

Maryland Medical Assistance Program Behavioral Health Administration Hospital Based Outpatient Programs Provider Alert Guidance on Telehealth Services May 29, 2020

Introduction

The Maryland Department of Health Medicaid Program (MDH) and the Behavioral Health Administration (BHA) are issuing this guidance to address questions regarding how hospital-based outpatient programs should submit claims for behavioral health services delivered via telehealth during the COVID-19 state of emergency.

The Secretary of Health has issued a series of orders to expand Medicaid telehealth to permit the participant's home to be an originating site, and for certain services to be delivered using audio-only telephone and use of non-HIPAA compliant software. These changes are effective as of March 5, 2020, and will remain in place until the end of the state of emergency.

- COVID-19 #1 -- Expansion of Medicaid Telehealth Regulations -- March 11, 2020
- COVID-19 #4a -- <u>Authorization of Telephone Telehealth Services for General Health Care Services --</u> <u>March 21, 2020</u>
- COVID-19 #4b -- Authorization of Telephone Telehealth Services for Behavioral Health Services --March 21, 2020
- COVID-19 #4c -- <u>Authorization of Telephone Telehealth Services for Psychiatric Rehabilitation</u> <u>Services -- March 21, 2020</u>

A hospital provider alert issuing guidance for hospitals billing for telehealth services during the COVID-19 state of emergency was posted on April 28, 2020.

• Hospital Provider Alert -- Hospital Telehealth Billing -- April 27, 2020

Providers should consult the Department's website for more information on these temporary measures. See https://mmcp.health.maryland.gov/Pages/COVID-19-Provider-Updates.aspx.

General Conditions

1. The measures outlined in this document are restricted for 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of COVID-19 and will expire immediately at the end of the declared emergency, unless Executive Order No. 20-03-20-01 is rescinded or superseded, amended, or revised by additional orders such that the Secretary's authority to issue this guidance no longer exists.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 in COMAR 10.09.49.08, may only be delivered with the explicit consent of the participant. Consent shall be obtained from the participant'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 services from the hospital based outpatient program, 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.

Billing requirements for hospital-based outpatient services provided via telehealth during the current state of emergency

Hospital-based outpatient programs may bill for outpatient services via telehealth or audio-only telephone during the state of emergency as a "distant site provider." The "distant site" is the location of the provider who will perform the services via telehealth. The "distant site provider" is the rendering practitioner that is not physically present at the originating site. A telehealth provider must use technology that supports the standard level of care required to deliver the service rendered.

Providers must ensure that the participant meets the medical necessity requirements of the service for the level of care authorized. For services that require a specific frequency of appointments and number of hours served such as Mental Health Intensive Outpatient (MH IOP) or Mental Health Partial Hospitalization (MH PHP), the hospital should only bill for the days of the week that are equal to the frequency appropriate for the participant's medical necessity for the level of care. The provider will not be permitted to bill for the days(s) that the level of care is not met.

Medicaid Enrolled Providers

When a hospital-based outpatient service is rendered by a Medicaid enrolled provider, the rendering provider should bill for professional services using a CMS-1500 form. Medicaid enrolled providers cannot not bill a facility rate.

Services appropriate for delivery via audio-only telephone during the state of emergency are referenced here: <u>https://mmcp.health.maryland.gov/Medicaid%20COVID19/COVID-</u>19%204a_Telephonic%20Services%20Guidance_3.21.20.pdf.

Providers Not Enrolled in Medicaid

When hospital-based outpatient are provided and the provider is not enrolled in Medicaid, the hospital should continue to bill the services using the Health Services Cost Review Commission rates and the appropriate revenue codes (090x, 091x, and 094x) on a UB-04 claim form. There should not be a separate professional claim submitted for the service.