

Michigan

Medicaid Program: Michigan Medicaid

Program Administrator: Michigan Dept. of Community Health

Regional Telehealth Resource Center: Upper Midwest Telehealth Resource Center www.umtrc.org

Michigan At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSING COMPACT	CONSENT REQUIREMENT
✓	✗	✗	✓	✗	IMLC	✓

Michigan Detailed Policy

Medicaid Telehealth Reimbursement	Summary	<p>Michigan Medicaid reimburses for live video telemedicine for certain healthcare professionals, for patients located at certain originating sites for specific services. There is no reimbursement for store-and-forward or remote patient monitoring.</p>
	Definitions	<p>“Telemedicine is the use of telecommunication technology to connect a patient with a health care professional in a different location.”</p> <p>Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 1670, Jan. 1, 2020 (Accessed Mar. 2020).</p> <p>Assertive Community Treatment Program (ACT) Telepractice is the use of telecommunications and information technologies for the provision of psychiatric services to ACT consumers and is subject to the same service provisions as psychiatric services provided in-person.</p> <p>Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 356 Jan. 1, 2020 (Accessed Mar. 2020).</p> <p>Behavioral Health Treatment Services (BHT) Telepractice is the use of telecommunications and information technologies for the exchange of encrypted patient data for the provision of services (e.g., access or travel to needed medical services may be prohibitive).</p> <p>Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 483 Jan. 1, 2020 (Accessed Mar. 2020).</p> <p>Medication Therapy Management Telepractice is the use of telecommunications and information technologies for the exchange of encrypted patient data for the provision of services. Telepractice must be obtained through real-time interactions between the beneficiary’s physical location (origin site) and the pharmacist provider’s physical location (distant site).</p> <p>Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 1601 Jan. 1, 2020 (Accessed Mar. 2020).</p> <p>Speech-Language and Audiology Services; Medication Therapy Management “Telepractice is the use of telecommunications and information technologies for the exchange of encrypted patient data for the provision of speech, language and hearing services. Telepractice must be obtained through real-time interaction between the patient’s physical location (patient site) and the provider’s physical location (provider site).”</p> <p>Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 1766 Jan. 1, 2020 (Accessed Mar. 2020).</p>

MDHHS 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.

Source: Dept. of Community Health, Medicaid Provider Manual, p. 1670, Jan. 1, 2020 (Accessed Mar. 2020).

Assertive Community Treatment Program

All telepractice interactions shall occur through real-time interactions between the ACT consumer and the physician/nurse practitioner/clinical nurse specialist from their respective physical location. Psychiatric services are the only ACT services that are approved to be provided in this manner.

Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 353 Jul. 1, 2019 (Accessed Sept. 2019).

Michigan Medicaid reimburses for the following service categories via live video:

- ESRD-related services
- Behavior change intervention
- Behavioral Health and/or Substance Use Disorder Treatment
- 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 (see Diabetes Self-Management Education Training Program section in manual for details)

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, physician’s assistant or advanced practice registered nurse per month to examine the vascular site for ESRD services. The initial visit for nursing facility services must be face-to-face.

Providers at the distant site can only bill services listed in the Telemedicine Services database.

Procedure codes and modifier information is contained in the MDHHS Telemedicine Services Database.

Source: Dept. of Community Health, Medicaid Provider Manual, p. 1670-71, Jan. 1, 2020 (Mar. 2020).

Speech-Language and Audiology Services

Speech, language and hearing services may be reimbursed. Requires an annual referral from a physician.

Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 1766, Jan. 1, 2020 (Accessed Mar. 2020).

Assertive Community Treatment Program

The telepractice modifier, 95, must be used in conjunction with ACT encounter reporting code H0039 when telepractice is used.

Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 356 Jan. 1, 2020 (Accessed Mar. 2020).



Telepractice for BHT Services

Telepractice services must be prior authorized. Telepractice must be obtained through real-time interaction between the child’s physical location (patient site) and the provider’s physical location (provider site). Telepractice services are provided to patients through hardwire or internet connection. It is the expectation that providers, facilitators, and staff involved in telepractice are trained in the use of equipment and software prior to servicing patients, and services provided via telepractice are provided as part of an array of comprehensive services that include in-person visits and assessments with the primary supervising BHT provider. Qualified providers of behavioral health services are able to arrange telepractice services for the purposes of teaching the parents/guardians to provide individualized interventions to their child and to engage in behavioral health clinical observation and direction (i.e. increase oversight of the provision of services to the beneficiary to support the outcomes of the behavioral plan of care developed by the primary supervising BHT provider).

Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 482-483 Jan. 1, 2020 (Accessed Mar. 2020).

