

Maryland



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: Yes

PROFESSIONAL REQUIREMENTS

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

STATE RESOURCES

1. Medicaid Program: Maryland Medicaid
2. Administrator: Maryland Dept. of Health, Maryland Medicaid Administration
3. Regional Telehealth Resource Center: Mid-Atlantic Telehealth Resource Center

Private Payer

DEFINITIONS

Last updated 05/27/2024

Telehealth means, as it relates to the delivery of health care services, the use of interactive audio, video, or other telecommunications or electronic technology by a licensed health care provider to deliver a health care service within the scope of practice of the health care provider at a location other than the location of the patient.

“Telehealth” includes from July 1, 2021, to June 30, 2025, both inclusive, an audio-only telephone conversation between a health care provider and a patient that results in the delivery of a billable, covered health care service. “Telehealth” does not include:

- except as provided in paragraph (2) of this subsection, an audio-only telephone conversation between a health care provider and a patient;
- an electronic mail message between a health care provider and a patient; or
- a facsimile transmission between a health care provider and a patient.

SOURCE: MD Insurance Code 15-139. (Accessed May 2024).

Network Adequacy

“Telehealth” has the meaning stated in Insurance Article, §15-139, Annotated Code of Maryland.

SOURCE: Code of Maryland Admin. Regs Sec. 31.10.44.02(B)(32). (Accessed May 2024).

Network Adequacy (Dental)

“Telehealth” means, as it relates to the delivery of dental services, the use of interactive audio, video, or other telecommunications or electronic technology by a provider to deliver a dental service within the scope of practice of the provider at a location other than the location of the patient.

“Telehealth” does not include:

- An audio-only telephone conversation between a provider and a patient;
- An electronic mail message between a provider and a patient; or
- A facsimile transmission between a provider and a patient.

SOURCE: Code of Maryland Admin. Regs Sec. 31.10.45.02(B)(15). (Accessed May 2024).

REQUIREMENTS

Last updated 05/27/2024

Insurers, nonprofit health service plans, and health maintenance organizations, shall provide coverage under a health insurance policy or contract for health care services appropriately delivered through telehealth regardless of the location of the patient at the time the telehealth services are provided.

Insurers may not exclude from coverage a health care service solely because it is provided through telehealth and is not provided through an in-person consultation or contact between a health care provider and a patient. Insurers may not exclude from coverage or deny coverage for a behavioral health care service that is a covered benefit under a health insurance policy or contract when provided in person solely because the behavioral health care service may also be provided through a covered telehealth benefit. The health care services appropriately delivered through telehealth shall include counseling and treatment for substance use disorders and mental health conditions.

An entity subject to this section:

- Shall reimburse a health care provider for the diagnosis, consultation, and treatment of an insured patient for a health care service covered under a health insurance policy or contract that can be appropriately provided through telehealth;
- Is not required to:
 - reimburse a health care provider for a health care service delivered in person or through telehealth that is not a covered benefit under the health insurance policy or contract;
 - or reimburse a health care provider who is not a covered provider under the health insurance policy or contract; and
- May impose a deductible, copayment, or coinsurance amount on benefits for health care services that are delivered either through an in-person consultation or through telehealth;
 - May impose an annual dollar maximum as permitted by federal law;
 - May not impose a lifetime dollar maximum.

An insurer, health care service plan, and health maintenance organization may not impose as a condition of reimbursement of a covered health care service delivered through telehealth that the health care service be provided by a third-party vendor designated by the entity.

An entity may undertake utilization review, including preauthorization, to determine the appropriateness of any health care service whether the service is delivered through an in-person consultation or through telehealth if the appropriateness of the health care service is determined in the same manner.

A health insurance policy or contract may not distinguish between patients in rural or urban locations in providing coverage under the policy or contract for health care services delivered through telehealth.

A decision by an entity subject to this section not to provide coverage for telehealth in accordance with this section constitutes an adverse decision, as defined in § 15-10A-01 of this title, if the decision is based on a finding that telehealth is not medically necessary, appropriate, or efficient.

SOURCE: Insurance Code 15-139. (Accessed May 2024).

PARITY

Last updated 05/27/2024

SERVICE PARITY

Effective until June 30, 2025

From July 1, 2021, to June 30, 2025, both inclusive, when a health care service is appropriately provided through telehealth, an insurer, nonprofit health service plan, and health maintenance organization shall provide reimbursement on the same basis as if the health care service were delivered by the health care provider in person.

Reimbursement required does not include:

- clinic facility fees unless the health care service is provided by a health care provider not authorized to bill a professional fee separately for the health care service; or
- any room and board fees

SOURCE: Insurance Code 15-139. (Accessed May 2024).

PAYMENT PARITY

Effective until June 30, 2025

From July 1, 2021, to June 30, 2025, both inclusive, when a health care service is appropriately provided through telehealth, an insurer, nonprofit health service plan, and health maintenance organization shall provide reimbursement at the same rate as if the health care service were delivered by the health care provider in person.

This paragraph may not be construed to supersede the authority of the Health Services Cost Review Commission to set the appropriate rates for hospitals, including setting the hospital facility fee for hospital-provided telehealth.

SOURCE: Insurance Code 15-139. (Accessed May 2024).

Medicaid

OVERVIEW

Last updated 05/24/2024

Maryland Medicaid covers live video synchronous telehealth, asynchronous telehealth for limited services, and remote patient monitoring modalities. Until June 30, 2025, legislation also requires coverage of audio-only and telehealth reimbursement parity. See Provider Telehealth website for MD Medicaid overview.

DEFINITIONS

Last updated 05/24/2024

“Telehealth” means the delivery of medically necessary somatic, dental, or behavioral health services to a patient at an originating site by a distant site provider through the use of technology-assisted communication.

“Telehealth” includes:

- Synchronous and asynchronous interactions;
- From July 1, 2021, to June 30, 2025, both inclusive, an audio-only telephone conversation between a health care provider and a patient that results in the delivery of a billable, covered health care service; and
- Remote patient monitoring services.

“Telehealth” does not include the provision of health care services solely through:

- Except as provided above, an audio-only telephone conversation;

- An e-mail message; or
- A facsimile transmission.

SOURCE: MD Health General Code 15-141.2(a)(7). (Accessed May 2024).

“Telehealth means the delivery of medically necessary somatic or behavioral health services to a patient at an originating site by distant site provider, through the use of technology-assisted communication.”

SOURCE: MD Medical Assistance Program Professional Services Provider Manual (Jan 2024), p. 12. (Accessed May 2024).

“Telehealth” means the synchronous delivery of medically necessary services to a patient at an originating site by distant site provider, through the use of technology-assisted communication.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.09.49.02. (Accessed May 2024).

Hospitals

“Telehealth services means the delivery of health care services provided through the use of interactive audio, video, or other telecommunications or electronic technology by a health care provider at a hospital to a patient at a location other than at the hospital, or to a patient at the hospital where the provider is at a location other than the hospital, which enables the patient to interact with the health care provider at the time the health care services are provided.”

SOURCE: Code of Maryland Admin. Regs. Sec. 10.37.10.07-1. (Accessed May 2024).

“Telemedicine” means the use of interactive audio, video, or other telecommunications or electronic technology by a physician in the practice of medicine outside the physical presence of the patient. “Telemedicine” does not include:

- An audio only telephone conversation between the physician and patient;
- An electronic mail message between a physician and a patient; or
- A facsimile transmission between a physician and a patient.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.07.01.01(B)(33). (Accessed May 2024).

Individualized Education Program (IEP)/Individualized Family Service Plan (IFSP)

Telehealth – The delivery of medically necessary services to a patient at an originating site by distant site provider, through the use of technology-assisted communication.

SOURCE: MD Dept of Health, Medicaid Policy & Procedure Manual For Services Delivered through the IEP/IFSP (January 1, 2024). p. 6. (Accessed May 2024).

Student Telehealth Appointments – Effective July 1, 2024

Telehealth means a mode of delivering health care services through the use of telecommunications technologies by a health care practitioner to a patient at a different physical location than the health care practitioner.

SOURCE: MD Education Code 4-142 as proposed to be added by HB 522/SB 492 (2024 Legislative Session). (Accessed May 2024).

LIVE VIDEO

Last updated 05/24/2024

POLICY

Reimbursement for telehealth is required for services appropriately delivered through telehealth regardless of the location of the patient and may not exclude from coverage a health care service or behavioral health service solely because it is through telehealth.

SOURCE: MD Health General Code 15-141.2 (Accessed May 2024).

Maryland Medicaid reimburses providers for services delivered via synchronous telehealth. Synchronous telehealth is defined as real-time interactive communication between the originating and distant sites via a secure, two-way audiovisual telecommunication system, and for some services audio-only, depending on the program.

The “distant site,” is the location of the provider who will perform the services. The “distant site provider” is the rendering practitioner that is not physically present at the originating site.

The “originating site” is where the participant/patient is located.

SOURCE: MD Medicaid Synchronous Telehealth Policy Guide, p. 1. Updated Aug. 2023. (Accessed May 2024).

Mental Health

The Department shall grant approval to a telemental health provider to be eligible to receive State or federal funds for providing interactive telemental health services if the provider meets requirements of this chapter and for outpatient mental health centers; or if the telemental health provider is an individual psychiatrist.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.21.30.03. (Accessed May 2024).

Managed Care

MCOs shall provide coverage for medically necessary telemedicine services.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.67.06.31. (Accessed May 2024).

ELIGIBLE SERVICES/SPECIALTIES

Services provided through telehealth are subject to the same program restrictions, preauthorizations, limitations and coverage that exist for the service when provided in-person.

A provider may receive reimbursement for services delivered via telehealth if the participant:

- Consents to service rendered via telehealth (unless there is an emergency that prevents obtaining consent, which shall be documented in the participant's medical record); and,
- Is authorized to receive services, except for services provided in a hospital emergency department

Providers must include the "GT" modifier with the billed procedure code to identify services rendered via audio-video telehealth.

Providers should use the place of service code that would be appropriate as if it were a non-telehealth claim. The billing provider should use the location of the rendering practitioner. If a distant site provider is rendering services at an off-site office, use the place of service office (11). Do not use place of service codes 02 (Telehealth-Other than home) and 10 (Telehealth-Home) for Medicaid-only FFS claims. Medicare Crossover Claims: For Medicare crossover claims, billing providers should use the same Place of Service Code as on the Medicare claim submission: 02 (Telehealth-Other than home) and 10 (Telehealth-Home) are permitted for use on crossover claims only.

For services delivered via audio-visual telehealth, a provider may not bill:

- When technical difficulties prevent the delivery of all or part of the telehealth session;
- Services that require in-person evaluation or cannot be reasonably delivered via telehealth;
- Telecommunication between providers without the participant present

SOURCE: MD Medicaid Synchronous Telehealth Policy Guide, p. 1-3. Updated Aug. 2023. (Accessed May 2024).

Mental Health Eligible Services:

- Diagnostic interview;
- Individual therapy
- Family therapy
- Group therapy, up to 8 individuals
- Outpatient evaluation and management
- Outpatient office consultation
- Initial inpatient consultation
- Emergency department services

SOURCE: Code of Maryland Admin. Regs. Sec. 10.21.30.09. (Accessed May 2024).

