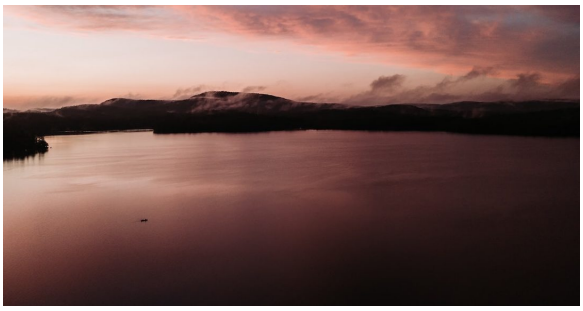
Maine



At A Glance

MEDICAID REIMBURSEMENT

- Live Video: Yes
- Store-and-Forward: Yes
- Remote Patient Monitoring: Yes
- Audio Only: Yes

PRIVATE PAYER LAW

- Law Exists: Yes
- Payment Parity: No

PROFESSIONAL REQUIREMENTS

- Licensure Compacts: ASLP-IC, CC, IMLC, NLC, OT, PA, PSY, PTC, SW
- Consent Requirements: Yes

STATE RESOURCES

1. Medicaid Program: MaineCare
2. Administrator: Maine Dept. of Health and Human Services
3. Regional Telehealth Resource Center: Northeast Regional Telehealth Resource Center

Private Payer

DEFINITIONS

Last updated 05/21/2025

"Telehealth," as it pertains to the delivery of health care services, means the use of information technology and includes synchronous encounters, asynchronous encounters, store and forward transfers and telemonitoring.

"Telemonitoring," as it pertains to the delivery of health care services, means the use of information technology to remotely monitor an enrollee's health status via electronic means, allowing the provider to track the enrollee's health data over time. Telemonitoring may be synchronous or asynchronous.

SOURCE: Maine Revised Statutes Annotated, Title 24-A, Sec. 4316. (Accessed May 2025).

REQUIREMENTS

Last updated 05/21/2025

A carrier offering a health plan in this State may not deny coverage on the basis that the health care service is provided through telehealth if the health care service would be covered if it were provided through in-person consultation between an enrollee and a provider and as long as the provider is acting within the scope of practice of the provider's license and in accordance with rules adopted by the board, if any, that issued the provider's license related to standards of practice for the delivery of a health care service through telehealth. Coverage for health care services provided through telehealth must be determined in a manner consistent with coverage for health care services provided through in-person consultation. If an enrollee is eligible for coverage and the delivery of the health care service through telehealth is medically appropriate, a carrier may not deny coverage for telehealth services. A carrier may offer a health plan containing a provision for a deductible, copayment or coinsurance requirement for a health care service provided through telehealth as long as the deductible, copayment or coinsurance does not exceed the deductible, copayment or coinsurance applicable to a comparable service provided through in-person consultation. A carrier may not exclude a health care service from coverage solely because such health care service is provided only through a telehealth encounter, as long as telehealth is appropriate for the provision of such health care service.

A carrier shall provide coverage for any medically necessary health care service delivered through telehealth as long as the following requirements are met.

- The health care service is otherwise covered under an enrollee's health plan.
- The health care service delivered by telehealth is of comparable quality to the health care service delivered through in-person consultation.
- Prior authorization is required for telehealth services only if prior authorization is required for the corresponding covered health care service. An in-person consultation prior to the delivery of services through telehealth is not required.
- Coverage for telehealth services is not limited in any way on the basis of geography, location or distance for travel.
- The carrier shall require that a clinical evaluation is conducted either in person or through telehealth before a provider may write a prescription that is covered.
- The carrier shall provide coverage for the treatment of 2 or more persons who are enrolled in the carrier's health plan at the same time through telehealth, including counseling for substance use disorders involving opioids.
- The carrier may not place any restriction on the prescribing of medication through telehealth by a provider whose scope of practice includes prescribing medication that is more restrictive than any requirement in state and federal law for prescribing medication through in-person consultation.

A carrier shall provide coverage for telemonitoring if:

- The telemonitoring is intended to collect an enrollee's health-related data, including, but not limited to, pulse and blood pressure readings, that assist a provider in monitoring and assessing the enrollee's medical condition;
- The telemonitoring is medically necessary for the enrollee;
- The enrollee is cognitively and physically capable of operating the mobile health devices or the enrollee has a caregiver willing and able to assist with the mobile health devices; and
- The enrollee's residence is suitable for telemonitoring. If the residence appears unable to support telemonitoring, the telemonitoring may not be provided unless necessary adaptations are made.

In order to be eligible for reimbursement under this section, a provider providing health care services through telehealth must be acting within the scope of the provider's license. A carrier may not impose additional credentialing requirements or prior approval requirements for a provider as a condition of reimbursement for health care services provided under this section unless those credentialing requirements or prior

approval requirements are the same as those imposed for a provider that does not provide health care services through telehealth.

A carrier may not require a provider to use specific telecommunications technology and equipment as a condition of coverage under this section as long as the provider uses telecommunications technology and equipment that comply with current industry interoperability standards and that comply with standards required under the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and regulations promulgated under that Act.

A carrier may provide coverage for health care services delivered through telehealth that is consistent with the Medicare coverage policy for interprofessional Internet consultations. If a carrier provides coverage consistent with the Medicare coverage policy for interprofessional Internet consultations, the carrier may also provide coverage for interprofessional Internet consultations that are provided by a federally qualified health center or rural health clinic as defined in 42 United States Code, Section 1395x, subsection (aa)(1993).

The availability of health care services through telehealth may not be considered for the purposes of demonstrating the adequacy of a carrier's network pursuant to section 4303, subsection 1 and Bureau of Insurance Rule Chapter 850: Health Plan Accountability.

SOURCE: Maine Revised Statutes Annotated, Title 24-A, Sec. 4316, (Accessed May 2025).

PARITY

Last updated 05/21/2025

SERVICE PARITY

A carrier offering a health plan in this State may not deny coverage on the basis that the health care service is provided through telehealth if the health care service would be covered if it were provided through in-person consultation between an enrollee and a provider and as long as the provider is acting within the scope of practice of the provider's license and in accordance with rules adopted by the board, if any, that issued the provider's license related to standards of practice for the delivery of a health care service through telehealth. Coverage for health care services provided through telehealth must be determined in a manner consistent with coverage for health care services provided through in-person consultation. If an enrollee is eligible for coverage and the delivery of the health care service through telehealth is medically appropriate, a carrier

may not deny coverage for telehealth services. A carrier may offer a health plan containing a provision for a deductible, copayment or coinsurance requirement for a health care service provided through telehealth as long as the deductible, copayment or coinsurance does not exceed the deductible, copayment or coinsurance applicable to a comparable service provided through in-person consultation. A carrier may not exclude a health care service from coverage solely because such health care service is provided only through a telehealth encounter, as long as telehealth is appropriate for the provision of such health care service.

A carrier shall provide coverage for any medically necessary health care service delivered through telehealth as long as the following requirements are met:

- The health care service is otherwise covered under an enrollee's health plan.
- The health care service delivered by telehealth is of comparable quality to the health care service delivered through in-person consultation.
- Prior authorization is required for telehealth services only if prior authorization is required for the corresponding covered health care service. An in-person consultation prior to the delivery of services through telehealth is not required.
- Coverage for telehealth services is not limited in any way on the basis of geography, location or distance for travel.
- The carrier shall require that a clinical evaluation is conducted either in person or through telehealth before a provider may write a prescription that is covered.
- The carrier shall provide coverage for the treatment of 2 or more persons who are enrolled in the carrier's health plan at the same time through telehealth, including counseling for substance use disorders involving opioids.
- The carrier may not place any restriction on the prescribing of medication through telehealth by a provider whose scope of practice includes prescribing medication that is more restrictive than any requirement in state and federal law for prescribing medication through in-person consultation.

A carrier shall provide coverage for telemonitoring if:

- The telemonitoring is intended to collect an enrollee's health-related data, including, but not limited to, pulse and blood pressure readings, that assist a provider in monitoring and assessing the enrollee's medical condition;
- The telemonitoring is medically necessary for the enrollee;
- The enrollee is cognitively and physically capable of operating the mobile health devices or the enrollee has a caregiver willing and able to assist with the mobile health devices; and

- The enrollee's residence is suitable for telemonitoring. If the residence appears unable to support telemonitoring, the telemonitoring may not be provided unless necessary adaptations are made.

A carrier may not require a provider to use specific telecommunications technology and equipment as a condition of coverage under this section as long as the provider uses telecommunications technology and equipment that comply with current industry interoperability standards and that comply with standards required under the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and regulations promulgated under that Act.

SOURCE: Maine Revised Statutes Annotated, Title 24-A, Sec. 4316, (Accessed May 2025).

PAYMENT PARITY

No explicit payment parity.

Medicaid

OVERVIEW

Last updated 05/21/2025

Maine Medicaid (MaineCare) reimburses for live video telehealth under certain conditions, and remote patient monitoring for patients with certain risk factors. They also reimburse for store-and-forward, including virtual transfer of health information and remote consultation between a treating provider and specialist. Telephone evaluation and management services are also reimbursed in certain circumstances, as well as the virtual check-in and interprofessional codes for medication management providers.

DEFINITIONS

Last updated 05/21/2025

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.

SOURCE: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4., p. 2 (11/6/23). (Accessed May 2025).

"Telehealth," as it pertains to the delivery of MaineCare services, means the use of information technology and includes synchronous encounters, asynchronous encounters, store and forward transfers and telemonitoring.

SOURCE: ME Statute Sec. 22:855.3173-H(D). (Accessed May 2025).

Telehealth is the use of technology for health care appointments and services. It allows you to "see" your care provider without having to go to their office. Visits are covered by MaineCare, Medicare, and most insurance companies.

SOURCE: ME Dept. of Health and Human Services, Telehealth. (Accessed May 2025).

Teledentistry, as it pertains to the delivery of oral health care services, means the use of interactive, real-time visual, audio or other electronic media for the purposes of education, assessment, examination, diagnosis, treatment planning, consultation and directing the delivery of treatment by individuals licensed under 32 MRS Chapter 143 (Dental Professions) and includes synchronous encounters, asynchronous encounters, remote patient monitoring, and mobile oral health care in accordance with practice guidelines specified in rules adopted by the Board.

SOURCE: ME Benefits Manual, Dental Services and Reimbursement Methodology, 10-144, Ch. II, Sec. 25, pg. 1, (Sept. 25, 2024), (Accessed May 2025).

LIVE VIDEO

Last updated 05/21/2025

POLICY

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.

Except as set forth herein, reimbursement will not be provided for communications between Health Care Providers when the Member is not participating.

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.

Reimbursement

Services are to be billed in accordance with applicable Sections of the MBM. Providers must submit claims in accordance with Department billing instructions.

Telehealth Services are subject to all conditions and restrictions described in Chapter I, Section 1, of the MBM.

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.

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.

SOURCE: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4., (Nov. 6, 2023). (Accessed May 2025).

“Synchronous encounters” means a real-time interaction conducted with interactive audio or video connection between a patient and the patient’s provider or between health professionals regarding the patient.

SOURCE: ME Statute Sec. 22:855.3173-H, Sub. Sec. 1 (Accessed May 2025).

ELIGIBLE SERVICES/SPECIALTIES

Many MaineCare-covered services may be delivered via Telehealth Services, provided the following requirements are met:

- The member is otherwise eligible for the covered service, as described in the appropriate section of the MBM
- The service delivered via telehealth is of comparable quality to what it would be if delivered in person
- The delivery of the covered service via Telehealth Services is medically appropriate

Healthcare providers must ensure that the telecommunication technology and equipment used at the receiving (provider) site and the originating (member) site are sufficient to allow the health care provider to appropriately deliver the service(s). 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.

