

MaineCare Telehealth Policy

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MaineCare Members Eligible for Telehealth Services

§ 4.02-1: 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 healthcare provider, the member is eligible for telehealth services.

Providers Eligible to Provide Telehealth Services

§ 4.03 : In order to be eligible for reimbursement for telehealth services, a healthcare 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*.

Telehealth Covered Services

With the exception of certain services described in § 4.05 (examples include pharmacy services, Non-Emergency Transportation, ambulance services, personal care aide services, and some assistive technology services) 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
2. The covered service delivered by interactive telehealth services is of comparable quality to what it would be were it delivered in person.

Difference Between Interactive Telehealth Services and Telephonic Services

§ 4.01-9 defines **interactive telehealth services** as “real time, interactive visual and audio telecommunications whereby a member and a healthcare provider interact remotely through the use of technology.”

§ 4.01-12 defines **telephonic services** as “the use of telephone communication by a healthcare provider to deliver clinical services at a distance for the purpose of diagnosis, disease monitoring, or treatment.”

How Providers Bill for Telehealth Services

- In general, 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.
- When billing for **interactive telehealth services**, healthcare 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.
- When billing for **telephonic services**, healthcare providers at the receiving (provider) site should use E&M codes 99446 through 99449. The GT modifier should not be used.

Originating Site vs. Receiving Site

- § 4.01-6 defines **originating (member) site** as “the site at which the member is located at the time of telehealth service delivery. The originating (member) site will usually be a healthcare provider’s office, but it may also be the member’s residence, provided the proper equipment is available for telehealth services.”
- § 4.01-8 defines **receiving (provider) site** as “the site at which the healthcare provider delivering the service is located at the time of service delivery.”
- In general, only the healthcare provider at the **receiving (provider) site** may receive payment for telehealth services.
- If the healthcare provider at the **originating (member) site** is making a room and telecommunications equipment available, but is not providing clinical services, the healthcare 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.*

Originating Site vs. Receiving Site

- The healthcare provider at the **originating (member) site** may not bill for assisting the healthcare provider at the **receiving (provider) site** with an examination.
- The originating facility fee may only be billed in the event that the **originating (member) site** is in a healthcare provider's facility.
- The healthcare provider at the **originating (member) site** may bill for any clinical services provided onsite on the same day that a telehealth service claim is made, except as specifically excluded elsewhere in the telehealth services policy.
- The healthcare providers at the receiving and originating sites may be part of the same organization.

Telemonitoring

- **§ 4.01-6** defines telemonitoring services “as 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.”
- Telemonitoring services are intended to collect a member’s health-related data, such as pulse and blood pressure readings, that assist healthcare providers in monitoring and assessing the member’s medical conditions.
- Only a home health agency may receive reimbursement for telemonitoring services.
- Telemonitoring may not be billed as a waiver service.

Telemonitoring Eligibility

§4.02-2 states that “In order to be eligible for telemonitoring services, a member must:

- Be eligible for home health services under Chapter II, Section 40, Home Health Services;
- 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;
- 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 healthcare provider;
- Have telemonitoring services included in the member’s Plan of Care. A notation from a healthcare 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.
- Reside in a setting suitable to support telemonitoring equipment; and
- Have the physical and cognitive capacity to effectively utilize the telemonitoring equipment or have a caregiver willing and able to assist with the equipment.”

Telemonitoring Services

- Evaluation of the member to determine if telemonitoring services are medically necessary for the member. The Home Health Agency must ensure that a healthcare provider's order or note, demonstrating the necessity of telemonitoring services, is included in the member's Plan of Care;
- Evaluation of the member to ensure that the member is cognitively and physically capable of operating the telemonitoring equipment or that the member has a caregiver willing and able to assist with the equipment;
- 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;
- 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;

Telemonitoring Services, Continued

- 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 healthcare 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;
- At least monthly telephonic services with the member;
- Maintenance of equipment, the cost of which is included in the monthly flat rate paid by MaineCare to the Home Health Agency;
- Removal/disconnection of equipment from the member's home when telemonitoring services are no longer necessary or authorized.

Telehealth Equipment, Technology, and Security

- Healthcare 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 healthcare provider to appropriately provide the member with services billed to MaineCare.
- Telehealth services 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.
- Both the originating (member) site and the receiving (provider) site shall use authentication and identification to ensure the confidentiality of a telehealth service.
- A healthcare provider shall implement confidentiality protocols that include but are not limited to:
 - Identifying personnel who have access to a telehealth transmission;
 - Usage of unique passwords or identifiers for each employee or person with access to a telehealth transmission; and
 - Preventing unauthorized access to a telehealth transmission.
- A healthcare provider's protocols and guidelines shall be available for inspection by the Department upon request.

Required Documentation

- Under **§4.06-3**, 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; and
- 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.

Telehealth Frequently Asked Questions (FAQs)

Q: Do I still need to get a signed waiver from the Department allowing my practice to deliver services via telehealth/telemedicine?

A: No, when the Department introduced the new section of policy dedicated to telehealth services in April 2016, it removed the requirement that providers receive a signed waiver from the Department prior to utilizing telehealth/telemedicine. Now, all the provider and member requirements are outlined in Chapter I, Section 4 of the *MaineCare Benefits Manual*.

Q: Are reimbursement rates structured differently for services delivered through telehealth/telemedicine?

A: Unlike some other states that have implemented separate rate structures for services provided through telehealth/telemedicine, MaineCare reimburses the same amount for services provided through telehealth/telemedicine as if they were delivered in person.

Telehealth FAQs, Continued

Q: Can FQHCs still bill their encounter rate services delivered through telehealth/telemedicine?

A: Yes, under § 4.07-2(B)(5), the telehealth services policy explains “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.”

Q: Does the state of Maine reimburse for transmission fees as part of interactive telehealth services?

A: No, under § 4.07-2(B), the telehealth services policy states “no separate transmission fees will be paid for Interactive Telehealth Services.”

Telehealth Services

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
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

Questions?

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