



# Telemedicine Quick Start Guide

**Humana**  
Healthy Horizons®  
in Florida

Humana Healthy Horizons in Florida is a Medicaid product of Humana Medical Plan, Inc.

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# Telemedicine 101

## What is telemedicine?

Telemedicine is the practice of healthcare delivery by a provider at a site other than where a patient is located for the purposes of evaluation, diagnosis or treatment.

Providers licensed within their scope of practice can perform this service.

## How can healthcare providers deliver health services virtually?

**Providers:** The Agency for Healthcare Administration (AHCA) covers physician, 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 medical services include evaluation, diagnostic and treatment recommendations for services included on the agency's provider fee schedule to the extent telemedicine is designated in the American Medical Association's Current Procedural Terminology (CPT®) (e.g., national coding standards). All service components included in the procedure code must be completed to be reimbursed. The agency reimburses services using telemedicine at the same rate detailed on the provider fee schedule. Providers must append the GT modifier to the procedure code in the fee-for-service delivery system.

**Telemedicine:** Florida Medicaid reimburses for telemedicine services using interactive telecommunications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time, interactive communication between a patient and a provider.

- **Live video:** "Real-time" or synchronous, two-way, face-to-face interaction between a patient and a provider using audiovisual communications technology.
  - **Example:** Provider and patient use audiovisual technology, like Doxy.me, to conduct a general wellness visit.
- **Store-and-forward:** Asynchronous remote evaluation of recorded video and/or images submitted by an established patient.
  - **Example:** Provider reviews picture(s) a patient sent of their rash.
- **E-visits:** Asynchronous, non-face-to-face, patient-initiated communications with a provider through a secure online patient portal.
  - **Example:** Patient with pink eye signs in to their patient portal and completes a symptom questionnaire. A provider reviews their answers and recommends a treatment plan electronically.
- **Remote patient monitoring:** Use of connected electronic tools to record personal health and medical data from a patient in one location for review by a provider in a different location, usually asynchronously.
  - **Examples:** Patient uses a pacemaker, weight, blood pressure or blood sugar monitoring device to track and share data with their provider.

- **Mobile health (mHealth):** Healthcare and public health information provided via mobile devices, such as cell phones and tablets, enabling patients to review their personal health data from home. It assists in communicating patient health status and any changes and often includes use of dedicated apps.
  - **Examples:** Patients receive general education information, targeted texts, and notifications about disease outbreaks.
- **Case-based teleconferencing:** A method of providing holistic, coordinated and integrated services across providers, usually interdisciplinary, with one or multiple internal and external providers and, if possible and appropriate, the client and family members/close supports.
  - **Example:** Identify or clarify issues regarding a patient’s status, needs, and goals. Enhance case coordination along the continuum of care, including institutional and community-based social and support services.

## What services are available for telemedicine?

Providers using any modality of telehealth 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 Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations related to telehealth communications.
- Know that supervision requirements within a provider’s scope of practice continue to apply for services provided through telehealth.
- Include documentation regarding the use of telehealth in the medical record or progress notes for each encounter with a recipient.
- Have the patient and parent or guardian, as applicable, present for the duration of the service provided using telehealth except when using store-and-forward modalities.

In addition, it is important to note that:

- Out-of-state providers who are not licensed in Florida can provide telemedicine services to Florida Medicaid recipients, when appropriate, during a state of emergency in accordance with the Florida Department of Health’s emergency order (DOH 20 - 002). These providers must go through the provisional enrollment process if they are not already enrolled in Florida Medicaid. More information about the provisional enrollment process is available at <http://www.mymedicaid-florida.com>.
- Florida Medicaid reimburses the provider who provides the evaluation, diagnosis or treatment recommendation located at a site other than where the recipient is located.
- A service available via telemedicine must:
  - Be medically appropriate to be furnished via telecommunications-based technology,
  - Be coverable by the patient’s plan, and
  - Satisfy all applicable coding requirements

- Telemedicine can be utilized for services appropriate for diagnosis, treatment and prescription as appropriate via audio and video. Services include, but are not limited to:
  - Behavioral health needs, flus, fevers, coughs, headaches, stomachaches, rashes, allergies, earaches, upper respiratory problems and infections.

If you offer or are thinking about offering telemedicine services for your Humana Healthy Horizons® in Florida-covered patients, please email Humana Healthy Horizons Provider Engagement at **FLMedicaidPR@humana.com**. Our representatives can provide more information or answer questions.

- A provider should not use telemedicine if it may result in any reduction to the recipient’s quality of care or if the service delivered through this modality could adversely affect the recipient. The provider must keep in mind that they cannot provide telemedicine services if another early intervention services (EIS) provider is in the home on the same date of service.
- Florida Medicaid does not reimburse for:
  - Telephone conversations, chart review(s), electronic mail messages or facsimile transmissions
  - Equipment required to provide telemedicine services
- Reimbursement

The following applies to providers rendering services in the fee-for-service delivery system:

- Florida Medicaid reimburses the provider who provides the evaluation, diagnosis or treatment recommendation located at a site other than where the recipient is located.

