



Maryland Medicaid Synchronous Telehealth Policy Guide

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Scope

This document contains information about Maryland Medicaid's policies for synchronous telehealth services. The information included in this guide is subject to [COMAR 10.09.49](#) Telehealth Services.

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

- Increase access to services, thus reducing preventable hospitalizations and barriers to healthcare access;
- Improve health outcomes through timely disease detection and treatment options; and,
- Expand capacity and choice for ongoing outpatient and inpatient treatment in underserved areas of the State.

The telehealth care delivery model serves Medicaid participants regardless of geographic location.

Participants receiving covered services delivered via telehealth may be enrolled in the fee-for-service (FFS) program, which includes specialty behavioral health care, or a HealthChoice managed care organization (MCO). Providers must be enrolled in the Maryland Medical Assistance Program before rendering services via telehealth.

Service Model

Maryland Medicaid reimburses providers for services delivered via synchronous telehealth. Synchronous telehealth is defined as real-time interactive communication between the originating and distant sites via a secure, two-way audiovisual telecommunication system, and for some services, audio-only, depending on the program.

The “*distant site*” is the location of the provider who will perform the services. The “distant site provider” is the rendering practitioner who is not physically present at the originating site. All distant site providers enrolled in Maryland Medicaid may provide services via telehealth if telehealth is a permitted delivery model within the rendering provider's scope of practice.

The “*originating site*” is where the participant/patient is located, in their home or any secure location approved by the participant and the provider as the off-site location.

Maryland Medicaid reimburses some covered services rendered via audio-only. Audio-only includes telephone conversations. Services rendered via audio-only are billed in the same manner as in-person services and must include the “UB” modifier. Reimbursement for services rendered via audio-only is program-specific. Please refer to specific program regulations or manuals for coverage of services rendered via audio only.

The provider shall obtain the participant's consent to services via telehealth unless there is an emergency



that prevents obtaining consent, which shall be documented in the participant's medical record.

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. Specific Maryland Medicaid services may have additional requirements and limitations beyond those listed in this document. Please review the following policy resources for service-specific telehealth requirements:

- [2024 Maryland Medical Assistance Program Professional Services Provider Manual](#)
- [Carelton Behavioral Health Provider Manual](#)

A provider may receive reimbursement for services delivered via telehealth if the participant:

- Consents to service rendered via telehealth (unless there is an emergency that prevents obtaining consent, which shall be documented in the participant's medical record); and,
- Is authorized to receive services, except for services provided in a hospital emergency department.

Maryland Medicaid will **not** reimburse facility, room, or board charges for telehealth visits unless a professional fee cannot be billed separately. Please reference [PT 56-23](#).

Licensure

For participants physically located in Maryland, Maryland Health Professional Licensing Boards set licensure requirements. Providers should consult licensing boards (in both originating and distant site states, if applicable) prior to rendering services via telehealth to verify governing authority over licensure, as well as for information about the permitted use of telehealth as a service modality.

- [Maryland Health Professional Licensing Boards](#)
- [Maryland Board of Physicians FAQs for Telehealth](#)

Technical Requirements

Providers delivering services via telehealth must use technology that supports the standard level of care required to deliver the service rendered. A service delivered via synchronous audio-visual telehealth shall, at a minimum, meet the following technology requirements:

1. Cameras at both the originating and distant sites that provide clear, synchronous video of the patient and provider, respectively, with the ability to meet the clinical requirements of the service;
2. Have a display monitor size sufficient to support diagnostic needs used in the service via telehealth;
3. Network connectivity and bandwidth at both the originating and distant sites are sufficient to provide clear, synchronous two-way video and audio for the full duration of the service;
4. Unless engaging in a telehealth communication with a participant who is deaf or hard of hearing, microphones and speakers at both the originating and distant sites, respectively, that provide clear, synchronous, two-way audio transmission;
5. Utilize technology that meets the standards required by state and federal laws governing the privacy and security of protected health information (HIPAA compliant).

A dedicated connection that provides bandwidth only for telehealth communications is preferable for



services delivered via telehealth. Please review Maryland Medicaid's FAQs below for additional technological and HIPAA compliance.

Reimbursement

Providers delivering services via telehealth submit claims in the same manner the provider uses for in-person services.

For audio-visual telehealth, services rendered must be performed via technology that is HIPAA compliant and meets the Technical Requirements of COMAR [10.09.49.05](#).

For audio-only services, services rendered must be performed via technology that meets the Technical Requirements of COMAR [10.09.49.05](#).

