

NORTHCARE NETWORK

POLICY TITLE: Telemedicine Services	CATEGORY: Clinical Practices	
EFFECTIVE DATE: 9/14/16	BOARD APPROVAL DATE: 9/14/16	
REVIEW DATE: 9/16/25	REVISION(S) TO POLICY STATEMENT: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OTHER REVISION(S): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
RESPONSIBLE PARTY: Clinical Practices Specialist	CEO APPROVAL DATE: 10/22/25 Megan Rooney, CEO	

APPLIES TO

NorthCare Network Providers

POLICY

NorthCare Network recognizes behavioral health care services offered through telemedicine technology to assure that individuals have access to services when travel is prohibitive for the individual, there is an imminent health risk justifying immediate medical need for services, or when telehealth is individuals' preference and the service provided is an approved telehealth service.

PURPOSE

To ensure that services provided to the person served by telemedicine technologies adhere to applicable federal and state rules and regulations.

DEFINITIONS

- Authorized Practitioners:** Telemedicine services must be provided by a health care professional who is licensed, registered, or otherwise authorized to perform services in their health care profession in the state where the beneficiary is located. Providers must be enrolled in Michigan Medicaid or an employee of a Medicaid enrolled entity to provide telemedicine services. Health professionals who may provide telemedicine services are: Physicians (MD, DO, DPM), Nurse Practitioners (NP), Physician Assistants (PA), Clinical Nurse Specialist (CNS), Clinical Psychologist (CP), and Clinical Social Workers (CSW). Providers should review the approved list of telehealth services available: [Telemedicine Database \(michigan.gov\)](#)
- Distant Site:** The location of the health professional providing psychiatric services via the telecommunications system.
- Originating Site:** The location of the individual at the time the service is occurring via the telemedicine technology system. Per MDHHS and Medicare Benefit policy, the following sites are eligible as originating sites via telemedicine technology: Community Mental Health Service Provider (CMHSP), Federally Qualified Health Center (FQHC), Hospital (inpatient, outpatient, or critical access hospital (CAH), Office of physician or other practitioner, Rural Health Clinic (RHC), Skilled Nursing Facilities, and Tribal Health Center (THC), home or other established site considered appropriate by the provider. For Medicare Benefits using Tele communications the individual must receive service in a HPSA (Health Professional Shortage Area). Effective 3.1.2020 the originating site is defined as the location of the eligible beneficiary at the time of service.

4. Telemedicine: The use of an electronic media to link beneficiaries with health professionals in different locations. The examination of the beneficiary is performed via a real time interactive audio and video telecommunications system. This means that the beneficiary must be able to see and interact with the off-site practitioner at the time services are provided via telemedicine.

REFERENCES

42 CFR Section 410.73 Clinical Social Work Services
42 CFR Section 410.78 Telehealth Services
Michigan Department of Health and Human Services Medicaid Provider Manual
MSA Bulletin 13-34
MSA Bulletin 23-10
MMP Bulletin 24-06
CMS Medicare Claims Processing Manual
CMS Telehealth Services Booklet, ICN 901705 January 2019
MDHHS Memo (January 18, 2018): ACT Service Clarifications
MSA 20-09
[Bureau of Specialty Behavioral Health Services Telemedicine Database](#)
[Audits of Medicare Part B Telehealth Services During the COVID-19 Public Health Emergency \(hhs.gov\)](#)
[Telehealth Insurance Coverage \(medicare.gov\)](#)
Bureau of Specialty Behavioral Health Services Telehealth Database online [Reporting Requirements \(michigan.gov\)](#)
Public Health Code Act 368 of 1978 section 333.16284

HISTORY

NEW POLICY: 9/14/16
REVISION DATE: 12/7/16, 9/17/18, 6/13/19, 4/6/20, 9/17/21, 8/16/22, 5/27/23, 2/27/24, 11/14/24, 9/16/25
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CEO APPROVAL DATE: 9/6/16, 12/8/16, 11/6/17, 9/17/18, 7/2/19, 4/6/20, 11/3/20, 10/5/21, 9/6/22, 6/5/23, 3/5/24, 12/10/24, 10/22/25
BOARD APPROVAL DATE: 9/14/16

PROCEDURES

- A. NorthCare Network requires real time interactive systems at both the originating and distant site, allowing instantaneous interaction between the individual and health care professional via the telecommunication system. There are no distance requirements between the originating and distant site when providing telemedicine services.
- B. Providers must ensure the privacy of the beneficiary and the security of any information shared via telemedicine. The technology used must meet the needs for audio and visual compliance in accordance with current regulations and industry standards. Asynchronous or "Store and Forward" technology is prohibited.
- C. The PIHP, CMHSP, Nursing Facility or Federally Qualified Health Center can be either an originating or distant site for telemedicine services. Practitioners must

meet the provider qualifications for the covered services provided via telemedicine.

D. Telemedicine services must be appropriately documented and authorized per the Individual Plan of Services/Treatment Plan with the exception of the T1023, Pre-admission screening and H2011, Crisis Intervention (not including ICSS).

E. Billing for Telemedicine Services

- i. Telemedicine is a reportable & billable service when the IPOS authorizes the service.
- ii. Only psychiatric and psychotherapy services are allowed for Assertive Community Treatment (ACT) consumers via telemedicine.
- iii. Medicare Part B (MI Health Link (MHL) Medicare) – Allowable telemedicine services are covered when furnished by an interactive telecommunications system when the originating site is located in a health professional shortage area (as defined under section 332(a)(1)(A) of the Public Health Service Act (42 U.S.C. 254e(a)(1)(A)) or when the services are to treat a SUD or co-occurring MH disorder in your home.
 - i. For up to date information view Medicare Part B reference.
- iv. Approved providers may bill and receive payment for individual psychotherapy within their scope of practice via telemedicine technology.
- v. Telemedicine (Medicaid) – Telemedicine services are reportable encounters; there is no allocation for the distant site (facility fee). However, effective 3.1.2020 originating sites are permitted to submit claims for telehealth facility fees. Effective 6.1.2020, allowable telemedicine services will be eligible for reimbursement at the facility rate exclusively.
- vi. Additional services provided at the originating site on the same date as the telemedicine services may be billed.

F. Consent for services to be provided via telehealth must be obtained and properly documented by the CMHSP in the medical record in accordance with applicable standards of practice. Consent may be verbal with a written consent obtained as soon as possible.