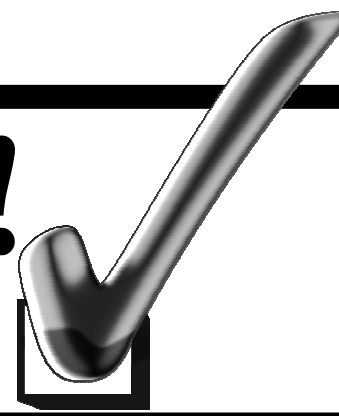


IMPORTANT!

Molina Provider News:



****REMINDER****

Medicaid Telemedicine Billing Guidance for Medical and Behavioral Health Providers

Who can provide telemedicine?

The Agency for Healthcare Administration (Agency) covers physicians, physician extenders (advanced practice registered nurses and physician assistants), and clinic providers (county health departments, federally qualified health centers, and rural health clinics) through telemedicine.

Covered Services

Covered medical and behavioral health services include evaluation, diagnostic, and treatment recommendations for services included on the Agency's fee schedule(s). All service components included in the procedure code must be completed in order to be reimbursed. Providers must add the GT modifier to the procedure code for appropriate reimbursement/coverage.

Behavioral Health Services Using Telemedicine

Service	Procedure Code	Required Modifier(s)
Brief individual medical psychotherapy, mental health	H2010	GT, HE
Brief individual medical psychotherapy, substance abuse	H2010	GT, HF
Individual therapy	H2019	GT, HR
Family therapy	H2019	GT, HR
Medication Management	T1015	GT
Behavioral health-related medical services; verbal interaction, mental health	H0046	GT
Behavioral health-related medical services; verbal interaction, substance abuse	H0047	GT
Medication-assisted treatment services	H0020	GT
Face-to-face contact prior to SIPP discharge and the home visit interview requirement components of Mental Health Targeted Case Management	T1017	GT
	T1017	GT, HA, HK

Evaluation and Management Services Using Telemedicine

For certain Evaluation and Management services provided during the state of emergency period, telemedicine has been expanded 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. Molina will reimburse each service once per day per recipient, as medically necessary.

Service	Procedure Code	Required Modifier(s)
Store-and-forward	G2010	CR
Telephone Communications - <i>Existing</i> Patients	99441	CR
	99442	CR
	99443	CR
Telephone Communications - <i>New</i> Patients	99441	CR, CG
	99442	CR, CG
	99443	CR, CG
Remote patient monitoring	99453	CR
	99454	CR
	99091	CR
	99473	CR
	99474	CR
	99457	CR
	99458	CR

Therapy Services (Audio and Video)

During this PHE, therapy services can be provided via telemedicine. 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.

Well Child Visits via Telemedicine

Well child visits using telemedicine 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.

Providers should prioritize in-person newborn care, newborn well-visits, and immunization of infants and young children through 24 months of age. Molina will not reimburse for well-child visits performed via telemedicine for children 24 months and younger.

Early Intervention Services (Audio and Video)

During this PHE, early intervention screenings and evaluations (initial and follow-up) may be provided 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. Telemedicine services cannot be provided if another EIS provider is

in the home on the same date of service. The member (and their legal guardian) must be present for the duration of the service provided using telemedicine.

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	GT, GP, UK
Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Speech Therapist	T1024	GT, GN, UK
Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by an Occupational Therapist	T1024	GT, GO, UK
Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Licensed Early Intervention Professional	T1024	GT, TL
Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by an ITDS	T1024	GT, HN, UK
Follow-up Psychosocial and Developmental Evaluation rendered by a Physical Therapist	T1024	GT, GP, TS
Follow-up Psychosocial and Developmental Evaluation rendered by a Speech Therapist	T1024	GT, GN, TS
Follow-up Psychosocial and Developmental Evaluation rendered by an Occupational Therapist	T1024	GT, GO, TS
Follow-up Psychosocial and Developmental Evaluation rendered by a licensed Early Intervention professional	T1024	GT, TL, TS
Follow-up Psychosocial and Developmental Evaluation rendered by an ITDS	T1024	GT, TS

EIS Sessions

Florida Medicaid will reimburse for the delivery of 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. Services are covered, as described below:

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

The Agency's current EIS policy is available at:

https://ahca.myflorida.com/medicaid/review/Specific/59G-4.085_EIS_Coverage_Policy.pdf

What is NOT covered?

Florida Medicaid does **not** reimburse for:

- (a) Telephone conversations, chart review(s), electronic mail messages, or facsimile transmissions.
- (b) Equipment required to provide telemedicine services.

Prior Authorization

Telemedicine does not require authorization unless the provider is delivering services that normally require prior authorization. For more information on services that require prior authorization, please visit www.molinahealthcare.com.

Claims

Providers must submit claims for telemedicine services using the appropriate CPT or HCPCS code for the professional service, along with the telemedicine **modifier GT**, “via interactive audio and video telecommunications systems”, with **place of service 02**.

Services currently billed through a contracted vendor must continue to be billed through the vendor in accordance with the terms and conditions of your agreement.

The Agency’s current telemedicine policy is available at:

http://ahca.myflorida.com/medicaid/review/General/59G_1057_TELEMEDICINE.pdf.

This telemedicine billing guidance is in response to the current COVID-19 pandemic and may be retired at a future date. For additional information, please call Molina Healthcare at 855-322-4076.

Thank you for your continued care to our Members!

Molina Healthcare of Florida