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DATE: November 6, 2023

TO: Interested Parties

FROM: Michelle Probert, Director, MaineCare Services

SUBJECT: 10-144 C.M.R. Chapter 101, Chapter I, Section 4, Telehealth Services

This letter gives notice of adopted rule: 10-144 C.M.R. ch. 101, MaineCare Benefits Manual (the "MBM"), Chapter I, Section 4, Telehealth Services.

This adopted rule makes the following changes:

1. Removes the requirement that providers may only deliver covered services through telephonic telehealth if interactive telehealth services are unavailable. This change aligns the rule with P.L. 2021, Ch. 219, An Act Regarding Telehealth Regulations. The Department also removes Section 4.04-3, Telephonic Services, because the requirements for telephonic and interactive telehealth services are now the same. Services delivered via telephonic telehealth must still be medically necessary, pursuant to Chapter I, Section 1.06-1.
2. Allows members to provide written, verbal, or electronic consent to telehealth services; this change aligns the rule with P.L. 2021, Ch. 219, as codified in 22 M.R.S. Sec. 3173-H.
3. Removes the restriction in Sections 4.07-2(B)(8) and 4.05(E) that the originating facility fee may only be billed when the originating site is in a health care provider's facility. The Department allows a provider to bill the originating facility fee if the originating site is somewhere other than a provider's facility.
4. Removes language in Section 4.07-2(B)(1) that suggests the originating facility fee is billable only if the provider makes room and telecommunications equipment available and clarifies that it is billable when a provider supports access to telehealth services. The rule also clarifies what supporting access to telehealth services means.
5. Removes a list of services that may not be delivered through telehealth. Section 4.04, Covered Services, defines requirements for what can be delivered through telehealth: it is impractical to maintain an all-encompassing list of services that cannot be delivered through telehealth and keeping a partial list in the rule creates ambiguity.
6. Removes the table of codes and rates in Section 4.07-4, Reimbursement Rates, because codes and rates reside and are updated either in the appropriate Sections of the MBM or the MaineCare provider fee schedules on the MaineCare Health PAS Portal. The Department is retaining reference to the originating facility fee under Section 4.07-4, Reimbursement Rates, because it is reimbursed under this rule. The Department added a sentence explaining that the specific rate for the Telehealth Originating Facility Fee, per visit, is listed on the MaineCare provider fee schedule, which is posted

on the Department's website in accordance with 22 MRSA Section 3173-J(7). Note that the specific rate for the Telehealth Originating Facility Fee can be changed or updated only through APA rulemaking, pursuant to 22 M.R.S. Sec. 3173-J(3).

7. Adds guidance to use the modifier "93" when billing for services delivered through telephonic telehealth.
8. Modifies the definition of Originating (Member) Site to clarify that it is not limited to a health care provider's office or a member's residence.
9. Removes references to the requirement that a primary care referral is needed to see a specialist because this requirement is no longer in effect.
10. Moves the content in Sections 4.06-2(A)(5-7) to new Sections 4.06-2(C-E) and makes edits to clarify the requirements.
11. Added the requirement, in Section 4.03-1, that health care providers must be appropriately licensed, accredited, certified, and/or registered in the State where the member is located during the provision of the telehealth service.
12. In Section 4.05(B)(2), adds examples of services that require direct physical contact and cannot be delivered through telehealth.
13. The Department also removed the definition for "Requesting Physician" as this is not a relevant term for this rule. The Department also made minor technical corrections.

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.

A concise summary of the adopted rule is provided in the Notice of Agency Rulemaking Adoption, which can be found at <http://www.maine.gov/sos/cec/rules/notices.html>. This notice also provides information regarding the rulemaking process. Please address all comments to the agency contact person identified in the Notice of Agency Rulemaking Adoption.

Notice of Agency Rule-making Adoption

AGENCY: Department of Health and Human Services, MaineCare Services

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

ADOPTED RULE NUMBER:

CONCISE SUMMARY:

This adopted rule makes the following changes:

1. Removes the requirement that providers may only deliver covered services through telephonic telehealth if interactive telehealth services are unavailable. This change aligns the rule with P.L. 2021, Ch. 219, An Act Regarding Telehealth Regulations. The Department also removes Section 4.04-3, Telephonic Services, because the requirements for telephonic and interactive telehealth services are now the same. Services delivered via telephonic telehealth must still be medically necessary, pursuant to Chapter I, Section 1.06-1.
2. Allows members to provide written, verbal, or electronic consent to telehealth services; this change aligns the rule with P.L. 2021, Ch. 219, as codified in 22 M.R.S. Sec. 3173-H.
3. Removes the restriction in Sections 4.07-2(B)(8) and 4.05(E) that the originating facility fee may only be billed when the originating site is in a health care provider's facility. The Department allows a provider to bill the originating facility fee if the originating site is somewhere other than a provider's facility.
4. Removes language in Section 4.07-2(B)(1) that suggests the originating facility fee is billable only if the provider makes room and telecommunications equipment available and clarifies that it is billable when a provider supports access to telehealth services. The rule also clarifies what supporting access to telehealth services means.
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7. Adds guidance to use the modifier "93" when billing for services delivered through telephonic telehealth.
8. Modifies the definition of Originating (Member) Site to clarify that it is not limited to a health care provider's office or a member's residence.

