

department of health and mental hygiene

maryland medicaid



2014  
telemedicine  
provider manual

September 2014

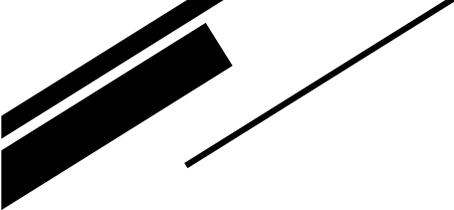


# table of contents

Introduction and Service Model Description.....	1
Provider Eligibility.....	2
Provider Enrollment.....	3
Participant Eligibility.....	3
Covered Services.....	4
Technical Requirements.....	5
Medical Records.....	5
Confidentiality.....	5

## **Appendices:**

- Appendix A: Definitions
- Appendix B: MCO Contacts
- Appendix C: Billing Codes and Modifiers
- Appendix D: Provider Scenarios
- Appendix E: Provider Addendum



# introduction

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

1. Access to outpatient specialty care, thus reducing preventable hospitalizations and reducing barriers to health care access;
2. Participant compliance with treatment plans;
3. Health outcomes through timely disease detection and treatment options; and
4. Capacity and choice for outpatient ongoing treatment in underserved areas.

Effective October 1, 2014, the Maryland Medical Assistance Program (“the Program”) will reimburse approved providers for services rendered to Program participants via telemedicine statewide. The Program will implement this expanded telemedicine service for both providers and participants, regardless of geographic location. Participants may be in the fee-for-service program, a managed care organization (MCO), or a long-term services and supports waiver program. Providers must already be enrolled in the Program.

This manual contains information about the telemedicine service program, provider and participant eligibility, covered services, and reimbursement, in line with COMAR 10.09.49.

For additional information, please visit [dhmh.maryland.gov/telemedicine](http://dhmh.maryland.gov/telemedicine)

## **Telemedicine Service Model**

Telemedicine in Maryland employs a “hub-and-spoke” model. The “hub”, or “distant site”, is the location of the medical specialist, who provides consultation services to the “spoke”, or “originating site”, where both provider and participant are located. Communication between the originating and distant sites involves real-time interaction via a secure, two-way audio and video telecommunication system. This service model was determined to be the most practical to improve access to consulting providers.

Program-approved originating site providers shall engage in agreements with Program-approved consulting providers to deliver telemedicine services, using fee-for-service reimbursement, at the same rate as in-person specialist consultations. The Program will reimburse approved providers for medically necessary services that can reasonably be delivered using technology-assisted communication. For more information on services that can reasonably be delivered via telemedicine, please see the provider scenarios in Appendix D of this manual.



# provider eligibility

## Telemedicine Provider Eligibility

### Originating site

Eligible participants and originating site providers must be located in the same location or office at the time a telemedicine service is delivered. The Program shall approve the following provider types as an originating site for service delivery:

- Free-standing renal dialysis centers
- Federally Qualified Health Centers
- Hospitals, including emergency departments
- Local health departments
- Nursing facilities

- Physicians
- Nurse practitioners
- Nurse midwives

**NOTE:** The Program will approve Maryland hospitals as originating sites only if a specialist is not available to provide timely consultation and diagnostic evaluation.

### Distant site

Originating site providers shall engage in agreements with the following distant site providers in Maryland, the District of Columbia, or a contiguous state for telemedicine consultation services:

- Free-standing renal dialysis centers
- Federally Qualified Health Centers
- Hospitals, including emergency departments
- Local health departments
- Nursing facilities

- Physicians
- Nurse practitioners
- Nurse midwives

# provider enrollment

Providers interested in participating in the Telemedicine Program must first complete a Maryland Medicaid Provider Application if they are not already enrolled with the Program. To begin the application process, please visit: [dhmh.maryland.gov/providerinfo](http://dhmh.maryland.gov/providerinfo).

Once enrolled with the Program, providers must submit a Telemedicine Provider Addendum. The addendum should be filled out by the originating site provider and should indicate with whom the originating site will work to provide telemedicine consultation services. Providers who complete the addendum are expected to provide the Department with a general outline of their plan to participate in the Telemedicine Program.

MCOs may require a different enrollment process; please consult the appropriate telemedicine contact for your MCO (Appendix B) for more information.

