

Michigan Telehealth Reimbursement Summary – October, 2016

Medicare Telehealth Reimbursement Summary is available at:

<http://www.umtrc.org/resources/payers-reimbursement/medicare-telehealth-reimbursement-summary/?query=category.eq.Payers%20Reimbursement&back=Resources>

Michigan State Law Telemedicine/ Telehealth Definition:

Definition of telemedicine/telehealth: "Telemedicine means the use of an electronic media to link patients with health care professionals in different locations. To be considered telemedicine, the health care professional must be able to examine the patient via a real-time, interactive audio or video, or both, telecommunications system, and the patient must be able to interact with the off- site health care professional at the time the services are provided."

Source: [*MI Compiled Law Services Sec. 500.3476 \(2012\).*](#)

Michigan Medicaid Policy

"Telemedicine is the use of telecommunication technology to connect a patient with a health professional in a different location. Michigan Department of Community Health requires a real time interactive system at both the originating and distant site allowing instantaneous interaction between the patient and health care professional via the telecommunication system. Telemedicine should be used primarily when travel is prohibitive for the beneficiary or there is an imminent health risk justifying immediate medical need for services."

"Providers must ensure the privacy of the beneficiary and the security of any information shared via telemedicine. The technology used must meet the needs for audio and visual compliance in accordance with current regulations and industry standards."

"Telecommunications systems using store and forward technology including asynchronous transmission of medical data or the use of robotics for remote access surgical procedures are not included in this policy."

"Effective October 1, 2013, there are no distance requirements between the originating and distant site when providing telemedicine services for Fee-For-Service (FFS) Medicaid beneficiaries."

Source: [*MI Dept. of Community Health, Medicaid Provider Manual, \(April 1, 2014\) and Michigan Department of Community Health Bulletin Number: MSA 13-34 \(Issued August 30, 2013, Effective October 1, 2013\)*](#)

See Appendix () for Additional Michigan Medicaid Information



Michigan Medicaid Reimbursement Fee Schedule

The Michigan Department of Health and Human Services reimburses based upon the billing and reimbursement guidelines located on their website at:

<http://www.michigan.gov/mdhhs/0,5885,7-339>

[71551 2945 42542 42543 42546 42551-151698--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339,71551_2945_42542_42543_42546_42551-151698--,00.html)

Michigan Telemedicine Parity Law for Commercial Payers

Contracts shall not require face-to-face contact between a health care professional and a patient for services appropriately provided through telemedicine, as determined by the insurer or health maintenance organization. Telemedicine services shall be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession

in the state where the patient is located. Telemedicine services are subject to all terms and conditions of the contract.

[http://www.legislature.mi.gov/\(S\(2pjtoyom2bkxreclnrcv4cdda\)\)/mileg.aspx?page=home](http://www.legislature.mi.gov/(S(2pjtoyom2bkxreclnrcv4cdda))/mileg.aspx?page=home)

[2012 MI HB 5408](#) prohibits a group or non-group health care corporation from requiring face-to-face contact between a health care provider and a patient for service appropriately provided through telemedicine.

[2012 MI HB 5421](#) prohibits health maintenance organizations and individual contracts from requiring face-to-face contact between a health care provider and a patient for services appropriately provided through telemedicine.

Additional Details on Telehealth Policy can be found at the National Telehealth Policy Resource Center's website at: <http://cchpca.org/jurisdiction/michigan>

Appendix



Michigan Medicaid Reimburses for the Following Services via telemedicine: (Changes Made 4/1/16)

- ESRD-related services
- Behavior change intervention
- Behavior Health and/or Substance Abuse Treatment (revised 4/1/16)
- Education Services, Telehealth
- Inpatient consultations
- Nursing facility subsequent care
- Office or other outpatient consultations
- Office or other outpatient services
- Psychiatric diagnostic procedures
- Subsequent hospital care
- Training service – Diabetes (Refer to the Diabetes Self-Management Education (DSME) Training Program subsection in the Hospital Chapter for specific program requirements)
- Where face-to-face visits are required (such as ESRD and nursing facility related services), the telemedicine service may be used in addition to the required face-to-face visit, but cannot be used as a substitute. There must be at least one face-to-face hands-on visit (i.e., not via telemedicine) by a physician, nurse practitioner, or physician's assistant per month to examine the vascular site for ESRD services. The initial visit for nursing facility services must be face-to-face. Procedure code and modifier information is contained in the MDHHS Telemedicine Services Database available on the MDHHS website. (Refer to the Directory Appendix for website information.)

