

**Bulletin Number:** MMP 23-60

**Distribution:** Practitioners, Medicaid Health Plans (MHP), Local Health Departments (LHD), Prepaid Inpatient Health Plans (PIHP), Community Mental Health Services Programs (CMHSP), Federally Qualified Health Centers (FQHC), Hospitals, Rural Health Clinics (RHC), Tribal Health Centers (THCs), Pharmacy Providers, Integrated Care Organizations (ICO)

**Issued:** November 1, 2023

**Subject:** Asynchronous Telemedicine: Interprofessional Telephone / Internet / Electronic Health Record Consultations (eConsults), Updated Requirements

**Effective:** December 1, 2023

**Programs Affected:** Medicaid, Healthy Michigan Plan, Maternity Outpatient Medical Services (MOMS), MICHild

Michigan Medicaid provides coverage for consultations in various forms (refer to the Practitioner chapter of the [Michigan Department of Health and Human Services \[MDHHS\] Medicaid Provider Manual](#) for further information). This policy addresses interprofessional consultations (including eConsults), which are defined as a type of asynchronous telemedicine service in which the beneficiary's Medicaid-enrolled treating provider (e.g., attending or primary) requests the opinion and/or treatment advice of a Medicaid-enrolled consulting provider with the specialty expertise to assist in the diagnosis and/or management of the beneficiary's condition without beneficiary face-to-face contact with the consulting provider. The service must be for the direct benefit of the beneficiary, directly relevant to the individual beneficiary's original evaluation, diagnosis, and/or treatment, and must conclude with a written report from the consulting provider to the treating provider.

The beneficiary for whom the service is requested may be either a new or established patient to the consulting provider. Service time is based on the total review and interprofessional communication time. The review of beneficiary information, including but not limited to medical records, laboratory studies, imaging studies, medications, and pathology reports, is included in the service and should not be separately reported. The written or verbal request for the consultation must be documented in the beneficiary's medical record by the treating provider. Additional documentation requirements (within the medical record of the beneficiary) include date of service; name of provider agency or person providing the service; nature, extent, or units of service; and the place of service, along with all record keeping requirements as outlined in the MDHHS Medicaid Provider Manual. Providers must also consult with the American Medical Association (AMA) coding guidelines to ensure appropriate reporting of these services. Providers should not report interprofessional telephone/internet/electronic

health record consultations when the sole purpose of the communication is to arrange a transfer of care or other face-to-face service. In consultations that cross state lines, consulting providers must be an enrolled Medicaid provider in the state in which the beneficiary resides, though they need only be licensed/credentialed in the state in which they are practicing. Interprofessional consultations that occur across state lines require prior authorization. Refer to the [MDHHS Medicaid Provider Manual](#) for further information regarding out-of-state/beyond borderland providers and the prior authorization process.

### **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.

An electronic copy of this document is available at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

### **Approved**



Meghan E. Groen, Director  
Behavioral and Physical Health and Aging Services Administration