

department of health and mental hygiene

maryland medicaid



2013
telemedicine
provider manual

September 2013



table of contents

Introduction and Service Model Description.....	1
Provider Eligibility.....	2
Provider Enrollment.....	3
Rural Access Telemedicine Program	
Cardiovascular Disease and Stroke Telemedicine Program	
Participant Eligibility.....	3
Covered Services.....	4
Technical Requirements.....	5
Medical Records.....	6
Confidentiality.....	6

Appendices:

Appendix A: Definitions

Appendix B: MCO Contacts

Appendix C: Billing Codes and Modifiers

Appendix D: Provider Scenarios

Appendix E: Rural Access Provider Addendum

Appendix F: Cardiovascular Disease and Stroke Provider Addendum

Appendix G: Transmittal



introduction

The purpose of providing medically necessary services via telemedicine is to improve:

1. Access to outpatient specialty care, thus reducing preventable hospitalizations and reducing barriers to health care access;
2. Participant compliance with treatment plans;
3. Health outcomes through timely disease detection and treatment options; and
4. Capacity and choice for outpatient ongoing treatment in underserved areas of the State.

Effective October 1, 2013, the Maryland Medical Assistance Program (“the Program”) will reimburse approved providers for services rendered to Program participants via telemedicine. The Program will implement two telemedicine service programs – the Rural Access Telemedicine Program and the Cardiovascular Disease and Stroke Telemedicine Program. Participants may be in the fee-for-service program, a managed care organization (MCO), or a long-term services and supports waiver program.

This manual contains information on the two telemedicine service programs, provider and participant eligibility, covered services, and reimbursement.

Telemedicine Service Model

Telemedicine in Maryland employs a “hub-and-spoke” model for both the Rural Access Telemedicine Program and the Cardiovascular Disease and Stroke Telemedicine Program. The “hub”, or “distant site”, is the location of the medical specialist, who provides consultation services to the “spoke”, or “originating site”, where both the clinician and participant are located. Communication between the originating and distant sites involves real-time interaction via a secure two-way audio and video telecommunication system. This service model was determined to be the most practical to improve access to consulting providers in both designated rural geographic areas and in emergency rooms when an appropriate specialist is not available.

Program-approved originating site providers shall engage in agreements with Program-approved consulting providers to deliver telemedicine services, using fee-for-service reimbursement, at the same rate as in-person specialist consultations. The Program will reimburse approved providers for medically necessary services that can reasonably be delivered using technology-assisted communication. For more information on services that can reasonably be delivered via telemedicine, please see the provider scenarios in Appendix D of this manual.

provider eligibility

Rural Access Telemedicine Provider Eligibility

Originating site

Eligible participants and originating site providers must be located within a designated rural geographic area at the time a telemedicine service is delivered. The following jurisdictions are designated rural geographic areas in Maryland:

Allegany County	Queen Anne's County
Calvert County	Somerset County
Caroline County	St. Mary's County
Cecil County	Talbot County
Charles County	Washington County
Dorchester County	Wicomico County
Garrett County	Worcester County
Kent County	

Within the designated rural geographic areas, the Program shall approve the following sites as an originating site for service delivery:

FQHCs	Nurse midwives
Hospitals, including emergency departments	Free-standing renal dialysis centers
Physicians	Local health departments
Nurse practitioners	Nursing facilities

Distant site

Originating site providers shall engage in agreements with the following distant site providers in Maryland, the District of Columbia, or a contiguous state for telemedicine consultation services:

FQHCs; physicians; nurse practitioners; and/or nurse midwives.

Cardiovascular Disease and Stroke Telemedicine Provider Eligibility

Originating site

The Program shall approve Maryland hospitals as an originating site if no specialist is available to provide timely consultation and diagnostic evaluation for cardiovascular disease or stroke care.

