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New Telehealth Policies Expand Coverage for Healthcare Services

In order to ensure that all of our members have needed access to care, we are increasing the scope and scale of our use of telehealth services for all products for the duration of the COVID-19 emergency. These coverage expansions will benefit not only members who have contracted or been exposed to the novel coronavirus, but also those members who need to seek care unrelated to COVID-19 and wish to avoid clinical settings and other public spaces.

Effective immediately, the policies we are implementing include:

- Continuation of zero member liability (copays, cost sharing, etc.) for care delivered via telehealth
- Any services that can be delivered virtually will be eligible for telehealth coverage
- Telehealth services may be delivered by providers with any connection technology to ensure patient access to care. Providers should follow state and federal guidelines regarding performance of telehealth services including permitted modalities.

Providers who have delivered care via telehealth should reflect it on their claim form by following standard telehealth billing protocols. For further billing and coding guidance for telehealth services, we recommend following what is being published by:

- Centers for Medicare and Medicaid (CMS)
- Department of Health and Human Services (HHS)
- American Medical Association (AMA)

We believe that these measures will help our members maintain access to quality, affordable healthcare while maintaining the CDC's recommended distance from public spaces and groups of people.

Additional Telehealth Guidance for Medicaid Providers

Payment parity: For telehealth visits using the following codes, we will pay providers the same rates they would receive for a similar face-to-face visit.

- CPT codes: 99201-99215 billed with a GT modifier and place of service code 02 to indicate a service was rendered via synchronous telecommunication with audio and video.

Audio Telehealth Services: Licensed physicians, physician extenders, and licensed behavioral health providers can provide telehealth services using only audio.

- For existing patients, providers should use the CR modifier with one of the following procedure codes: 99441, 99442, 99443, or 99441 CG
- For new patients, providers should use the CR modifier with one of the following procedure codes: 99442 CG or 99443



Behavioral Health Services using Telemedicine

Behavioral health providers can provide and bill for telehealth services listed in the table below. Providers must perform all service components designated for the procedure code billed.

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
Medication-assisted treatment services	H0020	GT
Targeted Case Management	T1017 T1017 HA T1017 HK	GT
Therapeutic Behavioral Health Onsite Services (TBOS), therapy	H2019 HO	GT
TBOS, behavior management	H2019 HN	GT
TBOS, therapeutic support	H2019 HM	GT
Psychosocial Rehabilitation (PSR) Services	H2017	GT
Specialized Therapeutic Comprehensive Behavioral Health Assessment Services	H0031 HA	GT
Psychiatric evaluation by a physician	H2000 HP	GT
Psychiatric evaluation by a non-physician	H2000 HO	GT
Brief behavioral health status exam	H2010 HO	GT
Psychiatric review of records	H2000	GT
In-depth assessment, new patient, mental health	H0031 HO	GT
In-depth assessment, established patient, mental health	H0031 TS	GT
In-depth assessment, new patient, substance abuse	H0001 HO	GT
In-depth assessment, established patient, substance abuse	H0001 TS	GT
Bio-psychosocial evaluation, mental health	H0031 HN	GT
Bio-psychosocial evaluation, substance abuse	H0001 HN	GT
Psychological testing	H2019	GT
Limited functional assessment, mental health	H0031	GT
Limited functional assessment, substance abuse	H0001	GT
Behavioral health medical screening, mental health	T1023 HE	GT
Behavioral health medical screening, substance abuse	T1023 HF	GT
Behavioral health-related medical services: verbal interaction, mental health	H0046	GT



Service	Procedure Code	Required Modifier
Behavioral health-related medical services: verbal interaction, substance abuse	H0047	GT
Behavioral health-related medical services: medical procedures, mental health	T1015 HE	GT
Behavioral health-related medical services: medical procedures, substance abuse	T1015 HF	GT
Brief group medical therapy	H2010 HQ	GT
Group therapy	H2019 HQ	GT

Additional Requirements/Limitations

- **TBOS:** We will reimburse for up to two (2) hours of parent training per day, per recipient, for the purposes of caregiver training when services cannot be delivered in the home and the caregiver needs to be supported in the delivery of care. The provider must guide the caregiver in the implementation of certain components of the recipient’s treatment plan to promote carryover of treatment gains.
- **PSR:** We will reimburse for up to two (2) hours per day, as detailed in the coverage policy and on the recipient’s treatment plan.

Telephone Communications for Behavioral Health Services – Audio Only

Behavioral health providers can provide and bill for the following services if video capability is not available and the services can only be provided telephonically. This modality must be used as a last resort, and the provider must document that the enrollee did not have access to audio and video technology necessary for the service to be fully provided via telemedicine.

