UMTRC Virtual Office Hours
State Medicaid Waivers for Telemedicine
Illinois Medicaid
- Reimburses for live video telemedicine and telepsychiatry services for specific providers
  - Physician, physician assistant, podiatrist, or advanced practiced nurse
  - Licensed by the state of Illinois or by the state where the patient is located
- Bill appropriate CPT codes with GT modifier for telemedicine and telepsychiatry services
- Does not have details about reimbursement for store and forward telemedicine
- Covers home uterine monitoring with prior approval and specific criteria

Commercial/Private Insurance
- Parity Rule
  - Payers are not required to cover telehealth services, they are only required to meet certain requirement if they choose to do so

https://www.umtrc.org/resources/reimbursement/umdrc-illinois-telehealth-reimbursement-summary/?back=resources
Illinois

- Executive Order 2020-09 - March 19, 2020 - Expanded Telehealth Services
  - [https://www2.illinois.gov/Pages/Executive-Orders/ExecutiveOrder2020-09.aspx](https://www2.illinois.gov/Pages/Executive-Orders/ExecutiveOrder2020-09.aspx)
  - ‘Telehealth Services’ defined to include the provision of health care, psychiatry, mental health treatment, substance use disorder treatment, and related services to a patient, regardless of their location
  - Via electronic and telephonic methods, video technology commonly available on smart phones and other devices such as FaceTime, Facebook Messenger Video Chat, Google Hangouts, or Skype
  - All health insurance issuers are required to cover all telehealth services by in-network providers
    - No prior authorization required
  - Health insurance issuers shall not impose any cost-sharing (copayments, deductibles, or coinsurance)
  - Telehealth services may be provided by any in-network physician, physician assistants, optometrists, advanced practice registered nurses, clinical psychologists, prescribing psychologists, dentists, occupational therapists, pharmacists, physical therapists, clinical social workers, speech-language pathologists, audiologists, hearing instrument dispensers, other mental health providers, and other substance use disorder treatment providers
    - As long as they are licensed, registered, certified, or authorized to practice in the state of Illinois
  - For mental health and developmental disability patients, may use any non-public facing remote communication product
    - Notify patients of third-party applications and potential risks
  - Providers should enable all available encryption and privacy modes
    - Public facing video communications like Facebook Live, Twitch, TikTok should not be used
IL Medicaid Provider Notice - March 20, 2020
https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn200320b.aspx
Must use synchronous interactive telecommunication system
Originating site can be patient’s place of residence
Distant site provider can be
- Practitioner (physician, physician assistant, podiatrist or advanced practice nurse)
- Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC)
- Licensed Clinical Psychologist (LCP)/Licensed Clinical Social Worker (LCSW)
- Advanced Practice Registered Nurse certified in psychiatric and mental health nursing
- Local Education Agency / School Based Health Center
- Physical, Speech, or Occupational therapist
- Dentist / Local Health Department / Community Health Agency
- Community Mental Health Center / Behavioral Health Clinic
- Hospital
IL Medicaid Provider Notice - March 20, 2020 (cont’d)

- Paid at same rate for face-to-face services provided on-site
  - Must maintain adequate documentation
- Other services not ‘telehealth services’
  - Virtual Check-in
    - For all providers on previous slide (including FQHCs, RHCs, Encounter Rate Clinics)
    - Brief communication audio-only real-time or synchronous, two-way audio video communications
    - Must be rendered by physician, advance practice nurse, or physician assistant who can report evaluation and management services (E/M)
    - Must be an established patient
    - Not related to an E/M service provided during the past 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment
  - CPT codes 99441, 99442, 99443 Effective 3/30/2020 use G2010, G2012
IL Medicaid Provider Notice - March 20, 2020 (cont’d)

- Other services not ‘telehealth services’
- Online patient portal or “e-Visit”
  - Non face-to-face patient initiated communications using online patient portals
  - Must be an established patient
  - Can initiate initial inquiry and communications over 7 day period
- HCPCS codes G2061, G2062, G2063
- CPT codes 99441, 99442, 99443
- For all providers on previous slide (including FQHCs, RHCs, Encounter Rate Clinics)
IL Medicaid Provider Notice - March 30, 2020

Originating site HCPCS codes Q3014 $25 Facility Fee further expanded and clarified to include:
- Nursing facilities and intermediate care facilities for the developmentally disabled
- Family support program residential providers, medically complex facilities for persons with developmental disabilities
- Specialized mental health rehabilitation facilities, other services not ‘telehealth services’

