

Florida Medicaid: Telemedicine Guidance for Medical and Behavioral Health Providers, Therapy (Occupational, Physical, and Speech-Language Pathology) Services, and Early Intervention Services

To assist with the response efforts to the coronavirus disease (COVID-19) state of emergency, effective March 9, 2020, and to help reduce opportunities for community spread of the virus, Humana will follow the Agency for Health Care Administration (Agency) guidance for coverage of medically necessary telehealth (audio and/or video) services using live, two-way communication for participating and non-participating providers that are enrolled with the Florida Medicaid program. Telehealth services will be covered throughout the emergency declaration period.

Telemedicine Definition and Current Coverage in the Florida Medicaid Program

Telemedicine is the practice of healthcare delivery by a provider who is in a site other than the site where a recipient is located, using telecommunications equipment that minimally includes real-time, two-way interactive communication between a recipient and a provider using audio and video equipment.

Medicaid health plans have broad flexibility in covering telemedicine services, including remote patient monitoring and store-and-forward services. The Agency has encouraged plans to ensure the use of services via telemedicine is maximized (as appropriate and allowable with the provider's scope of practice) to be responsive to workforce shortages or to meet the needs of enrollees who are homebound or are being monitored in the home.

The Agency's current telemedicine policy in the fee-for-service delivery system is available at: http://ahca.myflorida.com/medicaid/review/General/59G_1057_TELEMEDICINE.pdf. Florida Medicaid does not reimburse for the acquisition, installation, and maintenance of telecommunication devices or systems.

Fee-for-Service Delivery System

Providers: The Agency covers physician, physician extenders (advanced practice registered nurses and physician assistants), and clinic providers (county health departments, federally qualified health centers, and rural health clinics) through telemedicine. Covered medical services include evaluation, diagnostic, and treatment recommendations for services included on the Agency's [provider fee schedule](#) to the extent telemedicine is designated in the American Medical Association's Current Procedural Terminology (i.e., national coding standards). All service components included in the procedure code must be completed in order to be reimbursed. The Agency reimburses services using telemedicine at the same rate detailed on the provider fee schedule. Providers must append the GT modifier to the procedure code in the fee-for-service delivery system.

Behavioral Health: The Agency covers behavioral health evaluation, diagnostic, and treatment recommendation services through telemedicine. The Agency reimburses the behavioral health assessment and medication management screening services through telemedicine, at the same rate detailed on the [community behavioral health fee schedule](#).

Providers must perform all service components designated for the procedure code billed.
Providers must append the GT modifier in the fee-for-service delivery system.

Additional Telemedicine Flexibilities During the State of Emergency (Applies to the Fee-For-Service Delivery System)

During the state of emergency, the Agency is expanding services provided through telemedicine (live, two-way audio and/or video communication) through the fee-for-service delivery system to include, as medically necessary, the treatment services detailed in the table below:

Service	Procedure Code	Required Modifier
Brief individual medical psychotherapy, mental health	H2010 HE	GT
Brief individual medical psychotherapy, substance abuse	H2010 HF	GT
Individual Therapy	H2019 HR	GT
Family Therapy	H2019 HR	GT
Medication Management	T1015	GT
Behavioral health-related medical services: verbal interaction, mental health	H0046	GT
Behavioral health-related medical services: verbal interaction, substance abuse	H0047	GT
Medication-assisted treatment services	H0020	GT
Face-to-face contact prior to SIPP discharge and the home visit interview requirement components of Mental Health Targeted Case Management	T1017 T1017 HA T1017 HK	GT

The Agency reimburses these services using telemedicine at the same rate detailed for the procedure code on the respective Medicaid [fee schedule](#).

Telephonic (Audio-Only) Communication, Store-and-Forward, & Remote Patient Monitoring

Medicaid health plans must expand coverage of telehealth services to include coverage of telephone communications, only when rendered by licensed physicians (including psychiatrists), physician extenders, and licensed behavioral health practitioners.

For certain [evaluation and management services](#) provided during the state of emergency period, the Agency is expanding telehealth to include store-and-forward and remote patient monitoring modalities rendered by **licensed physicians and physician extenders (including those operating within a clinic)** functioning within their scope of practice. The Agency will reimburse each service once per day per recipient, as medically necessary and at the rates detailed in the table below:

Service	Procedure Code	Modifier Required	Reimbursement Rate	
			Maximum Fee*	Maximum Facility Fee**
Telephone Communications - Existing Patients	99441	CR	\$9.05	\$8.05
	99442	CR	\$17.65	\$16.10
	99443	CR	\$25.80	\$23.94
Telephone Communications - New Patients	99441 CG	CR	\$9.05	\$8.05
	99442 CG	CR	\$17.65	\$16.10
	99443 CG	CR	\$25.80	\$23.94
Store-and-forward	G2010	CR	\$7.69	\$5.66
Remote patient monitoring	99453	CR	\$11.77	N/A
	99454	CR	\$39.15	N/A
	99091	CR	\$37.12	N/A
	99473	CR	\$7.02	N/A
	99474	CR	\$9.51	\$5.44
	99457	CR	\$32.36	\$19.80
	99458	CR	\$26.48	\$19.80

*On the provider fee schedule, this represents the fee schedule increase rate, which is the base Florida Medicaid rate with a 4% increase included for all ages.

**The facility fee is the reimbursement rate for a provider performing services in one of the following places of service: outpatient hospital-off campus (19), inpatient hospital (21), outpatient hospital-on campus (22), emergency room hospital (23), or ambulatory surgical center (24), according to Medicare's designation.