The provider addendum for the Telemedicine Program may be found in Appendix E. The addendum will also be available electronically on the Maryland Medicaid Telemedicine Information Page at: [dhmh.maryland.gov/telemedicine](http://dhmh.maryland.gov/telemedicine).

The Telemedicine Provider Addendum may be submitted for review via any of the following methods:

Email: [dhmh.telemedicineinfo@maryland.gov](mailto:dhmh.telemedicineinfo@maryland.gov)  
Fax: 410.333.5154  
Mail: Medicaid Office of Health Services  
201 W. Preston St., Room 118  
Baltimore, MD 21201

# participant eligibility

The program shall reimburse approved telemedicine providers only if participants meet the following criteria:

1. Participants must be enrolled in the Maryland Medical Assistance Program;
2. Participants must be present at the originating site at the time the telemedicine service is rendered; and
3. Participants must consent to telemedicine services unless there is an emergency that prevents obtaining consent.

# covered services

Prior authorization is necessary for any services that currently require prior authorization when performed in an office setting. Providers should contact MCOs with questions regarding any MCO-specific prior authorization requirements for telemedicine services. MCO contact information may be found in Appendix B.

For more information about covered services and limitations, please see COMAR 10.09.49.

## Covered Services

### Originating site

- Medically necessary office or other outpatient services rendered by an approved originating site provider that are distinct from the telemedicine services provided by a consulting provider; and
- An approved telemedicine transaction fee; or
- If the originating site is a hospital, the appropriate revenue code; and
- If the originating site is an out-of-state hospital, a telemedicine transaction fee.

### Distant site

- Medically necessary consultation services rendered by an approved consulting provider that can reasonably be delivered using technology-assisted communication.

## Services Not Covered

### The Program will not reimburse approved telemedicine providers for the following:

1. Telemedicine services when technical difficulties prevent the delivery of part or all of the telemedicine session;
2. Consultation that occurs during an ambulance transport;
3. Telemental health services, which are covered by the Mental Hygiene Administration for approved Telemental Health Service providers;
4. Services that require in-person evaluation or that cannot reasonably be delivered via telemedicine;
5. Consulting providers for a telemedicine transaction fee and/ or facility fee;
6. Home health monitoring services;
7. Telemedicine services delivered by an originating and distant site provider located in different facilities on the same hospital campus;
8. Services that do not meet the Program's definition of telemedicine:
  - a. An audio-only telephone conversation between a health care provider and a participant;
  - b. An electronic mail message between a health care provider and a participant;
  - c. A facsimile transmission between a health care provider and a participant;
  - d. A telephone conversation, electronic mail message or facsimile transmission between the originating and consulting providers without interaction between the consulting provider and the participant; or
  - e. "Store and Forward" technology.

# technical requirements

As stated in COMAR 10.09.49:

Providers delivering health care services through telemedicine shall adopt and implement technology in a manner that supports the standard of care to deliver the required service. 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. Display monitor size sufficient to support diagnostic needs used in the telemedicine service;
3. Audio equipment that ensures clear communication and includes echo cancellation;
4. Bandwidth speeds sufficient to provide quality video to meet or exceed 15 frames per second; and
5. Creates video and audio transmission with less than 300 milliseconds.

# medical records

The originating and consulting providers shall maintain documentation in the same manner as during an in-person visit or consultation, using either electronic or paper medical records, which shall be retained according to the provisions of Health-General Article, §4-403, Annotated Code of Maryland. Furthermore, the participant 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.

Originating site providers shall document in a participant's medical record if an emergency situation prevents obtaining consent to telemedicine services.

# confidentiality

Both the originating and consulting providers shall 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 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 in the transmission process; and
2. May not store at originating and distant sites the video images or audio portion of the telemedicine service for future use.

# appendix a: definitions

**Consulting provider** means the licensed provider at the distant site who provides medically necessary consultation services to the patient at the originating site via telemedicine upon request from the originating site provider.

**Department** means the Department of Health and Mental Hygiene, which is the single state agency designated to administer the Telemedicine Program.

**Distant site** means a site approved by the Department to provide telemedicine services, at which the licensed consulting provider is located at the time the service is provided via technology-assisted communication.

**Medically necessary** means that the service or benefit is: 1) Directly related to diagnostic, preventive, curative, palliative, rehabilitative, or ameliorative treatment of an illness, injury, disability, or health condition; 2) Consistent with currently accepted standards of good medical practice; 3) The most cost-efficient service that can be provided without sacrificing effectiveness or access to care; and 4) Not primarily for the convenience of the consumer, family, or provider.

