

Bulletin Number: MSA 20-53

Distribution: Practitioners, Outpatient Hospitals, Federally Qualified Health Centers (FQHC), Local Health Departments, Rural Health Clinics (RHC), Hearing Aid Dealers, Cochlear Implant Manufacturers, Audiologists/Hearing Centers, Medicaid Health Plans, Tribal Health Centers (THC), Integrated Care Organizations (ICO)

Issued: August 12, 2020

Subject: COVID-19 Response: Telemedicine Policy Changes for Audiology Services

Effective: June 1, 2020

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

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 allow flexibility related to a limited number of audiology services, allowing them to be provided via telemedicine (**requiring simultaneous use of both audio and visual capabilities**). Consistent with public health emergency conditions at both the state and federal level related to COVID-19, MDHHS is issuing this policy effective June 1, 2020. Given the circumstances, this policy is intended to be time-limited, and MDHHS will notify providers of its termination.

This policy supplements the existing audiology services and hearing aid dealer's policy. Services performed via telemedicine are covered to the same extent the service is covered when provided in-person. All current referral, prior authorization, documentation requirements, standards of care, and limitations remain in effect. Providers should refer to the Hearing Services and Devices Chapter issued in bulletin MSA 20-11 for complete information located at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms >> Michigan Medicaid Approved Policy Bulletins >> 2020.

I. General Telemedicine Policy

Telemedicine is the use of telecommunication technology to connect a beneficiary with a Medicaid enrolled health care professional in a different location. MDHHS requires a Health Insurance Portability and Accountability Act (HIPAA) compliant real time interactive system at both the originating and distant site, allowing instantaneous interaction between the beneficiary and the practitioner via the telecommunication system. The technology used must meet the needs for audio and visual compliance in accordance with state and federal standards. Practitioners must ensure the privacy of the beneficiary and the security of any information shared via telemedicine. All privacy and security guidelines are in effect unless otherwise indicated by federal guidance.

Note: Bulletin MSA 20-13, issued March 20, 2020, does not apply to the services listed in this bulletin. All the services listed in this bulletin must be performed using **both audio and visual capabilities** and must follow all other telemedicine policies (Practitioner Chapter, Telemedicine Section of the MDHHS Medicaid Provider Manual and all applicable policy bulletins) unless otherwise indicated by federal guidance.

All services must be provided:

- Within scope of practice guidelines;
- Only when the beneficiary is deemed appropriate for telemedicine interactions;
- Only with express agreement from the prescribing provider (as indicated via signed prescription or clinic note); and
- Only after consent is obtained.

Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT/HCPSC) code requirements must be followed when providing audiology services via telemedicine. Providers must have a contingency plan in place to allow for referral to emergency services if needed.

II. Coverage Expansion

Audiology services provided via telemedicine are intended to be an additional treatment tool and complement in-person services where clinically appropriate as established by the provider in agreement with the beneficiary. Audiological diagnostic testing, surgical device candidacy evaluations, and various hearing aid services are not appropriate for telemedicine and beneficiaries should continue to be seen in-person when applicable.

Effective for dates of service on or after June 1, 2020, MDHHS will temporarily allow speech therapy, auditory rehabilitation, and the following hearing device services to be performed remotely: hearing aid selections, device programming, volume or other setting adjustments, counseling and education, and device performance evaluations.

The following CPT/HCPSC codes may be performed by an audiologist or hearing aid dealer via telemedicine as specified below:

A. Audiologists

92507	Speech/Hearing Therapy
92508	Speech/Hearing Therapy
92590	Hearing Aid Exam and Selection One Ear
92591	Hearing Aid Exam and Selection Both Ears
92601*	Diagnostic Analysis of Cochlear Implant with Programming <7 years of age
92602*	Subsequent Reprogramming of Cochlear Implant <7 years of age
92603*	Diagnostic Analysis of Cochlear Implant with Programming 7/> years of age
92604*	Subsequent Reprogramming of Cochlear Implant 7/> years of age
92626**	Eval of Auditory Function or Postoperative Status- Implanted Device 1st Hour
92627**	Eval of Auditory Function or Postoperative Status- Implanted Device Ea Addl 15
92630	Auditory Rehabilitation- Pre-Lingual Hear Loss
92633	Auditory Rehabilitation – Post-Lingual Hear Loss
S9152	Speech Therapy, Re-Eval
V5011	Hearing Aid Fitting/Checking
V5020	Conformity evaluation

*Remote programming must be provided in compliance with current Food and Drug Administration (FDA) guidelines.

**Services must be provided post-operatively.

B. Hearing Aid Dealers

V5011	Hearing Aid Fitting/Checking
V5020	Conformity evaluation

III. Billing Considerations

Audiology services provided via telemedicine that are billed on a professional claim must contain Place of Service 02 and the GT-interactive communication modifier per telemedicine policy. Telemedicine services billed on an institutional claim must contain the GT-interactive communication modifier per telemedicine policy.

IV. FQHC/RHC/THC Considerations

Audiology services provided in accordance with this policy, using both audio and visual modalities, will be considered face-to-face and will trigger the Prospective Payment System (PPS)/All Inclusive Rate (AIR) if the service billed is listed as a qualifying visit.

For FQHCs, RHCs, and THCs, the appropriate CPT/HCPCS code, PPS/AIR payment code (if the service generates a qualifying visit), and the GT – interactive modifier must be used. Refer to the MDHHS website at www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information for additional information.

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 Adriena Krul-Hall, Policy Specialist, via e-mail at Krulhalla@michigan.gov.

Please include "COVID-19 Response: Telemedicine Policy Changes for Audiology Services" in the subject line.

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

Manual Maintenance

Information is time-limited and will not be incorporated into any policy or procedure manuals.

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. 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

A handwritten signature in black ink, appearing to read "K. Massey", followed by a horizontal line.

Kate Massey, Director
Medical Services Administration