When billing for Telehealth Services, healthcare providers at the receiving (provider) site must bill for the covered service, using the same procedure code they would use if it were delivered in-person, and must add the GT modifier to the claim.

SOURCE: ME Dep of Health and Human Services, Bulletin, Reminder: Providers Delivering Services via Telehealth, May 5, 2025, (Accessed May 2025).

Any medically necessary MaineCare Covered Service may be delivered via Telehealth Services, provided the following requirements are met:

- The Member is otherwise eligible for the Covered Service, as described in the appropriate Section of the MBM; and
- 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 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.

Non-Covered Services and Limitations

Except as set forth herein, services not otherwise covered by MaineCare are not covered when delivered via Telehealth Services.

Services covered under other MaineCare Sections but specifically excluded from Telehealth coverage include, but are not limited to the following:

- 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;
- Any service medically inappropriate for delivery through Telehealth Services – e.g. services that include providing medical procedures or administration of medications that must be conducted in person.

Except as set forth herein, reimbursement will not be provided for communications between Health Care Providers when the Member is not participating.

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.

The Originating Site Fee may be paid only to a Health Care Provider.

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.

SOURCE: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4., (Nov. 6, 2023). (Accessed May 2025).

Effective January 1, 2025, the Department exercises enforcement discretion permitting providers to utilize telehealth for Section 17 services in line with the following guidance.

Certain services may be provided via telehealth under exceptional circumstances when clinically appropriate and so long as the member would still benefit from a contact if provided via telehealth. Exceptional circumstances include, but are not limited to, when there is severe weather, or a member is physically ill and as a result cannot travel to an appointment, or when a member travels unexpectedly and cannot attend their appointment in-person as a direct result of the unexpected travel. The provider must document the exceptional circumstances in the member's medical records relating to the service being delivered by telehealth (e.g. the progress note).

The following services may be provided via telehealth:

- Community Integration Services (CIS), under exceptional circumstances.

- Community Rehabilitation Services (CRS), under exceptional circumstances.
- Assertive Community Treatment (ACT) Services. ACT teams must provide frequent in-person contact and a high amount of in-person service time for each member. ACT teams are required to maintain a minimum quarterly panel-wide average of three (3) in-person contacts per member per week.

Providers should not deliver services through telehealth for their own convenience.

The following services may not be provided via telehealth:

- Daily Living Support Services (DLSS),
- Skills Development Services (SDS), and
- Day Support Services (DSS) must be provided in-person and are not allowed to be delivered via telehealth.

Note: Please also note that DSS must be delivered in an office-based setting.

SOURCE: MaineCare Provider Bulletin, Providers of Section 17 Services – Telehealth Clarification, Dec. 9, 2024, (Accessed May 2025).

Specialized Services and Treatment Services for Children with Cognitive Impairments and Functional Limitations

The Department reminds providers that Specialized Services and Treatment Services for Children with Cognitive Impairments and Functional Limitations (Standard RCS), described in Section 28.04-1, must be delivered by BHPs in-person. Section 28.04 states that “treatment is provided in the home and/or community in either individual or group settings…” BHPs may deliver Specialized Services and Standard RCS through telehealth only when unforeseen and uncontrollable circumstances prevent in-person service delivery, such as:

- Inclement weather
- When the member leaves on unplanned travel
- The member’s family experiences an illness that makes it unadvisable to meet in-person

Additionally, the provider must expect that the member will benefit from the service delivered through telehealth. Telehealth delivery cannot be a planned part of treatment and cannot be used for the purpose of the provider’s convenience.

The BCBA supervisor may supervise the BHP and deliver direct services to the member through telehealth. The telehealth services must comply with the telehealth

requirements in MBM Chapter I, Section 4, Telehealth Services, including ensuring the service "is of comparable quality to what it would be were it delivered in person."

SOURCE: MaineCare Provider Bulletin, Board Certified Behavior Analyst (BCBA) and Telehealth Guidance for Section 28 Providers, Dec. 31, 2024, (Accessed May 2025).

If your organization is unable to meet the in-person requirements described in the MaineCare Benefits Manual (MBM) Ch. II Section 17, Community Support Services, please contact Patrick Haskell or Angie Newhouse with the Office of Behavioral Health Services (OBH) no later than February 10, 2025.

SOURCE: MaineCare Provider Bulletin, Providers of Section 17 Services – Telehealth Clarification, Feb. 3, 2025, (Accessed May 2025).

Rules adopted by the department:

- May not include any requirement that a patient have a certain number of emergency room visits or hospitalizations related to the patient's diagnosis in the criteria for a patient's eligibility for telemonitoring services;
- Except as provided in paragraph E, must include qualifying criteria for a patient's eligibility for telemonitoring services that include documentation in a patient's medical record that the patient is at risk of hospitalization or admission to an emergency room;
- Must provide that group therapy for behavioral health or addiction services covered by the MaineCare program may be delivered through telehealth;
- Must include requirements for providers providing telehealth and telemonitoring services; and
- Must allow at least some portion of case management services covered by the MaineCare program to be delivered through telehealth, without requiring qualifying criteria regarding a patient's risk of hospitalization or admission to an emergency room.

SOURCE: ME Revised Statute Sec. 3173,-H, (Accessed May 2025)

A multitude of services are listed as being allowed either face-to-face or through telehealth in the behavioral health services manual.

SOURCE: MaineCare Benefits Manual, Behavioral Health Services, 10-44 Ch. II, Sec. 65, (Nov. 9, 2022). (Accessed May 2025).

Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations

Telemedicine may be utilized as clinically appropriate, according to the standards described in Chapter I, Section 4 of the MaineCare Benefits Manual.

SOURCE: MaineCare Benefits Manual, Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations, 28.08, Ch. 101, Ch. II, Sec. 28, p. 12, (9/23/19), (Accessed May 2025).

Durable Medical Equipment

A face-to-face encounter is a mandatory encounter (including encounters through telehealth (as described in Chapter I, Section 4) and other than encounters incidental to services involved) between the member and a Qualified Provider that takes place within the six (6) months prior to the date of a written order for DME. The written order may be, but does not have to be, prescribed by the provider who performed the face-to-face encounter.

SOURCE: MaineCare Benefits Manual, Durable Medical Equipment, 60.06, Ch. 101, Ch. II, Sec. 60, p. 4, (10/31/23), (Accessed May 2025).

Children's Residential Care Facilities (CRCFs)

The nurse may provide in-person, telehealth, and/or telephonic support outside of normal business hours as needed. The nurse must be either a psychiatric mental health nurse practitioner (APRN-PMH-NP), or a registered nurse (RN) with experience in the treatment of children with serious behavioral health conditions or requisite training to treat children with serious behavioral health conditions.

SOURCE: MaineCare Benefits Manual, Private Non-Medical Institution, 97.07, Ch. 101, Ch. II, Sec. 97, (11/1/21), (Accessed May 2025).

Teledentistry

Providers may deliver diagnostic services via telehealth in accordance with Chapter I, Section 4, of the MaineCare Benefits Manual (MBM) and current Board rules and guidance. When delivering services via telehealth, providers shall bill for the underlying service and include, for tracking purposes only, the appropriate teledentistry CDT code that indicates a synchronous real-time encounter or an asynchronous encounter in which information is stored and forwarded to the dentist for subsequent review.

SOURCE: ME Benefits Manual, Dental Services and Reimbursement Methodology, 10-144, Ch. II, Sec. 25, pg. 3-4, (Sept. 25, 2024), (Accessed May 2025).

Primary Care Plus (PCP)

In PCP Tier II Services, providers must offer telehealth as an alternative to traditional office visits in accordance with MBM, Ch. I, Sec. 4, Telehealth Services, and/or for non-

office visit supports and outreach to increase access to the care team and clinicians in a way that best meets the needs of Members.

SOURCE: MaineCare Benefits Manual, Primary Care Plus, 10-144, Ch. VI, Sec. 3.03, pg. 6, June 21, 2022, (Accessed May 2025).

Home Health Services

Face to Face Encounter means an encounter between the member and the certifying physician, or a nurse practitioner or clinical nurse specialist who is working in collaboration with the physician, or a certified nurse midwife as authorized by State law or physician assistant under the supervision of the physician. The encounter may be through telehealth, consistent with Section 1834(m) of the Social Security Act and 42 CFR 424.22. The face-to-face encounter must be related to the primary reason the patient requires Home Health Services.

SOURCE: Main Care Benefits Home Health Services, 10-144, Chapter II, Section 40 (Aug. 11, 2019), p. 1. (Accessed May 2025).

Community Care Teams

A comprehensive biopsychosocial assessment, conducted face-to-face or via telehealth. See manual for necessary components.

SOURCE: Maine Care Benefits Manual Home Health Services – Community Care Teams, 10-144, Chapter II, Section 91 (June 21, 2022), p. 15, (Accessed May 2025).

Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder

AT-Assessment: Evaluation of the assistive technology needs of a member, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the member in the customary environment of the member.

Evaluation of the assistive technology needs of a Member may be delivered via telehealth when the provider ensures that the assessment via telehealth meets the requirements of the scope of the service.

SOURCE: Maine Care Benefits Manual Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder, 10-144, Chapter II, Section 29 (under specific policies by service state) (Jan. 24, 2024), p. 15 & Adopted Rule: 10-144 C.M.R. Chapter 101, MaineCare Benefits Manual, Chapter II, Section 29, Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder (Jan. 12, 2024). (Accessed May 2025).

This service provides real time, remote communication and support through a wide range of technological options including electronic sensors, video conferencing, environmental sensors (movement, doors, temperature, smoke, CO, etc.), video cameras, microphones and speakers, as wells as health monitoring equipment. This assistive technology links each Member's residence to the Remote Support provider.

Home Support-Remote Support provides staffing to deliver one of two types of Remote Support: Interactive Support and Monitor Only. Interactive Support includes only the time that staff is actively engaging a Member in 1-to-1 direct support through the use of the Assistive Technology Device. Monitor Only is when Assistive Technology equipment is being used to monitor the Member without interacting. All electronic systems must have back-up power connections to insure functionality in case of loss of electric power. 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.

There is no overlap between Assistive Technology and Home Support Remote Support. As set forth in §29.05-2, Assistive Technology may be used to provide for assessments, equipment, and the cost of the data transmission necessary to facilitate Home Support-Remote Support services. Home Support-Remote Support provides the staff to monitor the Member.

SOURCE: Maine Care Benefits Manual Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder, 10-144, Chapter II, Section 29, (under allowances for services), (Jan. 24, 2024), p. 15 & 23, (Accessed May 2025).

Diabetes Prevention Program

Providers shall bill 0403T for each in-person session and bill 0403T with the GT modifier for sessions delivered through telehealth, e.g. online and distance learning sessions, as defined in the DPRP Standards.

SOURCE: Maine Care Benefits Manual National Diabetes Prevention Program Services, 10-144, Chapter II, Section 71 (Nov. 8, 2023), p. 5, Adopted Rule: 10-144 C.M.R. Chapter 101, Chapter II, Section 71, National Diabetes Prevention Program Services (Nov. 8, 2023). (Accessed May 2025).

MaineMOM Services and Reimbursement

The MaineMOM provider shall offer telehealth as an alternative to traditional office visits in accordance with the MBM, Chapter I, Section 4, and/or for non-office visit supports and outreach to increase access to the care team and clinicians in a way that best meets the needs of members.

SOURCE: MaineCare Benefits Manual, MaineMOM Services and Reimbursement, 10-44 Ch. II, Sec. 89, p. 22 (Dec. 6, 2023). (Accessed May 2025).

