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MaineCare Guidance Relating to Telehealth and Telephone Services During COVID-19 Emergency Period

April 16, 2020

As we respond to COVID-19, we encourage MaineCare providers to consider utilizing telehealth services for the delivery of MaineCare-covered services when appropriate and necessary. MaineCare has long had a robust telehealth policy and has recently created additional flexibility for its usage. Please read this message in its entirety to understand your options and additional resources.

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Utilizing Telehealth to Satisfy Face-to-Face Requirements in MaineCare Policies

Telehealth allows providers to deliver services to individuals remotely so that providers can monitor and address health conditions. This can be done through Interactive Telehealth Services, which are real time, interactive visual and audio telecommunications; or telephonically when Interactive Telehealth Services are unavailable. Additionally, MaineCare also provides payment for “Telephone-only Evaluation and Management” services, as outlined below.

With few exceptions such as personal care services and ambulance, under regular MaineCare rule, telehealth can be used to satisfy the MaineCare face-to-face requirements when telehealth delivery of the service is of comparable quality to in-person service delivery. Providers are also required to ensure

they are complying with all federal, state, and local regulations that apply, including HIPAA requirements, when network services are used.

March 20, 2020 Update: Under the current public health emergency, MaineCare and the federal government are allowing for further flexibility. MaineCare is waiving the requirement for comparable quality on a service by service basis, subject to Department approval. See below for more detail. In addition, the federal government is allowing for a relaxation of enforcement of [HIPAA requirements](#) during the state of emergency, enabling providers to use platforms such as FaceTime, Skype and Zoom, etc., for interactive telehealth services.

Member and Service Criteria for Telehealth Services Eligibility

The significant majority of medically necessary MaineCare-covered service may be delivered via Interactive Telehealth Services without approval by the Department if 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,
2. The covered service delivered by Interactive Telehealth Services is of comparable quality to what it would be if it were delivered in person*.

*See [Selective Waiver of Comparable Quality Requirements](#) section below for details on when the comparable quality requirement may be waived, subject to Department approval.

Use of Telephones to Deliver Services via Telehealth

April 16, 2020 Update: This update is to clarify language only. In addition to Interactive Telehealth modes of delivery, telephones are an acceptable mode to deliver services via Telehealth if Interactive Telehealth options are unavailable, and if Telephonic delivery is medically appropriate for the underlying covered service.

There can be many reasons Interactive Telehealth Services may not be available, including but not limited to:

- The member does not have an internet connection.
- The member does not have a cellular data plan sufficient to support the use of cellular internet.
- The member does not have an ability to connect to interactive video chat software.
- The member cannot be transported to an originating site where Interactive Telehealth Services are available and any of the above barriers are present.

April 16, 2020 Update: This update is to clarify language only. It is not acceptable for providers to use the telephone to provide services via Telehealth due to their own personal preference or lack of effort or attempt to utilize Interactive Telehealth options. Also, please note that delivery of services via telephone in the above limited circumstances should be distinguished from Telephone-only Evaluation and Management Services, as described below.

Prior Authorization (PA) Requirements

Prior Authorization (PA) is only required for Interactive Telehealth Services if a PA is required for the underlying covered service. In these cases, the PA relates to the underlying covered service, not to the telehealth mode of delivery.

Telehealth and Pharmacy – NEW!

Through emergency rules, going forward the Department will allow for prescribing through telehealth.

March 20, 2020 Update: Members do not usually need to see a provider in person in order to receive a prescription. They can connect via interactive telehealth or telephone to get their prescription filled.

Telehealth and Pharmacy Controlled Substances - **NEW! (Added April 16, 2020)**

Historically, the Drug Enforcement Agency (DEA) had required an in-person assessment before prescribing is allowed for all controlled substances. However, under the current public health emergency, the DEA is now allowing flexibility specifically for prescribing buprenorphine for the treatment of Opioid Use Disorder (per below). For other controlled substances (e.g. opioids), however, the DEA continues to require that providers evaluate the patient for the initial visit in one of the following ways: in person, or via telemedicine using a real-time, two-way, audio-visual communications device. A helpful flowchart from the DEA on rules governing expectations regarding the use of telehealth for controlled substances is available [online](#).

Telehealth Sites

Two distinct sites are necessary for delivering interactive telehealth. The first site – called the Originating Site – is where the MaineCare member is located when receiving the service. The second site – the Receiving Site – is where the provider who is administering the covered service or consultation is located. The Originating Site can be a member’s home, nursing facility, long-term care facility, or other health care facility, with telehealth capabilities.

Telehealth Provider Eligibility

To receive reimbursement for telehealth services, a health care provider must be:

- Acting within the scope of his or her license,
- Enrolled as a MaineCare provider, and;
- Otherwise eligible to deliver the underlying covered service according to the requirements of the applicable section of the *MaineCare Benefits Manual*.

