

# Maryland Medicaid Telehealth Program Frequently Asked Questions

Updated: May 2, 2018

## Covered Services

### 1. Can I use telehealth for buprenorphine induction?

Yes, you can use telehealth for buprenorphine induction. As required with in-person buprenorphine induction, only DATA 2000 waiver providers can bill the appropriate E&M code for buprenorphine induction. If provided via telehealth, providers must bill with the –GT modifier. The originating site community-based substance use disorder provider and opioid treatment program can, bill the telehealth transmission fee Q-code, and see the patient and bill for any services performed in-person not related to telehealth services.

### 2. May I perform telehealth services from my home?

Registered Distant site providers may use secure space/areas in the provider's home to engage in telehealth. Telehealth providers must meet the minimum standards for privacy required, as well as, the minimum technology standards required for telehealth. If the distant site provider working from a home office is an employee of the originating site; the originating site may only bill for the rendering providers services and may not bill the telehealth transmission fee Q-code.

### 3. What are other permitted places of services for distant site providers?

Other permitted places of service from where to deliver telehealth services include: school (03), office (11), inpatient hospital (21), outpatient hospital (22), emergency room (23), nursing facility (32), independent clinic (49), Federally Qualified Health Center (FQHC) (50), community mental health center (53), non-residential substance abuse treatment facility (57), end-stage renal disease treatment facility (65), public health clinic (71).

## Program Eligibility

### 4. Who may become an originating site?

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

See Telehealth Manual, Program Eligibility, page 3 and COMAR 10.09.49.07 Provider Conditions for Participation.

Only the Medicaid payable providers within the permitted telehealth originating sites that have registered with the telehealth program may bill the telehealth transmission fee. The following permitted originating sites serve the role of a telepresenter, but may not bill the telehealth transmission fee Q-code: A residential crisis center; an elementary, middle, high, or technical school with a supported nursing; A deaf or hard of hearing participant's home or any other secure location as approved by the participant and the provider; and a college or university student health or counseling office. For example, a residential crisis service site may initiate a telehealth service with a permitted distant site provider, but is unable to bill for the telehealth transmission fee Q-code since it is not a Medicaid payable provider type.

**Note for Reimbursement:** An originating site in a school setting must be a qualified School-Based Health Center (SBHC) with an FQHC or a local health department sponsoring entity in order to bill the telehealth transmission fee Q-code. SBHCs require approval by the Maryland State Department of Education (MSDE). After receiving MSDE approval, a qualifying provider may enroll with Maryland Medicaid as an SBHC. The SBHC may be reimbursed for the telehealth transmission fee Q-code if the SBHC sponsoring entity is an FQHC or local health department. Please follow up with MSDE and the local Public School System to ensure that the provider is an approved SBHC that is enrolled with Maryland Medicaid. See the Maryland Medicaid School-Based Health Center Provider Manual at [health.maryland.gov/providerinfo](http://health.maryland.gov/providerinfo).

A school may still serve as the originating site for a telehealth interaction if the service is performed outside of an SBHC with an FQHC or local health department sponsor. However, the school may not bill Medicaid for the telehealth transmission fee Q-code in these circumstances.

### **5. Who may become a distant site provider?**

Distant site providers enrolled in Maryland Medicaid and registered as a Telehealth distant site: a nurse midwife; a nurse practitioner; a psychiatric nurse practitioner; a physician; a physician assistant; or a provider fluent in American Sign Language providing telehealth services to a deaf or hard of hearing participant.

Effective October 1, 2017, the following provider sites may register as distant site providers eligible to provide telehealth services within the rendering provider's scope of practice: a community-based substance use disorder provider; an opioid treatment program; or an outpatient mental health center.

See Telehealth Manual, Program Eligibility, page 3 COMAR 10.09.49.07 Provider Conditions for Participation.

## **6. How do I register as a Telehealth Provider?**

Every reimbursable Telehealth provider must complete an online registration. To register as a telehealth originating site or distant site provider, please visit

<https://mmcp.health.maryland.gov/Pages/telehealth.aspx>

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 communications from the Telehealth team.

Once Medicaid verifies your registration information, you will receive a confirmation email. Until Medicaid confirms your registration, providers should not provide for telehealth services. See Telehealth Manual, Provider Registration, page 4.

