



# Telephone Services Authorized During State of Emergency for Mobile Treatment and ACT Services

March 25, 2020

## Introduction

On March 12, 2020, the Maryland Department of Health (MDH) 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 and qualified (or eligible) uninsured Marylanders participants are still unable to access needed services, the Behavioral Health Administration (BHA) is issuing the following guidance to relax certain requirements around the use of telephones to provide Mobile Treatment Services (MTS) and Assertive Community Treatment (ACT) Services.

While telehealth services are normally restricted to very limited circumstances for MTS and ACT, MDH is taking the following steps in order to ensure that participants continue to receive necessary services and that any measures taken can be integrated into existing business practices without causing further disruption during the COVID-19 crisis.

Because providers will not be able to meet in person with many participants, they 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.)

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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).

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 use of notebook computers, smartphones or audio-only phones.
3. If Medicaid participants cannot access cellphone-based video technology, audio-only telephone calls will be permitted.

## 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 in MTS/ACT 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. 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 MTS/ACT services, and shall provide the provider's name and contact information.
5. MTS/ACT services provided telephonically are subject to the same program restrictions, preauthorizations, limitations and coverage that exist for the service when provided in person.

## Measures to be implemented

1. Effective immediately, licensed MTS providers, inclusive of BHA-designated ACT providers, will be reimbursed for delivering services using various telehealth technologies in addition to traditional face-to-face methods.
2. Individual services will be covered as telehealth services requiring the same time thresholds as face-to-face services.
3. Services delivered to individuals using a group format 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 directly equivalent to those used in face-to-face services in terms of time and code requirements.
4. Telehealth service encounters will be considered directly equivalent to existing in-person services. 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.

5. 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).
6. Providers must be willing to provide telephone records of services, if requested for an audit.
7. Providers must also ensure that they have Business Agreements with any telehealth provider involved.
8. Initial Assessments may be billed for services delivered by telehealth or televideo, but not by voice telephone.
9. BHA has suspended all Evidence-Based Practice (EBP) fidelity reviews for ACT providers and will not apply EBP fidelity standards retrospectively for ACT services rendered in good faith during this declared emergency. ACT programs currently designated by BHA as EBP ACT programs at the time of this transmittal will retain this designation for the full duration of the declared emergency and will be eligible to bill for ACT services rendered during this time at the ACT rate.

## SERVICE REIMBURSEMENT

Telehealth and telephone services may be implemented immediately.

Service involving telehealth should be totaled and submitted in the same manner as normally practiced for face-to-face visits.

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

- MTS providers performing telehealth using accepted video protocols to Medicaid beneficiaries or to uninsured eligibility individuals will bill H0040 with the GT modifier.
- MTS providers performing telehealth using a telephone **only** to Medicaid beneficiaries or to uninsured eligibility individuals will bill H0040 with the UB modifier.
- MTS providers performing telehealth using accepted video protocols to Medicare beneficiaries will bill H0040-52 with the GT modifier.
- MTS providers performing telehealth using a telephone **only** to Medicare beneficiaries will bill H0040-52 with the UB modifier.
- ACT providers, with a current ACT eligibility letter on file, performing telehealth using accepted video protocols to Medicaid beneficiaries or to uninsured eligibility individuals will bill H0040-21 with the GT modifier.
- ACT providers, with a current ACT eligibility letter on file, performing telehealth using a telephone **only** to Medicaid beneficiaries or to uninsured eligibility individuals will bill H0040-21 with the UB modifier.
- ACT providers, with a current ACT eligibility letter on file, performing telehealth using accepted video protocols to Medicare beneficiaries will bill H0040-U9 with the GT modifier.
- ACT providers, with a current ACT eligibility letter on file, performing telehealth using a telephone **only** to Medicare beneficiaries will bill H0040-52 with the UB modifier

Because the billing of MTS/ACT is a monthly rate, the modifiers noted above should only be applied to the monthly claim submission for H0040-21, H0040-U9, H0040, or H0040-52. The rule that should be followed is that the modifier added to the monthly claims is that describing the “lowest” type of service offered 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.
- Any combination of services that includes voice telephone are submitted with a UB modifier.

Note that Medicare functions under different rules, and that Medicare consumers may need to meet entirely different requirements, and may, or may not, be eligible for telehealth of any kind. MTS or ACT providers will need to adhere to Medicare rules in order to be reimbursed for Medicare-eligible treatment services performed by Medicare eligible practitioners within the

context of the MTS or ACT service.

### **SERVICE AUTHORIZATIONS**

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

Providers must contact the behavioral health ASO with 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 telephone service option to expand services. Service volumes will be monitored, and outliers will be audited.

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.

The Department may revoke a provider's telephonic telehealth privileges under this emergency authority at any time due to fraud and abuse issues. The provider will not be able to appeal this decision.