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Maryland Department of Health
Local Health Department
Billing Manual V37

May 2022 Training Session

Presented by:

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AGENDA

- Welcome and Introductions

- Access to the Manual and Training/Webinars

- Chapter Overviews

- What's New

- Looking Ahead

- Resources

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RS&F OVERVIEW

- Healthcare operations, business consulting, and CPA services firm that caters to hospital and physician organizations

- Providing high-quality services for over 38 years

- Services provided throughout the United States, with an emphasis on the Mid-Atlantic region and Southeast Florida

- Firm profile
  - Offices:
  - Towson, Maryland
  - Columbia, Maryland
  - Human capital: 70+ employees, including over 60 professionals

MDH WEBSITE

https://health.maryland.gov/pophealth/Pages/Local-Health-Department-Billing-Manual.aspx

Local Health Department Billing Manual

Overview

The Local Health Department (LHD) Billing Manual (Manual) provides a framework for LHDs to implement and/or expand their billing infrastructure. Maryland's 24 LHDs continue to assess their capabilities, readiness and challenges to bill insurance providers and collect for healthcare services. This manual will serve as a technical resource for the LHDs for implementing and/or expanding their billing infrastructure.

The LHD Billing Manual provides information in the following categories:

1. Maryland General Information
2. Creating the Billing Foundation
3. Revenue Cycle Management
4. LHD Programs and Services
5. Billing-related Software
6. Maryland Payers
7. Contracting and Credentialing
8. Compliance
9. Resources
10. Archive

The current version of the LHD Billing Manual is available at the link below:

Local Health Department Billing Manual - PDF Version

February 2022, Version 35 Updates, including COVID-19 information

Log of Monthly updates to the LHD Billing Manual:

- February 2022 - V35 Updates
- January 2022 - V34 Updates
- December 2021 - V33 Upates
- November 2021 - V32 Updates
- October 2021 - V31 Updates
- September 2021 - V30 Updates
- August 2021 - V29 Updates
- June 2021 - V28 Updates
- April 2021 - V27 Updates
- February 2021 - V26 Updates
- December 2020 - V25 Updates
- October 2020 - V24 Updates
- August 2020 - V23 Updates
- June 2020 - V22 Updates
- May 2020 - V21 Updates
- April 2020 - V20 Updates
- March 2020 - V19 Updates
- January 2020 - V17 Updates
- 2019 Updates

MDH BILLING MANUAL VERSION 37 UPDATE LOG

MARYLAND LOCAL HEALTH DEPARTMENT – BILLING MANUAL LOG

Chapter Number	Chapter Title – Sub –Title Version: V37 Date: April 2022	Document Title	Notes
Pre-Chapter	Log Updates		
Hot Topics	Hot Topics	HHS Renewal of Determination of PHE	*New Document*
Hot Topics	Hot Topics	The No Surprise Act	*Recurring document*
Hot Topics	Hot Topics	AMA 2022 CPT Changes Summary	*Recurring document*
Hot Topics	Hot Topics	CMS Telehealth POS MLN MM124427	*Recurring document*
FAQ	Frequently Asked Questions		
COVID	COVID	HHS Renewal of Determination of PHE	*Effective April 16, 2022*
COVID	COVID	CMS COVID-19 New Codes for Moderna Vaccine Booster Doses	*Effective March 29, 2022*
I	Maryland General Information	No updates	
II	Creating the Billing Foundation	No updates	
III	Revenue Cycle Management (RCM) – General Information	PBHS FY 2022 Health Home	*In Section IV, IX*
III	Revenue Cycle Management (RCM) – General Information	PBHS FY 2022- MH Individual and OMHC	*In Section IV, IX*
III	Revenue Cycle Management (RCM) –General Information	PBHS FY 2022- PRP & Specialty Programs	*In Section IV, IX*
III	Revenue Cycle Management (RCM) –General Information	PBHS FY 2022- PRP Cascade	*In Section IV, IX*
III	Revenue Cycle Management (RCM) –General Information	PBHS FY 2022- 1915	*In Section IV, IX*
III	Revenue Cycle Management (RCM) –General Information	SUD FY 2022 MD Medicaid Fee Schedule	*In Section IV,IX*
IV	LHD Programs and Services – Behavioral Health and Substance Use Disorder	SUD FY 2022 MD Medicaid Fee Schedule	*In Section III, IX*
IV	LHD Programs and Services – Behavioral Health and Substance Use Disorder	PBHS FY 2022 Health Home	*In Section III, IX*
IV	LHD Programs and Services – Behavioral Health and Substance Use Disorder	PBHS FY 2022- MH Individual and OMHC	*In Section III, IX*
IV	LHD Programs and Services – Behavioral Health and Substance Use Disorder	PBHS FY 2022- PRP & Specialty Programs	*In Section III, IX*
IV	LHD Programs and Services – Behavioral Health and Substance Use Disorder	PBHS FY 2022- PRP Cascade	*In Section III, IX*

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BALTIMORE • ANNAPOLIS • COLUMBIA • DELRAY BEACH (FL)

Log of Monthly updates to the LHD Billing Manual:

- April 2022 - V37 Updates
- March 2022 - V36 Updates
- February 2022 - V35 Updates
- January 2022 - V34 Updates
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- October 2021 - V31 Updates
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- 2019 Updates

https://health.maryland.gov/pophealth/Documents/Local%20Health%20Department%20Billing%20Manual/LHD%20Billing%20Manual%20V31/Manual%20Log%20V31_%20OCT%20%202021_%20Revised.pdf

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TRAININGS AVAILABLE ON WEBSITE

December 8, 2021
Materials: PPT, Recording of the training

February 17, 2021
Materials: PPT, Recording of the training

Click on the links for previously recorded training sessions and PowerPoint slides for LHD Billing Manual in Adobe Portfolio format.

https://health.maryland.gov/pophealth/Pages/Local-Health-Department-Billing-Manual.aspx

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HOT TOPICS

https://health.maryland.gov/pophealth/Pages/Local-Health-Department-Billing-Manual-(PDF).aspx