Newly Adopted Rule:

MaineCare will reimburse providers for one health assessment visit per member for each age shown on the Bright Futures Periodicity Schedule. The Department covers one additional health assessment visit per member within a year following an initial assessment via telehealth for each age shown on the Bright Futures Periodicity Schedule.

SOURCE: MaineCare Benefits Manual, Early and Periodic Screening, Diagnosis and Treatment Services, 10-44 Ch. II, Sec. 94, p. 10 (Apr. 22, 2024) Adopted Rule: 10-144 C.M.R., Chapter 101, MaineCare Benefits Manual, Chapter II Section 94, Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT) (Apr. 22, 2024). (Accessed May 2025).

Note: MaineCare issued a notice indicating they plan to submit a waiver renewal for the MaineCare Benefits Manual, Section 18, Home and Community Based Services for Members with Brain Injury which will include updates to assistive technology services by allowing qualified providers to conduct Assistive Technology Assessments via telehealth when the provider ensures that the assessment via telehealth meets the requirements of the scope of the service. The manual does not yet indicate this change.

SOURCE: MaineCare Benefits Manual, Notice of Agency Waiver Renewal: Section 18, Home and Community Based Services for Members with Brain Injury, Mar. 22, 2024, (Accessed May 2025).

Comprehensive Care Management

The CCT shall be responsible for the management, oversight, and implementation of the Plan of Care, including ensuring active Member participation and that measurable progress is made on the plan's goals. Services shall also include:

1. A comprehensive biopsychosocial assessment, conducted face-to-face or via telehealth in accordance with Chapter I, Section 4. See manual for components.

SOURCE: MaineCare Benefits Manual, Health Home Services – Community Care Teams, 10-144 Ch. II, Sec. 91, p. 15 (6/21/22). (Accessed May 2025).

Developmental and Behavioral – Evaluation Services

Foster Care Comprehensive Health Assessment (CHA) – Psychological Evaluation

An in-person, face-to-face interview with the child regarding, as clinically appropriate, history of trauma, social and educational functioning, family and/or caregiver relationships. The provider may conduct the psychosocial evaluation virtually if it is for

the benefit of the child, and providers must document the justification in the member's record. Providers cannot conduct a virtual psychosocial evaluation for their own benefit or convenience. The maximum time for the interview for the child and foster parent(s) is two (2) hours.

SOURCE: MaineCare Benefits Manual, Developmental and Behavioral Evaluation Services, 10-144 Ch. II, Sec. 23, p. 5 (7/3/24). (Accessed May 2025).

ELIGIBLE PROVIDERS

To be eligible for reimbursement for Telehealth Services, a healthcare provider must:

- Act within the scope of their license
- Be enrolled as a MaineCare provider
- Be appropriately licensed, accredited, certified, and/or registered in the state where the member is located during the provision of the telehealth service
- Comply with all applicable sections of the MBM, including, but not limited to:
  - Section(s) covering the service(s) being delivered
  - Chapter I, Section 4 – Telehealth Services
  - Chapter I, Section 1 – General Administrative Policies and Procedures

Telehealth Services are voluntary. Providers must give members the option to refuse Telehealth Services and receive services "in person" without affecting the member's right to future care or treatment.

SOURCE: ME Dep of Health and Human Services, Bulletin, Reminder: Providers Delivering Services via Telehealth, May 5, 2025, (Accessed May 2025).

A health care provider is an 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.

In order to be eligible for reimbursement for Telehealth Services, a Health Care Provider must

- Act within the scope of their license;
- Be enrolled as a MaineCare provider;

- Be otherwise eligible to deliver the underlying Covered Service according to the requirements of the applicable Section of the MBM; and
- Be appropriately licensed, accredited, certified, and/or registered in the State where the Member is located during the provision of the Telehealth Service.

Reimbursement – Receiving (Provider) Site

- Except as described below, only the Health Care Provider at the Receiving (Provider) Site may receive payment for Telehealth Services.
- 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.
- 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.
- 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.

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.

SOURCE: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4., (Nov. 6, 2023). (Accessed May 2025).

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.

SOURCE: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4., p. 11. (Nov. 6, 2023). (Accessed May 2025).

GT is listed as an allowable modifier for FQHCs.

SOURCE: SOURCE: MaineCare Benefits Manual, FQHC, 10-144 Ch. 101, Ch. 3, Sec. 31, (12/1/2016) & RHCs, Ch. 103, (12/1/2016). (Accessed May 2025).

Interprofessional Codes for Medication Management Providers

Medication management providers and other treating providers of Section 65 of the MaineCare Benefits Manual (MBM) may deliver and bill MaineCare for interprofessional consultations in alignment with MBM Chapter 1, Section 4.04-2(B). As described in CMS state health official letter #23-001, interprofessional consultations are assessments and management services in which a patient's treating provider requests the opinion and/or treatment advice of a consultant with specific specialty expertise to assist the treating provider in the diagnosis and/or management of the patient's condition without the need for the patient's face-to-face contact with the consultant.

The consulting provider and the provider requesting the consultation must be able to independently bill for evaluation and management services. Examples of these provider types include physicians, nurse practitioners, clinical nurse specialists, physician assistants, and licensed clinical social workers. A registered nurse, for example, is not an eligible provider type.

The following examples illustrate when medication management providers may deliver and bill for interprofessional consultations:

- A medication management provider provides consultation to a primary care provider (PCP) on cross-tapering a patient from one antidepressant to another due to concerning side-effects.
- A medication management provider provides consultation to a PCP regarding antipsychotic medications because the PCP has a symptomatic patient who has been off of medications, and the PCP has never prescribed antipsychotic medication before.
- The PCP has been treating a behavioral health patient who was previously stabilized and who is now reporting increased symptoms with active substance use. The PCP is not sure of what to do about medications in the context of active substance use and consults a medication management provider.

Providers must bill for interprofessional consultations using common procedural terminology (CPT) codes 99446-99449, 99451, and 99452. However, CPT code 99452 is different. Interprofessional consultation code 99452 applies when the patient's PCP or other qualified health professional interacts with a consultant via telephone, the Internet, or an electronic health record to provide the consultant with the patient's clinical data so that the consultant can form an opinion regarding further management of the patient's condition. For example, a PCP would bill CPT code 99452 if they send a patient to a medication management provider and the PCP provided background information.

SOURCE: State of Maine Department of Health and Human Services, Bulletin: Interprofessional Codes for Medication Management Providers, Nov. 13, 2023, (Accessed May 2025).

Electronic Visit Verification (EVV) Place of Service Providers

Telehealth Personal Care Services (PCS) claims are excluded from Electronic Visit Verification (EVV) record requirements. When billing telehealth claims on the CMS 1500 Claim Form, you must use the POS code 02 or 10 and include the GT modifier, as this indicates you are providing services via telehealth and not in-person.

See the table below for affected codes. UB04 claim lines submitted with telemedicine revenue code 078x are exempt from EVV editing.

SOURCE: ME Department of Health and Human Services, Office of MaineCare Services, Electronic Visit Verification (EVV) Place of Service Reminders, Sept. 26. 2022. (Accessed May 2025).

ELIGIBLE SITES

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.

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.

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.

Reimbursement – Originating (Member Site)

- 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.
- 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.
- No separate transmission fees will be paid for Telehealth Services.
- 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.

- 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.
- 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.
- 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. The professional component of the procedure and the appropriate visit code are billed by the Receiving (Provider) Site.

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.

SOURCE: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Nov. 6, 2023). Adopted 10-144 C.M.R. Chapter 101, Chapter I, Section 4, Telehealth Services. (Nov. 6, 2023). (Accessed May 2025).

Electronic Visit Verification (EVV) Place of Service Reminders

Personal Care Services (PCS) claims are included or excluded from EVV record requirements based on the POS code and EVV service codes that are submitted on the CMS 1500 claim form.

Claims for services delivered in the following locations are not subject to EVV and do not require a verified EVV visit record:

- POS 02: Telehealth provided other than in a patient's home
  - Use this POS for Home Support-Remote Support: Monitor Only and Interactive services (including MaineCare policy Sections 18, 19, 20, 21, and 29).
  - Please refer to our additional telehealth billing guidance for PCS.
- POS 10: Telehealth provided in patient's home

SOURCE: ME Department of Health and Human Services, Office of MaineCare Services, Electronic Visit Verification (EVV) Place of Service Reminders, Sept. 26. 2022. (Accessed May 2025).

GEOGRAPHIC LIMITS

No Reference Found

FACILITY/TRANSMISSION FEE

Originating Facility Fee: Fee paid to the Health Care Provider at the Originating (Member) Site for the service of coordinating Telehealth Services.

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.

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.

No separate transmission fees will be paid for Telehealth Services.

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.

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.

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.

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.

SOURCE: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Nov. 6, 2023). Adopted 10-144 C.M.R. Chapter 101, Chapter I, Section 4, Telehealth Services. (Nov. 6, 2023). (Accessed May 2025).

STORE-AND-FORWARD

Last updated 05/21/2025

POLICY

"Store and forward transfers" means transmission of a patient's recorded health history through a secure electronic system to a health professional.

"Asynchronous encounters" means the interaction or consultation between a patient and the patient's provider or between health professionals regarding the patient through a system with the ability to store digital information, including, but not limited to, still images, video, audio and text files, and other relevant data in one location and subsequently transmit such information for interpretation at a remote site by health professionals without requiring the simultaneous presence of the patient or the health professionals.

SOURCE: ME Statute Sec. 22:855.3173-H, Sub. Sec. 1 (Accessed May 2025).

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.

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.

SOURCE: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Nov. 6, 2023). Adopted 10-144 C.M.R. Chapter 101, Chapter I, Section 4, Telehealth Services. (Nov. 6, 2023). (Accessed May 2025).

ELIGIBLE SERVICES/SPECIALTIES

MaineCare will provide reimbursement for two types of store-and-forward:

1. 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.
2. Remote Consultation Between 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.

SOURCE: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Nov. 6, 2023). Adopted 10-144 C.M.R. Chapter 101, Chapter I, Section 4, Telehealth Services. (Nov. 6, 2023). (Accessed May 2025).

Teledentistry

Providers may deliver diagnostic services via telehealth in accordance with Chapter I, Section 4, of the MaineCare Benefits Manual (MBM) and current Board rules and guidance. When delivering services via telehealth, providers shall bill for the underlying

service and include, for tracking purposes only, the appropriate teledentistry CDT code that indicates a synchronous real-time encounter or an asynchronous encounter in which information is stored and forwarded to the dentist for subsequent review.

SOURCE: ME Benefits Manual, Dental Services and Reimbursement Methodology, 10-144, Ch. II, Sec. 25, pg. 3-4, (Sept. 25, 2024), (Accessed May 2025).

Interprofessional Codes for Medication Management Providers

Medication management providers and other treating providers of Section 65 of the MaineCare Benefits Manual (MBM) may deliver and bill MaineCare for interprofessional consultations in alignment with MBM Chapter 1, Section 4.04-2(B). As described in CMS state health official letter #23-001, interprofessional consultations are assessments and management services in which a patient's treating provider requests the opinion and/or treatment advice of a consultant with specific specialty expertise to assist the treating provider in the diagnosis and/or management of the patient's condition without the need for the patient's face-to-face contact with the consultant.

The consulting provider and the provider requesting the consultation must be able to independently bill for evaluation and management services. Examples of these provider types include physicians, nurse practitioners, clinical nurse specialists, physician assistants, and licensed clinical social workers. A registered nurse, for example, is not an eligible provider type.