Facility Fee billing for Hospice Agencies
- Use Revenue Code 0657 in conjunction with HCPCS code Q3014 and number of telehealth occurrences in billing period
- Use distant site modifier GT and Place of Service - 02
- Except for
  - Community Mental Health Centers and Behavioral Health Clinics with staff working remotely or at home
    - Don’t bill as telehealth - see handbook, topic 208
  - Independent practitioners (psychiatrists, licensed clinical social workers and licensed clinical psychologists) billing
    Group A series from their fee schedule
IL Medicaid Provider Notice - March 30, 2020 (cont’d)

- Distant Site Dental Services
  - Does not need current relationship
  - Bill with CDT codes, in conjunction with D0140 - Limited Oral Evaluation and Place of Service 02
    - CDT - D9995 - Teledentistry, synchronous; real-time encounter
    - CDT - D9996 - Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review

- New Distant Site Procedure Codes
  - Effective March 9, 2020 - Must bill with modifier GT and Place of Service 02
    - G0406-G0408 (Follow-up inpatient consultation), G0425-G0427 (Telehealth consultation, emergency dept)

- Encounter rate clinics
  - Can use audio only and be reimbursed at the medical/dental/behavioral health encounter rate
    - MUST meet key components of a face-to-face encounter (if not, use Virtual Check-in or Online Portal Service Codes)
    - Behavioral Health Visits must be first modifier appended to encounter T code
Illinois

- Executive Orders
  - https://www2.illinois.gov/Pages/government/execorders/executive-orders.aspx#y2020

- IL Medicaid Provider Notices
  - https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/default.aspx
Indiana Reimbursement (Pre-COVID-19)

- **Indiana Medicaid**
  - Reimburses for live and interactive telemedicine
  - DOES NOT reimburse for store and forward telemedicine
  - Originating site must obtain patient consent; must be maintained at distant and originating sites
  - Provider/patient relationship can be created during the 1st telemedicine visit
    - subject to clinical standards
  - Provider/patient relationship must be established before issuing prescriptions
  - Controlled substance prescriptions can be issued via telemedicine
    - Subject to DEA waivers
- **Commercial/Private Insurance**
  - Parity Rule
    - A policy must provide coverage for telemedicine services in accordance with the same clinical criteria as the policy providers coverage for the same health care services delivered in person
    - Coverage may not be less favorable than in person
    - Lifetime dollar limits must be the same

Indiana Health Coverage Programs (IHCP)

Effective 1/1/2020

Banner 201950

Fee-for-Service Medicaid now covers

<table>
<thead>
<tr>
<th>Procedure code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>92507</td>
<td>Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual</td>
</tr>
<tr>
<td>92508</td>
<td>Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals</td>
</tr>
<tr>
<td>92521</td>
<td>Evaluation of speech fluency (e.g. stuttering, cluttering)</td>
</tr>
<tr>
<td>92522</td>
<td>Evaluation of speech sound production (e.g. articulation, phonological process, apraxia, dysarthria)</td>
</tr>
<tr>
<td>92523</td>
<td>Evaluation of speech sound production (e.g. articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (e.g. receptive and expressive language)</td>
</tr>
<tr>
<td>92524</td>
<td>Behavioral and qualitative analysis of voice resonance</td>
</tr>
</tbody>
</table>

Executive Order 20-05 - March 19, 2020 - Suspend Telehealth Restrictions

https://www.in.gov/gov/files/E0_20-05.pdf

2. Family and Social Services Administration (FSSA):

A. FSSA shall waive all premium payment requirements for the Healthy Indiana Plan (HIP), and the Children’s Health Insurance Program (CHIP).

B. FSSA shall waive upfront job search requirements for initial eligibility for Temporary Assistance to Needy Families (TANF) benefits, and re-investigation requirements for annual renewal of TANF benefits.

C. FSSA shall delay renewal processing for all Medicaid and HIP recipients, if approved by the federal Centers of Medicare and Medicaid Services.

D. FSSA shall suspend Telehealth restrictions and requirements for face-to-face encounters for healthcare services and prescribing which will permit the increased use of Telehealth for statewide services such as Medicaid-covered services, mental health services, and substance use disorder treatment and prescribing.

E. FSSA shall permit Opioid Treatment Providers to increase the limits for take-home medications from 6 days to 30 days, or in the alternative, the maximum amount permitted by the federal Substance Abuse and Mental Health Services Administration.

