Telehealth Comparative Coverage Policy Guide
(Updated March 2024)

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Policy Source Hyperlinks and Resources (where available)	Medicare Post-PHE Telehealth Policy	~~MMP 23-10, MSA 21-24 MSA 20-09~~ Medicaid Provider Manual, Telemedicine Chapter	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	Telemedicine, Telehealth & Virtual Care Services Policy in Benefit Administration Manual with login	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, Occupational Therapist	Providers who, per scope of practice requirements, can bill eligible telemedicine codes. MDs, DOs, NPs, PAs, PTs, OTs, SLPs, Audiologists, Dentists, Pharmacists, LPCs, MFTs, MSWs,	Any eligible provider can deliver services using telehealth. An eligible provider is any practitioner who is able to bill independently and receive direct	All health care providers who are eligible to bill Medicare can bill for telehealth services, including Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)	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	Any practitioner who is allowed to bill independently	All providers allowed to bill Medicare

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	Physical Therapist Speech Language Pathologist Audiologist	Psychologists, etc.	reimbursement for services.					Rural Health Clinics (RHCs)		
Audio-Visual Eligible Services and Codes	Medicare Telehealth Services List	Telemedicine Audio/Visual Fee Schedule on ~~www.michigan.gov/medicaidproviders~~ https://www.michigan.gov/mdhhs/doing-business/providers/providers/billingreimbursement/telemedicine	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): • Audiometry, evaluation of auditory function for surgically implanted devices and diagnostic analysis of cochlear implant • Brief emotional/behavioral assessment with standardized instrument	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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					• 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 Services and Codes	Medicare Telehealth Services List (See audio-only column)	Telemedicine Audio-only fee schedule ~~www.michigan.gov/medicaidproviders~~	Audio only can use standard E&M, 99441-99443, 98966-98968, G2010	Will follow Medicare	Specific codes identified in policy: Priority Health Provider Manual Medical Policies	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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		https://www.michigan.gov/mdhhs/doing-business/providers/providers/billingreimbursement/telemedicine includes telephone only codes (99441-99442 and 98966-98968, G2012)								
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	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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		Specialty BH services (fee schedule located at https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Keeping-Michigan-Healthy/BH-DD/Reporting-Requirements/Bureau_of_Specialty_Behavioral_Health_Services-Telemedicine_Database.pdf?rev=39a4677add1f4ed0a2e952bd1c6e5c54								
Aysynchronous Services (E-Visit, Virtual Check-In, RPM/telemonitoring)	Some asynchronous services are covered including E-visits, Virtual Check-In, RPM/telemonitor	Yes, ~~policy MSA 21-24. Codes for asynchronous services listed on individual~~	Covered	Will follow Medicare	Telemonitoring covered for cardiac conditions including HF, COPD, uncontrolled diabetes, renal failure	Following Medicare	Covered	See CMS Column	Covered	See CMS column

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	ing. Note that these are covered as communication technology-based services (CTBS). Asynchronous also covered for Hawaii and Alaska Demonstration projects. (See Center for Connected Health Policy Billing Guide for specific codes)	~~provider fee schedules.~~ https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf								
1500 Claims Form Place of Service and Modifier Requirements (Audio-Visual, Audio-Only, Asynchronous)	Place of Service—POS 10 (if the patient is at home) or 02 (if the patient is in the clinic). The 95 modifier is not needed except when the clinician is in the hospital and the patient is in the	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	1500 claims form. POS 02 and 10 GT or 95, GQ	1500 claims form. POS 02 and 10 GT or 95, GQ	Report POS as if member was in person. Use appropriate modifiers: 93, 95, GT or GQ; POS 02 and 10	Use appropriate modifiers: 93, 95 or GQ; POS 02 and 10	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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	home as well for outpatient therapy services provided via telehealth by PT, OR or SLPs.	codes (99441-99443 and 98966-98968, G2010) POS that would be reported if the service were in person and no modifier. Asynchronous 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)	FQHCs bill HCPCS code G2025; 95 modifier is optional but not necessary	Modifier requirements same as above.	Same	same	Report Rev Code 0590 if billing on UB format 1X for combined installation/removal of tele-monitoring device; report 0590 with CPT code for designated service	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	No, follow CMS, professional billing only

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									Current Procedural Terminology/Healthcare 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.~~ https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf	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	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	Cost share is applied as	Applies per member documents	Applies per member documents

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			per group benefits				per group benefits	per group benefits		

*All nine Medicaid Health Plans (MHPs) must cover at least the Michigan Medicaid MDHHS benefit level, though individual plans may elect to cover more.