

# Maine

**Medicaid Program:** MaineCare

**Medicaid Program Administrator:** Maine Dept. of Health and Human Services

**Regional Telehealth Resource Center:**

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<b>Definition of telemedicine/telehealth</b>	
<p>“Telemedicine, as it pertains to the delivery of health care services, means the use of interactive audio, video or other electronic media for the purpose of diagnosis, consultation or treatment. ‘Telemedicine’ does not include the use of audio-only telephone, facsimile machine or e-mail.”</p> <p><i>Source: ME Revised Statutes Annotated. Title 24, Sec. 4316 (2012).</i></p> <p>Telehealth is the 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).</p> <p><i>Source: Code of ME Rules 10-144-101, Ch. 1, Sec. 4.</i></p> <p>"Telemedicine" means the practice of medicine or the rendering of health care services using electronic audio-visual communications and information technologies or other means, including interactive audio with asynchronous store-and-forward transmission, between a licensee in one location and a patient in another location with or without an intervening health care provider. Telemedicine includes asynchronous store-and-forward technologies, remote monitoring, and real-time interactive services, including teleradiology and telepathology. Telemedicine shall not include the provision of medical services only through an audio-only telephone, e-mail, instant messaging, facsimile transmission, or U.S. mail or other parcel service, or any combination thereof.</p> <p><i>Source: ME Regulation Sec. 02-373-6 &amp; 02-383-6.</i></p> <p>Telehealth as it pertains to the delivery of health care services, means the use of interactive real-time visual and audio or other electronic media for the purpose of</p>	<p>Telehealth is the 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).</p> <p><i>Source: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Apr. 16, 2016). (Accessed Apr. 2018).</i></p>

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<p>consultation and education concerning and diagnosis, treatment, care management and self-management of a patient’s physical and mental health and includes real-time interaction between the patient and the telehealth provider, synchronous encounters, asynchronous encounters, store and forward transfers and remote patient monitoring. “Telehealth” includes telephonic services when interactive telehealth services are unavailable or when a telephonic service is medically appropriate for the underlying covered service.</p> <p><i>Source: ME Statute Sec. 22:855.3173-H.</i></p>	
<b>Live Video Reimbursement</b>	
<p>Maine law requires coverage for services provided through telemedicine, which includes live video.</p> <p><i>Source: ME Revised Statutes Annotated. Title 24 Sec. 4316 (2012).</i></p> <p>ME Medicaid covers telehealth when it is medically appropriate (see Medicaid Column for details).</p> <p><i>Source: Code of ME Rules 10-144-101, Ch. 1, Sec. 4.</i></p> <p><i>(See Medicaid column &amp; “Private Payers” section)</i></p>	<p>If the Member is eligible for the underlying covered service and providing it via telehealth is medically appropriate, the Member is eligible for telehealth services.</p> <p>There is a specific list of codes provided in the manual.</p> <p>Non-Covered services include:</p> <ul style="list-style-type: none"> <li>• Medical equipment</li> <li>• Personal care aide</li> <li>• Pharmacy services</li> <li>• Assistive technology services</li> <li>• Non-emergency medical transportation</li> <li>• Ambulance services</li> <li>• Services that require physical contact</li> <li>• Any service medically inappropriate for telehealth services.</li> </ul> <p>See manual for full list of exclusions.</p> <p>No reimbursement for communication between health care providers.</p> <p><i>Source: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Accessed Apr. 2018).</i></p> <p>If approved by HRSA, a FQHC, RHC, or IHC may serve as the provider site and bill under the encounter rate.</p> <p><i>Source: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Apr. 9, 2018). (Accessed Apr. 2018).</i></p>
<b>Store and Forward Reimbursement</b>	
<p>ME Medicaid provides coverage for telemonitoring services (which may or may not take place in real time) under certain circumstances (See Medicaid column).</p> <p><i>Source: Code of ME Rules 10-144-101, Ch. 1, Sec. 4.</i></p>	<p>Provider manual indicates coverage of “telehealth services” which is inclusive of store-and-forward, however the manual only discusses interactive telehealth, and remote patient monitoring in detail. Additionally, the manual only discusses the use of the GT modifier (live interactive video), and does not mention the GQ modifier (asynchronous).</p>