Services required to be provided shall include counseling and treatment for substance use disorders and mental health conditions. The Program may not exclude from coverage a behavioral health care service provided to a Program recipient in person solely because the service may also be provided through telehealth.

The Program may undertake utilization review, including preauthorization, to determine the appropriateness of any health care service whether the service is delivered through an in-person consultation or through telehealth if the appropriateness of the health care service is determined in the same manner.

For the purpose of reimbursement and any fidelity standards established by the Department, a health care service provided through telehealth is equivalent to the same health care service when provided through an in-person consultation.

SOURCE: MD General Health Code 15-141.2(c-e, h). (Accessed May 2024).

Maryland Public Behavioral Health System – Deaf or Hard of Hearing

Maryland Medicaid will reimburse services delivered via telehealth to a patient that is deaf or hard of hearing by any enrolled provider that is fluent in ASL. Unlike telehealth for patients who are not deaf or hard of hearing, the patient may be located in their home. The originating site must meet the technological requirements listed in COMAR 10.09.49. If the ASL fluent provider is enrolled in Maryland Medicaid, actively licensed, and permitted within scope of practice to use telehealth, the provider may act as a distant

site provider. The provider may bill for services rendered via telehealth to the patient that is deaf or hard of hearing, using the GT modifier. As with all specialty behavioral health services, the distant site provider is required to have authorizations for all services delivered via telehealth. More information, including the “Telehealth Program Manual,” can be found on the Maryland Medicaid Telehealth Program webpage.

SOURCE: Maryland PBHS Provider Manual (Sept. 2022), p. 35. (Accessed May 2024).

Doula Services

Prenatal and postpartum services may be delivered in the home, at the provider’s office or doctor’s office and other community-based settings. Doula services for prenatal and postpartum visits may be delivered in-person or as a telehealth service. The labor and delivery service must be provided in-person and can only be delivered at a hospital or freestanding birthing center.

The Maryland Medical Assistance Program will not cover Doula services rendered during labor and delivery as a telehealth visit.

SOURCE: MD Medicaid Doula Services Program Manual, p. 3, 5. Updated Jun. 30, 2023. (Accessed May 2024).

Effective January 1, 2022, the Program covers doula services as defined in Regulation .01 of this chapter when the services:

1. Are medically necessary;
2. Are rendered during a birthing parent’s prenatal period, labor and delivery, and postpartum period; and
3. If rendered via telehealth, comply with the requirements established in COMAR 10.09.49 and any other subregulatory guidance.

B. The Program shall cover up to:

1. Eight prenatal or postpartum visits; and
2. One labor and delivery service.

SOURCE: Code of Maryland Admin Regs. 10.09.39.04 (Accessed May 2024).

Individualized Education Program (IEP) and Individualized Family Service Plan (IFSP) Services

MDH Will reimburse IEP and IFSP providers for certain procedure codes via telehealth. Providers must identify telehealth services on the child’s IEP/IFSP and bill using the

appropriate modifier (GT or UB). Service coordination procedures (T1023, T1023-TG, T2022, W9322, W9323, and W9324) and individual psychotherapy services (90791, 90832 and 90834) may continue with an audio-only component. In addition to IEP/IFSP services, MDH will continue to reimburse Autism Waiver service coordination when provided via telehealth. See Provider Transmittal for approved Maryland Medicaid Fee-for-Service approved IEP/IFSP Telehealth Services.

SOURCE: MD Medical Assistance Program. Early Intervention and School Health Service Providers Transmittal No. 3. Sept. 23, 2021. (Accessed May 2024).

GT Modifier required for telehealth delivered services.

SOURCE: MD Dept of Health, Medicaid Policy & Procedure Manual For Services Delivered through the IEP/IFSP (January 1, 2024). p. 25. (Accessed May 2024).

Therapy Services (Physical Therapists, Occupational Therapists, Speech Therapists, Therapy Groups, EPSDT Providers, Managed Care Organizations)

MDH will reimburse providers for certain procedure codes when provided via audio-visual telehealth. Services must be identified and billed using the GT modifier to indicate a telehealth delivery model. MDH will not reimburse for services provided via an audio-only delivery model or for codes not included on the Provider Transmittal regarding approved therapy telehealth services when provided via any method of telehealth.

SOURCE: MD Medical Assistance Program. Guidance on the Continuation of Telehealth for Therapy Services. PT 09-22. Oct. 7, 2021. MD Dept of Health, Audiology, Physical Therapy, and Early Periodic, Screening, Diagnosis, and Treatment (EPSDT) Provider Manual (Jan. 2024). (Accessed May 2024).

Applied Behavior Analysis (ABA) Services

Maryland Medicaid reimburses for certain procedure codes via audio-visual telehealth for ABA providers. ABA providers may continue to render up to 100% of supervision services (97155) via telehealth. When billing for services that are rendered via two-way HIPAA compliant audio-visual telehealth, providers must bill using the GT modifier and Place of Service 11 to indicate a telehealth delivery model.

SOURCE: MD Medical Assistance Program. Guidance on the Continuation of Telehealth for ABA Services. PT 11-22. Oct. 26 2021. (Accessed May 2024).

The following services may be rendered via a two-way audio-visual telehealth delivery model:

- Direct supervision of a BCaBA, RBT, or BT;
- Parent training; and

- Group parent training.

ABA services must be delivered in a home or community setting, including a clinic, when medically necessary. The ABA provider may not bill the Program for services rendered by mail or telephone or telehealth services that don't meet the requirements in COMAR 10.09.49.

SOURCE: MD Department of Health, Maryland Medical Assistance Program Applied Behavior Analysis (ABA) Provider Manual (Jul. 2023), p. 8-9. (Accessed May 2024).

Dental Services

Coverage for teledentistry as described in previous guidance will continue to be permitted after the end of the PHE. See list of procedure codes in PT 56-23 PHE Unwinding for teledentistry. Services delivered via telehealth using two way audio-visual technology assisted communication should be billed using the Place of Service "02" to indicate use of telecommunication technology. For these services, audio-only or telephonic services are not reimbursable. This code does not require prior authorization from Maryland Medicaid.

SBHC Services

When billing for services rendered via audio-video or audio-only modalities, SBHC sponsoring agencies must adhere to the following:

1. Federal Rules (Clinic Services): SBHCs must adhere to federal Medicaid regulations governing clinics (42 CFR § 440.90 – Clinic Services). Medicaid may not reimburse SBHCs or other clinics if neither the practitioner nor patient is physically located within the clinic. This requirement applies to all freestanding clinics participating in the Maryland Medicaid program, regardless of whether they are community-based clinics or SBHCs.
 - a. During the PHE, CMS granted MDH an 1135 waiver permitting services provided via telehealth from clinic practitioners' homes (or another location) to be considered to be provided at the clinic for purposes of 42 C.F.R. § 440.90(a). Under this authority, SBHCs were permitted to receive Medicaid reimbursement for services rendered if both the practitioner and the patient are in their homes for the duration of the federal government's declared public health emergency. The waiver has a retroactive effective date of March 1, 2020, and will terminate when the federal public health emergency ends on May 11, 2023
2. Modifiers: When billing Medicaid or a HealthChoice MCO for an audio-video telehealth visit or an audio-only visit, sponsoring agencies should bill using the usual procedure code with the appropriate modifier.

- a. To bill for services delivered via two-way audio-visual telehealth technology assisted communication, providers must bill for the appropriate service code and use the “-GT” modifier.
 - b. To bill for audio-only telephonic services, providers must bill for the appropriate service code and use the “-UB” modifier to identify the claim as a telephonically delivered service.
3. Place of Service (POS): SBHC sponsoring agencies should bill using the same POS code that would be appropriate for a non-telehealth claim.
- a. If conducting a telehealth visit with a student enrolled with a SBHC (or family member who is also enrolled) who would normally be eligible to receive in-person care at the SBHC, sponsoring agencies should use POS code 03 (School). Sponsoring agencies should use POS code 03 for such visits regardless of the physical location of the student.
 - b. If a SBHC location adds or maintains telehealth services and wishes to use their telehealth service model to see patients they would not normally see (i.e., patients that are not associated with the student population), the sponsoring agency should not bill for the services as a SBHC. For such visits, sponsoring agencies should use POS code 11 (Office). Services to these recipients are not considered to be self-referred under COMAR 10.67.06.28. SBHCs should not use the 03 (School) POS when billing for services rendered to patients who would otherwise not be able to receive in-person care at the SBHC. MCOs also are not required to reimburse for such services if the sponsoring agency has not contracted with the MCO.
 - c. SBHCs may NOT bill using the 02 (Telehealth) code in the POS field.

Well-Child Visits

Coverage for well-child visits delivered via telehealth as described in previous guidance will continue to be permitted after the end of the PHE. This guidance does not apply to sick visits or chronic care appointments. See PT 56-23 PHE Unwinding for additional information and eligible codes.

SOURCE: MD Medicaid Provider Transmittal 56-23 PHE Unwinding, May 30, 2023. (Accessed May 2024).

Long Term Services and Supports

On December 22, 2021, via Provider Transmittal 27-22, the Maryland Department of Health (MDH), Medicaid Office of Long Term Services and Supports, authorized the continuation of reimbursement to providers for services determined to be clinically appropriate for delivery via telehealth. Effective July 1, 2023, the following services, which were previously authorized to be completed via telehealth, may no longer be provided in this manner and the MDH will not reimburse providers for these services delivered via telehealth:

- Registered Nurse Supervisory Visits (Staff training and supervision)
- Initial and significant change assessments (Private duty nursing)
- Personal Assistance Services
- Certain case management services

As previously discussed, effective July 1, 2023, the following services may continue to be provided via telehealth, MDH will reimburse providers for services delivered via telehealth below:

- Model Waiver Case Management (when authorized by the Division of Nursing Services (DONS))
- Psychological and psychiatric evaluations
- Participant and family consultation
- Certain case management services and nurse monitoring

See PT 11-24 and 58-23 for additional details.

SOURCE: MD Medicaid Provider Transmittal 11-24 Discontinuation of Telehealth for Certain Services, Jul. 10, 2023 & MD Medicaid Provider Transmittal 58-23 Discontinuation of Telehealth for Certain Services, Jun. 7, 2023. (Accessed May 2024).

Behavioral Health Mobile Crisis Services

Mobile crisis team services are covered and shall include mobile crisis follow-up services by means of telephone, telehealth, or in-person contact with the individual served, family members, caregivers, or referred providers. A mobile crisis team program shall include at least one licensed mental health professional available at all times, either via telehealth or face-to-face.

SOURCE: COMAR 10.09.16 as proposed to be added by Final Regulation; COMAR 10.63.03.20 as proposed to be added by Final Regulation. (Accessed May 2024).

Collaborative Care Model (CoCM) Services: HealthChoice and Fee-for-Service

See chart on page 3 of guidance for CoCM Service reimbursement methodology for minimum payment for visits rendered in-person or via telehealth.

SOURCE: MD Medicaid Provider Transmittal No. 71-24, Superseding Guidance – Medicaid Coverage of Collaborative Care Model Services: HealthChoice and Fee-for-Service, Apr. 19, 2024, (Accessed May 2024).

