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DATE: June 15, 2020

TO: Interested Parties

FROM: Michelle Probert, Director, MaineCare Services

SUBJECT: **Adopted Rule:** 10-144 C.M.R. ch. 101, MaineCare Benefits Manual, Chapter I, Section 4, Telehealth Services

This letter gives notice of adopted rule: 10-144 C.M.R. ch. 101, Chapter I, Section 4, Telehealth

This adopted rule implements increased access to all pharmacy services, and particularly substance use disorder (SUD) services, through the removal of the blanket prohibition against the provision of Pharmacy Services (Section 80) via telehealth. On March 16, 2020, the Department implemented these changes on an emergency basis due to the COVID-19 health threat, in an effort to limit face-to-face contact, expedite these services to members, and mitigate disease transmission. The Department now seeks to make these changes permanent, in part because they will ensure delivery of SUD services more quickly and broadly to members, in hopes of helping to stem the opioid crisis. Additionally, the changes will be generally preemptive against any future spread of communicable disease threat or outbreak by decreasing in-person contact for pharmacy services, as medically and situationally necessitated.

Additionally, this rule removed two prohibitions within the Telehealth rule, and adds five new definitions to the rule, including Consultative Physician, Established Patient, Requesting Physician, Specialist, and Treating Provider.

The adopted provisions expand Covered Services by adding Store-and-Forward, Virtual Check-Ins, Remote Consultations, and Telephone Evaluation & Management. Store and Forward and Remote Consultation services permit Health Care Providers to, for example, get reimbursed for communications regarding a member's treatment and diagnoses. This action aligns the MaineCare rule with recent changes to 24-A M.R.S. § 4316, requiring private insurers to more broadly cover services through telehealth. As part of Store-and-Forward modalities, the Department has also added two additional procedure codes associated with Remote Consultation Between a Treating Provider and Specialist. Both new added services permit the transmission of member health information between two or more providers and/or allow collaboration between a primary provider and specialist using a virtual platform. Additionally, the two new remote consultation codes allow for the reimbursement of the requesting and consulting physicians, a departure from reimbursement for the other interprofessional consultation codes extant in policy.

Virtual Check-Ins have been added to Covered Services to align MaineCare policy with recently expanded Medicare coverage of telehealth. The addition of Virtual Check-In is intended to allow providers to communicate with members about their health status in between office visits, and to determine medical necessity for future in-office visits. Telephone Evaluation & Management permits a provider to more broadly consult with a member via telephone.

Additionally, the Department is permanently adding codes to the reimbursement section that were opened initially through the COVID-19 Public Health Emergency Services rule (the "COVID Rule"), 10-144 C.M.R. Ch. 101, Ch. I, Sec. 5. The COVID Rule shall be effective temporarily, to assist members and

providers in specific ways during the COVID crisis, and then the Department intends to repeal the COVID Rule. The COVID Rule makes various other changes to the Telehealth rule, including:

(i) allows waiver of the requirement in 4.04-1(2) that the covered service delivered by Interactive Telehealth be of comparable quality to what it would be it delivered in person, subject to a new comparability review process and prior approval by the Department;
(ii) for 4.04-3 (Telephonic Services) – waives requirement that Interactive Telehealth Services be unavailable before one may utilize Telephonic Services; and
(iii) waives requirement in 4.06-2(B) that the provider do member education and obtain written consent from the member prior to provision of services via Telehealth.

The requirement in this adopted rule for the provision of member education and procurement of informed written consent before the provision of Virtual Check In, Store and Forward, Remote Consultation, and Telephone Evaluation & Management services conflicts with the COVID Rule. Where the COVID Rule and a separate MaineCare rule conflict, the COVID rule supersedes and shall apply. *See* COVID Rule, Sec. 5.01. Thus, per the COVID Rule, **no education/written informed consent is required for these new Covered Services while the COVID Rule is in effect**.

The Department is seeking and anticipates receiving approval from the Centers for Medicare and Medicaid Services for these changes.

As a result of review by the Office of the Attorney General, the Department finds that changes are necessary in the final rule. The Department is adding a covered service description and additional clarifying language associated with Telephonic Evaluation & Management. The Department also made two clerical corrections to billing codes so that they are consistent with the codes used in the COVID-19 Emergency Rule.

