

## **Telehealth Billing & Payment Policy**

### **Line of Business: McLaren Health Plan Medicaid HMO**

#### **Effective Date: 1/1/26**

This policy applies to telehealth services for Medicaid beneficiaries. If there is a conflict between this policy and applicable federal or state laws, regulations or regulatory requirements, the applicable laws or regulations will control. Further, if there is a conflict between this policy and a provider contract, the provider contract will govern. Note – coverage may be mandated by MDHSS or CMS.

Providers are required to submit accurate claims and documentation for all services performed.

Providers must submit claims using valid code combinations required by applicable law. Claims should be coded appropriately according to industry standard coding guidelines. All claims are subject to claim edits and may be subject to further reviews by McLaren or contracted third parties. Providers are expected to promptly work with McLaren and any third parties to provide any requested information related to a claim submission.

#### **Description and Definitions**

Telehealth/telemedicine services are covered by McLaren. Claims submitted to McLaren must be coded correctly for reimbursement. The medical necessity for these services must be documented in the member's medical record.

Per MDHHS guidelines, “as standard practice, in-person visits are the preferred method of service delivery; however, in cases where this option is not available or in-person services are not ideal or are challenging for the beneficiary, telemedicine may be used as a complement to in-person services”.

#### **Reimbursement Policy**

When submitting claims to McLaren for telehealth services, the following billing guidelines should be followed:

- Provider must report the place of service as they would for an in-person visit. Telemedicine reimbursement rates will be the same as the in-person rates, meaning providers will be paid equivalent amounts regardless of their physical location during the visit.
- PIHP/CMHSP providers must submit encounters for audio/visual telemedicine with POS 02 or 10 (as applicable).
- Services billed with a modifier “93” for audio only telemedicine will be reimbursed according to the MDHHS Telemedicine Audio-Only fee schedule  
<https://www.michigan.gov/mdhhs/doing-business/providers/providers/billingreimbursement/telemedicine>



## HEALTH PLAN

- Services billed with a modifier “95” for audio-visual telemedicine will be reimbursed according to the MDHHS Telemedicine Audio-Visual fee schedule  
<https://www.michigan.gov/mdhhs/doing-business/providers/providers/billingreimbursement/telemedicine>

### **Audit**

McLaren or a third party may audit or otherwise review all paid claims to ensure the integrity of the paid claims. This includes, but is not limited to coding validation, payment accuracy, compliance with regulations, policies, and contractual requirements. These reviews include clinical claim reviews and payment analytics.

### **Sources:**

MDHHS Telemedicine Policy Post-COVID-19 Public Health Emergency:

<https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Assistance-Programs/Medicaid-BPHASA/2023-Bulletins/Final-Bulletin-MMP-23-10-Telemedicine.pdf>

MDHHS Provider Manual, Telemedicine Chapter

<https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>