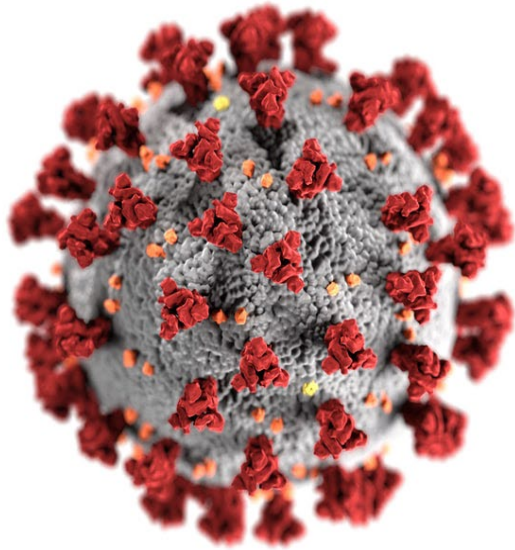## HOT TOPICS

❖ Frequently Asked Questions
    ❖ Send to MarylandLHDBM@rsandf.com
❖ The No Surprise Act
❖ HHS Renewal f Determination of PHE
❖ CMS Covid-19 New Codes for Moderna Vaccine Booster Doses
❖ AMA 2022 CPT Changes Summary
❖ CMS Telehealth POS MLN MM12427

COVID-19 UPDATES

The U.S. Department of Health and Human Services Secretary Xavier Becerra renewed the ongoing COVID-19 public health emergency (PHE) on April 16, 2022. HHS has promised to give at least a 60-day notice when the PHE will expire for good.

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MARYLAND GENERAL INFORMATION

https://health.maryland.gov/pophealth/Pages/LHD-Billing-Manual-Section-I.aspx

Section I – Maryland General Information

❖ County & Baltimore City Governance

❖ Map of Maryland Jurisdictions

❖ COMAR

❖ MACHO

❖ Maryland Corporate Compliance (OIG)

CREATING THE BILLING FOUNDATION

https://pophealth.health.maryland.gov/Pages/LHD-Billing-Manual-Section-II.aspx

Section II – Creating the Billing Foundation

- ❖ Non-Chargeable List
- ❖ Maryland Ability to Pay Schedule
- ❖ Federal Poverty Levels
- ❖ Taxonomy Numbers
- ❖ NPI Numbers – Individual; Organizational; Sub-part
- ❖ CLIA & State Lab Certificates
- ❖ NDC (*National Drug Codes*)
- ❖ Tax ID Forms
- ❖ Proof of Income
- ❖ NUCC (*National Uniform Claim Committee*)
- ❖ POS (*Place of Service Codes*)

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REVENUE CYCLE MANAGEMENT

https://pophealth.health.maryland.gov/Pages/LHD-Billing-Manual-Section-III.aspx

Section III – Revenue Cycle Management

❖ Front-end Processes

❖ Coding & Documentation Guides

❖ Billing Office Processes:

    ❖ Claim Processing & Denial Management

    ❖ Patient & Insurance Account Receivables

    ❖ CCU (Central Collection Unit)

❖ Reports & KPI

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LHD PROGRAMS AND SERVICES

https://pophealth.health.maryland.gov/Pages/LHD-Billing-Manual-Section-IV.aspx

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- ❖ Behavioral Health/SUD
- ❖ Reproductive Health
- ❖ Optum/MCO/Uninsured
- ❖ Dental
- ❖ Diabetes
- ❖ EPSTD

- ❖ Hep C
- ❖ Hep B
- ❖ Rabies
- ❖ SBIRT
- ❖ Immunizations
- ❖ HIV

- ❖ Telehealth
- ❖ TB
- ❖ Refugee
- ❖ PrEP
- ❖ Nutrition Program

BILLING RELATED SOFTWARE

https://pophealth.health.maryland.gov/Pages/LHD-Billing-Manual-Section-V.aspx
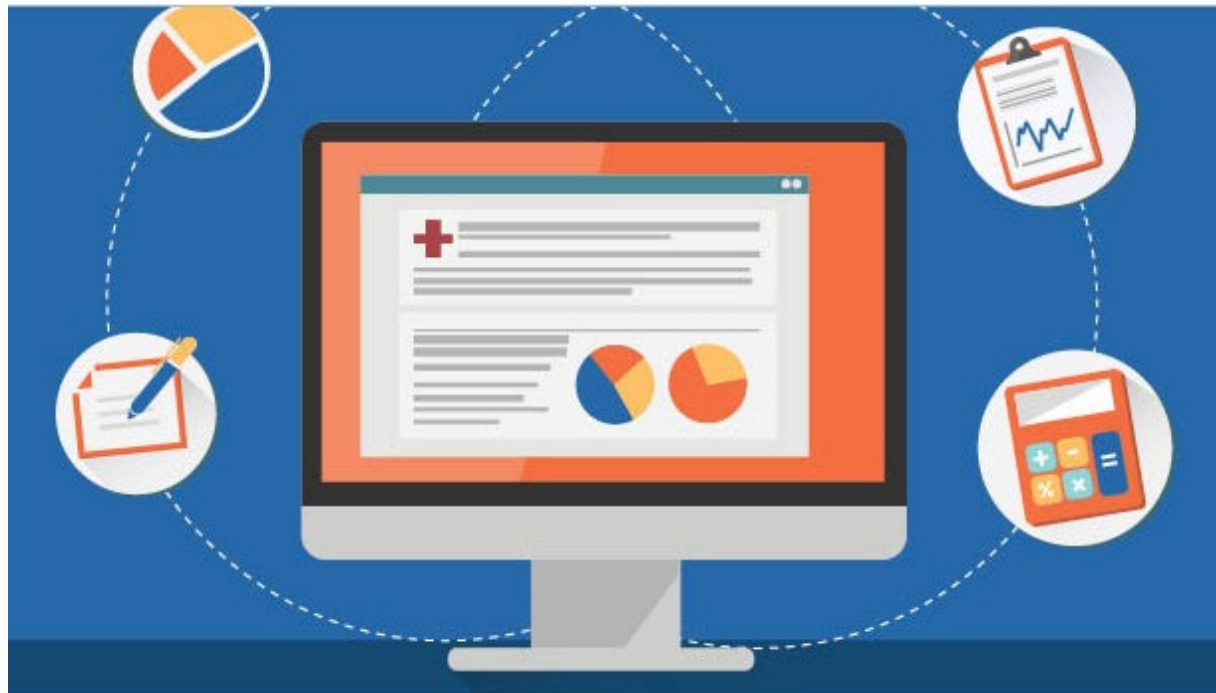
Section V – Billing Related Software

