




DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

Behavioral Health Administration

Aliya Jones, M.D., MBA
Deputy Secretary/Executive Director
55 Wade Ave., Dix Bldg., SGHC
Catonsville, MD 21228

To: Behavioral Health Providers

From: Aliya Jones, M.D., M.B.A. 
Deputy Secretary, Behavioral Health

Date: March 12, 2020

Re: Guidance regarding Telehealth Expansion Regulations

Yesterday, the Maryland Department of Health provided communication regarding the temporary expansion of its regulations to permit the delivery of telehealth services to the home in order to mitigate possible spread of the novel coronavirus (COVID-19). The purpose of this communication is to provide guidance to Public Behavioral Health Providers who are also providing eligible services to non-Medicaid individuals.

Eligible providers covered under Medicaid telehealth regulations may render services via telehealth to individuals reimbursed through state funding. In addition to services types covered by Medicaid, BHA will also grant waivers for the following:

- General physician services within a specialty mental health Institution for Mental Diseases (IMD) may be provided and reimbursed through telehealth;
- Approved existing Targeted Case Management (TCM) providers may provide phone contacts in lieu of face to face visits for emergency situations to TCM eligible participants.

Billing:

Providers must bill for services through the Administrative Service Organization (ASO), in the same manner you would bill for Medicaid funded telehealth services. Providers must bill for the appropriate service code and use the “-GT” modifier to identify the claim as a telehealth delivered service. Providers should bill using the place of service code that would be appropriate as if it were a non-telehealth claim. The distant site provider should bill using the location of the doctor. If a distant site provider is rendering services at an off-site office, they should bill using the place of service office (11). Place of Service Code 02 (Telehealth) is not

recognized for Maryland Medicaid participants except for use on Medicare crossover claims to specify services rendered through a telecommunication system for dual eligible participants.

Provider Restrictions:

Providers are only permitted to render telehealth services within their scope of practices. The PBHS has determined that psychiatric rehabilitation programs (PRP) services are not appropriate for the delivery via telehealth in the home setting.

American Society for Addiction Medicine (ASAM) Substance Use Disorder (SUD) Residential Treatment Programs (levels 3.1, 3.3, 3.5, 3.7 and 3.7WM), residential crisis programs, and residential rehabilitation programs are expected to meet the minimum on-site staffing requirements for service delivery.

Providers should also abide by the requirements of the licensure boards for physicians, social workers and professional counselors. Below please find guidance documents governing the provision of tele-health services by profession.

Social Workers	http://www.dsd.state.md.us/COMAR/SubtitleSearch.aspx?search=10.42.10
Professional Counselors	http://www.dsd.state.md.us/COMAR/SubtitleSearch.aspx?search=10.58.06
Physicians	http://www.dsd.state.md.us/COMAR/SubtitleSearch.aspx?search=10.32.05

Telehealth resources for Behavioral Health professionals:

- <https://mmcp.health.maryland.gov/Pages/telehealth.aspx>
- The Maryland Health Care Commission provides links to general questions regarding providing telemedicine including a readiness assessment guide and the Mid Atlantic Telehealth Resource Center:
https://mhcc.maryland.gov/mhcc/pages/hit/hit_telemedicine/hit_telemedicine.aspx
- The American Psychiatric Association (APA) along with the American Telemedicine Association (ATA), issued "Best Practices in Videoconferencing Based Telemental Health" a guide for behavioral health providers who want to do telemental health, including telepsychiatry. The guide may be found at:
<https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/blog/apa-and-ata-release-new-telemental-health-guide>
- The National Association of Social Workers along with other organizations issued a guide, "Technology in Social Work Practice." The guide may be found at:
<https://www.aswb.org/news/technology-standards-in-social-work-practice/>

- SAMHSA issued “TIP 60: Using Technology-Based Therapeutic Tools in Behavioral Health Services.” The guide may be found at: <https://store.samhsa.gov/product/TIP-60-Using-Technology-Based-Therapeutic-Tools-in-Behavioral-Health-Services/SMA15-4924>

Additional guidance related to COVID 19 will be forthcoming through BHA or your local addiction or behavioral health authority.



