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

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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.

Delivery of Telehealth Services via Telephone

In addition to Interactive Telehealth Services, telephones are an acceptable mode to deliver Telehealth Services if Interactive Telehealth Services are unavailable, and if Telephonic Service is medically appropriate for the underlying covered service.

March 20, 2020 Update: 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.

It is not acceptable for providers to conduct telehealth via telephone due to their own personal preference or lack of effort or attempt to utilize interactive options. Also, please note that delivery of Telehealth Services via telephone in the above limited circumstances should be distinguished from Telephone-only Evaluation and Management Services, as outlined 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. The exception to this is usually for controlled substances, such as buprenorphine for Opioid Use Disorder treatment, where in normal circumstances the federal government requires an in-person assessment before prescribing is allowed. However, under the current public health emergency, the Drug Enforcement Administration (DEA) is allowing providers to conduct an audio-visual, real-time, two-way telehealth visit to take the place of the usual in-person requirement.

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

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 – *NEW! (Added March 20, 2020)*

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 – *NEW! (Added March 20, 2020)*

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.

These new “Telephone Evaluation & Management” services are not considered to be “telehealth visits,” but instead are intended to be used by providers to conduct a brief medical discussion via telephone (5-30 mins, per codes below) with an existing patient to evaluate new complaints, symptoms, or issues that can be appropriately managed through a phone conversation. Examples might include evaluation of an existing patient’s new symptom or complaint and providing recommendations for treatment that do not require an urgent visit.

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.

Buprenorphine and Buprenorphine Combination Products – *NEW! (Added March 20, 2020)*

The physical assessment requirements for prescribing buprenorphine and buprenorphine combination products for treatment of Opioid Use Disorder as set forth in Ch. II, Sec. 80.07-13 are waived. The initial assessment may be conducted via telehealth using an audiovisual connection.

Selective Waiver of Comparable Quality Requirement – *NEW! (Added March 20, 2020)*

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.

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 (Added March 20, 2020)

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.

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.