

Miami Children's Health Plan

COVID-19 Telemedicine Guidance for Telemedicine Guidelines for Medical Providers

The Miami Children's Health Plan would like to ensure all members are able to access care during the current COVID-19 pandemic. As such, we are clarifying how our providers can use telemedicine for members who cannot or should not be seen in person by our providers for non-emergent care.

Current Guideline Period: March 16, 2020 to May 1, 2020

Provider Types: Physicians (MD, DO), Advance Practice Registered Nurses, and, Physician Assistants. Out-of-state providers may render services during the state of emergency but must go through the Florida Medicaid provisional enrollment process in order to be reimbursed for their services.

Covered Medical Services: Routine E&M services that include the evaluation, diagnosis, and treatment for new and established members **will be covered as long as the GT modifier is appended to the procedure code** for the identification of the telemedicine service rendered. Additionally, store and forward and remote patient monitoring services are also covered and require the CR modifier to be appended to the procedure code. Please see code table below.

Documentation: Providers must document that telemedicine is being used for the encounter and include the patient consent to telemedicine being used for said encounter. The patient, and, if applicable, guardian, must be present for the duration of encounter. Store and forward services are an exception to this requirement.

Reimbursement Rate Table: The below reimbursement rates reflect 100% of the then current Florida Medicaid rate published by AHCA. Contracted providers will continue to be paid at reimbursement rate agreed upon at time of contracting.

Service	Procedure Code	Modifier Required	Reimbursement Rate	
			Maximum Fee*	Maximum Facility Fee**
Store-and-forward	G2010	CR	\$7.69	\$5.66
Telephone Communications - Existing Patients	99441	CR	\$9.05	\$8.05
	99442	CR	\$17.65	\$16.10
	99443	CR	\$25.80	\$23.94
Telephone Communications - New Patients	99441 CG	CR	\$9.05	\$8.05
	99442 CG	CR	\$17.65	\$16.10
	99443 CG	CR	\$25.80	\$23.94
Remote patient monitoring	99453	CR	\$11.77	N/A
	99454	CR	\$39.15	N/A
	99091	CR	\$37.12	N/A
	99473	CR	\$7.02	N/A
	99474	CR	\$9.51	\$5.44
	99457	CR	\$32.36	\$19.80
	99458	CR	\$26.48	\$19.80

For more information please call 1-844-243-5188 or ProviderServices@MiamiChildrensHealthPlan.com