F. FSSA is granted the authority to modify or suspend its provider staffing, enrollment, and hiring requirements for providers and facilities enrolled with the Division of Mental Health and Addiction, Division of Disability and Rehabilitative Services, and Division of Aging.
Indiana


IHCP issues telemedicine billing guidance for providers during COVID-19 outbreak

Effective March 1, 2020, and through the duration of the Governor’s Declaration of Public Health Emergency for Coronavirus Disease 2019 Outbreak, Indiana Health Coverage Programs (IHCP)-enrolled providers may use the following billing guidance for providing services through telemedicine. This policy applies to both in-state and out-of-state providers and all IHCP-covered services, with some exceptions for services that require physical interaction. This policy includes both Traditional Medicaid (fee-for-service) as well as all managed care benefit programs. All services rendered must be within the provider’s applicable licensure and scope of practice.

All services delivered through telemedicine are subject to the same limitations and restrictions as they would be if delivered in-person. Appropriate consent from the member must be obtained by the provider prior to delivering services. Documentation must be maintained by the provider to substantiate the services provided and that consent was obtained. Documentation must indicate that the services were rendered via telemedicine, clearly identify the location of the provider and patient, and be available for postpayment review. The provider and/or patient may be located in their home(s) during the time of these services.

Telemedicine services may be provided using any technology that allows for real-time, interactive consultation between the provider and the patient. This includes, but is not limited to, the use of computers, phones, or television monitors. This policy includes voice-only communication, but does not include the use of non-voice communication such as emails or text messages. This expansion of allowable forms of telecommunication for telemedicine services is due to the federal waiver of certain Health Insurance Portability and Accountability Act (HIPAA) requirements in response to the current national emergency and is subject to change based on federal policy and guidance.

During this period, coverage of telemedicine services will not be limited to the codes on the Telemedicine Services Codes (accessible from the Code Sets page at in.gov/medicaid/providers). In addition, the following provider types and services may not be reimbursed for telemedicine: surgical procedures, radiological services, laboratory services, anesthesia services, audiological services, chiropractor services, care coordination without the member present, durable medical equipment (DME)/home medical equipment (HME) providers, and provider-to-provider consultation.

When billing telemedicine for services not listed on Telemedicine Services Codes, providers must include both of the following on the claim:

- Valid procedure code(s) for the IHCP covered service
- Modifier GT – Via interactive audio and video telecommunication systems (This modifier will be used to indicate that services were furnished through telemedicine communication.)
Note: Do not bill with place of service (POS) code 02 or modifier 95. This will cause the claim to deny for explanation of benefits (EOB) 3428.

Providers billing and receiving reimbursement for services under the current IHCP telemmedicine policy should continue to follow the existing billing guidance as provided in the IHCP Telemedicine and Telehealth Services provider reference module. Federally qualified health centers (FQHCs) and rural health clinics (RHCs) may bill for telemedicine as long as the service is considered a valid FQHC or RHC encounter. Please follow established guidance for the current telemedicine policy or use modifier GT with the valid encounter.

Also, to further clarify, Indiana Code does allow a provider to use telemedicine to prescribe a controlled substance to a patient who has not been previously examined. Opioids, however, cannot be prescribed via telemedicine, except in cases in which the opioid is a partial agonist (such as buprenorphine) and is being used to treat or manage opioid dependence.

For questions or clarification regarding this billing guidance for Traditional Medicaid (fee-for-service) members, please contact the Office of Medicaid Policy and Planning (OMPP) Provider Relations team at OMPPProviderrelations@fssa.in.gov. Questions about billing telemedicine services for managed care members should be directed to the managed care entity (MCE) with which the member is enrolled. MCE contact information is included in the IHCP Quick Reference Guide.
IHCP COVID-19 Response: IHCP responds to telemedicine FAQs as of April 1, 2020

The Indiana Health Coverage Programs (IHCP) is providing this frequently asked question (FAQ) bulletin to providers due to the change in telemedicine and telehealth during the current coronavirus disease 2019 (COVID-19) public health emergency. The following definitions have been revised to accommodate this current situation:

- **Teledicine** – The use of technology which allows a healthcare provider to render an exam or other service to a patient at another location.
- **Telehealth** – The scheduled remote monitoring of clinical data through technologic equipment in the member’s home. The IHCP covers telehealth services provided by home health agencies to members who are approved for other home health services.

1. **Are there any changes regarding prior authorization (PA) requests or timely filing?**
   Some changes related to PA and specific services have been made, see IHCP Bulletin BT202038 and BT202031 for additional details. Please continue to check IHCP publications for updated information regarding COVID-19-related policy changes.