Physicians and practitioners are eligible to be distant site providers.

Source: Dept. of Community Health, Medicaid Provider Manual, p. 1671, Jan. 1, 2020 (Accessed Mar. 2020).

Telepractice for BHT Services

Qualified providers include:

- Board certified behavior analysts
- Board certified assistant behavior analysts
- Licensed psychologists
- Limited licensed psychologists
- Qualified behavioral health professionals

Occupational, physical and speech therapists are not included in this policy.

A facilitator trained in telepractice technology must be physically present with the patient during the entire telepractice session.

Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 483 Jan. 1, 2020 (Accessed Mar. 2020).

Medication Therapy Management (MTM)

In the event that the beneficiary is unable to physically access a face-to-face care setting, an eligible pharmacist may provide MTM services via telepractice. Services must be provided through hardwire or internet connection.

Source: Dept. of Community Health, Medicaid Provider Manual, p. 1601, Jan. 1, 2020 (Accessed Mar. 2020).

Prepaid Inpatient Health Plans/Community Mental Health (PIHP/CMH) can be either originating or distant sites. Practitioners must meet the provider qualifications for the covered service provided via telemedicine.

Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 347, Jan. 1, 2020 (Accessed Mar. 2020).

Speech-Language and Audiology Services

Eligible providers:

- Licensed speech-language pathologist
- Licensed Audiologist in Michigan
- Speech language pathologist and/or audiology candidate under the direction of a qualified SLP or audiologist. All documentation must be reviewed and signed by the appropriately licensed SLP or licensed audiologist.
- A limited licensed speech language pathologist under the direction of a fully licensed SLP or audiologist. All documentation must be reviewed and signed by the appropriately licensed supervising SLP or licensed audiologist.

Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 1766, Jan. 1, 2020 (Accessed Mar. 2020).



Eligible Providers

Federally Qualified Health Centers/ Rural Health Centers

An RHC and FQHC can be either an originating or distant site for telemedicine services.

Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 658 & 1728, Jan. 1, 2020 (Accessed Mar. 2020).

Eligible Sites

Eligible originating sites:

- County mental health clinics or publicly funded mental health facilities;
- Federally Qualified Health Centers;
- Hospitals (inpatient, outpatient, or Critical Access Hospitals);
- Physician or other providers' offices, including medical clinics;
- Hospital-based or CAH-based Renal Dialysis Centers;
- Rural Health Clinics;
- Skilled nursing facilities;
- Tribal Health Centers

Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 1671, Jan. 1, 2020 (Accessed Mar. 2020).

Speech-Language and Audiology Services

The patient site may be located within the school, at the patient's home or any other established site deemed appropriate by the provider.

The room must be free from distractions so as not to interfere with the telepractice session. A facilitator must be trained in the use of the telepractice technology and physically present at the patient site during the entire telepractice session to assist the patient at the direction of the SLP or audiologist.

Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 1766, Jan. 1, 2020 (Accessed Mar. 2020).

Prepaid Inpatient Health Plans/Community Mental Health (PIHP/CMH) can be either originating or distant sites.

Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 347, Jan. 1, 2020 (Accessed Mar. 2020).

Behavioral Health Therapy

Eligible patient site:

- Center
- Clinic
- Patient's home
- Any other established site deemed appropriate by the provider

Room must be free of distractions. A trained facilitator must be present at the patient site.

Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 483 Jan. 1, 2020 (Accessed Mar. 2020).

Federally Qualified Health Centers/ Rural Health Centers

An RHC or FQHC can be either an originating or distant site for telemedicine services.

Source: MI Dept. of Community Health, Medicaid Provider Manual, p. 658 & 1728, Jan. 1, 2020 (Accessed Mar. 2020).

Geographic Limits

No reference found.



Medicaid Telehealth Reimbursement

Live Video	Facility/Transmission Fee	<p>Originating site may bill for a facility fee. MDHHS will reimburse the originating site provider the lesser of charge or the current Medicaid fee screen.</p> <p>Source: Dept. of Community Health, Medicaid Provider Manual, p. 276, Jan. 1, 2020 (Accessed Mar. 2020).</p>
	Policy	<p>Telecommunication systems using store-and-forward technology are not included in MI Medicaid's telemedicine policy.</p> <p>Source: Dept. of Community Health, Medicaid Provider Manual, p. 1670, Jan. 1, 2020 (Accessed Mar. 2020).</p>
	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	No reference found.



