

Maryland Medicaid Telehealth Program Frequently Asked Questions

Updated: October 2019

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 see the patient and bill for any services performed in-person not related to services rendered via telehealth. Both the originating site provider and the distant site provider with the DATA 2000 waiver must be licensed by the professional board where the patient is physically located.

Please Note: Under the Ryan Haight Act, a practitioner must conduct at least one in-person medical evaluation before prescribing a controlled substance to a patient. Prescribing providers should contact their licensing board with any questions about prescribing rules within their scope of practice.

To review exemptions to the Ryan Haight Act and clinical case scenarios, please use the following resources:

- [Telemedicine and Prescribing Buprenorphine for the Treatment of Opioid Use Disorder](#)
- [Use of Telemedicine While Provider Medication Assisted Treatment](#)

2. May I provider services via telehealth from my home?

Distant site providers may use secure space/areas in the provider's home to engage in telehealth. Telehealth providers must meet the minimum requirements for privacy as well as the minimum requirements for technology.

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

Other permitted places of service from where to deliver services via telehealth 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 act as 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 2 and COMAR 10.09.49.06 Provider Conditions for Participation.

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.

5. Who may act as a distant site provider?

Effective October 7, 2019, all distant site providers enrolled in Maryland Medicaid may provide services via telehealth as long as telehealth is a permitted delivery model within the rendering provider's scope of practice. Providers should consult their licensing board prior to rendering services via telehealth.

See Telehealth Manual, Program Eligibility, page 2 COMAR 10.09.49.06 Provider Conditions for Participation.

Behavioral health services require prior authorization. Please contact the ASO for questions regarding prior authorization requirements for telehealth services.

If you have any questions, please email mdh.telemedicineinfo@maryland.gov

6. 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; therefore, you must be licensed in Maryland and are subject to your professional board's licensure requirements.

It is your responsibility to ensure that you meet the Board licensure requirements. This includes consulting with the professional board in the state where the patient physically is located as well as where the provider is physically located. Failure to comply with licensure requirements involving services delivered via telehealth will likely have implications beyond Maryland Medicaid's telehealth purview.

Please review COMAR 10.09.36.02.

Technical Requirements

7. What are the technical requirements to engage in telehealth?

COMAR 10.09.49.07 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.

8. 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 the provider's oral communication.

9. What are Image Resolution requirements?

Maryland requires, at a minimum, a camera that has the ability to, manually or under remote control, provide 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.

10. What are internet speed requirements?

Typically, most broadband internet connections satisfy 10.09.07(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 services via telehealth. 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.

11. 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](#).

12. 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.

13. 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

14. 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 originating site provider physically located 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 3.

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 covers remote patient monitoring. Please refer to COMAR 10.09.96 Remote Patient Monitoring for more information.

15. How do I bill for telehealth?

Telehealth providers will submit claims in the same manner the provider uses for in-person services and on a fee-for-service basis.

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

16. Distant site providers

Distant site providers must bill using normal CPT codes and identify services rendered via telehealth by including the “-GT” modifier.

For more information, see Telehealth Manual, Reimbursement, page 3.

17. When may I start billing for services rendered via telehealth?

Effective October 7, 2019 providers enrolled with Maryland Medicaid may bill for telehealth services as long as telehealth is a permitted service delivery method under the provider’s scope of practice. Providers should check with their licensing board to determine if rendering services via telehealth is permitted.

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