Distant site

Originating site providers shall engage in agreements with distant site specialty providers who practice within Maryland, the District of Columbia, or a contiguous state for telemedicine consultation services.

provider enrollment

Providers interested in participating in a telemedicine program must first complete a Maryland Medicaid Provider Application if they are not already enrolled with the Program. To begin the application process, please visit:

<https://mmcp.dhmh.maryland.gov/SitePages/Provider%20Information.aspx>.

Once enrolled with the Program, providers must submit a telemedicine provider addendum. There is a unique addendum for each telemedicine program. The addendum should be filled out by the originating site provider and should indicate with whom the originating site will work to provide telemedicine consultation services. Providers who complete the addendum are expected to provide the Department with a general outline of their plan to participate in the telemedicine program.

MCOs may require a different enrollment process; please consult the appropriate telemedicine contact for your MCO (Appendix B) for more information.

The provider addenda for both the Rural Access and the Cardiovascular Disease & Stroke Telemedicine Programs may be found in Appendix E and Appendix F, respectively. The addenda will also be available electronically on the Maryland Medicaid Provider Information Page at: <https://mmcp.dhmh.maryland.gov/SitePages/Provider%20Information.aspx>.

Addenda may be submitted to Kale Sweeney for review via any of the following methods:

Email: dhmh.telemedicineinfo@maryland.gov
Fax: 410.333.5620 Attn: Kale Sweeney
Mail: Medicaid Office of Health Services
201 W. Preston St., Room 214
Attn: Kale Sweeney
Baltimore, MD 21201

participant eligibility

The program shall reimburse approved telemedicine providers only if participants meet the following criteria:

1. Participants must be enrolled in the Maryland Medical Assistance Program;
2. Participants must be present at the originating site at the time the telemedicine service is rendered; and
3. For the Rural Access Telemedicine Program, participants must consent to telemedicine services unless there is an emergency that prevents obtaining consent.



covered services

For both telemedicine programs, prior authorization is necessary for any services that currently require prior authorization when performed in an office setting. Providers should contact MCOs with questions regarding any MCO-specific prior authorization requirements for telemedicine services. MCO contact information may be found in Appendix B.

Rural Access Telemedicine Program Covered Services

Originating site covered services

- Medically necessary office or other outpatient services rendered by an approved originating site provider that are distinct from the telemedicine services provided by a consulting provider; and
- An approved telemedicine transaction fee; or
- If the originating site is a hospital, the appropriate revenue code.

Distant site covered services

- Medically necessary consultation services rendered by an approved consulting provider that can reasonably be delivered using technology-assisted communication.

Cardiovascular Disease and Stroke Telemedicine Program Covered Services

Originating site covered services

- Medically necessary office or other outpatient services rendered by an approved originating site provider in a hospital emergency department setting for the treatment of cardiovascular disease or stroke that are distinct from the telemedicine services provided by a consulting provider; and
- The standard hospital facility fee for the emergency room visit; or
- If the hospital is located out-of-state: a telemedicine transaction fee.

Distant site covered services

- Medically necessary consultation services for the treatment of cardiovascular disease or stroke patients in the hospital emergency room rendered by an approved consulting provider. These services can reasonably be delivered using technology-assisted communication and provided at a time when there are no specialists available at the originating site to provide consultation in a timely manner.

Services Not Covered

The Program will not reimburse approved telemedicine providers for the following:

1. Telemedicine services when technical difficulties prevent the delivery of part or all of the telemedicine session;
2. Consultation that occurs during an ambulance transport;
3. Telemental health services, which are covered by the Mental Hygiene Administration for approved Telemental Health Service providers;
4. Services that require in-person evaluation or that cannot reasonably be delivered via telemedicine;
5. Consulting providers for a telemedicine transaction fee and/ or facility fee;
6. Services that do not meet the Program's definition of telemedicine:
 - a. An audio-only telephone conversation between a health care provider and a participant;
 - b. An electronic mail message between a health care provider and a participant;
 - c. A facsimile transmission between a health care provider and a participant;
 - d. A telephone conversation, electronic mail message or facsimile transmission between the originating and consulting providers without interaction between the consulting provider and the participant; or
 - e. "Store and Forward" technology.