The following examples illustrate when medication management providers may deliver and bill for interprofessional consultations:

- A medication management provider provides consultation to a primary care provider (PCP) on cross-tapering a patient from one antidepressant to another due to concerning side-effects.
- A medication management provider provides consultation to a PCP regarding antipsychotic medications because the PCP has a symptomatic patient who has been off of medications, and the PCP has never prescribed antipsychotic medication before.
- The PCP has been treating a behavioral health patient who was previously stabilized and who is now reporting increased symptoms with active substance use. The PCP is not sure of what to do about medications in the context of active substance use and consults a medication management provider.

Providers must bill for interprofessional consultations using common procedural terminology (CPT) codes 99446-99449, 99451, and 99452. However, CPT code 99452 is different. Interprofessional consultation code 99452 applies when the patient's PCP or other qualified health professional interacts with a consultant via telephone, the

Internet, or an electronic health record to provide the consultant with the patient's clinical data so that the consultant can form an opinion regarding further management of the patient's condition. For example, a PCP would bill CPT code 99452 if they send a patient to a medication management provider and the PCP provided background information.

SOURCE: State of Maine Department of Health and Human Services, Bulletin: Interprofessional Codes for Medication Management Providers, Nov. 13, 2023, (Accessed May 2025).

GEOGRAPHIC LIMITS

No Reference Found

TRANSMISSION FEE

No Reference Found

REMOTE PATIENT MONITORING

Last updated 05/21/2025

POLICY

Telemonitoring Services are 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.

SOURCE: MaineCare Benefits Manual. Ch. II. Home Health Services. Sec. 40.01, p. 5 (Aug. 11, 2019). (Accessed May 2025).

"Telemonitoring," as it pertains to the delivery of MaineCare services, means the use of information technology to remotely monitor a patient's health status via electronic means, allowing the provider to track the patient's health data over time. Telemonitoring may be synchronous or asynchronous.

SOURCE: ME Statute Sec. 22:855.3173-H(E), (Accessed May 2025).

Telemonitoring of patients in their home code S9110 listed as reimbursable.

SOURCE: MaineCare Benefits Manual. Ch. III. Home Health Services. Sec. 40 (Aug. 11, 2019). (Accessed May 2025).

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.

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:

- 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.
- 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;
- 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;
- 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;
- At least monthly Interactive Telehealth Services or 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; and
- Removal/disconnection of equipment from the Member's home when Telemonitoring Services are no longer necessary or authorized.

SOURCE: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Nov. 6, 2023). Adopted 10-144 C.M.R. Chapter 101, Chapter I, Section 4, Telehealth Services. (Nov. 6, 2023). (Accessed May 2025).

Home and Community Benefits for the Elderly and for Adults with Disabilities

Assistive Technology-Remote Monitoring means real time remote support monitoring of the member with electronic devices to assist them to remain safely in their homes. Remote monitoring services may include a range of technological options including in-home computers, sensors, and video camera linked to a provider that enables 24/7 monitoring and/or contact as necessary.

These services may not exceed $6,000 per member per annual eligibility period. These costs are excluded from the member's monthly program cap noted above.

SOURCE: MaineCare Benefits Manual, Home and Community Benefits for the Elderly and for Adults with Disabilities, 10-144 Ch. II, Sec. 19.04-2, p. 2, 38 (May 2, 2021). (Accessed May 2025).

Home and Community Benefits for Members with Intellectual Disabilities or Autism Spectrum Disorder

Home Support-Remote Support – This service provides real time, remote communication and support through a wide range of technological options including electronic sensors, video conferencing, environmental sensors (movement, doors, temperature, smoke, CO, etc.), video cameras, microphones and speakers, as wells as health monitoring equipment. This assistive technology links each Member's residence to the Remote Support provider.

There is no overlap between Assistive Technology and Home Support Remote Support. As set forth in §21.05-2, Assistive Technology may be used to provide for

assessments, equipment, and the cost of the monthly data transmission utility necessary to facilitate Home Support-Remote Support services. Home Support-Remote Support provides the staff that monitor the Member.

There are two types of Remote Support: Interactive Support and Monitor Only. Chapter III reflects the billing for each type. Interactive Support includes only the time that staff is actively engaging a Member in 1 to 1 direct support through the use of the Assistive Technology Device. Monitor Only is when Assistive Technology equipment is being used to monitor the Member without interacting.

Home Support-Remote Support is limited to forty-eight (48) units (12 hours) per day. This can be in addition to Home Support-Quarter Hour, as long as this is not duplicative.

SOURCE: MaineCare Benefits Manual, Home and Community Benefits for Members with Intellectual Disabilities or Autism Spectrum Disorder, Chapter II, Section 21, p. 26-27, 38 (5/22/22). (Accessed May 2025).

Home and Community Based Services for Adults with Other Related Conditions

Home Support Services (Remote Support) – consists of services for a member who does not require face-to-face care but would benefit from electronic communication to ensure health and safety. The service is designed to work in concert with Home Support Services (1/4 hour) to provide habilitation support and to assist the member in achieving the most integrated setting possible and increase the member's independence through assistive technology. Whereas members served under this waiver have physical limitations that inhibit their ability to communicate, control their environment, and maintain their personal safety, this service provides real-time remote communication and support through a wide range of technological options including electronic sensors, video conferencing, environmental sensors (movement, door, temperature, smoke, carbon monoxide, etc.), video cameras, microphones and speakers, as well as health monitoring equipment. This assistive technology links each member's residence to the residential service provider. The residential service provider must have staff available 24 hours per day 7 days per weeks to deliver direct 1:1 care when needed. Two levels of emergency back-up are required for any Care Plan that includes Home Support Services (Remote Support). See manual for other requirements.

SOURCE: MaineCare Benefits Manual, Home and Community Based Services for Adults with Other Related Conditions, Chapter II, Section 20, p. 15 (3/1/17), MaineCare Benefits Manual, Home and Community-Based Services for Adults with Brain Injury, Chapter II, Section 18, p. 15 (11/1/2014). (Accessed May 2025).

CONDITIONS

In order to be eligible for telemonitoring a member must:

- Be eligible for 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 health care provider;
- 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.

- 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.

SOURCE: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.02-2. p.3 (Nov. 6, 2023). Adoption 10-144 C.M.R. Chapter 101, Chapter I, Section 4, Telehealth Services (Nov 6, 2023) & MaineCare Benefits Manual. Ch. II. Home Health Services. Sec. 40.05. p. 10-11. (Aug. 11, 2019). (Accessed May 2025).

Home and Community Benefits for the Elderly and for Adults with Disabilities Final approval must be obtained from the Department, Office of Aging and Disability Services upon a recommendation by the ASA or SCA. In making such a recommendation the ASA or the SCA must consider and document the following information:

- Number of hospitalizations in the past year;
- Use of emergency room in the past year;
- History of falls in the last six months resulting from injury;
- Member lives alone or is home alone for significant periods of time;
- Service access challenges and reasons for those challenges;
- History of behavior indicating that a member's cognitive abilities put them at a significant risk of wandering; and
- Other relevant information.

SOURCE: MaineCare Benefits Manual, Home and Community Benefits for the Elderly and for Adults with Disabilities, 10-144 Ch. II, Sec. 19.04-2, p. 23 (May 2, 2021). (Accessed May 2025).

PROVIDER LIMITATIONS

Telemonitoring will be reimbursed only when provided by a certified Home Health Agency. See regulations for specific requirements of Home Health Agencies utilizing telemonitoring services.

SOURCE: MaineCare Benefits Manual. Ch. II. Home Health Services. Sec. 40.05. p. 16. (Aug. 11, 2019). (Accessed May 2025).

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.

SOURCE: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.03. p. 4 (Nov. 6, 2023). (Accessed May 2025).

OTHER RESTRICTIONS

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.

A note, dated prior to the beginning of service delivery, and demonstrating the necessity of home telemonitoring services, must be included in the member's file. In the event that services begin prior to the date recorded on the provider's note, services delivered in that month will not be covered.

Telemonitoring services must be included in the member's plan of care. See page 16-17 for responsibilities of home health agencies utilizing telemonitoring.

Services delivered under this Section shall not duplicate any other services delivered to the member. See regulation for examples of duplication.

See home health manual for list of non-covered services.

SOURCE: Mainecare Benefits Manual. Ch. II. Home Health Services. Sec. 40.05. p. 16-19. (Aug. 11, 2019). (Accessed May 2025).

Department required to adopt regulations that comply with the following:

- May not include any requirement that a patient have a certain number of ER visits or hospitalizations related to the patient's diagnosis in the criteria for a patient's eligibility for telemonitoring services;
- Except as provided in the last bullet point (see below), must include qualifying criteria for a patient's eligibility of telemonitoring services that include documentation in a patient's medical record that the patient is at risk of hospitalization or admission to an ER

- Must provide that group therapy for behavioral health or addiction services covered by the MaineCare program may be delivered through telehealth;
- Must include requirements for providers providing telehealth and telemonitoring services; and
- Must allow at least some portion of case management services covered by the MaineCare program to be delivered through telehealth, without requiring qualifying criteria regarding a patient's risk of hospitalization or admission to an emergency room.

SOURCE: ME Statute Sec. 3173-H, (Accessed May 2025).

Home and Community Benefits for the Elderly and for Adults with Disabilities

Use of remote monitoring requires sufficient Back Up Plans and the SCA will be responsible for ensuring that the member has at least two adequate back-up plans prior to making a referral for this service.

SOURCE: MaineCare Benefits Manual, Home and Community Benefits for the Elderly and for Adults with Disabilities, 10-144 Ch. II, Sec. 19, p. 23 (May 2, 2021). (Accessed May 2025).

Telemonitoring Services

Only the Health Care Provider at the Receiving (Provider) Site will be reimbursed for Telemonitoring Services.

No Originating Facility Fee will be paid for Telemonitoring Services.

Only a Home Health Agency may receive reimbursement for Telemonitoring Services.

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:

- Equipment installation;
- Training the Member on the equipment's use and care;
- Monitoring of data;
- Consultations with the primary care physician; and
- 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.

MaineCare will not reimburse separately for Telemonitoring equipment purchase, installation, or maintenance.

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.

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.

SOURCE: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.07-3. p.12, (Nov. 6, 2023). (Accessed May 2025).

EMAIL, PHONE & FAX

Last updated 05/21/2025

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.

Receiving (provider) Site: 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.

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.

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.

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.

SOURCE: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Nov. 6, 2023). Adopted 10-144 C.M.R. Chapter 101, Chapter I, Section 4, Telehealth Services. (Nov. 6, 2023). (Accessed May 2025).

Interprofessional Codes for Medication Management Providers

Medication management providers and other treating providers of Section 65 of the MaineCare Benefits Manual (MBM) may deliver and bill MaineCare for interprofessional consultations in alignment with MBM Chapter 1, Section 4.04-2(B). As described in CMS state health official letter #23-001, interprofessional consultations are assessments and management services in which a patient's treating provider requests the opinion and/or treatment advice of a consultant with specific specialty expertise to assist the treating

provider in the diagnosis and/or management of the patient's condition without the need for the patient's face-to-face contact with the consultant.

The consulting provider and the provider requesting the consultation must be able to independently bill for evaluation and management services. Examples of these provider types include physicians, nurse practitioners, clinical nurse specialists, physician assistants, and licensed clinical social workers. A registered nurse, for example, is not an eligible provider type.

The following examples illustrate when medication management providers may deliver and bill for interprofessional consultations:

- A medication management provider provides consultation to a primary care provider (PCP) on cross-tapering a patient from one antidepressant to another due to concerning side-effects.
- A medication management provider provides consultation to a PCP regarding antipsychotic medications because the PCP has a symptomatic patient who has been off of medications, and the PCP has never prescribed antipsychotic medication before.
- The PCP has been treating a behavioral health patient who was previously stabilized and who is now reporting increased symptoms with active substance use. The PCP is not sure of what to do about medications in the context of active substance use and consults a medication management provider.

