Purpose of this communication:

To provide home health agencies with telehealth requirements for Florida Blue Medicare Advantage members effective January 1, 2021.

What do I need to know?

Telehealth, also known as virtual care, is the use of interactive audio and video telecommunications systems that permits real-time communication between the distant site and the patient at home, to deliver and support patient care, administrative activities and health education.

- CareCentrix network providers may arrange home health services via telehealth when appropriate for the patient as determined by the ordering physician. The patient must also consent to receive telehealth services. Telehealth services may be a component of or in lieu of an in-person visit.
- The following home health services **MAY NOT** be rendered via telehealth and must be rendered in-person
  - Private duty nursing
  - Initial infusion therapy visit
  - Negative pressure wound therapy or complex wound care
  - Skilled nursing required by Medicare Advantage patients
  - Medical social worker services required by Medicare Advantage patients

- Telehealth providers must be both audio and video capable and must only use audio and video technologies that comply with applicable law, including applicable privacy laws.
- Providers must utilize both audio and video when rendering telehealth services to the patient.
- Telehealth services may only be provided if the patient or caregiver has the ability to physically operate a device with a camera and the patient has internet service.

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- For Medicare Advantage patients, an initial face to face visit is required unless care can start sooner via a telehealth visit, in which case, the in-person visit must occur within 30 days.
- Telehealth services are subject to the same service registration and prior authorization processes that apply to traditional in-person visits.

- Providers performing telehealth services are responsible for ensuring that they maintain, and have available upon request, all documentation necessary to support the telehealth services rendered, including but not limited to: the medical necessity of the services and the format of services rendered (i.e. audio and video).

Thank you in advance for your cooperation and continued partnership.

CARECENTRIX TELEHEALTH NETWORK FOR HOME HEALTH SERVICES FREQUENTLY ASKED QUESTIONS (FAQS)

Q: For which health plan/patients can I provide telehealth services?

A: Providers contracted to provide telehealth services may arrange services via telehealth for Cigna and Florida Blue health plans when telehealth services are appropriate for the patient and patient consent is obtained.

Q: Which services can I provide via telehealth?

A: Telehealth services may be a component of or in lieu of an in-person visit (s) for home health nursing, home therapies (i.e. physical, occupational and speech), medical social worker, and teaching and training related to durable medical equipment and supplies (e.g. Insulin Pump).

The specific services and codes are provided below:

THERAPY TYPE	THERAPY TYPE	THERAPY DESCRIPTION	HCPCS CODE	MOD 1	MOD 2	CCX CODE	UOM
THH	PT	PHYSICAL THERAPY, PER VISIT (VIA INTERACTIVE TELECOMM SYSTEM)	S9131	SC	GT	3739	EA
THH	PT	PT, INITIAL EVALUATION VISIT (VIA INTERACTIVE TELECOMM SYSTEM)	G0151	TF	GT	3749	EA
THH	OT	OCCUPATIONAL THRPY, PER VISIT (VIA INTERACTIVE TELECOMM SYSTEM)	S9129	GO	GT	3740	EA
THH	ST	SPEECH PATHOLOGIST, PER VISIT (VIA INTERACTIVE TELECOMM SYSTEM)	S9128	GN	GT	3741	EA
THH	MSW	CLIN SOCIAL WORKER, PER VISIT (VIA INTERACTIVE TELECOMM SYSTEM)	S9127	SQ	GT	3742	EA
THH	PT	PHYS THRPY ASST, PER VISIT (VIA INTERACTIVE TELECOMM SYSTEM)	S9131	GP	GT	3744	EA
THH	OT	OCC THRPY ASST, PER VISIT (VIA INTERACTIVE TELECOMM SYST)	S9129	SQ	GT	3745	EA
THH	NURSE	RN STANDARD, PER VISIT (VIA INTERACTIVE TELECOMM SYSTEM)	T1030	TD	GT	3746	EA
THH	NURSE	LPN STANDARD, PER VISIT (VIA INTERACTIVE TELECOMM SYSTEM)	T1031	TE	GT	3747	EA
THH	NURSE	RN, INITIAL EVALUATION VISIT (VIA INTERACTIVE TELECOMM SYSTEM)	T1001	TF	GT	3748	EA

Q: What if I do not want to provide telehealth services?

A: CareCentrix does not require participating providers to render telehealth services. If you have the above codes in your fee schedule and are no longer interested or unable to provide telehealth services, please notify your dedicated Contract Manager in writing.

Q: What if I can only provide some of the telehealth services (e.g. nursing only)?