2. **Can telemedicine be provided via audio-only communication?**
   Any IHCP-covered service – aside from the exclusions listed in BT202022 and speech, occupational, and physical therapies – can be provided through audio-only, given that the service can reasonably be provided through audio-only communication. Some services may be better provided through video; however, the IHCP acknowledges some patients may not have access to video communication. Executive Order 2020-13 excludes speech, occupational, and physical therapies from audio-only telemedicine.

3. **What services cannot be provided via telemedicine?**
   According to BT202022, surgical procedures, radiological services, laboratory services, anesthesia services, audiological services, chiropractor services, care coordination without the member present (unless this service is covered under the member’s benefit plan or package), durable medical equipment (DME)/home medical equipment (HME) providers, and provider-to-provider consultation cannot be provided via telemedicine. Procedure codes that include physical interaction in the service definition, for example, chiropractic services, which cannot be replicated via video or audio, are not reimbursable via telemedicine. IHCP expects providers to use their professional discretion when determining if a service can be provided via telemedicine.

4. **Is the GT modifier required for codes not listed on the telemedicine code set?**
   The GT modifier is strongly encouraged, but is not required. If the GT modifier is not used on the claim, the provider must maintain and be prepared to provide documentation that notes that the service was provided via telemedicine. For information about billing for services listed on Telemedicine Services Codes (accessible from the Codes Sets page at in.gov/medicaid/providers), refer to the Telemedicine and Telehealth Services provider reference module.
5. Should the GT modifier be used in addition to the modifiers providers are already using?
Yes, however, the GT modifier is preferred, but not required. If you are already using four modifiers, there is no additional space for the GT modifier. In this case, ensure you document that the service was performed via telemedicine in the patient records and be prepared to provide those records if requested. Exceptions for home and community-based services (HCBS) are listed in next question response.

6. Does telemedicine apply to HCBS waiver services?
At this time, HCBS providers can provide services via telemedicine; however, CoreMMIS does not allow modifier GT to be billed with HCBS claims. Providers will need to record that the service was performed via telemedicine in the patient records. At this time we do not see this changing; however, the Office of Medicaid Policy and Planning (OMPP) will notify providers of any changes being made.

7. Can providers prescribe controlled substances via telemedicine?
Yes. In accordance with Executive Order 2020-13, a prescriber who is a Drug Enforcement Agency (DEA)-registered practitioner may issue prescriptions for all schedule II-V controlled substances to patients for whom they have not conducted an in-person evaluation so long as all the following conditions are met:
- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his or her professional practice.
- The telemedicine communication is conducted using a real-time, two-way interactive communication system.
- All other applicable federal and state laws are followed.
This provision supersedes the provision in Executive Order 20-12, paragraph 4.D. These visits may be done through either audio-only or audio and video telemedicine visits. See Executive Order 2020-13 for additional details.

8. Are there any geographic limitations?
No, the IHCP does not apply geographic restrictions to telemedicine.

9. Will the managed care entities (MCEs) be following the same telemedicine guidance as fee-for-service (FFS) Medicaid?
The MCEs will be covering the same services via telemedicine as FFS Medicaid. However, the MCEs may have different rules regarding prior authorization (PA) and billing. Be sure to communicate with your MCE provider representatives for further guidance.

10. Which place of service code should be used?
For codes included in Telemedicine Services Codes (accessible from the Codes Sets page at in.gov/Medicaid/providers), use place of service (POS) code 02. For IHCP covered codes not on Telemedicine Services Codes, use the POS code most relevant to the member’s location. If the member is located in his or her home, use POS code 12. For a complete list of codes, visit the Place of Service Code Set page at cms.gov.

11. Is there a reduction in payment for providing services via telemedicine?
No, telemedicine pays at the normal rate for the procedure code.
12. What guidance is there for billing for Medicaid Rehabilitation Option (MRO) services on a roll-up claim?
   The IHCP encourages providers to have separate line items for services performed via telemedicine with the GT modifier and services that were performed face-to-face. We expect providers to be reasonable in determining what can be billed via telemedicine and what cannot. An MRO service can be billed with a GT modifier, and there will be no difference in payment.

13. Will care coordination without the member present be covered for MRO beneficiaries?
   There are no changes to current service definitions, except to allow telemedicine when reasonably able to do so. If care coordination without the member present is included in the member’s benefit plan, then this service can be done via telemedicine.

14. Can Child and Adolescent Needs and Strengths Assessment (CANS), Adult Needs and Strengths Assessment (ANSA), and Child/Family Team Meetings (CFTM) be completed via telemedicine?
   Yes. It is the IHCP’s intent to allow providers to continue any service that can be reasonably provided via telemedicine.

