

Bulletin Number: MSA 21-24

Distribution: Practitioners, Medicaid Health Plans (MHP), Local Health Departments (LHD), Prepaid Inpatient Health Plans (PIHP), Community Mental Health Services Programs (CMHSP), Federally Qualified Health Centers (FQHC), Hospitals, Rural Health Clinics (RHC), Tribal Health Centers (THC), Integrated Care Organizations (ICO), School Services Program

Issued: July 2, 2021

Subject: Asynchronous Telemedicine Services

Effective: August 1, 2021

Programs Affected: Medicaid, Maternity Outpatient Medical Services (MOMS), MI Health Link, Healthy Michigan Plan, Children's Special Health Care Services (CSHCS)

The purpose of this bulletin is to clarify current Medicaid program coverage of asynchronous telemedicine services, including store and forward services, interprofessional telephone/Internet/electronic health record consultations, and Remote Patient Monitoring (RPM) services.

Asynchronous Telemedicine Services

Asynchronous telemedicine services include the transmission of a beneficiary's medical or other personally identifiable information through a secure, Health Insurance Portability and Accountability Act (HIPAA)-compliant, electronic communications system to a provider, often a specialist, at a distant site without the beneficiary present. Such communications, including store and forward services, interprofessional telephone/Internet/electronic health record consultations, and RPM services, involve contact between two parties (beneficiary to provider or provider to provider) in a way that does not require real-time interaction. Services must be medically necessary or essential for behavioral health and part of a provider-directed treatment plan.

Asynchronous telemedicine services must be performed under the general or direct supervision of a Medicaid-enrolled physician or practitioner who has an active role in the management of the beneficiary's physical and/or behavioral health. The analysis and interpretation of the beneficiary's data must contribute to the development and/or monitoring of the beneficiary's treatment plan. Asynchronous telemedicine services do not include telephone calls, images transmitted via facsimile machines, and text messages without visualization of the beneficiary. Photographs visualized by a telecommunications system must be specific to the beneficiary's physical and/or behavioral health condition and adequate for furnishing or confirming a diagnosis and/or treatment plan.

Asynchronous telemedicine services generally may not be separately reported on the same day the beneficiary presents for an evaluation and management (E/M) or other related service to the same provider. These services are typically considered part of the E/M or other related service and are not separately reimbursed. Activities performed in the facility setting under the general or direct supervision of the provider are bundled with the facility services on the UB-04 claim form and cannot be reported on the CMS 1500 claim form or billed under the provider's National Provider Identifier (NPI). Refer to the Medicaid Code and Rate Reference Tool in CHAMPS for service code parameters and limits.

In accordance with Section 16284 of Public Act No. 359 of 2016, telemedicine services, including asynchronous telemedicine, must be provided only with direct or indirect beneficiary consent and this consent must be properly documented in the beneficiary's medical record in accordance with applicable standards of practice.

Store and Forward Services

Store and forward services are asynchronous electronic transmissions of physical and/or behavioral health information from the beneficiary to a Medicaid-enrolled physician or practitioner at the distant site when video or face-to-face contact is not necessary. Information transmitted to the provider is analyzed and used in the diagnosis, development, or maintenance of an individualized treatment plan. Information may include, but is not limited to, digital images, documents, video clips, still images, x-rays, magnetic resonance images (MRIs), electrocardiograms (EKGs) and electroencephalograms (EEGs), and audio clips.

Store and forward services include interpretation and follow-up with the beneficiary. Services must not originate from or result in a related E/M service.

Interprofessional Telephone/Internet/Electronic Health Record Consultations

Interprofessional telephone/Internet/electronic health record consultations, including e-Consults, are a type of asynchronous telemedicine service in which the beneficiary's Medicaid-enrolled treating physician (e.g., attending or primary) or practitioner requests the opinion and/or treatment advice of a Medicaid-enrolled physician or practitioner with the specialty expertise to assist in the diagnosis of a condition and/or management of the beneficiary's condition without beneficiary face-to-face contact with the consultant. The service concludes with a written report from the consultant to the treating physician/requesting provider.

The beneficiary for whom the service is requested may be either a new patient to the consulting provider or an established patient with a new problem. Service time is based on the total review and interprofessional communication time. The review of beneficiary information, including but not limited to medical records, laboratory studies, imaging studies, medications, and pathology specimens, is included in the service and should not be separately reported. The written or verbal request for the consult must be documented in the beneficiary's medical record by the treating physician/requesting provider. Providers must consult with the American Medical Association (AMA) coding guidelines to ensure appropriate reporting of these services. Providers should not report interprofessional

telephone/Internet/electronic health record consultations when the sole purpose of the communication is to arrange a transfer of care or other face-to-face service.

Remote Patient Monitoring (RPM)

Remote Patient Monitoring (RPM) is a covered service under Michigan Compiled Law (MCL) 400.105g. RPM means using digital technology to collect medical and other forms of health data from an individual in one location and electronically transmit that information via a secure, HIPAA-compliant system to a health care provider in a different location for assessment and recommendations. RPM is covered for both acute and chronic conditions.

RPM devices include (1) non-invasive remote monitoring devices that measure or detect common physiological parameters, and (2) non-invasive monitoring devices that wirelessly transmit the beneficiary's medical information to their health care provider or other monitoring entity. The device must be reliable and valid, and the beneficiary must be trained or sufficiently knowledgeable in the proper use/wearing of the device to ensure appropriate recording of medical information. Medical information may include, but is not limited to, blood pressure and heart rate and rhythm monitoring.

All RPM devices, including mobile medical applications, must meet the U.S. Food & Drug Administration (FDA) definition of a medical device. Personal tablets, computers, cell phones, software intended for administrative support or support of healthy lifestyles/general wellness, and electronic health records are not medical devices or durable medical equipment and are not covered as part of RPM services.

Reimbursement for the device used for remote monitoring, and programming of the device, is generally included in the reimbursement of RPM services and not separately reimbursable. For items or devices separately reimbursed to a medical supplier, such as personal use continuous glucose monitoring systems (CGMs), refer to the Medical Supplier chapter of the MDHHS Medicaid Provider Manual. The Medicaid Provider Manual can be accessed on the MDHHS website at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Refer to the Telemedicine section of the Practitioner chapter within the Medicaid Provider Manual and applicable provider fee schedules for additional information. Provider fee schedules can be accessed on the MDHHS website at www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information.

Manual Maintenance

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved

A handwritten signature in black ink, appearing to read 'K. Massey', followed by a horizontal line extending to the right.

Kate Massey, Director
Medical Services Administration