



MAINE

What is the definition of “telemedicine” or “telehealth”?

In April 2016, the *MaineCare Benefits Manual* was updated to include a dedicated section regarding the provision of telehealth services.

According to the *MaineCare Benefits Manual*, “Interactive Telehealth Services” means “[r]eal time, interactive visual and audio telecommunications whereby a Member and a Health Care Provider interact remotely through the use of technology.”

[MaineCare Benefits Manual, *Telehealth*, ch. 1 § 4.01-9 \(Apr. 16, 2016\).](#)

According to the *MaineCare Benefits Manual*, “Telehealth Services” means “[t]he use of information technology by a Health Care Provider to deliver clinical services at a distance for the purpose of diagnosis, disease monitoring, or treatment. Telehealth Services may be either Telephonic or Interactive (combined video/audio).”

[MaineCare Benefits Manual, *Telehealth*, ch. 1 § 4.01-10 \(Apr. 16, 2016\).](#)

PSYCHIATRISTS

Are there any licensing requirements specific to telemedicine/telehealth (e.g., requirements to be licensed in the state where the patient is located)?

Updated citation: [Maine Board of Licensure in Medicine, *Telemedicine* \(June 10, 2014\).](#)

What are the criteria for establishing a practitioner-patient relationship via telemedicine/telehealth?

Updated citation: [Maine Board of Licensure in Medicine, *Telemedicine* \(June 10, 2014\).](#)

What are the acceptable modalities (e.g., telephone, video) for the practice of psychiatry via telemedicine/telehealth that meet the standard of care for the state?

Updated citation: [Maine Board of Licensure in Medicine, *Telemedicine* \(June 10, 2014\).](#)



MAINE

PSYCHOLOGISTS

What are the acceptable modalities (e.g., telephone, video) for the practice of psychology via telemedicine/telehealth that meet the standard of care for the state?

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SOCIAL WORKERS

What are the acceptable modalities (e.g., telephone, video) for the practice of social work via telemedicine/telehealth that meet the standard of care for the state?

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MAINE

[MaineCare Benefits Manual, Telehealth, ch. 1 § 4.01-10 \(Apr. 16, 2016\).](#)

COUNSELORS

What are the acceptable modalities (e.g., telephone, video) for the practice of counseling via telemedicine/telehealth that meet the standard of care for the state?

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[MaineCare Benefits Manual, Telehealth, ch. 1 § 4.01-10 \(Apr. 16, 2016\).](#)

MARRIAGE/FAMILY THERAPISTS

What are the acceptable modalities (e.g., telephone, video) for the practice of marriage/family therapy via telemedicine/telehealth that meet the standard of care for the state?

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MAINE

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[MaineCare Benefits Manual, *Telehealth*, ch. 1 § 4.01-10 \(Apr. 16, 2016\).](#)

ADVANCED PRACTICE REGISTERED NURSES (APRNs)

Does an APRN have prescribing authority? If so, under what conditions/limits may an APRN prescribe via telemedicine/telehealth?

Updated link: [02-380-8 ME. CODE R. § 6.](#)

What are the acceptable modalities (e.g., telephone, video) for the practice of advance practice nursing via telemedicine/telehealth that meet the standard of care for the state?

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[MaineCare Benefits Manual, *Telehealth*, ch. 1 § 4.01-10 \(Apr. 16, 2016\).](#)

PRIVACY/CONFIDENTIALITY

Are there privacy/confidentiality requirements specifically related to telemental/telebehavioral/telepsychiatric health services?

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MAINE

The *MaineCare Benefits Manual* requires telehealth technology to be HIPAA-compliant.

[MaineCare Benefits Manual, *Telehealth*, ch. 1 § 4.06-1\(B\)\(1\) \(Apr. 16, 2016\).](#)

In addition, technology must be “performed on a secure telecommunications line or utilize a method of encryption adequate to protect the confidentiality and integrity of the . . . information in accordance with State and Federal laws, rules, and regulations.” The originating and receiving sites must “use authentication and identification to ensure the confidentiality” of the telehealth service.