ELIGIBLE PROVIDERS

“Health care provider” means:

- A person who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care in the ordinary course of business or practice of a profession or in an approved education or training program;
- A mental health and substance use disorder program licensed in accordance with § 7.5-401 of this article;
- A person licensed under Title 7, Subtitle 9 of this article to provide services to an individual with developmental disability or a recipient of individual support services; or
- A provider as defined under § 16-201.4 of this article to provide services to an individual receiving long-term care services.

SOURCE: MD General Health Code 15-141.2(a)(4). (Accessed May 2024).

The Program shall reimburse a health care provider for the diagnosis, consultation, and treatment of a Program recipient for a health care service covered by the Program that can be appropriately provided through telehealth. This subsection does not require the Program to reimburse a health care provider for a health care service delivered in person or through telehealth that is:

- Not a covered health care service under the Program; or
- Delivered by an out-of-network provider unless the health care service is a self-referred service authorized under the Program.

From July 1, 2021, to June 30, 2025, both inclusive, when appropriately provided through telehealth, the Program shall provide reimbursement on the same basis and the same rate as if the health care service were delivered by the health care provider in person.

Reimbursement does not include:

- Clinic facility fees unless the health care service is provided by a health care provider not authorized to bill a professional fee separately for the health care service; or
- Any room and board fees.

The Department may specify in regulation the types of health care providers eligible to receive reimbursement for health care services provided to Program recipients under this section. If the Department specifies by regulation the types of health care providers eligible to receive reimbursement for health care services provided to Program recipients under this subsection, the regulations shall include all types of health care providers that appropriately provide telehealth services.

The Program or a managed care organization that participates in the Program may not impose as a condition of reimbursement of a covered health care service delivered through telehealth that the health care service be provided by a third-party vendor designated by the Program.

The Department may adopt regulations to carry out this section. The Department shall obtain any federal authority necessary to implement the requirements of this section, including applying to the Centers for Medicare and Medicaid Services for an amendment to any of the State's § 1115 waivers or the State plan. This section may not be construed to supersede the authority of the Health Services Cost Review Commission to set the appropriate rates for hospitals, including setting the hospital facility fee for hospital-provided telehealth.

SOURCE: MD General Health Code 15-141.2(g-l). (Accessed May 2024).

All distant site providers enrolled in Maryland Medicaid may provide services via telehealth if telehealth is a permitted delivery model within the rendering provider's scope of practice.

For participants physically located in Maryland, Maryland Health Professional Licensing Boards set licensure requirements. Providers should consult licensing boards (in both originating and distant site states, if applicable) prior to rendering services via telehealth to verify governing authority over licensure, as well as for information about the permitted use of telehealth as a service modality.

Providers delivering services via telehealth must use technology that supports the standard level of care required to deliver the service rendered.

Providers delivering services via telehealth submit claims in the same manner the provider uses for in-person services.

For audio-visual telehealth, services rendered must be performed via technology that is HIPAA compliant and meets Technical Requirements of COMAR 10.09.49.05.

SOURCE: MD Medicaid Synchronous Telehealth Policy Guide, p. 2-3. Updated Aug. 2023. (Accessed May 2024).

Only providers who are HIPAA compliant and meet technical requirements may bill for services rendered via telehealth.

SOURCE: MD Medical Assistance Program. Professional Services Provider Manual, p. 80. Updated Jan. 2024. (Accessed May 2024).

Distant Site Providers may render services via telehealth within the provider's scope of practice.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.09.49.04(E). (Accessed May 2024).

Mental Health

Eligible Providers:

- Outpatient mental health centers
- Telemental health providers who are individual psychiatrists.

Telemental health providers may be private practice, part of a hospital, academic, health or mental health care system. Public Mental Health System (PMHS) approved community-based providers or individual practitioners may engage in agreements with TMH providers for services. Fee-for-service reimbursement shall be at an enhanced rate, as stipulated by the Department, provided all applicable provisions of this chapter are met and funds are available.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.21.30.03 & Sec. 10.21.30.04. (Accessed May 2024).

ELIGIBLE SITES

The Program shall provide health care services appropriately delivered through telehealth to Program recipients regardless of the location of the Program recipient at the time telehealth services are provided and allow a distant site provider to provide health care services to a Program recipient from any location at which the health care services may be appropriately delivered through telehealth.

SOURCE: MD General Health Code 15-141.2(b). (Accessed May 2024).

The originating site may be any secure location, approved by the participant and the provider, for the delivery of services. All distant site providers enrolled in Maryland Medicaid may provide services via telehealth if telehealth is a permitted delivery model within the rendering provider's scope of practice.

SOURCE: MD Medicaid Synchronous Telehealth Policy Guide, p. 2. Updated Aug. 2023. (Accessed May 2024).

Maryland Public Behavioral Health System – Deaf or Hard of Hearing

Maryland Medicaid will reimburse services delivered via telehealth to a patient that is deaf or hard of hearing by any enrolled provider that is fluent in ASL. Unlike telehealth for patients who are not deaf or hard of hearing, the patient may be located in their home. The originating site must meet the technological requirements listed in COMAR 10.09.49. If the ASL fluent provider is enrolled in Maryland Medicaid, actively licensed, and permitted within scope of practice to use telehealth, the provider may act as a distant site provider. The provider may bill for services rendered via telehealth to the patient that is deaf or hard of hearing, using the GT modifier. As with all specialty behavioral health services, the distant site provider is required to have authorizations for all services delivered via telehealth. More information, including the “Telehealth Program Manual,” can be found on the Maryland Medicaid Telehealth Program webpage.

SOURCE: Maryland PBHS Provider Manual (Sept. 2022), p. 35. (Accessed May 2024).

Mental Health

Eligible Originating Sites:

- County government offices appropriate for private clinical evaluation services;
- Critical Access Hospital;
- Federally Qualified Health Center;
- Hospital;
- Outpatient mental health center;
- Physician’s office;
- Rural Health Clinic;
- Elementary, middle, high, or technical school with a supported nursing, counseling or medical office; or
- College or university student health or counseling office.

Distant Site Location Eligibility – An approved distant TMH location shall be within the State.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.21.30.05. (Accessed May 2024).

Providers should use the place of service code that would be appropriate as if it were a non-telehealth claim. The distant site should use the location of the doctor. If a distant site provider is rendering services at an off-site office, use place of service office (11). Place of Service Code 02 (Telehealth) is not recognized for Maryland Medicaid participants except for use on Medicare crossover claims to specify services rendered through a

telecommunication system for dual eligible participants. Allowable place of service codes should remain unchanged for Medicaid-only claims.

The Program recognizes specific modifiers for certain services rendered via telehealth delivery models; providers may bill using -GT and -UB. Providers should submit claims in the same manner as for in-person services and include the “-GT” modifier to identify that services were rendered via two-way audio-visual telehealth. To bill for audio-only telephonic services, providers must bill for the appropriate service code and use the “-UB” modifier to identify the claim as a telephonically delivered service. Billing with these modifiers will not affect Medicaid reimbursement rates.

SOURCE: MD Medical Assistance Program. Professional Services Provider Manual, p. 25-26, 80. Updated Jan. 2024. (Accessed May 2024).

GEOGRAPHIC LIMITS

The Program may not distinguish between Program recipients in rural or urban locations in providing coverage under the Program for health care services delivered through telehealth.

SOURCE: MD General Health Code 15-141.2(f). (Accessed May 2024).

The telehealth care delivery model serves Medicaid participants regardless of geographic location.

SOURCE: MD Medicaid Synchronous Telehealth Policy Guide, p. 1. Updated Aug. 2023. (Accessed May 2024).

Mental Health

To be eligible a beneficiary must reside in one of the designated rural geographic areas or whose situation makes person-to-person psychiatric services unavailable.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.21.30.05(A)(3). (Accessed May 2024).

FACILITY/TRANSMISSION FEE

From July 1, 2021, to June 30, 2025, when appropriately provided through telehealth, the Program shall provide reimbursement in accordance on the same basis and the same

rate as if the health care service were delivered by the health care provider in person.

Reimbursement does not include:

- Clinic facility fees unless the health care service is provided by a health care provider not authorized to bill a professional fee separately for the health care service; or
- Any room and board fees.

The Department may adopt regulations to carry out this section.

SOURCE: MD Health General Code 15-141.2 (g)(3),(h). (Accessed May 2024).

A provider eligible to bill a professional fee for a health care service shall bill a professional fee for the health care service instead of a clinic facility fee.

SOURCE: Code of Maryland Admin. 10.09.49.07 (Accessed May 2024).

Hospital Billing Instructions

Facility charges related to the use of telemedicine services. This revenue code is payable for dates of service 10/1/13 forward. MDH cannot reimburse facility, room, or board charges for telehealth visits unless a professional fee cannot be billed separately.

SOURCE: Maryland Dept. of Health Medical Assistance, UB04 Hospital Billing Instructions, 2/2024, p. 102. (Accessed May 2024).

STORE-AND-FORWARD

Last updated 05/24/2024

POLICY

Telehealth definition includes both synchronous and asynchronous interactions. The Program is required to reimburse a health care provider for the diagnosis, consultation, and treatment of a Program recipient for a health care service covered by the Program that can be appropriately provided through telehealth regardless of patient and provider location.

From July 1, 2021, to June 30, 2025, when appropriately provided through telehealth, the Program shall provide reimbursement in accordance on the same basis and the same rate as if the health care service were delivered by the health care provider in person.

The Department may adopt regulations to carry out this section.

SOURCE: MD Health General Code 15-141.2 (a-b, g, j). (Accessed May 2024).

According to the Maryland Medicaid Synchronous Telehealth Policy Guide, store and forward technology means the transmission of medical images or other media captured by the originating site provider and sent electronically to a distant site provider, who does not physically interact with the patient located at the originating site. The Guide states that it is not billable as a synchronous telehealth service, but is covered for dermatology, ophthalmology, or radiology services under Physician Services in COMAR 10.09.02.07.

SOURCE: MD Medicaid Synchronous Telehealth Policy Guide, p. 3-4. Updated Aug. 2023. (Accessed May 2024).

ELIGIBLE SERVICES/SPECIALTIES

MD regulations state store and forward technology does not meet the Maryland Medical Assistance Program's definition of telehealth. However, dermatology, ophthalmology and radiology are excluded from definition of store-and-forward and they do reimburse for these services according to COMAR 10.09.02.07.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.09.49.02; 10.09.49.07 (Accessed May 2024).

GEOGRAPHIC LIMITS

No Reference Found

TRANSMISSION FEE

No Reference Found

REMOTE PATIENT MONITORING

Last updated 05/24/2024

POLICY

Remote patient monitoring services means the use of synchronous or asynchronous digital technologies that collect or monitor medical, patient-reported, and other forms of health care data for Program recipients at an originating site and electronically

transmit that data to a distant site provider to enable the distant site provider to assess, diagnose, consult, treat, educate, provide care management, suggest self-management, or make recommendations regarding the Program recipient's health care.

SOURCE: MD Health General Code 15-141.2; Code of Maryland Admin. Regs., Sec. 10.09.96.02(B)(14). (Accessed May 2024).

RPM is a service which uses digital technologies to collect medical and other forms of health data from individuals and electronically transmits that information securely to health care providers for assessment, recommendations, and interventions.

