

Bulletin Number: MMP 24-06

Distribution: Practitioners, Hospitals, Nursing Facilities, Federally Qualified Health Centers (FQHC), Local Health Departments (LHD), Rural Health Clinics (RHC), Community Mental Health Services Programs (CMHSP), Prepaid Inpatient Health Plans (PIHP), Medicaid Health Plans (MHP), Tribal Health Centers (THC), School Services Program (SSP) Providers, Dentists, Dental Clinics, Dental Health Plans, Hearing Aid Dealers, Cochlear Implant Manufacturers, Audiologists/Hearing Centers, Vision Providers

Issued: February 29, 2024

Subject: Telemedicine Authorized Provider Policy Update

Effective: April 1, 2024

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services, Maternity Outpatient Medical Services (MOMS), MICHild

This policy delineates authorized providers who are permitted to render services via telemedicine within Michigan Medicaid. All providers must ensure compliance with all other telemedicine policy as outlined within the Telemedicine chapter of the [Michigan Department of Health and Human Services \(MDHHS\) Medicaid Provider Manual](#).

General Information

In alignment with the Michigan Insurance Code of 1956 (Act 218 of 1956), telemedicine services must be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in their health care profession in the state where the beneficiary is located. The provider at the distant site who is licensed under State law to furnish a covered telemedicine service (as described in telemedicine policy) may bill, and receive payment for, the service when it is delivered via a telecommunications system.

Telemedicine providers must be enrolled in Michigan Medicaid and must have the ability to refer the beneficiary to another provider of the same type or specialty who can see the beneficiary in-person when necessary. If rendering services within a managed care plan, providers must refer beneficiaries to resources within the plan for additional services as needed.

Out-of-State/Beyond Borderland Providers

Michigan Medicaid telemedicine policy permits providers who are licensed in another state to render/be reimbursed for telemedicine services for Michigan Medicaid-enrolled beneficiaries if the beneficiary is in the state where the provider is licensed.

Unless otherwise specified in policy, telemedicine providers associated to a billing provider located outside of Michigan must obtain prior authorization (PA) for services. Providers should refer to the Out-of-State/Beyond Borderland Providers subsection in the General Information for Providers chapter of the MDHHS Medicaid Provider Manual for situations where PA could be approved.

See below (Psychology Interjurisdictional Compact [PSYPACT]) for specific situations where an out-of-state licensed provider is otherwise authorized to render/be reimbursed for telemedicine services.

Virtual-Only Providers

Telemedicine providers who do not have a physical location for treatment, but are Michigan licensed and meet all other Medicaid enrollment requirements, are considered “virtual-only”, and are permitted to render services for Michigan Medicaid-enrolled beneficiaries.

Virtual-only providers not associated to a Michigan billing provider within the Community Health Automated Medicaid Processing System (CHAMPS) will be subject to out-of-state provider PA requirements. Providers should refer to the Out-of-State/Beyond Borderland Providers subsection in the General Information for Providers chapter of the MDHHS Medicaid Provider Manual for situations where PA could be approved.

Virtual-only providers must report Place of Service (POS) 02 or 10 along with the appropriate modifier when submitting claims/encounters for telemedicine.

PSYPACT

Telemedicine providers who have an Authority to Practice Interjurisdictional Telepsychology (APIT) certificate from the PSYPACT Commission are eligible to render/be reimbursed for telemedicine services for Medicaid beneficiaries as authorized under PSYPACT and allowed by Medicaid telemedicine policy.

PSYPACT providers must abide by the same telemedicine requirements as all other telemedicine providers. Services performed by PSYPACT providers are subject to PA requirements that would apply if the provider were located in-state. Providers should refer to the CHAMPS Code Rate and Reference tool for service-specific in-state authorization requirements.

PSYPACT providers must report POS 02 or 10 along with the appropriate modifier when submitting claims/encounters via telemedicine.

PIHP/CMHSP Providers

Telemedicine providers who are rendering services within the specialty behavioral health system must follow all PIHP/CMHSP enrollment procedures. These PIHP/CMHSP providers are required to be affiliated to the beneficiary's care team (via a shared medical record or a referral relationship) to ensure that the beneficiary has reasonably frequent and periodic in-person evaluations to personally reassess and update the beneficiary's medical treatment/history, effectiveness of treatment modalities, and current medical/behavioral condition and/or treatment plan.

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. 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 800-292-2550. Atypical Providers may phone toll-free 800-979-4662.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved



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