| **Telehealth Comparative Coverage Policy Guide****SPECIAL EDITION: POST-PHE TELEHEALTH POLICIES****May 2023** |
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| ***NOTE: This guide to comparative telehealth Payer policies in Michigan is intended as a directional, high-level tool. It is not, however, a substitute for detailed Payer coding and billing requirements.  The guide is updated at a minimum on a quarterly basis (January, April/May, July, October) and more frequently if interim changes occur. All comparative policy guides are online at*** [***https://mimultipayerinitiatives.org/***](https://mimultipayerinitiatives.org/) ***under the “Resources” drop-down.*** |
|  | **CMS** | **MICHIGAN MEDICAID (MDHHS)\*** | **BCBSM (Commercial)** | **BCBSM MA** | **PRIORITY (Commercial)** | **PRIORITY MA** | **BCN (Commercial)** | **BCN MA** | **HAP****(Commercial)** | **HAP MA** |
| Policy Source Hyperlinks and Resources (where available) | [Medicare Post-PHE Telehealth Policy](https://telehealth.hhs.gov/providers/policy-changes-during-the-covid-19-public-health-emergency/policy-changes-after-the-covid-19-public-health-emergency)  | [MMP 23-10](https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Assistance-Programs/Medicaid-BPHASA/2023-Bulletins/Final-Bulletin-MMP-23-10-Telemedicine.pdf?rev=b8dc2e9ca6be419c9d4caf3d34440187&hash=34AE818E519E9DC2C712965F75FD076A),[MSA 21-24](https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder1/Folder87/MSA_21-24-Telemedicine.pdf?rev=dddb0ab422004146b455311563fbabb8) [MSA 20-09](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.michigan.gov%2Fmdhhs%2F-%2Fmedia%2FProject%2FWebsites%2Fmdhhs%2FFolder3%2FFolder91%2FFolder2%2FFolder191%2FFolder1%2FFolder291%2FMSA_20-09.pdf%3Frev%3Dc3e64874db99421fb8fe19f484c2abdf%26hash%3DF8EB75DB4C1E413B96B4CE0782C316F1&data=05%7C01%7Cvklink%40med.umich.edu%7C1c7c43f16e084dbc075c08db51887d36%7C1f41d613d3a14ead918d2a25b10de330%7C0%7C0%7C638193418870119605%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=I1y8iBbDUuUeVU3ysLCC8Ux1pBG5peCnc5eXAUY7EjA%3D&reserved=0)  | [BCBSM Telemedicine Medical Policy](https://www.bcbsm.com/amslibs/content/dam/public/mpr/mprsearch/pdf/2121766.pdf) | See CMS column | Policy No. 91604-R7 (5/12/2023) [Priority Health Provider Manual Medical Policies](https://www.priorityhealth.com/provider/manual/medical-policies)  | Policy No. 91604-R7 (5/12/2023) [Priority Health Provider Manual Medical Policies](https://www.priorityhealth.com/provider/manual/medical-policies)   | Same as BCBSM Commercial |  See CMS column | Under development | See CMS column  |
| Providers Eligible to Bill Telehealth Codes | List of permanently eligible providers available on [CCHP Medicare 101 Page](https://www.cchpca.org/policy-101/?category=medicare)Temp. providers allowed until **Dec.** **31, 2024 include:** FQHCsRHCs,Occupational TherapistPhysical TherapistSpeech Language PathologistAudiologist | Providers who, per scope of practice requirements, can bill eligible telemedicine codes. MDs, DOs, NPs, PAs, PTs, OTs, SLPs, Audiologists, Dentists, Pharmacists, LPCs, MFTs, MSWs, Psychologists, etc. | Any eligible provider can deliver services using telehealth. An eligible provider is any practitioner who is able to bill independently and receive direct reimbursement for services. | All health care providers who are eligible to bill Medicare can bill for telehealth services, including Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) | All health care providers who are eligible to bill Medicare can bill for telehealth services  | All providers who are eligible to bill Medicare can bill for telehealth services  | Same as BCBSM Commercial | All health care providers who are eligible to bill Medicare can bill for telehealth services, including Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) | Any practitioner who is allowed to bill independently | All providers allowed to bill Medicare |
| Audio-Visual Eligible Services and Codes | [Medicare Telehealth Services List](https://www.cms.gov/files/zip/list-telehealth-services-calendar-year-2023.zip)  | Telemedicine Audio/Visual Fee Schedule on [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders)  | No restrictions. Any code that is appropriate for the encounter and provider scope. | Will follow Medicare | All PCPs and Specialists may bill telehealth codes, with the exception of urgent care, which is NOT covered. Virtual Coverage ending for (but not limited to):* Audiometry, evaluation of auditory function for surgically implanted devices and diagnostic analysis of cochlear implant
* Brief emotional/behavioral assessment with standardized instrument
* Emergency department visits for evaluation and management
* Initial hospital care and subsequent intensive care for neonatal patient
* Ophthalmological services
* Psychological or neuropsychological test administration with automated instrument
* Self-measured blood pressure
* Standardized cognitive performance testing
 | Follow CMS list of codes [Medicare Telehealth Services List](https://www.cms.gov/files/zip/list-telehealth-services-calendar-year-2023.zip)  | Same as BCBSM Commercial | See CMS Column | See CMS Column | See CMS Column  |
