



Telehealth Comparative Coverage Policy Guide

POST-PHE TELEHEALTH POLICIES

Updated July 2023

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	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	MMP 23-10, MSA 21-24 MSA 20-09	BCBSM Telemedicine Medical Policy	See CMS column	Policy No. 91604-R7 (5/12/2023) Priority Health Provider Manual Medical Policies	Policy No. 91604-R7 (5/12/2023) Priority Health 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 Temp. providers allowed until Dec. 31, 2024 include: FQHCs RHCs,	Providers who, per scope of practice requirements, can bill eligible telemedicine codes. MDs, DOs, NPs, PAs, PTs, OTs, SLPs, Audiologists, Dentists, Pharmacists, LPCs, MFTs,	Any eligible provider can deliver services using telehealth. An eligible provider is any practitioner who is able to bill independentl	All health care providers who are eligible to bill Medicare can bill for telehealth services, including Federally Qualified Health Centers (FQHCs) and	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	Any practitioner who is allowed to bill independently	All providers allowed to bill Medicare

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	Occupational Therapist Physical Therapist Speech Language Pathologist Audiologist	MSWs, Psychologists, etc.	y and receive direct reimbursement for services.	Rural Health Clinics (RHCs)				Health Clinics (RHCs)		
Audio-Visual Eligible Services and Codes	Medicare Telehealth Services List	Telemedicine Audio/Visual Fee Schedule on 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): <ul style="list-style-type: none"> Audiometry, evaluation of auditory function for surgically implanted devices and diagnostic analysis of cochlear implant Brief emotional/behavioral assessment with 	Follow CMS list of codes Medicare Telehealth Services List	Same as BCBSM Commercial	See CMS Column	See CMS Column	See CMS Column

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					standardized instrument <ul style="list-style-type: none"> • 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 					
Audio-only Eligible	Medicare Telehealth Services List (See	Telemedicine Audio-only fee schedule	Audio only can use standard	Will follow Medicare	Specific codes identified in policy:	Follow CMS list of codes Medicare	Same as BCBSM Commercial	See CMS column	See CMS Column	See CMS Column

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Services and Codes	audio-only column)	www.michigan.gov/medicaidproviders includes telephone only codes (99441-99442 and 98966-98968, G2012)	E&M, 99441-99443, 98966-98968, G2010		Priority Health Provider Manual Medical Policies	Telehealth Services List				
Existing patient relationship required for audio-only codes 99441-99443	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
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	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

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		located at https://www.michigan.gov/mdhhs/keep-mi-healthy/mental-health/reporting)								
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	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

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	Center for Connected Health Policy Billing Guide for specific codes									
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	1500 claims form. POS 02 and 10 GT or 95, GQ	1500 claims form. POS 02 and 10 GT 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 10 GT or 95, GQ	1500 claims form. POS 02 and 10 GT 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

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		codes POS that would be reported if the service were in person and no modifier.								
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	No, follow CMS, professional billing only

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									Common Procedure Coding System (CPT/HCPCS) procedure code and modifier 95 or Modifier 93, must be used.	
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.