

### Telehealth Requirements for Florida Blue Commercial and Medicare Advantage Members

#### **Purpose of this communication:**

- To provide home health agencies with updated telehealth requirements for Florida Blue Commercial and Medicare Advantage members.

#### **What do I need to know?**

- CareCentrix contracted 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.
  - 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 must use bidirectional, synchronous video and voice technology that complies with applicable law, including applicable privacy laws.
- Telehealth services are subject to the same service registration and prior authorization processes that apply to traditional in-person visits.
- The “EA” Unit of Measure (UOM) has been changed to the standard “VI” VISIT UOM as defined in the CareCentrix Provider Manual and home health fee schedule.
- 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.
- 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).

#### **What do I need to do?**

- Please review the above information and attached Frequently Asked Questions (FAQ) for additional information on telehealth requirements.

**Thank you in advance for your cooperation and continued partnership.**

### FLORIDA BLUE TELEHEALTH REQUIREMENTS

#### FREQUENTLY ASKED QUESTIONS (FAQ)

#### For which Health Plan/patients can I provide telehealth services?

Providers contracted to provide telehealth services with CareCentrix may arrange services via telehealth for Florida Blue Health Plans when telehealth services are appropriate for the patient, as determined by the ordering physician and if patient consent is obtained.

#### Which services can I provide via telehealth?

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), a 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:

LINE OF BUSINESS	THERAPY TYPE	THERAPY DESCRIPTION	HCPCS CODE	MOD 1	MOD 2	CCX CODE	UOM
Commercial and Medicare	PT	PHYSICAL THERAPY, PER VISIT (VIA INTERACTIVE TELECOMM SYSTEM)	G0151	GT		3739	VI
Commercial and Medicare	PT	PHYSICAL THERAPY, INITIAL EVALUATION VISIT (VIA INTERACTIVE TELECOMM SYSTEM)	G0151	TF	GT	3749	VI
Commercial and Medicare	OT	OCCUPATIONAL THRPHY, PER VISIT (VIA INTERACTIVE TELECOMM SYSTEM)	G0152	GT		3740	VI
Commercial and Medicare	ST	SPEECH PATHOLOGIST, PER VISIT (VIA INTERACTIVE TELECOMM SYSTEM)	G0153	GT		3741	VI
Commercial and Medicare	PT	PHYS THRPHY ASST, PER VISIT (VIA INTERACTIVE TELECOMM SYSTEM)	G0157	GT		3744	VI
Commercial and Medicare	OT	OCC THRPHY ASST, PER VISIT (VIA INTERACTIVE TELECOMM SYST)	G0158	GT		3745	VI
Commercial Only	MSW	CLIN SOCIAL WORKER, PER VISIT (VIA INTERACTIVE TELECOMM SYSTEM)	G0155	GT		3742	VI
Commercial Only	NURSE	RN STANDARD, PER VISIT (VIA INTERACTIVE TELECOMM SYSTEM)	G0299	GT		3746	VI
Commercial Only	NURSE	LPN STANDARD, PER VISIT (VIA INTERACTIVE TELECOMM SYSTEM)	G0300	GT		3747	VI
Commercial Only	NURSE	RN, INITIAL EVALUATION VISIT (VIA INTERACTIVE TELECOMM SYSTEM)	G0493	GT		3748	VI

#### What if I do not want to provide telehealth services?

CareCentrix does not require 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 Contracting contact in writing.

**Thank you in advance for your cooperation and continued partnership.**

### **What if I can only provide some of the telehealth services (e.g., nursing only)?**

Please reach out to your dedicated Contracting contact to identify services you do not support.

### **What criteria would exclude a patient from being appropriate to receive telehealth services?**

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

### **Do I need to use both audio and video when rendering telehealth services?**

Telehealth services must use bidirectional, synchronous video and voice technology that complies with applicable law, including applicable privacy laws.

### **What is the process for registering/performing telehealth services?**

- 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.

### **Do I need to update an existing authorization for in-person services to transition a patient to telehealth services?**

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 do not 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

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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.

### **Have the plan Medical Coverage Guidelines (MCGs) been updated to include telehealth criteria?**

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

### **How will I be reimbursed for telehealth services?**

Reimbursement for telehealth services will be based on your fee schedule along with the related HCPCS and modifier provided in the billing crosswalk located on the HomeBridge® provider portal.

### **Which “Place of Services” indicator should I use for billing?**

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

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

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).

### **Does CareCentrix have a preferred technology platform that I should use to deliver telehealth services?**

No, CareCentrix does not have a preferred technology platform, and providers may use any vendor/technology to render services. However, telehealth services must use bidirectional, synchronous video and voice technology that complies with applicable law, including applicable privacy laws.

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