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	<p><i>Source: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Accessed Apr. 2018).</i></p>
<p><b>Remote Patient Monitoring Reimbursement</b></p>	
<p>ME Medicaid provides coverage for telemonitoring (see Medicaid column for details).</p> <p><i>Source: Code of ME Rules 10-144-101, Ch. 1, Sec. 4.</i></p> <p>Department required to adopt regulations that comply with the following:</p> <ul style="list-style-type: none"> <li>• May not include any requirement that a patient have a certain number of ER visits or hospitalizations related to the patient’s diagnosis in the criteria for a patient’s eligibility for telemonitoring services;</li> <li>• Must include qualifying criteria for a patient’s eligibility of telemonitoring services that include documentation in a patient’s medical record that the patient is at risk of hospitalization or admission to an ER</li> <li>• Must provide that group therapy for behavioral health or addiction services covered by the MaineCare program may be delivered through telehealth; and</li> <li>• Must include requirements for individual providers and the facility or organization in which the provider works for providing telehealth and telemonitoring services.</li> </ul> <p><i>Source: ME Statute Sec. 3173-H.</i></p> <p>ME established the ME Telehealth and Telemonitoring advisory group to evaluate difficulties related to telehealth and telemonitoring services and make recommendations to the department to improve it statewide.</p> <p><i>Source: ME Statute Sec. 3173-I.</i></p>	<p>In order to be eligible for telemonitoring a member must:</p> <ul style="list-style-type: none"> <li>• Be eligible for home health services;</li> <li>• Have a diagnosis of a health condition requiring monitoring of clinical data at a minimum of five times per week, for at least one week;</li> <li>• Have documentation in the patient’s medical record that the patient is at risk of hospitalization or admission to an emergency room or have continuously received Telemonitoring Services during the past calendar year and have a continuing need for such services, as documented by an annual note from a health care provider;</li> <li>• Have telemonitoring services included in the Member’s plan of care;</li> <li>• Reside in a setting suitable to support telemonitoring equipment; and</li> <li>• Have the physical and cognitive capacity to effectively utilize the telemonitoring equipment or have a caregiver willing and able to assist with the equipment.</li> </ul> <p>A health care provider must document that a face-to-face encounter with the member occurred before they are eligible for a home health benefit. This can occur through interactive telehealth services, but not by telephone or e-mail.</p> <p>A health care provider must also be:</p> <ul style="list-style-type: none"> <li>• Acting within the scope of his or her license</li> <li>• Enrolled as a MaineCare provider; and</li> <li>• Otherwise eligible to deliver the underlying Covered Service</li> </ul> <p>Covered telemonitoring services include:</p> <ul style="list-style-type: none"> <li>• Evaluation of the member to determine if telemonitoring services are medically necessary;</li> <li>• Evaluation of Member to ensure cognitively and physically capable of operating equipment;</li> <li>• Evaluation of residence;</li> <li>• Education and training;</li> <li>• Remote monitoring and tracking of data by a RN, NP, PA or physician and response with appropriate clinical interventions;</li> <li>• Monthly telephonic services;</li> <li>• Maintenance of equipment; and</li> <li>• Removal/disconnection of equipment</li> </ul> <p><i>Source: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Accessed Apr. 2018).</i></p>