Rules and related rulemaking documents may be reviewed at, or printed from, the MaineCare website at http://www.maine.gov/dhhs/oms/rules/index.shtml or for a fee, interested parties may request a paper copy of rules by calling (207) 624-4050 or Maine Relay number 711.

Notice of Agency Rule-making Adoption

AGENCY: Department of Health and Human Services, Office of MaineCare Services

CHAPTER NUMBER AND TITLE: 10-144 C.M.R. Chapter 101, MaineCare Benefits Manual Ch. I, Section 4, Telehealth Services

ADOPTED RULE NUMBER:

CONCISE SUMMARY: This adopted rule implements increased access to all pharmacy services, and particularly substance use disorder (SUD) services, through the removal of the blanket prohibition against the provision of Pharmacy Services (Section 80) via telehealth. On March 16, 2020, the Department implemented these changes on an emergency basis due to the COVID-19 health threat, in an effort to limit face-to-face contact, expedite these services to members, and mitigate disease transmission. The Department now seeks to make these changes permanent, in part because they will ensure delivery of SUD services more quickly and broadly to members, in hopes of helping to stem the opioid crisis. Additionally, the changes will be generally preemptive against any future spread of communicable disease threat or outbreak by decreasing in-person contact for pharmacy services, as medically and situationally necessitated.

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Additionally, the Department is permanently adding codes to the reimbursement section that were opened initially through the COVID-19 Public Health Emergency Services rule (the "COVID Rule"), 10-144 C.M.R. Ch. 101, Ch. I, Sec. 5. The COVID Rule shall be effective temporarily, to assist members and providers in specific ways during the COVID crisis, and then the Department intends to repeal the COVID Rule. The COVID Rule makes various other changes to the Telehealth rule, including:

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http://www.maine.gov/dhhs/oms/rules/index.shtml for rules and related rulemaking documents.

EFFECTIVE DATE: June 15, 2020

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SECTION 4 **TELEHEALTH** Established 4/16/16
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SECTION 4 **TELEHEALTH** Established 4/16/16
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4.01 DEFINITIONS

4.01-1 Consultative Physician

A physician who provides consultation services to another clinical provider who is actively investigating the health status of an Established Patient or Member.

4.01-2 Department

The Maine Department of Health and Human Services.

4.01-3 Established Patient

A person determined to be eligible for MaineCare benefits by the Office for Family Independence (OFI) in accordance with the eligibility standards published by the OFI in the *MaineCare Eligibility Manual*. Some Members may have restrictions on the type and amount of services they are eligible to receive.

4.01-4 Health Care Provider

Individual or entity licensed or certified under the laws of the state of Maine to provide medical, behavioral health, and related services to MaineCare Members. Health Care Providers must be enrolled as MaineCare Providers in order to be reimbursed for services.

4.01-5 Home Health Agency (HHA)

A voluntary, public or private organization or a part of such organization, that is certified under Title XVIII of the *Social Security Act* for reimbursement for the delivery of home health services, pursuant to Ch. II Section 40 of the *MaineCare Benefits Manual* ("Home Health Services").

4.01-6 Interactive Telehealth Services

Real time, interactive visual and audio telecommunications whereby a Member and a Health Care Provider interact remotely through the use of technology.

4.01-7 MaineCare Covered Services

Services covered and reimbursed through MaineCare as provided in the *MaineCare Benefits Manual*.

4.01-8 Member

Any person certified as eligible for services under the MaineCare program.

4.01 DEFINITIONS (cont.)

4.01-9 **Originating Facility Fee**

Fee paid to the Health Care Provider at the Originating (Member) Site for the service of coordinating Telehealth Services.

4.01-10 **Originating (Member) Site**

The site at which the Member is located at the time of Telehealth Service delivery. The Originating (Member) Site will usually be a Health Care Provider's office, but it may also be the Member's residence, provided the proper equipment is available for Telehealth Services.

4.01-11 **Receiving (Provider) Site**

The site at which the Health Care Provider delivering the service is located at the time of service delivery.

