

March 26, 2020

The Agency for Healthcare Administration (Agency) has established an expansion of services usually performed in the office, hospital, and other outpatient facilities via various means of telemedicine communication on a temporary and emergency basis.

## Telemedicine Definition

Telemedicine is the practice of health care delivery by a practitioner who is in at 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. The Agency’s current telemedicine policy is available at: [http://ahca.myflorida.com/medicaid/review/General/59G\\_1057\\_TELEMEDICINE.pdf](http://ahca.myflorida.com/medicaid/review/General/59G_1057_TELEMEDICINE.pdf).

Effective immediately, Health Network One, Inc. (HN1) shall reimburse **physicians, and physician extenders (advanced practice registered nurses and physician assistants)** through telemedicine. This shall apply to services through the Statewide Medicaid Managed Care program and the Florida Healthy Kids program.

Covered medical services include evaluation, diagnostic, and treatment recommendations for services included on the state Medicaid fee schedule\* to the extent telemedicine is designated in the American Medical Association’s Current Procedure Terminology (i.e., national coding standards). All service components included in the procedure code must be completed in order to be reimbursed. Providers must append the **GT modifier** to the procedure code in the fee-for service delivery system.

\* [https://ahca.myflorida.com/medicaid/review/Reimbursement/2020-01-01\\_Fee\\_Sched\\_Billing\\_Codes/Practitioner\\_Fee\\_Schedule\\_2020.pdf](https://ahca.myflorida.com/medicaid/review/Reimbursement/2020-01-01_Fee_Sched_Billing_Codes/Practitioner_Fee_Schedule_2020.pdf)

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 (advanced practice registered nurses and physician assistants) functioning within their scope of practice as listed below:

<b>Procedure Code</b>	<b>Type of Service</b>	<b>Modifier Required</b>
G2010	Store-and-Forward	CR
99441-99443	Telephone Communications-Existing Patients	CR
99441-99443 CG	Telephone Communications- New Patients	CR
99091	Remote Patient Monitoring	CR
99453-99454	Remote Patient Monitoring	CR
99457-99458	Remote Patient Monitoring	CR
99473-99474	Remote Patient Monitoring	CR

Following the Agency guidelines, **Telemedicine** will be reimbursed by HN1 when performed by a **Physician, Nurse Practitioner or Physician Assistant** defined as follows:

- The Agency will reimburse each service once per day per recipient
- Ensure treatment services are medically necessary and performed in accordance with the corresponding and promulgated service service-specific coverage policy as referenced on the Agency website: [https://ahca.myflorida.com/medicaid/review/specific\\_policy.shtml](https://ahca.myflorida.com/medicaid/review/specific_policy.shtml).
- 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

- Providers must comply with HIPAA regulations related to telehealth communications
- 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 for 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
- All services will be reimbursed at the current contract rate
- All codes must be billed with POS (02) – Telehealth
- NOTE: Use of the telehealth Place of Service (POS) Code 02 certifies that the service meets the CMS requirements.

In order to provide the services referenced herein you must complete the enclosed **HN1 Telemedicine Attestation**. As indicated on the attestation form, you will be asked to complete and return the attached attestation so we can confirm your agreement with these regulations.

### **Prior Authorization Requirements**

Prior authorizations are not required for any of the services described herein.

### **Paper Claims Submissions**

Electronic claims submission is preferred by [HN1, TNPR, etc.] at all times, it is of utmost importance now. Please submit all claims via electronic transmission, or by direct data entry via the secure [HN1, TNPR, etc.] Provider Web Portal, **which allows for documentation attachment**. Paper claims submission is to be used only as last resort. The only exception to this are claims that are submitted in response to a previously finalized claim, which may be sent via US Mail (e.g. medical records, disputes, etc.). If you have any questions regarding this transmittal, please contact **HN1 at 800-595-9631** or contact your assigned representative directly.

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Provider Name:	Provider TIN:
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- 1. Do you provide telemedicine services to enrollees? If "Yes", attestation answers are required for items 2-13 to provide telemedicine services to enrollees.**
2. I confirm that our equipment, means of communication, and processes for providing telemedicine services are in compliance with the Health Insurance Portability and Accountability Act (HIPAA) laws pertaining to patient privacy and security
3. I confirm that our telecommunication equipment and telemedicine operations meet the technical safeguards required by 45 CFR 164.312 and the requirements of Rule 59G-1.057 F.A.C.
4. I confirm at minimum we use real time, two-way interactive communication between a recipient and a practitioner using audio and video equipment
5. I confirm services are medically necessary and performed in accordance with the service specific policy website [https://ahca.myflorida.com/medicaid/review/specific\\_policy.shtml](https://ahca.myflorida.com/medicaid/review/specific_policy.shtml)
6. I confirm that Telemedicine should not be used by a provider if it may result in any reduction to the quality of care or if the service delivered through this modality could adversely impact the recipient
7. I confirm that we educate the patient on the use of telemedicine and obtain informed consent
8. I confirm that the recipient (and their legal guardian) must be present for the duration of the service provided using telemedicine
9. I confirm that I provide recipients the choice of whether to access services through a face-to-face or telemedicine visit with us, and document such choice
10. I confirm that the documentation regarding the use of telemedicine must be included in the progress notes for each encounter with a recipient. All other documentation requirements for the service must be met as described in the coverage policy. [https://ahca.myflorida.com/medicaid/review/specific\\_policy.shtml](https://ahca.myflorida.com/medicaid/review/specific_policy.shtml)
11. I confirm that providers must assure that the recipient has compatible equipment and the necessary connectivity in order to send and receive uninterrupted video.  
**Note: Telephone or electronic-based contact with a Florida Medicaid and Florida Healthy Kids recipient without a video component is not permitted.**
12. I confirm we are responsible for all equipment required to provide telemedicine services

I represent and warrant that the information and statements in this document are true and accurate and that the applicable network/health plans are relying on such information and statements in connection with the arranging of our provision of telemedicine services. I have the authority to execute documents for and bind the Provider named above.

_____ Provider Name	_____ Signature
_____ Printed Name of Signere	_____ Date of Signature

**Please return via fax to 305-620-5973 or [gonzalezm@healthnetworkone.com](mailto:gonzalezm@healthnetworkone.com)**