[MaineCare Benefits Manual, *Telehealth*, ch. 1 § 4.06-1\(B\)\(2\)-\(3\) \(Apr. 16, 2016\).](#)

Providers must implement confidentiality protocols that include, but are not limited to, the following:

- a. “Identifying personnel who have access to a telehealth transmission;
- b. Usage of unique passwords or identifiers for each employee or person with access to a telehealth transmission; and
- c. Preventing unauthorized access to a telehealth transmission.”

[MaineCare Benefits Manual, *Telehealth*, ch. 1 § 4.06-1\(B\)\(4\) \(Apr. 16, 2016\).](#)

Updated citation: [Maine Board of Licensure in Medicine, *Telemedicine* \(June 10, 2014\).](#)

FOLLOW-UP CARE

What are the requirements regarding follow-up care for telemental/telebehavioral/telepsychiatric health services?

Updated citation: [Maine Board of Licensure in Medicine, *Telemedicine* \(June 10, 2014\).](#)

COVERAGE & REIMBURSEMENT

Does Medicaid provide coverage for telemental/telebehavioral/telepsychiatric health services? If so, what are the coverage criteria?

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MAINE

Member Eligibility:

"If a Member is eligible for the underlying Covered Service to be delivered, and if delivery of the Covered Service via Telehealth is medically appropriate, as determined by the Health Care Provider, the Member is eligible for Telehealth Services."

[MaineCare Benefits Manual, Telehealth, ch. 1 § 4.02-1 \(Apr. 16, 2016\).](#)

Provider Requirements:

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

- A. Acting within the scope of his or her license;
- B. Enrolled as a MaineCare provider; and
- C. Otherwise eligible to deliver the underlying Covered Service according to the requirements of the applicable section of the *MaineCare Benefits Manual*."

[MaineCare Benefits Manual, Telehealth, ch. 1 § 4.03-1 \(Apr. 16, 2016\).](#)

"With the exception of those services described in Section 4.05 of this policy (Non-Covered Services and Limitations), any medically necessary MaineCare Covered Service may be delivered via Interactive Telehealth Services, provided the following requirements are met:

1. The Member is otherwise eligible for the Covered Service, as described in the appropriate section of the MaineCare Benefits Manual; and
2. The Covered Service delivered by Interactive Telehealth Services is of comparable quality to what it would be were it delivered in person.

Prior authorization is required for Interactive Telehealth Services only if prior authorization is required for the underlying Covered Service. In these cases, the prior authorization is the usual prior authorization for the underlying Covered Service, rather than prior authorization of the mode of delivery. A face to face encounter prior to telehealth is not required."

[MaineCare Benefits Manual, Telehealth, ch. 1 § 4.04-1 \(Apr. 16, 2016\).](#)

"Telephone services may be reimbursed if the following conditions are met:



MAINE

1. Interactive Telehealth Services are unavailable; and
2. A Telephonic Service is medically appropriate for the underlying Covered Service.”

[MaineCare Benefits Manual, *Telehealth*, ch. 1 § 4.04-2 \(Apr. 16, 2016\).](#)

“Services not otherwise covered by MaineCare are not covered when delivered via Telehealth Services.” *The MaineCare Benefits Manual* includes a full list of non-covered services and limitations.

[MaineCare Benefits Manual, *Telehealth*, ch. 1 § 4.05 \(Apr. 16, 2016\).](#)

Reimbursement:

- A. “Services are to be billed in accordance with applicable sections of the MaineCare Benefits Manual. Providers must submit claims in accordance with Department billing instructions. The same procedure codes and rates apply to the underlying Covered Service as if those Services were delivered face to face.
- B. Telehealth Services are subject to all conditions and restrictions described in Chapter I Section 1 of the MaineCare Benefits Manual (MBM).
- C. Telehealth Services are subject to co-payment requirements for the underlying Covered Service, if applicable, as established in Chapter I, Section 1 of the MCBM. However, there shall be no separate co-payment for telehealth services.”

