

## Maryland Medicaid Telehealth Services Billing & Coding Cheat Sheet

We use the term **Telehealth** as a mode of delivering health care services through the use of telecommunications technology by a health care practitioner to a patient in a different physical location from a health care practitioner. Telehealth may include both **synchronous and asynchronous interactions**. It does not include audio-only messages, emails, or fax transmissions.

**Telephonic communication**, refers to **audio-only interactions** between a health care practitioner and a recipient. During the state of emergency, BHA has allowed for providers who would normally be eligible for telehealth as well as PRP providers to drop to using audio telephone for almost all clinical services, although audio telephone would not normally be considered telehealth. This must be done with informed consent by the participant. (Specific requirements are outlined in the Secretary of Health's memorandum of March 21, 2020, which is on the COVID 19 section of the BHA website.) **A general principle is that voice telephone may be used during the emergency only if the participant is not able to access true telehealth services.** The Department of Health and Human Services has put out a memo concerning the relaxation of enforcement of certain HIPAA Security Rules for telehealth during the emergency.

Providers should bill using the same place of service code that would be appropriate for 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, the provider should bill using the **Place of Service Code 11** for "Office." **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.

### General Somatic 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.

### Covered Somatic Services

Somatic services which may be delivered using the audio-only telephone are restricted to the following:

- **99211**--Office or other outpatient visit for evaluation and management of an established patient that may not require the presence of a physician or other qualified healthcare professional.

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- **99212**--Office or other outpatient visit for evaluation and management of an established patient, which requires at least two of the following three key components: A problem-focused history; a problem-focused examination; straightforward medical decision making.
- **99213**--Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of the following three components: An expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity.

The HealthChoice MCOs are responsible for caring for their participants. The MCOs have the flexibility to cover additional audio-only telephonic services beyond CPT codes 99211, 99212, and 99213; however, the services delivered via telehealth or telephone must be covered by Medicaid.

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

**To bill for audio-only telephonic services, providers must bill for the appropriate service code and use the “-UB” modifier to identify the claim as a telephonically delivered service.**

**Services delivered via telehealth using two-way audio-visual technology assisted communication should be billed using the “-GT” modifier.**

The provider should document the participant’s consent to receive telehealth services in their medical record. Consent may be given verbally by the participant.

### **Telehealth Guidance for Applied Behavioral Analysis (ABA) Providers:**

During the state of emergency, the Department is taking the following actions with respect to the use of telehealth for ABA services:

- The Department will not enforce the requirement that only 25 percent of direct supervision (**97155**) can be provided remotely. During the state of emergency, ABA providers may render 100 percent of supervision services remotely. Services delivered via telehealth using two-way audiovisual technology assisted communication should be billed using the “-GT” modifier.
- The Department will allow certain ABA services to be **rendered by telephone. Specifically, during the state of emergency, the Department will allow parent training (97156) to be rendered telephonically and billed using the “-UB” modifier. Written consent** is not required; however, the provider should document in the client’s record that the individual was advised that the session is being conducted by telehealth/telephone, and that the transmission may not be HIPAA compliant, etc.

### **Psychiatric rehabilitation program (PRP)**

The UB modifier should be on the **H2018**, not the **H2016**. If a participant has had even one voice telephone service during the month, this would be reflected as a **H2018-UB**. The order of the modifiers does not matter.

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**A general principle** is that audio-only telephone may be used during the emergency only if the participant is not able to access true telehealth services. If the behavioral health services provided are a group service, they must be performed using video-based telehealth. Initial evaluations of new OTP patients prescribed methadone still require an in-person evaluation. Medical healthcare practitioners **may not use telehealth or audio-only telephone services to prescribe opioids for the treatment of pain.**

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, COMAR 10.09.59.03 requires providers to document services fully by:

1. including the date of service with service start and end times; 12
2. including the participant's primary behavioral health complaint or reason for the visit;
3. including a brief description of the service provided, including progress notes; and
4. including an official e-Signature, or a legible signature, along with the printed or typed name of the individual providing care, with the appropriate title.

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). **Providers must be willing to provide telephone records of services, if requested for an audit.** Phone records may be in the form of phone billing records or call records available from the telephone provider. Staff call logs, in and of themselves, are insufficient documentary evidence.

**The U.S. Department of Health and Human Services (HHS)** announced, effective immediately, that it will exercise its enforcement discretion and will waive potential penalties for HIPAA violations against health care providers that serve patients through everyday communications technologies during the COVID-19 nationwide public health emergency. It would be preferable to use HIPAA and State compliant technology to the extent possible. However, HHS has made clear that this relaxation applies to non-public facing technology such as Skype, Zoom, Doxy, WhatsApp and similar apps, rather than public-facing applications such as FaceBook Live, TicToc, and Snapchat, which can easily be shared to a broader audience. Specific guidance is available on the HHS website.

The standards have been relaxed for providing telehealth services. However, if providing a group service, the transmission must be HIPAA compliant

**Links used to provide the information for this cheat sheet can be found on the below:**

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

<https://maryland.optum.com/content/dam/ops-maryland/documents/provider/Alerts/FAQ%20-%20Telehealth%204.3.2020.pdf>

[https://mmcp.health.maryland.gov/SiteAssets/SitePages/Telehealth/COVID-19%20a\\_Telephonic%20Services%20Guidance\\_3.21.20.pdf](https://mmcp.health.maryland.gov/SiteAssets/SitePages/Telehealth/COVID-19%20a_Telephonic%20Services%20Guidance_3.21.20.pdf)



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**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA):** Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency.

FAQ link to the federal guideline: <https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html>