

Services delivered to the member via telemedicine must be done for the convenience of the member, not the convenience of the provider. Services must be performed using simultaneous audio/visual capabilities. All services using telemedicine must be documented in the member's record, including the date, time, and duration of the encounter, and any pertinent clinical documentation required per CPT code description. The provider is responsible for ensuring the safety and quality of services provided with telemedicine technologies.

Telemedicine utilization does not require prior authorization. However there are services that may require prior authorization. Review Blue Cross Complete's [Authorization Requirements](#) document for those services.

All audio/visual telemedicine services, as allowable on the MDHHS telemedicine fee schedule and submitted on the professional invoice, must be reported with the Place of Service code that would be reported as if the member were in-person

Place of service modifiers:

- **Modifier 93** (audio only) - Synchronous telemedicine service via telephone or other real-time interactive audio-only telecommunications system
- **Modifier 95** (audio/visual) Synchronous Telemedicine Service rendered via a real-time interactive audio and video telecommunication system

Services Description	Modifier	Comment
Behavioral health (mild - moderate)	93 or 95	Refer to page 2 for audio-only telemedicine policy guidelines.
Outpatient hospital	93 or 95	When the outpatient facility provides administrative support for a telemedicine service, the outpatient hospital facility may bill the hospital outpatient clinic visit on the institutional claim with modifier 95 or modifier 93 and the appropriate revenue code.
Physical therapy occupational therapy speech therapy	95 (when applicable)	Initial physical therapy and occupational therapy evaluations and oral motor/ swallowing services are not allowed telemedicine and should be provided in-person. Services that require utilization of equipment during treatment and/or physical hands-on interaction with the member cannot be provided via telemedicine. Therapy re-evaluations performed via telemedicine must be provided by a therapist whose facility/clinic has previously evaluated and/or treated the member in-person. Durable Medical Equipment re-assessments performed via telemedicine must be provided by a therapist who has previously evaluated and/or treated the member inperson, otherwise an in-person visit is required.
Audiology services	95	
Dentistry	95	
Vision	93 or 95	An intermediate ophthalmological exam can be provided via telemedicine for an established patient with a known diagnosis. The provider must have a previous inperson encounter with the member to ensure the provider is knowledgeable of the member's current medical history and condition. Intermediate ophthalmological exam codes should not be used to diagnose eye health conditions (an initial diagnosis). Telemedicine cannot act as a replacement for recommended in-person interactions.

Audio-only telemedicine policy (must bill with modifier 93)

Physical Health/Mild to moderate behavioral health:	CPT/HCPCS Code(s)
MDHHS supports the use of simultaneous audio/visual telemedicine service delivery, as a primary method of telemedicine service, but in situations where the member cannot access services via a simultaneous audio/visual platform, either due to technology constraints or other concerns, MDHHS will allow the provision of audio-only services for a specific set of procedure codes	99441-99443; 98955-98968
Psychotherapy services for adult or child (up to 45 minutes)	90832; 90834; 90839; 90840; 90785
Genetic and preventative counseling services	96040
Risk assessment	96160; 96161
Office visits for established patients up to 19 minutes	99212
Preventative counseling	99401; 99402; 99403; 99404
Change counseling for smoking	99406; 99407
Change counseling for diabetes management	G0108
Screening Brief Intervention and Referral to Treatment Services (SBIRT)	99408; 99409
Transitional Care Management Services	99495; 99496
Inpatient Follow-up Services	G0406; G0407; G0408
Additional audio-only Guidelines	
<ol style="list-style-type: none"> 1. Visits that include an assessment tool—the tool must be made available to the member and the provider must ensure the member can access the tool. 2. When a treatment technique or evidence-based practice requires visualization of the member, it must be performed via simultaneous audio/visual technology. 3. Audio-only must be performed at the preference of the member, not the provider’s convenience. 4. Privacy and security of member information must always be established and maintained during an audio-only visit. 	

Note: All telemedicine therapy services will count toward the member’s therapy service limits. (Refer to the Therapy Services chapter of the [MDHHS Medicaid Provider Manual](#)* for complete information.)

For full details of the MDHHS telehealth policy, visit the [Medicaid Bulletin MMP 23-10 – Telemedicine](#)*

*Our website is mibluccrosscomplete.com. While website addresses for other organizations are provided for reference, Blue Cross Complete doesn't control these sites and isn't responsible for their content.