

Telehealth Program Manual

Updated: April 2020

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.

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 before rendering services via telehealth.

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 audiovisual 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 not physically present at the originating 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 10.09.49.05.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 services rendered via telehealth.

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 services rendered via telehealth.

Behavioral services: Providers must contact the behavioral health ASO with questions regarding prior authorization requirements for services rendered via telehealth.

Participant Eligibility

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

- Is enrolled in the Maryland Medical Assistance Program on the date the service is rendered;
- Consents to service rendered via telehealth (unless there is an emergency that prevents obtaining consent);
- Is present at the originating site at the time the service via telehealth 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 7, 2019, all distant site providers enrolled in Maryland Medicaid may provide services via telehealth as long as telehealth is a permitted delivery model within the rendering provider's scope of practice. Providers should consult their licensing board prior to rendering services via telehealth.

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 service via telehealth;
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

Telehealth providers submit claims in the same manner the provider uses for in-person services. Providers must include the "GT" modifier to identify services rendered via telehealth.

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 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.

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

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 services rendered via telehealth for home health monitoring;

- Use of store-and-forward service delivery models¹;
- 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;
- A telephone conversation, electronic mail message, or facsimile transmission between the originating and distant site providers; or

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 service rendered via telehealth 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.

¹ 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.

Appendix A: MCO and ASO Contacts
Aetna Better Health:

Cheryl Toland, COO
Aetna Better Health of Maryland
Phone: 443-457-5293 or 443-370-8975

Amerigroup Community Care:

For preauthorization and administrative questions: 800-454-3730
Kathleen Harmon RN Director I, Clinical Operations
O: (410) 981-4069 | F: (844) 887-6353

Jai Medical Systems:

Helena Manu, Director, Provider Relations
Phone: 410-433-2200
Email: Helena@jaimedical.com

Kaiser Permanente:

Doug Ingalls, Manager, Medicaid Operations
301-816-6148
Douglas.ingalls@kp.org

Maryland Physicians Care (MPC):

Jeanne Hamilton Manager Compliance-Maryland Physicians Care
Phone: 443-713-4799
Email: Jeanne.M.Hamilton@marylandphysicianscare.com

MedStar Family Choice:

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

Priority Partners:

Kayode Williams, MD
Phone: 410-955-1822
Email: kwilli64jhmi.edu
Administrative questions: Kathy Pettway
Email: kpettwa@jhmc.com

University of Maryland Health Partners:

Dan Myers, VP of Solutions
DMeyers@ummshealthplans.com
443-341-1558

United Healthcare:

Members: 800-318-8821

Providers: 877-842-3210

Optum:

Provider Enrollment: 1-844-463-7768

Recipient Enrollment: 1-855-642-8572

EVS – Eligibility Verification: 1-866-710-1447

Optum (toll-free, follow prompts): 1-800-888-1965, TTY 711

Fax: 1-855-293-5407

Email: marylandproviderrelations@optum.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. 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. 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 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 – 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.

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 Four: 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 bills Medicaid for the appropriate E&M code with the -GT modifier.