



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

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

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

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

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

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

RE: **Telemedicine Implementation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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