For behavioral health services, Medicaid will coordinate with Beacon Health Options to ensure the appropriate telehealth fee schedule is loaded to your account. It is your responsibility to ensure Beacon has added the telehealth fee schedule to your qualified services before billing for telehealth services.

If you have any questions, please email [mdh.telemedicineinfo@maryland.gov](mailto:mdh.telemedicineinfo@maryland.gov)

## **7. As a rendering only provider, am I eligible to engage in Telehealth services?**

Yes. As long as you are enrolled with Maryland Medicaid as an allowable provider type, you may register to perform services via telehealth.

To bill for services performed via telehealth, you must include the pay-to-provider's information when you register. You will need your pay-to-provider's Medical Assistance Provider Identification Number and NPI number. Without the pay to provider information, you will be unable to receive reimbursement for your telehealth services.

## **8. Can I register as an originating site in an elementary, middle, high, or technical school?**

SBHC with FQHC or local health department sponsoring entities may register as originating sites and bill the telehealth transmission fee code after the SBHC receives approval from MSDE enrolls as a Medicaid provider. See the Maryland Medicaid School-Based Health Center Provider Manual at [health.maryland.gov/providerinfo](http://health.maryland.gov/providerinfo).

Schools and school health offices that are not enrolled with Maryland Medicaid as SBHCs are not able to be reimbursed for the telehealth transmission fee Q-code. A school may still serve as the originating site for a telehealth interaction if the service is performed outside of an enrolled SBHC. However, the school may not bill Medicaid for the telehealth transmission fee Q-code in these circumstances, and does not need to register as an originating site with the Telehealth Program.

For services provided in school settings outside of SBHCs, providers should coordinate with Maryland State Department of Education (MSDE) (and/or the local Public School System) to receive permission to engage in telehealth at the school. Medicaid telehealth regulations do not cover this part of the process.

### **9. As an individual telehealth distant site provider, do I need to be licensed in Maryland?**

If you are rendering services via telehealth with a participant located in Maryland then you are considered to be practicing in Maryland, and therefore, must be licensed in Maryland and are subject to the Maryland Board of Physician and the Maryland Board of Nursing licensure requirements. The location of the distant site does not matter.

It is your responsibility to ensure that you meet the Board licensure requirements. Failure to comply with licensure requirements involving services delivered via telehealth will likely have implications beyond Maryland Medicaid's telehealth purview.

Please review COMAR 10.32.05.03 and COMAR 10.09.36.02.

## **Technical Requirements**

### **10. What are the technical requirements to engage in telehealth?**

COMAR 10.09.49.08 states the technical requirements to engage in telehealth. At a minimum, the provider must maintain the following technology requirements: an adjustable camera; audio equipment that ensures clear communication and includes echo cancellation; 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; the ability to see the patient enough to support diagnostic needs; an audio-video transmission with less than 300 millisecond delay.

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

### **11. What are the audio equipment requirements?**

Audio equipment should allow for clear communication between patient and provider and include echo cancellation (capable of eliminating room return audio echo). The sophistication of audio equipment may vary depending on 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 accurate interpretation of the patient's and provider's oral communication.

### **12. What are Image Resolution requirements?**

Maryland requires, at a minimum, a camera that has the ability to, manually or under remote control, provides multiple views of a patient. Additionally, the camera should be capable of adjusting the resolution, focus, and zoom based on the needs of the consultation.

[The American Telemedicine Association](#) suggests a minimum resolution of 640x360 pixels. Full high-definition video (1920x1080 pixels) is preferable to ensure that the video encounter is sufficient to meet the needs of the consultation.

### **13. What are internet speed requirements?**

Typically, most broadband internet connections satisfy 10.09.08(B). However, you should confirm with your internet provider that your network meets these requirements.

Video conferencing software should adapt to changing bandwidth environments without losing or dropping the connection. Bandwidth requirements may vary based on the size of the site and use of telehealth services. For example, based on the Federal Communications Commission recommendations for minimum bandwidth, a single physician practice should have a minimum of 10 megabits per second (Mbps) (symmetrical) for high-definition video consultations. However, a large medical or academic center should have at least 1,000 Mbps (symmetrical) of bandwidth.