technical requirements

Providers delivering health care services through telemedicine shall adopt and implement technology in a manner that supports the standard of care to deliver the required service. Providers shall have, at a minimum, video technology components as follows:

1. A camera that has the ability to manually or under remote control provide multiple views of a patient with the capability of altering the resolution, focus, and zoom requirements according to the consultation;
2. Audio equipment that ensures clear communication and includes echo cancellation;
3. Bandwidth speeds and resolution of video calls that is not less than 384 kbt/s;
4. Supports a frame rate of 15 frames per second where motion is assessed;
5. Maintains video consultation for both sending the images and downloading at less than 300 milliseconds;
6. Supports high definition video resolution; and
7. Selects display monitor size depending on the hardware and software that is used to the telemedicine service.



medical records

The originating and consulting providers shall maintain documentation in the same manner as during an in-person visit or consultation, using either electronic or paper medical records, which shall be retained according to the provisions of Health-General Article, §4-403, Annotated Code of Maryland. Furthermore, the participant shall have access to all transmitted medical information, with the exception of live interactive video as there is often no stored data in such encounters.

For the Rural Access Telemedicine Program, originating site providers shall document in a participant's medical record if an emergency situation prevents obtaining consent to telemedicine services.

confidentiality

Both the originating and consulting providers shall comply with the laws and regulations concerning the privacy and security of protected health information under Health-General Article, Title 4, Subtitle 3, Annotated Code of Maryland and the Health Insurance Portability and Accountability Act of 1996. Particularly, providers:

1. Shall ensure that all interactive video technology-assisted communication complies with HIPAA patient privacy and security regulations at the originating site, the distance site, and in the transmission process; and
2. May not store at originating and distant sites the video images or audio portion of the telemedicine service for future use.

appendix a: definitions

“Consulting provider” means the licensed provider at the distant site who provides medically necessary consultation services to the patient at the originating site via telemedicine upon request from the originating site provider.

“Department” means the Department of Health and Mental Hygiene, which is the single state agency designated to administer the telemedicine program.

“Distant site” means a site approved by the Department to provide telemedicine services, at which the licensed consulting provider is located at the time the service is provided via technology-assisted communication.

“Medically necessary” means that the service or benefit is: 1) Directly related to diagnostic, preventive, curative, palliative, rehabilitative, or ameliorative treatment of an illness, injury, disability, or health condition; 2) Consistent with currently accepted standards of good medical practice; 3) The most cost-efficient service that can be provided without sacrificing effectiveness or access to care; and 4) Not primarily for the convenience of the consumer, family, or provider.

“Originating site” means the location of an eligible Medicaid participant at the time the service being furnished via technology-assisted communication occurs, which is a site approved by the Department to provide telemedicine services and which 1) for the Rural Access Telemedicine Program, is located within a designated rural geographic area, in which an eligible participant is located at the time the telemedicine service is delivered; or 2) for the Cardiovascular Disease and Stroke Telemedicine Program, is located in an emergency room when an appropriate specialist is not available.

“Security” means the protection of information and information systems from unauthorized access, use, disclosure, disruption, modification, or destruction.

“Store and Forward technology” means the transmission of medical images or other media captured by the originating site provider and sent electronically to a distant site provider, who does not physically interact with the patient located at the originating site.

“Technology-assisted communication” means multimedia communication equipment permitting two-way, real-time interactive communication between a participant at an originating site and a consulting provider at a distant site.

