MARYLAND MEDICAID TELEHEALTH PROGRAM

Telehealth Provider Manual

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Program Scope and Service Model

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.

Effective October 1, 2015, Maryland Medicaid combined the Telemedicine and Telemental Health Programs and renamed as the Telehealth Program. 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 and register as an originating or distant site via an on-line form before rendering telehealth services.

Additionally, providers billing for behavioral health services must register with the Department's administrative service organization (ASO), Beacon Health Options before rendering behavioral health services.

Service Model
Maryland Medicaid's Telehealth Program employs a "hub-and-spoke" model. The "hub," or "distant site," is the location of provider who will perform the services. The "distant site provider," who is physically present at the distant site, provides services via telehealth communication to the "spoke," or "originating site," where the participant is located. The "telepresenter," who is physically located at the originating site with the participant, facilitates the telehealth communication and assists the distant site provider by arranging/moving the telehealth equipment. Communication between the originating and distant sites involves real-time interaction via a secure, two-way audio-visual telecommunication system.

The originating site must obtain consent from the patient prior to engaging in telehealth. 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 telehealth.

Please review "Provider Scenarios" in Appendix B for more information about appropriate Maryland Medicaid telehealth service model arrangements.

Covered Services: Somatic and Behavioral Health Services

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 telehealth services.

Behavioral Health services: Providers must contact Beacon Health Options with questions regarding prior authorization requirements for telehealth services.

Program Eligibility

Participant Eligibility

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

- Is enrolled in the Maryland Medical Assistance Program on the date the service is rendered;
- Consents to telehealth services (unless there is an emergency that prevents obtaining consent);
- Is present at the originating site at the time the telehealth service is rendered; and
- Is authorized to receive services, except for services provided in a hospital emergency department.

Provider Eligibility

Originating Sites

The following provider types may register as originating sites for telehealth:

- A college or university student health or counseling office*;
- A community-based substance use disorder 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, 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

Originating site providers may engage in agreements with the following distant site providers enrolled as a Maryland Medicaid provider for telehealth services:

- A nurse midwife;
- A nurse practitioner;
- A psychiatric nurse practitioner;
- A physician; or
- An outpatient mental health center (OMHC)

* Registering to be a Medicaid Telehealth originating site provider does not supersede the process of getting the approval of the Maryland State Department of Education (MSDE) (and/or the local Public School System) to operate in school settings.

Medicaid regulations do not cover this part of the process. Please follow up with MSDE and the local Public School System to ensure that everything is in compliance and everyone is on the same page.

Provider Registration and Technical Requirements

Provider Registration
Every Telehealth provider must complete an on-line registration. To register as a telehealth distant or originating site provider, please visit https://mmcp.dhmh.maryland.gov/Pages/telehealth.aspx. Scroll down and select either: distant site provider registration form if you are registering as a distant site provider or originating site provider registration form if you are registering as an originating site provider.

To complete the registration process, you will need:

- Your Maryland Medical Assistance provider number;
- Your National Provider Identification (NPI) number; and
- An email account to receive for communications from the Telehealth team.

After Medicaid verifies your registration information, you will receive a confirmation email. Until Medicaid confirms your registration, providers should not bill for telehealth services.

If you have any questions, you may email dhmh.telemedicineinfo@maryland.gov.

Technical Requirements
A provider of health care services delivered through telehealth 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. Have display monitor size sufficient to support diagnostic needs used in the telehealth service;
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. Audio equipment that ensures clear communication and includes echo cancellation; and
5. Creates audio transmission with less than 300 millisecond delay.

Reimbursement

Reimbursement
Per COMAR 10.09.02.04, providers may only bill for services that they or their employees perform. Providers may not bill on behalf of their telehealth partner.

Registered telehealth providers will submit claims in the same manner the provider uses for in-person services (i.e., paper CMS 1500 forms or 837 electronic submissions).

Professional services rendered via telehealth are reimbursed the same as in-person services and on a fee-for-service basis.