❖ PMS - Practice Management Software for Billing

❖ EHR - Electronic Health Records

❖ Clearinghouse

❖ Provider Portals

❖ Patient Portals

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MARYLAND PAYORS

https://pophealth.health.maryland.gov/Pages/LHD-Billing-Manual-Section-VI.aspx

Section VI – Maryland Payors

❖ Maryland Medicaid

❖ Health Choice – Medicaid Managed Care (MCOs)

❖ Commercial

❖ Medicare

❖ Payor Portals

❖ AAPC Payor Link Tool

CONTRACTING AND CREDENTIALING

https://pophealth.health.maryland.gov/Pages/LHD-Billing-Manual-Section-VII.aspx

Section VII – Contracting and Credentialing

❖ Difference Between Contracting & Credentialing

❖ Medicare – PECOS

❖ Medicaid – ePrep

❖ CAQH

❖ Billing & Credentialing Physician Extenders

❖ Credentialing Flow Chart

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COMPLIANCE

https://pophealth.health.maryland.gov/Pages/LHD-Billing-Manual-Section-VIII.aspx

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- ❖ MDH Corporate Compliance Plan & Addendum

- ❖ Medicare Documentation FAQs

- ❖ Medicare Compliance Resources

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- ❖ OIG Provider Compliance Program Guidance

- ❖ PDMP Prescribers Mandate

- ❖ Minor Consent Laws – Maryland

- ❖ Confidentiality

RESOURCES

https://pophealth.health.maryland.gov/Pages/LHD-Billing-Manual-Section-IX.aspx

Section IX – Resources

- ❖ MDH Record Retention
- ❖ Non-Chargeable List
- ❖ MCO Comparison Chart
- ❖ Hyperlinks to Payors
- ❖ Pediatric Coding Resource Guide
- ❖ On-line ICD-10 Tool

- ❖ Glossary of Health Coverage & Billing
- ❖ Common Claim Denials
- ❖ HPI & ROS Coding Guidelines
- ❖ Medical Billing Acronyms
- ❖ ACA FAQs
- ❖ Adjustment Reason Codes

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ARCHIVE

https://pophealth.health.maryland.gov/Pages/LHD-Billing-Manual-Section-X.aspx

Section X – Archives
❖ Retired Billing Manual Documents

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WHAT'S NEW?

- HIPAA Security Compliance

- No Surprise Act

- Incident To Billing

- Telehealth Updates

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HIPAA SECURITY

HIPAA Privacy vs HIPAA Security

❑ HIPAA <u>Privacy</u> applies to the confidentiality, all forms of protected health information (PHI), including oral, written and paper.

❑ HIPAA <u>Security</u> applies to electronic protected health information (EPHI) only, including created, received, maintained or transmitted EPHI.

HIPAA Security Plan Goals

❑ The goal of HIPAA Security is to endure the confidentiality, integrity, and availability of EPHI that the organization creates, receives, maintains or transmits.

- Ensuring <u>confidentiality</u> means that the data or information is not made available or disclosed to unauthorized persons or processes.

- Ensuring <u>integrity</u> means that the data or information has not been altered or destroyed in an unauthorized manner.

- Ensuring <u>availability</u> means that the data or information is accessible and useable upon demand by authorized person.

HIPAA Security Plan Goals CONTINUED

❑ Protect against any reasonably anticipated threats or hazard to the security or integrity of such information, e.g., loss of patient electronic information due to human error or natural disasters such as flood or fire.

❑ Protect against any reasonably anticipated uses/ disclosures of such information that are not permitted or required by the Privacy Rule, e.g., by the use of passwords to authorized users.

❑ Ensure workforce compliance, e.g., with training and monitoring.

HIPAA Security Plan

❑ Understand the HIPAA Security Regulations.

❑ Review the implementation specifications.

❑ Conduct a Security Risk Analysis and determine security measures.

❑ Implement reasonable and appropriate solutions.

❑ Document the analysis, decisions and the rationale for decisions and create policies and procedures (the "Plan").

❑ Re-assess the Security Plan periodically and as new technology is adopted and implemented.

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Elements of the Security Plan

❑ Covered Entities must reasonably <u>safeguard</u> ePHI.

❑ HIPAA Security Plan documented policies and procedures must address:

- ▪ Administrative Safeguards
- ▪ Physical Safeguards
- ▪ Technical Safeguards
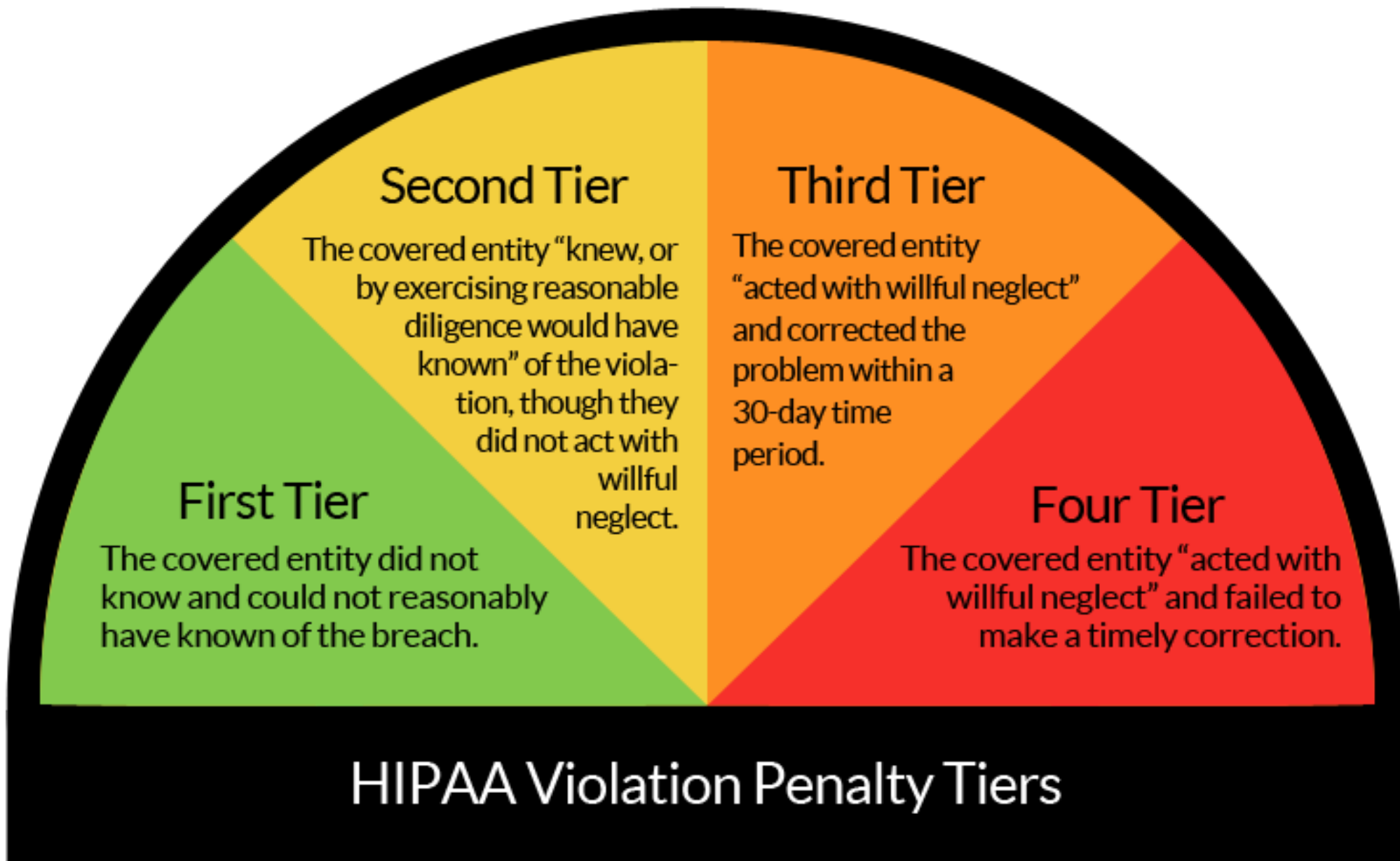
Security Risk Assessment

