Michigan Telehealth Reimbursement Summary

Reimbursement for telehealth services is dependent upon the type of insurance in which the patient is enrolled: Medicare, Medicaid, or Commercial / Private Insurance.

Medicare

Medicare is a federal program, so its program conditions of payment are the same across the United States. The Centers for Medicare and Medicaid Services (CMS) sets federal guidelines for telehealth reimbursement for Medicare patients. Medicare pays for certain provider types and certain outpatient professional services (CPT codes) for patients accessing care from sites in rural counties and HPSAs in rural census tracts.

CMS creates an annual Medicare Telehealth Services Fact Sheet. Here’s the link to the 2020 version of this Medicare Learning Network (MLN) guide.


Michigan Law and Definitions

Each state has its own law(s) that define telehealth and/or telemedicine.

Michigan Telemedicine/Telehealth Definition

"Telemedicine means the use of an electronic media to link patients with health care professionals in different locations. To be considered telemedicine, the health care professional must be able to examine the patient 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.”

Source: MI Compiled Law Services Sec. 500.3476 (2012).
**Legislation for Online Prescribing in Michigan**

A health professional providing telehealth service to a patient may prescribe the patient a drug if both 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 applicable to that health professional for prescribing a controlled substance.

The health professional must also provide a referral for health care services that are geographically accessible to the patient, if medically necessary. They also must make himself or herself (or a delegated health professional) available for follow-up care or refer the patient to another health professional for follow-up care. Source: [http://www.legislature.mi.gov/(S(ciyji2k0ehvsjzpuzcilsrd2))/mileg.aspx?page=getObject&objectName=mcl-333-17751](http://www.legislature.mi.gov/(S(ciyji2k0ehvsjzpuzcilsrd2))/mileg.aspx?page=getObject&objectName=mcl-333-17751)

**Michigan Medicaid**

**Michigan Medicaid COVID-19 Update**

- Following guidelines are only effective for no more than 30 days following the conclusion of the Governor’s Declaration of a State Emergency Order.
- All codes within the telemedicine database may use audio only services as a when both visual and audio is unavailable.
- See MDHHS bulletin MSA 20-13 for many telemedicine services codes and fees.
- Both provider and patient must have HIPAA compliant communication technology that must be synchronous and have both audio and visual components. All services must remain HIPAA compliant.
- Patients may be in their home, and providers may be wherever they deem as an appropriate site.
- Telepractice services will be submitted using the same codes as if the encounter occurred in-person. Additionally, providers must use the GT – interactive telecommunication modifier to label the service as telepractice. If the service is audio only, providers must note, “services provided via telephone” in the remarks section.
- Like all telemedicine, telepractice must be provided by a licensed...
provider acting within the scope of their practice.

- Behavioral health telepractice services may be provided to beneficiaries of Medicaid or Healthy Michigan Plan using interactive and synchronous audio and/or video.
- Dentists also have temporary, limited permission for oral evaluations using telemedicine when using both audio and visual technology is unavailable. Dentists must still adhere to the specific requirements presented in bulletin MSA 20-13. See MSA 20-21 for more details.
- CPT/HCPCS codes for physical, occupational, and speech therapy services via telemedicine can be found on page 3 of bulletin MSA 20-22.
- FQHC’s and RHC’s may receive the Prospective Payment System rate and THC’s may receive the All-Inclusive Rate for specified telemedicine visits. See bulletin MSA 20-34 for details.
- Certain telemedicine services will be eligible for a facility rate beginning June 1, 2020.

Sources: MDHHS bulletins MSA 20-13; MSA 20-15; MSA 20-21; MSA 20-34; MSA 20-22

Non-COVID-19 related Michigan Medicaid:

Each state has its own unique Medicaid program. “Effective October 1, 2013, there are no distance requirements between the originating and distant site when providing telemedicine services for Fee-For-Service (FFS) Medicaid beneficiaries.”

Source: Michigan Department of Community Health Bulletin Number: MSA 13-34 (Issued August 30, 2013, Effective October 1, 2013)

Michigan Provider Manual


See: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5100-87572--,00.html

Michigan Medicaid Policy Bulletins

Michigan Medicaid Policy Bulletins can be found on the MDHHS site. See: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42553-87513--,00.html
Michigan Medicaid Reimbursement Fee Schedule

The Michigan Department of Health and Human Services reimburses based upon the billing and reimbursement guidelines located on their website at:
https://www.michigan.gov/MDHHS/0,5885,7-339-71547_4860_78446_78448_78560--.00.html

Private Payer

Each state is different, even within the same company, like Anthem, Blue Cross Blue Shield, or United that serve multiple states in the United States.

Michigan Telemedicine Parity Law for Commercial Payers

Contracts 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 maintenance organization. Telemedicine services shall be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the patient is located. Telemedicine services are subject to all terms and conditions of the contract.

Sources:

Contracts 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. Telemedicine services shall be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the patient is located. Telemedicine services are subject to all terms and conditions of the contract. See:
http://www.legislature.mi.gov/(S(flbh4kq0011mgllmjdx1mxmg))/mileg.aspx?page=getObject&objectName=mcl-500-3476

Additional Information on Telehealth Policy can be found at the National Telehealth Policy Resource Center’s website at: http://www.cchpca.org/state-laws-and-reimbursement-policies
Additional Michigan Legislation

Speech-Language and Audiology Services; Behavioral Health Therapy; Medication Therapy Management

“Telepractice is the use of telecommunications and information technologies for the exchange of encrypted patient data for the provision of speech-language and audiology services. Telepractice must be obtained through real-time interaction between the patient's physical location (patient site) and the provider's physical location (provider site).”

Source: *MI Dept. of Community Health, Medicaid Provider Manual, p. 1720 (Oct. 1, 2017).*