4.01-12 **Requesting Physician**

The physician who is in contact with an Established Patient or Member who is responsible for requesting consult or information about the Member's health status from another clinical provider.

4.01-13 **Specialist**

A medical professional highly trained in a particular medical field. Specialists or Consultative Physicians are retained by MaineCare Members upon referral from their Primary Care Physician.

4.01-14 **Telehealth Services**

The use of information technology by a Health Care Provider to deliver clinical services at a distance for the purpose of diagnosis, disease monitoring, or treatment. Telehealth Services may be either Telephonic or Interactive (combined video/audio).

4.01-15 **Telemonitoring Services**

The use of information technology to remotely monitor a Member's health status through the use of clinical data while the Member remains in the residential setting. Telemonitoring may or may not take place in real time.

4.01 DEFINITIONS (cont.)

4.01-16 **Telephonic Services**

The use of telephone communication by a Health Care Provider to deliver clinical services at a distance for the purpose of diagnosis, disease monitoring, or treatment.

4.01-17 **Treating Provider**

A medical professional who either is currently providing or has provided medical treatment, evaluation, or who has an ongoing treatment relationship with the Member.

4.02 MEMBER ELIGIBILITY

4.02-1 **Telehealth Services**

If a Member is eligible for the underlying Covered Service to be delivered, and if delivery of the Covered Service via Telehealth is medically appropriate, as determined by the Health Care Provider, the Member is eligible for Telehealth Services.

4.02-2 **Telemonitoring Services**

In order to be eligible for Telemonitoring Services, a Member must:

A. Be eligible for Home Health Services under Chapter II, Section 40, "Home Health Services";

B. Have a current diagnosis of a health condition requiring monitoring of clinical data at a minimum of five times per week, for at least one week;

C. Have documentation in the patient's medical record that the patient is at risk of hospitalization or admission to an emergency room;

OR

Have continuously received Telemonitoring Services during the past calendar year and have a continuing need for such services, as documented by an annual note from a Health Care Provider;

D. Have Telemonitoring Services included in the Member's Plan of Care. A notation from a Health Care Provider, dated prior to the beginning of service delivery, must be included in the Member's Plan of Care. If Telemonitoring Services begin prior to the date recorded in the Provider's note, services delivered shall not be reimbursed.

E. Reside in a setting suitable to support telemonitoring equipment; and

4.02 MEMBER ELIGIBILITY (cont.)

F. Have the physical and cognitive capacity to effectively utilize the telemonitoring equipment or have a caregiver willing and able to assist with the equipment.

4.03 PROVIDER REQUIREMENTS

4.03-1 **Telehealth Services**

In order to be eligible for reimbursement for Telehealth Services, a Health Care Provider must be:

A. Acting within the scope of his or her license;

B. Enrolled as a MaineCare provider; and

C. Otherwise eligible to deliver the underlying Covered Service according to the requirements of the applicable section of the *MaineCare Benefits Manual*.

4.03-2 **Telemonitoring Services**

In order to be eligible for reimbursement for Telemonitoring Services, a Health Care Provider must be a certified Home Health Agency pursuant to the *MaineCare Benefits Manual* Ch. II Section 40 ("Home Health Services"). Compliance with all applicable requirements listed in Chapter II, Section 40, "Home Health Services" is required.

The Health Care Provider ordering the service must be a Health Care Provider with prescribing privileges (physician, nurse practitioner or physician's assistant).

Health Care Providers must document that they have had a face-to-face encounter with the Member before a physician may certify eligibility for services under the home health benefit. This may be accomplished through interactive telehealth services, but not by telephone or e-mail.

4.04 COVERED SERVICES

4.04-1 **Interactive Telehealth Services**

With the exception of those services described in Section 4.05 of this policy (Non-Covered Services and Limitations), any medically necessary MaineCare Covered Service may be delivered via Interactive Telehealth Services, provided the following requirements are met:

1. The Member is otherwise eligible for the Covered Service, as described in the appropriate section of the *MaineCare Benefits Manual*; and

4.04 COVERED SERVICES (cont.)

2. The Covered Service delivered by Interactive Telehealth Services is of comparable quality to what it would be were it delivered in person.