❑ Risk Assessments:

- Identifies and assesses risks associated with the security of the PHI

- Evaluates security controls put in place to mitigate those risks

- Monitors the effectiveness of those controls on an ongoing basis

❑ Risk Assessments should include:

- Policies and procedures

- System audits

- Staff training

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Areas of Deficiencies
& Non-Compliance

❑ The most common areas of deficiency is an organization's failure to conduct a security risk assessment to identify and mitigate risks to PHI.

- ◼ PHI on exposed servers
- ◼ Unencrypted laptops
- ◼ Unchanged default passwords
- ◼ Outdated security software
- ◼ Inadequate training

HIPAA Violation Penalty Tiers

First Tier

The covered entity did not know and could not reasonably have known of the breach.

Second Tier

The covered entity "knew, or by exercising reasonable diligence would have known" of the violation, though they did not act with willful neglect.

Third Tier

The covered entity "acted with willful neglect" and corrected the problem within a 30-day time period.

Four Tier

The covered entity "acted with willful neglect" and failed to make a timely correction.

HIPAA Compliance Checklist

✓ **Have you conducted the following 6 required annual Audits/Assessments?**

- ❑ Security Risk Assessment
- ❑ Privacy Assessment (Not required for BAs)
- ❑ HITECH Subtitle D Audit

- ❑ Security Standards Audit
- ❑ Asset and Device Audit
- ❑ Physical Site Audit

✓ **Have you identified all gaps uncovered in the audits above?**

- ❑ Have you documented all deficiencies?

✓ **Have you created remediation plans to address deficiencies found in all 6 Audits?**

- ❑ Are these remediation plans fully documented in writing?
- ❑ Do you update and review these remediation plans annually?

- ❑ Are annually documented remediation plans retained in your records for six (6) years?

HIPAA Compliance Checklist

☑ **Have all staff members undergone annual HIPAA training?**

❑ Do you have documentation of their training?

❑ Is there a staff member designated as the HIPAA Compliance, Privacy, and/or Security Officer?

☑ **Do you have Policies and Procedures relevant to the annual HIPAA Privacy, Security, and Breach Notification Rules?**

❑ Have all staff members read and legally attested to the Policies and Procedures?

❑ Do you have documentation of their legal attestation?

❑ Do you have documentation for annual reviews of your Policies and Procedures?

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HIPAA Compliance Checklist

☑ **Have you identified all your vendors and Business Associates?**

❑ Do you have Business Associate Agreements in place with all Business Associates?

❑ Have you performed due diligence on your Business Associates to assess their HIPAA compliance?

❑ Are you tracking and reviewing your Business Associate Agreements annually?

❑ Do you have Confidentiality Agreements with non-Business Associate vendors?

☑ **Do you have a defined process for incidents or breaches?**

❑ Do you have the ability to track and manage the investigations of all incidents?

❑ Are you able to provide the required reporting of minor or meaningful breaches or incidents?

❑ Do your staff members have the ability to anonymously report an incident?

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NO SURPRISE ACT 2022

What is the No Surprise Act?
This rule provides protections for patients which regulate the balance billing process and create new ways for patients to understand their financial responsibilities.

What is Surprise Billing?
The HHS defines it as "when patients receive care from out-of-network providers or facilities and the service costs are not fully covered by the patient's insurance provider'"

Can you balance bill?
YES
1. The patient has been notified the care is out-of-network
2. The patient has been given other in-network options at that facility
3. The patient has received the estimated cost of care
4. The patient has opted to continue with the out-of-network provider.

Can you balance bill?
NO
By law, out-of-network (OON) providers at in-network facilities are prohibited from balance billing patients.
Additionally, ancillary providers may not balance bill. This definition of ancillary providers includes:
*Physicians and non-physicians in emergency medicine, anesthesiology, pathology, radiology, laboratory, and neonatology services areas and assistant surgeons, hospitalists and intensivists.

NO SURPRISE ACT 2022

Healthcare providers and facilities must provide a good faith estimate:

➢ If the service is scheduled 3 business days before the date you must provide an estimate no later than 1 business day after scheduling. If you schedule the item at 10 business days before the date you must provide the estimate no later than 3 business days after scheduling.

➢ It must include a list of items and services that the scheduling provider or facility reasonably expects to provide.

➢ Expected charges or costs associated with each item or service

➢ Information on how to dispute your bill if it is at least $400 higher for any provider or facility than the good faith estimate you received from that provider or facility.

Find PDF version of consent document at CMS.gov

Maryland Attorney General-No Surprise Act-https://www.marylandattorneygeneral.gov/Pages/CPD/HEAU/NSA.aspx#3

NO SURPRISE ACT 2022

What are the new requirements and prohibitions of the No Surprises Act?

Patients now have new billing protections when getting emergency care, certain nonemergency care from out-of-network providers during visits to certain in-network facilities, and air ambulance services from out-of-network providers.