Existing MD Medicaid guidance and regulation limits reimbursement for remote patient monitoring to certain chronic conditions. Preauthorization requirements also apply.

SOURCE: Remote Patient Monitoring. MD Department of Health. (Accessed May 2024).

Effective January 1, 2018, Maryland Medicaid covers remote patient monitoring. Please refer to COMAR 10.09.96 Remote Patient Monitoring for more information and resources for Remote Patient Monitoring: <https://health.maryland.gov/mmcp/Pages/RPM.aspx>.

SOURCE: MD Medicaid Synchronous Telehealth Policy Guide, p. 5. Updated Aug. 2023. (Accessed May 2024).

Covered Services

Remote patient monitoring services include:

- Installation;
- Education for the participant in the use of the equipment; and
- Daily monitoring of vital signs and other medical statistics.

The remote patient monitoring provider shall establish an intervention process to address abnormal data measurements in an effort to prevent avoidable hospital utilization.

Physician, nurse practitioner, and physician assistant providers who establish remote patient monitoring programs shall be responsible for:

- Establishing criteria for reporting abnormal measurements;
- Informing the participant of abnormal results; and
- Monitoring results and improvements in patient's ability to self-manage chronic conditions.

Medical interventions by a physician, nurse practitioner, or physician assistant based on abnormal results shall be reimbursed according to COMAR 10.09.02.07.

A home health agency shall:

- Have an order by a physician, physician assistant, certified nurse midwife, or certified nurse practitioner who has examined the patient and with whom the patient has an established, documented and ongoing relationship;
- Report abnormal measurements to the participant and to the ordering provider; and
- Send the ordering provider a weekly summary of monitoring results, including improvement in patient's ability to self-manage chronic conditions.

SOURCE: Code of Maryland Admin Regs, Sec. 10.09.96.06. (Accessed May 2024).

Remote Ultrasound Procedures and Remote Fetal Nonstress Tests – Effective October 1, 2024

The Maryland Medical Assistance Program shall provide, subject to the limitations of the State budget, comprehensive medical, dental, and other health care services, including services provided in accordance with § 15-141.5 regarding remote ultrasound procedures and remote fetal non stress tests using Current Procedural Terminology codes, for all eligible pregnant women whose family income is at or below 250 percent of the poverty level for the duration of the pregnancy and for 1 year immediately following the end of the woman's pregnancy, as permitted by the federal law.

The program shall provide reimbursement for a remote fetal non stress test in the same manner as an on-site fetal non stress test.

The Program shall issue guidance for program providers to carry out this section.

SOURCE: MD General Health Code 15-103, 15.141.5 as proposed to be amended and added by HB 1078 (2024 Legislative Session). (Accessed May 2024).

CONDITIONS

Telehealth definition includes remote patient monitoring. The Program is required to reimburse a health care provider for the diagnosis, consultation, and treatment of a Program recipient for a health care service covered by the Program that can be appropriately provided through telehealth regardless of patient and provider location.

From July 1, 2021, to June 30, 2025, when appropriately provided through telehealth, the Program shall provide reimbursement in accordance on the same basis and the same rate as if the health care service were delivered by the health care provider in person. Reimbursement does not include:

- Clinic facility fees unless the health care service is provided by a health care provider not authorized to bill a professional fee separately for the health care service; or
- Any room and board fees.

The Department may adopt regulations to carry out this section.

SOURCE: MD Health General Code 15-141.2 (a-b, h), as amended by HB 1148/SB 582/SB 534 (2023 Legislative Session). (Accessed May 2024).

Existing guidance states Medicaid recipients diagnosed with one of the following conditions qualify:

- Chronic Obstructive Pulmonary Disease
- Congestive Heart Failure
- Diabetes (Type 1 or 2)

The participant must be enrolled in Medicaid, consent to RPM, have an internet connection and capability to use monitoring tools and have one of the following scenarios within the most recent 12-month period:

- Two hospital admissions with the same qualifying medical condition as the primary diagnosis
- Two emergency room department visits with the same qualifying medical condition as the primary diagnosis
- One hospital admission and one emergency department visit with the same qualifying medical condition as the primary diagnosis.

SOURCE: MD Home Health Transmittal No. 64. Jan. 10, 2018. MD General Provider Transmittal No. 85. Feb. 12, 2018, MD Remote Patient Monitoring Transmittal No. 1, Jan 10, 2018. (Accessed May 2024).

A participant is eligible to receive remote patient monitoring services if:

- The participant is enrolled in the Maryland Medical Assistance Program on the date the service is rendered;
- The participant consents to remote patient monitoring services and has the capability to utilize the monitoring tools and take actions to improve self-management of the chronic disease;
- The participant has the internet connections necessary to host the equipment in the home;

- The participant is at risk for avoidable hospital utilization due to a poorly controlled chronic disease capable of being monitored via remote patient monitoring; and
- The provision of remote patient monitoring may reduce the risk of preventable hospital utilization and promote improvement in control of the chronic condition.

SOURCE: Code of Maryland Admin Regs., Sec. 10.09.96.05. (Accessed May 2024).

An MCO shall provide its enrollees medically necessary remote patient monitoring services as described in COMAR 10.09.96.

SOURCE: Code of Maryland Admin Regs., Sec. 10.67.06.26-5. (Accessed May 2024).

Remote Ultrasound Procedures and Remote Fetal Nonstress Tests – Effective October 1, 2024

The Maryland Medical Assistance Program shall provide remote ultrasound procedures and remote fetal non stress tests coverage using Current Procedural Terminology codes, for all eligible pregnant women whose family income is at or below 250 percent of the poverty level for the duration of the pregnancy and for 1 year immediately following the end of the woman’s pregnancy, as permitted by the federal law, if the patient is in a residence or a location other than the office of the patient’s provider.

SOURCE: MD General Health Code 15-103, 15.141.5 as proposed to be amended and added by HB 1078 (2024 Legislative Session). (Accessed May 2024).

PROVIDER LIMITATIONS

The Department may specify in regulation the types of health care providers eligible to receive reimbursement for health care services provided to Program recipients via telehealth. If the Department specifies by regulation the types of health care providers eligible to receive reimbursement for health care services provided to Program recipients under this subsection, the regulations shall include all types of health care providers that appropriately provide telehealth services.

The Program is not required to reimburse a health care provider for a health care service delivered in person or through telehealth that is:

- Not a covered health care service under the Program; or
- Delivered by an out-of-network provider unless the health care service is a self-referred service authorized under the Program.

SOURCE: MD General Health Code 15-141.2(g-h). (Accessed May 2024).

Eligible Providers:

- Home Health Agencies
- Hospitals
- Clinics
- Federally Qualified Health Centers
- Managed Care Organizations
- Health Professionals (Physicians, Nurses, Physician Assistants)

SOURCE: Remote Patient Monitoring. MD Department of Health. (Accessed May 2024).

Remote patient monitoring is not a substitute for delivery of care. Provider shall see patients in person periodically for follow-up care. To provide remote patient monitoring, the provider shall be enrolled with an active status as a Maryland Medical Assistance Program provider on the date the service is rendered and be a:

- Physician;
- Physician assistant;
- Certified nurse practitioner; or
- Home health agency when remote patient monitoring services are prescribed by a physician; and
- Meet the requirements for participation in the Medical Assistance Program as set forth in COMAR 10.09.36.03.

Medical Record Documentation. A remote patient monitoring provider shall:

- Maintain documentation using either electronic or paper medical records;
- Retain remote patient monitoring records according to the provisions of Health-General Article, §4-403, Annotated Code of Maryland;
- Submit the preauthorization on a form developed by the Department; and
- Include the participant's consent to participate in remote patient monitoring.

SOURCE: Code of Maryland Admin Regs, Sec. 10.09.96.04. (Accessed May 2024).

Home health agencies may only be reimbursed for remote patient monitoring when the service is ordered by a physician.

SOURCE: Code of Maryland Admin Regs, Sec. 10.09.96.07. (Accessed May 2024).

Remote Ultrasound Procedures and Remote Fetal Nonstress Tests – Effective October 1, 2024

The provider shall the same standard of care that the provider would follow when providing services on-site.

The program shall require that a provider offering a remote ultrasound procedure or remote fetal non stress test use digital technology to collect any health data from the patient and electronically transmit the information in a secure manner to a health care provider in a different location for interpretation and recommendations that is compliant with the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and approved by the Federal Food and Drug Administration.

SOURCE: MD General Health Code 15-103, 15.141.5 as proposed to be amended and added by HB 1078 (2024 Legislative Session). (Accessed May 2024).

OTHER RESTRICTIONS

The Department may preauthorize services when the provider submits to the Department adequate documentation demonstrating the:

- Participant's condition meets the criteria listed in Regulation .05 of this chapter; and
- Participant has not already been preauthorized for two episodes during the past rolling calendar year.

The RPM reimbursement rate is an all-inclusive rate of \$125 per 30 days of monitoring which covers equipment installation, participant education for using the equipment, and daily monitoring of the information transmitted for abnormal data measurements.

Reimbursement does not include RPM equipment, upgrades to RPM equipment or internet service for participants.

The Program does not cover more than:

- 2 months of remote patient monitoring services per episode; and
- Two episodes per year per participant.

SOURCE: MD Home Health Transmittal No. 64. Jan. 10, 2018, Code of Maryland Admin Regs, Sec. 10.09.96.06, Sec. 10.09.96.07, Sec. 10.09.96.08. (Accessed May 2024).

Remote Ultrasound Procedures and Remote Fetal Nonstress Tests – Effective October 1, 2024

A remote fetal non stress test for which reimbursement is provided shall require the use of remote monitoring solutions that are cleared by the Federal Food and Drug Administration for on-label use for monitoring:

- Fetal Heart Rate
- Maternal Heart Rate
- Uterine Activity

SOURCE: MD General Health Code 15-103, 15.141.5 as proposed to be amended and added by HB 1078 (2024 Legislative Session). (Accessed May 2024).

EMAIL, PHONE & FAX

Last updated 05/24/2024

“Telehealth” includes, from July 1, 2021, to June 30, 2025, both inclusive, an audio-only telephone conversation between a health care provider and a patient that results in the delivery of a billable, covered health care service.

“Telehealth” does not include the provision of health care services solely through:

- Except as provided above, an audio-only telephone conversation;
- An e-mail message; or
- A facsimile transmission.

SOURCE: MD Health General Code 15-141.2. (Accessed May 2024).

Maryland Medicaid reimburses some covered services rendered via audio-only. Audio-only includes telephone conversations. Services rendered via audio-only are billed in the same manner as in-person services and must include the “UB” modifier.

Reimbursement for services rendered via audio-only is program-specific. Please refer to specific program regulations or manuals for coverage of services rendered via audio-only.

For audio-only services, services rendered must be performed via technology that meets Technical Requirements of COMAR 10.09.49.05.

For services delivered via audio-only, providers may not bill:

- When technical difficulties prevent the delivery of all or part of the telehealth session;

- Services that require in-person evaluation or cannot be reasonably delivered via audio-only telehealth;
- Telecommunication between providers without the participant present;
- An electronic mail message between a provider and participant;
- A facsimile transmission between a provider and participant;
- A telephone conversation, electronic mail message, or facsimile transmission between the originating and distant site providers without direct interaction with the patient.