Prior authorization is required for Interactive Telehealth Services only if prior authorization is required for the underlying Covered Service. In these cases, the prior authorization is the usual prior authorization for the underlying Covered Service, rather than prior authorization of the mode of delivery. A face to face encounter prior to telehealth is not required.

4.04-2 **Store-and-Forward Telehealth Services**

Store-and-Forward (asynchronous) Telehealth is only permitted for Established Patients and involves the transmission of recorded clinical information (including, but not limited to radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to a Health Care Provider. All health information must be transmitted via secured email. In order for the Health Care Provider to be reimbursed for a covered service delivered via Store-and-Forward Telehealth, a Member must not be present.

The Department shall seek and anticipates receiving CMS approval for these provisions. Pending CMS approval, these provisions are effective.

A. **Virtual Transfer of Health Information**

The Health Care Provider uses the information to evaluate a Member's condition or render a covered MaineCare service separate from services delivered via Interactive Telehealth. The Health Care Provider uses a desktop computer or a mobile device, such as a smartphone to gather and send the information. Information is transmitted by electronic mail, uploaded to a secure website, or a private network. Only the Health Care Provider who receives and reviews the recorded clinical information is eligible for reimbursement.

B. **Remote Consultation Between and Treating Provider and Specialist**

Interprofessional telecommunications assessment and management service provided by a Specialist. A primary care referral is required for a Member to seek Specialist care. The interaction includes discussion (via telephone or internet) of a written report by the Specialist to assess the Member's Electronic Health Record and/or diagnoses/treatment.

Duration of this service is a minimum of five minutes to no greater than thirty minutes. The Treating Provider must document that they have informed the Member as to results and conclusions following the Remote Consultation.

4.04 COVERED SERVICES (cont.)

Written or verbal Member consent for each Remote Consultation must be documented in the Member's medical record. Billing for interprofessional services is limited to those practitioners who can independently bill Medicaid for evaluation and management services.

Remote Consultation may be utilized as often as medically necessary, per the terms of these rules.

4.04-3 **Telephonic Services** may be reimbursed if the following conditions are met:

1. Interactive Telehealth Services are unavailable; and
2. A Telephonic Service is medically appropriate for the underlying Covered Service.

4.04-4 **Telemonitoring Services**

A. Telemonitoring Services are intended to collect a Member's health related data, such as pulse and blood pressure readings, that assist Health Care Providers in monitoring and assessing the Member's medical conditions. Telemonitoring Services include:

1. Evaluation of the Member to determine if Telemonitoring Services are medically necessary for the Member. The Home Health Agency must assure that a Health Care Provider's order or note, demonstrating the necessity of Telemonitoring Services, is included in the Member's Plan of Care.

2. Evaluation of the Member to assure that the Member is cognitively and physically capable of operating the Telemonitoring equipment or assurance that the Member has a caregiver willing and able to assist with the equipment;

3. Evaluation of the Member's residence to determine suitability for Telemonitoring Services. If the residence appears unable to support Telemonitoring Services, the Home Health Agency may not implement Telemonitoring Services in the Member's residence unless necessary adaptations are made. Adaptations are not reimbursable by MaineCare;

4. Education and training of the Member and/or caregiver on the use, maintenance and safety of the Telemonitoring equipment, the cost of

4.04 COVERED SERVICES (cont.)

which is included in the monthly flat rate paid by MaineCare to the Home Health Agency;

5. Remote monitoring and tracking of the Member's health data by a registered nurse, nurse practitioner, physician's assistant or physician, and response with appropriate clinical interventions. The Home Health Agency and Health Care Provider utilizing the data shall maintain a written protocol that indicates the manner in which data shall be shared in the event of emergencies or other medical complications;

6. At least monthly Telephonic Services with the Member;

7. Maintenance of equipment, the cost of which is included in the monthly flat rate paid by MaineCare to the Home Health Agency.

8. Removal/disconnection of equipment from the Member's home when Telemonitoring Services are no longer necessary or authorized.

4.04-5 **Virtual Check-In**

A brief communication where an Established Member checks in with a Health Care Provider using a telephone or other telecommunications device for 5-10 minutes to determine the status of a chronic clinical condition(s) and to determine whether an office visit is needed. Modalities permitted for Virtual Check-Ins include Telephonic Services or Interactive Services to deliver clinical services at a distance for the purpose of diagnosis, disease monitoring, or treatment.

