

A PROVIDER'S GUIDE:

Telehealth Reimbursement Coverage in Maine During COVID-19

Rapid developments with the COVID-19 pandemic have resulted in a set of broad expansions of telehealth policy, including key changes to both public and private payer payment policies, at least for the duration of this emergency period. These changes include a CMS waiver dramatically broadening Medicare telehealth payment policies under [HR 6074](#), enacted March 17, 2020; federal action to waive HIPAA sanctions; and a series of [emergency rule](#) changes and orders by the State of Maine that remove MaineCare and commercial payer restrictions on telehealth services and promote sustained access to healthcare services via telehealth for individuals in Maine during this unprecedented pandemic.

This guide is meant to help healthcare providers and organizations get up to speed quickly on these changes and key components of telehealth payment in Maine. Please keep in mind that events and policies are changing rapidly, and that this document will be updated frequently as new information and policies become available/are enacted. The table below synthesizes where policies currently stand for Medicare fee-for-service, MaineCare, and commercial carriers in Maine.

Key Policy Considerations	Medicare	MaineCare (Medicaid)	Private Payers
NO geographic limitations for telehealth services (e.g. service <i>not</i> limited to rural or non-Metropolitan Svc Area (MSA) location)	Yes	Yes	Yes
Out of state providers allowed	Yes (1135 waiver)	Yes (Executive Order 3/20)	Yes (Executive Order 3/20)
Patient home is eligible “originating site” (i.e. patient site)	Yes	Yes	Yes
Other non-healthcare facilities (e.g. schools, worksites, libraries, etc.) are eligible originating/patient sites	Yes	Yes	Yes
Originating/patient sites (other than patient’s home) can bill facility fee	Rural: Yes Urban/MSA/ home: No	Yes	No
Prior existing relationship with patient NOT required	No (HHS will not conduct audits)	Yes	Yes

This resource was developed in collaboration with the Center for Connected Health Policy (CCHP), and was made possible by grant number G22RH30352 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS.

Key Policy Considerations	Medicare	MaineCare (Medicaid)	Private Payers
Any provider type eligible to use telehealth, as long as practicing within scope (e.g. MD, DO, PA, NP, APRN, PT, OT, LCSW, RD/LD, Genetic Counselors, etc.)	No (Eligible Providers only)	Yes	Yes
DEA-registered practitioners may issue prescriptions for controlled substances without requiring in-person medical evaluation	Yes (See conditions)	Yes	Yes
Any eligible member service can be provided via telehealth when medically necessary and appropriate	No (Eligible Services only)	Yes	Yes
Patient co-pays and out-of-pocket still apply unless waived by the payer/plan	Yes	Yes	Yes
Prior authorization NOT required for telehealth services, unless in-person service also requires prior authorization	Yes	Yes	Yes
Providers can use all telehealth modalities to deliver services (live video, store-and-forward, remote patient monitoring)	No	Yes	Yes
Providers paid for telephone/audio only visits	Yes (technology based communications)	Yes	Yes
Providers can deliver services via technology-based communications that are not typically considered telehealth – i.e. virtual check-ins, interprofessional internet consultations (eConsults), remote monitoring services (CCM, Complex CCM, TCM, Remote PM, PCM), online digital evals (see CCHP Telehealth Policies for specific codes and criteria)	Yes	Yes (eConsults, remote monitoring, targeted case management, per emergency enactment of LD1974 on 3/18/2020)	Yes (eConsults - per emergency enactment of LD1974 on 3/18/2020)

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Key Policy Considerations	Medicare	MaineCare (Medicaid)	Private Payers
Patient consent is required, however verbal consent is acceptable (i.e. written consent not required)	Yes	Yes	Yes
Non-HIPAA compliant technology solutions are acceptable to use for telehealth visits (e.g. Skype, FaceTime) – see OCR guidance for additional detail	Yes	Yes	Yes
Personal devices, such as smartphones and tablets may be used to deliver telehealth services	Yes	Yes	Yes
Modifiers to be used for telehealth services:	POS 02	GT	95 or GT (check w/payer)
Special Considerations for FQHCs and RHCs			
Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) may serve as “distant” telehealth sites (i.e. provider location sites)	No <i>(Stay tuned)</i>	Yes	Yes
FQHCs and RHCs can utilize some technology-based communications, per 2019 Medicare expansion	Virtual Check-in: FQHCs/RHCs use G0071 (FFS rate) Remote Monitoring Services: Chronic Care Management (CCM); Transitional Care Management (TCM)		

Telehealth Policy Resources:

- [Medicare Learning Network Booklet – Telehealth Services \(2020\)](#)
- [Medicare Telemedicine Health Care Provider Fact Sheet](#)
- [Telehealth Coverage Policies in the Time of COVID-19](#) – Center for Connected Health Policy
- [Billing for Telehealth Encounters: An Introductory Guide to Fee-for-Service](#) – Center for Connected Health Policy
- [MaineCare Rules – Chapter 1: Section 4 - Telehealth \(Emergency Rule 3/16/2020\)](#)
- [MaineCare Telehealth and COVID-19 Fact Sheet](#)
- [DEA COVID-19 Information Page](#)

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Telehealth Training and Other Relevant Resources:

- [Telehealth Coordinator eTraining](#) – California TRC and Northeast TRC
- [Tips for Professional Videoconferencing and Telepresenting](#)
- [A Physicians Guide to COVID-19](#) – American Medical Association
- [Telehealth and COVID-19 Toolkit](#) – National Consortium of Telehealth Resource Centers
- [MATRC Telehealth Resources for COVID-19](#)

Questions? Contact the Northeast Telehealth Resource Center:

Email: netrc@mcd.org or via our website: <https://netrc.org/contact.php>

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