9. Removes references to the requirement that a primary care referral is needed to see a specialist because this requirement is no longer in effect.
10. Moves the content in Sections 4.06-2(A)(5-7) to new Sections 4.06-2(C-E) and makes edits to clarify the requirements.
11. Added the requirement, in Section 4.03-1, that health care providers must be appropriately licensed, accredited, certified, and/or registered in the State where the member is located during the provision of the telehealth service.
12. In Section 4.05(B)(2), adds examples of services that require direct physical contact and cannot be delivered through telehealth.
13. The Department also removed the definition for “Requesting Physician” as this is not a relevant term for this rule. The Department also made minor technical corrections.

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

EFFECTIVE DATE: November 6, 2023

STATUTORY AUTHORITY: 22 MRS §§ 42, 3173; P.L. 2021, ch. 291, as codified in 22 M.R.S. Sec. 3173-H; 22 M.R.S. Sec. 3173-J

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10-144 Chapter 101
MAINECARE BENEFITS MANUAL
CHAPTER I

SECTION 4

TELEHEALTH

Established 4/16/16
Last Updated: 11/06/2023

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SECTION 4

TELEHEALTH

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4.01 DEFINITIONS

4.01-1 **Asynchronous Encounter**

The interaction or consultation between a Member and the Member's Health Care Provider or between Health Care Providers regarding the Member through a system with the ability to store digital information, including, but not limited to, still images, video, audio and test files, and other relevant data in one location and subsequently transmit such information for interpretation at a remote site by Health Care Providers without requiring the simultaneous presence of the Member or the Health Care Provider. The term "Store-and-Forward Telehealth" is also used for the term "Asynchronous encounters" in this rule.

4.01-2 **Consultative Physician**

A physician who provides consultation services to another clinical provider who is actively investigating the health status of a Member.

4.01-3 **Department**

The Maine Department of Health and Human Services.

4.01-4 **Health Care Provider**

Individual or entity licensed or certified to provide medical, behavioral health, and related services to MaineCare Members. Health Care Providers must be enrolled as MaineCare Providers to receive reimbursement 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 Chapter II, Section 40, Home Health Services, of the *MaineCare Benefits Manual* (MBM).

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 MBM.

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 site must be physically located in the United States.

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. The site must be physically located in the United States.

4.01-12 **Synchronous Encounter**

A real-time interaction conducted with interactive audio or video connection between a Member and the Member's Health Care Provider or between Health Care Providers regarding the Member.

4.01-13 **Specialist**

A medical professional highly trained in a particular medical field.

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 and includes synchronous encounters, asynchronous encounters, store-and-forward transfers, and telemonitoring.

4.01-15 **Telemonitoring Services**

The use of information technology to remotely monitor a Member's health status via electronic means, allowing the provider to track the enrollee's health data over time. Telemonitoring may be synchronous or asynchronous.

4.01-16 **Telephonic Services**

The use of audio-only 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 DEFINITIONS (cont.)

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 Services 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. MaineCare shall not reimburse for Telemonitoring Services if they began prior to the date recorded in the Provider's note.
- E. Reside in a setting suitable to support telemonitoring equipment; and
- 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

- A. Act within the scope of their license;
- B. Be enrolled as a MaineCare provider;
- C. Be otherwise eligible to deliver the underlying Covered Service according to the requirements of the applicable Section of the MBM; and
- D. Be appropriately licensed, accredited, certified, and/or registered in the State where the Member is located during the provision of the Telehealth Service.

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 MBM Chapter 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 Telehealth Services

Any medically necessary MaineCare Covered Service may be delivered via 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 MBM; and
- 2. The Covered Service delivered by Telehealth Services is of comparable quality to what it would be were it delivered in person.

Prior authorization is required for Telehealth Services only if prior authorization is required for the underlying Covered Service. In these cases, the prior authorization is

4.04 COVERED SERVICES (cont.)

the usual prior authorization for the underlying Covered Service, rather than a prior authorization for the mode of delivery. Unless otherwise required by law, a face-to-face encounter is not required prior to delivering Telehealth Services.

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.

A. **Virtual Transfer of Health Information**

The Health Care Provider uses health information that has been virtually transferred to evaluate a Member's condition or render a covered MaineCare service separate from Telehealth Services. The Health Care Provider uses a 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 a Treating Provider and Specialist**

A Specialist provides interprofessional telecommunications assessment and management services to a Treating Provider. 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 must be a minimum of five minutes and 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.