Billing for Telehealth Services

April 16, 2020 Update: When adding the GT modifier to telehealth claims, please note that the modifier needs to be placed last, following any other modifiers that might be required by the relevant section of policy.

In general, services must 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 telehealth delivery of the underlying covered service as if those

services were delivered face-to-face. When billing for Interactive Telehealth Services, health care providers at the Receiving (provider) Site should bill for the underlying covered service using the same process they would if it were delivered face-to-face; with the addition of a **GT modifier to the claim**.

Health Home, Behavioral Health Home, and Opioid Health Home providers attesting via the Value-Based Purchasing Management System (VMS) Portal or through manual attestations, in absence of a location to include the GT modifier, should document the service modality in the members' records.

Reimbursement for Originating Sites

In general, when a member is receiving telehealth services, any health care provider who is present with the member at the Originating Site (where the member is, e.g. a nursing facility or the member's home), may not bill for assisting the health care provider delivering the covered telehealth service from the remote Receiving Site. However, if a health care provider at an Originating site is not providing clinical services but is making a room and telecommunications equipment available, that health care provider may bill MaineCare for an originating facility fee using code Q3014 for the service of coordinating the telehealth service.

Waiver of Advance Written Notice

The Department is waiving the requirement under Ch. 1, Section 4, Telehealth, Sec. 4.06-7, requiring advance written notice/consent prior to services.

Telephone-Only Evaluation and Management Services Added

April 16, 2020 Update: This update is to clarify language and reflect CMS' new guidance that these codes no longer need to be limited to existing patients. These new "Telephone Evaluation & Management" services are not considered to be "telehealth visits," in that they do not represent a mode of service delivery for an existing covered service. Instead, they represent services that are not otherwise covered under MaineCare, to enable providers to conduct brief medical discussions via telephone (5-30 mins, per codes below) with a patient to evaluate complaints, symptoms, or issues that can be appropriately managed through a phone conversation. Examples might include evaluation of a patient's symptom or complaint and providing recommendations for treatment that do not require an urgent visit.

The Department will reimburse providers for telephone evaluation and management services provided to members during the public health emergency. The restrictions set forth in the MaineCare Benefits Manual, Ch. I, Sec. 4.04-2 are waived for this purpose. Telephonic evaluation and management services must be rendered by a qualified professional actively enrolled in MaineCare or contracted through an enrolled MaineCare provider.

Relevant CPT codes are:

- 99441: Telephone evaluation and management service; 5-10 minutes of medical discussion
- 99442: 11-20 minutes of medical discussion
- 99443: 21-30 minutes of medical discussion

Telephone evaluation 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.

April 16, 2020 Update: On April 2, 2020, the Department published a detailed comparison [table](#) of approved telephonic and digital evaluation and management codes.

Buprenorphine and Buprenorphine Combination Products

April 16, 2020 Update: Per the March 31, 2020 [guidance](#) published by SAMHSA, the Drug Enforcement Agency is now allowing providers more flexibility with prescribing buprenorphine for Opioid Use Disorder treatment. Opioid Treatment Providers (OTPs) can dispense, and DATA-waived practitioners can prescribe, buprenorphine to new patients with OUD for maintenance treatment or medically-supervised withdrawal following an evaluation via audio-visual telehealth visits or via telephone voice calls, without first performing an in-person or audio-visual evaluation, “if the evaluating practitioner determines that an adequate evaluation of the patient can be accomplished via the use of a telephone.”

Selective Waiver of Comparable Quality Requirement

The Department, at its discretion, may waive the requirement under Ch. I, Section 4, Telehealth, Sec. 4.04-1(2), requiring Interactive Telehealth Services be of comparable quality to what they would be were they delivered in person. Requests will be handled by service on a case-by-case basis through a clinical review by the Department to determine whether members may face imminent harm in the absence of a telehealth mode of delivery for a particular service, given the inability due to the public health emergency for that member to receive the service in-person.

As of March 20, 2020, the Department has waived the comparable quality requirement for the provision of group therapy, including through Intensive Outpatient Services (IOP) within Section 65, Behavioral Health Services and Section 93, Opioid Health Homes (OHH) Services. Members must still meet the minimum number of hours of IOP and OHH therapy per week, through a combination of interactive 1:1 and group telehealth.

April 16, 2020 Update: The following services have received a waiver, to date.

