



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

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

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

Re: COVID-19 #4c: Temporary Authorization of Audio-Only Health Care Services to Mitigate Possible Spread of Novel Coronavirus (“COVID-19”) Executive Order No. 20-03-20-01

Effective: March 21, 2020

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

Background

While telehealth services are permitted for some types of specialty behavioral health services and providers, the Secretary of Health has now relaxed the requirements on “Originating” sites as a result of COVID-19. Concerns remain that participants still may not be able to access the services they need. To address these needs, the Maryland Department of Health will relax requirements around the use of telephones to provide clinical services. Providers who are not able to meet in-person, face to face with a participant should make every effort to use the following technology, in order of priority:

1. Traditional telehealth technology which meets all formal requirements is strongly preferred. (These services remain unaffected by the measures in this memo.)
2. If service participants are unable to access originating sites possessing fully qualified technology (ability to pan/focus camera, multiple views, etc.) this emergency policy will allow for them to use notebook computers, smartphones or voice-only phones.
3. If service participants cannot access even smartphone-based video technology, voice-only telephone calls will be permitted.
4. This document further outlines the services and providers that are eligible for voice-only telephone use.

Telephone Services Authorized During State of Emergency

On March 12, 2020, the Department issued guidance to temporarily expand Medicaid telehealth regulations to permit the home as an originating site.¹ Pursuant to the Governor's March 20, 2020 Executive Order No. 20-03-20-01, and in recognition of the fact that certain Medicaid participants are still unable to access needed services, the Medicaid Program is relaxing certain requirements around the use of telephones to provide clinical services.

Providers who are not able to meet in-person with a participant should make every effort to use the following technology, in order of priority:

1. Traditional telehealth technology which meets all formal requirements is strongly preferred. (These services remain unaffected by the measures in this guidance).
2. If Medicaid participants are unable to access originating sites possessing fully qualified technology (ability to pan/focus camera, multiple views, etc.) this emergency policy will permit the use of notebook computers, smartphones, or audio-only phones.
3. If Medicaid participants cannot access cell-phone based video technology, audio-only telephone calls will be permitted.

This document further outlines the services and providers that will be eligible for use with audio-only telephones.

General Conditions

1. The measures outlined in this document are restricted to use during the emergency declared by Governor Hogan to deal with the threat of COVID-19 and will expire immediately at the end of the declared emergency, unless Executive Order No. 20-03-20-01 is rescinded or superseded, amended, or revised by additional orders such that the Secretary's authority to issue this guidance no longer exists.
2. The measures address only those clinical services through Medical Assistance and the Public Behavioral Health System. This document does not address the eligibility of Medicare-funded or commercial services; clarification on whether or not these payers will allow for audio-only telephone services should be obtained directly from the payers in question.
3. Telehealth services, including audio-only telephone services, or services using video applications that do not meet State regulations, may only be delivered **with the explicit consent of the participant**. Consent shall be obtained from the recipient's parent or guardian if such consent is legally required. Participants must be provided with a clear explanation of the telehealth or audio-only telephonic service and its confidentiality limitations, including the use of non-HIPAA

¹ 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"), https://phpa.health.maryland.gov/Documents/COVID-19.1_Telehealth%20Guidance_Neall.pdf.

compliant technology. Providers must ensure that this is documented in the Medicaid participant's medical record. Attention to ensuring that participants' confidentiality is protected in terms of private space, etc., must be a priority. The provider shall abide by all laws regarding a participant's rights and health information.

4. The provider shall verify the identity of the participant receiving PRP services, and shall provide the provider's name, contact information, and health occupation license.
5. Providers may only deliver services that fall within their normal scope of practice as authorized by the relevant professional board. Services provided telephonically are subject to the same program restrictions, preauthorization's, limitations and coverage that exist for the service when provided in-person.
6. Providers must contact the behavioral health ASO if they have questions regarding prior authorization requirements for services rendered via audio-only telephonic or telehealth.

This document further outlines the services and providers which will be eligible for use with audio-only telephones.

Measures to be implemented:

1. Effective immediately, a licensed PRP will be reimbursed for delivering services using various telehealth technologies in addition to traditional face-to-face methods.
3. Individual services will be covered as telehealth services requiring the same time thresholds as offsite services.
4. Group Services will be covered as telehealth services. This document refers to a telehealth group as being defined as each member dialing into a central meeting. Groups will be regarded as an **onsite** service requiring a minimum service duration of 60 minutes.
5. Telehealth service encounters will be considered directly equivalent to existing in-person encounters for the purpose of PRP billing during this state of emergency. As with all other Medicaid reimbursed services, providers are required to document services fully:

COMAR 10.09.59.03 Includes the date of service with service start and end times;

(2) Includes the participant's primary behavioral health complaint or reason for the visit;

(3) Includes a brief description of the service provided, including progress notes;

(4) Includes an official e-Signature, or a legible signature, along with the printed or typed name of the individual providing care, with the appropriate title.

6. In addition to the information above, providers must include a clear indication of how the service was delivered (e.g., office, telehealth, televideo, or voice telephone).

7. Providers must be willing to provide telephone records of services, if requested for an audit.

8. Providers must also ensure that they have Business Agreements with any telehealth provider involved.

9. Initial Assessments may be billed for services delivered by telehealth or televideo, but not by voice telephone.

SERVICE REIMBURSEMENT

Telehealth services may be implemented immediately and used to count toward March visits.

Telehealth delivery to individuals will be treated as offsite services, subject to the same medical necessity, time and documentation rules as face to face services.

Group services will be considered ONSITE services, requiring a minimum 60 minutes duration for billing.

Service encounters involving telehealth should be totaled and submitted as daily offsite visits in the same manner as is done for face-to-face visits. They may be combined with face-to-face visits.

Providers should submit claims to the ASO as they do today but must use modifiers in the following manner:

- Providers performing telehealth using accepted video protocols will bill H2018 with the GT modifier
- Providers performing telehealth using a telephone **only** will bill H2018 with the UB modifier.

SERVICE AUTHORIZATIONS

Services will be authorized using the regular Optum Maryland process for PRP. No special authorization is needed for telephone services.

Providers must contact the behavioral health ASO if they have questions regarding prior authorization requirements for services rendered via audio-only telephone or telehealth.

No special authorization will be needed for providing services by audio-only telephone.

SERVICE VOLUME MONITORING

Providers may not use the audio-only telephone service option to expand services. Service volumes will be monitored, and outliers will be audited.

The Department shall, upon determining that there is a substantial likelihood that a healthcare provider has failed to comply with this guidance or the terms of Executive Order No. 20-03-20-01, prohibit the healthcare provider from being reimbursed by the State for audio-only telephonic services.