

Bulletin Number: MSA 20-15

Distribution: School-Based Services and Caring 4 Students Providers

Issued: May 5, 2020

Subject: COVID-19 Response: Behavioral Health Telepractice; Telephone (Audio Only) Services

Effective: As Indicated

Programs Affected: Medicaid, Healthy Michigan Plan

Per Centers for Disease Control and Prevention (CDC) and State recommendations, social distancing is encouraged to slow the spread of COVID-19 and thus preserve the health system capacity for the duration of this pandemic. Minimizing face-to-face contact whenever possible is strongly encouraged. These temporary policy changes offer flexibility for providers to meet the needs of beneficiaries through alternative means while protecting the health and welfare of both parties.

The purpose of this guidance is to establish telepractice policy and allow temporary flexibility related to audio/visual to protect the health and welfare of beneficiaries and providers while maintaining access to vital services during the COVID-19 pandemic.

I. General Telepractice Policy

This bulletin establishes policy regarding telepractice for behavioral health services provided within the Caring 4 Students (C4S) and School Based Services (SBS) programs. The general telepractice policy is effective March 1, 2020. **The general telepractice policy described in this section is a permanent policy effective March 1, 2020 and does not expire following the termination of public health emergency conditions referenced in Section II.**

The Michigan Department of Health and Human Services (MDHHS) aligns the definition of telemedicine, which also includes telepractice, with Section 3476 of the Insurance Code of 1956, 1956 PA 218 MCL 500.3476, as updated on December 20, 2017. Therefore, "Telemedicine" means the use of an electronic media to link [beneficiaries] with health care professionals in different locations. To be considered telemedicine under this section, the health care professional must be able to examine the [beneficiary] via a real-time, interactive audio or video (or both) telecommunications system, and the beneficiary must be able to interact with the off-site health care professional at the time the services are provided.

MDHHS requires a Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliant real-time, interactive system at both the originating (beneficiary location) and

distant (health care professional location) sites, allowing instantaneous interaction between the beneficiary and health care professional via the telecommunications system. The technology used must meet the needs for audio and visual compliance in accordance with state and federal standards. Health care professional must ensure the privacy of the beneficiary and the security of any information shared via telemedicine.

A. Telepractice Requirements

Telepractice specifically applies to the SBS and C4S programs and has the following requirements:

- Providers of telepractice services must be currently licensed in the state of Michigan as behavioral health providers and must act within their scope of practice when providing services. Telepractice services must be provided by a fully licensed or credentialed behavioral health professional, or by a practitioner who holds a limited license and is under the direction of an enrolled, fully licensed provider of the same profession.
- Transmissions, including beneficiary e-mail and prescriptions, must be password-protected, encrypted electronic prescriptions, or secured via other reliable authentication techniques. All student-provider e-mail, as well as other beneficiary-related electronic communications, should be stored and filed in the beneficiary's record consistent with traditional recordkeeping policies and procedures. Refer to the General Information for Providers chapter of the MDHHS Medicaid Provider Manual for complete HIPAA compliance requirements. The MDHHS Medicaid Provider Manual is available on the MDHHS website at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.
- A contingency plan, including referral to an acute care facility or emergency room (ER) for treatment as necessary for the safety of the beneficiary, is required when using telepractice technologies. This plan must include a formal protocol appropriate to the services being rendered.
- It is the expectation that providers, facilitators and staff involved in telepractice are trained in the use of equipment and software prior to servicing beneficiaries. Behavioral health services administered by telepractice are subject to the same provisions as services provided to a beneficiary in person, including all facets of services outlined in applicable CPT/HCPCS codes. A facilitator must be physically present at the originating site during the entire telepractice session to assist the beneficiary at the direction of the behavioral health professional.
- Allowable telepractice originating sites include the school, the beneficiary's home, or any other established site deemed appropriate by the provider. It must be a room free from distractions so as not to interfere with the telepractice session.

Refer to the MDHHS Medicaid Provider Manual, School Based Services chapter, Covered Services section, Psychological, Counseling and Social Work Services subsection for complete coverage information.

B. Billing Instructions

Telepractice services must be submitted using the same procedure codes as services rendered to a beneficiary who is physically present. In addition to the procedure code, billers are required to use the GT - interactive telecommunication modifier to identify services provided via telepractice. Refer to the SBS fee schedule on the MDHHS website at www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information >> School Based Services for a complete listing of procedure codes applicable to SBS and C4S beneficiaries.

II. Telephone (Audio Only) Services

During the state of emergency, delivery of behavioral health services via telephone (audio only) is permitted when all options to provide services using both audio and visual have been deemed impossible due to the COVID-19 pandemic. **The option to deliver behavioral health services via telephone is a temporary change. Consistent with public health emergency conditions at both the state and federal level related to COVID-19, MDHHS is issuing this policy effective immediately. Given the circumstances, this policy is intended to be time-limited, and MDHHS will notify providers of its termination.**

School-Based program telepractice services will encompass any of the behavioral health codes listed on the attached Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) code listing. Telehealth services provided during this period for services other than those outlined in this policy must adhere to the specific guidelines of Medical Services Administration (MSA) Bulletin MSA 20-13.

