

Telehealth Services and Billing in Michigan

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 and/or video 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."

Source: [MI Dept. of Community Health, Medicaid Provider Manual](#), (April 1, 2014)

Michigan Medicaid Reimburses for the Following Services via telehealth:

- ESRD-related services
- Behavior change intervention
- Behavior Health and/or Substance Abuse 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

Michigan Medicaid Billing Guidelines

Telehealth requirements for billing:

When providing telemedicine services, both the **originating site** (where the client is physically located) and the **distant site** (where the health professional is physically located providing the professional service via a telecommunications system) can bill the health care services they provide at those sites as appropriate. Telemedicine services are reimbursed at the same rate as in-patient care, in accordance with the current Medicaid fee schedule. In addition to professional fees, an "Originating Site Facility

Fee” of approximately \$21 (billable as code Q3014, a separately billable Part B service) is available to eligible originating sites.

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)

Originating site: Bills E/M codes as deemed appropriate based on the level of services provided at the originating site within the visit. An originating site facility fee (Q3014) may be billed when facilitating telemedicine linked visits. The Q3014 would be billed under the physician whom is the responsible party for the services provided at the originating site (typically the medical director). It would not be billed under the health care provider who is providing the patient evaluation and management at the distant site.

- Only physical health telehealth linked visits can be billed an originating site facility fee (Q3014), this is not carved out of the capitation for mental health services.

Distant Site: Bills E/M codes as deemed appropriate based on the level of services provided within the visit. Physical and mental health providers may bill for services provided through telemedicine link. It is expected that a distant site practitioner is seeing patients via telemedicine where they normally see patients face to face. The GT Modifier must be attached to all E/M codes billed for patient visits using telemedicine equipment. Billing telemedicine, the MD/NP/PA must be able to see and interact with a patient at the originating site using a dedicated/secure line that meets industry standards for resolution of images, etc.

In Section 20 of the Medicaid Provider Manual there is a general description of the requirements.

Requirements include:

- Real time interactive system at both the originating and distant site which allows instantaneous interaction between the patient and the health care professional via a telecommunication system.
 - Cannot be store and forward technology or asynchronous transmission of medical data.
- Health Care Providers must ensure the privacy of the beneficiary and the security of any information.
- The technology used must meet the needs for audio and visual compliance in accordance with current regulations and industry standards.

Source: [MI Dept. of Community Health, Medicaid Provider Manual](#), (April 1, 2014)

Distance Requirements in Michigan:

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.

[Michigan Department of Community Health Bulletin Number: MSA 13-34](#) (Issued August 30, 2013, Effective October 1, 2013)

Authorized Michigan Medicaid Providers

The following health professionals may provide telemedicine services:

- Physician;
- Osteopath;
- Podiatrist;
- Nurse practitioner;
- Nurse midwife;
- Physician's assistant;
- Clinical Psychologist**;
- Clinical Social Worker**;
- Clinical nurse specialist**

**Clinical Nurse Specialists, Psychologists and Social Workers cannot bill MDCH directly. Services must be provided through a Prepaid Inpatient Health Plan (PIHP)/CMHSP, FQHC, or THC.

Telehealth Equipment Standards and Regulations:

Standardized telehealth equipment **must** be used to link the visit in order to bill for telemedicine services. iPhones, Skype, and other similar technologies *do not give the appropriate views* that are required, and do not provide the appropriate level of security and privacy required to meet medical standards of practice, and may **not** be used when billing for telemedicine services.

When investigating companies and equipment to use for telemedicine services, you may want to inquire about [ISO 9001:2008](#) and [ISO 13485:2003](#) management system certification, whether the company operates a FDA registered facility and their equipment is compatible with industry standards affecting data transmission, electronic data interchange and interoperability with industry standard software operating systems (e.g. Microsoft Windows and related applications). Additionally, the equipment you choose must meet or exceed, wherever possible, current national privacy, security and confidentiality standards such as United States' Health Insurance Portability and Accountability Act (HIPAA) and the US Veteran's Administration (VA) and TriCare standards.

Telehealth Resource Center

www.telehealthresourcecenter.org

Operational Tools such as getting started, staffing, facilities, scheduling, patient preparation...

Reimbursement (as it relates to Medicare) - Medicaid generally follows their guidelines

Legal and Regulatory Issues (fraud, licensure, privacy, security)

Marketing

Training

Program Development