

**Maryland Medical Assistance Program
Hospital Provider Alert
Guidance on Telehealth Services
UPDATE – JULY 30, 2020**

The Maryland Department of Health Medicaid Program (“the Department”) is issuing this clarifying guidance to address questions regarding how hospitals should submit claims for services delivered via telehealth.

This update specifies that hospitals not regulated by the Health Services Cost Review Commission (HSCRC) are allowed to bill hospital facility charges when providing a telehealth service during the Maryland State of Emergency. This policy aligns with the Medicare waivers allowed during the pandemic.

Any provider type is permitted to render telehealth services as a distant site within their scope of practice. There are no geographic restrictions. Services provided via telehealth must be provided through two-way audio-visual technology assisted communication with the participant who is physically located at a permitted originating site. Services that either require in-person evaluation or cannot be reasonably delivered via telehealth are not eligible for reimbursement. Medicaid participants may receive telehealth services if they are enrolled in the fee-for-service (FFS) program or a HealthChoice managed care organization (MCO). Telehealth providers must be enrolled in the Maryland Medical Assistance Program. Additional information regarding telehealth service delivery can be found here:

<https://mmcp.health.maryland.gov/Pages/telehealth.aspx>.

During the COVID-19 state of emergency, orders from the Secretary of Health permit 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 #4a -- [Authorization of Telephone Telehealth Services for General Health Care Services -- March 21, 2020](#)
- COVID-19 #4b -- [Authorization of Telephone Telehealth Services for Behavioral Health Services -- March 21, 2020](#)
- COVID-19 #4c -- [Authorization of Telephone Telehealth Services for Psychiatric Rehabilitation Services -- March 21, 2020](#)

Flexibilities permitting the home as an originating site have also been granted during the COVID-19 state of emergency.

- COVID-19 #1 -- [Expansion of Medicaid Telehealth Regulations -- March 11, 2020](#)

Hospitals 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>.

1. Hospital acting as a Distant Site

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 shall use a secured and HIPAA compliant telehealth communication (COMAR 10.09.49.08) and meet all other technical requirements of COMAR 10.09.49.07. The Program will not reimburse telehealth providers when technical difficulties prevent delivery of part or all of the telehealth session. As noted above, flexibility exists regarding use of non-HIPAA compliant software and audio-only telephone during the state of emergency.

Physician Services

When a hospital acts as a distant site, physician services should be billed using a CMS-1500 form. Hospitals should not bill a facility rate. Services appropriate for delivery via audio-only telephone during the state of emergency are referenced here:

https://mmcp.health.maryland.gov/Medicaid%20COVID19/COVID-19%204a_Telephonic%20Services%20Guidance_3.21.20.pdf.

Therapy Services - Physical, Occupational, Speech Therapies

When physical, occupational, and speech therapies services are provided and the hospital is the distant site provider, the hospital should continue to bill the services using the Health Services Cost Review Commission rates and appropriate revenue codes (042x, 043x, and 044x) on a UB-04 claim form. There should not be a separate professional claim submitted (CMS-1500) for the service. Therapy services are approved for delivery via telehealth only during the State of Emergency and may be revisited. Current guidance can be found here:

[https://mmcp.health.maryland.gov/Medicaid%20COVID19/Memo_Updated%20Medicaid%20Telehealth%20Program%20Guidance_3.27.20%20\(1\).pdf](https://mmcp.health.maryland.gov/Medicaid%20COVID19/Memo_Updated%20Medicaid%20Telehealth%20Program%20Guidance_3.27.20%20(1).pdf).

2. Hospital acting as an Originating Site

When a hospital is the “originating site” and the participant/patient is located at the hospital facility, the hospital should only bill for professional or facility rates when a service is actually provided by the originating site. This rule applies to HSCRC-regulated hospitals only. Non-HSCRC regulated hospitals should follow the Medicare rules for billing facility rates for telehealth services.