15. What Clubhouse services can be delivered through telemedicine?
   We ask that providers use their professional discretion when deciding if a service can be rendered via telemedicine and what kind of communication is most appropriate (video or audio-only).

16. Will HAF and facility fees be covered for services rendered via telemedicine?
   There will be a future publication to address facility fee billing. Facility fees will still be covered via telemedicine, even if not at the facility. If submitted, the HAF adjustment factor will be applied per usual. We ask that providers are reasonable when determining what services can be performed via telemedicine. For example, behavioral health care may be rendered via telemedicine, but an x-ray cannot.

17. What documentation is required for telemedicine visits?
   Patient consent for receiving a service through telemedicine and the location of the patient should both be documented. Patient consent may be received verbally or by electronic signature, and should be documented as such. Uploading the visit documents with the claim is not required.

18. Is HCIP making any changes to provider signature requirements?
   The IHCP is following federal Centers for Medicare & Medicaid Services (CMS) guidance, which waives signature and proof of delivery requirements for Part B drugs and durable medical equipment (DME) when a signature cannot be obtained because of the inability to collect signatures. Suppliers should document in the medical record the appropriate date of delivery and that a signature was not able to be obtained because of COVID-19. See the Durable Medical Equipment, Prosthetics, Orthotics and Supplies: CMS Flexibilities to Fight COVID-19 at cms.gov for additional information.

19. Can providers continue to operate under a current PA if the place of service is not listed as telemedicine?
   For fee-for-service Medicaid members, yes. For members in managed care plans, please reach out to your provider representative for further clarification.
20. Do technologies need to be HIPAA compliant?
Health Insurance Portability and Accountability Act (HIPAA) federal guidance has been waived during this public health emergency. For additional information, see the FAQs on Telehealth and HIPAA during the COVID-19 nationwide public health emergency at hhs.gov. We ask that providers take steps to protect confidential information to the best of their abilities.

21. What type of technology can be used for telemedicine?
Any technology that allows for real-time interactive communication between the patient and provider is acceptable. This can be done either in a video format or audio-only communication. Services provided via email and text message formats are not reimbursable.

22. Can the patient/provider relationship be established via telemedicine?
Yes.

23. What is the specific guidance for federally qualified health centers (FQHCs) and rural health clinics (RHCs) when billing telemedicine?
When acting as the distant site:

- If billing FFS, bill the T1015 code with the appropriate place of service (POS) code (11, 12, 31, 32, 50, or 72). T1015 is not needed when billing claims to managed care entities.
- Bill procedure codes for the services rendered.
  - If the procedure code is on the existing Telemedicine Services Codes (accessible from the Codes Sets page at in.gov/Medicaid/providers), bill POS 02 and modifier 95 on the claim details.
  - If the procedure code is not on the existing Telemedicine Services Codes, bill the most appropriate place of service for where the member is located. It is strongly encouraged to also bill the GT modifier on the claim details.

It is still required that at least one service provided must meet the definition of a valid encounter. If the claim has no valid encounter procedure codes on the claim, it will deny.

When acting as the originating site, follow the instructions in the Telemedicine and Telehealth Services provider reference module. No changes have been made to this guidance when acting as the originating site.
Indiana

- Executive Orders
  - https://www.in.gov/gov/2384.htm

- IN Medicaid Bulletins
Michigan
Reimbursement
(Pre-COVID-19)

- **Michigan Medicaid**
  - Reimburses for live video telemedicine and certain healthcare professionals, for patients located at certain originating sites for specific services
  - Does not reimburse for store-and-forward or remote patient monitoring
  - Consent must be directly or indirectly be obtained by a health care professional utilizing telehealth
  - A health professional providing telehealth service to a patient may prescribe the patient a drug if both of the following are met
    - The health professional is a prescriber who is acting within the scope of his or her practice and
    - If the health professional is prescribing a controlled substance, the health professional must meet the requirements of this act
    - The health professional must also provide or delegate follow-up care for the patient
    - Subject to DEA waivers
- **Commercial/Private Insurance**
  - Parity Rule
    - Insurers and group or nongroup health care corporations shall not require face-to-face contact between a health care professional and a patient for services appropriately provided through telemedicine, as determined by the insurer or health care corporation

[https://www.umtrc.org/resources/reimbursement/umtrc-michigan-telehealth-reimbursement-summary/?back=resources](https://www.umtrc.org/resources/reimbursement/umtrc-michigan-telehealth-reimbursement-summary/?back=resources)
Michigan

- Executive Order 2020-04 - March 10, 2020 - Declaration of State of Emergency
  - https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705-521576--,00.html
Michigan

MI Medicaid Bulletin MSA 20-09 - March 12, 2020 - General Telemedicine Policy Changes


Programs Affected: Medicaid, Healthy Michigan Plan, Children’s Special Health Care Services, Maternity Outpatient Medical Services

The purpose of this bulletin is to update program coverage of telemedicine services including the definition, consent requirements, privacy and security requirements, allowable originating sites, distant site procedures and billing and reimbursement. It also outlines specific telemedicine considerations for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).