SOURCE: MD Medicaid Synchronous Telehealth Policy Guide, p. 1, 3-5. Updated Aug. 2023. (Accessed May 2024).

To bill for audio-only telephonic services, providers must bill for the appropriate service code and use the “-UB” modifier to identify the claim as a telephonically delivered service. Services delivered via telehealth using two-way audio-visual technology assisted communication should be billed using the “-GT” modifier. Billing with these modifiers will not affect Medicaid reimbursement rates. The use of audio-only telehealth services is permitted for services that can be fully and appropriately rendered with no video component. Any memorandum issued after the posting of this manual will supersede the guidance in this document.

SOURCE: MD Medical Assistance Program. Professional Services Provider Manual, p. 25-26, 80-81. Updated Jan. 2024. (Accessed May 2024).

A service delivered via telehealth does not include:

- An audio-only telephone conversation between a health care provider and a patient unless provided on dates of service between July 1, 2021, and June 30, 2025, inclusive;
- An electronic mail message between a health care provider and a patient;
- A facsimile transmission between a health care provider and a patient; or
- A telephone conversation, electronic mail message, or facsimile transmission between providers without direct interaction with the patient.

SOURCE: Code of Maryland Admin. Regs., Sec. 10.09.49.07, as proposed to be amended by Final Action (effective July 24 2023). (Accessed May 2024).

Individualized Education Program (IEP) and Individualized Family Service Plan (IFSP) Services

MDH Will reimburse IEP and IFSP providers for certain procedure codes via telehealth. Providers must identify telehealth services on the child’s IEP/IFSP and bill using the appropriate modifier (GT or UB). Service coordination procedures (T1023, T1023-TG,

T2022, W9322, W9323, and W9324) and individual psychotherapy services (90791, 90832 and 90834) may continue with an audio-only component. See Provider Transmittal for approved Maryland Medicaid Fee-for-Service approved IEP/IFSP Telehealth Services.

SOURCE: MD Medical Assistance Program. Early Intervention and School Health Service Providers Transmittal No. 3. Sept. 23, 2021. (Accessed May 2024).

IEP Service Coordination may be rendered in person, in writing, by telephone or via telehealth.

SOURCE: MD Dept. of Health, Division of Children's Services, Medicaid Policy & Procedure Manual, For Services Delivered Through the IEP/IFSP (January 1, 2024). p 13. (Accessed May 2024).

Therapy Services (Physical Therapists, Occupational Therapists, Speech Therapists, Therapy Groups, EPSDT Providers, Managed Care Organizations)

MDH will reimburse providers for certain procedure codes when provided via audio-visual telehealth. MDH will not reimburse for services provided via an audio-only delivery model or for codes not included on the Provider Transmittal regarding approved therapy telehealth services when provided via any method of telehealth.

SOURCE: MD Medical Assistance Program. Guidance on the Continuation of Telehealth for Therapy Services. PT 09-22. Oct. 7, 2021. (Accessed May 2024).

School-Based Health Centers (SBHCs)

When billing for services rendered via audio-video or audio-only modalities, SBHC sponsoring agencies must adhere to the following:

1. Federal Rules (Clinic Services): SBHCs must adhere to federal Medicaid regulations governing clinics (42 CFR § 440.90 – Clinic Services). Medicaid may not reimburse SBHCs or other clinics if neither the practitioner nor patient is physically located within the clinic. This requirement applies to all freestanding clinics participating in the Maryland Medicaid program, regardless of whether they are community-based clinics or SBHCs.
 - a. During the PHE, CMS granted MDH an 1135 waiver permitting services provided via telehealth from clinic practitioners' homes (or another location) to be considered to be provided at the clinic for purposes of 42 C.F.R. § 440.90(a). Under this authority, SBHCs were permitted to receive Medicaid reimbursement for services rendered if both the practitioner and the patient are in their homes for the duration of the federal government's declared public health emergency. The waiver has a retroactive effective date of March 1, 2020, and will terminate when the federal public health emergency ends on May 11, 2023
2. Modifiers: When billing Medicaid or a HealthChoice MCO for an audio-video telehealth visit or an audio-only visit, sponsoring agencies should bill using the usual procedure code with the

appropriate modifier.

- a. To bill for services delivered via two-way audio-visual telehealth technology assisted communication, providers must bill for the appropriate service code and use the “-GT” modifier.
 - b. To bill for audio-only telephonic services, providers must bill for the appropriate service code and use the “-UB” modifier to identify the claim as a telephonically delivered service.
3. Place of Service (POS): SBHC sponsoring agencies should bill using the same POS code that would be appropriate for a non-telehealth claim.
- a. If conducting a telehealth visit with a student enrolled with a SBHC (or family member who is also enrolled) who would normally be eligible to receive in-person care at the SBHC, sponsoring agencies should use POS code 03 (School). Sponsoring agencies should use POS code 03 for such visits regardless of the physical location of the student.
 - b. If a SBHC location adds or maintains telehealth services and wishes to use their telehealth service model to see patients they would not normally see (i.e., patients that are not associated with the student population), the sponsoring agency should not bill for the services as a SBHC. For such visits, sponsoring agencies should use POS code 11 (Office). Services to these recipients are not considered to be self-referred under COMAR 10.67.06.28. SBHCs should not use the 03 (School) POS when billing for services rendered to patients who would otherwise not be able to receive in-person care at the SBHC. MCOs also are not required to reimburse for such services if the sponsoring agency has not contracted with the MCO.
 - c. SBHCs may NOT bill using the 02 (Telehealth) code in the POS field.

SOURCE: MD Medicaid Provider Transmittal 56-23 PHE Unwinding, May 30, 2023. (Accessed May 2024).

ABA Services

The ABA provider may not bill the Program for services rendered by mail or telephone or telehealth services that don't meet the requirements in COMAR 10.09.49.

SOURCE: MD Department of Health, Maryland Medical Assistance Program Applied Behavior Analysis (ABA) Provider Manual (Jul. 2023), p. 8-9. (Accessed May 2024).

Behavioral Health Mobile Crisis Services

Mobile crisis team services are covered and shall include mobile crisis follow-up services by means of telephone, telehealth, or in-person contact with the individual served, family members, caregivers, or referred providers. A mobile crisis team program shall include at least one licensed mental health professional available at all times, either via telehealth or face-to-face.

SOURCE: COMAR 10.09.16 as proposed to be added by Final Regulation; COMAR 10.63.03.20 as proposed to be added by Final Regulation. (Accessed May 2024).

CONSENT REQUIREMENTS

Last updated 05/24/2024

Providers must document, in the participant's medical record, the participant's signed consent or the emergency situation that prevented obtaining consent from the participant prior to delivering services via telehealth.

SOURCE: MD Medicaid Synchronous Telehealth Policy Guide, p. 1-2, 4. Updated Aug. 2023. (Accessed May 2024).

The provider shall obtain the participant's consent to services via telehealth, unless there is an emergency that prevents obtaining consent, which shall be documented in the participant's medical record.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.09.49.04. (Accessed May 2024).

Consent may be given verbally by the participant.

SOURCE: MD Medical Assistance Program. Professional Services Provider Manual, p. 80. Updated Jan. 2024. (Accessed May 2024).

Mental Health

An individual must voluntarily consent to telemental health services, which must be documented in the individual's medical record.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.21.30.05. (Accessed May 2024).

Remote Patient Monitoring

The participant consents to remote patient monitoring services and has the capability to utilize the monitoring tools and take actions to improve self-management of the chronic disease.

SOURCE: Code of Maryland Admin Regs, Sec. 10.09.96.05(A)(2). (Accessed May 2024).

OUT OF STATE PROVIDERS

Last updated 05/24/2024

Licensure requirements, including for telehealth practice, are determined by the state's health care professional licensing boards. Maryland Medicaid does not further restrict

telehealth practice or reimbursement beyond rules determined by the Health Occupations Code, and professional licensing board regulations.

For all scope of practice questions, including whether telehealth visits are permitted when a patient is outside the state where the practitioner is physically located, practitioners should contact their licensing board or credentialing authority to determine if rendering services via telehealth is a permitted modality of care and what limitations on telehealth may exist. Note that it may be necessary to consult the relevant licensing board of the foreign state.

Providers who are licensed, certified, or otherwise authorized and who are enrolled in Maryland Medicaid may provide services via telehealth as long as telehealth is a permitted delivery model within the rendering provider's scope of practice. Providers should consult their licensing board prior to rendering services via telehealth.

A distant site may be any location where a licensed, certified, or otherwise authorized provider is located when rendering a service using technology-assisted communication.

SOURCE: MD Medicaid Synchronous Telehealth Policy Guide, p. 5-7. Updated Aug. 2023. (Accessed May 2024).

To receive reimbursement for services delivered via telehealth, a provider shall:

- Be actively enrolled with Maryland Medical Assistance on the date the service is rendered; and
- Comply with payment procedures as set forth in COMAR 10.09.36.

Distant Site Reimbursement.

- The distant site provider shall be reimbursed as set forth in the COMAR chapter defining the covered service being rendered.
- Services delivered via telehealth shall be billed with the telehealth GT modifier.
- Services delivered via telehealth shall be within the provider's scope of practice as determined by its governing licensure or credentialing board.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.09.49.08. (Accessed May 2024).

“Health care provider” means a person who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care in the ordinary course of business or practice of a profession or in an approved education or training program.

SOURCE: MD Health General Code Sec. 15-141.2(a)(4)(i). (Accessed May 2024).

MISCELLANEOUS

Last updated 05/24/2024

Technical Requirements

Providers delivering services via telehealth must use technology that supports the standard level of care required to deliver the service rendered. A service delivered via synchronous audio-visual telehealth shall, at a minimum, meet the following technology requirements:

1. Cameras at both the originating and distant sites that provide clear, synchronous video of the patient and provider, respectively, with the ability to meet the clinical requirements of the service;
2. Have display monitor size sufficient to support diagnostic needs used in the service via telehealth;
3. Network connectivity and bandwidth at both the originating and distant site sufficient to provide clear, synchronous two-way video and audio for the full duration of the service;
4. Unless engaging in a telehealth communication with a participant who is deaf or hard of hearing, microphones and speakers at both the originating and distant sites, respectively, that provide clear, synchronous, two-way audio transmission;
5. Utilize technology that meets the standards required by state and federal laws governing the privacy and security of protected health information (HIPAA compliant).

SOURCE: MD Medicaid Synchronous Telehealth Policy Guide, p. 2-3. Updated Aug. 2023; COMAR 10.09.49.05. (Accessed May 2024).

A dedicated connection that provides bandwidth only for telehealth communications is preferable for services delivered via telehealth.

All technical staff should be trained to use telehealth technology and in HIPAA Compliance.

Please review Maryland Medicaid's FAQs for additional technological and HIPAA compliance questions.

For audio-visual telehealth, services rendered must be performed via technology that is HIPAA compliant and meets Technical Requirements of COMAR 10.09.49.05.

For audio-only services, services rendered must be performed via technology that meets Technical Requirements of COMAR 10.09.49.05.

