

FLORIDA MEDICAID

A Division of the Agency for Health Care Administration

Florida Medicaid Health Care Alert

March 18, 2020

Medicaid Telemedicine Guidance for Medical and Behavioral Health Providers

To assist with the response efforts to the 2019 novel coronavirus (COVID-19) state of emergency, the Agency for Health Care Administration (Agency) has prepared this alert to ensure providers are aware of our current Medicaid policy for telemedicine and temporary waivers/flexibilities we are enacting to reduce opportunities for community spread of the virus. The purpose of this document is to provide telemedicine guidance to providers on Florida Medicaid coverage of services using live, two-way communication.

Telemedicine Definition

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

Current Coverage in the Florida Medicaid Program

Statewide Medicaid Managed Care Program

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 practitioner'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. Please contact the health plans directly to inquire about their telemedicine requirements and reimbursement rates.

Fee-for-Service Delivery System

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.

- **Practitioners:** 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 [practitioner 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 practitioner 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 communication) through the fee-for-service delivery system to include the below treatment services, as medically necessary:

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](#).

Store-and-Forward & Remote Patient Monitoring

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**
Store-and-forward	G2010	CR	\$7.69	\$5.66
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
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 practitioner 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 practitioner 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.

Telehealth Provider Requirements

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](#).
- Supervision requirements within a provider's scope of practice continue to apply for services provided through telehealth.
- Documentation regarding the use of telehealth must be included in the medical record or progress notes for each encounter with a recipient.
- The patient and parent or guardian, as applicable, must be present for the duration of the service provided using telehealth except when using store and forward modalities.

- Out-of-state practitioners 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 will be available on March 19, 2020 at <http://www.mymedicaid-florida.com>.

Additional Information

The Agency will issue subsequent guidance for other provider types (therapy services, behavior analysis services, etc.) use of telemedicine.

The Agency will continue to provide information as it becomes available.

For more information, visit the Department's COVID-19 website: www.flhealth.gov/COVID-19.