

Telehealth tip sheet (COVID-19)

This communication applies to the Medicaid programs for Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA), Florida Health Kids (FHK) and the Medicare Advantage program for Simply.

With the emergence of the novel coronavirus and COVID-19, there is an urgency from the Centers for Medicare & Medicaid (CMS), Florida Healthy Kids and the Agency For Health Care Administration (AHCA) to expand the use of technology to help people who need routine care, and keep vulnerable members and members with mild symptoms in their homes while maintaining access to the care they need. Simply Healthcare Plans, Inc. and Clear Health Alliance (Simply) have created this tip sheet to help answer questions regarding telehealth coding guidelines during the declared public health emergency concerning the COVID-19 outbreak.

Medicare

As of **March 6, 2020**, under the new guidance, Simply will cover provider visits as outlined in the below grid furnished via telehealth. A range of providers (PCPs and specialists) will be able to offer telehealth to their patients. The statutory provision broadens telehealth flexibility without regard to the diagnosis of the patient. **The telehealth waiver will be effective until the public health emergency declared by the Secretary of Health and Human Services on January 31, 2020, ends.**

Reimbursement: Capitated providers should submit encounters for services rendered via telehealth according to the guidance below. Telehealth services are considered inclusive to the Providers contractual capitation. Fee-for-service (FFS) providers will be reimbursed for claims including the appropriate billing codes listed in the table below.

Type of service	Service description	HCPCS/CPT® Code	Modifier required
Medicare telehealth visits For new or established patients.	A visit with a provider that uses telecommunication systems between a provider and a patient	Common telehealth services include: <ul style="list-style-type: none"> • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs). For a complete list: https://www.cms.gov/Medicare/Medicare-general-information/telehealth/telehealth-codes	95
Virtual check-ins For established patients	A brief (5-10 minutes) check in with a practitioner via telephone or other telecommunications device to decide whether	HCPCS code G2012 HCPCS code G2010	95

<https://provider.simplyhealthcareplans.com/florida-provider>

<https://provider.clearhealthalliance.com/florida-provider>

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract.

Simply Healthcare Plans, Inc. is a Medicare contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal.

	an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.		
E-visits For established patients	A communication between a patient and their provider through an online patient portal	<ul style="list-style-type: none"> • 99431 • 99422 • 99423 	<ul style="list-style-type: none"> • G2061 • G2062 • G2063
			95

Note: 80 additional services will be allowed to be furnished via telehealth. When billing professional claims for non-traditional telehealth services with dates of services on or after March 1, 2020, and for the duration of the Public Health Emergency (PHE), bill with the Place of Service (POS) equal to what it would have been in the absence of a PHE.

For more information:

- <https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprogprovider-partnership-email-archive/2020-03-31-mlnc-se>
- <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>
- <https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>
- <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>
- <https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf>
- <https://www.cms.gov/files/document/esrd-provider-telehealth-telemedicine-toolkit.pdf>

Clear Health Alliance, Statewide Medicaid Managed Care Managed Medical Assistance (SMMC MMA), and Florida Healthy Kids (FHK)

As of **March 6, 2020**, under the new guidance, Simply will cover provider visits (for example, PCPs and specialists) and clinic providers (for example, county health departments, federally qualified health centers, and rural health clinics) offering telehealth to their patients. Covered medical services include evaluation, diagnostics, 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). Providers must append the **GT modifier** to the procedure code in the fee-for-service delivery system.

The telehealth waiver will be effective until the public health emergency declared by the secretary of the department of Health and Human Services on January 31, 2020, ends. *Note: The end date for the Florida Healthy Kids telehealth waiver is to be determined.*

Reimbursement: Capitated providers should submit encounters for services rendered via telehealth according to this guidance. Telehealth services are considered inclusive to the provider’s contractual capitation. Fee-for-service (FFS) providers will be reimbursed for claims including the appropriate billing codes. All service components included in the procedure code must be completed in order to be reimbursed. Simply 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. Simply will reimburse each service once per day per recipient, as medically necessary and at the rates detailed in the table below.

Type of service	Procedure code	Modifier required
Store-and-forward	G2010	CR
Telephone Communications - Existing Patients	99441 99442 99443	CR
Telephone Communications - New Patients	99441 CG 99442 CG 99443 CG	CR
Remote patient monitoring	99453 99454 99091 99473 99474 99457 99458	CR

For more information:

- http://ahca.myflorida.com/medicaid/review/General/59G_1057_TELEMEDICINE.pdf
- https://ahca.myflorida.com/Medicaid/pdf/files/provider_alerts/2020_03/Medicaid_Telemedicine_Guidance_20200318.pdf