Note that the actual speed of a telehealth encounter is limited by the bandwidth at both the originating and distant sites. Providers should not bill for a telehealth service if bandwidth limitations at their partner site do not meet the technical criteria for a telehealth service.

Providers must have an alternate plan in case of technology breakdown during a telehealth service.

### **14. 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. Telehealth providers must uphold patient confidentiality at all times. Providers are responsible to establish and implement reasonable and appropriate safeguards to ensure HIPAA Compliance.

For overviews of HIPAA compliance in different scenarios, visit the [HIPAA Journal](#).

### **15. Is Skype HIPAA compliant?**

It depends.

The audio-video transmission used must be HIPAA compliant. Skype's free service is not HIPAA compliant.

Skype for Business in combination with a signed Business Associate Agreement (BAA) agreement may satisfy HIPAA requirements. By offering a BAA, Microsoft helps support providers' HIPAA compliance, but using Microsoft services does not, on its own, achieve it. Microsoft's HIPAA Compliance statement visit <https://www.microsoft.com/en-us/trustcenter/Compliance/HIPAA>.

It is the responsibility of both the distant site and originating site telehealth providers to ensure services provided via telehealth are HIPAA compliant.

### **16. How do I know if a vendor is HIPAA Compliant?**

Maryland Medicaid does not endorse the use of any one particular vendor. The vendors highlighted below are most often inquired about. Use the resources below as a starting point to select and arrange for HIPAA compliant telehealth software:

**To assess Microsoft services HIPAA compliance, go here [Microsoft](#).**

**To assess Google services HIPAA compliance, go here [Google](#).**

Doxy.me and VSee Video conferencing market HIPAA compliant products to learn more about these services go here [Doxy.me](#) and [VSee video conferencing](#).

## Reimbursement

### **17. For which telehealth model does Maryland Medicaid reimburse?**

Maryland Medicaid's Telehealth Program only reimburses for a "hub-and-spoke" model. The "hub," or "distant site," is the location of the provider who will perform the clinical services and/or consultation. The "distant site provider," who is physically present at the distant site, provides services via telehealth to the "spoke," or "originating site," where the participant 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. Communication between the originating and distant sites involves real-time interaction via a secure, two-way audio-visual telecommunication system. See Telehealth Manual, Program Scope, and Service Model, page 1 and Reimbursement, page 5.

Under the Telehealth Program, Maryland Medicaid does not cover Store and Forward technology. Store and Forward technology is 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 covered for dermatology, ophthalmology, or radiology services under the Physician Services at COMAR 10.09.02.07.

Effective January 1, 2018, Maryland Medicaid will reimburse for remote patient monitoring. Please refer to COMAR 10.09.96 Remote Patient Monitoring for more information.

### **18. How do I bill for telehealth?**

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) and on a fee-for-service basis.

Per COMAR 10.09.02.04, providers may only bill for services that they or their employees perform at the pay to provider's physical location. Providers may not bill on behalf of their telehealth partner.

Providers cannot bill until they have met HIPAA and Technical Requirements.

### **19. 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.

### **20. Registered distant site providers**

Registered distant site providers must bill using normal CPT codes and account for telehealth services using the “-GT” modifier.

For more information, see Telehealth Manual, Reimbursement, page 5.

**21. Can I contract with my telehealth partner and bill on their behalf?**

No. You may not bill on behalf of your telehealth partner. An originating site cannot receive reimbursement for the telehealth transmission fee Q-code and the professional fee. And vice versa, a distant site provider may not bill for services performed via telehealth and the originating site’s telehealth transmission fee Q-code.

If your provider type is allowed to contract with other provider types outside of telehealth, please send a copy of your telehealth contract to [mdh.telemedicineinfo@maryland.gov](mailto:mdh.telemedicineinfo@maryland.gov).

Note: 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. In the case where the registered pay-to provider is the same for both the originating and distant sites, the provider may not bill the transmission fee code Q3014. The same biller cannot be reimbursed for both the telehealth services rendered and the telehealth transmission fee code.

**22. When may I start billing for telehealth services?**

Once you have completed the telehealth registration, Maryland Medicaid will follow up via email confirming registration status. You may not start billing for telehealth services before receiving the follow-up email from Medicaid. See Telehealth Manual, Provider Registration, page 4.

You must obtain authorization for any service that requires prior authorization before performing services.