**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 approved by the Department to provide telemedicine services.

**Security** means the protection of information and information systems from unauthorized access, use, disclosure, disruption, modification, or destruction.

**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.

**Technology-assisted communication** means multimedia communication equipment permitting two-way, real-time interactive communication between a participant at an originating site and a consulting provider at a distant site.

**Telemedicine** means the delivery of medically necessary services to a participant at an originating site by a consulting provider, using technology-assisted communication.

# appendix b: mco contacts

## **Amerigroup**

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

## **Kaiser Permanente**

Kate Massey  
Email: kmassey@kp.org  
Phone: 301-526-4557

## **MedStar**

For preauthorization: Care Management: 800-905-1722  
For enrollment: Lesley Wallace  
AVP Regulatory Affairs, Network Development and Marketing  
Email: Lesley.Wallace@medstar.net  
Phone: 410-933-3013

## **Maryland Physicians Care**

Linda Dietsch, Compliance Officer  
Phone: 410-401-9452  
Fax: 860-907-2527  
Email: Linda.Dietsch@marylandphysicianscare.com

## **Priority Partners**

Noelle Flaherty, MS, MBA, RN, CCM, CPHQ  
Director, Quality Improvement, Member Safety and Medical Policy  
Phone: 410-424-4973  
Email: nflaherty@jhhc.com

## **Jai**

Marvin Council, Director of Regulatory Compliance  
Phone: 410-433-2200  
Email: marvin.council@jaimedical.com

## **Riverside**

Jose Vazquez  
Email: jvazquez@myriversidehealth.com  
Phone: 443-552-3270

## **United Healthcare**

Member Services  
Phone: 877-842-3210

# appendix c: billing codes and modifiers

Approved telemedicine providers will submit claims in the same manner the provider uses for in-person services (i.e., paper CMS 1500 forms or 832 electronic submission).

All telemedicine providers, both originating and distant, must bill the appropriate CPT code or revenue code with a –GT modifier when rendering services via telemedicine. The -GT modifier indicates the services were provided via an interactive audio and video telecommunication system.

## **Billing in the Telemedicine Program: Originating sites**

### **Office Billers**

- Using the -GT modifier, evaluation and management (E&M) codes 99201-99205; 99211-99215 for community outpatient services or 99281-99285 and 99288 for emergency room outpatient services; and
- If the service location is a physician's office: HCPCS code Q3014 for the telehealth originating site facility fee; or

### **Hospital Billers**

- If the service location is a hospital: revenue code 0780 for the standard facility fee; or
- If the service location is a an out-of-state hospital: HCPCS code Q3014 for the telemedicine originating site facility fee

## **Billing in the Telemedicine Program: Distant sites**

### **All Billers**

- E&M codes 99241-99245 99251-99255 for consultation services along with the appended –GT modifier.

**Please note: distant site providers should NOT bill the Q-code or the 0780 revenue code.**

For more information on Physicians' Services billing, you may consult the 2014 Physicians' Services Provider Fee Manual at: [dhmh.maryland.gov/providerinfo](http://dhmh.maryland.gov/providerinfo).

# appendix d: provider scenarios

## **Scenario 1: Appropriate Use of Telemedicine**

A 16-year-old boy comes into his pediatrician's office for a sick visit. He has symptoms that align with both Irritable Bowel Syndrome and Crohn's disease. There are several tests available for narrowing down the diagnosis, but his doctor is unsure which is most appropriate. The doctor sets up a telemedicine video conference with a gastroenterologist at an academic medical center who is a partnering telemedicine distant site provider. The gastroenterologist is located hours away from the boy and his pediatrician, but through video and audio technology, the boy is able to interact with the specialist and be examined.

The gastroenterologist examines the patient's medical record, which the pediatrician shares through a secure portal, and asks the patient a series of questions about his eating habits and his symptoms. The pediatrician and specialist discuss their options, share opinions, and agree on the most appropriate diagnostic test.

## **Scenario 2: Proper Discretion in the Telemedicine Program**

A 25-year-old man goes to his primary care physician with a painful ear infection. The physician examines his ear, but cannot see past the swelling. She tells the patient that she would normally prescribe him ear drops but the swelling and blockage would prevent the medicine from entering the canal.