Section 17, Community Support Services

- Community Integration
- Daily Living Supports
- Skills Development Services

Section 28, Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations

- Basic, Specialized, and BCBA Services

Section 65 Behavioral Health Services

- Outpatient Services, including individual/group/family therapy
- Intensive Outpatient Therapy (IOP)

- Children’s Home & Community-Based Treatment (HCT) including MST and FFT programs for clinicians and Behavioral Health Professionals (BHPs)
 - Additionally, during the COVID-19 Emergency period, HCT providers may deliver services in a clinician-only model, temporarily amending the requirement for the service to be delivered through a combination of a clinician and a Behavioral Health Professional (BHP).
- Children’s Behavioral Health Day Treatment for Behavioral Health Professionals (BHPs) and Clinicians. Telehealth for BHDT may not be used solely for academic purposes.

This list is NOT a comprehensive list of all services that may be delivered via telehealth. If a service is not present above, it could mean that telehealth may be of comparable quality were the service delivered in person.

Requesting Comparable Quality Waiver: Providers can submit a request to waive comparable quality by sending an email to the COVID19 [email box](#). Please be sure to include “Comparable Quality Waiver Request” in the subject line of your email. Please note that this Selective Waiver of Comparability remains in effect duration of the emergency period only.

Telehealth and Behavioral Health Services

There is no blanket restriction on utilizing telehealth for any service available through Sections 17, 28, or 65. However, providers should consider the following to determine whether the service delivered via telehealth would be of comparable quality to the service delivered in person. If the provider and/or MaineCare determine the service would not be of comparable quality delivered via telehealth, the provider may still request the Department waive the comparable quality requirement if it feels this would be in the best interest of the member, as described above.

- Is telehealth clinically appropriate for the service being delivered? While some services, like community integration and outpatient therapy may be appropriate for telehealth, other services, based on member need, may not be. For example, a child receiving Specialized Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations (RCS) who has intensive behavioral concerns requiring frequent hand-over-hand cuing may not be an appropriate candidate for telehealth. Providers must use their clinical expertise and judgment to evaluate the appropriateness of telehealth based on the member’s needs and goals as identified in their treatment plan.
- Can the treatment plan goals and objectives be reasonably addressed via telehealth?
- Can the member communicate effectively using telehealth? For example, a young child or a member with expressive and/or receptive communication challenges may not be best served by telehealth. As with face-to-face encounters, progress notes should document how the intervention(s) provided over telehealth directly addressed treatment plan goals and objectives.

Private Non-Medical Institution (PNMI) Residential Providers (Section 97)

It is expected that the PNMI will support their members to facilitate access to telehealth for any services the member requires, i.e. therapy, medication management, etc. Agencies may utilize telehealth and telephonic communication to satisfy staff supervision requirements.

Children's Home and Community-Based Treatment (HCT)

Telehealth is approved for use in children's HCT programs, including Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT) programs for clinicians and Behavioral Health Professionals (BHPs), where face-to-face contact is not available. As noted above, the provider's clinical judgment should inform the appropriateness of using telehealth as a mode of service delivery for the member.

Section 28 Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations (RCS), Basic and Specialized Services

Telehealth is approved for use in Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitation Board Certified Behavior Analysts (BCBAs) and Behavioral Health Professionals (BHPs), where face-to-face contact is not available. As noted above, the provider's clinical judgment should inform the appropriateness of using telehealth as a mode of service delivery based on the member's needs and goals identified in the treatment plan.

Behavioral Health Day Treatment (BHDT)

Telehealth is approved for use in Behavioral Health Day Treatment for BHPs and clinicians, where face-to-face contact is not available. As noted above, the provider's clinical judgment should inform the appropriateness of using telehealth as a mode of service delivery based on the member's needs and goals identified in the treatment plan. Telehealth for BHDT may not be used solely for academic purposes.

EPSDT/Well-Child Visits – NEW! (Added April 16, 2020)

MaineCare understands the challenges primary care providers are facing during the COVID-19 emergency, especially relating to completing important preventive care visits for children. Therefore, MaineCare has developed specific EPSDT/well-child visit guidance to assist primary care practices during this time and has added selected preventive services that can be covered using telehealth. Please see guidance below for conducting EPSDT/well-child visits from April 1, 2020 through the time period that the MaineCare [COVID-19 Public Health Emergency Services Rule](#) is in place.

