



# Telemedicine Guidance for Medicaid and Healthy Kids

**March 25, 2020**

Effective immediately, the Agency for Healthcare Administration (AHCA) 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.

These flexibilities apply to services provided when:

- Services cannot be delivered because the provider office is closed (when services are delivered in an office setting) and in-home care or delivering services in an alternative location is not an option; or
- The provider and/or the recipient meet one or more of the self-screening criteria for COVID-19 in accordance with the Department of Health guidelines and services cannot be delivered in the home.

## 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. 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, American Therapy Administrators of Florida (ATAFL) shall reimburse **Speech Therapy, Physical Therapy and Occupational Therapy services** which apply to services through the Statewide Medicaid Managed Care program and the Florida Healthy Kids program.

ATAFL will reimburse for evaluation, diagnostic, and treatment recommendations for services included on the respective therapy services fee schedule to the extent services can be delivered in a manner that is consistent with the standard of care and all service components designated in the American Medical Association's Current Procedural Terminology and the Florida Medicaid coverage policy is provided. Providers must append the **GT modifier** to the procedure code in each encounter.

## Provider Telemedicine Requirements

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 which can be located at [https://ahca.myflorida.com/medicaid/review/specific\\_policy.shtml](https://ahca.myflorida.com/medicaid/review/specific_policy.shtml).
- The recipient (and their legal guardian) must be present for the duration of the service provided using telemedicine.
- 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.
- 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).
- Providers must comply with the Health Insurance Portability and Accountability Act (HIPAA) when providing services; all equipment and means of communication transmission must be HIPAA compliant.
- Providers must assure that the recipient has compatible equipment and the necessary connectivity in order to send and receive uninterrupted video. Telephone or electronic-based contact with a Florida Medicaid recipient without a video component is not permitted.

In order to provide the services referenced herein you must complete the enclosed **ATAFL 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

Nothing in this alert relieves the provider of any existing prior authorization requirements that currently exist for therapy under ATAFL.

## Paper Claims Submissions

While electronic claims submission is preferred by ATAFL at all times, it is of utmost importance now. Please submit all claims via EDI transmission or by direct data entry via the secure HS1 Provider Web Portal.

If you have any questions regarding this transmittal, please contact ATAFL at 1-888-550-8800, Option 2 or contact your assigned representative directly.



# Telemedicine Statement/Attestation for MMA and Healthy Kids

**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.

Provider Name:	Provider TIN:
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**1. Do you provide telemedicine services to enrollees? If "Yes", please select all specialties that apply below.**  
 (Note: Attestation is required for items 2-12 to provide telemedicine services to enrollees).

- Speech Therapy
- Physical Therapy
- Occupational Therapy

- 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:

- [https://ahca.myflorida.com/medicaid/review/Specific/59G\\_4-320\\_Physical\\_Therapy\\_Services.pdf](https://ahca.myflorida.com/medicaid/review/Specific/59G_4-320_Physical_Therapy_Services.pdf)
- [https://ahca.myflorida.com/medicaid/review/Specific/59G\\_4-318\\_Occupational\\_Therapy\\_Services.pdf](https://ahca.myflorida.com/medicaid/review/Specific/59G_4-318_Occupational_Therapy_Services.pdf)
- [https://ahca.myflorida.com/medicaid/review/Specific/59G\\_4-324\\_Speech\\_Language\\_Therapy\\_Services.pdf](https://ahca.myflorida.com/medicaid/review/Specific/59G_4-324_Speech_Language_Therapy_Services.pdf)

- 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 an enrollee 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