A: Please contact your dedicated Contract Manager to identify services you do not support.

Q: What does the unit of measure (UOM) "EA" refer to with telehealth services?

A: Telehealth UOM "EA" refers to EACH, which is different from our standard UOM which is HOURLY or VISIT. Telehealth UOM of EACH is considered the same as the standard VISIT UOM as defined in the provider manual and template Home Health fee schedule.

Q: What criteria would exclude a patient from being appropriate to receive telehealth services?

A: Providers should only provide services via telehealth when appropriate for the patient.   Examples of home health services that must be provided in person and not via telehealth include:

- Private duty nursing (PDN)
- Infusion therapy initial visit (IV insertion, some specialty therapies)
- Negative pressure wound therapy
- Complex wound care
- Lack of member/caregiver cognition to participate in telehealth
- Member/caregiver inability to physically operate devices
- Patient does not have access to technology for the telehealth visit (e.g. device with a camera)
- Patient does not consent to receiving telehealth services
- Skilled nursing required by Florida Blue Medicare Advantage patients
- Medical social worker services required by Florida Blue Medicare Advantage patients

Q: Do I need to use both audio and video when rendering telehealth services?

A: Yes.

Q: What is the process for registering/performing telehealth services?

A: For all telehealth referrals, regardless of the referral source, the Provider is required to:

- Review the referral to confirm the patient is clinically appropriate for telehealth services.
- Secure the patient's consent and referring provider orders for the services.
- Obtain orders from Primary Referral Source for telehealth service.
- Submit registration/authorization on HomeBridge®
- Provide telehealth services in accordance with all applicable laws, including but not limited to applicable licensure, telehealth, and privacy laws.

Q: Do I need to update an existing authorization for in person services to transition a patient to telehealth services?

A: See two scenarios below:

- If you **have** rendered one or more visits of the existing registration/ authorization, you will need to submit a new service registration on HomeBridge using the telehealth codes. Please <u>do not</u> edit the existing registration/authorization.

- If you **have not** rendered any visits of the existing registered/authorized, please submit an "auth edit" to change the in-person service to a telehealth service. By doing so, HomeBridge will cancel the current registration/authorization number and assign a new number. It is important that the new registration/authorization number is used when billing for services.

Q: Have the plan medical coverage guidelines (MCGs) been updated to include telehealth criteria?

A: There is no change to medical coverage guidelines for telehealth. Utilization reviews will follow current processes in place today for an in-person visit/service when reviewing services rendered via telehealth.

Q: How will I be reimbursed for telehealth services?

A: Reimbursement for telehealth services will be based on the HCPCS and modifier provided in the billing crosswalk located on the Provider Portal: HomeBridge.

Q: Which "Place of Service" indicator should I use for billing?

A: The place of service would be the same as the traditional in person visit – Place of Service (POS) 12.

Q: Will telehealth visits such as remote subcutaneous immunoglobulin (SCIg) training be reimbursable? If so, what code and/or modifier should be used?

A: At this time, "telehealth" services only extend to home health nursing, home therapies (i.e. physical, occupational and speech), medical social worker, and teaching and training related to durable medical equipment and supplies (e.g. Insulin Pump).

Q: Does CareCentrix have a preferred vendor that I should use to deliver telehealth services?

A: CareCentrix is collaborating with Synzi, LLC ("Synzi") and Dina Care, Inc. ("Dina") to give our providers access to the Synzi Virtual Care Platform, which includes secure messaging, virtual visits, and condition

management technology; and Dina, an AI-powered care coordination platform which includes solutions such as quarantine management, remote patient self-assessments, staff screenings and escalations.

Q: What is the process for signing up for Synzi and/or Dina?

A: Providers should reach out to the following emails to obtain more information: dina@carecentrix.com and/or synzi@carecentrix.com.   The vendor will call you to explain the platform and provide additional information via email with a short questionnaire, asking for demographics and information about your organization.

Q: Where can I obtain additional information related to the Dina and Synzi platforms prior to reaching out to the vendors?

A: If you are interested in learning how to implement these telehealth platforms for your organization, CareCentrix invites you to view a previously recorded information session located at:

https://youtu.be/mAWV6l5_6X4

Q: Do patients have to sign up for Synzi and/or Dina (e.g. do they download an app)?

A: Yes. In order for patients to receive HIPAA complaint bi-directional communications through Synzi and/or Dina, they have to download the application. However, if you are only sending patients non-PHI texts (e.g. such as appointment reminders), the patient would not be required to download the app.