Communications exclusively by email, text, or voicemail are not reimbursable.

Documentation of a Virtual Check-In in the Member's record must include length of Virtual Check-In, overview and outcome of the conversation, and modality of the interaction.

If the Virtual Check-In takes place within seven (7) days after an in-person visit or triggers an in-person office visit within 24 hours (or the soonest available appointment), the Virtual Check-In is not billable.

The Department shall seek and anticipates receiving CMS approval for these provisions. Pending CMS approval, these provisions are effective.

4.04 COVERED SERVICES (cont.)

4.04-6 **Telephone Evaluation and Management Services**

The Department will reimburse providers for Telephone Evaluation and Management Services provided to members. The restrictions set forth in the MaineCare Benefits Manual, Ch. I, Sec. 4.04-3 are inapplicable to Telephone Evaluation and Management Services, as these are separate and apart from the Telephonic Services set forth in Sec. 4.04-3.

Telephonic Evaluation and Management Services must be rendered by a qualified professional actively enrolled in MaineCare or contracted through an enrolled MaineCare provider.

Telephone Evaluation and Management Services are not to be billed if clinical decision-making dictates a need to see the member for an office visit within 24 hours or at the next available appointment. In those circumstances, the telephone service shall be considered a part of the subsequent office visit. If the telephone call follows an office visit performed and reported within the past seven (7) days for the same diagnosis, then the telephone services are considered part of the previous office visit and are not separately billable.

The Department shall seek and anticipates receiving CMS approval for these provisions. Pending CMS approval, these provisions are effective.

4.05 NON-COVERED SERVICES AND LIMITATIONS

A. Except as set forth herein, services not otherwise covered by MaineCare are not covered when delivered via Telehealth Services.

B. Services covered under other MaineCare Sections but specifically excluded from Telehealth coverage include, but are not limited to the following:

1. Medical Equipment, Supplies, Orthotics and Prosthetics provided by DME (Durable Medical Equipment) suppliers and pharmacies under Chapter II, Section 60 of the MCBM, “Medical Supplies and Durable Medical Equipment”;

2. Personal care aide (PCA) services provided under Chapter II, Section 96 of the MCBM, “Private Duty Nursing and Personal Care Services”;

3. Assistive Technology services provided under the following Sections of the *MaineCare Benefits Manual*:

   a. Chapter II, Section 18, “Home and Community Based Services for Adults with Brain Injury”;
   b. Chapter II, Section 19, “Home and Community Benefits for the

4.05 NON-COVERED SERVICES AND LIMITATIONS (cont.)

Elderly and for Adults with Disabilities";
c. Chapter II, Section 20, "Home and Community-Based Services for Adults with Other Related Conditions";
d. Chapter II, Section 21, "Home and Community Benefits for Members with Intellectual Disabilities or Autistic Disorder";
e. Chapter II, Section 29, "Support Services for Adults with Intellectual Disabilities or Autistic Disorder"; and
f. Chapter II, Section 32, "Waiver Services for Children with Intellectual Disabilities or Pervasive Developmental Disorders".

4. Non–Emergency Medical Transportation services provided under Chapter II, Section 113 of the MBM, "Non-Emergency Transportation (NET) Services";

5. Services that require direct physical contact with a Member by a Health Care Provider and that cannot be delegated to another Health Care Provider at the site where the Member is located are not covered;

6. Any service medically inappropriate for delivery through Telehealth Services.

C. Except as set forth herein, reimbursement will not be provided for communications between Health Care Providers when the Member is not present at the Originating (Member) Site.

D. Except as set forth herein, reimbursement will not be provided for communications solely between Health Care Providers and Members when such communications would not otherwise be billable.

E. The Originating Facility Fee may only be billed in the event that the Originating (Member) Site is in a Health Care Provider's facility.

F. The Originating Site Fee may be paid only to a Health Care Provider.

4.06 POLICIES AND PROCEDURES

4.06-1 **Telehealth Equipment and Technology**

A. Health Care Providers must ensure that the telecommunication technology and equipment used at the Receiving (Provider) Site and the Originating (Member) Site is sufficient to allow the Health Care Provider to appropriately provide the Member with services billed to MaineCare.

