

MICHIGAN HEALTH ENDOWMENT FUND

MICHIGAN TURNS TO TELEHEALTH WEBINAR: APRIL 6, 2020

FREQUENTLY ASKED QUESTIONS

Please visit the Health Fund website at mihealthfund.org/telehealth to listen to a recording of the webinar and access the slides and other resources. This document will answer common questions from the webinar.

MICHIGAN MEDICAID POLICY UPDATES

Q: What are the recent Medicaid policy bulletins and where can they be found?

A: All current and future policy bulletins can be found on the Michigan Department of Health and Human Services [website](#). Below are the policies referenced on the webinar. Please read the original documents completely to understand policy implications.

- [MSA 20-09](#) - General Telemedicine Policy Changes; Updates to Existing Policy; Federally Qualified Health Center and Rural Health Clinic Policy Changes—issued March 12, 2020
 - o Expanded originating site (includes home)
 - o Relaxed distant site requirements
- [MSA 20-12](#) - COVID-19 Response: Relaxing Face-to-Face Requirement—issued March 18, 2020
- [MSA 20-13](#) - COVID-19 Response: Telemedicine Policy Expansion; Prepaid Inpatient Health Plans (PIHPs)/Community Mental Health Services Programs (CMHSPs) Implications—issued March 20, 2020
 - o Allows telephone only
 - o Time-limited
 - o Code information

BLUE CROSS BLUE SHIELD OF MICHIGAN UPDATES

Q: Where can Blue Cross Blue Shield of Michigan policy changes related to COVID-19 be found?

A: For providers, the most comprehensive information can be found by logging into the [secure provider website](#). If you are not a provider, updates can be found [here](#) (scroll down to “How to use telehealth services to see patients”). Specific resources include:

- [Telehealth Procedure Codes for COVID-19](#)
- [Telehealth for Medical Providers](#)
 - o Telephone-based visits
 - o Technology and patient confidentiality
 - o Billing

- [Telehealth for Behavioral Health Providers](#)
 - o Technology and patient confidentiality
 - o Autism services
 - o Psychiatry and psychotherapy not related to autism
 - o Originating site requirements
 - o Billing

GENERAL QUESTIONS

Q: Are there federal opportunities for telemedicine funding for equipment?

A: Yes, the [COVID-19 Telehealth Program](#) will provide \$200 million in funding, appropriated by Congress as part of the Coronavirus Aid, Relief, and Economic Security Act (CARES), to help health care providers provide connected care services to patients at their homes or mobile locations in response to the novel COVID-19 pandemic.

Q: Are there restrictions for providing telepsychiatry?

A: Please refer to the American Psychiatric Association [Telepsychiatry Toolkit](#). More information can be found on the [APA website](#).

Q: What are the current requirements for prescribing controlled substances via telemedicine?

A: From the [Drug Enforcement Agency](#) (DEA), continuing for as long as the Secretary's designation of a public health emergency remains in effect, DEA-registered practitioners in all areas of the United States may issue prescriptions for all schedule II-V controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice;
- The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system; and
- The practitioner is acting in accordance with applicable federal and state laws.

Q: What codes can be used for standard length (45 minute) therapy sessions conducted by telephone or via video?

A: BCBSM: For BCBSM PPO, BCN (MAPPO and BCNA) you can use the 90791 and 90834 codes for a telephone-only counseling session, as long as you provided the service and properly documented it.

Q: Do payers only reimburse for telehealth services that are listed as a qualifying visit when billed with the appropriate G or T code? Or is the expectation that all telehealth services be reimbursed even if not a qualifying visit?

A: BCBSM: BCBSM does not use that term "qualifying visit." All services that can be provided in a brick and mortar practice and are part of the member's benefits can be provided via telemedicine services and require a GT (not G and T) modifier to signify a audio-visual technology in addition to a 02 place of service. Telephone only codes require a 02 place of service and no GT modifier (there are exceptions to this general rule for some autism services and services that are not clinically amenable to telemedicine services, such as surgery, endoscopies, etc.)