“Telemedicine” means the delivery of medically necessary services to a participant at an originating site by a consulting provider, through the use of technology-assisted communication.

appendix b: mco contacts

Amerigroup

For preauthorization and administrative questions: 800-454-3730
Clinical Contact: Dr. Andrew Bergman 410-981-4012

MedStar

For preauthorization: Care Management: 800-905-1722
For enrollment:
Lesley Wallace
AVP Regulatory Affairs, Network Development and Marketing
Email: Lesley.Wallace@medstar.net
Phone: 410-933-3013

Maryland Physicians Care

Linda Dietsch
Compliance Officer
Phone: 410-401-9452
Fax: 860-907-2527
Email: Linda.Dietsch@marylandphysicianscare.com

Priority Partners

Noelle Flaherty, MS, MBA, RN, CCM, CPHQ
Director, Quality Improvement, Member Safety and Medical Policy for Johns Hopkins Healthcare
Phone: 410-424-4973
Email: nflaherty@jhhc.com

Jai

Marvin Council
Director of Regulatory Compliance
Phone: 410-433-2200
Email: marvin.council@jaimedical.com

Riverside

Jose Vazquez
Email: jvazquez@myriversidehealth.com

United Healthcare

Leahanne Thomas
Phone: 410-540-5977
Email: leahanne_c_thomas@uhc.com

appendix c: billing codes and modifiers

Approved telemedicine providers will submit claims in the same manner the provider uses for in-person services (i.e., paper CMS 1500 forms or electronic submission).

All telemedicine providers, both originating and distant, must bill the appropriate CPT or revenue code with a –GT modifier when rendering services via telemedicine. The -GT modifier indicates the services were provided via an interactive audio and video telecommunication system.

Billing in the Rural Access Telemedicine Program

Originating site providers shall bill the following:

- Using the -GT modifier, evaluation and management (E&M) codes 99201-99205; 99211-99215 for community outpatient services or 99281-99285 and 99288 for emergency room outpatient services; and
- If the service location is a physician's office: HCPCS code Q3014 for the telehealth originating site facility fee; or
- If the service location is a hospital: revenue code 0780 for the standard facility fee

Distant site providers shall bill the following:

- E&M codes 99241-99245 99251-99255 for consultation services along with the appended –GT modifier.

Billing in the Cardiovascular Disease and Stroke Telemedicine Program

Originating site providers shall bill the following:

- Using the -GT modifier, evaluation and management (E&M) codes 99281-99285 and 99288 for emergency room outpatient services; and
- The standard hospital facility fee, using revenue code 0780
- If the hospital is out-of-state: HCPCS code Q3014 for the telehealth originating site facility fee.

Distant site providers shall bill the following:

- E&M codes 99241-99245 and 99251-99255 for consultation services along with the appended –GT modifier.

For more information on Physicians' Services billing, you may consult the 2013 Physicians' Services Provider Fee Manual at: <https://mmcp.dhmh.maryland.gov/SitePages/Provider%20Information.aspx>.

appendix d: provider scenarios

Scenario 1: Rural Access Telemedicine Program

A 16-year-old boy comes into his pediatrician's office for a sick visit. He has symptoms that align with both Irritable Bowel Syndrome and Crohn's disease. There are several tests available for narrowing down the diagnosis, but his doctor is unsure which is most appropriate. The doctor sets up a telemedicine video conference with a gastroenterologist at an academic medical center who is a partnering telemedicine distant site provider. The gastroenterologist is located hours away from the boy and his pediatrician, but through video and audio technology, the boy is able to interact with the specialist and be examined.

The gastroenterologist examines the patient's medical record, which the pediatrician shares through a secure portal, and asks the patient a series of questions about his eating habits and his symptoms. The pediatrician and specialist discuss their options, share opinions, and agree on the most appropriate diagnostic test.

Scenario 2: Rural Access Telemedicine Program

A 25-year-old man goes to his primary care physician with a painful ear infection. The physician examines his ear but she cannot see past the swelling. She tells the patient that she would normally prescribe him ear drops but the swelling and blockage would prevent the medicine from entering the canal.

