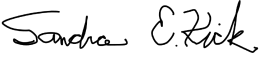




Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM**  
**General Provider Transmittal No. 105**  
**June 27, 2025**

**TO:** All Providers

**FROM:** Sandy Kick, Director   
Office of Medical Benefits Management

**RE:** Delivery of Services through Telehealth

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

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In accordance with HB 869/SB 372, Preserve Telehealth Access Act of 2025 (Chs. 481 and 482 of the Acts of 2025), telehealth flexibilities, including coverage of audio-only phone conversations, has been extended on a permanent basis. These services had previously been set to sunset on June 30, 2025.

As such, Medicaid will continue to provide coverage for health care services delivered through telehealth regardless of the participant's location at the time services are rendered and to allow a distant-site provider to provide services to a participant from any location at which the services may be delivered through telehealth. Medicaid will continue to permit services to be rendered via audio-only telehealth.

**Facility Fees.** Note, the Act requires that the Maryland Department of Health does not reimburse facility, room, or board charges for telehealth visits unless a professional fee cannot be billed separately. For instance, if professional fees are bundled into the outpatient clinic rate (e.g., physical therapy), the outpatient hospital may bill its facility charge.

**Federal Rules (Clinic Services).** Local Health Departments, General Clinics, Family Planning Clinics, Free-Standing Dialysis Clinics and School-Based Health Centers (SBHCs) must adhere

to federal Medicaid regulations governing clinics (42 CFR § 440.90 - Clinic Services). Medicaid may not reimburse clinics if neither the practitioner nor patient is physically located within the clinic. This requirement applies to all freestanding clinics participating in the Maryland Medicaid program, regardless of whether they are community-based clinics or SBHCs, with the [exception of Outpatient Mental Health Clinics \(OMHCs\)](#) (see [PT 86-25](#)).

**Modifiers.** When billing Medicaid or a HealthChoice MCO for an audio-video telehealth visit or an audio-only visit, sponsoring agencies should bill using the usual procedure code with the appropriate modifier.

- To bill for services delivered via two-way audio-visual telehealth technology assisted communication, providers must bill for the appropriate service code and use the “-GT” modifier.
- To bill for audio-only telephonic services, providers must bill for the appropriate service code and use the “-UB” modifier to identify the claim as a telephonically delivered services.

Additional guidance regarding the delivery and reimbursement of telehealth services can be found on [Maryland Medicaid’s Telehealth webpage](#).

Services delivered via telehealth must be provided in a HIPAA compliant manner. For more information, visit [HHS’s HIPAA and Telehealth webpage](#). OCR has previously issued guidance on HIPAA compliance in the provision of telehealth services on an audio-only basis, contained on this [webpage](#).

For questions regarding this transmittal, please contact [mdh.medicaidtelehealth@maryland.gov](mailto:mdh.medicaidtelehealth@maryland.gov).