The Treating Provider must document in the Member's medical record the Member's written, electronic, or verbal consent for each Remote Consultation. Billing for interprofessional services is limited to those practitioners who can independently bill MaineCare for evaluation and management services.

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

4.04 COVERED SERVICES (cont.)

4.04-3 **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. The following activities qualify as Telemonitoring Services:
1. Evaluation of the Member to determine if Telemonitoring Services are medically necessary for the Member. Prior to conducting an evaluation, 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 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 Interactive Telehealth Services or 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; and
 8. Removal/disconnection of equipment from the Member's home when Telemonitoring Services are no longer necessary or authorized.

4.04 COVERED SERVICES (cont.)

4.04-4 Virtual Check-In

Virtual Check-in is a brief communication where an established patient 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.

The Health Care Provider must document a Virtual Check-In in the Member's record, including the length of the Virtual Check-In, an overview and outcome of the conversation, and the 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 under this Section.

4.04-5 Telephone Evaluation and Management Services

The Department will reimburse providers for Telephone Evaluation and Management Services provided to members.

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.

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. 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;
 - 2. Any service medically inappropriate for delivery through Telehealth

4.05 NON-COVERED SERVICES AND LIMITATIONS (cont.)

Services – e.g. services that include providing medical procedures or administration of medications that must be conducted in person.

- C. Except as set forth herein, reimbursement will not be provided for communications between Health Care Providers when the Member is not participating.
- 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 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.
- B. **Security**
 - 1. Health Care 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;

4.06 POLICIES AND PROCEDURES (cont.)

- 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 Health Care Providers for any charge related to the purchase, installation, or maintenance of telehealth equipment or technology, nor any transmission fees. Health Care Providers shall not bill Members for such costs or fees.

4.06-2 Member Choice and Education

- A. Before providing a Telehealth Service to a Member, a Health Care Provider shall ensure and document that the following 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 Service and what to expect;
 - 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, Non-Emergency Transportation Services, of the MBM;
 - 4. An explanation that the Member shall have access to all information resulting from the Telehealth Service as provided by law;
 - 5. The information contained in subparts C, D, and E of this subsection.;
- B. Prior to the provision of any Telehealth Services, the Health Care Provider shall obtain the Member's written, electronic, or verbal informed consent to receive services via Telehealth Services, to Store-and-Forward Telehealth Services, Remote Consultation, Virtual Check-In, or Telephone Evaluation and Management.

4.06 POLICIES AND PROCEDURES (cont.)

A copy of the 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.

- C. Health Care Providers shall comply with federal and Maine state laws and regulations regarding individual health care data confidentiality when disseminating, storing, or retaining an identifiable Member image or other information from a Telehealth Service;
- D. At the onset of the Telehealth Service, the Health Care Provider shall inform the Member of the persons present at the Receiving (Provider) Site, and the Member shall have the right to exclude any person from either site during the service; and
- E. The Member shall have the right to object to the audio and/or visual recording of a Telehealth Consultation.

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.
- 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 MBM. Providers must submit claims in accordance with Department billing instructions.
- B. Telehealth Services are subject to all conditions and restrictions described in Chapter I, Section 1, of the 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 MBM. However, there shall be no separate co-payment for telehealth services.

4.07 REIMBURSEMENT (cont.)

4.07-2 **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 Telehealth Services, Health Care Providers at the Receiving (Provider) Site must bill for the underlying Covered Service using the same claims they would if it were delivered face-to-face and must add the GT modifier for Interactive Telehealth Services and the 93 modifier for Telephonic Services.
3. When billing for Telephone Evaluation and Management Services, Health Care Providers at the Receiving (Provider) Site must use the appropriate E&M code. The GT and 93 modifier should not be used.
4. No separate transmission fees will be paid for 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 with the GT or 93 modifier.

B. Originating (Member) Site

1. If the Health Care Provider at the Originating (Member) Site supports the Member's access to Telehealth 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 supporting access to the Telehealth Service. Supporting access to telehealth services means providing a room and/or telecommunications equipment and/or helping a Member use audio or video conferencing software or equipment to enable the Member to utilize telehealth.
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 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.

4.07 REIMBURSEMENT (cont.)

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 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 must provide and 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.

- C. The Health Care Providers at the Receiving and Originating Sites may be part of the same organization. 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 Treating Provider 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;

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

4.07-4 Reimbursement Rates

The rate for Telehealth Originating Facility Fee, per visit, code Q3014, is listed on the MaineCare Provider fee schedule, which is posted on the Department's website in accordance with 22 MRSA Section 3173-J(7) at <https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx>.

Specific reimbursement rates for other telehealth services can be found in the appropriate Sections of the MBM or the MaineCare Provider fee schedules on the [MaineCare Health PAS Portal](#).