Providers must bill for interprofessional consultations using common procedural terminology (CPT) codes 99446-99449, 99451, and 99452. However, CPT code 99452 is different. Interprofessional consultation code 99452 applies when the patient's PCP or other qualified health professional interacts with a consultant via telephone, the Internet, or an electronic health record to provide the consultant with the patient's clinical data so that the consultant can form an opinion regarding further management of the patient's condition. For example, a PCP would bill CPT code 99452 if they send a patient to a medication management provider and the PCP provided background information.

SOURCE: State of Maine Department of Health and Human Services, Bulletin: Interprofessional Codes for Medication Management Providers, Nov. 13, 2023, (Accessed May 2025).

When there is a direct effect to Indian Health Services the second tier of consultation will be utilized. The second tier consultation consists of the following:

- Face-to-face meetings
- Direct email communications
- Written notification via the Interested Parties List

- Listserv updates
- Any other correspondence that pertains to general changes
- Telephone communications

SOURCE: MaineCare Benefits Manual, Indian Health Services, 10-144 Ch. II, Sec. 9, p. 5 (March 21, 2012). (Accessed May 2025).

Under Targeted Case Management, monitoring and follow-up activities may involve either face-to-face or telephone contact.

See clarification below regarding text messaging.

SOURCE: MaineCare Benefits Manual, Targeted Case Management Services, 10-144 Ch. 101, Sec. 13.02, p. 6 (Mar. 20, 2014). (Accessed May 2025).

The Department of Health and Human Services (DHHS) wants to inform providers of TCM services under Section 13 of the MaineCare Benefits Manual (MBM) of the accepted methods for delivering services via Telehealth. Communication with MaineCare members by Short Message Service (SMS), Multimedia Messaging Service (MMS), or any other type of mobile or text messaging is **not** an accepted form of substantive contact.

All MaineCare services delivered via Telehealth must comply with Chapter I, Section 4 of the MBM. Please refer to this section of the MBM for applicable service definitions.

Text messaging is not a form of audio-only telephone communication, nor is it a form of real-time, interactive visual and audio telecommunication. Since text messaging does not meet the standard for Telephone or Interactive Telehealth Services, text messaging is not an approved form of delivering services via Telehealth.

SOURCE: MaineCare Provider Bulletin, Text Messaging Not Accepted Method of Substantive Contact for Section 13, Targeted Case Management (TCM) Services, Aug. 19, 2024, (Accessed May 2025).

Consultation may occur in person, by telephone or by some other appropriate means consistent with instant communication.

SOURCE: MaineCare Benefits Manual, Physician Services, 10-144 Ch. II, Sec. 90, p. 13 (May 14, 2022). (Accessed May 2025).

Crisis Resolution Services

Covered services include direct telephone contacts with both the member and the member's Parent or Guardian or adult's member's guardian when at least one face-to-face contact is made with the member within seven (7) days prior to the first contact related to the crisis resolution service. The substance of the telephone contact(s) must

be such that the member is the focus of the service, and the need for communication with the Parent or Guardian without the member present must be documented in the member's record.

Telephonic collateral contacts covered for Multi-Systemic Therapy and telephone outreach and team meetings for functional family therapy.

SOURCE: MaineCare Benefits Manual, Behavioral Health Services, 10-44 Ch. II, Sec. 65, p. 4, 12 (Nov. 2022). (Accessed May 2025).

When a telephonic consult occurs, the physician, or nurse practitioner must examine the member in person within the following time constraints:

- Within one (1) hour of when the registered nurse requests an examination;
- Within one (1) hour of when information relayed is suggestive of causes leading to physical harm to the member;
- Within one (1) hour if an examination has not yet occurred during the member's stay; or
- Within six (6) hours in all other circumstances.

SOURCE: MaineCare Benefits Manual, Psychiatric Residential Treatment Facility Services, 10-44 Ch. II, Sec. 107, p. 32 (Oct. 3, 2018). (Accessed May 2025).

MaineMOM Services and Reimbursement

The MaineMOM provider shall ensure twenty-four (24) hour availability of information for triage and referral to treatment for medical emergencies. This requirement may be fulfilled through an after-hours telephone number.

The following do not constitute adequate coverage:

- A twenty-four (24) hour telephone number answered only by an answering machine without the ability to arrange for interaction with the MaineMOM provider or their covering provider

SOURCE: MaineCare Benefits Manual, MaineMOM Services and Reimbursement, 10-44 Ch. II, Sec. 89, p. 21 (Dec. 6, 2023). (Accessed May 2025).

Providers may use language interpreter services conducted via telephone or other audio/video means. These services may come from local resources, national language interpreter services such as LanguageLine Solutions or comparable services. Wherever feasible, providers should use local and more cost-effective interpreter services.

When billing for language interpreter services conducted via telephone or other audio/video means, providers should use the T1013 procedure code with a GT modifier and include copies of the invoice with the claim. Reimbursement is by invoice.

SOURCE: MaineCare Benefits Manual, General Administrative Policies and Procedures, 10-144 Ch. I, Sec. 1, p. 30 (May 29, 2022). (Accessed May 2025).

Opioid Home Health Services

The OHH shall enhance access to services for its population of patients, including:

1. The OHH shall have a system in place that allows members to have same-day access to an OHH team member using a form of care that meets the members' needs – e.g. open-availability for same day access to an OHH team member, telephonic support, and/or secure messaging.
2. The OHH shall have processes in place to monitor and ensure access to care.

SOURCE: MaineCare Benefits Manual, Opioid Home Health Services, 10-144 Ch. II, Sec. 93, p. 8, (8/21/22). (Accessed May 2025).

CONSENT REQUIREMENTS

Last updated 05/21/2025

A patient may provide verbal, electronic or written consent for telehealth and telemonitoring services under this section.

SOURCE: ME Statute Sec. 22:855.3173-H, Sub. Sec. 6, (Accessed May 2025).

The department may not require a licensed facility to obtain written informed consent from a person receiving mental health services or substance use disorder treatment from the licensed facility during a public health emergency. A licensed facility shall obtain consent from a person receiving mental health services or substance use disorder treatment during a public health emergency; such consent may be obtained through verbal, electronic or written means.

SOURCE: ME Statute Title 22, Subtitle 1, Ch. 1, Subchapter 2, Sec. 51, (Accessed May 2025).

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:

- A description of the Telehealth Service and what to expect;
- 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;
- 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;

- An explanation that the Member shall have access to all information resulting from the Telehealth Service as provided by law;
- The information contained in subparts C, D, and E of this subsection.;

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. 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.

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;

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

The Member shall have the right to object to the audio and/or visual recording of a Telehealth Consultation.

SOURCE: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Nov. 6, 2023). Adopted 10-144 C.M.R. Chapter 101, Chapter I, Section 4, Telehealth Services. (Nov. 6, 2023). (Accessed May 2025).

The member's record must document the member's consent and commitment to the Assistive Technology plan elements including all assistive communication, environmental control and safety components.

SOURCE: MaineCare Benefits Manual, Home and Community Benefits for the Elderly and for Adults with Disabilities, 10-144 Ch. II, Sec. 19.04, p. 13 (May 2, 2021). (Accessed May 2025).

Prior to the provision of telemonitoring services, the Health Care Provider shall document that it has provided the member with choice and educational information (set forth in Chapter I, Section 4, 4.06-2, Telehealth) obtained the member's written informed consent to the receipt of telemonitoring services. The Health Care Provider shall retain a copy of the signed informed consent in the member's medical record and provide a copy to the member or the member's legally authorized representative upon request.

SOURCE: Mainecare Benefits Manual. Ch. 11. Home Health Services. Sec. 40.08. p. 24. (Aug 11, 2019). (Accessed May 2025).

OUT OF STATE PROVIDERS

Last updated 05/21/2025

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.

SOURCE: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Nov. 6, 2023). Adopted 10-144 C.M.R. Chapter 101, Chapter I, Section 4, Telehealth Services. (Nov. 6, 2023). (Accessed May 2025).

MISCELLANEOUS

Last updated 05/21/2025

See manual for information regarding telehealth equipment, technology, security, documentation and member choice and education requirements.

SOURCE: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Nov. 6, 2023). Adopted 10-144 C.M.R. Chapter 101, Chapter I, Section 4, Telehealth Services. (Nov. 6, 2023). (Accessed May 2025).

Beginning January 1, 2018 and annually thereafter, the department shall report to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the use of telehealth in the MaineCare program, including the number of providers providing telehealth and telemonitoring services, the number of patients served by telehealth and telemonitoring services and a summary of grants applied for and received related to telehealth and telemonitoring.

The Department is required to conduct educational outreach to providers and MaineCare members on telehealth and telemonitoring services.

SOURCE: ME Statute Sec. 3173-H. (Accessed May 2025).

Telepharmacy is a method of delivering prescriptions dispensed by a pharmacist to a remote site. Pharmacies using telepharmacy must follow all applicable State and Federal regulations, including use of staff qualified to deliver prescriptions through telepharmacy.

Providers may dispense prescriptions via telepharmacy when obtaining approval from the Department. Providers must assure that member counseling is available at the

remote site from the dispensing provider or the provider delivering the prescription, and that only qualified staff, as defined by the Maine State Board of Pharmacy, deliver prescriptions. The Department may terminate this approval at any time by written notice.

SOURCE: MaineCare Benefits Manual, Pharmacy Services, 10-144 Ch. II, Sec. 80 p. 5 & 30. (Sept. 1, 2017), (Accessed May 2025).

ME established the ME Telehealth and Telemonitoring advisory group to evaluate difficulties related to telehealth and telemonitoring services and make recommendations to the department to improve it statewide.

SOURCE: ME Statute Sec. 3173-I. (Accessed May 2025).

Office of MaineCare Services

ME Medicaid has a telehealth resource page to assist providers and consumers.

SOURCE: ME Dept. of Health and Human Services, Office of MaineCare Services, Telehealth, (Accessed May 2025).

The department shall, to the extent funding allows, establish a statewide child psychiatry telehealth consultation service known as the Maine Pediatric and Behavioral Health Partnership Program, referred to in this subsection as “the program,” to support primary care physicians who are treating children and adolescent patients and need assistance with diagnosis, care coordination, medication management and any other necessary behavioral health questions to serve their patients. See statute for program details.

SOURCE: 34-B MRSA Sec. 15003, Sub. 11, (Accessed May 2025).

The responsible supervising physician, or other suitably licensed practitioner, to the extent required by applicable state laws or regulations, whose presence at the clinic is not required at all times, must:

- always be available through telecommunication for consultation, assistance or referral; ... (see manual for more).

SOURCE: MaineCare Benefits Manual, Rural Health Clinic Services, 10-144 Ch. II, Sec. 103 p. 7. (12/8/2020), (Accessed May 2025).

Professional Requirements

DEFINITIONS

Last updated 05/21/2025

Board of LIcensure in Medicine: Regarding Physicians

"Telemedicine" means the practice of medicine or the rendering of health care services using electronic audio-visual communications and information technologies or other means, including interactive audio with asynchronous store-and-forward transmission, between a licensee in one location and a patient in another location with or without an intervening health care provider. Telemedicine includes asynchronous store-and-forward technologies, remote monitoring, and real-time interactive services, including teleradiology and telepathology. Telemedicine shall not include the provision of medical services only through an audio-only telephone, e-mail, instant messaging, facsimile transmission, or U.S. mail or other parcel service, or any combination thereof.