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

To: All Medicaid Provider Types, Medicaid Managed Care Organizations, Optum Behavioral Health ASO

From: Robert R. Neall, Secretary 
Maryland Department of Health

Re: **COVID-19 #1: Temporary Expansion of Medicaid Regulations to Permit Delivery of Telehealth Services to the Home to Mitigate Possible Spread of Novel Coronavirus (“COVID-19”)**

NOTE: Please ensure appropriate staff members in your organization are informed of the contents of this memorandum

Background

On March 5, 2020, Governor Lawrence J. Hogan, Jr., declared a state of emergency due to disease (“COVID-19”) caused by the novel coronavirus. An outbreak of disease due to COVID-19 first occurred in the Hubei Province, China, in late 2019, and has currently been detected in more than 109 countries, including the United States. COVID-19 is a severe respiratory disease, resulting in illness or death, caused by person-to-person spread of the novel coronavirus.

Commonly reported symptoms of COVID-19 infection include fever, cough, shortness of breath, and pneumonia. While the exact incubation period for this coronavirus has not yet been determined, it is believed that most infected people will develop symptoms 2-14 days after they were exposed. There is no vaccine available for COVID-19. Prevention measures center on frequent hand-washing, covering coughs and sneezes, and separating people who have respiratory symptoms. Treatment for COVID-19, as with any coronavirus infection like the common cold, includes the use of over-the-counter fever-relievers, drinking plenty of fluids and resting at home to help relieve symptoms. Those with more severe symptoms may be hospitalized to provide additional support.

Temporary Expansion of Medicaid Telehealth Services with the Home as an Originating Site

Pursuant to the authority vested in the Secretary of Health by the laws of Maryland, including but not limited to Md. HEALTH-GENERAL Code Ann. Sections 18-102 and 18-103, to prevent the spread of disease and control communicable diseases, I hereby temporarily expand the definition of a telehealth originating site under COMAR 10.09.49.06 to include a participant’s home or any other secure location as approved by the participant and the provider for purpose of delivery of Medicaid-covered services. The purpose of this expansion of regulatory authority is to ensure individuals can access certain health care services in their own home while mitigating possible risk for transmission of COVID-19. This expansion applies to services delivered to a Medicaid participant via fee-for-service or through a HealthChoice Managed Care Organization (“MCO”). This expansion will remain in place until further notice by the Department.

Requirements

Medicaid distant site providers delivering services via telehealth to a participant in their home must continue to comply with all other requirements of COMAR 10.09.49 and the Maryland Medicaid Telehealth Program Manual. Key considerations are outlined in brief below. Additional information regarding Telehealth Program requirements and FAQs can be found online, <https://mmcp.health.maryland.gov/Pages/telehealth.aspx>.

Any provider type is permitted to render telehealth services as a distant site within their scope of practice. The Telehealth Program does not have any geographic restrictions. Services provided via telehealth must be provided through two-way audio-visual technology assisted communication with the participant who is physically located at a permitted originating site. Services that either require in-person evaluation or cannot be reasonably delivered via telehealth are not eligible for reimbursement.

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 services rendered via telehealth.
- Behavioral health services: Providers must contact the behavioral health ASO with questions regarding prior authorization requirements for services rendered via telehealth.

A telehealth provider must use technology that supports the standard level of care required to deliver the service rendered. Providers shall use a secured and HIPAA compliant telehealth communication (COMAR 10.09.49.08) and meet all other technical requirements of COMAR 10.09.49.07. The Program will not reimburse telehealth providers when technical difficulties prevent delivery of part or all of the telehealth session.

To bill for telehealth services, providers must bill for the appropriate service code and use the “-GT” modifier to identify the claim as a telehealth delivered service. Providers should bill using the place of service code that would be appropriate as if it were a non-telehealth claim. The distant site should bill using the location of the doctor. If a distant site provider is rendering services at an off-site office, bill using place of service office (11). Place of Service Code 02 (Telehealth) is not recognized for Maryland Medicaid participants except for use on Medicare crossover claims to specify services rendered through a telecommunication system for dual eligible participants.

The distant site providers must maintain documentation in the same manner as for an in-person visit or consultation, using either electronic or paper medical records, per the Health-General Article, §4-403, Annotated Code of Maryland. The distant site should document the participant's consent to receive telehealth services in their medical record. Consent may be given verbally by the participant.