

# Michigan

**Medicaid Program:** Michigan Medicaid

**Program Administrator:** Michigan Dept. of Community Health

**Regional Telehealth Resource Center:** Upper Midwest Telehealth Resource Center [www.umtrc.org](http://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	LICENSURE COMPACTS	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. 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.”</p> <p><b>Source:</b> MI Dept. of Health and Human Services, Medicaid Provider Manual, p. 1675, July. 1, 2020. (Accessed Sept. 2020).</p> <p><b>Assertive Community Treatment Program (ACT)</b> 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><b>Source:</b> MI Dept. of Health and Human Services, Medicaid Provider Manual, p. 353 July 1, 2020. (Accessed Sept. 2020).</p> <p><b>Behavioral Health Treatment Services (BHT)</b> 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><b>Source:</b> MI Dept. of Health and Human Services, Medicaid Provider Manual, p. 481 July 1, 2020. (Accessed Sept. 2020).</p> <p><b>Medication Therapy Management</b> 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><b>Source:</b> MI Dept. of Health and Human Services, Medicaid Provider Manual, p. 1606 July. 1, 2020. (Accessed Sept. 2020).</p>



**Speech-Language and Audiology Services**

“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).”

**Source:** MI Dept. of Health and Human Services Medicaid Provider Manual, p. 1772 July. 1, 2020. (Accessed Sept. 2020).

**Child Therapy**

Telepractice/Telehealth 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 therapy services may be prohibitive). Telepractice/Telehealth must be obtained through real-time interaction between the child’s/family’s physical location and the provider’s physical location. Telepractice/Telehealth services are provided to patients through hardwire or internet connection.

**Source:** MI Dept. of Health and Human Services Medicaid Provider Manual, p. 338, July. 1, 2020. (Accessed Sept. 2020).

**Newly Passed Legislation (Now Effective)**

“Telemedicine” means the use of an electronic media to link patients with health care professionals in different locations. To be considered telemedicine under this section, the health care professional must be able to examine the patient via a health insurance portability and accountability act of 1996, Public Law 104-191 compliant, secure interactive audio or video, or both, telecommunications system, or through the use of store and forward online messaging.

**Source:** MI Compiled Law Services, Section 330.1100(d), (HB 5414 – 2020 Session). (Accessed Sept. 2020).

**Newly Passed Legislation (Now Effective)**

“Telemedicine” means that term as defined in section 3476 of the insurance code: “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 HIPPA compliant, secure 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 Svcs. Sec. 500.3476(2)(b) & HB 5416 (2020 Session). (Accessed Sept. 2020).

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 Health and Human Services, Medicaid Provider Manual, p. 1675, July. 1, 2020. (Accessed Sept. 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 Health and Human Services, Medicaid Provider Manual, p. 353 July 1, 2020. (Accessed Sept. 2020).

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 Hospital Chapter 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, 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 Health and Human Services, Medicaid Provider Manual, p. 1675-1677, July 1, 2020. (Accessed Sept. 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 Health and Human Services, Medicaid Provider Manual, p. 1768-1769, July 1, 2020. (Accessed Sept. 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 Health and Human Services, Medicaid Provider Manual, p. 353 July 1, 2020. (Accessed Sept. 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 hardware 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 Health and Human Services, Medicaid Provider Manual, p. 482-483 July. 1, 2020. (Accessed Sept. 2020).

### Child Therapy

A child mental health professional may provide child therapy on an individual or group basis with a family-driven, youth-guided approach. Telepractice/Telehealth is approved for Individual Therapy or Family Therapy using approved children's evidence-based practices (i.e., Trauma Focused Cognitive Behavioral Therapy, Parent Management Training-Oregon, Parenting Through Change) and utilizes the GT modifier when reporting the service. Qualified providers of children's evidence-based practices have completed their training in the model, its implementation via telehealth, and are able to provide the practice with fidelity.

**Source:** MI Dept. of Health and Human Services, Medicaid Provider Manual, p. 338 July. 1, 2020. (Accessed Sept. 2020).



Tribal 638 facilities that elect to operate under the Tribal FQHC alternative payment methodology (APM) must update their provider enrollment information in CHAMPS by selecting the “Tribal FQHC” subspecialty. Tribal FQHCs can change their enrollment status in CHAMPS at any time.

