

MEDICAID POLICY INFORMATION SHEET

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Initial

Public Comment

Final

Brief description of policy:

This policy clarifies Medicaid program coverage of asynchronous telemedicine services including store and forward technologies, interprofessional telephone/internet/electronic health record consultations and remote patient monitoring services.

Reason for policy (problem being addressed):

To provide clarification of the current coverage of asynchronous telemedicine services.

Budget implication:

budget neutral

will cost MDHHS \$, and (select one) budgeted in current appropriation

will save MDHHS \$

Is this policy change mandated per federal requirements?

No

Does policy have operational implications on other parts of MDHHS?

No

Does policy have operational implications on other departments?

No

Summary of input:

controversial (Explain)

acceptable to most/all groups

limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please provide status:	If yes, Submission Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	
Date: Approval Date:	

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 2068-Telemedicine	Date: March 11, 2021

Comments Due: April 15, 2021

Proposed Effective Date: June 1, 2021

Direct Comments To: Laura Kilfoyle

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<p>Policy Subject: Asynchronous Telemedicine Services</p> <p>Affected Programs: Medicaid, Maternity Outpatient Medical Services (MOMS), MI Health Link, Healthy Michigan Plan, Children's Special Health Care Services</p> <p>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)</p> <p>Summary: The purpose of this bulletin is to clarify current program coverage of asynchronous telemedicine services, including store and forward technologies, interprofessional telephone/internet/electronic health record consultations and remote patient monitoring services.</p> <p>Purpose: To provide clarification of the current coverage of asynchronous telemedicine services.</p> <p>Cost Implications: Budget neutral.</p> <p>Potential Hearings & Appeal Issues: None anticipated.</p>

State Plan Amendment Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date submitted:	Public Notice Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Submitted date:
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Tribal Notification: Yes No - **Date:**

THIS SECTION COMPLETED BY RECEIVER

<input type="checkbox"/> Approved	<input type="checkbox"/> No Comments
<input type="checkbox"/> Disapproved	<input type="checkbox"/> See Comments Below
	<input type="checkbox"/> See Comments in Text

Signature:	Phone Number
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Signature Printed:

Bureau/Administration <i>(please print)</i>	Date
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Proposed Policy Draft

Michigan Department of Health and Human Services
Medical Services Administration

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)

Issued: May 1, 2021 (Proposed)

Subject: Asynchronous Telemedicine Services

Effective: June 1, 2021 (Proposed)

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

The purpose of this bulletin is to clarify current Medicaid program coverage of asynchronous telemedicine services, including store and forward technologies, interprofessional telephone/Internet/electronic health record consultations, and remote patient monitoring services.

Asynchronous Telemedicine Services

Asynchronous telemedicine services are 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, interprofessional telephone/internet/electronic health record consultations, and remote patient monitoring 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 medical/ 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 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 and cannot be reported on the CMS 1500 or billed under the provider's National Provider Identifier (NPI). Remote patient monitoring services occurring beyond six calendar months may require prior authorization to support medical necessity.

In accordance with Public Act 359 of 2016, Section 16284, 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 medical record in accordance with applicable standards of practice.

Store and Forward

Store and forward services are asynchronous electronic transmissions of medical and/or behavioral health information from the beneficiary to a Medicaid-enrolled provider 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 or the 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 evaluation and management 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 other qualified health care provider requests the opinion and/or treatment advice of another Medicaid-enrolled physician or qualified health care provider without beneficiary face-to-face contact with the consultant. The consulting physician or qualified health care provider must have specialty expertise to assist in the diagnosis of a condition and/or management the beneficiary's condition. The service concludes with a written report from the consultant to the treating/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 provider. At least 50% of reported service time must be devoted to the verbal or electronic medical consultative discussion. 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

Remote patient monitoring (RPM) is a covered service under 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, or electronic health records are not medical devices or durable medical equipment and are not covered as part of remote monitoring services.

Reimbursement for the device used for remote monitoring, and programming of the device, is generally included in the reimbursement of remote monitoring services and not separately reimbursable. For items or devices separately reimbursed to a medical supplier, such as personal use continuous glucose monitors, refer to the Medical Supplier chapter of the [Michigan Department of Health and Human Services \(MDHHS\) Medicaid Provider Manual](#).

Refer to the Telemedicine section of the Practitioner chapter within the Medicaid Provider Manual and applicable provider [fee schedules](#) for additional information.