



Provider Claim Payment Initiative

Notification Date:	9/15/2025
Claims Initiative Topic:	Clerical Overpayment Recoupment
Announcement:	Telemedicine Modifier 93 and 95
Line of Business	Medicaid
Impacted Specialties:	Multiple
Status:	In Process
Estimated Completion:	10/31/2025

Initiative Description:

Following a post-adjudication audit, McLaren Health Plan identified claims that were inappropriately reimbursed when billed with modifiers 93 or 95, which indicates the virtual care method used. The Michigan Department of Health and Human Services (MDHHS) telemedicine fee schedules identify the codes which are payable when billed with modifiers 93 or 95. McLaren found payments associated to service codes not on the published telemedicine fee schedules. Dates of services impacted are from 1/1/2024 -7/31/2025.

To ensure compliance with MDHHS requirements, McLaren will be initiating a recovery of the impacted payments. The recovery process will begin 10/15/2025 with an estimated completion for this project by 10/31/2025.

Additional information regarding MDHHS coverage for these codes when billed with modifiers 93 and 95 can be found on MDHHS website and MDHHS Provider Manual.

MDHHS website

<https://www.michigan.gov/mdhhs/doing-business/providers/providers/billingreimbursement/telemedicine>

MDHHS Provider Manual pgs. 2208-2209

1.16.C. PLACE OF SERVICE (POS), MODIFIER 95 AND MODIFIER 93 (pages 2208-2209)

All audio/visual telemedicine services, as allowable on the Telemedicine fee schedule and submitted on the professional invoice, must be reported with the Place of Service (POS) code that would be reported as if the beneficiary were in-person for the visit along with modifier 95—"Synchronous Telemedicine Service rendered via a real-time interactive audio and video telecommunications system".



All audio-only telemedicine services, as represented on the audio-only telemedicine fee schedule and submitted on the professional invoice, must be reported with the POS code that would be reported as if the beneficiary were in-person for the visit along with modifier 93 - "Synchronous Telemedicine Service rendered via telephone or other real time interactive audio-only telecommunications system."

For services submitted on the institutional invoice, the appropriate National Uniform Billing Committee (NUBC) revenue code, along with the appropriate telemedicine CPT/HCPCS procedure code and modifier 95 or modifier 93, must be used.

PIHP/CMHSP providers must submit encounters for audio/visual telemedicine with POS 02 or 10 (as applicable) and for audio-only POS 02 or 10 (as applicable) and Modifier 93.

Covered asynchronous telemedicine services must be billed with applicable POS and modifiers as standard practice.

For PIHP/CMHSP service providers, refer to the MDHHS Bureau of Specialty Behavioral Health Services Telemedicine Database and the Audio-Only Telemedicine Database on the MDHHS website for services allowed via both audio/visual and audio-only telemedicine.

This information should be used in conjunction with the Billing & Reimbursement for Professionals and the Billing & Reimbursement for Institutional Providers Chapters as well as the Medicaid Code and Rate Reference tool and other related procedure databases/fee schedules located on the MDHHS website.