Confidentiality

Providers must comply with the laws and regulations concerning the privacy and security of protected health information including but not limited to Health-General Article, Title 4, Subtitle 3, Annotated Code of Maryland and the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Particularly, providers:

1. Shall ensure that all interactive video technology-assisted communication and audio-only communication comply with HIPAA patient privacy and security regulations throughout the transmission process;
2. May not disseminate any participant images or information to other entities without the participant's consent, unless there is an emergency that prevents obtaining consent; and,
3. May not store the video images or audio portion of the service rendered via telehealth for future use.

SOURCE: MD Medicaid Synchronous Telehealth Policy Guide, p. 3-4. 8. Updated Aug. 2023, COMAR 10.09.49.06. (Accessed May 2024).

Medical Records

Providers must maintain documentation in the same manner as during an in-person visit or consultation, using either electronic or paper medical records, per the Health-General Article, §4-403, Annotated Code of Maryland. Participants shall have access to all transmitted medical information. Providers may not store the video images or audio portion of the service delivered via telehealth for future use.

SOURCE: MD Medicaid Synchronous Telehealth Policy Guide, p. 4. Updated Aug. 2023. (Accessed May 2024).

Medical Record Documentation

The provider shall:

- Maintain documentation in the same manner as during an in-person visit, using either electronic or paper medical records;
- Retain telehealth records according to the provisions of Health-General Article, §4-403, Annotated Code of Maryland; and
- Include the participant's consent to participate in telehealth or an explanation as to why consent was not available.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.09.49.04. (Accessed May 2024).

In consultation with interested stakeholders, the Director shall prepare an annual report on behavioral health services for children and young adults in the State. The report shall

include: The number and the percentage of children and young adults who, during the reported year: ... Used a public behavioral health service provided through telehealth.

SOURCE: MD Health General Code 7.5-209. (Accessed May 2024).

The Maryland Health Services Cost Review Commission, the Maryland Department of Health, and the Maryland Insurance Administration, shall submit a report to the Senate Finance Committee and the House Health and Government Operations Committee on the impact of providing telehealth services. The Maryland Health Care Commission shall consider both audio-only and audio-visual technologies for purposes of reporting on the impact of providing telehealth services as required by this section.

Until and no later than June 30, 2023, while the Maryland Health Care Commission completes the study and submits the report for consideration by the General Assembly for the adoption of comprehensive telehealth policies by the State:

- The Maryland Medical Assistance Program is to continue to reimburse health care providers for covered health care services provided through audio-only and audio-visual technology in accordance with the requirements of Section 1 of this Act, and all applicable executive orders and waivers issued in accordance with Chapters 13 and 14 of the Acts of the General Assembly of 2020
- Insurers, nonprofit health service plans, and health maintenance organizations that are subject to § 15-139 of the Insurance Article as enacted by Section 1 of this Act continue to reimburse health care providers for covered health care services provided through audio-only and audio-visual technology in accordance with the requirements of Section 1 of this Act and all applicable accommodations made by the insurers, nonprofit health service plans, and health maintenance organizations during the Declaration of State of Emergency and Existence of Catastrophic Health Emergency – COVID-19 issued on March 5, 2020, and its renewals

The Maryland Health Care Commission should use the data collected from utilization and coverage of telehealth to complete the report.

The State is to use the report required to establish comprehensive telehealth policies for implementation after the Declaration of State of Emergency and Existence of Catastrophic Health Emergency – COVID-19 issued on March 5, 2020, and its renewals expire.

SOURCE: HB 123/SB 3 (2021 Session). (Accessed May 2024).

The Maryland Health Care Commission shall study and make recommendations regarding the delivery of health care services through telehealth, including payment parity for the delivery of health care services through audiovisual and audio-only

telehealth technologies. In conducting the study, the Maryland Health Care Commission shall:

1. Determine whether it is more or less costly for health care providers to deliver health care services through telehealth;
2. Determine whether the delivery of health care services through telehealth requires more or less clinical effort on the part of the health care provider;
3. To help inform the debate on payment parity, identify the aspects of telehealth that are subject to overuse or underuse or yield greater or lower value;
4. Assess the adequacy of reimbursement for behavioral health services delivered in person and by telehealth; and
5. Address any other issues related to telehealth as determined necessary by the Commission.

On or before December 1, 2024, the Maryland Health Care Commission shall submit a report on its findings and recommendations to the General Assembly, in accordance with § 2-1257 of the State Government Article.

SOURCE: HB 1148/SB 582/SB 534 (2023 Session). (Accessed May 2024).

Student Telehealth Appointments – Recent Legislation Effective July 1, 2024

Recently enacted legislation requires the Maryland State Department of Education (MSDE) and the Maryland Department of Health (MDH), by December 31, 2024, to develop State guidelines for school health services regarding the availability for student participation in telehealth appointments during the school day on the premises of public middle and high schools. In developing the guidelines, MSDE and MDH must consult with a broad range of stakeholders and consider a variety of specified operational, legal, and financial issues, including equity and prioritization of access, student and parental rights and responsibilities, including those related to privacy and consent, the roles of health care and education providers as well as public and private payers, protocols to provide in-person support if telehealth appointments create a challenge in returning to class, the feasibility of designating a school building space that is private and safe to accommodate telehealth visits, amongst other issues and those to be determined relevant by MSDE, MDH, or a stakeholder.

The State Board of Education must adopt the State guidelines as developed by MSDE and MDH, and, before the start of the 2025-2026 school year, each local board of education must adopt and implement a policy in accordance with the State guidelines. Each local board must ensure that the local school system publishes the student telehealth policy in the student handbook and makes school personnel aware of student

telehealth policy objectives and requirements. On request, MSDE must provide technical assistance to local boards to establish telehealth policies.

SOURCE: MD Education Code 4-142 as added by HB 522 (2024 Legislative Session). (Accessed May 2024).

Professional Requirements

DEFINITIONS

Last updated 05/27/2024

Telehealth means a mode of delivering health care services through the use of telecommunications technologies by a health care practitioner to a patient at a different physical location than the health care practitioner. Telehealth includes synchronous and asynchronous interactions. Telehealth does not include the provision of health care services solely through audio-only calls, e-mail messages or facsimile transmissions.

SOURCE: MD Health Occupations Code 1-1001 (e). (Accessed May 2024).

“Telehealth” means the use of interactive audio, video, audio-visual, or other telecommunications or electronic technology by a Maryland licensed physician or licensed allied health practitioner to deliver clinical services within the scope of practice of the Maryland licensed physician or licensed allied health practitioner at a location other than the location of the patient. “Telehealth” does not include (i) An audio-only telephone conversation between a Maryland licensed physician or licensed allied health practitioner and a patient; (ii) An electronic mail message between a Maryland licensed physician or licensed allied health practitioner and a patient; or (iii) A facsimile transmission between a Maryland licensed physician or licensed allied health practitioner and a patient.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.32.05.02. (Accessed May 2024).

Audiologists, Hearing Aid Dispensers, Speech Language Pathologists, Music Therapists, Optometrists, Massage Therapists, Occupational Therapists, Physical Therapists, Chiropractors, Podiatrists, and Dieticians

“Telehealth” has the meaning stated in Health Occupations Article, §1-1001, Annotated Code of Maryland.

SOURCE: Code of Maryland Admin. Regs 10.41.06.02; 10.28.01.02 (Optometrists); 10.65.10.02 (Massage Therapists); 10.46.08.02 (Occupational Therapists); 10.38.13.02 (Physical Therapists); 10.43.17.02 (Chiropractors); 10.40.12.02 (Podiatrists); 10.56.10.02 (Dieticians). (Accessed May 2024).

Audiologists, Hearing Aid Dispensers, and Speech Language Pathologists

“Telehealth means the use of telecommunications and information technologies for the exchange of information from one site to another for the provision of health care to an individual from a provider through hardwire or Internet connection.”

SOURCE: MD Health Occupations Code Sec. 2-101(u). (Accessed May 2024).

Perinatal and Neonatal Referral Center Standards

“Telemedicine” means the use of interactive audio, video, or other telecommunications or electronic technology by a licensed health care provider to deliver a health care service within the scope of practice of the health care provider at a site other than the site at which the patient is located, in compliance with COMAR 10.32.05 and including at least two forms of communication.

SOURCE: Code of Maryland Admin. Regs. Sec. 30.08.12.01. (Accessed May 2024).

Board of Professional Counselors and Therapists and Social Workers

“Teletherapy” means telehealth as defined in Health Occupations Article, §1-901, Annotated Code of Maryland.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.58.06.02; COMAR 10.42.10.02. (Accessed May 2024).

“Teletherapy” means telehealth, as defined in § 15–139 of the Insurance Article, used to deliver behavioral health services.

SOURCE: MD Health Occupations Code Sec. 1-901(c). (Accessed May 2024).

Telehealth means, as it relates to the delivery of health care services, the use of interactive audio, video, or other telecommunications or electronic technology by a licensed health care provider to deliver a health care service within the scope of practice of the health care provider at a location other than the location of the patient.

“Telehealth” includes from July 1, 2021, to June 30, 2025, both inclusive, an audio-only telephone conversation between a health care provider and a patient that results in the delivery of a billable, covered health care service. “Telehealth” does not include:

- except as provided in paragraph (2) of this subsection, an audio-only telephone conversation between a health care provider and a patient;

- an electronic mail message between a health care provider and a patient; or
- a facsimile transmission between a health care provider and a patient.

SOURCE: MD Insurance Code 15-139. (Accessed May 2024).

Board of Examiners of Psychologists

“Telepsychology” means the use of interactive audio, video, or other telecommunications or electronic media by a psychologist or psychology associate who engages in the practice of psychology at a location other than the location of the client.

“Telepsychology” does not include:

- An audio-only telephone conversation between a psychologist or psychology associate and a client;
- An electronic mail message between a psychologist or psychology associate and a client;
- A facsimile transmission between a psychologist or psychology associate and a client; or
- A text message or other type of message sent between a psychologist or psychology associate and a client by a short message service or multimedia messaging service.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.36.10.02. (Accessed May 2024).

Board of Nursing

“Teletherapy” means the delivery of behavioral health services by a CRNP/PMH or a PMH/APRN at a location other than the location of the client through the use of synchronous interactive audio, video, audio-visual, or other telecommunications or electronic technology.

“Teletherapy” does not include:

- An audio-only telephone conversation between the CRNP/PMH or PMH/APRN and a client;
- An electronic mail message between a CRNP/PMH or PMH/ APRN and a client; or
- A facsimile transmission between a CRNP/PMH or PMH/APRN and a client.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.27.17.02. (Accessed May 2024).

Emergency Medical Services

“Telemedicine” means the use of interactive audio, video, or other telecommunications or electronic technology by a licensed health care provider to deliver a health care service within the scope of practice of the health care provider at a site other than the site at

which the patient is located, in compliance with COMAR 10.32.05. and including at least two forms of communication.

SOURCE: Code of Maryland Admin. Regs. Sec. 30.08.12.01(B)(9). (Accessed May 2024).

Physicians

“Telemedicine” means the use of interactive audio, video, or other telecommunications or electronic technology by a physician in the practice of medicine outside the physical presence of the patient. “Telemedicine” does not include:

- An audio-only telephone conversation between a physician and a patient;
- An electronic mail message between a physician and a patient; or
- A facsimile transmission between a physician and a patient.

