

**Bulletin Number:** MMP 23-17

**Distribution:** Maternal Infant Health Program Providers, Local Health Departments, Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers

**Issued:** April 10, 2023

**Subject:** Maternal Infant Health Program Telehealth

**Effective:** As Indicated

**Programs Affected:** Medicaid, MIChild, Maternal Infant Health Program, Maternity Outpatient Medical Services

The purpose of this policy is to describe program parameters for the use of telehealth within the Maternal Infant Health Program (MIHP). Telehealth services increase person-centered care by allowing flexibility in program delivery. MIHP providers are required to follow current Medicaid telemedicine policy requirements.

### **Coverage Parameters for MIHP Telehealth**

Beginning with dates of service on May 12, 2023, the day following the end of the federal COVID-19 Public Health Emergency, MIHP agencies will be allowed to provide up to 40 percent of all professional visits across the total agency caseload via telehealth. At least 60 percent of all professional visits across the total agency caseload must be provided in person. Telehealth visits must include a dual audiovisual platform. Providers must ensure the privacy of the beneficiary and the security of any information shared via telehealth. MDHHS requires either direct or indirect beneficiary consent for all services provided via telehealth. This consent must be properly documented in the beneficiary's chart in accordance with applicable standards of practice. Telehealth visits must follow policy guidelines and program requirements for typical MIHP professional visits.

Appropriate use of telehealth will be determined by a combination of beneficiary preference and MIHP provider judgement. Examples of when telehealth is an appropriate option may include, but are not limited to, circumstances such as when a beneficiary:

- Refuses an in-person visit and would benefit from receiving MIHP services,
- Has an illness in their household, or
- Needs to share sensitive information that cannot be discussed in the home environment and a transportation barrier exists for an office visit.

Inappropriate use of telehealth may include, but is not limited to, circumstances such as when a beneficiary has no barrier for an in-person visit and does not request a telehealth visit.

Maternal Risk Identifier and Infant Risk Identifier visits can be conducted via telehealth. Agencies can complete a maximum of 40 percent of their total visits as telehealth, while 60 percent of visits must remain as in-person visits. This percentage is applied to the agency and not per beneficiary to allow for dosage of telehealth visit flexibility dependent on beneficiary needs.

Telehealth visits that occur via telephone-only are allowable only when a beneficiary barrier exists for use of an audiovisual platform (e.g., lack of smart phone or internet access). Documentation in the beneficiary's chart must include the reason for a telephone-only visit.

### **Billing and Reimbursement Considerations**

- MIHP program codes that may be billed as telehealth are indicated on the program specific fee schedule (refer to the current MIHP fee schedule for code description and rate).
- All MIHP telehealth services must be reported with:
  - Modifier 95 - Synchronous Telemedicine Service.
  - Place of Service code that would typically be used if the beneficiary were in person for the visit (e.g., home or office).
- Claims for services provided as telephone-only must be reported with modifier 93.

For further program-based telehealth requirements, refer to the [MIHP Operations Guide](#).

### **Manual Maintenance**

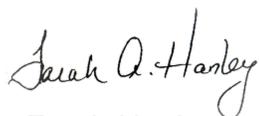
Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

### **Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

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### **Approved**



Farah Hanley  
Senior Chief Deputy Director for Health