4.06 POLICIES AND PROCEDURES (cont.)

B. **Security**

1. Providers must comply with all federal, state and local regulations that apply to its business including but not limited to the *Electronic Communications Privacy Act of 1986*. Any services that use networked services must comply with HIPAA requirements.

2. A Telehealth Service shall be performed on a secure telecommunications line or utilize a method of encryption adequate to protect the confidentiality and integrity of the Telehealth Service information in accordance with State and Federal laws, rules and regulations.

3. Both the Originating (Member) Site and the Receiving (Provider) Site shall use authentication and identification to ensure the confidentiality of a Telehealth Service.

4. A Health Care Provider shall implement confidentiality protocols that include but are not limited to:

   a. Identifying personnel who have access to a telehealth transmission;

   b. Usage of unique passwords or identifiers for each employee or person with access to a telehealth transmission; and

   c. Preventing unauthorized access to a telehealth transmission.

5. A Health Care Provider's protocols and guidelines shall be available for inspection by the Department upon request.

C. Except as set forth herein, services may not be delivered through electronic mail.

D. The Department will not separately reimburse for any charge related to the purchase, installation, or maintenance of telehealth equipment or technology, nor any transmission fees, nor may a Member be billed for such.

4.06-2 **Member Choice and Education**

A. Before providing a Telehealth Service to a Member, a Health Care Provider shall ensure that the following written information is provided to the Member or authorized representative in a format and manner that the Member is able to understand:

1. A description of the Telehealth Services and what to expect;

4.06 POLICIES AND PROCEDURES (cont.)

2. An explanation that use of Telehealth Services is voluntary. The Member shall have the option to refuse the Telehealth Services at any time without affecting the right to future care or treatment and without risking the loss or withdrawal of a MaineCare benefit to which the Member is entitled;

3. An explanation that MaineCare will pay for the Member's transportation to MaineCare Covered Services pursuant to Section 113 of the *MaineCare Benefits Manual* ("Non-Emergency Transportation Services");

4. An explanation that the Member shall have access to all information resulting from the Telehealth Service as provided by law;

5. The dissemination, storage, or retention of an identifiable Member image or other information from the Telehealth Service shall comply with federal laws and regulations and Maine state laws and regulations requiring individual health care data confidentiality;

6. The Member shall have the right to be informed of the parties who will be present at the Receiving (Provider) Site and the Originating (Member) Site during the Telehealth Service and shall have the right to exclude anyone from either site; and

7. The Member shall have the right to object to the videotaping or other recording of a Telehealth Consultation.

B. Prior to the provision of any Telehealth Service, the Health Care Provider shall document that it has provided the educational information (set forth above) to the Member or authorized representative and obtain the Member's written informed consent to the receipt of services via Telehealth and/or to Store-and-Forward Telehealth Services, Remote Consultation, Virtual Check-In, or Telephone Evaluation and Management. A copy of the signed informed consent shall be retained in the Member's medical record and provided to the Member or the Member's legally-authorized representative upon request.

4.06-3 **Required Documentation**

A. Providers must maintain documentation at the Originating (Member) Site and the Receiving (Provider) Site to substantiate the services provided. This requirement does not apply when the Originating Site is the Member's residence.

4.06 POLICIES AND PROCEDURES (cont.)

B. Except as provided herein for Store-and-Forward Telehealth, Remote Consultation, Virtual Check-Ins, and Telephone Evaluation and Management, documentation must indicate the MaineCare Covered Services that were rendered via Telehealth Services, the location of the Originating (Member) Site and the Receiving (Provider) Sites.

4.07 REIMBURSEMENT

4.07-1 **General Conditions**

A. Services are to be billed in accordance with applicable sections of the *MaineCare Benefits Manual*. Providers must submit claims in accordance with Department billing instructions. The same procedure codes and rates apply to the underlying Covered Service as if those Services were delivered face to face.

B. Telehealth Services are subject to all conditions and restrictions described in Chapter I Section 1 of the *MaineCare Benefits Manual* (MBM).