SOURCE: MD Code Health, General Section 19-319(e)(1)(ii). (Accessed May 2024).

Sexual Assault Forensic Examinations Conducted Through Telehealth

Peer-to-peer telehealth means, as it relates to the performance of a forensic examination, the use of interactive audio, video, or other telecommunications or electronic technology by a forensic nurse examiner to assist in the performance of a forensic examination when the forensic nurse examiner is in one location and the patient is with a qualified health care provider in another location. Peer-to-peer telehealth does not include:

- An email message between a health care provider and a patient, or;
- A facsimile transmission between a health care provider and a patient

SOURCE: MD Criminal Procedure Code 11-1007 as proposed to be added by HB 1127/SB 950 (2024 Legislative Session). (Accessed May 2024).

CONSENT REQUIREMENTS

Last updated 05/27/2024

In establishing a relationship between a practitioner and patient through interactive or asynchronous telehealth, health care practitioners must obtain oral or written consent from the patient or from the patient’s parent or guardian if State law requires the consent of a parent or guardian.

SOURCE: MD Health Occupations Code Sec. 1-1002(3). (Accessed May 2024).

Psychologists

Before providing telepsychology services, a psychologist or psychology associate shall develop and follow a procedure that includes obtaining informed consent specific to telepsychology services using appropriate language understandable to the client.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.36.10.04. (Accessed May 2024).

Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech Language Pathologists and Music Therapists

Except for interpretive services, obtain oral or written consent from a patient or patient's parent or guardian if State law requires the consent of a parent or guardian, including informing patients of the risks and benefits of the services to be provided.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.41.06.04. (Accessed May 2024).

Occupational Therapists, Physical Therapists, Chiropractors, and Dietitians

Before providing telehealth services, a telehealth practitioner shall develop and follow a procedure that includes obtaining oral or written consent from a patient or patient's parent or guardian if State law requires the consent of a parent or guardian, including informing patients of the risks, benefits, and side effects of the recommended treatment plan.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.46.08.04 (Occupational Therapists); 10.38.13.04 (Physical Therapists); 10.43.17.04 (Chiropractors); 10.56.10.04 (Dietitians). (Accessed May 2024).

Massage Therapists

Before performing telehealth services, a telehealth practitioner shall develop and follow a procedure that includes obtaining oral or written consent from a client or client's parent or guardian if State law requires the consent of a parent or guardian, including informing clients of the risks, benefits, and side effects of the recommended health care services.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.65.10.04 (Massage Therapists). (Accessed May 2024).

Professional Counselors and Therapists

Before providing teletherapy services, a teletherapy practitioner shall develop and follow a procedure that includes obtaining oral or written informed consent from a client or a client's parent or guardian if State law requires the consent of a parent or guardian, including informing clients of potential risks and benefits of services to be performed.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.58.06.04 (Professional Counselors). (Accessed May 2024).

Podiatrists

Before providing telehealth services, a telehealth practitioner shall develop and follow a procedure that includes, except for interpretive services, obtaining oral or written acknowledgement from a patient or a patient's parent or guardian if State law requires the consent of a parent or guardian, including informing patients of the risks, benefits, and side effects of prescribed treatments.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.40.12.04 (Podiatrists). (Accessed May 2024).

Social Workers

Before providing teletherapy services, a teletherapy practitioner shall develop and follow a procedure that includes obtaining oral or written informed consent from a client or a client's parent or guardian if State law requires the consent of a parent or guardian, including informing clients of the risks, opportunities, and obligations associated with services available to the client.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.42.10.04 (Social Workers). (Accessed May 2024).

Optometrists

Before performing telehealth services, a telehealth practitioner shall develop and follow a procedure that includes, except for interpretive services, obtaining oral or written consent from a patient or patient's parent or guardian if State law requires the consent of a parent or guardian, including informing patients of the risks, benefits, and side effects of prescribed treatments.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.28.01.04 (Optometrists). (Accessed May 2024).

ONLINE PRESCRIBING

Last updated 05/27/2024

A health care practitioner may establish a practitioner-patient relationship through either a synchronous telehealth interaction or an asynchronous telehealth interaction, if the health care practitioner:

- Verifies the identity of the patient receiving health care services through telehealth;
- Discloses to the patient the health care practitioner's name, contact information, and type of health occupation license held by the health care practitioner; and
- Obtains oral or written consent from the patient or from the patient's parent or guardian.

A health care practitioner shall perform a clinical evaluation that is appropriate for the patient and the condition with which the patient presents before providing treatment or issuing a prescription through telehealth. Synchronous or asynchronous telehealth interaction may be used for the clinical evaluation.

A health care practitioner may not prescribe a Schedule II controlled substance that is an opiate for the treatment of pain through telehealth unless:

- The individual receiving the prescription is a patient in a health care facility; or
- The governor has declared a state of emergency due to a catastrophic health emergency

A health care practitioner who prescribes a controlled substance through telehealth is subject to federal and state prescribing laws.

SOURCE: MD Code Health Occupations Sec. 1-1002, Section 1-1003. (Accessed May 2024).

Before performing telehealth services, a telehealth practitioner shall develop and follow a procedure to:

- Verify the identification of the patient receiving telehealth services;
- Except for interpretive services, obtain oral or written acknowledgement from a patient or person in interest as defined by Health-General Article, §4-301(m), Annotated Code of Maryland, to perform telehealth services;
- Prevent access to data by unauthorized persons through encryption or other means;
- Notify patients in the event of a data breach;
- Ensure that the telehealth practitioner provides a secure and private telehealth connection that complies with federal and state privacy laws; and
- Establish safety protocols to be used in the case of an emergency.

Except when providing store and forward telehealth services, remote patient monitoring, or other asynchronous telehealth services, a telehealth practitioner shall:

- Obtain or confirm an alternative method of contacting the patient in case of a technological failure;
- Confirm whether the patient is in Maryland and identify the practice setting in which the patient is located;
- For an initial patient-telehealth practitioner interaction only, disclose the telehealth practitioner's name, contact information, and medical specialty; and
- Identify all individuals present at each location and confirm they are allowed to hear personal health information.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.32.05.04. (Accessed May 2024).

A telehealth practitioner shall perform a synchronous, audio-visual patient evaluation adequate to establish diagnoses and identify underlying conditions or contraindications to recommended treatment options before providing treatment or prescribing medication. A telehealth practitioner may use surrogate examiner; or a patient evaluation performed by another licensed health care practitioner providing coverage.

These requirements do not apply to:

- Interpretive services where a prior patient evaluation was performed by another provider;
- Remote patient monitoring; or
- Asynchronous telehealth services for a patient who has had a prior synchronous, audio-visual telehealth patient evaluation or in-person patient evaluation that complies with the requirements of this regulation.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.32.05.05. (Accessed May 2024).

A telehealth practitioner may not treat a patient or prescribe medication based solely on an online questionnaire.

A telehealth practitioner may not prescribe opioids for the treatment of pain through telehealth except if the patient is in a health care facility as defined in Health-General Article, §19-114(d)(1), Annotated Code of Maryland.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.32.05.06. (Accessed May 2024).

Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists, Music Therapists

Except when providing asynchronous telehealth services or remote patient monitoring, a telehealth practitioner shall:

- Perform a clinical patient evaluation adequate to establish a diagnosis and identify underlying conditions or contraindications to recommended treatment options before providing treatment or services through telehealth; and
- If clinically appropriate for the patient, provide or refer a patient to:
 - In-person health care services; or
 - Another type of telehealth service.

If the evaluation is adequate to comply with §A of this regulation, a telehealth practitioner may use:

- Telehealth devices;
- Live synchronous audio-visual communication;
- Other methods of performing a patient examination remotely; or
- A patient evaluation performed by another licensed health care practitioner providing coverage.

A telehealth practitioner shall comply with all applicable laws and regulations governing referrals, testing, and evaluation of patients including, but not limited to, the requirements of:

- COMAR 10.41.08; and
- Health Occupations Article, §2-314.1, Annotated Code of Maryland.

A telehealth practitioner may not treat a patient based solely on an online questionnaire.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.41.06.05. (Accessed May 2024).

Podiatrists

Except when providing asynchronous telehealth services or remote patient monitoring, a telehealth practitioner shall:

- Perform a clinical patient evaluation adequate to establish a diagnosis and identify underlying conditions or contraindications to recommended treatment options before providing treatment or prescribing medication through telehealth; and
- If clinically appropriate for the patient, provide or refer a patient to:
 - In-person health care services; or
 - Another type of telehealth service.

If the evaluation is adequate to comply with §A of this regulation, a telehealth practitioner may use:

- Telehealth devices;
- Live synchronous audio-visual communication;
- Other methods of performing a medical examination remotely; or
- A patient evaluation performed by another licensed health care practitioner providing coverage.

A telehealth practitioner may not treat a patient or issue a prescription based solely on an online questionnaire.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.40.12.05. (Accessed May 2024).

Occupational and Physical Therapists

An occupational or physical therapist who practices telehealth shall:

- Perform a synchronous or asynchronous clinical patient evaluation that is appropriate for the patient and the condition with which the patient presents before providing a treatment plan through telehealth; and
- If clinically appropriate for the patient, provide or refer a patient to:
 - In-person treatment; or
 - Another type of telehealth service.

A telehealth practitioner may not treat a patient based solely on an online questionnaire.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.46.08.05; 10.38.13.05. (Accessed May 2024).

Massage Therapists

A telehealth practitioner shall:

- Perform a synchronous or asynchronous clinical client evaluation that is appropriate for the client and the condition with which the client presents before providing health care services through telehealth; and
- If clinically appropriate for the client, provide or refer a client to:
 - In-person treatment; or
 - Another type of telehealth service.

A telehealth practitioner may not treat a client based solely on an online questionnaire.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.65.10.05. (Accessed May 2024).

Chiropractors

A telehealth practitioner shall:

- Perform a synchronous or asynchronous clinical patient evaluation that is appropriate for the patient and the condition with which the patient presents before providing a treatment plan through telehealth; and
- If clinically appropriate for the patient, provide or refer a patient to:
 - In-person treatment; or
 - Another type of telehealth service.

A telehealth practitioner may not treat a patient based solely on an online questionnaire.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.43.17.05. (Accessed May 2024).

Professional Counselors and Therapists and Social Workers

A teletherapy practitioner shall:

- Perform a synchronous or asynchronous clinical client evaluation that is appropriate for the client and the condition with which the client presents before providing treatment or services through teletherapy; and
- If clinically appropriate for the client, provide or refer a client to:
 - In-person treatment; or
 - Another type of teletherapy service.

A teletherapy practitioner may not treat a client based solely on an online questionnaire.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.58.06.05; 10.42.10.05. (Accessed May 2024).

Dieticians

A dietitian who practices telehealth shall:

- Perform a synchronous or asynchronous clinical patient evaluation that is appropriate for the patient and the condition with which the patient presents before providing a treatment plan through telehealth; and
- If clinically appropriate for the patient, provide or refer a patient to:
 - In-person treatment; or
 - Another type of telehealth service.

A telehealth practitioner may not treat a patient based solely on an online questionnaire.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.56.10.05. (Accessed May 2024).

