



Telemedicine Guidance for E-Visits

March 25, 2020

Effective March 6, 2020, the Center for Medicare and Medicaid Services has established an expansion of services usually performed in the office, hospital, and other outpatient facilities via various means of telehealth communication on a temporary and emergency basis for Medicare and Market Place (Commercial) enrollees.

E-Visit Definition: A patient-initiated online evaluation and management which is conducted via an online patient portal. The Agency’s current telemedicine policy is available at: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth>.

Effective March 6, 2020, American Therapy Administrators of Florida (ATAFL) shall reimburse Speech Therapy, Physical Therapy and Occupational Therapy services for services described herein which apply to services rendered to Medicare and Market Place (Commercial) enrollees.

Following Medicare guidelines, **E-visits** will be reimbursed by ATAFL when performed by clinicians who may not independently bill for evaluation and management services, such as a **Registered Physical Therapist, Occupational Therapist or Speech Language Pathologist** and when performed as defined as follows:

- Patients communicate with their treating therapist without going to the therapist’s office by using online patient portals
- For established patients only
- **Billing and Reimbursement:**
 - » Physical Therapist, Occupational Therapist, and Speech Language Pathologist – G2061 – G2063 (Qualified non-physician healthcare professional assessment and management service, for an established patient, for up to 7 days, cumulative time during the 7 days)

Reimbursement

- **If you have an existing authorization on file, reimbursement shall be based on your current contract terms.**

- **If you do not have an existing authorization on file, authorization will not be required, and reimbursement will be based on 100% of Medicare for the CPT codes G2061 – G2063.**

- » Since authorization is not required for those who do not have an existing authorization on file; please submit all claims via EDI transmission or by direct data entry via the secure HS1 Provider Web Portal to receive payment.

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 telehealth requirements.

In order to provide the services referenced herein you must complete the enclosed ATA-FL **Telemedicine Attestation**. Please contact your ATAFL representative if you meet the qualifications to provide **Medicare and Market Place (Commercial) Telehealth E-Visits**; you will be asked to complete and return the attached attestation so we can confirm your agreement with these regulations and provide us with the technology you will be using.

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 Medicare and Market Place (Commercial)

E-VISIT DEFINITION: A patient-initiated online evaluation and management which is conducted via an online patient portal.

Provider Name:	Provider TIN:
----------------	---------------

- Do you provide telemedicine services to enrollees?
If "Yes", please select all specialties that apply below.
(Note: Attestation is required for items 2-13)
 Speech Therapy
 Physical Therapy
 Occupational Therapy
- 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.
- I confirm that our telecommunication equipment and telemedicine operations meet the technical safeguards required by 45 CFR 164.312.
- I confirm services are medically necessary and performed in accordance with the CMS coverage determination process <https://www.cms.gov/Medicare/Coverage/DeterminationProcess>.
- 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.
- I confirm that we educate the patient on the use of telemedicine and obtain informed consent.
- I confirm that the recipient (and their legal guardian) must be present for the duration of the service provided using telemedicine.
- 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.
- 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 required by CMS. <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth>.
- I confirm that providers must assure that the recipient has compatible equipment and the necessary connectivity in order to send and receive uninterrupted video (video is excluded from E-Visits).
- I confirm we are responsible for all equipment required to provide telemedicine services.
- I confirm I make use of a patient portal through your EHR. **Please provide the name of the program below:**


- I confirm the above patient portal is in compliance with the Health Insurance Portability and Accountability Act (HIPAA) laws pertaining to patient privacy and security.

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