C. Telehealth Services are subject to co-payment requirements for the underlying Covered Service, if applicable, as established in Chapter I, Section 1 of the MCBM. However, there shall be no separate co-payment for telehealth services.

4.07-2 **Interactive Telehealth Services**

A. **Receiving (Provider) Site**

1. Except as described below, only the Health Care Provider at the Receiving (Provider) Site may receive payment for Telehealth Services.

2. When billing for Interactive Telehealth Services, Health Care Providers at the Receiving (Provider) Site should bill for the underlying Covered Service using the same claims they would if it were delivered face to face, and should add the GT modifier.

3. When billing for Telephonic Services, Health Care Providers at the Receiving (Provider) Site should use E&M codes 99446 through 99449. The GT modifier should not be used.

4. No separate transmission fees will be paid for Interactive Telehealth Services. The only services that may be billed by the Health Care Provider at the Receiving (Provider) Site are the fees for the underlying Covered Service delivered plus the GT modifier or the 99445 – 99449 codes.

4.07 REIMBURSEMENT (cont.)

B. **Originating (Member) Site**

1. If the Health Care Provider at the Originating (Member) Site is making a room and telecommunications equipment available but is not providing clinical services, the Health Care Provider at the Originating (Member) Site may bill MaineCare for an Originating Facility Fee using code Q3014 for the service of coordinating the Telehealth Service. An Originating Facility Fee may not be billed for a Telephonic Service.

2. The Health Care Provider at the Originating (Member) Site may not bill for assisting the Health Care Provider at the Receiving (Provider) Site with an examination.

3. No separate transmission fees will be paid for Interactive Telehealth Services.

4. The Health Care Provider at the Originating (Member) Site may bill for any clinical services provided on-site on the same day that a Telehealth Service claim is made, except as specifically excluded elsewhere in this section.

5. Telehealth Services may be included in a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or Indian Health Center (IHC) scope of practice, as approved by HRSA and the State. If approved, these facilities may serve as the provider site and bill under the encounter rate. When an FQHC or RHC serves as the Originating (Member) Site, the Originating Facility Fee is paid separately from the center or clinic all-inclusive rate.

6. In the event an interpreter is required, the Health Care Provider at either the Originating (Member) Site or the Receiving (Provider) site may bill for interpreter services in accordance with the provisions of Chapter I, Section 1 of the MBM. Members may not bill or be reimbursed by the Department for interpreter services utilized during a telehealth encounter.

7. If the technical component of an X-ray, ultrasound or electrocardiogram is performed at the Originating (Member) Site during a Telehealth Service, the technical component and the Originating Facility Fee are billed by the Health Care Provider at the Originating (Member) Site.

   The professional component of the procedure and the appropriate visit code are billed by the Receiving (Provider) Site.

8. The Originating Facility Fee may only be billed in the event that the Originating (Member) Site is in a Health Care Provider's facility.

4.07 REIMBURSEMENT (cont.)

C. The Health Care Providers at the Receiving and Originating Sites may be part of the same organization. In addition, a Health Care Provider at the Originating (Member) Site may bill MaineCare and receive payment for Telehealth Services if the service is provided by a qualified professional who is under a contractual arrangement with the Originating (Member) Site.

4.07-3 **Telemonitoring Services**

A. Only the Health Care Provider at the Receiving (Provider) Site will be reimbursed for Telemonitoring Services.

B. No Originating Facility Fee will be paid for Telemonitoring Services.

C. Only a Home Health Agency may receive reimbursement for Telemonitoring Services.

D. Telemonitoring Services shall be billed using code S9110, which provides for a flat monthly fee for services, which is inclusive of all Telemonitoring Services, including but not limited to:

1. equipment installation;
2. training the Member on the equipment's use and care;
3. monitoring of data;
4. consultations with the primary care physician; and
5. equipment removal when the Telemonitoring Service is no longer medically necessary.

Except as described in this policy, no additional reimbursement beyond the flat fee is available for Telemonitoring Services.

E. MaineCare will not reimburse separately for Telemonitoring equipment purchase, installation, or maintenance.

F. In the event that in person visits are required, these visits must be billed separately from the Telemonitoring Service in accordance with Chapters II and III, Section 40 ("Home Health Services") of the MBM.