| Audio-only Eligible Services and Codes | [Medicare Telehealth Services List](https://www.cms.gov/files/zip/list-telehealth-services-calendar-year-2023.zip) (See audio-only column) | Telemedicine Audio-only fee schedule [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) includes telephone only codes (99441-99442 and 98966-98968, G2012) | Audio only can use standard E&M, 99441-99443, 98966-98968, G2010 | Will follow Medicare | Specific codes identified in policy: [Priority Health Provider Manual Medical Policies](https://www.priorityhealth.com/provider/manual/medical-policies) | Follow CMS list of codes [Medicare Telehealth Services List](https://www.cms.gov/files/zip/list-telehealth-services-calendar-year-2023.zip)  | Same as BCBSM Commercial | See CMS column | See CMS Column | See CMS Column |
| Behavioral Health Provisions | No in-person initial visit requirement until 1/25/25  | Allowable for both FFS/Mild to Moderate BH (fee schedule referenced above) and Specialty BH services (fee schedule located at <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting> ) | Some groups carve out mental health benefits | Will follow Medicare | Asynchronous care is not payable | Following Medicare  | Some groups carve out mental health benefits | See CMS column | See CMS column | See CMS column |
| Aysynchronous Services (E-Visit, Virtual Check-In, RPM/telemonitoring) | Some asynchronous services are covered including E-visits, Virtual Check-In, RPM/telemonitoring. Note that these are covered as communication technology-based services (CTBS). Asynchronous also covered for Hawaii and Alaska Demonstration projects. [(See Center for Connected Health Policy Billing Guide for specific codes)](https://www.cchpca.org/2022/03/2022BillingGuidefinal.pdf)  | Yes, policy MSA 21-24. Codes for asynchronous services listed on individual provider fee schedules.  | Covered | Will follow Medicare | Telemonitoring covered for cardiac conditions including HF, COPD, uncontrolled diabetes, renal failure | Following Medicare | Covered | See CMS Column | Covered: Virtual Check-in G2010, G2012, and G2252 available. Digital E&M: 99421-99423 (physician)& 98970-98972 (non-qualified)  | See CMS column  |
| 1500 Claims Form Place of Service and Modifier Requirements (Audio-Visual, Audio-Only, Asynchronous) | Place of Service—POS that would be reported if the service were in person with 95 modifier(until 12/31/23)  | Place of Service—POS that would be reported if the service were in person. Modifier 95 for audio/visual and modifier 93 for audio-only. Telephone only codes (99441-99443 and 98966-98968, G2010) POS that would be reported if the service were in person and no modifier. Asynchronous codes POS that would be reported if the service were in person and no modifier.  | 1500 claims form.POS 02 and 10GT or 95, GQ | 1500 claims form.POS 02 and 10GT or 95, GQ | Effective 7/1/2023: Report POS as if member was in person. Use appropriate modifiers: 93, 95 or GQ; POS 02 and 10 will be accepted thru 7/1/2023.  | Effective 7/1/2023: Report POS as if member was in person. Use appropriate modifiers: 93, 95 or GQ; POS 02 and 10 will be accepted thru 7/1/2023.  | 1500 claims form.POS 02 and 10GT or 95, GQ | 1500 claims form.POS 02 and 10GT or 95, GQ | Modifiers required. 93, 95, GT, GO, GQ. POS: 02, 10, or where the service would have been reported had Member been in person  | Modifiers required. 95, GT, GO, GQ. POS: 02, 10, or where the service would have been reported had Member been in person  |
| UB-04 Form Allowable Services, Revenue Code, and Modifier Requirements (Audio-Visual, Audio-Only, Asynchronous)  | Use Revenue Code 052X, HCPCS G2025 and Modifier 95 for FQHCs and RHCs until 12/31/23 | Modifier requirements same as above.  | Same  | same | Report Rev Code 0590 if billing on UB format; report Rev Code 0590 ONLY for Home Health (no CPT)  | Following Medicare | same | same | [Medicaid & Commercial ] For services submitted on the Institutional invoice, the appropriate National Uniform Billing Committee (NUBC) revenue code, along with the appropriate telemedicine Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT/HCPCS) procedure code and modifier 95 or Modifier 93, must be used. | No, follow CMS, professional billing only |
| Payment Parity with In-Person Services | Yes (facility or non-facility rate based on Place of Service) | Yes, per MMP 23-10 telemedicine services paid at parity with in-person services.  | Yes | Follow Medicare | Yes  | Following Medicare | Yes | Follow Medicare | Yes | Following Medicare |
| Beneficiary Cost-Sharing  | Same as in-person | None | Cost share is applied as per group benefits | Cost share is applied as per group benefits | Cost share is applied as per group benefits  | Cost share is applied as per group benefits | Cost share is applied as per group benefits | Cost share is applied as per group benefits | Applies per member documents | Applies per member documents |

\*All nine Medicaid Health Plans (MHPs) must cover at least the Michigan Medicaid MDHHS benefit level, though individual plans may elect to cover more.