New Surprise Billing Requirements and Prohibitions

- No balance billing for *out-of-network emergency services*
- No balance billing for non-emergency services by out-of-network providers during patient visits to certain in-network health care facilities, _unless notice and consent requirements are met_ for certain items and services.
- Providers and health care facilities must publicly disclose patient protections against balance billing

- No balance billing for covered air ambulance services by out-of-network air ambulance providers
- In instances where balance billing is prohibited, cost sharing for insured patients is limited to in-network levels or amounts
- Providers must give a good faith estimate of expected charges to uninsured and self pay patients at least 3 business days before a scheduled service, or upon request
- Plans and issuers and providers and facilities must ensure continuity of care when a provider's network status changes in certain circumstances
- Plans and issuers and providers and facilities must implement certain measures to improve the accuracy of provider directory information

"INCIDENT TO" BILLING REQUIREMENTS

What Is "Incident To" Billing ?

- Services or supplies are furnished as an integral, although incidental, part of the physician's services during the diagnosis or treatment of an injury or illness.

- Non-physician practitioners may provide certain services in the place of enrolled Medicare providers, and bill under the Medicare provider's NPI number.

- Individuals who are performing services "incident to" a qualified Medicare practitioner are not required to be separately enrolled as an independent practitioner in Medicare.

- "Incident To" guidelines were developed by Medicare. Not all insurance payors have adopted these guidelines.   Commercial Payers guidelines can be vague regarding Non-Physician Practitioner billing.

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To Qualify for Incident To Billing:

✓ Services must be part of your patient's normal course of treatment

✓ A physician **personally performed an initial service** and remains **actively involved** in the course of treatment.

✓ The physician does not have to physically be present in the patient's treatment room while these services are provided, but they must provide **direct supervision**. They must be present in the office suite to render assistance.

✓ The patient record should document the essential requirements for incident to service.

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Direct Personal Supervision

Direct supervision in the office setting does not mean that the physician must be present in the same room with his or her aide.

However, the physician **must be present in the office suite and immediately available to provide assistance and direction** throughout the time the aide is performing services.

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Elements of Incident To Billing:

Integral Although Incidental

- The physician **MUST** initiate the care but need not render a physician service at each instance of I2 billing.
- The physician must remain actively involved in the care.
- Any changes to the treatment must be approved by the physician.

Initial Service Requirement

- To bill I2 there must have been a direct, personal, professional service furnished by a physician to initiate the course of treatment
- There must be subsequent services by the physician of a frequency that reflects his/her continuing active participation in and management of the course of treatment.

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Elements of Incident To Billing:

Established Plan of Care

- Documentation needed from non-physician:
    - ✓ 'Link' between the rendering physician service to which their service in incidental.

    - ✓ List date and location of the provider's prior service. This supports the active involvement of the physician.

    - ✓ Legibly record name and credentials along with the supervising physician for the current service.

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Billing Options:

1. **Incident To**
   - **Reimbursement** - Based on 100% of the physician fee schedule amount.
   - **Provider Numbers** - Services provided "incident to" are billed under the physician's provider number.

2. **Direct Billing by an NPP**
   - **Reimbursement** - 85% of the Physician Fee Schedule amount.
   - **Provider Numbers** – Services are billed under rendering NPP. Medicare assignment must be accepted on all claims submitted by NPP.

Established patient with a subsequent visit.

1 Physician initiates a course of diagnosis or treatment in a face-to-face encounter.

2A Subsequent office visits, services or items.

3 New sign or symptom.

E&M visit with physician or non-physician practitioner. Bill under the NPI of the rendering clinician.

2B A physician of the group or the initiating doctor must be in the office suite when the services are performed.

2C Billed as though the <u>supervising</u> physician performed.

Item 24J

NPI#

Supervising Physician

Medical Record documents who performed and supervised.

Facts

Only available for outpatient services (CMS-1500 or UB-04).

Available for Medicare. Many health insurance plans recognize incident-to billing. Double check with your health plans.

Physicians are:
MD/DO
Chiropractors
Dentists
Optometrists
Oral Surgeons
Podiatrists

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Incident To Billing Summary:

- Physician must initiate the care for the condition.

- Physician must remain actively involved in the care of the patient's condition.

- Subsequent services must be of the type commonly performed in the physician office.

- Subsequent services must be performed by an employee, or someone with an employment relationship. In the case of an entity, the physician must also be an employee.

- Physician must be on the premises in the office suite (same address/same building).

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This document is for refernce only. Payors change guidelines regularly. Check with the Payor manual for guidance

Insurance	Nurse Practitioner - CRNP					Physician Assistant - PA-C				
	Required to Bill Direct - @ 85% of Allowable	Allows to Bill Direct - @ 85% of Allowable	Advanced Practice Provider Not Credentialed - Must Bill Under Supervising Dr.	Allows to Bill under Supervising Physician	Modifer(s) for Billing under Supervising Physician	Required to Bill Direct - @ 85% of Allowable	Allows to Bill Direct - @ 85% of Allowable	Advanced Practice Provider Not Credentialed - Must Bill Under Supervising Dr.	Allows to Bill under Supervising Phsician	Modifer(s) for Billing under Supervising Physician
Aetna *+		X		X	SA		X		X	SA
Aetna Better Health		X		X			X		X	
Amerigroup		X					X			
Carefirst BCBS	X							X		
CareFirst Community Plan†		X					X			
Cigna		X		X	SA		X		X	SA
Humana		X		X			X		X	
Humana Military /Tricare		X		X			X		X	
Jai		X					X			
Maryland Medicaid	X					X				
Maryland Physician Care	X							X		
Medicare Part B-MD-Novitas		X		X			X		X	
MedStar		X					X			
Priority Partners		X					X			
Railroad Medicare		X		X			X		X	
United Healthcare Commercial*		X		X	SA		X		X	SA
United Healthcare Community Plan		X		X			X		X	

* Supervising Physician MUST be on-site

+ Follows Medicare guidelines for Incident To

SA modifier : Nurse practitioner rendering service in collaboration with physician.

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TELEHEALTH UPDATES

Medicare Telehealth Updates – Effective 1/1/2022; Implementation Date 4/1/2022

For calendar year 2022, Medicare has made the following updates for telehealth services:

- ✓ **2 New Modifiers**
    1. **FQ** - A telehealth service was furnished using real-time audio-only communication technology
    2. **FR** - A supervising practitioner was present through a real-time two-way, audio/video communication technology

- ✓ **An Updated Telehealth Services List**
    - https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Medicare Telehealth Updates Continued

✓ **Telehealth Mental Health Services**
  - After the PHE, requirements have been updated for face-to-face, in-person visits requirements.