Telemedicine Flexibilities During the State of Emergency

It is imperative that services continue for children in need of services. To ensure that Florida Medicaid providers can maintain continuity of care during the state of emergency, the Agency is expanding coverage of therapy (speech-language pathology, physical, and occupational therapy) and early intervention services (EIS) provided through telemedicine. These flexibilities apply to services provided through the Statewide Medicaid Managed Care program and the fee-for-service delivery system when the provider is unable to provide care physically face-to-face on that date of service (e.g., the provider is diagnosed with COVID-19, community- or home-based care was not an option, etc.).

Therapy Services: Florida Medicaid will reimburse for the delivery of therapy services (speech-language pathology, physical, and occupational therapy) via telemedicine (audio and video) to

the extent a provider can deliver services in a manner consistent with the standard of care and all service components to American Medical Association's Current Procedural Terminology code set and the Florida Medicaid coverage policy. Providers must append the GT modifier to the procedure code in the fee-for-service delivery system.

Early Intervention Screenings and Evaluations: Florida Medicaid will reimburse for the delivery of early intervention screenings and evaluations (initial and follow-up) via telemedicine when the service is delivered in accordance with federal and state law requirements (e.g., multidisciplinary team requirements can be met through live, two-way audio and video capabilities). The service must be completed in its entirety, as detailed in the EIS coverage policy and fee schedule.

Services are covered, as described below:

Service	Procedure Code	Required Modifier
Early Intervention Screening	T1027	GT
Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Physical Therapist	T1024 GP UK	GT
Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Speech Therapist	T1024 GN UK	GT
Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by an Occupational Therapist	T1024 GO UK	GT
Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Licensed Early Intervention Professional	T1024 TL	GT
Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by an ITDS	T1024 HN UK	GT
Follow-up Psychosocial and Developmental Evaluation rendered by a Physical Therapist	T1024 GP TS	GT
Follow-up Psychosocial and Developmental Evaluation rendered by a Speech Therapist	T1024 GN TS	GT
Follow-up Psychosocial and Developmental Evaluation rendered by an Occupational Therapist	T1024GO TS	GT
Follow-up Psychosocial and Developmental Evaluation rendered by a Licensed Early Intervention Professional	T1024 TL TS	GT
Follow-up Psychosocial and Developmental Evaluation rendered by an ITDS	T1024 TS	GT

Early Intervention Services

Florida Medicaid will reimburse for the delivery of early intervention sessions via telemedicine when performed by an eligible EIS provider (as defined in the Medicaid coverage policy) to provide family training designed to support the caregiver in the delivery of care. The provider must guide the caregiver in the implementation of certain components of the recipient's individualized family

support plan to promote carryover of treatment gains. Providers are required to ensure caregivers can perform the tasks. Services are covered, as described below:

Service	Procedure Code	Required Modifier	Limits
Early Intervention Individual Session: Family Training	T1027 SC	GT	Four 15-minute units per day

Provider Telemedicine Requirements

Medical and Behavioral Health Providers

Providers using any modality of telehealth described in this alert must:

- Ensure treatment services are medically necessary and performed in accordance with the corresponding and promulgated [service-specific coverage policy](#) and [fee schedule](#)
 - For new procedure codes temporarily covered during the state of emergency, services must be performed in accordance with the American Medical Association's Current Procedural Terminology procedure code definitions and guidance.
- Comply with HIPAA regulations related to telehealth communications
 - See additional guidance provided by the Office of Civil Rights on March 17, 2020 during the state of emergency [here](#).
- Know that supervision requirements within a provider's scope of practice continue to apply for services provided through telehealth
- Include documentation regarding the use of telehealth in the medical record or progress notes for each encounter with a recipient
- Have the patient and parent or guardian, as applicable, present for the duration of the service provided using telehealth except when using store-and-forward modalities

Out-of-state providers who are not licensed in Florida may provide telemedicine services to Florida Medicaid recipients, when appropriate, during the state of emergency in accordance with the Department of Health's emergency order (DOH 20 - 002). These providers must go through the provisional enrollment process, if they are not already enrolled in Florida Medicaid. More information about the provisional enrollment process is available at <http://www.mymedicaid-florida.com>.

Therapy and Early Intervention Service Providers

Therapy and early intervention service (EIS) providers using telemedicine as a modality to deliver services must comply with the following:

- Ensure services are medically necessary and performed in accordance with the [service specific policy](#) and [fee schedule](#)
- Have the patient and parent or guardian, as applicable, present for the duration of the service provided using telemedicine
- Include documentation regarding the use of telehealth in the medical record or progress notes for each encounter with a recipient
 - All other documentation requirements for the service must be met as described

in the coverage policy.

- Comply with the Health Insurance Portability and Accountability Act (HIPAA) when providing services, and all equipment and means of communication transmission must be HIPAA compliant.
- Assure that the recipient has compatible equipment and the necessary connectivity in order to send and receive uninterrupted video.
 - Telephone (audio-only) or electronic-based contact with a Florida Medicaid recipient without a video component is not permitted.

A provider:

- Should not use telemedicine if it may result in any reduction to the recipient's quality of care or if the service delivered through this modality could adversely affect the recipient.
- Must keep in mind that he or she cannot provide telemedicine services if another EIS provider is in the home on the same date of service

The Agency will continue to provide more information as it becomes available. For more information, visit the Department's COVID-19 website: www.flhealth.gov/COVID-19