



PROVIDER ALERT

TELEMENTAL HEALTH

June 30, 2011

MHA has received approval from the Center for Medicaid and Medicare Services (CMS) for reimbursement of Telemental Health (TMH) services effective July 1, 2011. Please refer to COMAR 10.21.30 **Telemental Health Services** for the specific regulation governing this new service.

Originating and Distant Site Information:

Originating Site: "means a site that has been approved by the Department to provide TMH services, at which an eligible individual is located at the time the service is delivered via a telecommunications system." (COMAR 10. 21.30.02)

Originating sites are limited to Outpatient Mental Health Clinics (OMHC), Hospitals, and Federally Qualified Health Centers (FQHC).

The following jurisdictions are "designated rural geographic areas" and are eligible to participate in TMH as an originating site:

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

Distant Site: "means the site at which the psychiatrist is located at the time the mental health service is provided via a telecommunications system. (COMAR 10. 21.30.02)

A distant site provider must be a psychiatrist with an active license to practice psychiatry in Maryland who either: a) possesses a Medicaid provider number; or b) is a psychiatrist in an OMHC or FQHC. The distant site may be located anywhere within the State of Maryland.

Services include:

- Psychiatric diagnostic interview examination (90801)
- Individual psychotherapy (90804 through 90807)
- Pharmacologic management (90862)

Application process:

In order to be approved as a telemedicine provider, interested providers must submit an application (attached) to MHA that describes how the originating site and the distant site will comply with the regulations including any and all contractual relationships and billing procedures for this service. The originating site and distant site must each complete their own application; then submit them to MHA together. Applications can be mailed, faxed or e-mailed to the attention of Melissa Schober, Medicaid Policy.

Mail:

Attn: Melissa Schober
Medicaid Policy
Mental Hygiene Administration
55 Wade Avenue, Mitchell Bldg.
Catonsville, MD 21228

Fax:

Attn: Melissa Schober
410-402-8309

E-mail:

mschober@dhmh.state.md.us

Please allow for the following processing times:

Two weeks for MHA to review the application. Once approved, MHA will instruct ValueOptions® to add the applicable TMH codes to the originating and distant site providers' fee schedules.

Five business days for ValueOptions® to add the TMH codes to the provider file. A ValueOptions® provider relations staff person will contact the provider to let them know when the set up is complete.

Authorizations:

While Telemental Health services do require an authorization, they do **not** require a “separate” or “different” authorization from traditional outpatient based services. Please follow the same process for non TMH services for an individual psychiatrist, OMHC, or an OMS provider.

For example:

1) An OMHC should follow the OMS work flow and authorization process. The TMH codes will be added to the OMS bundle for approved TMH providers. Nothing needs to be done differently.

2) A physician normally requesting 13 medication management or 12 outpatient visits (non-OMS workflow) does not need to do anything differently. The TMH codes will be added to the medication management and outpatient services codes for approved TMH providers.

Claims Submission:

There are three (3) allowable options:

1) **Multiple Billers**

Distant site psychiatrist submits an allowable billing code (i.e. 90862) with the **GT** modifier **and** the originating site submits the facility fee code: **Q3014**

2) **Single Biller**

The originating site submits claims for both the origination site (**Q3014**) and distant site (**CPT+ GT**). In this option, the originating site must ensure they have the appropriate contractual relationship with the distant site to bill on their behalf.

3) **Telepresenter**

The originating site may add an appropriate TMH billing code (without modifier) for a licensed mental health professional "**telepresenter**" at the originating site to billing options 1 and 2 above. The need for a telepresenter should be infrequent and medically necessary.

A "**telepresenter**", is a licensed mental health professional. The distant site psychiatrist will document the medical necessity for the direct face to face participation of the telepresenter with the individual served and the distant TMH psychiatrist in the individual's medical record. Only when the medical necessity has been determined and documented can the telepresenter bill the applicable CPT code for the service rendered.

The originating site facility code (Q3104) will be paid \$23 per visit. It does **not** require an authorization.

The distant site shall bill the applicable CPT code with the GT modifier. It will be paid at the same rate as the service without the modifier. These services require an authorization.

Transition from Grant Funded to Fee for Service:

Providers who are currently providing Telemental Health services via grant funds, please be aware of two significant changes to reimbursement through a fee for service system. First, all services must be **prior** authorized; MHA does not allow back dating. Second, if a consumer is dual eligible (Medicare/Medicaid) or has primary insurance, Medicare or the primary insurer must be billed first. Telehealth is a covered benefit under Medicare and most primary insurance companies reimburse for it as well.

If you have questions regarding Telemental health services, please contact Melissa Schober at MHA at (410) 402- 8459 or (410) 767-9794. Thank you.