The patient, who has participated in a telemedicine consultation in the past, asks if a consult with an ENT specialist might be possible. The physician explains that a telemedicine consultation would not be sufficient because the specialist will have to physically meet with the patient and remove the blockage from his ear with specialized equipment. Since a referral does not warrant the use of telemedicine, she picks up the phone and calls the office to schedule a same-day appointment on his behalf.

Scenario 3: Cardiovascular Disease & Stroke Telemedicine Program

An 80-year-old woman is taken to the emergency room by ambulance after a nurse at her assisted living facility noticed that she is slurring her words. The ER physician orders a CT scan but will need to request a consultation from a neurologist, who will be able to evaluate the full extent of the damage to the patient's brain. Since no neurologist is available in the hospital, the physician sets up a telemedicine consultation with a partnering distant site stroke neurologist, thereby ensuring that the patient receives the best possible care.

Through a telemedicine consultation, the stroke neurologist is able to directly interact with the patient and evaluate her condition. Through his interpretation of the patient's CT scan and responses to a series of standardized questions, the neurologist is able to determine that the woman had an acute stroke. The stroke neurologist is able to advise on the use of tissue plasminogen activator (tPA) within the critical time window.



Cardiovascular Disease and Stroke Telemedicine Program Provider Addendum

Originating Site Provider Information

Organization Name:

NPI:

MA #:

Tax ID#:

Name of Primary Contact Person:

Title of Primary Contact Person:

Primary Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

Provider Type (check all that apply):

Physician (please specify type)

Nurse Practitioner

Facility Type (check one):

Hospital, including emergency department

Originating Site

Signature: _____

Date: _____

Print Name and Title: _____

Distant site provider information follows on page 2.

Distant Site Provider Information

Organization Name:

NPI: _____ MA #: _____ Tax ID#: _____
Name of Primary Contact Person: _____
Title of Primary Contact Person: _____
Primary Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Provider Type (check all that apply):

Physician (please specify type)
Nurse Practitioner

Facility Type (check one):

Hospital, including emergency department

Distant Site

Signature: _____ Date: _____

Print Name and Title: _____

Please attach a copy of the contract or agreement between the Originating Site and the Distant Site provider, including billing-related responsibilities for each provider.

Telemedicine Service Delivery Plan details follow on page 3.

Telemedicine Service Delivery Plan

Please provide and attach information for the following areas.

1. How many individuals do you expect to serve through telemedicine?
2. Describe services to be provided.
3. Describe protocol for determining medical necessity for Originating Site providers.
4. Describe protocol for confidentiality.
5. Describe procedures for maintenance of telemedicine documentation in the individual's medical record at both the Originating Site and Distant Site.
6. Describe pharmacy protocol, as it relates to telemedicine.
7. Describe the quality monitoring system for telemedicine care.
8. Provide a written contingency plan for when telemedicine is unavailable.
9. Please provide any additional information you think would be helpful.
10. Please attest that all participating originating and distant sites have, at a minimum, video technology components as follows:
 - A camera that has the ability to manually or under remote control provide multiple view of a patient with the capability of altering the resolution, focus, and zoom requirements according to the consultation;
 - Audio equipment that ensures clear communication and includes echo cancellation;
 - Bandwidth speeds and resolution of video calls that is not less than 384 kbt/s;
 - Supports a frame rate of 15 frames per second where motion is assessed;
 - Maintains video consultation for both sending the images and downloading at less than 300 milliseconds;
 - Supports high definition video resolution; and
 - Selects display monitor size depending on the hardware and software that is used to the telemedicine service.

I attest that all participating sites meet the minimum technology requirements listed above and will continue to meet the requirements as long as telemedicine services are being provided.

Please see addendum submission information on the following page.

Provider addenda may be submitted for review via email, fax, or mail.

