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## SOUTHWEST MICHIGAN BEHAVIORAL HEALTH

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**TO:** REGIONAL COMPLIANCE COORDINATING COMMITTEE; REGIONAL PROVIDER NETWORK COMMITTEE; REGIONAL SUD DIRECTORS  
**FROM:** ALISON STRASSER, COMPLIANCE SPECIALIST III  
**DATE:** MARCH 10, 2023; UPDATED MAY 9, 2023

### **Telemedicine Policy Post COVID-19-Public Health Emergency**

MDHHS issued Bulletin Number MMP 23-10 on March 2, 2023. This bulletin updates coverage of telemedicine services after the conclusion of the federal COVID-19 Public Health Emergency (PHE) and clarifies which bulletins will be discontinued.

MMP 23-10 is effective May 12, 2023, below outlines the changes from the PHE Telehealth Allowances. SWMBH will enforce these requirements and will be monitoring for compliance.

**What has NOT changed? The list below is not all inclusive, please see MMP 23-10 for comprehensive list.**

- Appropriate beneficiary choice – the beneficiary is an active participant in the decision for telemedicine as a means for service delivery.
- Telemedicine must only be utilized when there is a clinical benefit to the beneficiary.
- Telemedicine must be used as appropriate regarding the best interests/preferences of the beneficiary and not merely for provider ease.
- Beneficiary consent must be obtained and properly documented prior to service provision (per section B of MSA 20-90).
  - SWMBH point of clarification: The beneficiary must consent to receiving service(s) via telehealth and that consent must be specifically reflected in the documentation.
- Telemedicine services cannot be continued indefinitely for a given beneficiary without reasonable frequent and periodic in-person evaluations of the beneficiary by the provider.
- When providing services via telemedicine, sufficient privacy and security measures must be in place and documented to ensure confidentiality and integrity of beneficiary-identifiable information.

### **Audio-Only Telemedicine Policy**

- MDHHS will allow the provision of audio-only services for a specific set of procedure codes (listed below as applicable to our region/services):
  - Office visits for established patients *up to 19 minutes* (99212)
  - Psychotherapy services for adult or child *up to 45 minutes* (90832, 90834, 90840, 90785)
  - Assertive Community Treatment (ACT) *psychiatric services only* (H0039)
  - Crisis Intervention (H2011) *Note: does not include H2011 ICSS for Children*
  - Substance Use Disorder Individual Assessment (H0001)
  - Substance Use Disorder Outpatient Treatment (H0004)
  - Substance Use Disorder Early Intervention (H0022)
  - Supportive Employment Services for *Individuals Only (no group)* including job coaching (H2023 & H2025)
  - Clubhouse Psychosocial Rehabilitation Programs (H2030)

- Additional guidelines for audio-only services include:
  - Visits that include an assessment tool – the tool must be made available to the beneficiary and the provider must ensure the beneficiary can access the tool.
  - When a treatment technique or evidence-based practice requires visualization of the beneficiary, it must be performed via simultaneous audio/visual technology.
  - ***Audio-only must be performed at the preference of the beneficiary, not the provider's convenience.***
  - Privacy and security of beneficiary information must always be established and maintained during an audio-only visit.
- MSA 20-13, MSA 20-15, and the audio-only services for codes listed on the telemedicine database is discontinued as of May 12, 2023. An audio-only telemedicine database will be created and published by MDHHS.
- For all Behavioral Health Services allowable for rendering via synchronous (audio and visual) telemedicine beginning May 12, 2023 please refer to the MDHHS Bureau of Specialty Behavioral Health Services Telemedicine Database which can be found at <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>
- The GT modifier will be discontinued as of May 12, 2023.
- For audio-only telehealth, modifier 93 must be used. For audio/visual, no modifier is required.
- Place of Service Code 02 or 10 (as applicable) are required for all services rendered via both audio or audio/visual telemedicine.
  - Place of Service Code 10: The customer is located at their primary residence (independent home, specialized residential home/group home, or AFC home) when receiving the telehealth service.
  - Place of Service Code 02: The customer is located somewhere other than their primary residence (school, place of employment, CMH office when the rendering provider is located elsewhere, etc.) when receiving the telehealth service.
- While we have done our best to include regionally applicable information, it is the responsibility of each provider to ensure appropriate provision of services post-PHE.
  - Please refer to the MDHHS Bureau of Specialty Behavioral Services Telemedicine Database <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>. If a code is not listed on this database, it is no longer available for delivery via telehealth beginning May 12, 2023.

### Treatment Plan Consent and Signatures

- Per MDHHS Person Centered Planning Policy, the Individual Plan of Service (IPOS) must include the signature(s) of the person receiving services and/or their representative.
  - The allowance for verbal consent was rescinded September 28, 2021.
  - Providers may still make use of alternatives to obtain written consent, including but not limited to, digital signatures, fax, email or picture of the signed document sent via text or email.
  - Disallowed: “services delivered via telehealth”, “unable to sign-COVID”, “verbal consent”