"Interstate Telemedicine Consultation" means the provision of consultative services through interstate telemedicine to patients located in Maine by a qualified physician who is fully licensed to practice medicine in another state, registered with the Board, and who does not have an office in Maine, does not meet with or take calls from any patients located in Maine and provides such consultative services as requested by a Maine-licensed physician, physician assistant or advanced practice registered nurse who remains ultimately responsible for the patient's care.

SOURCE: ME Regulation Sec. 02-373 Ch. 1 (Accessed May 2025).

Board of Licensure in Medicine, State Board of Nursing, & Board of Osteopathic Licensure

"Telehealth" means the provision of health care services using electronic audio-visual communications and information technologies or other means, including interactive audio with asynchronous store-and-forward transmission, between a licensee in one location and a patient in another location with or without an intervening health care provider. Telehealth includes asynchronous store-and-forward technologies, telemonitoring, and real-time interactive services, including teleradiology and telepathology. When necessary and appropriate under the circumstances and if in compliance with the applicable standard of care, telehealth includes the use of audio-only technology. Telehealth shall not include the provision of health care services only through e-mail, instant messaging, facsimile transmission, or U.S. mail or other parcel service, or any combination thereof between a licensee in one location and a patient in another location with or without an intervening health care provider.

SOURCE: ME Regulation Sec. 02-373 Ch. 11, 02-380 Ch. 11, 02-383 Ch. 11. (Accessed May 2025).

Office-Based Treatment for OUD – Board of Licensure in Medicine, State Board of Nursing & Board of Osteopathic Licensure

Telehealth means the provision of health care services using electronic audio-visual communications and information technologies or other means, including interactive audio with asynchronous store-and-forward transmission, between a clinician in one location and a patient in another location with or without an intervening health care provider. Telehealth includes asynchronous store-and-forward technologies, telemonitoring, and real-time interactive services, including teleradiology and telepathology. When necessary and appropriate under the circumstances and if in compliance with the applicable standard of care, telehealth includes the use of audio-only technology. Telehealth shall not include the provision of health care services between a licensee in one location and a patient in another location with or without an intervening health care provider only through e-mail, instant messaging, facsimile transmission, or U.S. mail or other parcel service, or any combination thereof.

SOURCE: Joint Rule Regarding office-based treatment of opioid use disorder Sec. 02-373-12, 02-380-12, 02-383-12. (Accessed May 2025).

“Telehealth services” means health care services delivered through the use of information technology and includes synchronous encounters, asynchronous encounters, store and forward transfers and telemonitoring.

SOURCE: Title 32, Ch. 48, Subch. 4, Sec. 3300-AA (Accessed May 2025). Definition referenced in many different specialties throughout Professions and Occupations Code.

“Teledentistry,” as it pertains to the delivery of oral health care services, means the use of interactive, real-time visual, audio or other electronic media for the purposes of education, assessment, examination, diagnosis, treatment planning, consultation and directing the delivery of treatment by individuals licensed under this chapter and includes synchronous encounters, asynchronous encounters, remote patient monitoring and mobile oral health care in accordance with practice guidelines specified in rules adopted by the board.

SOURCE: ME Revised Statute Title 32, Sec. 18302, (Accessed May 2025).

“Teledentistry services” means oral health care services delivered through the use of interactive, real-time visual, audio or other electronic media for the purposes of education, assessment, examination, diagnosis, treatment planning, consultation and directing the delivery of treatment by licensees and includes a synchronous encounter,

an asynchronous encounter, a store and forward transfer and remote patient monitoring and mobile oral health care in accordance with this chapter.

SOURCE: ME Regulation Sec. 02-313 Ch. 15, (Accessed May 2025).

Optometrists

"Telehealth services" means health care services delivered through the use of information technology and includes synchronous encounters, asynchronous encounters, store and forward transfers and telemonitoring.

SOURCE: ME Statute Title 32, Sec. 19601, (Accessed May 2025).

Board of Optometry

"Telehealth" means the provision of health care services using electronic audio-visual communications and information technologies or other means, including interactive audio with asynchronous store-and-forward transmission, between an Optometrist in one location and a patient in another location with or without an intervening health care provider. Telehealth includes asynchronous store-and-forward technologies, telemonitoring, and real-time interactive services. When necessary and appropriate under the circumstances and if in compliance with the applicable standard of care, telehealth includes the use of audio-only technology. Telehealth shall not include the provision of health care services exclusively through e-mail, instant messaging, facsimile transmission, or U.S. mail or other parcel service, or any combination thereof between an Optometrist in one location and a patient in another location with or without an intervening health care provider.

SOURCE: ME Regulation, 02-382. (Accessed May 2025).

Psychologists

"Telepsychology" means the provision of psychological services using telecommunications technologies.

SOURCE: ME Statutes, Title 32, Chapter 56, Subchapter 4, Sec. 3842 (27). (Accessed Jun 2025).

CONSENT REQUIREMENTS

Last updated 05/21/2025

The department may not require a licensed facility to obtain written informed consent from a person receiving mental health services or substance use disorder treatment from the licensed facility during a public health emergency. A licensed facility shall

obtain consent from a person receiving mental health services or substance use disorder treatment during a public health emergency; such consent may be obtained through verbal, electronic or written means.

The department shall adopt rules to implement this section. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

SOURCE: ME Revised Statutes Annotated, Title 22, Ch. 1, Subchapter 2. §51. (Accessed May 2025).

Board of Licensure in Medicine, State Board of Nursing, & Board of Osteopathic Licensure

A licensee who uses telehealth in providing health care shall ensure that the patient provides appropriate informed consent for the health care services provided, including consent for the use of telehealth to conduct a nursing assessment or physical examination, consultation, and diagnosis and treatment, and that such informed consent is timely documented in the patient's telehealth record.

SOURCE: ME Regulation Sec. 02-373 Ch. 11, 02-380 Ch. 11, 02-383 Ch. 11. (Accessed Feb. 2025).

Teledentistry

Pursuant to 32 M.R.S. §18325(1) and Board Rules, Chapter 12, oral health services must be provided competently and professionally. Below are additional requirements that must be followed to ensure public safety when providing teledentistry services:

Provide informed consent to the patient for public display and in writing. Information on the informed consent must include the following:

- The licensee's name, license number, credentials, qualifications, contact information, and practice location involved in the patient's care;
- The name, license number, credentials, and qualifications of all dental personnel involved in the patient's care; and
- A dentist who delegates a teledentistry service must ensure that the informed consent of the patient includes disclosure to the patient that the dentist has delegated the service.

SOURCE: ME Regulation Sec. 02-313 Ch. 15, (Accessed May 2025).

Board of Social Worker Licensure

At the outset of providing services by telehealth, the social worker shall obtain informed consent from the client, or other appropriate person with authority to make health care

decisions for the client. Social workers shall assess clients' ability to provide informed consent.

At a minimum, the informed consent shall inform the client of:

- The benefits and risks of using telehealth in the provision of social work services. Examples of potential benefits include, but are not limited to, immediate access to services, convenient scheduling, privacy, and reduced or eliminated transportation barriers. Examples of potential risks include, but are not limited to, the lack of visual and auditory cues, delayed responses, the need for crisis services, confidentiality breaches, and technological failures.
- The potential risks to confidentiality of information due to the use of telehealth, such as the risks of entering private information when using a public access computer, or one that is on a shared network, and caution against using auto-fill usernames and passwords.
- The needs associated with the delivery of services via telehealth technology, for example having access to a computer or smartphone with the correct capabilities or internet access.
- The risk of the sudden and unpredictable failure of technology and alternative means of contacting the client if technology fails during a session with the client, and provide to the client alternative means of contacting the social worker.
- The local crisis telephone number and/or the local emergency mental health telephone number.
- Receiving services via telehealth may affect billing and access to insurance benefits.

The social worker will obtain written permission of the client prior to recording any part of the telehealth session and will disclose how the social worker will store and dispose of the recording file(s). If a recording is made a part of the clinical record, social workers shall retain and dispose of in accordance with Chapter 17 of board rules.

Clients should be given sufficient opportunity to ask questions and receive answers about telehealth services, and social workers shall revisit relevant informed consent issues as needed during the course of the client relationship.

Social workers shall maintain a record of the efforts to provide the information in this section.

SOURCE: ME Regulation, 02-416-18. (Accessed May 2025).

Board of Optometry

Evidence documenting appropriate patient informed consent for the use of telehealth technologies shall be obtained and maintained. A signed and dated notice, including an electronic acknowledgement by the patient, establishes a presumption of notice.

Appropriate informed consent should include the following terms:

1. Identification of the patient, the Optometrist, and Optometrist license number;
2. Necessity of in-person patient encounter. When, for whatever reason, a telehealth visit begins and it becomes apparent to the Optometrist that the telemedicine modality in use for a particular patient encounter is unable to provide all pertinent clinical information that a Provider exercising ordinary skill and care would deem reasonably necessary for the practice of optometry at an acceptable level of safety and quality in the context of that particular encounter, then the Optometrist shall make this known to the patient, and advice and counsel the patient regarding the need for the patient to obtain an additional in-person patient encounter reasonably able to meet the patient's needs. The Optometrist shall describe how to receive follow-up care or assistance in the event of an adverse reaction to the treatment or in the event of an inability to communicate as a result of a technological or equipment failure;
3. Hold harmless clause for information lost due to technical failures; and Requirement for express patient consent to forward patient-identifiable information to a third party.

SOURCE: ME Regulation, 02-382. (Accessed May 2025).

ONLINE PRESCRIBING

Last updated 05/21/2025

Insurers may not place any restriction on the prescribing of medication through telehealth by a provider whose scope of practice includes prescribing medication that is more restrictive than any requirement in state and federal law for prescribing medication through in-person consultation.

The carrier shall require that a clinical evaluation is conducted either in person or through telehealth before a provider may write a prescription that is covered.

SOURCE: Maine Revised Statutes Annotated, Title 24-A, Sec. 4316 (Accessed May 2025).

Board of Licensure in Medicine, State Board of Nursing, & Board of Osteopathic Licensure

A licensee who uses telehealth in providing health care shall establish a valid licensee-patient relationship with the person who receives telehealth services. The licensee-patient relationship begins when:

- The person with a health-related matter seeks assistance from the licensee;
- The licensee agrees to undertake examination, diagnosis, nursing assessment, consultation or treatment of the person; and

- The person agrees to receive health care services from the licensee whether or not there has been an in-person encounter between the licensee and the person.

A valid licensee-patient relationship may be established between a licensee who uses telehealth in providing health care and a patient who receives telehealth services through any of the following circumstances:

- Consultation with another licensee. Through consultation with another licensee (or other health care provider) who has an established relationship with the patient upon agreement to participate in, or supervise, the patient's care; or
- Telehealth encounter. Through telehealth, if the standard of care does not require an in-person encounter, and in accordance with evidence-based standards of practice and telehealth practice guidelines that address the clinical and technological aspects of telehealth.

Medical History and Physical Examination

Generally a physician, physician assistant, and advanced practice registered nurse shall perform an in-person clinical interview and physical examination for each patient. However, the clinical interview and physical examination may not be in-person if the technology utilized in a telehealth encounter is sufficient to establish an informed diagnosis as though the clinical interview and clinician examination had been performed in-person. Prior to providing treatment, including issuing prescriptions, electronically or otherwise, a licensee who uses telehealth in providing health care shall interview the patient to collect the relevant medical history and perform a pertinent physical examination as defined by the standard of care for the purpose of the visit, when clinically necessary, sufficient for the diagnosis and treatment of the patient. An internet questionnaire that is a static set of questions provided to the patient, to which the patient responds with a static set of answers, in contrast to an adaptive interactive and responsive online interview, does not constitute an acceptable clinical interview and physical examination for the provision of treatment, including issuance of prescriptions, electronically or otherwise, by the licensee.

