

**Bulletin Number:** MSA 13-34

**Distribution:** Practitioners, Hospitals, Federally Qualified Health Centers, Medicaid Health Plans, Mental Health/Substance Abuse, Nursing Facilities, Rural Health Clinics, Tribal Health Centers

**Issued:** August 30, 2013

**Subject:** Telemedicine

**Effective:** October 1, 2013

**Programs Affected:** Adult Benefits Waiver (ABW), Mental Health, Children's Special Health Care Services (CSHCS), Children's Waiver Program (CWP), Medicaid, Medicaid Managed Care, Maternity Outpatient Medical Services (MOMS), Children's Serious Emotional Disturbance Waiver Program (SED) and Plan First!

The purpose of this bulletin is to clarify and update existing Michigan Department of Community Health (MDCH) telemedicine policy. These changes include removing mileage restrictions between originating and distant site, a new covered service and notification of editing regarding the use of the GT modifier.

## Introduction

Telemedicine is the use of telecommunication technology to connect a patient with a health care professional in a different location. MDCH requires a real time interactive system at both the originating and distant site allowing instantaneous interaction between the patient and health care professional via the telecommunication system. Telemedicine should be used primarily when travel is prohibitive for the beneficiary or there is an imminent health risk justifying immediate medical need for services.

Providers must ensure the privacy of the beneficiary and the security of any information shared via telemedicine. The technology used must meet the needs for audio and visual compliance in accordance with current regulations and industry standards.

Telecommunication systems using store and forward technology including asynchronous transmission of medical data or the use of robotics for remote access surgical procedures are not included in this policy.

## MDCH Coverage

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.

Telemedicine services are not intended to replace face-to-face "hands-on" services. Where face-to-face visits are required, such as End Stage Renal Disease (ESRD) and nursing facility related services, the telemedicine service may be used in addition to the required face-to-face visit but cannot be used as a substitute.

For ESRD services, there must be at least one face-to-face visit (not via telemedicine) by a physician, Nurse Practitioner (NP), or Physician's Assistant (PA) per month to examine the vascular site. The initial visit for nursing facility services must be face-to-face.

## Authorized Telemedicine Services

Effective October 1, 2013, telehealth inpatient pharmacy management and the replacement codes covering psychiatric diagnostic procedures will be added as covered telemedicine services. For a full list of covered services refer to the MDCH website - Provider Specific Information ([www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders)) databases and the Medicaid Provider Manual to determine specific program coverage. Following is a list of service categories allowed for telemedicine:

### HCPCS/CPT Category

- ESRD – Related services
- Behavior Change Intervention, Individual
- Behavior Health &/or Substance Abuse Treatment Services
- Education Services, Telehealth
- Inpatient Consultations
- Nursing Facility Subsequent Care
- Office or Other Outpatient Consultations
- Office or Other Outpatient services
- Psychiatric Diagnostic Procedures
- Subsequent Hospital Care
- Telehealth
- Training service, Diabetes

### Authorized Originating Sites

An originating site is the physical location of the **beneficiary** at the time the service is being furnished. Per current MDCH policy, the following sites are eligible as originating sites via a telecommunications system:

- County mental health clinic or publicly funded mental health facility (CMHSP)
- Federally Qualified Health Centers (FQHC)
- Hospital (inpatient, outpatient, or critical access hospital-CAH)
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
- Office of a physician or other practitioner (including medical clinics)
- Rural Health Clinic (RHC)
- Skilled Nursing Facilities
- Tribal Health Center (THC)

### Authorized Practitioners

Telemedicine services must be provided by a health care professional who is licensed, registered, or otherwise authorized to perform services in their health care profession in the state where the beneficiary is located. Providers must be enrolled in Michigan Medicaid in order to be reimbursed for telemedicine services. Providers cannot be sanctioned from participating in Medicaid at the time the service is performed. The following health professionals may provide telemedicine services:

- Physicians (MD, DO, DPM)
- Nurse Practitioners (NP)
- Physician Assistants (PA)
- Nurse Midwives
- Clinical Nurse Specialist (CNS)\*\*
- Clinical Psychologist (CP) \*\*
- Clinical Social Workers (CSW) \*\*

\*\* Clinical Nurse Specialists, Psychologists and Social Workers cannot bill MDCH directly. Services must be provided through a Prepaid Inpatient Health Plan (PIHP)/CMHSP, FQHC, or THC. Psychotherapy services that include medical evaluation and management services cannot be provided by Psychologists or Social Workers.

If providing services through the PIHP/CMHSP or County Health Plan (CHP) the provider must have a contract with or be authorized by the appropriate entity.

## **Billing and Reimbursement**

Services provided (face-to-face) at the originating site on the same date as the telemedicine service, as well as the originating site facility fee, may be billed and reimbursed separately according to published guidelines. The distant site practitioner must appropriately bill the service they performed, per the allowable services list. Services not included on this database are not considered telemedicine allowed services.

When a payer other than Medicaid is primary, the rules of the primary payer must be followed. Medicaid will not reimburse for services if the primary payer rules are not followed.

All services provided via telemedicine must be submitted with the appropriate telemedicine modifier GT. For services that are telemedicine specific (that can only be billed via telemedicine) the GT modifier must always be used. Failure to append the GT modifier for these services will result in denial of the service.

## **Manual Maintenance**

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

## **Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

## **Approved**



Stephen Fitton, Director  
Medical Services Administration