Service	Procedure Code	Required Modifier
Brief individual medical psychotherapy, mental health	H2010 HE	CR
Brief individual medical psychotherapy, substance abuse	H2010 HF	CR
Individual Therapy	H2019 HR	CR
Family Therapy	H2019 HR	CR
Medication Management	T1015	CR
Medication-assisted treatment services	H0020	CR
Targeted Case Management	T1017 T1017 HA T1017 HK	CR



Service	Procedure Code	Required Modifier
Psychosocial Rehabilitation (PSR) Services	H2017	CR
Specialized Therapeutic Comprehensive Behavioral Health Assessment Services	H0031 HA	CR
Psychiatric evaluation by a physician	H2000 HP	CR
Psychiatric evaluation by a non-physician	H2000 HO	CR
Brief behavioral health status exam	H2010 HO	CR
In-depth assessment, new patient, mental health	H0031 HO	CR
In-depth assessment, established patient, mental health	H0031 TS	CR
In-depth assessment, new patient, substance abuse	H0001 HO	CR
In-depth assessment, established patient, substance abuse	H0001 TS	CR
Bio-psychosocial evaluation, mental health	H0031 HN	CR
Bio-psychosocial evaluation, substance abuse	H0001 HN	CR
Psychological testing	H2019	CR
Limited functional assessment, mental health	H0031	CR
Limited functional assessment, substance abuse	H0001	CR
Behavioral health medical screening, mental health	T1023 HE	CR
Behavioral health-related medical services: medical procedures, mental health	T1015 HE	CR
Behavioral health-related medical services: medical procedures, substance abuse	T1015 HF	CR
Behavioral health medical screening, substance abuse	T1023 HF	CR
Behavioral health-related medical services: verbal interaction, mental health	H0046	CR
Behavioral health-related medical services: verbal interaction, substance abuse	H0047	CR
Brief group medical therapy	H2010 HQ	CR
Group therapy	H2019 HQ	CR

Additional Requirements for Behavioral Health Providers using Telemedicine/Telehealth

Providers using any modality of telemedicine/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](#).
- Comply with HIPAA regulations related to telemedicine/telehealth communications.
 - See additional guidance provided by the Office of Civil Rights on March 17, 2020 during the state of emergency [here](#).
- Continue to apply supervision requirements within a provider’s scope of practice for services provided through telemedicine/telehealth.



Documentation regarding the use of telemedicine/telehealth must be included in the medical record or progress notes for each encounter with a recipient.

Therapy and Early Intervention Services

Therapy Services (Audio and Video)

During this public emergency, Therapy Services can be provided via telehealth. This includes speech language pathology, and physical and occupational therapy. Services must be delivered in a manner that is consistent with the standards of care and all service components designated in the American Medical Association’s Current Procedural Terminology code set and the Florida Medicaid coverage policy.

Early Intervention Services (Audio and Video)

We will reimburse for the delivery of early intervention screenings and evaluations (initial and follow-up) via telemedicine when the service is delivered in accordance with federal and state law requirements (e.g., multidisciplinary team requirements can be met through live, two-way audio and video capabilities). The service must be completed in its entirety, as detailed in the EIS coverage policy and fee schedule.

Services are covered, as described below:

Service	Procedure Code	Required Modifier
Early Intervention Screening	T1027	GT
Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Physical Therapist	T1024 GP UK	GT
Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Speech Therapist	T1024 GN UK	GT
Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by an Occupational Therapist	T1024 GO UK	GT
Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Licensed Early Intervention Professional	T1024 TL	GT
Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by an ITDS	T1024 HN UK	GT
Follow-up Psychosocial and Developmental Evaluation rendered by a Physical Therapist	T1024 GP TS	GT
Follow-up Psychosocial and Developmental Evaluation rendered by a Speech Therapist	T1024 GN TS	GT
Follow-up Psychosocial and Developmental Evaluation rendered by an Occupational Therapist	T1024 GO TS	GT



Service	Procedure Code	Required Modifier
Follow-up Psychosocial and Developmental Evaluation rendered by a licensed Early Intervention professional	T1024 TL TS	GT
Follow-up Psychosocial and Developmental Evaluation rendered by an ITDS	T1024 TS	GT

Early Intervention Sessions

Providers may bill for early intervention sessions via telemedicine when performed by an eligible EIS provider (as defined in the Medicaid coverage policy) to provide family training designed to support the caregiver in the delivery of care. The provider must guide the caregiver in the implementation of certain components of the member's individualized family support plan to promote carryover of treatment gains. Providers are required to ensure caregivers can perform the tasks. Services are covered, as described below:

Service	Procedure Code	Required Modifier	Limits
Early Intervention Individual Session: Family Training	T1027 SC	GT	Four 15-minute units per day

Additional Requirements for Early Intervention Service Providers using Telemedicine/Telehealth

Early intervention service providers using telemedicine as a modality to deliver services must also comply with the following:

- Telemedicine services cannot be provided if another EIS provider is in the home on the same date of service.
- Ensure services are medically necessary and performed in accordance with the [service specific policy](#) and [fee schedule](#).
- 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.
- 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 (audio-only) or electronic-based contact with a recipient without a video component is not permitted.

We do not reimburse for the acquisition, installation, and maintenance of telecommunication devices or systems.

Well-Child Visits Provided via Telemedicine

Well-child visits using telemedicine (live/two-way communication that includes audio and video) is covered during the state of emergency for children older than 24 months through 20 years for the following procedure codes:

- 99382-99385
- 99392-99395

Providers must also include the GT modifier for live, two-way communication.

Although providers may be able to conduct the majority of the well-child visit components via telemedicine, providers must schedule a follow-up visit for the administration of immunizations and other physical components of the exam that could not be delivered using telemedicine.

In accordance with the American Academy of Pediatrics [guidance](#), providers should prioritize in-person newborn care, newborn well-visits, and immunization of infants and young children through 24 months of age. We will not reimburse for well-child visits performed via telemedicine for children 24 months and younger.

This guidance is in response to the current COVID-19 pandemic and may be retired at a future date.