The patient, who has participated in a telemedicine consultation in the past, asks if a consult with an ENT specialist might be possible. The physician explains that a telemedicine consultation would not be sufficient because the specialist will have to physically meet with the patient and remove the blockage from his ear with specialized equipment. Since a referral does not warrant the use of telemedicine, she picks up the phone and calls the office to schedule a same-day appointment on his behalf.

## **Scenario 3: Emergency Use of Telemedicine**

An 80-year-old woman is taken to the emergency room after a nurse at her assisted living facility noticed that she is slurring her words. The ER physician orders a CT scan but will need to request a consultation from a neurologist, who will be able to evaluate the full extent of the damage to the patient's brain. Since no neurologist is available in the hospital, the physician sets up a telemedicine consultation with a partnering distant site stroke neurologist, thereby ensuring that the patient receives the best possible care.

Through a telemedicine consultation, the stroke neurologist is able to evaluate her condition. Through his interpretation of the patient's CT scan and responses to a series of standardized questions, the neurologist is able to determine that the woman had an acute stroke. The stroke neurologist is able to advise on the use of tissue plasminogen activator (tPA) within the critical time window.



## Telemedicine Program Provider Addendum

---

### Originating Site Provider Information

**Organization Name:**

NPI:

MA #:

Tax ID#:

Name of Primary Contact Person:

Title of Primary Contact Person:

Primary Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

**Provider Type (check all that apply):**

Physician (please specify type)

Nurse Practitioner

Nurse Midwife

**Facility Type (check one):**

FQHC

Local Health Department

Hospital, including emergency department

Nursing Facility

Renal Dialysis Center

Private Office

**Originating Site**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

---

**Distant Site Provider Information**

**Organization Name:**

NPI:

MA #:

Tax ID#:

Name of Primary Contact Person:

Title of Primary Contact Person:

Primary Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

**Provider Type (check all that apply):**

Physician (please specify type)

Nurse Practitioner

Nurse Midwife

**Facility Type (check one):**

FQHC

Hospital, including emergency department

Local Health Department

Nursing Facility

Renal Dialysis Center

Private Office

**Distant Site**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

**Please attach a copy of the contract or agreement between the Originating Site and the Distant Site provider, including billing-related responsibilities for each provider.**

## **Telemedicine Service Delivery Plan**

**Please provide and attach information for the following areas.**

1. How many individuals do you expect to serve through telemedicine?
2. Describe services to be provided.
3. Describe protocol for determining medical necessity for Originating Site providers.
4. Describe protocol for confidentiality.
5. Describe procedures for maintenance of telemedicine documentation in the individual's medical record at both the Originating Site and Distant Site.
6. Describe pharmacy protocol, as it relates to telemedicine.
7. Describe the quality monitoring system for telemedicine care.
8. Provide a written contingency plan for when telemedicine is unavailable.
9. Please provide any additional information you think would be helpful.
10. Please attest that all participating originating and distant sites have, at a minimum, video technology components as follows:
  - A camera that has the ability to manually or under remote control provide multiple view of a patient with the capability of altering the resolution, focus, and zoom requirements according to the consultation;
  - Display monitor size sufficient to support diagnostic needs used in the telemedicine service;
  - Audio equipment that ensures clear communication and includes echo cancellation;
  - Bandwidth speeds sufficient to provide quality video to meet or exceed 15 frames per second; and
  - Creates video and audio transmission with less than 300 milliseconds.

**I attest that all participating sites meet the minimum technology requirements listed above and will continue to meet the requirements as long as telemedicine services are being provided.**

**Please see addendum submission information on the following page.**

**Provider addendum may be submitted for review via email, fax, or mail.**

**Email:** [dhmh.telemedicineinfo@maryland.gov](mailto:dhmh.telemedicineinfo@maryland.gov)

**Mail:** Medicaid Office of Health Services  
Department of Health & Mental Hygiene  
201 West Preston Street, Room 118  
Baltimore, MD 21201

**Fax:** 410-333-5154

For DHMH use only		
<b>Internal Checklist</b>		
Originating site:		Distant site:
NPI:		NPI:
MA #:		MA #:
Reviewer:	Approved / Denied:	Date:
Notification date regarding application status:		
If applicable, date of PIS for COS change to PT 57 or 61:		