Prescribing Based Solely on an Internet Request, Internet Questionnaire or a Telephonic Interview Prohibited

Prescribing to a patient based solely on an Internet request or Internet questionnaire (i.e. static questionnaire provided to a patient, to which the patient responds with a static set of answers, in contrast to an adaptive, interactive and responsive online interview) is prohibited. Absent a valid licensee-patient relationship, a licensee's prescribing to a patient based solely on a telephonic evaluation is prohibited, with the exception of the circumstances described in Section 3, subsection 20, subparagraph A(3) of this rule.

Telehealth technologies, where prescribing may be contemplated, must implement measures to uphold patient safety in the absence of traditional physical examination. Such measures should guarantee that the identity of the patient and provider is clearly established and that detailed documentation for the clinical evaluation and resulting prescription is required. Measures to assure informed, accurate and error prevention prescribing practices (e.g. integration with e-Prescription systems) are encouraged. All applicable law shall be complied with.

Prescribing medications, in-person or via telehealth, is at the professional discretion of the licensee. The licensee prescribing via telehealth must ensure that the clinical evaluation, indication, appropriateness, and safety consideration for the resulting prescription are appropriately documented and meet the applicable standard of care. Consequently, prescriptions via telehealth carry the same accountability as prescriptions delivered during an encounter in person. However, where such measures are upheld, and the appropriate clinical consideration is carried out and documented, licensees may exercise their judgment and prescribe medications as part of telehealth encounters.

Circumstances Where the Standard of Care May Not Require A Licensee to Personally Interview or Conduct a Nursing Assessment or Physical Examination of a Patient

Under the following circumstances, whether or not such circumstances involve the use of telehealth in providing health care, a licensee may treat a patient who has not been personally interviewed, examined, assessed and diagnosed by the licensee:

1. Situations in which the licensee prescribed medications on a short-term basis for a new patient and has scheduled an appointment to personally examine the patient;
2. For institutional settings, including writing initial admission orders for a newly hospitalized patient;
3. Call situations in which a licensee is taking call for another licensee who has an established licensee-patient relationship with the patient;
4. Cross-coverage situations in which a licensee is taking call for another licensee who has an established licensee-patient relationship with the patient;
5. Situations in which the patient has been examined in person by an advanced practice registered nurse or a physician assistant or other licensed practitioner with whom the licensee has a supervisory or collaborative relationship;
6. Emergency situations in which the life or health of the patient is in imminent danger;

7. Emergency situations that constitute an immediate threat to the public health including, but not limited to, empiric treatment or prophylaxis to prevent or control an infectious disease outbreak;
8. Situations in which the licensee has diagnosed a sexually transmitted disease in a patient and the licensee prescribes or dispenses antibiotics to the patient's named sexual partner(s) for the treatment of the sexually transmitted disease as recommended by the U.S. Centers for Disease Control and Prevention;
9. Situations where the patients are in a licensed or certified long term care facility, nursing facility, residential care facility, intermediate care facility, assisted living facility or hospice setting and doing so is within the practice standards for that setting; and
10. Circumstances in which a patient's treating clinician determines that a radiology or pathology consultation is warranted

SOURCE: ME Regulation Sec. 02-373 Ch. 11, 02-380; Ch. 11, 02-383 Ch. 11. (Accessed May 2025).

Controlled Substances Prescription Monitoring Program

"Prescriber" means a licensed health care professional or veterinarian with prescriptive authority, including a licensed health care professional or veterinarian who uses telehealth in providing health care to prescribe controlled substances to patients located in this State.

"Telehealth" has the same meaning as in Title 24-A, section 4316, subsection 1, paragraph C.

Except as provided in subsection 1-A or 1-B, each dispenser shall submit to the department, by electronic means or other format specified in a waiver granted by the department, specific items of information regarding dispensed controlled substances as determined by the department through rules adopted to implement this subsection.

SOURCE: MRSA Sec. 7246, Sec. 5 & 8, 7249, Sec. 1, & LD 765 (2025 Legislative Session), (Accessed May 2025).

Teledentistry

Prior to establishing a patient relationship as defined by Board Rules, Chapter 1(I)(N) and prior to providing teledentistry services, a dentist, denturist, or a dental hygienist (when the dental hygienist is providing services as an independent practice dental hygienist, public health dental hygienist, dental therapist, or and provisional dental therapist) must take reasonable steps to verify the patient's physical location.

Practice Requirements Specific to Prescribing Medications (Dentistry)

- The validity when prescribing medication to a patient as a result of a teledentistry service is determined by the same standards that would apply when prescribing medication to a patient in an in-person setting.
- This section does not limit the professional judgment, discretion or decision-making authority when prescribing medication to a patient. It is the expectation that the standard of care is met with demonstrated professional practice standards and judgment, consistent with all applicable statutes and rules when prescribing medication as a result of a teledentistry service.
- Prescribing medication must be for a legitimate dental purpose as part of an established patient relationship and must meet all other applicable laws and rules governing prescribing practices, including the use of controlled substances.

SOURCE: ME Regulation Sec. 02-313 Ch. 15, (Accessed May 2025).

Optometrists

"Optometrist-patient relationship" includes the relationship established between a licensee who uses telehealth in providing optometric care and a patient who receives telehealth services through consultation with another licensee or other health care provider who has an established relationship with the patient upon agreement to participate in, or supervise, the patient's care through telehealth, if the standard of care does not require an in-person encounter, and in accordance with evidence-based standards of practice and telehealth practice guidelines that address the clinical and technological aspects of telemedicine.

SOURCE: ME Statute Title 32, Ch. 151, Subch. 1, 19601, (Accessed May 2025).

Board of Optometry

Prescribing to a patient based solely on an Internet request or Internet questionnaire (i.e. static questionnaire provided to a patient, to which the patient responds with a static set of answers, in contrast to an adaptive, interactive and responsive online interview) is prohibited.

Absent a valid optometrist-patient relationship, it is prohibited for an Optometrist to prescribe to a patient based solely on a telephonic evaluation, except as provided in the circumstances described in Section 16 of this chapter.

Telehealth technologies, where prescribing may be contemplated, must implement measures to uphold patient safety in the absence of traditional physical examination. Such measures should guarantee that the identity of the patient and Optometrist or other health care providers is clearly established and that detailed documentation for

the clinical evaluation and resulting prescription is required. Optometrists shall take all reasonable measures to assure informed, accurate and error prevention prescribing practices (e.g. integration with e-Prescription systems).

All applicable law shall be complied with.

Prescribing medications, in-person or via telehealth, is at the professional discretion of the optometrist. The optometrist prescribing via telehealth must ensure that the clinical evaluation, indication, appropriateness, and safety consideration for the resulting prescription are appropriately documented and meet the applicable standard of care. Consequently, prescriptions via telehealth carry the same accountability as prescriptions delivered during an encounter in person. However, where such measures are upheld, and the appropriate clinical consideration is carried out and documented, an Optometrist may exercise their judgment and prescribe medications as part of telehealth encounters consistent with the level of licensure the Optometrist holds.

SOURCE: ME Regulation, 02-382. (Accessed May 2025).

CROSS-STATE LICENSING

Last updated 05/21/2025

A physician not licensed to practice medicine in this State may provide consultative services through interstate telehealth to a patient located in this State if the physician is registered in accordance with subsection 3 (see statute for registration requirements). A physician intending to provide consultative services in this State through interstate telehealth shall provide any information requested by the board and complete information on:

- All states and jurisdictions in which the physician is currently licensed
- All states and jurisdictions in which the physician was previously licensed; and
- All negative licensing actions taken previously against the physician in any state or jurisdiction.

Includes a fee of $500.

A physician registered to provide interstate telehealth services under this section shall immediately notify the board of restrictions placed on the physician's license to practice medicine in any state or jurisdiction.

In registering to provide interstate telehealth services to residents of this State under this section, a physician agrees to be subject to the laws and judicial system of this

State and board rules with respect to providing medical services to residents of this State.

The board shall obtain confirmation of licensure from all states and jurisdictions in which a physician applying for registration has ever been licensed prior to registering the physician pursuant to subsection 3. The board shall request notification from a state or jurisdiction if future adverse action is taken against the physician's license in that state or jurisdiction.

SOURCE: Maine Revised Statutes Annotated, Title 32, Sec. 3300-D (Accessed May 2025).

The Board, or if delegated, Board staff may issue an interstate telemedicine consultation registration to an applicant who:

- Submits an administratively complete application on forms approved by the Board;
- Pays the appropriate licensure application fee;
- Demonstrates that the applicant is a physician and is fully licensed without restriction to practice medicine in the state from which the physician provides telemedicine services;
- Meets the examination requirement;
- Has not had a license to practice medicine revoked or restricted in any state or jurisdiction; and
- Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.

A physician registered for the interstate telemedicine consultation shall not:

- Open an office in this State;
- Meet with patients in this State;
- Receive calls in this State from patients; and
- Shall provide only consultative services as requested by a physician, advanced practice registered nurse or physician assistant licensed in this State who retains ultimate authority over the diagnosis, care and treatment of the patient.

SOURCE: ME Regulation Sec. 02-373 Ch. 1, (Accessed May 2025).

Notwithstanding any other provision of law granting authority to a board or commission, the Director of the Office of Professional and Occupational Regulation has the following superseding powers, duties and functions: ...

- To exercise discretionary authority, after consultation with the appropriate licensing board, commission or personnel administering a regulatory function of the office, to review and

determine on a case-by-case basis examination and licensing eligibility for applications for licensure submitted by individuals who identify themselves as veterans with military service, experience and training;

- To exercise discretionary authority, after consultation with the appropriate licensing board, commission or personnel administering a regulatory function of the office, to waive examination fees and license fees for applicants for licensure who identify themselves as veterans with military service, experience and training;
- To exercise discretionary authority, after consultation with the appropriate licensing board, commission or personnel administering a regulatory function of the office, to waive, on a case-by-case basis in situations of extreme and demonstrated hardship, documentation requirements for licensure submitted by applicants for licensure educated in or with relevant experience or licensure in other jurisdictions, including other states, United States territories, foreign nations and foreign administrative divisions, as long as the waiver does not reduce the requisite standards of proficiency for the licensed profession or occupation. The Director of the Office of Professional and Occupational Regulation may adopt rules to implement this paragraph. Rules adopted pursuant to this paragraph are routine technical rules pursuant to Title 5, chapter 375, subchapter 2-A;
- To exercise discretionary authority, after consultation with the appropriate licensing board, commission or personnel administering a regulatory function of the office, to waive, on a case-by-case basis in situations of extreme and demonstrated hardship, examination fees and license fees set pursuant to paragraph D for applicants for licensure educated in or with relevant experience or licensure in other jurisdictions, including other states, United States territories, foreign nations and foreign administrative divisions. The Director of the Office of Professional and Occupational Regulation may adopt rules to implement this paragraph. Rules adopted pursuant to this paragraph are routine technical rules pursuant to Title 5, chapter 375, subchapter 2-A;
- To adopt rules defining, as appropriate for licensing purposes, the term “jurisdiction” to mean a state, a United States territory, a foreign nation or a foreign administrative division that issues a license or credential. Rules adopted pursuant to this paragraph are routine technical rules pursuant to Title 5, chapter 375, subchapter 2-A
- To accept funds from the Federal Government, from any political subdivision of the State or from any individual, foundation or corporation and to expend those funds for purposes consistent with this section. The Director of the Office of Professional and Occupational Regulation may also provide grants to nongovernmental entities for purposes consistent with this section.