### **Telemedicine and Healthcare Effectiveness Data and Information Set (HEDIS®)**

- Please visit **Humana.com/HealthyPerformance** to determine which telemedicine services will close care gaps for HEDIS measures.

## **Additional guidance for EIS, therapy and behavioral health providers**

- **Behavioral health:** The agency covers behavioral health evaluation, diagnostic and treatment recommendation services through telemedicine. The agency reimburses the behavioral health assessment and medication management screening services through telemedicine at the same rate detailed on the community behavioral health fee schedule. Providers must perform all service components designated for the procedure code billed. Providers must append the GT modifier in the fee-for-service delivery system.
- **Therapy and EIS providers:** Therapy and EIS providers using telemedicine as a modality to deliver services must:
  - Ensure services are medically necessary and performed in accordance with the service-specific policy and fee schedule.
  - Have the patient and parent or guardian, as applicable, present for the duration of the service provided using telemedicine.

- Include documentation regarding the use of telehealth in the medical record or progress notes for each encounter with a recipient:
  - ◇ Meet all other documentation requirements for the service as described in the coverage policy.
  - ◇ Comply with HIPAA when providing services; all equipment and means of communication transmission must be HIPAA compliant.
  - ◇ Assure that the recipient has compatible equipment and the necessary connectivity to send and receive uninterrupted video.
- **Therapy services:** Florida Medicaid will reimburse for the delivery of therapy services (speech language pathology, physical and occupational therapy) via telemedicine to the extent a provider can deliver services in a manner consistent with the standard of care and all service components of the American Medical Association’s CPT code set and the Florida Medicaid coverage policy. Providers must append the GT modifier to the procedure code in the fee-for-service delivery system.
- **EIS and evaluations:** Florida Medicaid will reimburse for the delivery of EIS 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.

## Additional support to meet virtual care, urgent, after-hours and behavioral health needs

Patients generally prefer to see their established provider; however, Humana Healthy Horizons also ensures members have access to care via telemedicine to help providers meet excess and after-hours demand virtually.

### **MDLIVE®**

Humana Healthy Horizons members have 24/7 access to MDLIVE telemedicine visits for urgent care needs via phone, tablet or computer. If a primary care provider (PCP) is unavailable for an in-person visit, telemedicine offers a great way for members to receive face-to-face treatment for many non-emergent medical conditions from the comfort of home.

- To use this service, Humana Healthy Horizons members should:
  - Review some of the types of needs to utilize this provider:
    - ◇ Bug bites, bumps, cuts and scrapes, cold sores, coughs, sore throats, congestion, ear pain, flus, gout, minor headaches, sprains, strains, nausea, vomiting, diarrhea, pink eye, prescription refills, sinus infections, stomach flus, strep throat and urinary burning
  - Create a mobile or online MDLIVE account by downloading the MDLIVE app or by visiting <https://www.mdlive.com/>.
  - Select a provider from our large network of board-certified providers.
  - Choose an appointment time that works for them.
- Members also can call 844-403-0556 (TTY: 711), 24 hours a day, seven days a week.

- If members have questions about provider video visits or need help creating an MDLIVE account, they can call the toll-free number on the back of their Humana Healthy Horizons Member ID card.

Member &  
 Par/Non-Par Provider Services: **800-477-6931 (TTY: 711)**  
 Member Behavioral Health Inquiries: 888-778-4651  
 Pharmacist Rx Inquiries: 844-918-0110  
 Provider Prior Authorization: 800-523-0023  
 Dental Benefit Inquiries: 877-711-3662  
 Please visit us at [Humana.com/HealthyFlorida](https://www.humana.com/HealthyFlorida)  
 For online provider services, go to [Availity.com](https://www.availity.com)  
 Please mail all claims to:  
 Humana Medical  
 P.O. Box 14601  
 Lexington, KY 40512-4601

## Behavioral health providers and contact information

Behavioral Health Crisis Line: 988

### Region A

- Humana Healthy Horizons partners with Access Behavioral Health (ABH) in region A.

### ABH contact information

Provider inquiries	Phone: 866-477-6725 Email: <a href="mailto:abhinfolifeviewgroup.com">abhinfolifeviewgroup.com</a>
Referral support	Phone: 866-477-6725 Monday through Friday, 8 a.m. – 5 p.m., Eastern time Email: <a href="mailto:abhreferral@lifeviewgroup.org">abhreferral@lifeviewgroup.org</a>
Claims	Phone: 850-469-3631 Email: <a href="mailto:abhbilling@lifeviewgroup.org">abhbilling@lifeviewgroup.org</a> Access Behavioral Health Attn: Claims 1221 W. Lakeview Ave. Pensacola, FL 32501
Grievance and appeals	<a href="mailto:ABHQualityDepartment@lifeviewgroup.org">ABHQualityDepartment@lifeviewgroup.org</a>
Authorization support	Phone: 866-477-6725 Email: <a href="mailto:abhreferral@lifeviewgroup.org">abhreferral@lifeviewgroup.org</a>
Crisis line	Crisis line: 988  Mobile Response Team (MRT) provides 24/7 intervention and support and is available to respond within 60 minutes via telephone triage or in person. <ul style="list-style-type: none"> <li>• Lakeview Center MRT (866-517-7766) serves Escambia, Santa Rosa, Okaloosa and Walton counties.</li> <li>• Life Management Center MRT (850-522-4485) serves Bay, Calhoun, Gulf, Homes, Jackson and Washington counties.</li> <li>• Apalachee Center MRT (800-342-0774) serves Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor and Wakulla counties.</li> </ul>
Website/links	Access Behavioral Health <a href="https://abhfl.org/provider-resources/">https://abhfl.org/provider-resources/</a>
Humana Healthy Horizons training	<a href="https://www.humana.com/FLTraining">Humana.com/FLTraining</a>