Email: dhmh.telemedicineinfo@maryland.gov

Mail: Medicaid Office of Health Services
Department of Health & Mental Hygiene
201 West Preston Street, Room 214
Baltimore, MD 21201
Attn: Kale Sweeney

Fax: Attn: Kale Sweeney
410-333-5620

For DHMH use only

Internal Checklist

Originating site:

Distant site:

NPI:

NPI:

MA #:

MA #:

Reviewer:

Approved / Denied:

Date:

Notification date regarding application status:



Rural Access Telemedicine Program Provider Addendum

Originating Site Provider Information

Organization Name:

NPI: _____ MA #: _____ Tax ID# _____

Name of Primary Contact Person: _____

Title of Primary Contact Person _____

Primary Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Provider Type (check all that apply):

Physician (please specify type)

Nurse Practitioner

Nurse Midwife

Facility Type (check one):

FQHC

Hospital, including emergency department

Renal Dialysis Center

Local Health Department

Nursing Facility

Private Office

County of Participation (check all that apply):

Allegany

Calvert

Caroline

Cecil

Charles

Dorchester

Garrett

Kent

Queen Anne's

Somerset

St. Mary's

Talbot

Washington

Wicomico

Worcester

Originating Site

Signature: _____

Date: _____

Print Name and Title: _____

Distant site provider information follows on page 2.

Distant Site Provider Information**Organization Name:**

NPI: _____ MA #: _____ Tax ID# _____
Name of Primary Contact Person: _____
Title of Primary Contact Person _____
Primary Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Provider Type (check all that apply):

Physician (please specify type) _____
Nurse Practitioner _____
Nurse Midwife _____

Facility Type (check one):

FQHC _____
Hospital, including emergency department _____
Renal Dialysis Center _____
Local Health Department _____
Nursing Facility _____
Private Office _____

Distant Site

Signature: _____ Date: _____

Print Name and Title: _____

Please attach a copy of the contract or agreement between the Originating Site and the Distant Site provider, including billing-related responsibilities as designated for each provider.

Telemedicine Service Delivery Plan details follow on page 3.

Telemedicine Service Delivery Plan

Please provide and attach information for the following areas.

1. How many individuals do you expect to serve through telemedicine?
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5. Describe procedures for maintenance of telemedicine documentation in the individual's medical record at the Originating Site and Distant Site.
6. Describe pharmacy protocol, as it relates to telemedicine.
7. Describe the quality monitoring system for telemedicine care.
8. Provide a written contingency plan for when telemedicine is unavailable.
9. Please provide any additional information you think would be helpful.
10. Please attest that all participating originating and distant sites have, at a minimum, video technology components as follows:
 - A camera that has the ability to manually or under remote control provide multiple view of a patient with the capability of altering the resolution, focus, and zoom requirements according to the consultation;
 - Audio equipment that ensures clear communication and includes echo cancellation;
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 - Selects display monitor size depending on the hardware and software that is used to the telemedicine service.

I attest that all participating sites meet the minimum technology requirements listed above and will continue to meet the requirements as long as telemedicine services are being provided.

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Fax: Attn: Kale Sweeney
410-333-5620

For DHMH use only

Internal Checklist

Originating site:

Distant site:

NPI:

NPI:

MA #:

MA #:

Reviewer:

Approved / Denied:

Date:

Notification date regarding application status:

If applicable, date PIS for COS change to PT 57 or 61:



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM**Telemedicine Transmittal No. 1****September 30, 2013**

TO: Certified Nurse Midwives
 Federally Qualified Health Centers
 Hospitals
 Local Health Departments
 Managed Care Organizations
 Nursing Facilities
 Nurse Practitioners
 Physicians
 Renal Dialysis Centers

FROM: Susan J. Tucker, Executive Director
 Office of Health Services

NOTE: Please ensure that appropriate staff members in your organizations are informed of the contents of this transmittal.

RE: **Telemedicine Implementation**

Effective October 1, 2013, the Maryland Medical Assistance Program (“the Program”) will reimburse approved providers for services rendered to Program participants via telemedicine. The Program will implement two telemedicine service programs – the Rural Access Telemedicine Program and the Cardiovascular Disease and Stroke Telemedicine Program. Participants may be in the fee-for-service program, a managed care organization (MCO), or a long-term services and supports waiver program.

