



Follow-up Guidance on Temporary Telehealth Services

March 24, 2020

On March 21, the Maryland Department of Health (MDH) released guidance for expanded telehealth services as a result of COVID-19:

- [Telehealth Services Authorized for Psychiatric Rehabilitation Programs \(PRP\)](#)
- [Telephone Services Authorized for Behavioral Health Services](#)
- [Telephone Services Authorized for General Health Care Services](#)

As our partners respond with clarifying questions to this temporary guidance, the Behavioral Health Administration (BHA) is releasing this document to provide further information:

General Principles involved in allowing Telehealth and Voice Telephone Services

MDH's intention in allowing Telehealth and Voice Telephone Services is to provide authorization to all of those individuals allowed to provide telehealth services in the normal course of events to make use of these technologies in accessing participants wherever they may be. During the current state of emergency, this might require the use of less secured televideo and voice telephones than would otherwise be allowed.

What is meant by less secured televideo?

Under guidance from HHS concerning relaxation of the HIPAA Security Rule during the crisis, providers are allowed to use televideo technology which would not normally be approved under HIPAA. Non-public facing telehealth technologies may be used, but public facing telehealth technologies are not permitted. Specifically, the HHS notice states that: "Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers."

See this HHS guidance for more information: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

At this time, MDH Information Security recognizes the HHS guidance for the use of televideo but recommends certain mitigation steps that can be taken to reduce security risks regarding the use of non-public televideo solutions and sharing sensitive information:

- Disable or do not use file sharing features
- Do not record video sessions
- Refrain or minimize information sharing in chat window
- Verify "give control" feature is disabled and not used
- Limit video chats to one individual per session, no group sessions

Are providers allowed to provide telehealth services without a Business Associate Agreement?

While providers are strongly encouraged to obtain Business Associate Agreements, a recent HHS Notice of Enforcement Discretion for telehealth provides some leeway. (See link, above).

Can you clarify which disciplines are eligible to bill telehealth for outpatient SUD services?

Presently, all disciplines previously allowed to provide telehealth services for SUD services are allowed to bill for Level 1 Services, including Medicaid PT50 services under a COMAR 10.63 license. Please note the following:

- Psychologists are eligible to provide all the therapy codes listed in the March 21, 2020 communication.
- Somatic physicians and nurse practitioners other than CRNP-PMH may provide the same SUD treatment and medical services they did before the crisis. They are not able to bill specialty behavioral health codes.
- Addiction Trainees (ADT) are, at present, excluded from using telehealth under Board of Professional Counselor regulations. BHA is approaching the Board of Professional Counselors to obtain a decision on whether these personnel may be used for telehealth, and, if so, under what circumstances.
- Group Services and Family Therapy with patient present (90847) have to be delivered by HIPAA compliant televideo. Group is defined as individuals dialing into a central number

from separate remote sites. (HIPAA requirements have been greatly relaxed for the duration of the emergency.)

- Admission assessments (9920x series E&M), Buprenorphine and MAT induction require telehealth, and all group services require televideo.

Are all CPT codes listed in the memo eligible to be provided via telephone (audio-only) except for the ones that specifically state “not covered for voice telephone”? We assume the following CPT codes are allowed to be provided via telephone (audio-only): 99211, 99212, 99213, 99214, 99215, 90832, 90834, 90846, 90833, 90836, 90837, 90839, 90840, H0004).

That is correct, as long as the provider in question is within scope of practice.

Can you clarify expectations concerning Residential Rehabilitation service delivery and PRP offsite service delivery by telephone?

This clarification applies to situations in which PRP and RRP workers are communicating with participants by means of either televideo or voice telephone. The requirements as stated in the March 21 communication from the Secretary are applicable.

What is defined as "explicit consent of the participant"? Because we can't meet in person, we're unable to add a signed form to the client/member's medical record.

Consent may be verbal and then documented by the staff member. Consent must explicitly note that the specific type of service (televideo, telephone) is not as secure as normal HIPAA requirements. If the participant hasn't signed, the staff member must date and sign.

Are there any specific telehealth explanation forms that MDH wants us to utilize when explaining the service to clients/members?

MDH has not developed specific forms.

What is the correct way to bill PRP codes?

Some providers asked if the original Telehealth guidance confused H2016 and H2018 codes, and should have applied to H2016 rather than H2018. H2018 claims combine H2016 visit claims for the month into a single payment claim for the monthly rate. To spare providers from excessive data entry and complex E.H.R. modifications, no change will be made to the H2016 visit claims. Instead, providers are to bill H2018 with a modifier for the “lowest” form of service

they have provided during the month as follows:

- Face-to-face services are to be billed as they were prior to the crisis
- Televideo, or a combination of Face-to-Face and Televideo are submitted with a GT modifier (H-2018-GT)
- Any combination that includes voice telephone are submitted with a UB modifier (H2018-UB)

Where can I find additional information?

BHA will be releasing FAQs every Tuesday and Friday. For the most up-to-date information please visit the [BHA website](#).

If you have additional questions regarding behavioral health and COVID-19, please submit them [here](#) or email bha.inquiries@maryland.gov.