## Behavioral health providers and contact information

### Regions B – I

- Humana Healthy Horizons partners with Carelon Behavioral Health (CBH) in regions B – I.

### CBH contact information

Provider inquiries	Phone: 800-397-1630, Monday through Friday, 8 a.m. – 8 p.m., Eastern time Email: <a href="mailto:Provider.Relations.FL@carelon.com">Provider.Relations.FL@carelon.com</a>
Referral support	Email: <a href="mailto:BH_CM@carelon.com">BH_CM@carelon.com</a>
Claims	Carelon Behavioral Health P.O. Box 1870 Hicksville, NY 11802-1870 888-778-4651
Grievance and appeals	Carelon Behavioral Health P.O. Box 1872 Hicksville, NY 11802-1872
Authorization support	Contact number on the back of the Humana Healthy Horizons Member ID card
Crisis line	988
Website/links	<a href="http://www.carelonbehavioralhealth.com/providers/resources/clinical-practice-guidelines">www.carelonbehavioralhealth.com/providers/resources/clinical-practice-guidelines</a> <a href="https://www.carelonbehavioralhealth.com/providers">https://www.carelonbehavioralhealth.com/providers</a>

## Billing guidance for telemedicine reimbursement

- For reimbursement, Humana Healthy Horizons requests providers who bill for telemedicine services to report the place of service code that would have been reported had the service been furnished in person. [Florida Medicaid Telehealth Billing Guide](#)
- Providers must include the modifier GT or 95 on their CMS 1500 claim form. As an example, if the patient would have been seen in the office, the claim should be submitted with POS 11 and a modifier GT or 95.
- Out-of-state health providers not licensed in Florida should contact the appropriate regulatory board at the Florida Department of Health for more information on telemedicine registration.



## Requirements related to fraud, waste and abuse

The provider must implement telemedicine fraud, waste and abuse (FWA) protocols that address:

- authentication and authorization of users;
- authentication of the origin of the information;
- the prevention of unauthorized access to the system or information;
- system security, including the integrity of information that is collected, program integrity and system integrity; and
- maintenance of documentation about system and information usage.

Please visit [Humana.com/Fraud](https://www.humana.com/fraud) for more information on how to report FWA.

Please review our Provider Manual at <https://docushare-web.apps.external.pioneer.humana.com/Marketing/docushare-app?file=5135689> for more information on how to report FWA.

## Conducting a telehealth visit

- Provider will ensure the clinical visit takes place in a private location, as if the patient were in the office.
- Provider will ensure the video is pointed toward their face with good lighting (if possible, do not be backlit).
- Provider will verify the reason for the visit, update visit notes, review medications and review next steps.
- Provider will document notes in electronic medical record (EMR):
  - Technology was explained.
  - Risk, benefits and practical alternatives to a telemedicine visit were discussed.
  - Provider informed the patient that anyone from the practice who will be in the room during the telemedicine visit will be disclosed and the patient has the right to ask them to leave.
  - Provider or staff sent the patient a copy of the telemedicine consent form, and the same form was uploaded to the patient's record in the EMR.
  - If the patient is in a different state, the provider has documented licensing limitations in that state if applicable.
- Provider will validate that the patient understands next steps and issues discussed.
  - Reminder: With telemedicine visits, there can be audio issues, so please double-check with patients to ensure they understand what you have discussed. Some providers have used email and/or other HIPAA\_compliant methods when they are technical difficulties.
- Provider will transfer the patient to an administrative support staff for any additional scheduling needs or follow-ups.

## After the visit

### Administrative next steps

- The administrative staff will schedule any follow-up appointments and assist with any needed administrative follow-ups.

### Clinical next steps

- The provider will add the telemedicine visit summary and any related documents to the patient's chart.
- The provider will submit claim for reimbursement.

## Helpful links

Rule 59G-4.002, Provider Reimbursement Schedules and Billing Codes | Florida Agency for Health Care Administration ([myflorida.com](http://myflorida.com)).

Health Information Technology, Evaluation and Quality Center

National Consortium of Telemedicine Resource Centers

If you have questions, please email your Provider Relations representative at

**[FLMedicaidPR@humana.com](mailto:FLMedicaidPR@humana.com)**.