Source: [\(Medicaid Provider Manual, Practitioner Section 17, p. 63 \(October 17, 2016\)\)](#)

Authorization Requirements

- There are no prior authorization requirements when providing telemedicine services for fee-for- service beneficiaries.
- Authorization requirements for beneficiaries enrolled in Medicaid Health Plans (MHPs) may vary. Providers must check with individual MHPs for any authorization or coverage requirements.

Michigan Medicaid Authorized Originating Sites

The originating site is the location of an eligible beneficiary at the time the service being furnished via a telecommunications system occurs.

The following are authorized as originating sites for telemedicine services:

- County mental health clinic or publicly funded mental health facility
- Federally Qualified Health Center (FQHC)
- Hospital (inpatient, outpatient, or critical access hospital)
- Office of a physician or other practitioner (including medical clinics)
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
- Rural health clinic
- Skilled nursing facility
- Tribal Health Center (THC)

Information regarding billing for the originating site facility fee is contained in the Billing & Reimbursement for Institutional Providers and the Billing & Reimbursement for Professionals chapters. Providers at the originating site may bill services they provide on the same date as a service that is performed via telemedicine. The originating site provider is not limited to services listed on the Telemedicine Services database but must bill the medically necessary service they performed.

Michigan Medicaid Distant Sites

The location of the physician or practitioner providing the professional service via a telecommunications system is called the distant site. A medical professional is not required to present the beneficiary to the physician or practitioner at the distant site unless medically necessary. Providers at the distant site can only bill services listed in the Telemedicine Services database.

Authorized Michigan Medicaid Providers (Change Made 4/1/15)

The physician or practitioner at the distant site who is licensed under State law to furnish a covered telemedicine service (as described in the Telemedicine Services subsection) may bill, and receive payment for, the service when it is delivered via a telecommunications system. (text revised 4/1/15)

If providing services through the PIHP/CMHSP, the provider must have a contract with or be authorized by the appropriate entity.

In order to be reimbursed for services, distant site providers must be enrolled in MI Medicaid. When providing services via telemedicine, providers can only bill for services listed on the Telemedicine Services database. Procedure code and modifier information is contained in the MDHHS Telemedicine Services Database available on the MDHHS website. (Refer to the Directory Appendix for website information.)

Source: [Michigan Medicaid Provider Manual, Practitioner Section 17, page 65 \(October 17, 2016\)](#)

Billing & Reimbursement for Institutional Providers

To be reimbursed for the originating site facility fee, the hospital must bill the appropriate telemedicine CPT/HCPSC procedure code and modifier.

Refer to the Telemedicine Section of the Practitioner Chapter for additional information. Information about telemedicine services is contained in the Telemedicine Section of the Practitioner Chapter. Refer to the Additional Code/Coverage Resource Materials subsection of the General Information for Providers Chapter for additional information regarding coverage parameters.

An RHC can be either an originating or distant site for telemedicine services. Refer to the Billing & Reimbursement for Institutional Providers Chapter for specific billing instructions. Refer to the Telemedicine Section of the Practitioner Chapter for additional information regarding telemedicine services.

Source: [Michigan Medicaid Provider Manual, Billing & Reimbursement for Institutional Providers, Section 3.3, page 5, \(October 17, 2016\)](#)

Live Video Reimbursement

Michigan law states that "contracts shall not require face-to-face contact between a health care professional and a patient for services appropriately provided through telemedicine," which includes live video.

Source: [MI Compiled Law Services Sec. 500.3476 \(2012\)](#).