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	<p>RPM is covered under Home and Community Benefits for the Elderly and for Adults with Disabilities. Services may include a range of technological options including in-home computers, sensors and video camera linked to a provider that enables 24/7 monitoring.</p> <p>Final approval must be obtained from the Department, Office of Aging and Disability Services while considering:</p> <ul style="list-style-type: none"> <li>• Number of hospitalizations in the past year;</li> <li>• Use of emergency room in the past year;</li> <li>• History of falls in the last six months resulting from injury;</li> <li>• Member lives alone or is home alone for significant periods of time;</li> <li>• Service access challenges and reasons for those challenges;</li> <li>• History of behavior indicating that a member’s cognitive abilities put them at a significant risk of wandering; and</li> <li>• Other relevant information.</li> </ul> <p>Use of remote monitoring requires sufficient Back Up Plans and the SCA will be responsible for ensuring that the member has at least two adequate back-up plans prior to making a referral for this service.</p> <p><i>Source: MaineCare Benefits Manual, Home and Community Benefits for the Elderly and for Adults with Disabilities, 10-144 Ch. II, Sec. 19, p. 16 (Jun. 1, 2017). (Accessed Apr. 2018).</i></p>
<b>Email/Phone/FAX</b>	
<p>“Telehealth” includes telephonic services when interactive telehealth services are unavailable or when a telephonic service is medically appropriate for the underlying covered service.</p> <p><i>Source: ME Statute Sec. 3173-H.</i></p> <p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: ME Revised Statutes Annotated. Title 24 Sec. 4316 (2012).</i></p>	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: Code of ME Rules. 10-144-101 (2012).</i></p> <p>For Indian Health Services, a second tier consultation can utilize direct email communications or telephone consultation.</p> <p><i>Source: MaineCare Benefits Manual, Indian Health Services, 10-144 Ch. II, p. 5 (March 21, 2012). (Accessed Apr. 2018).</i></p> <p>Telephonic services may be reimbursed if the following conditions are met:</p> <ul style="list-style-type: none"> <li>• Interactive telehealth services are unavailable; and</li> <li>• A telephonic service is medically appropriate for the underlying covered service.</li> </ul> <p>Services may not be delivered through electronic mail.</p> <p><i>Source: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Accessed Apr. 2018).</i></p>

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	<p>Telephone is also covered for:</p> <ul style="list-style-type: none"> <li>• Targeted Case Management Services for purposes of monitoring and follow up activities can take place over the telephone.</li> <li>• The Home and Community Benefits for the Elderly and for Adults with Disabilities for purposes of monitoring.</li> <li>• Behavioral Health Services for purposes of crisis resolution services.</li> </ul> <p><i>Source: MaineCare Benefits Manual, Targeted Case Management Services, 10-144 Ch. 101, Sec. 13, p. 6 (Mar. 20, 2014). (Accessed Apr. 2018).</i></p> <p><i>Source: MaineCare Benefits Manual, Behavioral Health Services, 10-44 Ch. II, Sec. 65, p. 10 (Nov. 26, 2016). (Accessed Apr. 2018).</i></p>
<b>Online Prescribing</b>	
<p>Prior to providing treatment, including issuing prescriptions, electronically or otherwise, a licensee who uses telemedicine in providing health care shall interview the patient to collect the relevant medical history and perform a physical examination, when medically necessary, sufficient for the diagnosis and treatment of the patient. An internet questionnaire that is a static set of questions provided to the patient, to which the patient responds with a static set of answers, in contrast to an adaptive interactive and responsive online interview, does not constitute an acceptable medical interview and physical examination for the provision of treatment, including issuance of prescriptions, electronically or otherwise, by the licensee.</p> <p>A valid physician-patient relationship may be established between a licensee who uses telemedicine in providing health care and a patient who receives telemedicine services through consultation with another licensee or through telemedicine if the standard of care does not require an in-person encounter and in accordance with evidence-based standards for practice and telemedicine practice guidelines that address the clinical and technological aspects of telemedicine.</p> <p><i>Source: ME Regulation Sec. 02-373-6 &amp; 02-383-6.</i></p>	<p>Tele-pharmacy is allowed.</p> <p>Tele-pharmacy is a method of delivering prescriptions dispensed by a pharmacist to a remote site. Pharmacies using tele-pharmacy must follow all applicable State and Federal regulations, including use of staff qualified to deliver prescriptions through tele-pharmacy.</p> <p>Providers may dispense prescriptions via tele-pharmacy; pre-authorization is required.</p> <p><i>Source: MaineCare Benefits Manual, Ch. 2, Pharmacy Services, 10-144 Chapter 101, p. 5 &amp; 33 (Sept. 1, 2017) (accessed Apr. 2018).</i></p>
<b>Consent</b>	
<p>No reference found.</p>	<p>Providers must deliver written educational information to patients at their visit.</p> <p>This information should be written at a sixth-grade comprehension level, and include the following:</p> <ul style="list-style-type: none"> <li>• Description of the telehealth equipment and what to expect;</li> </ul>