✓ **New POS Code – 10**
  - **Telehealth provided in patient's home:** The location where health services and health related services are provided or received, through telecommunication technology. Patient is located in their home (*which is a location other than a hospital or other facility where the patient receives care in a private residence*) when receiving health related services through telecommunication technology.

  - **Note:** Until the PHE has ended, continue to report the POS had that service been furnished in person.

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Maryland Medicaid	Medicare
Eligibility	

	Maryland Medicaid	Medicare
Types of Technology	*Acceptable telehealth technology in order of priority*** • Meets the formal requirements outlined in the Program Manual • *Audio-only telephone* • *For audio-only telephone services, patient must be provided with a clear explanation of potential limitations, including confidentiality, and provide explicit consent* See Resources: 1 and 4	• For a telehealth visit, interactive, real-time audio and video telecommunications system • For a virtual check-in, system that enables secure communication (e.g., telephone, secure text message/email, video, or image) • For an E-Visit, online portal See Resource: 3

Billing	

	Maryland Medicaid	Medicare
Originating Site	Same as in-person See Resource: 1	HCPCS Code Q3014 to bill the originating site fee See Resource: 1

Services	• **Audio-visual**
	  ○ Appropriate CPT code with "GT" modifier
	    ▪ *Outpatient Substance Use Disorder Treatment: H0015*
	    ▪ *Residential Substance Use Disorder Treatment billed the same as in-person services*
	    ▪ Behavioral Health: 90853; H0005; H0015; H0032; S9480
		Telehealth Visit
		
		• **Audio-visual**
		With GQ/GT-modifier and POS 02
		  ○ Somatic: *77427; 93797-93798; 93750; 94002-94005; 94625-94626; 94664; 95970-95972; 95983-95984; 96110; 96112-96113; 99202-99205; 99211-99215; 99483; 99495-99496; G0422-G0423*
		  ○ Hospital: *99217-99226; 99231-99233; 99234-99236; 99238-99239; 99281-99285; 99291-99292; 99468-99469; 99471-99473; 99475-99480;* G0508-G0509
		  ○ Behavioral Health: *90875; 96170-96171; 97151-97158; 0373T; 0362T; G0410; 96125; 97129-97130; 0373T*
		  ○ End-Stage Renal Disease (ESRD): *90951-90952; 90953; 90954-90955; 90956;* 90957-90958; *90959;* 90960-90961; *90962;* 90963-90970
		  ○ Eye: *92002; 92004; 92012; 92014*
		  ○ Speech/Hearing: *92601-92604; S9152; 92526; 92550; 92552-92553; 92555-92557; 92563; 92565; 92567; 92570; 82587; 92588; 92607-92610; 92625-62627; 96105; S9152*
		  ○ Physical Therapy: *97110; 97112; 97116; 97150; 97161-97164; 97530; 97542; 97750; 97755; 97760; 97761*
		  ○ Occupational Therapy: *97110; 97112; 97150; 97165-97168; 97530; 97750; 97755; 97760-97761*
		  ○ Physical Medicine and Rehabilitation Evaluations: *97530; 97542; 97750; 97755; 97760; 97761*
		  ○ Home Health: *99324-99328; 99334-99335; 99336-99337; 99341-99345; 99347-99348; 99349-99350*
		  ○ Skilled Nursing Facility: *99304-99306; 99307-99310; 99315-99316; G9685*

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	Maryland Medicaid	Medicare
Billing		

Services Cont.	• **Audio-only Telephone**
	  o *The following with the "-UB" modifier*
	    ▪ *Somatic Services: 99211-99213*
	    ▪ *Behavioral Health: 99211-99215; 90832-90834; 90836; 90837; 90839-90840; H0016; H0001; H0004; H2036; H2018*
	    ▪ *Residential Substance Use Disorder Treatment billed the same as in-person services*
	
	See Resources: 1, 3 and 4
		• **Audio-visual or *Audio-only***
		  With GQ/GT-modifier and POS 02
		  o Somatic: *97535;* 99212-99214; 99406-99407; 99497-99498; G0108-G0109; G0296; G0406-G0408; G0425-G0427; G0438-G0439; G0506; G0513-G0514; G2211
		  o Hospital: 99356-99357; G0459; G2212
		  o Health Risk Assessment: 96160-96161
		  o Behavioral Health: 90785; 90791-90792; 90832-90834; 90836-90840; 90845-90847; 90853; 96116; 96121; *96127; 96130-96133; 96136-96139;* 96156; *96158;* 96159; 96164-96165; 96167-96168; 99354-99355; G0396-G0397; G0442-G0446; G2086-G2088
		  o ESRD: G0420-G0421
		  o Speech/Hearing: *92507-92508; 92521-92524*
		• Nutrition: 97802-97804; G0270; G0447
		• **Telephone Only**
		  o *99441-99443*
		• **Virtual Check-Ins (several modalities)**
		  o G2012, G2251
		  o Not related to a medical visit within the previous 7 days
		  o Does not lead to a medical visit within the next 24 hours
		• **E-Visit (online portal)**
		  o 99421-99423; G2061-G2063; 98970-98972
		  o Patient initiated
		  o Occurs over a maximum of 7 days
		
		See Resources: 1, 2 and 3, 6

Cost-Sharing *(Copayments, Deductibles, Coinsurance)*	• Same as in-person visits **See Resource: 1**	• Generally, applies to services rendered • *For telehealth visits only, flexibility to reduce or waive cost-sharing paid by federal health care programs (may not apply to virtual check ins or e-visits)* **See Resources: 3 and 4**

	Aetna	CareFirst	Cigna	Kaiser	UnitedHealthcare
Payer Sponsored Telehealth Program (through third-party vendor)	• Teladoc® • MinuteClinic See Resource: 1	• CareFirst Video Visit See Resource: 2	• Cigna Telehealth Connection (MDLIVE and Amwell) See Resources: 2 and 3	• Kaiser Permanente Video Visits See Resource: 1	• Virtual Visits (Teladoc, American Well and Doctor on Demand) See Resource: 1
Eligibility					

Distant Provider Types	• In-network providers (see Availity portal)
	