Medicaid Telehealth Reimbursement

Remote Patient Monitoring	Conditions	No reference found.
	Provider Limitations	No reference found.
	Other Restrictions	No reference found.
Email / Phone / Fax		No reference found.
Consent		No reference found.
Out of State Providers		<p>Telemedicine services must 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.</p> <p>Source: Dept. of Community Health, Medicaid Provider Manual, p. 522, Jan. 1, 2020 (Accessed Mar. 2020).</p> <p>Behavioral Health Therapy Providers of telepractice services must be currently certified by the Behavior Analyst Certification Board (BACB), be a QBHP, be fully licensed in MI as a fully licensed psychologist, or be a practitioner who holds a limited license and is under the direction of a licensed psychologist.</p> <p>Source: Dept. of Community Health, Medicaid Provider Manual, p. 483, Jan. 1, 2020 (Accessed Mar. 2020).</p>
Miscellaneous		<p>No reimbursement for remote access for surgical procedures, and use of robotics.</p> <p>Source: Dept. of Community Health, Medicaid Provider Manual, p. 1670, Jul. 1, 2020 (Accessed Mar. 2020).</p>



Private PayerLaws	Definitions	<p>“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.”</p> <p>Source: <i>MI Compiled Law Svcs. Sec. 500.3476(2)(b) & 550.1401k(2). (Accessed Mar. 2020).</i></p>	
	Requirements	<p>Insurers and group or nongroup health care corporations 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 care corporation. 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.</p> <p>Source: <i>MI Compiled Law Services Sec. 500.3476(1) & Sec. 550.1401k(1). (Accessed Mar. 2020).</i></p>	
	Parity	Service Parity	<p>Insurers and health care corporations must cover services appropriately provided through telemedicine, as determined by the insurer or health care corporation.</p> <p>Source: <i>MI Compiled Law Services Sec. 500.3476 & Sec. 550.1401k. (Accessed Mar. 2020).</i></p>
		Payment Parity	<p>No explicit payment parity.</p>
Professional Regulation/Health & Safety	Definitions	<p>““Telehealth” means the use of electronic information and telecommunication technologies to support or promote long-distance clinical health care, patient and professional health-related education, public health, or health administration. Telehealth may include, but is not limited to, telemedicine. As used in this subdivision, “telemedicine” means that term as defined in section 3476 of the insurance code of 1956, 1956 PA 218, MCL 500.3476.</p> <p>Source: <i>MMI Compiled Laws Sec. 333.16283(c). (Accessed Mar. 2020).</i></p>	
	Consent	<p>A health professional shall not provide a telehealth service without directly or indirectly obtaining consent for treatment. This does not apply to a health professional who is providing a telehealth service to an inmate who is under the jurisdiction of the department of corrections and is housed in a correctional facility.</p> <p>Source: <i>MI Compiled Laws Sec. 333.16284. (Accessed Mar. 2020).</i></p>	



Providers must have an existing physician-patient or dentist-patient relationship.

Source: *MI Compiled Laws Sec. 333.17751(2)(a).* (Accessed Mar. 2020).

Schedule 2 to 5 controlled substances cannot be prescribed unless the prescribing is in a bona fide prescriber-patient relationship with the patient. If a licensed prescriber prescribes a controlled substance under this subsection, the prescriber shall provide follow-up care to the patient to monitor the efficacy of the use of the controlled substance as a treatment of the patient's medical condition. If the licensed prescriber is unable to provide follow-up care, he or she shall refer the patient to the patient's primary care provider for follow-up care or, if the patient does not have a primary care provider, he or she shall refer the patient to another licensed prescriber who is geographically accessible to the patient for follow-up care.

Source: *MI Compiled Laws Sec. 333.7303a.* (Accessed Mar. 2020).

A health professional providing telehealth service to a patient may prescribe the patient a drug if both the following are met:

- The health professional is a prescriber who is acting within the scope of his or her practice; and
- If the health professional is prescribing a controlled substance, the health professional must meet the requirements of this act applicable to that health professional for prescribing a controlled substance.

If the health professional considers it medically necessary, he or she shall provide the patient with a referral for other health care services that are geographically accessible to the patient, including, but not limited to, emergency services. After providing a telehealth service, the health professional, or a health professional who is acting under the delegation of the delegating health professional, shall make himself or herself available to provide follow-up health care services to the patient or refer the patient to another health professional for follow-up health care services.

Source: *MI Compiled Laws, Sec. 16285.* (Accessed Mar. 2020).

Member of Interstate Medical Licensure Compact.

Source: *Interstate Medical Licensure Compact. Compact States.* (Mar. 2020).

Professional regulation with telehealth specific standards

- Michigan Board of Podiatric Medicine and Surgery (**Source:** *MI Admin. Code Sec. 338.8145*).