During the emergency period referenced above, behavioral health codes on the School Based Services database will be allowed to be delivered via telephone. All other requirements of the general telepractice policy described in Section I above must be followed unless otherwise indicated by the Centers for Medicare & Medicaid Services (CMS).

When reporting services delivered via telephone, refer to the billing instructions described in Section I above. In addition, providers must enter “services provided via telephone” in the remarks section of the claim.

Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Kevin Bauer, School Based Services Policy Analyst, at:

E-mail: BauerK2@michigan.gov

When responding by e-mail, please include "COVID-19 Response: Behavioral Health Telepractice; Telephone (Audio Only) Services and Parent Consent" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

Manual Maintenance

Retain this bulletin until applicable information is incorporated into the 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. Providers may phone toll-free 1-800-292-2550.

Approved



Kate Massey, Director
Medical Services Administration

Attachment

MDHHS
COVID-19 Telepractice Exception Database
March 1, 2020

HCPCS Code	Mod	Mod	POS	Short Description	Maximum Fee	Comments
90785	GT		03	Interactive Complexity	\$0.00	Add-on code for psychological services
90791	GT		03	Psychiatric Diagnostic Evaluation	\$0.00	
90832	GT		03	Psychotherapy	\$0.00	30 minutes with patient
90834	GT		03	Psychotherapy	\$0.00	45 minutes with patient
90837	GT		03	Psychotherapy	\$0.00	60 minutes with patient
90846	GT		03	Family Psychotherapy	\$0.00	Without patient present, 50 minutes
90847	GT		03	Family Psychotherapy	\$0.00	Conjoint psychotherapy with patient present, 50 minutes
90853	GT		03	Group Psychotherapy	\$0.00	Other than of a multiple-family group
96121	GT		03	Neurobehavioral Status Examination	\$0.00	
96127	GT		03	Brief Behavioral Assessment	\$0.00	
96130	GT		03	Psychological Testing Evaluation Services by Physician or Other Qualified Health Care Professional	\$0.00	First hour
96131	GT		03	Psychological Testing Evaluation Services by Physician or Other Qualified Health Care Professional	\$0.00	Each additional hour
96132	GT		03	Neuropsychological Testing Evaluation Services by Physician or Other Qualified Health Care Professional	\$0.00	First hour
96136	GT		03	Psychological or Neuropsychological Test Administration and Scoring by Physician or Other Qualified Health Care Professional, Two or More Tests, any Method	\$0.00	First 30 minutes
96137	GT		03	Psychological or Neuropsychological Test Administration and Scoring by Physician or Other Qualified Health Care Professional, Two or More Tests, any Method	\$0.00	Each additional 30 minutes
96138	GT		03	Psychological or Neuropsychological Test Administration and Scoring by Technician, Two or More Tests, any Method	\$0.00	First 30 minutes
96139	GT		03	Psychological or Neuropsychological Test Administration and Scoring by Technician, Two or More Tests, any Method	\$0.00	Each additional 30 minutes
96146	GT		03	Psychological or Neuropsychological Test Administration, with Single Automated, Standardized Instrument via Electronic Platform, with Automated Result Only	\$0.00	

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The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS
COVID-19 Telepractice Exception Database
March 1, 2020

HCPCS Code	Mod	Mod	POS	Short Description	Maximum Fee	Comments
97151	GT		03	Behavioral Identification Assessment Administered by Qualified Health Care Professional	\$0.00	Each 15 minutes
97152	GT		03	Behavioral Identification Supporting Assessment, Administered by One Technician Under the Direction of Qualified Health Care Professional	\$0.00	Each 15 minutes
97153	GT		03	Adaptive Behavior Treatment by Protocol, Administered by Technician Under the Direction of Qualified Health Care Professional	\$0.00	Each 15 minutes
97154	GT		03	Group Adaptive Behavior Treatment by Protocol, Administered by Technician Under the Direction of Qualified Health Care Professional	\$0.00	Each 15 minutes
97155	GT		03	Adaptive Behavior Treatment with Protocol Modification, Administered by Qualified Health Care Professional	\$0.00	Each 15 minutes
97156	GT		03	Family Adaptive Behavior Treatment Guidance, Administered by Qualified Health Care Professional	\$0.00	With or without patient present, each 15 minutes
97158	GT		03	Group Adaptive Behavior Treatment with Protocol Modification, Administered by Qualified Health Care Professional Face-to-Face with Multiple Patients	\$0.00	Each 15 minutes
H0002	GT		03	Behavioral Health Screening to Determine Eligibility for Admission to Treatment Program	\$0.00	
H0004	GT		03	Behavioral Health Counseling and Therapy	\$0.00	Each 15 minutes
H0031	GT		03	Mental Health Assessment, by Non-Physician	\$0.00	

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