G. In the event an interpreter is required, the Home Health Agency may bill for interpreter services in accordance with another billable service and the requirements of Ch. I, Section 1 of the MBM.

4.07 REIMBURSEMENT (cont.)

4.07-4 **Reimbursement Rates**

PROCEDURE CODE	DESCRIPTION	MAXIMUM ALLOWANCE
Q3014	Telehealth Originating Site Facility Fee, per visit	$15.86
S9110	Telemonitoring of Patient in their Home, per month	$84.55
G2010	Store-and-forward (asynchronous) telehealth is only permitted for Established Patients and involves the transmission of recorded clinical information (including, but not limited to radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to a Health Care Provider. In order for the Health Care Provider to be reimbursed for a covered service delivered via Store-and-Forward Telehealth, a Member must not be present. *	$8.43 $6.34 (facility)
G2012	A brief communication where an Established Member checks in with a Health Care Provider using a telephone or other telecommunications device for 5-10 minutes to determine the status of a chronic clinical condition(s) and to determine whether an office visit is needed. Modalities permitted for Virtual Check-Ins include Telephonic Services or Interactive Telehealth Services. Communications exclusively by email, text, or voicemail are not reimbursable. *	$9.90 $8.97 (facility)
G2061	Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes*	$8.32
G2062	Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes*	$14.67
G2063	Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes*	$22.99 $22.76 (facility)
G0071	Payment for communication technology-based services for 5 minutes or more of a virtual (not face-to-face) communication between an RHC or FQHC practitioner and RHC or FQHC patient. 5 minutes or more*	$9.17

SECTION 4 **TELEHEALTH** Established 4/16/16
Last Updated: June 15, 2020

PROCEDURE CODE	DESCRIPTION	MAXIMUM ALLOWANCE
98966	Telephone assessment and management service provided by a qualified non-physician health care professional; 5-10 minutes of medical discussion	$11.89
98967	Telephone assessment and management service provided by a qualified non-physician health care professional; 11-20 minutes of medical discussion	$23.16
98968	Telephone assessment and management service provided by a qualified non-physician health care professional; 21-30 minutes of medical discussion	$33.95
99421	Online E/M service, for an established patient, for up to 7 days, cumulative timing during the 7 days; 5-10 minutes*	$10.33 $8.95(facility)
99422	Online digital E/M service, for an established patient, for up to 7 days; 11-20 minutes*	$20.59 $18.29(facility)
99423	Online digital E/M service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	$33.27 $29.13(facility)
99441	Telephone evaluation and management service; 5-10 minutes of medical discussion*	$11.89
99442	Telephone evaluation and management service; 11-20 minutes of medical discussion*	$23.16
99443	Telephone evaluation and management service; 21-30 minutes of medical discussion*	$33.95
99446	Interprofessional Telephone/ internet assessment and management services provided by a Consultative Physician including a verbal and written report; 5-10 minutes of medical consultative discussion and review	$24.14
99447	Interprofessional Telephone/ internet assessment and management services provided by a Consultative Physician including a verbal and written report; 11-20 minutes of medical consultative discussion and review	$40.51
99448	Interprofessional Telephone/ internet assessment and management services provided by a Consultative Physician including a verbal and written report; 21-30 minutes of medical consultative discussion and review	$61.05
99449	Interprofessional Telephone/ internet assessment and management services provided by a Consultative Physician including a verbal and written report; 31 or more minutes of medical consultative discussion and review	$82.60

SECTION 4 **TELEHEALTH** Established 4/16/16
Last Updated: June 15, 2020

PROCEDURE CODE	DESCRIPTION	MAXIMUM ALLOWANCE
99451	Interprofessional telephone/Internet/Electronic Health Record assessment and management service provided by a Consultative Physician including a written report to the patient's Treating/Requesting Physician or other qualified health care professional, 5 or more minutes of medical consultative time*	$25.25
99452	Interprofessional telephone/Internet/Electronic Health Record referral service(s) provided by a Treating/Requesting Physician or qualified health care professional, 30 minutes*	$25.25

The Department shall seek and anticipates receiving CMS approval for these changes. Pending CMS approval, these provisions are effective.