Distant site services provided by qualified Medicaid-enrolled practitioners may be covered when the qualified practitioner is employed by the clinic or working under the terms of a contractual agreement with the clinic. Tribal FQHCs must maintain all practitioner contracts and provide them to MDHHS upon request. Refer to the Practitioner chapter of the Medicaid Provider Manual for additional information on distant site providers. Telemedicine service(s) provided at the distant site that qualify as a face-to-face visit may generate the AIR payment.

**Source:** *MI Medical Services Administration Bulletin MSA 20-60, pg. 2-3 Sept. 1, 2020. (Accessed Sept. 2020).*

Physicians and practitioners are eligible to be distant site providers.

**Source:** *Dept. of Health and Human Services Medicaid Provider Manual, p. 1676, July. 1, 2020. (Accessed Sept. 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 Health and Human Services, Medicaid Provider Manual, p. 481 July 1, 2020. (Accessed Sept. 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 hardware or internet connection.

**Source:** *Dept. of Health and Human Services, Medicaid Provider Manual, p. 1606, July 1, 2020 (Accessed Sept. 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 Health and Human Services, Medicaid Provider Manual, p. 344, July. 1, 2020. (Accessed Sept. 2020).*

### **Speech-Language and Audiology Services**

Eligible providers:

- A fully 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 Health and Human Services, Medicaid Provider Manual, p. 1769, July. 1, 2020. (Accessed Sept. 2020).*



**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 Health and Human Services, Medicaid Provider Manual, p. 660 & 1734 July. 1, 2020. (Accessed Sept. 2020).*

**Child Therapy**

A child mental health professional may provide child therapy on an individual or group basis with a family-driven, youth-guided approach. It is the expectation that providers involved in telepractice/telehealth are trained in the use of equipment and software prior to servicing children/families.

*Source: MI Dept. of Health and Human Services Medicaid Provider Manual, p. 338, July. 1, 2020. (Accessed Sept. 2020).*

**School-Based Services and Caring 4 Students Providers**

Telepractice specifically applies to the SBS and C4S programs. See bulletin for requirements.

*Source: MI Dept. of Health and Human Services. Bulletin 20-15, Behavioral Health Telepractice, May 5, 2020. (Accessed Sept. 2020).*

**Newly Passed Legislation (Effective Now)**

Beginning October 1, 2020, telemedicine services are covered under the medical assistance program and Healthy Michigan program if the originating site is an in-home or in-school setting, in addition to any other originating site allowed in the Medicaid provider manual or any established site considered appropriate by the provider.

*Source: MI Compiled Laws Sec. 400.105h, (HB 5416 – 2020 Session). (Accessed Sept. 2020).*

**Tribal 638 Facilities**

Tribal FQHCs are eligible to receive all-inclusive rate (AIR) reimbursement for clinic services provided outside of the four walls of the facility, including telemedicine and services provided by contracted employees.

*Source: MI Medical Services Administration Bulletin MSA 20-60, Sept. 1, 2020 (Accessed Sept. 2020).*

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 Health and Human Services, Medicaid Provider Manual, p. 1676, July 1, 2020. (Accessed Sept. 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 Health and Human Services, Medicaid Provider Manual, p. 1772, July. 1, 2020. (Accessed Sept. 2020).*

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

*Source: MI Dept. of Health and Human Services, Medicaid Provider Manual, p. 344, July. 1, 2020. (Accessed Sept. 2020).*



