

TELEHEALTH BILLING REMINDERS FOR MEDICAID

As a follow up to our recent notice on telehealth, we would like to provide some reminders and tips regarding specific and required information when billing telehealth for **Medicaid** Members.

Modifiers

Telehealth professional claims **require the GT modifier to be billed on all claim lines** when billing telehealth services. The GT modifier is used to indicate a service was rendered via synchronous telecommunication. The TS modifier can also be utilized, but only for face-to-face consultation.

Place of Service (POS)

Telehealth professional claims **require place of service 02 to be billed on all claim lines** when billing telehealth services, alongside the GT modifier. POS 02 validates that the service is indeed for telehealth. Without this place of service code, claims cannot be properly processed.

CPT Codes

Only codes that are included on the Medicaid telehealth fee schedule can be billed on a claim for a telehealth service. For more guidance regarding what codes are acceptable, please regularly visit the COVID-19 Response page located on the MDHHS website within the Billing and Reimbursement Section as updates are continuously being made. https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42551-523789--,00.html

If your office has telehealth capabilities, including the use of video technology available on Smartphones such as FaceTime, Skype, and Zoom, please read the bulletin noted below carefully. Additionally, **Molina is now able to accept claims** for telehealth, including those back to March 1, 2020. There is no prior authorization required or copay for telehealth services.

For Medicare and Marketplace, please follow CMS billing guidelines.

If you have questions you may contact your Molina representative at:

MHMProviderServicesMailbox@MolinaHealthCare.Com

Thank you for your commitment to Molina members.

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