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	<ul style="list-style-type: none"> <li>• Explanation that the use of telehealth for this service is voluntary;</li> <li>• Explanation that the member is able to stop the telehealth visit at any time and request a face-to-face service;</li> <li>• Explanation that MaineCare will pay for transportation to a distant appointment if needed;</li> <li>• Explanation that the Member will have access to all information resulting from the telehealth service provided by law;</li> <li>• HIPAA compliance information regarding the telehealth encounter;</li> <li>• Informed of all parties who will be present at the receiving and originating site and have the right to exclude anyone from either site; and</li> <li>• Member has the right to object to videotaping or other recording of consult.</li> </ul> <p><i>Source: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Accessed Apr. 2018).</i></p> <p>Member's record must document consent for RPM.</p> <p><i>Source: MaineCare Benefits Manual, Home and Community Benefits for the Elderly and for Adults with Disabilities, 10-144 Ch. II, Sec. 19, p. 16 (June. 1, 2017). (Accessed Apr. 2018).</i></p>
<b>Location</b>	
No reference found.	No reference found.
<b>Cross-State Licensing</b>	
<p>Adopted the Interstate Medical Licensure Compact.</p> <p><i>Source: ME Code, Ch. 145, Sec. 18507-24. (SP 467-2017).</i></p> <p>A physician can practice medicine in Maine through interstate telemedicine if they are licensed in the state they are providing telemedicine from, their license is in good standing, the physician does not open an office, and the physician annually registers with the board and pays a fee.</p> <p><i>Source: 32 MSRA Sec. 3300-D.</i></p>	No reference found.
<b>Private Payers</b>	
<p>Requires coverage of telemedicine services, subject to contract terms and conditions.</p> <p>Coverage must be provided in a manner that is consistent with coverage for in-person consultation.</p> <p><i>Source: ME Revised Statutes Annotated. Title 24 Sec. 4316 (2012).</i></p>	No reference found.
<b>Site/Transmission Fee</b>	

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<p>No reference found.</p>	<p>A facility fee is provided to a health care provider at the originating site.</p> <p>An originating facility fee may only be billed in the event that the originating site is in a healthcare provider's facility.</p> <p>When an FQHC or RHC serves as the originating site, the facility fee is paid separately from the center or clinic all-inclusive rate.</p> <p><i>Source: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Apr. 9, 2018). (Accessed Apr. 2018).</i></p>
<b>Miscellaneous</b>	
<p>The Department is required to report on the utilization of telehealth and telemonitoring services within the MaineCare program annually beginning in 2018.</p> <p>The Department is required to conduct educational outreach to providers and MaineCare members on telehealth and telemonitoring.</p> <p><i>Source: ME Statute Sec. 3173-H.</i></p>	<p>MaineCare will pay for transportation to a distant appointment if needed.</p> <p><i>Source: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Apr. 9, 2018). (Accessed Apr. 2018).</i></p>

Professional regulation with telehealth specific standards

- Board of Licensure in Medicine (*Source: ME Regulation Sec. 02-373-6*)
  - Interstate Telemedicine Consultation (*Source: ME Regulation Sec. 02-373-1*)
- Board of Osteopathic Licensure (*Source: ME Regulation 02-383-6*)