

**Bulletin Number:** MSA 20-22

**Distribution:** Practitioners, Outpatient Hospitals, Federally Qualified Health Centers (FQHC), Local Health Departments, Rural Health Clinics (RHC), Community Mental Health Services Programs, Prepaid Inpatient Health Plans, Medicaid Health Plans, Tribal Health Centers (THC), School Based Services (SBS), Caring for Students (C4S) Integrated Care Organizations (ICO)

**Issued:** May 5, 2020

**Subject:** COVID-19 Response: Telemedicine Policy Changes, Updates to Coverage for Physical Therapy, Occupational Therapy and Speech Therapy

**Effective:** March 1, 2020

**Programs Affected:** Medicaid, Healthy Michigan Plan, Children's Special Health Care Services, Maternity Outpatient Medical Services

Per Centers for Disease Control and Prevention (CDC) and State recommendations, social distancing is encouraged to slow the spread of COVID-19 and thus preserve the health system capacity for the duration of this pandemic. Minimizing face-to-face contact whenever possible is strongly encouraged. These temporary policy changes offer flexibility for providers to meet the needs of beneficiaries through alternative means while protecting the health and welfare of both parties.

The purpose of this guidance is to allow flexibility related to private practice and outpatient hospital Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST), allowing them to be provided via telemedicine (**requiring simultaneous use of both audio and visual capabilities**). Consistent with public health emergency conditions at both the state and federal level related to COVID-19, MDHHS is issuing this policy effective March 1, 2020. Given the circumstances, this policy is intended to be time-limited, and MDHHS will notify providers of its termination.

This policy supplements the existing physical therapy, occupational therapy, and speech therapy services policy.

- a. All current therapy referral, prior authorization, and documentation requirements, standards of care, and limitations remain in effect regardless of whether the service is provided through telemedicine.

- b. Documentation of evaluation, re-evaluation, performance and treatment elements that typically require hands-on contact for measurement or assessment, must include thorough description of how the assessment or performance findings were established via telemedicine. This includes but is not limited to such elements as standardized tests, strength, range of motion, and muscle tone.
- c. All telemedicine therapy services will count toward the beneficiary's therapy service limits.

Providers should refer to the Therapy Services chapter in the Medicaid Provider Manual for complete information. The Medicaid Provider Manual is located at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms >> Medicaid Provider Manual.

### **I. General Telemedicine Policy:**

Telemedicine is the use of telecommunication technology to connect a beneficiary with a Medicaid enrolled health care professional in a different location. The Michigan Department of Health and Human Services (MDHHS) requires a Health Insurance Portability and Accountability Act (HIPAA) compliant real time interactive system at both the originating and distant site, allowing instantaneous interaction between the beneficiary and practitioner via the telecommunication system. The technology used must meet the needs for audio and visual compliance in accordance with state and federal standards. Practitioners must ensure the privacy of the beneficiary and the security of any information shared via telemedicine. All privacy and security guidelines are in effect unless otherwise indicated by federal guidance.

Please note: Bulletin MSA 20-13 does not apply to the services listed in this bulletin. All the services listed in this bulletin must be performed using **both audio and visual capabilities** and must follow all other telemedicine policies (Practitioner Chapter, Section 17 of the Medicaid Provider Manual and all applicable policy bulletins) unless otherwise indicated by federal guidance.

Also, all services must be provided within scope of practice guidelines, only when the beneficiary is deemed appropriate for telemedicine interactions, only with express agreement from the prescribing physician (as indicated via signed prescription or clinic note), and only after consent is obtained.

All Current Procedural Technology/Healthcare Common Procedure Coding System (CPT/HCPCS) code requirements must be followed when providing PT, OT, ST services via telemedicine. Providers must have a contingency plan in place to allow for referral to emergency services if needed.

## **II. Coverage Expansion:**

MDHHS will temporarily allow the following CPT/HCPCS codes to be performed through telemedicine for the specified dates of service referenced in this bulletin:

### **a. Physical/Occupational Therapy:**

97110 Ther Ex  
97112 Neuro Re-ed  
97116 Gait Training  
97161 Pt Eval Low Complex 20 Min  
97162 Pt Eval Mod Complex 30 Min  
97163 Pt Eval High Complex 45 Min  
97164 Pt Re-Eval Est Plan Care  
97165 Ot Eval Low Complex 30 Min  
97166 Ot Eval Mod Complex 45 Min  
97167 Ot Eval High Complex 60 Min  
97168 Ot Re-Eval Est Plan Care  
97530 Therapeutic activities  
97535 Self Care/Home Mgmt  
97760 Orthotic Mgmt & Traing 1 Enc  
97761 Prosthetic Traing 1<sup>st</sup> Enc  
97763 Orthc/Prostc Mgmt Sbsq Enc

### **b. Speech Therapy:**

92507 Speech/Hearing Therapy  
92508 Speech/Hearing Therapy  
92521 Evaluation of Speech Fluency  
92522 Evaluate Speech Production  
92523 Speech Sound Lang Comprehension  
92524 Behavral Qualit Analys Voice  
92626 Eval aud funcj 1st hour  
92627 Eval Aud Funcj Ea Addl 15  
92630 Aud Rehab Pre-Ling Hear Loss  
92633 Aud Rehab Postling Hear Loss  
97129 Ther Ivntj 1st 15 Min  
97130 Ther Ivntj Ea Addl 15 Min  
S9152 Speech Therapy, Re-Eval

## **III. Billing Considerations**

All services provided via telemedicine, including these expanded services, must be billed using Place of Service 02 and the GT-interactive communication modifier per telemedicine policy. Modifier GT should be used in addition to the required modifiers for therapy services as outlined in therapy policy.

#### **IV. FQHC/RHC/THC Considerations**

Physical Therapy, Occupational Therapy and Speech Therapy, when provided in accordance with this policy, using both audio and visual modalities, will be considered face-to-face and will trigger the Prospective Payment System (PPS)/All Inclusive Rate (AIR) if the service billed is listed as a qualifying visit.

For FQHCs, RHCs, and THC, the appropriate CPT/HCPCS code, PPS/AIR payment code (if the service generates a Qualifying Visit), and the GT – interactive modifier must be used. See [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Provider Specific Information for additional information.

#### **V. School Based Considerations**

School Based Services (SBS) and Caring for Students (C4S) Physical Therapy and Occupational Therapy services, as outlined in this policy, will also be allowed via telemedicine. These services must meet all other telemedicine policies as outlined.

#### **Public Comment**

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Laura Kilfoyle, Policy Specialist, via e-mail at:

E-mail: [KilfoyleL@michigan.gov](mailto:KilfoyleL@michigan.gov)

Please include “COVID-19 Response: Telemedicine Policy Changes, Updates to Coverage for Physical Therapy, Occupational Therapy and Speech Therapy” in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

#### **Manual Maintenance**

Information is time-limited and will not be incorporated into any policy or procedure manuals.

## 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](mailto: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.

## 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