



Telephone/Telehealth Services Authorized For Intensive Outpatient SUD Programs During the COVID-19 Outbreak

Service Rules For SUD IOP (LEVEL 2.1)

April 16, 2020 (Amends a typo in April 8th edition)

Introduction

On March 12, 2020, the Maryland Department of Health (MDH) issued guidance to temporarily expand Medicaid telehealth regulations to permit the participant's home as an originating site. Pursuant to the Governor's Executive Order and in recognition of the fact that certain Medicaid and qualified (or eligible) uninsured Marylanders participants are still unable to access needed services, BHA is issuing the following guidance to relax certain requirements around the use of tele-video and telephones to provide intensive outpatient program services to individuals with substance use disorders (IOP).

While telehealth services are not normally permitted for IOP, MDH is taking the following steps in order to ensure that participants continue to receive necessary services and that any measures taken can be integrated into existing business practices without causing further disruption during the COVID-19 crisis.

Because providers will not be able to meet in person with many participants, they should make every effort to use the following technology, in order of priority:

1. Traditional telehealth technology which meets all formal requirements (HIPAA) is strongly preferred.
2. If Medicaid participants are unable to access originating sites possessing fully qualified technology (ability to pan/focus camera, multiple views, etc.) this emergency policy will permit use of notebook computers, smartphones or audio-only phones. Apps used on televideo devices must be restricted to non-public facing products which cannot be shared to a larger audience, such as Zoom, Doxy, Skype, Whats App or other similar products. Public-facing apps such as Facebook Live, Tic-Toc, Snapchat etc., should not be used.

3. If Medicaid participants cannot access cell-phone based video technology, audio-only telephone calls will be permitted for individual therapy and medication management (E&M codes). Group sessions must be by video-conferencing whereby each individual can be seen by the clinician and other participants.

General Conditions

1. The measures outlined in this document are restricted to use during the emergency declared by Governor Hogan to deal with the threat of COVID-19 and will expire immediately at the end of the declared emergency, unless Executive Order No. 20-03-20-01 is rescinded or superseded, amended, or revised by additional orders such that the Secretary's authority to issue this guidance no longer exists.
2. The measures address only those services delivered in IOPs through Medical Assistance and the Public Behavioral Health System. This document does not address the eligibility of Medicare-funded or commercial services; clarification on whether or not these payers will allow for audio-only telephone services should be obtained directly from the payers in question.
3. Audio-only telephone services, or services using video applications that do not meet State regulations, may only be delivered **with the explicit consent of the participant**. Consent shall be obtained from the recipient's parent or guardian if such consent is legally required. Participants must be provided with a clear explanation of the telehealth or voice service and its confidentiality limitations, including the use of non-HIPAA compliant technology. Providers must ensure that this is documented in the Medicaid participant's medical record. Attention to ensuring that participants' confidentiality is protected in terms of private space, etc., must be a priority. The provider shall abide by all laws regarding a participant's rights and health information.
4. The provider shall verify the identity of the participant receiving services, and shall provide the provider's name and contact information.
5. IOPs providing services through telehealth or telephone are subject to the same program restrictions, preauthorizations, limitations and coverage that exist for the service when provided in-person.

Measures to be implemented:

1. Effective immediately, licensed IOPs will be reimbursed for delivering services using various telehealth technologies.
2. Telehealth/telephone services will be considered directly equivalent to existing in-person services for the purpose of IOP billing and compliance during this state of emergency. As with all other Medicaid reimbursed services, providers are required to document services fully:

COMAR 10.09.59.03 Includes the date of service with service start and end times;
(2) Includes the participant's primary behavioral health complaint or reason for the visit;
(3) Includes a brief description of the service provided, including progress notes;
(4) Includes an official e-Signature, or a legible signature, along with the printed or typed name of the individual providing care, with the appropriate title.

3. In addition to the information above, providers must include a clear indication of how the service was delivered (e.g., office, telehealth, tele-video, or voice telephone).
4. Providers must be willing to provide telephone records of services, if requested for an audit.
5. Providers should try to ensure that they have Business Agreements with any telehealth provider involved. This is preferred but not a necessity to start delivering services during the emergency.
6. Initial assessments may be billed for services delivered by telehealth or tele-video, but not by voice telephone.
7. Individual therapy may be delivered in-person or by tele-video or telephonic transmission.
8. Group therapy sessions may only be delivered in-person or by tele-video transmission. The method of transmission should permit each client to see other clients and the clinician.

Billing requirements only during this emergency situation:

IOP services are based on a per diem requiring a minimum of two hours per day with a weekly minimum of nine hours per week. During the state of emergency, these minimum requirements will be relaxed. The guidelines are:

1. To bill a service, a minimum of two hours of clinical care must be provided. During the emergency, the two hours may be extended over the course of two days. However, in such case, only one claim for H0015 (daily rate) may be submitted.

For Example:

Two hours each are provided on Monday, 1 hour on Tuesday, 1 hour on Wednesday

- i. Claims would be: Monday H0015, and Wednesday H0015.

2. IOPs are encouraged to provide as many hours of service as the individual requires. However, there is no minimum number of hours a week required. If an individual is receiving less than four hours a week, the provider should consider a Level 1 outpatient level of care for the patient.

3. Providers may bill up to a maximum of four days per week.
4. Providers should use the modifier GT for tele-video and UB for telephonic services. If a service was one hour tele-video, and one hour telephonic, utilize UB modifier.