Registered originating site providers
Registered originating site providers may bill for the following:

- The telehealth transmission fee code Q3014; or
- If a Maryland-based hospital, the telemedicine revenue code 0780; or
- If an out-of-state hospital, the telehealth transmission fee code Q3014.

Registered distant site providers
As explained above, telehealth services must be provided through two-way audio-visual technology assisted communication with an approved originating site where the participant is physically located. Registered distant site providers must bill and account for teleheath services using the "-GT" modifier.

Reimbursement Limitations
The Program will not reimburse telehealth providers for the following reasons:

- 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;
- Distant site providers billing the transmission fee or facility fee;
- Use of telehealth services for home health monitoring;
- Use of "store-and-forward" service delivery models;
- Telecommunication between providers without the participant present;
- An audio-only telephone 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
- Claims submitted by the originating site on behalf of the telehealth distant site provider and vice versa.

Confidentiality and Patient Medical Records

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 telehealth service 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 if an emergency situation prevents obtaining consent for telehealth services.

Appendix A: MCO and ASO Contacts

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

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

Kaiser Permanente
Kenya Onley
Email: Kenya.c.onley@kp.org
Phone: 301.816.6564

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

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

Priority Partners
Clinical Contact: Dr. Robert Kritzler
Phone: 301-762-5925
Email: Rkritzler@jhhc.com
Sue Phelps
Email: sphelps@jhhc.com

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

United Healthcare
Members: 800-318-8221
Providers: 877-842-3210

Beacon Health Options
Provider Relations: 800-888-1965
marylandproviderrelations@beaconhealthoptions.com

Fee-for-Service
dhmh.telemedicineinfo@maryland.gov

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 doctor connects with his gastroenterologist telehealth partner at a regional academic medical center. The gastroenterologist is located hours away from the boy and his pediatrician, but through telehealth audio/video technology-assisted communication, the specialist 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 bills both the appropriate E&M code for the in-person services delivered and the Q code for the telehealth originating site transmission fee. The gastroenterologist bills the E&M code with the –GT telehealth modifier.

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 LCSW determines that a telehealth consultation with a psychiatrist is necessary to discuss the participant's medication. The LCSW sets up a telehealth consultation with a psychiatrist at a distant site. The psychiatrist confers with the participant about her current medication. The LCSW does not participate in the telehealth session with the participant, but enables the telehealth session by initiating the connection.

Following the telehealth session, the Student Health Counseling Office bills the Q-code for originating site transmission fee. The psychiatrist bills the appropriate E&M code with the –GT telehealth modifier.

Scenario Three: Appropriate Use of Telehealth – Behavioral Health Services
A 9-year old participant sees a psychiatric nurse practitioner at a private office to review his current diagnosis, medication, and behaviors. The psychiatric nurse practitioner is considering prescribing new medication, but would like to consult with a child psychiatrist. Via telehealth, the psychiatric nurse practitioner and patient connect with a child psychiatrist at a distant site to discuss the child's clinical picture and medication options. Both the psychiatric nurse practitioner and the psychiatrist are actively involved in the telehealth session.

Following the telehealth session, the psychiatric nurse practitioner bills the appropriate E&M code for the mental health service and Q-code for originating site transmission fee. The psychiatrist bills the appropriate E&M code with the –GT telehealth modifier.

Scenario Four: Appropriate Use of Telehealth- Buprenorphine Services
An individual with a diagnosed substance use disorder has elected to use, and is identified as a good candidate for, buprenophrine to help in his/her recovery from addiction. Individual is seen by a Certified Addictions Program. The Certified Addictions Program coordinates burprenorphrine services with a Data 2000 waiver physician who is enrolled with Medicaid and registered with the ASO. The physician, who is located at a distant site, would bill for the buprenorphrine and the appropriate E&M codes for induction and maintenance using the –GT modifier to indicate services are being provided via telehealth from the distant site. The Certified Addictions Program, as the originating site, may bill the Q-code.

The Certified Addictions Program obtains authorization for their services through the ASO. The Physician billing for buprenorphine must obtain authorization to bill the E&M codes but the level of intensity of the E&M code should be congruent with the clinical level of need and will be subject to review.