

## Provider Bulletin

<b>Attention:</b>	<b>Participating Providers</b>		
<b>Subject:</b>	Telemedicine Services		
<b>Program:</b>	District Cares (Option 1)	<b>Bulletin Date:</b>	May 15, 2020
<b>Bulletin Number:</b>	20-003	<b>Effective Date:</b>	June 1, 2020

### Notice:

#### Important information for Participating Providers regarding Telemedicine services:

- Effective June 1, 2020, Telemedicine Services will be covered for participating providers of the District Cares Program
- Specialty Care benefit limit of six (6) office/telehealth visits per specialty per calendar year will apply, Exclusions: Oncology and Ophthalmology conditions related to Macular Degeneration, Macular Edema and Diabetes .
- E&M services 99201 – 99215 with Place of Service 02 (Telehealth):
  - ✓ Providers are required to complete the Telehealth Services Provider Attestation prior to rendering E&M services
  - ✓ Completion of the attestation will permit reimbursement of such services at the contracted rate
  - ✓ All other requirements stipulated in the Provider Agreement and other policies remain applicable
- Telephonic Communication Services with Place of Service 02 (Telehealth)
  - ✓ Attestation not required
  - ✓ Medical Record documentation and CPT definitions and guidance apply
  - ✓ Reimbursement of such services as indicated in the table below
  - ✓ All other requirements stipulated in the Provider Agreement and other policies remain applicable

Service	Procedure Code	Modifier Required	Reimbursement Rate
			Provider Fee
Telephonic Communications – Existing Patients	99441	CR	\$9.05
	99442	CR	\$17.65
	99443	CR	\$25.80
Telephonic Communications – New Patients	99441 CG	CR	\$9.05
	99442 CG	CR	\$17.65
	99443 CG	CR	\$25.80
Remote Patient Monitoring	99453	CR	\$11.77
	99454	CR	\$39.15
	99091	CR	\$37.12
	99473	CR	\$7.02
	99474	CR	\$9.51
	99457	CR	\$32.36
	99458	CR	\$26.48



- Telehealth Services Provider Attestation shall be effective upon the date a complete and accurate attestation is received by the District. Attestations with incorrect provider information according to District records, shall be deemed incomplete and unprocessable.
- Covered benefit service limitations continue to apply, please refer to Provider Bulletin 19-008 available at [www.hcdpbc.org](http://www.hcdpbc.org).
- Prior authorization waiver for District Cares extended for services rendered through 6/15/2020.
- PlanLink Provider Portal is available to verify patient eligibility and obtain claim status. Please visit our website at [www.hcdpbc.org](http://www.hcdpbc.org) for more information.
- Customer Services Representatives are available at (866) 930-0035.

If you have any medical questions about COVID-19, please contact the Florida Department of Health's COVID-19 Hotline (open 24/7) by phone at 866-779-6121 or by email [COVID-19@flhealth.gov](mailto:COVID-19@flhealth.gov).

For more resources about COVID-19, please visit:

Florida Department of Health: [www.floridahealth.gov/covid-19](http://www.floridahealth.gov/covid-19)

CDC: <https://www.cdc.gov/coronavirus/index.html>

#### **Additional Questions:**

Please contact the Provider Services Department at (866) 930-1002.

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**Please insert the bulletin into your Provider Handbook. The policies and procedures in this bulletin supersede any related policies and procedures in the handbook.**

## Telehealth Services Provider Attestation

Provider/Group Information			
Provider Name:		Provider NPI:	
Practice/Group Name:		Group TID:	

The District defines telehealth as the practice of health care delivery by a practitioner who is in a site other than the site where the patient is located, using interactive telecommunications equipment that minimally includes real time, two-way interactive communication between a patient and a practitioner using audio and video equipment.

Participating District Cares providers are required to complete and return the Telehealth Services Provider Attestation for the provision of receiving reimbursement for E&M services 99201 – 99215 with Place of Service 02 (Telehealth).

Providers must meet all requirements detailed below to deliver telehealth services to District Cares patients. Please review carefully to ensure your practice/organization meets each requirement. The completion and return of this attestation will indicate you wish to provider services via telehealth and will permit the reimbursement of such services. All other requirements as stipulated in your Provider Agreement, Provider Handbook and other policies remain applicable.

### Telehealth Provider Requirements:

- Ensure treatment services are medically necessary and performed in accordance with Florida Statute 456.47 <https://www.flsenate.gov/Laws/Statutes/2019/456.47>
- Obtain and document patients consent to receive telehealth services
- Practice/organization must maintain professional liability to include services performed via telehealth
- Services must be performed in accordance with the American Medical Associations Current Procedural Terminology (CPT) procedure code definitions and guidance
- Comply with HIPAA regulations related to telehealth communications
- Supervision requirements within a provider's scope of practice continue to apply for services provided through telehealth
- Documentation regarding the use of telehealth must be included in the medical record or progress notes for each encounter with a patient
- The patient and parent/guardian, as applicable, must be present for the duration of the service provided using telehealth except when using store and forward modalities

**Attestation:**

By my signature, I attest that my practice (individual, group, or organization),

- Meets the criteria specified in the Telehealth Provider Requirements
- Understands the responsibility to comply with all District, state and federal telehealth regulations and guidelines
- Acknowledges retrospective claim audits may be performed to ensure compliance with medical record documentation and billing guidelines; and noncompliance may result in recoupment of funds
- Certifies my representation contained in this document is true and accurate
- Understands that if any information entered on this attestation is subsequently found to be false, this may result in the immediate termination of the Participating Agreement

Attestation shall be effective upon the date a complete and accurate attestation is received by the District. Attestations with incorrect provider information according to District records, shall be deemed incomplete and unprocessable.

\_\_\_\_\_  
Authorized Representative Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date

**For group and organization providers:**

Please attach a roster of the participating District Cares providers that will be rendering telehealth services to include: Providers Full Name/Degree, Provider Specialty and Provider NPI.

Provider Contact Information			
Primary Contact:		Title:	
Primary Phone:		Fax:	

**Please return the completed Attestation to:**

E-Fax: (561) 804-5661 or

Email: [providersvc@hcdpbc.org](mailto:providersvc@hcdpbc.org)

Confirmation of attestation deemed complete will be sent to the fax number provided above.

**Questions:** Please contact Provider Services at (866) 930-1002