For both the Rural Access Telemedicine Program and the Cardiovascular Disease and Stroke Telemedicine Program, Maryland employs a “hub-and-spoke” delivery model. The “hub”, or “distant site”, is the location of the medical specialist who provides consultation services to the “spoke”, or “originating site”, where the participant is located. Communication between the originating and distant sites involves real-time interaction via a secure, two-way audio and video telecommunication system. This service model was determined to be the most practical to improve access to both

Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258

Web Site: www.dhmh.maryland.gov

consulting providers in designated rural geographic areas and in emergency rooms when an appropriate specialist is not available.

Program-approved originating site providers shall engage in agreements with Program-approved consulting providers for telemedicine services with fee-for-service reimbursement at the same rate as in-person specialist consultations. The Program will reimburse approved providers for medically necessary services that can be reasonably delivered using technology-assisted communication.

For the **Rural Access Telemedicine Program**, originating site providers may be certified nurse midwives, Federally Qualified Health Centers, hospitals, local health departments, physicians, nursing facilities, nurse practitioners, and renal dialysis centers within the following jurisdictions: Allegany, Calvert, Caroline, Cecil, Charles, Dorchester, Garrett, Kent, St. Mary's, Somerset, Talbot, Queen Anne's, Worcester, Wicomico, and Washington counties.

For the **Cardiovascular Disease and Stroke Program**, originating site providers may be hospital emergency departments, but are not limited by geographic location.

For both programs, distant site providers shall provide medically necessary consultation services when no specialist is available to provide timely care. Distant site providers may be located within Maryland, the District of Columbia, or any contiguous state, but must be licensed to practice in Maryland.

Both originating and distant site providers must bill for respective services using the –GT modifier to indicate interactive communication for services delivered via telemedicine.

Originating site providers will bill applicable Evaluation and Management (E&M) codes 99201-99205 or 99211-99215 for community outpatient services; or 99281-99285 or 99288 for emergency room outpatient services. If the service location is a physician's office or an out-of-state hospital, the provider will bill the HCPCS code Q3014 for facilitating the telemedicine interaction. If the originating site service location is a Maryland hospital, the hospital will bill revenue code 0780, instead of the Q-code.

Distant site providers will bill E&M consultation codes 99241-99245 or 99251-99255 as appropriate.

To enroll in either telemedicine program, eligible providers must apply through the Department using the appropriate application ("addendum") for either the Rural Access Telemedicine or the Cardiovascular and Stroke Telemedicine Program. Both provider addenda are available on the new Telemedicine page on the Maryland Medicaid Provider Information website:
<https://mmcp.dhmfh.maryland.gov/SitePages/Provider%20Information.aspx>.

Fee-for-service providers should submit the appropriate provider addendum via any of the following methods:

Email: dhmh.telemedicineinfo@maryland.gov
Fax: 410.333.5620 Attn: Kale Sweeney
Mail: Medicaid Office of Health Services
201 W. Preston St., Room 214
Attn: Kale Sweeney
Baltimore, MD 21201

MCOs may require a different enrollment process; please contact MCOs directly for more information.

The following resources are also available on the new Telemedicine page located on the Maryland Medicaid Provider Information website –

(<https://mmcp.dhmh.maryland.gov/SitePages/Provider%20Information.aspx>):

- Physicians' Services Billing Manual;
- Joint Chairmen's Report, written by the Department on telemedicine options for Maryland Medicaid;
- Medicaid telemedicine regulations governing the new telemedicine programs, as stated in COMAR 10.09.49;
- Telemedicine Provider Manual, outlining service programs, provider and participant eligibility, covered services, and reimbursement; and
- Information about the Mental Hygiene Administration's Telemental Health Program, implemented in 2011.

Questions regarding the telemedicine program or telemedicine provider enrollment should be directed to dhmh.telemedicineinfo@maryland.gov.