




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 #4a: 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

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.

On March 20, 2020, Governor Hogan issued an Executive Order No. 20-03-20-01 to authorize the reimbursement of audio-only health care services and to grant further flexibility regarding the use of HIPAA-compliant telehealth technology during the state of emergency.

#### 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.<sup>1</sup> Pursuant to the Governor’s Executive Order 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:

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<sup>1</sup> 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](https://phpa.health.maryland.gov/Documents/COVID-19.1_Telehealth%20Guidance_Neall.pdf).

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 services delivered through Medical Assistance (HealthChoice and Fee-for-Service) 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.

The remainder of this guidance addresses delivery of somatic services only. Behavioral Health Providers should refer to guidance issued by the behavioral health administrative services organization (ASO), *COVID-19 #4b and #4c*.

3. 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. Participants must be provided with a clear explanation of the telehealth or voice service and its confidentiality limitations, including the use of non-HIPAA 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.
4. 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, preauthorizations, limitations and coverage that exist for the service when provided in-person.
  - Somatic services: Providers must contact the participant's HealthChoice managed care organization with questions regarding prior authorization requirements for services rendered via telehealth or audio-only telephone. The HealthChoice MCOs

are responsible for caring for their participants. The MCOs have the flexibility to cover additional audio-only telephonic or telehealth services beyond those described below; however, the services delivered via audio-only telephonic or telehealth must be covered by Medicaid.

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

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

### **Covered Services**

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

- CPT code 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.
- CPT code 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.
- CPT code 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.

### **Billing**

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.

Providers can bill for audio-only telephonic services that were initiated by the participant.

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.

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

### **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.



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 #4b: 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

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.

On March 20, 2020, Governor Hogan issued Executive Order No. 20-03-20-01 to authorize the reimbursement of audio-only health care services and to grant further flexibility regarding the use of HIPAA-compliant telehealth technology during the state of emergency.

#### 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.<sup>1</sup> Pursuant to the Governor’s Executive Order 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:

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<sup>1</sup> 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](https://phpa.health.maryland.gov/Documents/COVID-19.1_Telehealth%20Guidance_Neall.pdf).

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 voice service and its confidentiality limitations, including the use of non-HIPAA 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 number.
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, preauthorizations, 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.

7. Behavioral health services: Providers must contact the behavioral health ASO with 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 voice-only telephones.

### **Providers who may deliver behavioral health services using voice telephone**

Only those provider types already authorized by existing State regulations to use telehealth technology may deliver public behavioral health system-funded telephone services. To bill Medicaid, a provider must be a current Medicaid provider. There is no longer a separate telehealth registration process.

Providers may only deliver services that fall within their normal scope of practice as authorized by the relevant professional board.

Providers may not deliver services for which they would not normally be eligible as Medicaid providers.

#### *Provider types eligible to provide telehealth include:*

Psychiatrists.

Psychiatric Nurse Practitioners (CRNP-PMH).

Advanced Practice Nurses (APRN-PMH).

LCPC, LCMFT, LCADC, LCPAT.

LCSW-C.

In Outpatient Mental Health Clinics - only under supervision - LMSW or LCSW, LGPC, LGADC LGMFT, LGPAT.

In ASAM Level 1 outpatient SUD program, State licensed providers only – CAC-AD, CSC-AD.

FQHCs who bill through the Specialty Behavioral Health System.

Providers listed above must be enrolled in the Department's Speciality Behavioral Health Program.

### **Services which may be delivered using voice telephone**

Services which may be delivered using the telephone are restricted to the following:

#### **E&M codes**

99211, 99212, 99213, 99214, 99215

**Psychotherapy codes**

90832 (16-37-time span) Individual psychotherapy outpatient (30 m) – Adult and Child

90834 (38-52-time span) Individual psychotherapy outpatient (45 m) – Adult and Child

90846 Family Therapy without patient present – Adult and Child

90847 Family Therapy with patient present - Adult and Child (not covered for voice telephone)

90833 30 min Individual psychotherapy add on

90836 45 min Individual psychotherapy add on

90837 (53 min and up)

90839 Psychotherapy for Crisis, first 60 min – Adult and Child

90840 Psychotherapy for Crisis, additional 30 min – Adult and Child

**SUD Treatment codes**

H0016 MAT Initial Induction: Alcohol/Drug Services; Medical/Somatic (Buprenorphine /Methadone is covered by telehealth services only not for voice telephone)

H0001 Alcohol and/or Drug Assessment (not covered for voice telephone)

H0004 (15 min increments, max 6 per day) Individual Outpatient Therapy

**Group Treatment Codes** (A telehealth group in this policy is defined as each member dialing into a central meeting, using HIPAA compliant video technology. Voice telephone groups are not covered)

90853 Group Psychotherapy

H0005 Group Outpatient Therapy

H0015 Intensive Outpatient (IOP)

H2036 Partial Hospitalization

S9480 Intensive OP Psych. Services, per diem (clinic model) - Adult and Child

H0032 Interdisciplinary Team Treatment Planning w/patient present (not covered for voice telephone)



### **SERVICE REIMBURSEMENT**

Professional Services only will be reimbursed. Facility Fees will not be paid.

Services should be billed using the appropriate service population modifiers.

Services delivered by telephone must also be billed using a -UB modifier.

Regular Video telehealth services use the -GT modifier.

### **SERVICE AUTHORIZATIONS**

Services will be authorized using the normal mechanisms. No special authorization will be 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 telephonic or telehealth.

### **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.



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**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.<sup>1</sup> 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

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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.