[MaineCare Benefits Manual, *Telehealth*, ch. 1 § 4.07-1 \(Apr. 16, 2016\).](#)

1. “Except as described below, only the Health Care Provider at the Receiving (Provider) Site may receive payment for Telehealth Services.
2. When billing for Interactive Telehealth Services, Health Care Providers at the Receiving (Provider) Site should bill for the underlying Covered Service using the same claims they would if it were delivered face to face, and should add the GT modifier.
3. When billing for Telephonic Services, Health Care Providers at the Receiving (Provider) Site should use E&M codes 99446 through 99449. The GT modifier should not be used.



MAINE

4. No separate transmission fees will be paid for Interactive Telehealth Services. The only services that may be billed by the Health Care Provider at the Receiving (Provider) Site are the fees for the underlying Covered Service delivered plus the GT modifier or the 99445 – 99449 codes.”

[MaineCare Benefits Manual, *Telehealth*, ch. 1 § 4.07-2\(A\) \(Apr. 16, 2016\).](#)

1. “If the Health Care Provider at the Originating (Member) Site is making a room and telecommunications equipment available but is not providing clinical services, the Health Care Provider at the Originating (Member) Site may bill MaineCare for an Originating Facility Fee using code Q3014 for the service of coordinating the Telehealth Service. An Originating Facility Fee may not be billed for a Telephonic Service.
2. The Health Care Provider at the Originating (Member) Site may not bill for assisting the Health Care Provider at the Receiving (Provider) Site with an examination.
3. No separate transmission fees will be paid for Interactive Telehealth Services.
4. The Health Care Provider at the Originating (Provider) Site may bill for any clinical services provided on-site on the same day that a Telehealth Service claim is made, except as specifically excluded elsewhere in this section.
5. Telehealth Services are not covered under the encounter rate for rural health clinic (RHC) core services provided under Chapter II, Section 103 of the MBM, federally qualified health center (FQHC) core services provided under Chapter II, Section 31 of the MCBM, or Indian Health Centers (IHC) core services provided under Chapter II, Section 9 of the MBM, where reimbursement is based on a face to face encounter between a Health Care Provider and a Member. When an FQHC or RHC serves as the Originating (Provider) Site, the Originating Facility Fee is paid separately from the center or clinic all-inclusive rate.
6. In the event an interpreter is required, the Healthcare Provider at either the Originating (Member) Site or the Receiving (Provider) site may bill for interpreter services in accordance with the provisions of Chapter I, Section 1 of the MBM. Members may not bill or be reimbursed by the Department for interpreter services utilized during a telehealth encounter.



MAINE

7. If the technical component of an X-ray, ultrasound or electrocardiogram is performed at the Originating (Member) Site during a Telehealth Service, the technical component and the Originating Facility Fee are billed by the Health Care Provider at the Originating (Member) Site. The professional component of the procedure and the appropriate visit code are billed by the Receiving (Provider) Site.
8. The Originating Facility Fee may only be billed in the event that the Originating (Member) Site is in a Health Care Provider's facility."

[MaineCare Benefits Manual, *Telehealth*, ch. 1 § 4.07-2\(B\) \(Apr. 16, 2016\).](#)

"The Health Care Providers at the Receiving and Originating Sites may be part of the same organization. In addition, a Health Care Provider at the Originating (Member) Site may bill MaineCare and receive payment for Telehealth Services if the service is provided by a qualified professional who is under a contractual arrangement with the Originating (Member) Site."

[MaineCare Benefits Manual, *Telehealth*, ch. 1 § 4.07-2\(C\) \(Apr. 16, 2016\).](#)

The MaineCare Benefits Manual includes a complete list of telehealth procedure codes and respective reimbursement rates.

[MaineCare Benefits Manual, *Telehealth*, ch. 1 §§ 4.07-4, 4.08 \(Apr. 16, 2016\).](#)