The office, board or commission may:

- Exercise discretionary authority to grant provisional licenses to applicants for licensure educated in or with relevant experience or licensure in other jurisdictions, including other states, United States territories, foreign nations and foreign administrative divisions. For purposes of this subparagraph, “provisional license” means a license issued for a defined period of time and with the requirement that the licensee meet certain established conditions

in order to maintain the provisional license or to gain full licensure. The office, board or commission may adopt rules to implement this subparagraph. Rules adopted pursuant to this subparagraph are routine technical rules pursuant to Title 5, chapter 375, subchapter 2-A.

See statute for additional details.

SOURCE: ME Revised Statutes, Title 10, Part 9, Ch. 901, 8003, (Accessed May 2025).

Licensure by Endorsement

The Office of Professional and Occupational Regulation, referred to in this section as "the office," including the licensing boards and commissions within the office, shall establish a process to issue a license by endorsement to an applicant who presents proof of licensure by another jurisdiction of the United States as long as the other jurisdiction maintains substantially equivalent license requirements for the licensed profession or occupation and as long as:

- Good standing. The applicant is in good standing in all jurisdictions in which the applicant holds or has held a license. For purposes of this subsection, "good standing" means that the applicant does not have a complaint, allegation or investigation pending, does not have a license that is suspended or subject to practice restrictions and has never surrendered a license or had a license revoked;
- No cause for denial. No cause for denial of a license exists under section 8003, subsection 5-A, paragraph A or under any other law; and
- Fee. The applicant pays the fee, if any, pursuant to section 8003, subsection 2-A, paragraph D.

The office, or a licensing board or commission within the office, may require an applicant to pass a jurisprudence examination if such an examination is required to be passed for licensure pursuant to law or rule of the office, licensing board or commission.

The office, including the licensing boards and commissions within the office, shall adopt rules to implement this section. Rules adopted pursuant to this paragraph are routine technical rules pursuant to Title 5, chapter 375, subchapter 2-A.

SOURCE: ME Revised Statutes, Title 10, Part 9, Ch. 901, 8003-H, (Accessed May 2025).

Board of Licensure in Medicine, State Board of Nursing, & Board of Osteopathic Licensure

Maine License Required

Physicians, physician assistants and advanced practice registered nurses who use telehealth in the examination, diagnosis, consultation or treatment of a patient located

in Maine shall hold an active Maine license or shall hold an active registration in Maine to provide interstate consultative telemedicine services.

Licensed practical nurses and registered professional nurses who use telehealth to provide nursing care services to a patient located in Maine shall hold an active Maine nursing license or an active multistate license in a nurse compact state.

SOURCE: ME Regulation Sec. 02-373 Ch. 11, 02-380 Ch. 11, 02-383 Ch. 11. (Accessed May 2025).

Teledentistry

An individual who delivers teledentistry services to a patient in Maine must hold a current and valid license issued by the Board and/or be authorized to provide care pursuant to the delegation provisions of 32 M.R.S. §18371(3) and authorized to provide care pursuant the supervision provisions of 32 M.R.S. §18377(2).

An individual providing teledentistry services to a patient physically located in any other jurisdiction is responsible for ensuring compliance with all laws and rules of that jurisdiction prior to providing services to a patient located in that jurisdiction.

SOURCE: ME Regulation Sec. 02-313 Ch. 15, (Accessed May 2025).

Board of Social Worker Licensure

Any social worker who provides social work services through telehealth shall meet the following requirements:

- All social workers shall have an active Maine license in good standing; and
- During the delivery of services through telehealth, the client shall be located within the borders of the State of Maine. Social workers are responsible for taking reasonable steps to verify the physical location of a client before providing services.

Social workers providing services via telehealth to a client physically located in any other jurisdiction are responsible for ensuring they comply with all laws and rules of that jurisdiction before providing services to a client located in that jurisdiction.

SOURCE: ME Regulation, 02-416-18. (Accessed May 2025).

Board of Optometry

Any individual who uses telehealth in the optometric examination, diagnosis, consultation or treatment of a patient located in Maine shall hold an active Maine optometry license.

SOURCE: ME Regulation, 02-382. (Accessed May 2025).

LICENSURE COMPACTS

Last updated 05/21/2025

Member of Audiology and Speech-Language Pathology Compact

SOURCE: ASLP-IC, Compact Map, (Accessed May 2025).

Member of the Counseling Compact.

SOURCE: Counseling Compact Map. (Accessed May 2025).

Member of the Interstate Medical Licensure Compact.

SOURCE: Interstate Medical Licensure Compact. The IMLC. (SP 467-2017). (Accessed May 2025).

Member of Nurse Licensure Compact.

SOURCE: Nurse Licensure Compact. Compact Map, (Accessed May 2025).

Member of the Occupational Therapy Licensure Compact

SOURCE: Occupational Therapy Licensure Compact. (Accessed May 2025).

Member of Physician Assistant Compact

SOURCE: PA Compact, Status, (Accessed May 2025).

Member of the Interjurisdictional Psychology Compact

SOURCE: Pyspact Compact Map. (Accessed May 2025).

Member of Physical Therapy Compact

SOURCE: PT Compact, Compact Map, (Accessed May 2025).

Member of Social Work Compact

SOURCE: Social Work Compact, Compact Map, (Accessed May 2025).

* See Compact websites for implementation and license issuing status and other related requirements.

PROFESSIONAL BOARDS STANDARDS

Last updated 05/21/2025

Board of Licensure in Medicine

SOURCE: ME Regulation Sec. 02-373-11 (Accessed May 2025).

Board of Osteopathic Licensure

SOURCE: ME Regulation 02-383-11 (Accessed May 2025).

Office Based Treatment of Opioid Use Disorder

SOURCE: ME Regulation, 02, Ch. 373, 380, 383, Ch. 12, Section 6, (Accessed May 2025).

State Board of Nursing

SOURCE: ME Regulation, 02-380-11. (Accessed May 2025).

Board of Dental Practice

SOURCE: ME Regulation, 02-313-15. (Accessed May 2025).

Board of Social Worker Licensure

SOURCE: ME Regulation, 02-416-18. (Accessed May 2025).

Board of Optometry

SOURCE: ME Regulation, 02-382. (Accessed May 2025).

Statute for multiple professions requires boards to adopt rules governing telehealth services by persons licensed under the profession. The rules must establish standards of practice and appropriate restrictions for the various type and forms of telehealth services. See statute for additional requirements.

SOURCE: ME Revised Statute Title 32, (Accessed May 2025).

Teledentistry

An individual licensed under this chapter may provide oral health care services and procedures authorized under this chapter or by rule using teledentistry. The board shall adopt by rule guidelines and practice standards for the use of teledentistry, including, but not limited to, practice requirements for protecting patient rights and protocols for referrals, quality and safety, informed consent, patient evaluation, treatment parameters, patient records, prescribing, supervision and compliance with data exchange standards for the security and confidentiality of patient information.

SOURCE: ME Revised Statute Title 32, Sec. 18394, (Accessed May 2025).

Optometrists

A person licensed under this chapter may provide telehealth services as long as the licensee acts within the scope of practice of the licensee's license, in accordance with any

requirements and restrictions imposed by this subchapter and in accordance with standards of practice.

When providing telehealth services, a licensee shall comply with all state and federal confidentiality and privacy laws.

All laws and rules governing professional responsibility, unprofessional conduct and generally accepted standards of practice that apply to a licensee also apply to that licensee while providing telehealth services.

The board shall adopt rules governing telehealth services by a person licensed under this chapter in accordance with section 19204. These rules must establish standards of practice and appropriate restrictions for the various types and forms of telehealth services.

SOURCE: ME Statute Title 32, Ch. 151, Subch. 6, (Accessed May 2025).

MISCELLANEOUS

Last updated 05/21/2025

See Joint Rule on office-based treatment of opioid use disorder for telehealth practice requirements under the Board of Medicine, Nursing and osteopathic licensure.

SOURCE: Joint Rule Regarding office-based treatment of opioid use disorder Sec. 02-373-12, 02-380-12, 02-383-12. (Accessed May 2025).

Municipal Gigabit Broadband Network Access Fund

The fund is established to address the need in the State for access to broadband infrastructure that will enhance the State's competitiveness in national and international economies. Except as described in subsection 3-A, to the extent funds are available, the fund must be used to provide grants to municipalities to support public-private partnerships to support a municipal gigabit fiber-optic broadband network in their regions with the following goals:

- Provide high-speed broadband access to attract, create and grow the State's economy and market the products and services of businesses in the State in national and international markets with symmetric connectivity and address challenges in geography;
- Provide expanded health care services by facilitating access to telehealth, as defined in Title 24-A, section 4316, subsection 1, and state and local services for senior citizens and persons with disabilities;

- Expand educational opportunities for students across the State through virtual and distance learning;
- Facilitate broader access for the public to services provided by municipal and county governments, including, but not limited to, law enforcement entities, the judicial system and child, youth and family social services; and
- Provide expanded residential services to support employment opportunities.

In order to facilitate the achievement of the goals and policies of this section, the authority shall establish and regularly update, after opportunity for public comment and taking into consideration relevant federal policies, definitions of "gigabit fiber-optic broadband network" and "broadband infrastructure."

Purpose of the fund; grant match funding

In addition to grants provided in accordance with subsection 3, the fund may be used to provide grant match funding to municipal entities applying for project grants from other sources that require applicants to provide matching funds. To the extent that funds are available, grant match funding may be awarded for a project under this subsection only if the authority finds the project is consistent with the purposes stated in subsection 3. A municipal entity selected for grant match funding under this subsection must provide services to any unserved community anchor institution in the project area to which the municipal entity is extending services that provides or will provide open access to the Internet for the public. For purposes of this subsection, "municipal entity" means a municipality or a group of municipalities working together to support a gigabit fiber-optic broadband network project. The authority shall, by rule, define an applicant's "project area" and "unserved community anchor institution" for the purposes of this subsection. The authority may also adopt other rules to administer grant match funding awards under this subsection.

SOURCE: ME Revised Statutes Title 35-A, Part 7, Ch. 93, Sec. 9211. (Accessed May 2025).

Board of Social Worker Licensure

Social workers who choose to provide telehealth services shall:

- At a minimum, ensure that the electronic communication is secure to maintain confidentiality of the client's health and/or educational information as required by the Health Insurance Portability and Accountability Act (HIPAA) and other applicable Federal and State laws.
- Absent exigent circumstances, strive to deliver telehealth services in private settings, with no other persons present who can see or hear the client while telehealth services are being

delivered.

- Social workers shall develop and disclose policies and procedures for notifying clients as soon as possible of any breach of confidential information.

SOURCE: ME Regulation, 02-416-18. (Accessed May 2025).

Optometrists

The board may investigate a complaint, on its own initiative or upon receipt of a written complaint, regarding noncompliance with or violation of this chapter or of rules adopted by the board, including but not limited to complaints against any person, whether or not licensed under this chapter, related to actions or activities involving a kiosk or telehealth.

SOURCE: ME Statute Ch. 151, Subch. 1, 19401, (Accessed May 2025).

Involuntary Hospitalizations

Notwithstanding any provision of law to the contrary, an assessment pursuant to this section may be performed at a health care facility or, when available and as appropriate may be performed at an alternative location. The assessment may be facilitated using telehealth technology.

SOURCE: ME Statute 34-B MRSA Sec. 3862-A as amended by LD 2224 (2024 Session), (Accessed May 2025).

Boards of Medicine, Osteopathic and Nursing

A licensee who uses telehealth in providing health care shall have access to, or adequate knowledge of, the nature and availability of local clinical resources to provide appropriate follow-up care to the patient following a telehealth encounter.

SOURCE: ME Dept of Professional and Financial Regulation, Joint Rule with Boards of Medicine, Osteopathic, and Nursing, Chapter 11. (Accessed Jun. 2025).