Coding Telehealth Visits

- Providers must include the “GT” modifier with the billed procedure code to identify services rendered via visual-audio telehealth.
- Providers must include the “UB” modifier with the billed procedure code to identify services rendered via audio only.
- Providers should use the place of service code that would be appropriate as if it were a non-telehealth claim. The billing provider should use the location of the rendering practitioner. If a distant site provider is rendering services at an off-site office, use the place of service office (11). Do not use place of service codes 02 (Telehealth Other than home) and 10 (Telehealth Home) for *Medicaid-only* FFS claims.
- **Medicare Crossover Claims:** For Medicare crossover claims, billing providers should use the same Place of Service Code as on the Medicare claim submission: 02 (Telehealth-Other than home) and 10 (Telehealth-Home) are permitted for use on crossover claims *only*.

Limitations

For services delivered via telehealth, a provider may **not** bill:

1. When technical difficulties prevent the delivery of all or part of the telehealth session;
2. Services that require in-person evaluation or cannot be reasonably delivered via telehealth;
3. Use of store-and-forward service delivery models;¹
4. Telecommunication between providers without the participant present;
5. An electronic mail message between a provider and participant;
6. A facsimile transmission between a provider and participant;
7. A telephone conversation, electronic mail message, or facsimile transmission between providers without direct interaction with the patient.

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 billable as a synchronous telehealth service, but is covered for dermatology, ophthalmology, or radiology services under the Physician Services at COMAR 10.09.02.07.



Confidentiality

Providers must comply with the laws and regulations concerning the privacy and security of protected health information, including but not limited to the 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 and audio-only communication comply with HIPAA patient privacy and security regulations throughout 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 the video images or audio recordings of the service rendered via telehealth for future use.

Medical Records

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. Providers may not store the video images or audio portion of the service delivered via telehealth for future use.

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



Frequently Asked Questions

1. What are the licensure requirements for practicing telehealth in Maryland?

Licensure requirements, including telehealth practice, are determined by the state's [healthcare professional licensing boards](#). Maryland Medicaid does not further restrict telehealth practice or reimbursement beyond rules determined by the Health Occupations Code and professional licensing board regulations.

For all scope of practice questions, including whether telehealth visits are permitted when a patient is outside the state where the practitioner is physically located, practitioners should contact their licensing board or credentialing authority to determine if rendering services via telehealth is a permitted modality of care and what limitations on telehealth may exist. Note that it may be necessary to consult the relevant licensing board of the foreign state.

2. Does Maryland Medicaid reimburse for services rendered asynchronously?

Maryland Medicaid reimburses providers for services delivered via *synchronous* telehealth under COMAR 10.09.49, defined as real-time interactive communication between the originating and distant sites via a secure, two-way, real-time telecommunication system. See above on page 1 under the Service Model section. See the following question regarding Store and Forward technology. For information on Maryland Medicaid's coverage of Remote Patient Monitoring, visit <https://health.maryland.gov/mmcp/Pages/RPM.aspx>.

3. Does Maryland Medicaid reimburse for services rendered via Store and Forward technology?

Store and Forward technology is covered for dermatology, ophthalmology, or radiology services under the Physician Services at COMAR 10.09.02.07. Store and Forward technology is defined as 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. Covered Store and Forward services are included on the Professional Services Fee Schedule (see health.maryland.gov/providerinfo). It is covered for dermatology, ophthalmology, or radiology services under the Physician Services at COMAR 10.09.02.07.

4. Does Maryland Medicaid cover Remote Patient Monitoring?

Effective January 1, 2018, Maryland Medicaid covers remote patient monitoring. Please refer to COMAR 10.09.96 Remote Patient Monitoring for more information and resources for Remote Patient Monitoring: <https://health.maryland.gov/mmcp/Pages/RPM.aspx>.

5. Does Maryland Medicaid cover Audio-Only telehealth services?

Maryland Medicaid reimburses certain services rendered via audio-only depending on the program



updated under the Preserve Telehealth Act of 2025. Please contact your specific program for information on covered services via audio only.

6. How do I bill for telehealth?

Providers who render services using technology-assisted communication will submit claims in the same manner the provider uses for in-person services.

Providers must include the “GT” modifier to identify services rendered via technology-assisted communication. Claims submitted for services rendered via audio-only must include the “UB” modifier.

Providers cannot bill until they have met HIPAA and Technical Requirements. For more information on reimbursement, please see the above Technical Requirements section.

7. When may I start billing for services rendered via telehealth?

Providers enrolled with Maryland Medicaid may bill for telehealth services as long as telehealth is a permitted service delivery method under the provider’s scope of practice. Providers should check with their licensing board to determine if rendering services via telehealth is permitted.

Covered Services

8. Can I use telehealth for buprenorphine induction?

Yes, you can use telehealth for buprenorphine induction. If provided via telehealth, providers must bill with the –GT or –UB modifier per state and U.S. Drug Enforcement Agency requirements. If the originating site is a community-based substance use disorder provider, it may bill for any services performed in person that are separate from services rendered via telehealth.