# Medicaid Telehealth Reimbursement

Live Video	Eligible Sites	<p><b>Behavioral Health Therapy</b> Eligible patient site:</p> <ul style="list-style-type: none"> <li>• Center</li> <li>• Clinic</li> <li>• Patient’s home</li> <li>• Any other established site deemed appropriate by the provider</li> </ul> <p>Room must be free of distractions. A trained facilitator must be physically present at the patient site during the remote telepractice session.</p> <p><b>Source:</b> MI Dept. of Health and Human Services, Medicaid Provider Manual, p. 481, July 1, 2020. (Accessed Sept. 2020).</p> <p><b>Federally Qualified Health Centers/ Rural Health Centers</b> An RHC or FQHC can be either an originating or distant site for telemedicine services.</p> <p><b>Source:</b> MI Dept. of Health and Human Services, Medicaid Provider Manual, p. 660 &amp; 1734, July. 1, 2020. (Accessed Sept. 2020).</p> <p><b>School-Based Services and Caring 4 Students Providers</b> Allowable telepractice originating sites include the school, the beneficiary’s home, or any other established site deemed appropriate by the provider. It must be a room free from distractions so as not to interfere with the telepractice session.</p> <p><b>Source:</b> MI Dept. of Health and Human Services. Bulletin 20-15, Behavioral Health Telepractice, May 5, 2020. (Accessed Sept. 2020).</p>
	Geographic Limits	No reference found.
	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><b>Source:</b> Dept. of Health and Human Services, Medicaid Provider Manual, p. 272, July. 1, 2020. (Accessed Sept. 2020).</p>
Store-and-Forward	Policy	<p>Telecommunication systems using store-and-forward technology are not included in MI Medicaid’s telemedicine policy.</p> <p><b>Source:</b> Dept. of Health and Human Services, Medicaid Provider Manual, p. 1675, July. 1, 2020. (Accessed Sept. 2020).</p>
	Eligible Services/Specialties	No reference found.



# Medicaid Telehealth Reimbursement

Store-and-Forward	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	<p><b>Newly Passed Legislation (Now Effective)</b>  “Remote patient monitoring means digital technology to collect medical and other forms of health data from an individual in 1 location and electronically transmit that information via a health insurance portability and accountability act of 1996, Public Law 104-191 compliant, secure system to a health care provider in a different location for assessment and recommendations.”</p> <p>The Department of Health and Human Services must provide coverage for remote patient monitoring services through the medical assistance program and Healthy Michigan program.</p> <p><b>Source:</b> MI Compiled Laws Sec. 400.105g (HB 5415 – 2020 Session., (Accessed Sept. 2020).</p>
	Conditions	No reference found.
	Provider Limitations	No reference found.
	Other Restrictions	No reference found.
Email / Phone / Fax		No reference found.



Medicaid Telehealth Reimbursement	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><b>Source:</b> Dept. of Health and Human Services, Medicaid Provider Manual, p. 524, July 1, 2020. (Accessed Sept. 2020).</p> <p><b>Behavioral Health Therapy</b>  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><b>Source:</b> Dept. of Health and Human Services, Medicaid Provider Manual, p. 481, July 1, 2020. (Accessed Sept. 2020).</p>
	Miscellaneous	<p>No reimbursement for remote access for surgical procedures, and use of robotics.</p> <p><b>Source:</b> Dept. of Health and Human Services, Medicaid Provider Manual, p. 1675, July 1, 2020. (Accessed Sept. 2020).</p>
Private Payer Laws	Definitions	<p><b>Newly Amended Definition:</b>  “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 HIPPA compliant, secure interactive audio or video, or both, telecommunications system, or through the use of store and forward online messaging.”</p> <p><b>Source:</b> MI Compiled Law Svcs. Sec. 500.3476(2)(b) &amp; 550.1401k(2) &amp; HB 5412 &amp; HB 5413 (2020 Session). (Accessed Sept. 2020).</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><b>Source:</b> MI Compiled Law Services Sec. 500.3476(1) &amp; Sec. 550.1401k(1). (Accessed Sept. 2020).</p>
	Parity	Service Parity
Payment Parity		No explicit payment parity.



## Definitions

“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.

**Source:** *MI Compiled Laws Sec. 333.16283(c). (Accessed Sept. 2020).*

## Consent

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.

**Source:** *MI Compiled Laws Sec. 333.16284. (Accessed Sept. 2020).*

## Online Prescribing

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

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

## Cross-State Licensure

Member of Interstate Medical Licensure Compact. Section repealed effective March 28, 2022.

**Source:** *Interstate Medical Licensure Compact, Compact Map; Act No. 563 (2018 Session); & Act No. 368 (2018 Session). (Accessed Sept. 2020).*



### Professional regulation with telehealth specific standards

- Michigan Board of Podiatric Medicine and Surgery (**Source:** *MI Admin. Code Sec. 338.8145*). (Accessed Sept. 2020).