I. General Telemedicine Policy

Telemedicine is the use of telecommunication technology to connect a beneficiary with a Medicaid enrolled health care professional in a different location. The Michigan Department of Health and Human Services (MDHHS) requires a Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliant real-time interactive system at both the originating and distant sites, allowing instantaneous interaction between the beneficiary and practitioner via the telecommunication system. The technology used must meet the needs for audio and visual compliance in accordance with state and federal standards. Practitioners must ensure the privacy of the beneficiary and the security of any information shared via telemedicine.

Allowable telemedicine services are limited to those listed on the telemedicine fee schedule, which can be accessed on the MDHHS website at www.michigan.gov/medicaid/providers >> Billing and Reimbursement >> Provider Specific Information >> Physicians/Practitioners/Medical Clinics >> Telemedicine Services.
Michigan

AI Medicaid Bulletin MSA 20-09 - March 12, 2020 - General Telemedicine Policy Changes (cont’d)

A. MDHHS Definition of Telemedicine

MDHHS aligns the definition of telemedicine with Section 3476 of the Insurance Code of 1956, 1956 PA 218 MCL 500.3476, as updated on December 20, 2017. Therefore, “Telemedicine” means the use of an electronic media to link [beneficiaries] with health care professionals in different locations. To be considered telemedicine under this section, the health care professional must be able to examine the [beneficiary] via a real-time, interactive audio or video (or both) telecommunications system, and the patient must be able to interact with the off-site health care professional at the time the services are provided.

B. Consent for Telemedicine Services

MDHHS requires either direct or indirect patient consent for all services provided via telemedicine. This consent must be properly documented in the beneficiary medical record in accordance with applicable standards of practice. This requirement aligns with section 16284 of State of Michigan Public Act No. 359, effective March 29, 2017.

C. Privacy and Security Requirements

When providing services via telemedicine, sufficient privacy and security measures must be in place and documented to ensure confidentiality and integrity of beneficiary-identifiable information. Transmissions, including beneficiary email, prescriptions, and laboratory results, must be secure within existing technology (i.e., password protected, encrypted electronic prescriptions, or other reliable authentication techniques). All beneficiary-physician email, as well as other beneficiary-related electronic communications, should be stored and filed in the beneficiary’s medical record, consistent with traditional recordkeeping policies and procedures.

D. Contingency Planning

A contingency plan, including referral to an acute care facility or Emergency Room (ER) for treatment as necessary for the safety of the beneficiary, is required when utilizing telemedicine technologies. This plan must include a formal protocol appropriate to the services being rendered.
E. Originating Site

Effective March 1, 2020, the originating site is defined as the location of the eligible beneficiary at the time of the telemedicine service.

Home, as defined as a location, other than a hospital or other facility, where the beneficiary receives care in a private residence, is allowed as an originating site for eligible beneficiaries for telemedicine services.

Local Health Departments, as defined in Sections 333.2413, 333.2415 and 333.2421 of the Michigan Public Health Code (PA 368 of 1978 as amended) are allowed as originating sites for eligible beneficiaries for telemedicine services.

Also, in accordance with clinical judgement, any other established site considered appropriate by the provider is considered an allowable originating site, so long as all privacy and security requirements outlined in policy are established and maintained during the telemedicine service.

Authorized originating sites include:

- County mental health clinic or publicly funded mental health facility
- FQHC
- Hospital (inpatient, outpatient, or critical access hospital)
- Office of a physician or other practitioner (including medical clinics)
- Hospital-based or Critical Access Hospital (CAH)-based Renal Dialysis Centers (including satellites)
- RHC
- Skilled nursing facility
- Tribal Health Center
- Local Health Department (LHD)
- Home
- Other established site considered appropriate by the provider
F. Distant Site

Effective March 1, 2020, the distant site is defined as the location of the practitioner providing the professional service at the time of the telemedicine visit. This definition encompasses the provider’s office, or any established site considered appropriate by the provider, so long as the privacy of the beneficiary and security of the information shared during the telemedicine visit are maintained.