Please Note: Effective February 18, 2025, federal rules permit authorized practitioners to prescribe buprenorphine for maintenance treatment and detoxification treatment of opioid use disorder via telehealth including audio-only telehealth if certain conditions are met under the 2025 Expansion of Buprenorphine Treatment via Telehealth Final Rule. This rule exists under the authority of the U.S. Drug Enforcement Administration and the U.S. Health and Human Services Department. Prescribing providers should contact their licensing board with any questions about prescribing rules within their scope of practice.

To review exemptions to the Ryan Haight Act and federal policy guidance, flexibilities, and policy updates, please review the following resources:

- [Expansion of Buprenorphine Treatment via Telemedicine Encounter](#)
- [Buprenorphine Telemedicine Prescribing: Questions and Answers | SAMHSA.](#)
- U.S. Department of Health and Human Services
 - [Telehealth for Substance Use Disorder](#)
 - [Prescribing controlled substances via telehealth](#)



9. May I provide services via telehealth from my home?

Distant site providers may use secure spaces/areas in the provider's home to engage in telehealth. Telehealth providers must meet the minimum requirements for privacy as well as the minimum requirements for technology.

10. Who may act as the distant site provider? What are other permitted places of service for distant site providers?

Providers who are licensed, certified, or otherwise authorized and who are 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 before rendering services via telehealth.

A distant site may be any location where a licensed, certified, or otherwise authorized provider is located when rendering a service using technology-assisted communication.

11. Which services are permitted to be rendered via telehealth?

Reimbursable services permitted to be provided via telehealth are set by the program covering the service being rendered.

12. Does Maryland Medicaid reimburse for audio-only services?

Yes, Maryland Medicaid will reimburse certain services via audio-only. Reimbursement for services rendered via audio-only is program-specific. Please check with the specific Medicaid program for questions on reimbursable services.

13. If technical difficulties preclude the full delivery of the telehealth session, does Maryland Medicaid reimburse for the service?

If technical difficulties on either the patient or the provider side prevent completion of the required components of the service, then you may **not** bill for that service. If bandwidth or network connectivity prevents two-way audiovisual telehealth and the session must convert to audio-only, then the service would still be billable as an audio-only visit as long as the service is appropriate for and capable of being fully rendered using that modality.

14. Who may act as an originating site?

The originating site may be any secure location approved by both the provider and the participant.

See the Service Model section on page 1 above and COMAR 10.09.49.04 Provider Conditions for Participation.

15. If I am enrolling in a group practice that renders services via virtual-only modalities, then what do I list as the service address on the enrollment application? How do I include affiliated



rendering providers?

If the group does not render in-person services and uses virtual-only modalities, include the service address found in NPPES for the group NPI <https://npiregistry.cms.hhs.gov/>. Rendering providers cannot be affiliated with an out-of-state group address. See Provider Enrollment for more information, or please contact mdh.providerenrollment@maryland.gov for additional questions.

Technical Requirements

16. What are the technical requirements to engage in telehealth?

COMAR 10.09.49.05 states the technical requirements to engage in telehealth. At a minimum, the provider must maintain the following technology requirements:

- A camera that provides clear, synchronous video;
- Microphones and speakers that provide clear audio communication;
- Network connectivity and bandwidth sufficient to provide clear, synchronous two-way video and audio for the full duration of the service;
- The ability to see the patient enough to support diagnostic needs;
- Technology that meets the standards required by state and federal laws governing the privacy and security of protected health information (HIPAA compliant).

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

17. What are the audio equipment requirements?

Microphones and speakers at both the originating and distant sites that provide clear, synchronous, two-way audio transmission. The sophistication of audio equipment may vary depending on the 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 an accurate interpretation of the patient's and the provider's oral communication.

18. What are the Image Resolution requirements?

Maryland requires, at a minimum, cameras at both the originating and the distant site that provide clear, synchronous video of the patient and of the provider with the ability to meet the clinical requirements of the service.

19. How do I bill for services when there is a disruption to the service provided via telehealth?

If a disruption in broadband connectivity disrupts the technology-assisted communication, providers may continue rendering the service via audio only, if appropriate for the service. Some services, though, are not reimbursable when rendered via audio only. Refer to question #13 on services that are covered via



audio only.

20. 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. Providers using technology-assisted communication must uphold patient confidentiality at all times. Providers are responsible for establishing and implementing reasonable and appropriate safeguards to ensure HIPAA Compliance.

21. What platforms may I use for telehealth visits?

The audio-video or audio-only transmission used must be HIPAA compliant. It is the responsibility of providers to ensure services provided via telehealth are HIPAA compliant.

22. Who do I contact if I have additional questions?

- For questions on behavioral health services, please email mdh.mabehavioralhealth@maryland.gov.
- For questions on acute care services, please email mdh.professionalservicespolicy@maryland.gov.
- For other programs, contact your specific program specialist.
- If you have any questions related to telehealth billing and policies, please email mdh.medicaidtelehealth@maryland.gov.