Optometrists

Subject to the provisions of Health Occupations Article, §11-208, Annotated Code of Maryland, a telehealth practitioner shall:

- Perform a synchronous or asynchronous clinical patient evaluation that is appropriate for the patient and the condition with which the patient presents before providing treatment or issuing a prescription through telehealth; and
- If clinically appropriate for the patient, provide or refer a patient to:

- In-person health care services; or
- Another type of telehealth service.

A telehealth practitioner may not treat a patient or issue a prescription based solely on a static online questionnaire.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.28.01.05. (Accessed May 2024).

Psychologists

Before engaging in the practice of psychology using telepsychology, a psychologist or psychology associate shall evaluate the client to determine that delivery of telepsychology is appropriate considering at least the following factors:

- The client's:
 - Diagnosis;
 - Symptoms;
 - Medical and psychological history; and
 - Preference for receiving services via telepsychology; and
- The nature of the services to be provided, including anticipated:
 - Benefits;
 - Risks; and
 - Constraints resulting from their delivery via telepsychology.

The client evaluation set forth in §A of this regulation shall take place at an initial in-person session, unless the psychologist or psychology associate documents in the record the reason for not meeting in person.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.36.10.05. (Accessed May 2024).

CROSS-STATE LICENSING

Last updated 05/27/2024

A health care practitioner providing health care services through telehealth must be licensed, certified, or otherwise authorized by law to provide health care services in the State if the health care services are being provided to a patient located in the State.

SOURCE: MD Health Occupations Code Annotated Sec. 1-1005. (Accessed May 2024).

A health care practitioner shall be licensed by the Board before the individual may practice medicine in Maryland.

MD has limited exceptions to its licensure requirements in statute. An individual may practice medicine without a license in MD including under the following circumstances:

- The individual is licensed by and residing in another jurisdiction with an active, unrestricted license to practice in the jurisdiction where the physician regularly engages in the practice of medicine and:
 - Is engaged in consultation with a physician licensed in Maryland about a particular patient and does not direct patient care;
 - Is employed by or has a written agreement with an athletic team or sports team based outside the State and is designated as the team physician to provide medical care to the team's members and only provides care to those individuals in limited circumstances;
- A physician is employed in the service of the federal government while performing the duties incident to that employment;
- A physician who resides in and is authorized to practice medicine by any state adjoining Maryland for the purpose of prescribing home health services to a patient who resides in Maryland, if the physician:
 - Does not have an office or other regularly appointed place in this State to meet patients; and
 - Has performed an in-person physical examination of the patient within the jurisdictional boundaries of the adjoining state in which the prescribing physician is authorized to practice medicine.

See statute for complete list.

SOURCE: MD Health Occupations Code Annotated Sec. 14-301, 14-302. (Accessed May 2024).

Expedited licensure pathways exist for certain out-of-state physicians. See Maryland Board of Physicians website for more details.

SOURCE: MD Board of Physicians. Expedited License Pathways. (Accessed May 2024).

A telehealth practitioner may practice telehealth if one or both of the following occurs:

- The individual practicing telehealth is physically located in Maryland; or
- The patient is in Maryland.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.32.05.03. (Accessed May 2024).

Alcohol and Drug Counseling

An individual may practice clinical alcohol and drug counseling, including through telehealth, without a license for a limited period of time, as determined by the Board, if the individual is working as a trainee under the supervision of an approved alcohol and drug supervisor while fulfilling the experiential or course of study requirements.

An individual may practice alcohol and drug counseling, including through telehealth, without certification for a limited period of time, as determined by the Board, if the individual is working as a trainee under the supervision of an approved alcohol and drug supervisor while fulfilling the experiential or course of study requirements.

SOURCE: MD Health Occupations Code 17-406 (b). (Accessed May 2024).

Psychologists

An individual shall be licensed with the Board as a psychologist or registered with the Board as a psychology associate in order to engage in the practice of psychology using telepsychology in Maryland if one or both of the following occurs:

- The individual practicing telepsychology is physically located in Maryland: or
- The client is in Maryland.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.36.10.03. (Accessed May 2024).

Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists, Music Therapists

Subject to the provisions of Health Occupations Article, Title 2, Subtitle 3, Annotated Code of Maryland, a telehealth practitioner shall be licensed in Maryland or hold a compact privilege when providing telehealth services to a patient located in the State.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.41.06.03. (Accessed May 2024).

Occupational Therapists

Subject to the provisions of Health Occupations Article, §10-301, Annotated Code of Maryland, a telehealth practitioner shall be licensed in Maryland or hold a compact privilege when providing telehealth services to a patient located in the State.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.46.08.03. (Accessed May 2024).

Physical Therapists

Subject to the provisions of Health Occupations Article, §13-301, Annotated Code of Maryland, a telehealth practitioner shall be licensed in Maryland or hold a compact privilege in Maryland when providing telehealth services to a patient located in the State.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.38.13.03. (Accessed May 2024).

Massage Therapists

Subject to the provisions of Health Occupations Article, Title 6, Annotated Code of Maryland, a telehealth practitioner shall be licensed or registered in Maryland when providing telehealth services to a client located in the State.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.65.10.03. (Accessed May 2024).

Chiropractors

Subject to the provisions of Health Occupations Article, Title 3, Annotated Code of Maryland, a telehealth practitioner shall be licensed in Maryland when providing telehealth services to a patient located in the State.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.43.17.03. (Accessed May 2024).

Professional Counselors and Therapists

Subject to the provisions of Health Occupations Article, Title 17, Subtitles 3 and 4, Annotated Code of Maryland, in order to practice teletherapy a teletherapy practitioner shall be licensed in Maryland or hold a compact privilege in Maryland when providing teletherapy services to a client located in the State.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.58.06.03. (Accessed May 2024).

Podiatrists

Subject to the provisions of Health Occupations Article, Title 16, Subtitle 3, Annotated Code of Maryland, a telehealth practitioner shall be licensed in Maryland when providing telehealth services to a patient located in the State.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.40.12.03. (Accessed May 2024).

Dieticians

Subject to the provisions of Health Occupations Article, §5-301, Annotated Code of Maryland, a telehealth practitioner shall be licensed in Maryland when providing telehealth services to a patient located in the State.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.56.10.03. (Accessed May 2024).

Social Workers

Subject to the provisions of Health Occupations Article, Title 19, Subtitle 3, Annotated Code of Maryland, in order to practice teletherapy a teletherapy practitioner shall be

licensed in Maryland when providing teletherapy services to a client located in the State.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.42.10.03. (Accessed May 2024).

Optometrists

Subject to the provisions of Health Occupations Article, §11-301, Annotated Code of Maryland, a telehealth practitioner shall be licensed in Maryland when providing telehealth services to a patient located in the State.

SOURCE: Code of Maryland Admin. Regs. Sec. 10.28.01.03. (Accessed May 2024).

LICENSURE COMPACTS

Last updated 05/27/2024

Member of the Interstate Medical Licensure Compact.

SOURCE: Interstate Medical Licensure Compact. The IMLC. (Accessed May 2024).

Member of Nurse Licensure Compact.

SOURCE: Nurse Licensure Compact. Current NLC States and Status. NCSBN. (Accessed May 2024).

Member of Physical Therapy Compact.

SOURCE: PT Compact. Compact Map. (Accessed May 2024).

Enacted Interstate Professional Counselors Compact.

SOURCE: Counseling Compact. (Accessed May 2024).

Enacted Interstate Occupational Therapy Licensure Compact.

SOURCE: OT Compact. (Accessed May 2024).

Enacted Audiology and Speech-Language Pathology Interstate Compact.

SOURCE: ASLP Compact. (Accessed May 2024).

Member of Psychology Interjurisdictional Compact.

SOURCE: PSYPACT Map. (Accessed May 2024).

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

PROFESSIONAL BOARDS STANDARDS

Last updated 05/27/2024

Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech Language Pathologists

SOURCE: Code of Maryland Admin. Regs. Sec. 10.41.06. (Accessed May 2024).

Board of Physicians

SOURCE: Code of Maryland Admin. Regs. Sec. 10.32.05. (Accessed May 2024).

Board of Examiners of Psychologists

SOURCE: Code of Maryland Admin. Regs. Sec. 10.36.10.02. (Accessed May 2024).

Board of Nursing

SOURCE: Code of Maryland Admin. Regs. Sec. 10.27.17. (Accessed May 2024).

Board of Professional Counselors and Therapists

SOURCE: Code of Maryland Admin Regs, Sec. 10.58.06. (Accessed May 2024).

Board of Social Work

SOURCE: Code of Maryland Admin. Regs. Sec. 10.42.10. (Accessed May 2024).

Board of Occupational Therapists

SOURCE: Code of Maryland Admin. Regs. Sec. 10.46.08. (Accessed May 2024).

Board of Physical Therapists

SOURCE: Code of Maryland Admin. Regs. Sec. 10.38.13. (Accessed May 2024).

Board of Massage Therapists

SOURCE: Code of Maryland Admin. Regs. Sec. 10.65.10. (Accessed May 2024).

Board of Chiropractic Examiners

SOURCE: Code of Maryland Admin. Regs. Sec. 10.43.17. (Accessed May 2024).

Board of Podiatric Medical Examiners

SOURCE: Code of Maryland Admin. Regs. Sec. 10.40.12. (Accessed May 2024).

Board of Dietetic Practice

SOURCE: Code of Maryland Admin. Regs. Sec. 10.56.10. (Accessed May 2024).

Board of Examiners in Optometry

SOURCE: Code of Maryland Admin. Regs. Sec. 10.28.01. (Accessed May 2024).

MISCELLANEOUS

Last updated 05/27/2024

Statute specifies that a health occupations board may adopt regulations related to telehealth, however they may not establish a separate standard of care for telehealth; and must allow for the establishment of a practitioner-patient relationship through synchronous or asynchronous telehealth interaction provided by a health care practitioner who is complying with their standard of care.

SOURCE: MD Code, Health Occupations Sec. 1-1006. (Accessed May 2024).

Sexual Assault Forensic Examinations Conducted Through Telehealth

Legislation effective July 1, 2024-June 30, 2025 requires the Maryland Sexual Assault Evidence Kit Policy and Funding Committee shall study and make recommendations on the feasibility of a telehealth program in the State that includes a TeleSAFE Pilot Program, which uses telehealth to support the provision of sexual assault forensic examinations. The study shall include: (1) the framework of a TeleSAFE Pilot Program; (2) a plan for the development and implementation of the TeleSAFE Pilot Program; and (3) a process to expand the TeleSAFE Pilot Program over time.

On or before December 1, 2024, the Maryland Sexual Assault Evidence Kit Policy and Funding Committee shall report its findings and recommendations to the General Assembly, in accordance with § 2-1257 of the State Government Article.

The legislation additionally ensures a sexual assault forensic exam conducted through peer-to-peer telehealth shall be provided without charge to the individual and the provider be entitled to reimbursement by the Criminal Injuries Compensation Board upon written or electronic notification consistent with statutory requirements.

SOURCE: MD Criminal Procedure Code 11-1007 as proposed to be added by HB 1127/SB 950 (2024 Legislative Session). (Accessed May 2024).