	See Resource: 1
		• Clinicians and Associated Nurse Practitioners in:
		  o Primary Care
		  o General Practice
		  o Internal Medicine
		  o Pediatrics
		  o OBGYN
		• Behavioral Health
		  o Psychiatrists
		  o Nurse Practitioners
		  o Psychologists
		  o Licensed Certified Social Workers
		  o Licensed Professional Counselors
		• *Dentists*
		
		See Resource: 1
			• In-network providers
			
			See Resource: 1
				• In and out-of-network providers	• Physicians
					• Nurse Practitioners
					• Physician Assistants
					• Nurse-Midwives
					• Clinical Nurse Specialists
					• Registered Dietitian or Nutrition Professionals
					• Clinical Psychologists
					• Clinical Social Workers
					• Certified Registered Nurse Anesthetists
					• Physical Therapists
					• Occupational Therapists
					• Speech Therapists
					• *Chiropractic Therapists*
					• *Home health*
					• *Hospice*
					• *Dentists*
					
					See Resources: 2, 3, 7, 9 and 11

Locations	• Check with carrier	• Check with carrier	• Check with carrier	• Check with carrier	• Telehealth and Telemedicine Policy outlines permitted originating site facilities (see resources) • Patient's home or other secure location are permitted as an originating site See Resources: 2 and 4

	Aetna	CareFirst	Cigna	Kaiser	UnitedHealthcare
Billing*					
Types of Technology	• Synchronous audio-visual connection in accordance with Telemedicine Policy • *Telephone only for evaluation, care management, and some behavioral health services* See Resource: **1**	• Interactive audio, video, or other electronic media • *Telephone only consultations using 99056* See Resource: **2**	• Audio-visual (preferred) or audio-only (may require review) for somatic care • Audio-visual (preferred) or audio only (may require review) for behavioral health See Resource: **4 and 5**	• Audio-visual • Telephone only See Resource: **1, 2**	• For a telehealth visit, synchronous audio-visual connection • For a virtual check-in, several communication modalities, including telephone • For e-visits, online portal See Resource: **3**
Services	**Audio-visual** • Somatic and Behavioral Health: covered in accordance with Aetna Telemedicine policy • *Partial Hospitalization Program: H0035, H2036* • *Dental: With D9995-D9996, any oral evaluation covered under Aetna dental plans* ***Telephone*** ○ *G2012; 98966 – 98968;* See Resources: **1 and 2**	**Audio-visual or *Telephone*** • *Telephone-only adds CPT 99056* • With GT or 95 Modifier and POS 02: ○ Somatic: 93268; 93270; 93271-93272; 96040; 98960-98962; 99211-99215; 99401-99409; 99496 ○ Behavioral Health: 90785; 90791-90792; 90832-90834; 90836-90838; 90845-90847; 90849; 90863; *96116; 96121;* 99354-99355 ○ Skilled Nursing Facility: 99307-99310	**Audio-visual or Telephone** • With HCPCS modifier-GT/GQ or CPT modifier-95 • Somatic: 96040; 99202-99205; 99211-99215; 99406-99409; G0108; G0396-G0397; G0438-G0439; G0442-G0447; G0459; G0513-G0514 • Behavioral Health: 96116; 96156; 96158-96161; 96164-96165; 96167-96168 • ESRD: 90951-90970 • Nutrition: 97802-97804; G0270 • Physical Therapy: 97110; 97112; 97161-97168; 97530; 97755; 97760-97761 • Speech/Hearing: 92507-92508; 92521-92524; 92601-92604; S9152 • *COVID-19: Z03.818, Z20.822, or Z20.828, U07.1, J12.82, M35.81, or M35.89* **Telephone Only** • *G2012;* 99441-99443 See Resources: **1, 2, 3, and 4**	**Audio-visual or Telephone** • Appropriate CPT Code with the HCPCS modifier-GT/GQ or CPT modifier-95 and POS 02 • Somatic: 93228-93229; 93268; 93270-93272; 93298; 96040; 98960-98962; 99201-99205; 99211-99215; 99241-99245; 99251-99255; 99381-99387; 99391-99397; 99401-99404; 99468-99469; 99497-99498; G0296; G0406-G0408; G0438-G0439; G0459; G0506; G0508-G0509; G0513-G0514; G2061-G2063 • Hospital: 99217-99226; 99231-99236; 99238-99239; 99281-99285; 99291-99292; 99354-99357; 99471-99473; 99475-99480; G0425-G0427 • Health Risk Assessment: 96160-96161 • Radiation Management: 77427 • Behavioral Health: 90791-90792; 90832-90834; 90836-90840; 90845-90847; 90853; 90863; 96116; 96121; 96130-96133; 96136-96139; 96156; 96159; 96164-96165; 96167-96168; 97151; 97155-97157; 99046-99409; 99483; G0396-G0397; G0442-G0447; G2086-G2088	**Audio-visual** • Services recognized by CMS and appended with HCPCS modifier-GT/GQ • Services recognized by the AMA in Appendix P of CPT and appended with CPT modifier-95 • POS 02 or 10 • Somatic: 93228-93229; 93268; 93270-93272; 96040; 98960-98962; 99202-99205; 99211-99215; 99395-99397; 99406-99409; 99483; 99495-99498; G0108-G0109; G0296; G0406-G0408; G0425-G0427; G0438-G0439; G0506; G0513-G0514; G2211-G2212 • Hospital: 99217; 99224-99226; 99231-99233; 99238-99239; 99281-99285; 99291-99292; 99356-99357; 99469; 99472; 99476; 99478-99480; G0459; G0508-G0509 • Health Risk Assessment: 96160-96161