- Consistent with [AAP Guidance](#), MaineCare continues to recommend ***in-person EPSDT visits*** for children through 24 months of age so they can receive necessary immunizations and other screenings using the appropriate codes. Well-child care should be delivered in accordance with the [Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents](#) (4th Edition) and the corresponding [Bright Futures/AAP Recommendations for Preventive Pediatric Health Care](#) (Periodicity Schedule). Continue to report in-person EPSDT visits using the appropriate Preventive Medicine CPT Code (99381, 99382, 99391, 99392), along with immunization and other EPSDT procedural codes:
 - Developmental screening, 99610 and Autism Screening, 99610 HI
 - Behavioral/emotional assessment, 96127
 - Lead testing and specimen collection, 83655 and 36415/36416
 - Oral health risk assessment, D0145 and fluoride varnish, D1206 or 99188.
 - Postpartum Screening for Depression, 96161 HD

- Practices have some discretion to do a telehealth visit for a child less than 24 months of age depending on the child’s health, availability of personal protective equipment (PPE), and if no immunizations are due at a visit (or are available via curbside vaccine delivery at the practice).
- Children older than 24 months can be seen via a modified well visit using telehealth and by completing certain components of an EPSDT visit (i.e. history, parent reported heights and weights, anticipatory guidance, vaccine counseling, and developmental screening). Providers should indicate any limitations of the exam (i.e., vaccinations, labs, vision screening, etc.) in the member’s health record. Report the appropriate Preventive Medicine CPT Code (99382-5, 99392- 5) and GT modifier. The GT modifier needs to be added to each of the separately billed EPSDT services.
- If well-child visits are completed via telehealth, it is expected that that EPSDT preventive services will be completed within a reasonable timeframe after the State of Emergency is lifted, including complete physical exam, lead testing for children ages 1 and 2, immunizations, fluoride varnish application, and developmental screening. A follow-up well-visit can be done with an EP modifier or a nursing visit. EPSDT screenings and preventive services are based on the AAP Bright Futures Schedules.
- MaineCare does not yet know how these EPSDT telehealth visits will impact Federal 416 reporting and is awaiting guidance from national organizations such as the American Academy of Pediatrics and the Centers for Medicare and Medicaid Services.
- If a developmental screening is conducted and there is a need for an assessment by Child Development Services, a referral should be done via their [online form](#). If you have questions about the online form, please email: cdsreferral.doe@maine.gov. CDS will do an initial consultation by phone.

MaineCare is continually evaluating the COVID-19 situation across the state and will provide further guidance on EPSDT coding and timeframes as necessary.

Security Issues – *NEW!* (Added April 16, 2020)

Due to ongoing concerns regarding external entities hacking, or “Zoombombing” into conferencing platforms such as Zoom and Skype, the Department urges providers to use all available security precautions when utilizing these platforms to deliver services to MaineCare members. Some of these precautions can include:

- Requiring a password / code to enter the meeting
- Manually approving participants by using “waiting room” features
- Only accepting participants with known email addresses or usernames
- Using the most secure platform that is available to your organization.

For more tips on how to improve security with online platforms and what to do if you experience hacking, please [read here](#).

Miscellaneous FAQs – *NEW!* (Added April 16, 2020)

Below, please find answer to frequently asked questions regarding telehealth.

What is the difference between adding a GT modifier and using one of these new codes?

Providers should use the GT modifier when they are using interactive telehealth services to deliver a covered service they would normally deliver in person. The GT modifier serves to signify that the service was provided via telehealth rather than face-to-face, and providers should submit claims as they normally do, with the addition of the GT modifier.

The [new telephonic and telehealth evaluation and management codes are to be used for](#) specific purposes of brief check-ins or evaluations only and are not associated with the delivery of an underlying service.

The telephonic and other Medicare E&M codes are for use when you are **not** conducting a full telehealth encounter that is the equivalent of a regular in-person office visit. It is not reimbursed at the full encounter rate, but it is a way to receive reimbursement for brief check-in or screening/ triage activities that are especially relevant during this emergency period.

Can Section 96 services be delivered via telehealth during the COVID-19 emergency?

Personal Care Attendant (PCA) services provided through Section 96 are NOT covered for telehealth delivery.

“Section 4.05.02 “2. NON-COVERED SERVICES AND LIMITATIONS: Personal care aide (PCA) services provided under Chapter II, Section 96 of the MCBM, “Private Duty Nursing and Personal Care Services.

Private Duty Nursing (PDN) services provided through Section 96 may be covered for telehealth delivery as long as the services delivered via telehealth are of comparable quality to services delivered in-person. If a provider believes that PDN services would not be of comparable quality, but that without these services, members may face imminent harm, they can request a waiver of comparable quality.

Telehealth Resources for Providers

Providers who need assistance with implementing and/or have general billing questions regarding telehealth services are encouraged to contact the Northeast Telehealth Resource Center (NETRC) by email: netrc@mcdph.org or 1-800-379-2021. Specific questions can also be submitted to NETRC at <https://www.netrc.org/contact.php>. Many other helpful telehealth resources are available on NETRC’s [website](#) including NETRC’s [Telehealth Toolkit for COVID-19](#).

MaineCare providers with telehealth questions related to MaineCare-specific billing and/or policies should contact their [provider relations specialist](#) or call Provider Services at 1-866-690-5585.