G. Billing and Reimbursement

i. Telehealth Facility Fee

Effective March 1, 2020, allowable originating sites are permitted to submit claims for the telehealth facility fee. This fee is intended to reimburse the provider for the expense of hosting the beneficiary at their location. In order to submit this code, the originating site must ensure the technology is functioning, the privacy of the beneficiary is secured, and that the information is shared confidentially.

Telemedicine services where “home” or another “established site considered appropriate by the provider” are utilized as the originating site are not eligible to receive the telehealth facility fee. Distant site providers in these situations are instructed to bill the appropriate Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) code (as represented by the telemedicine database) for the service(s) provided.

Neither the originating site or the distant site is permitted to bill both the telehealth facility fee and the code for the professional service for the same beneficiary at the same time.

ii. Facility Rate

Effective June 1, 2020, Allowable telemedicine services will be eligible for reimbursement at the facility rate exclusively.

iii. Place of Service and GT Modifier

Effective March 1, 2020, all telemedicine services, as allowable on the telemedicine database and submitted on the professional invoice, must be reported with Place of Service 02-Telehealth and the GT—Interactive telecommunication modifier. For services submitted on the Institutional invoice, the appropriate National Uniform Billing Committee (NUBC) revenue code, along with the appropriate telemedicine CPT/HCPCS procedure code and modifier must be used. Telemedicine claims without these indicators may be denied.
Michigan Medicaid Bulletin MSA 20-09 - March 12, 2020 - General Telemedicine Policy Changes (cont’d)

II. **FQHC and RHC Considerations**

The purpose of this section is to update program coverage of telemedicine services provided by FQHCs and RHCs acting as an originating or distant site provider effective March 1, 2020.

A. **General Information**

All current Medicaid policy for telemedicine services, including definitions, requirements and parameters of telemedicine, apply to FQHCs and RHCs. FQHCs and RHCs are responsible for ensuring compliance with all telemedicine policy within the Medicaid Provider Manual and any applicable supplemental Medicaid policy bulletins. The Medicaid Provider Manual and Medicaid policy bulletins can be accessed on the MDHHS website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

B. **Distant Site Providers**

Distant site services provided by qualified Medicaid enrolled practitioners may be covered when the qualified practitioner is employed by the clinic or working under the terms of a contractual agreement with the clinic. FQHCs and RHCs must maintain all practitioner contracts and provide them to MDHHS upon request. Refer to the Practitioner chapter of the Medicaid Provider Manual for additional information on distant site providers.

C. **Billing, Reimbursement, and Prospective Payment System (PPS)**

Claims for telemedicine services must be submitted using the ASC X 12N 837 5010 form using the appropriate telemedicine HCPCS or CPT code. All telemedicine claims must include the corresponding modifier GT—interactive telecommunication and the appropriate revenue code.

During the Medicaid provider enrollment process, contracted providers must associate to the FQHC or RHC billing National Provider Identifier (NPI). Refer to the Billing & Reimbursement for Institutional Providers chapter of the Medicaid Provider Manual for further information.

The telehealth facility fee does not qualify as a face-to-face visit and does not generate the PPS payment. Telemedicine service(s) provided at the distant site that qualify as a face-to-face visit may generate the PPS payment. All current PPS rules and encounter criteria apply to telemedicine visits. Refer to the FQHC and RHC chapters of the Medicaid Provider Manual and the FQHC and RHC reimbursement lists on the MDHHS website for further information. The FQHC and RHC reimbursement lists can be accessed at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Billing & Reimbursement >> Provider Specific Information >> Clinic Institutional Billing.
Michigan

  - Allows for telephonic (audio only) from March 1, 2020 and for 30 days after the termination of the MI state of emergency order, or on the 1st of the following month, whichever is later
  - Use Place of Service 02 and the GT modifier
  - Use Remarks - ‘services provided via telephone’ if applicable
  - FQHCs and RHCs - use GT modifier and remarks section as indicated
  - See Telemedicine Services Database
    - [https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42551-151022--,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42551-151022--,00.html)
  - See COVID-19 Response
    - [https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42551-523789--,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42551-523789--,00.html)
Michigan

- Executive Orders
  - https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html

- MI Medicaid Bulletins
  - https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5100-87513--,00.html
Ohio Medicaid (Effective 7/4/2019)