	Aetna	CareFirst	Cigna	Kaiser	UnitedHealthcare
			Billing*		
Services (cont.)		o Speech Therapy: 92507 o Occupational Therapy: 97530 o Nutrition: 97802-97804; S9443 • With GT Modifier and POS 02: o Somatic: *99497-99498* o Health Risk Assessment: *96160-96161* • No modifier and POS 02: o Somatic: *96105; 96125;* o Speech Therapy/Hearing: *92508; 92521-92524; 92626-92627; 92630; 92633* o Physical Therapy: *97110; 97112; 97161-97162; 97164; 97535* o Occupational Therapy: *97164-97165; 97535* o Behavioral Health: *97129-97130;* o COVID-19: *Z20.828; U07.1* • No modifier or POS: o Somatic: *G2025* o Dental: *Audio visual with D9995 and POS 02: D0140; D1070* **Audio-visual only** With GT or 95 Modifier and POS 02: o Somatic: *93228-93229; 96110; 99201-99205; 99241-99245; 99251-99255; 99495* o Behavioral Health: 90853; *96130-96132; 96136-96137;* o ESRD: 90951-90952; 90954-90955; 90957-90958; 90960-90961; *90964; 90966; 90968; 90970*		• ESRD: 90951-90955; 90957-90970; G0420-G0421 • Speech Therapy: 92526; 92507; 92521-92524 • Eye: 92227-92228 • Physical Therapy: 97110; 97112; 97116; 97161-97164; 97530; 97535; 97750; 97755; 97760-97761 • Occupational Therapy: 97110; 97112; 97165-97168; 97530; 97760-97761 • Nutrition: 97802-97804; G0108-G0109; G0270 • Skilled Nursing Facility: 99304-99310; 99315-99316 • Home Health: 99327-99328; 99334-99337; 99341-99350 **Telephone only** • 98966-98968; 99441-99443; G2012 **See Resource: 3**	• Behavioral Health: 90785; 90791-90792; 90832-90834; 90836-90840; 90845-90847; 90863; 90853; 96116; 96121; 96130-96133; 96136-96139; 96156; 96158-96159; 96164-96165; 96167-96168; 99354-99355; G0396-G0397; G0442-G0446; G2086-G2088; G9978-G9986 • ESRD: 90951-90970; G0420-G0421 • Eye: 92227-92228 • Home Health: 99334-99337; 99347-99350; G9489 • Nutrition: 97802-97804; G0270; G0447 • Skilled Nursing Facility: 99307-99310; 99315-99316 • Physical Therapy: 97110; 97112; 97116; 97161-97168; *97530*; 97535; 97750; 97755; 97760-97761 • Occupational Therapy: 97110; 97112; 97165-97168; *97530*; 97535; 97750; 97755; 97760-97761 • Speech Therapy: 92507; 92521-92524; *92526; 96105; 97129-97130* • *Chiropractic: 99201; 99203-99205; 99211-99213; 97110; 97112; 97116; 97530; 97535; 97750; 97755; 97760-97761* **Audio-visual or *Audio-only*** • Somatic: G2012, G2251 • *Dentistry: Consultations for advice and guidance to an appropriate setting for in-person care*

	Aetna	CareFirst	Cigna	Kaiser	UnitedHealthcare
Services (cont.)		o Eye: 92227-92228 o Hospital: 99221-99223; 99231-99233 o Home Health: 99341-99350 o Physical Therapy: 97530 o Speech Therapy: 92526 • With GT Modifier and POS 02: o ESRD: *90965; 90967; 90969* o Behavioral Health: *97151; 97155-97157* • No modifier and POS 02: o Behavioral Health: *97153* o Occupational Therapy: *97166; 97168* o Speech Therapy/Hearing: *97533* • No modifier and POS 02: o Somatic: *99381-99387; 99391-99397* • See Resources: 3			**Virtual Check-In (several modalities)** • G2012 • Not related to a medical visit within the previous 7 days Does not lead to a medical visit within the next 24 hours **E-visit (online portal)** • CPT codes 99421-99423; 98970-98972 See Resources: 1, 4, 5, 6, 7, 8, 9, and 10
Cost-Sharing *(Copayments, Deductibles, Coinsurance)*	• Check with carrier	• *Waiving fees for COVID-19 related virtual visits* • See Resource: 1	• *Waiving fees for virtual screening telephone consult (G2012)* • *Waiving fees for COVID-19 related virtual visits* See Resource: 1	• *Waiving cost sharing for COVID-19 diagnosis and testing*	• *Waiving fees for COVID-19 related virtual visits* • See Resource: 1

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LOOKING AHEAD

✓ Billing Manual – V38; May 2022

✓ New Frequently Asked Questions Section

✓ Billing Manual Improvement Survey

✓ Monthly Notifications of Billing Manual Uploads

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Email questions regarding the MDH Billing

Manual or questions related to the Billing

Manual Topics to:

MarylandLHDBM@rsandf.com

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INFORMATION AND RESOURCES

- American Telemedicine Association: https://www.americantelemed.org/

- American Academy of Pediatrics: https://www.aap.org/en-us/Documents/coding_factsheet_telemedi cine.pdf

- Centers for Medicare and Medicaid Services: https://www.cms.gov/covidvax-provider

- CMS General Provider Telehealth & Telemedicine Tool Kit: https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf

- Novitas Solutions – Corona Virus COVID 19 Information: https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00224506

- AMA Telemedicine Quick Set-up Guide: https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice

- Expansion of Telehealth & Licensing Waivers During Pandemic: http://connectwithcare.org/state-telehealth-and-licensure-expansion-covid-19-chart/

- CMS No Surprise Act - https://www.cms.gov/nosurprises/Ending-Surprise-Medical-Bills

- Maryland Attorney General-No Surprise Act-https://www.marylandattorneygeneral.gov/Pages/CPD/HEAU/NSA.aspx#3

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RESOURCES

- https://www.ama-assn.org/system/files/covid-19-coding-advice.pdf

- https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf

- https://www.novitas-solutions.com/webcenter/portal/MedicareJL

- https://www.ama-assn.org/practice-management/cpt

- https://mmcp.health.maryland.gov/Pages/telehealth.aspx

- https://coronavirus.maryland.gov/

- https://www.ama-assn.org/practice-management/cpt/covid-19-cpt-vaccine-and-immunization-codes

- https://individual.carefirst.com/individuals-families/about-us/coronavirus-telemedicine.page

- https://www.aetna.com/health-care-professionals/covid-faq/telemedicine.html

- https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html

- https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services.html

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RESOURCES

- https://www.hhs.gov/hipaa/for-professionals/security/index.html

- https://www.hhs.gov/hipaa/for-professionals/security/guidance/guidance-risk-analysis/index.html?language=es

- https://csrc.nist.gov/projects/security-content-automation-protocol/hipaa

- https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool
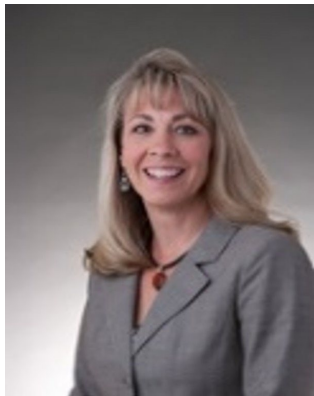
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Thank You

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