Services only will be reimbursed. Facility Fees will not be paid.

Services should be billed using the appropriate service population modifiers.

Services delivered by telephone must also be billed using a -UB modifier.

Regular Video telehealth services use the -GT modifier.

### **SERVICE AUTHORIZATIONS**

Services will be authorized using the normal mechanisms. No special authorization will be needed for telephone services.

Providers must contact the behavioral health ASO if they have questions regarding prior authorization requirements for services rendered via audio-only telephonic or telehealth.

### **SERVICE VOLUME MONITORING**

Providers may not use the audio-only telephone service option to expand services. Service volumes will be monitored, and outliers will be audited.

The Department shall, upon determining that there is a substantial likelihood that a healthcare provider has failed to comply with this guidance or the terms of Executive Order No. 20-03-20-01, prohibit the healthcare provider from being reimbursed by the State for audio-only telephonic services.