- Reimburses for live video telemedicine
- Does not reimburse for store and forward or remote patient monitoring
- Does not reimburse for originating site
  - Patient may be at home, Practitioner's office, primary care clinic, school, FQHC, RHC, Public Health Dept, family planning clinic, inpatient / outpatient hospital, nursing facility, Intermediate care facility for individuals with intellectual disability (ICF/IIF)
  - Excluded Place of Service
    - Penal facility or institution (jail or prison, etc.), other place of service
    - No other POS restrictions for practitioner if:
      - Patient is 'active', practice is patient centered medical home, service provided is an inpatient or office consultation
  - Commercial/Private Insurance Parity Rule
    - Ohio HB 166 – Creates FY 2020-2021 operating budget
    - Enacted 7/18/2019 – takes effect 1/1/2021
    - Requires a health benefit plan to provide coverage for telemedicine services on the same basis and to the same extent that the plan provides coverage for the provision of in-person health care services

https://www.umtrc.org/resources/reimbursement/umtrc-ohio-telehealth-reimbursement-summary/?back=resources
Ohio

- Executive Order 2020-01D - March 9, 2020 - Declaration of State of Emergency

- Executive Order 2020-05D - March 19, 2020 - Emergency Telehealth Guidance
Ohio

OH Medicaid Emergency Provider Agreement Provisions - April 9, 2020 - Telehealth Service Expansion
General Telemedicine Policy Changes

- Eased pharmacy benefit restrictions and in or out of network provider status
- Prior authorizations relaxed for managed care plans
- Patients may seek telehealth services from any authorized provider regardless of in or out of network status

COVID-19 Medicaid Emergency Actions

The Ohio Department of Medicaid is working to make access to care easier and more flexible during the COVID-19 pandemic. The agency, in partnership with the Governor’s office, our sister agencies as well as managed care plans, providers and consumers, has:

- Expanded telehealth services to include a wide array of medical, clinical and behavioral health providers and counselors
- Eased technology restrictions on patient-physician interaction to deliver telehealth services
- Reduced prior authorization requirements for many medical and behavioral services
- Enhanced pharmacy benefits, eliminating in- and out-of-network restrictions, pharmaceutical co-pays while increasing pharmacy reimbursements for over the counter medications
- Enabled nursing home and congregate care members to access telehealth services with no prior authorization.

Learn more about the emergency provisions now in place for Medicaid beneficiaries and their providers.

OHIO MEDICAID EMERGENCY PROVIDER AGREEMENT PROVISIONS
- Ohio Medicaid Emergency MCP Provider Agreement Provisions
- Ohio Medicaid Emergency MCP Provider Provisions FAQ

OHIO MEDICAID EMERGENCY PROVIDER AGREEMENT PROVISIONS
- Executive Order 2020-10-02 - ODM-OAMS Emergency Telehealth Guidance
- Updated list of COVID-19 Telehealth Rules Frequently Asked Questions (version 2)
- Telehealth Billing Guidelines During COVID-19 State of Emergency
  Please Note: This document does NOT apply to OhioOMAS-certified providers.
- COVID-19 Telehealth Billing Desk Guide
- Ohio Medicaid Emergency Telehealth Implementation 04/13/2020
- ODM-OAMS Emergency Telehealth Bill Provider Presentation Deck
OH Telehealth Billing Guidelines During COVID-19

- Eased pharmacy benefit restrictions and in or out of network provider status
- Prior authorizations relaxed for managed care plans
- Patients may seek telehealth services from any authorized provider regardless of in or out of network status

- Allows for synchronous, interactive, real-time electronic communication that includes both audio and video OR
- Asynchronous activities such as
  - Telephone calls, images transmitted through fax, electronic mail
- Patients can access telehealth services wherever they are located
  - Home, school, temporary housing, homeless shelter, nursing facility, hospital, group home, intermediate care facilities for individuals with intellectual disabilities
- FQHC/RHC as the distant site
  - T1015 encounter code, GT modifier, place of service must be practitioner site
- Allow dental, hospice, home health services, nursing facilities
- Includes full list of CPT/HCPCS codes, modifiers and sample billing scenarios
Ohio

- Executive Orders
- OH Medicaid COVID-19 Medicaid Emergency Actions
Telemedicine Room Design

- Location / Size
- Placement of equipment & furniture
- Electrical & telecommunications connections
- Lighting, Acoustics, Wall color
Existing Patient Room

- Large enough to move around comfortably
  - Exam table
  - Chairs
  - Telemedicine equipment
  - Patient
  - Telepresenters
  - Work surface
  - Phone/computer, etc.
Seeing patients from home in their home

- Privacy
- Webside Manner
- Video Etiquette
- Consent
- Vital Signs
Additional Resources and Contact

- COVID-19 Resources
- Telehealth FAQs
- “Starting a Telemedicine Program During the COVID-19 Pandemic” webinar recording
- Technology toolkits
- Other resources
- Monthly newsletter and updates

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