



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 21, 2020

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2020-25

Applicable to the **2018-2023 SMMC contract benefits** for:

- Managed Medical Assistance (MMA) and MMA Specialty
- Long-Term Care (LTC)
- Dental

Re: COVID-19 State of Emergency: Behavioral Health Telemedicine/Telehealth Requirements

On March 9, 2020, Governor Ron DeSantis issued Executive Order Number 20-52 declaring a state of emergency related to the 2019 novel coronavirus (COVID-19). The purpose of this policy transmittal is to provide additional flexibility to the managed care plan and its providers in the coverage of services through telemedicine/telehealth. This policy transmittal applies to all qualified behavioral health providers as identified in the Agency's behavioral health policies¹ and supersedes coverage of telephonic (audio-only) communications for licensed behavioral health practitioners as provided in policy transmittal 2020-20: COVID-19: Telemedicine Services.

The contract requires the managed care plan cover, when appropriate, services provided through telemedicine, in compliance with 45 CFR 164.312, for services covered under the contract:

- To the same extent the services would be covered if provided through a face-to-face (in-person) encounter with a practitioner; and
- In a manner that is not be more restrictive in the coverage requirements for services provided through telemedicine than those established for services provided in-person.

(Attachment II, Section VI.D.4.)

At a minimum, the managed care plan must cover behavioral health services delivered via telemedicine/telehealth, as directed by the Agency, during the state of emergency.

Behavioral Health Services using Telemedicine (Audio and Video)

The managed care plan must reimburse behavioral health providers for the services listed in the table below when provided via telemedicine (live, two-way communication). Providers must perform all service components designated for the procedure code billed.

¹ Rules 59G-4.028, F.A.C., Behavioral Health Assessment Services; 59G-4.031, Behavioral Health Community Support Services; 59G-4.370, Behavioral Health Intervention Services; 59G-4.029, Behavioral Health Medication Management Services; and 59G-4.052, Behavioral Health Therapy Services



Service	Procedure Code	Required Modifier
Brief individual medical psychotherapy, mental health	H2010 HE	GT
Brief individual medical psychotherapy, substance abuse	H2010 HF	GT
Individual Therapy	H2019 HR	GT
Family Therapy	H2019 HR	GT
Medication Management	T1015	GT
Medication-assisted treatment services	H0020	GT
Targeted Case Management	T1017 T1017 HA T1017 HK	GT
Therapeutic Behavioral Health Onsite Services (TBOS), therapy	H2019 HO	GT
TBOS, behavior management	H2019 HN	GT
TBOS, therapeutic support	H2019 HM	GT
Psychosocial Rehabilitation (PSR) Services	H2017	GT
Specialized Therapeutic Comprehensive Behavioral Health Assessment Services	H0031 HA	GT
Psychiatric evaluation by a physician	H2000 HP	GT
Psychiatric evaluation by a non-physician	H2000 HO	GT
Brief behavioral health status exam	H2010 HO	GT
Psychiatric review of records	H2000	GT
In-depth assessment, new patient, mental health	H0031 HO	GT
In-depth assessment, established patient, mental health	H0031 TS	GT
In-depth assessment, new patient, substance abuse	H0001 HO	GT
In-depth assessment, established patient, substance abuse	H0001 TS	GT
Bio-psychosocial evaluation, mental health	H0031 HN	GT
Bio-psychosocial evaluation, substance abuse	H0001 HN	GT
Psychological testing	H2019	GT
Limited functional assessment, mental health	H0031	GT
Limited functional assessment, substance abuse	H0001	GT
Behavioral health medical screening, mental health	T1023 HE	GT
Behavioral health medical screening, substance abuse	T1023 HF	GT
Behavioral health-related medical services: verbal interaction, mental health	H0046	GT
Behavioral health-related medical services: verbal interaction, substance abuse	H0047	GT
Behavioral health-related medical services: medical procedures, mental health	T1015 HE	GT
Behavioral health-related medical services: medical procedures, substance abuse	T1015 HF	GT
Brief group medical therapy	H2010 HQ	GT
Group therapy	H2019 HQ	GT

Additional Requirements/Limitations

- **TBOS:** The managed care plan must cover for up to two (2) hours of parent training per day, per enrollee, for the purposes of caregiver training when services cannot be delivered in the home and the caregiver needs to be supported in the delivery of care. The provider

must guide the caregiver in the implementation of certain components of the enrollee's treatment plan to promote carryover of treatment gains.

- **PSR:** Florida Medicaid will reimburse for up to two (2) hours per day, as detailed in the coverage policy and on the enrollee's treatment plan

Telephone Communications for Behavioral Health Services (Audio Only)

The managed care plan must reimburse behavioral health providers for the following services if video capability is not available and the services can only be provided telephonically. This modality must be used as a last resort, and the provider must document that the enrollee did not have access to audio and video technology necessary for the service to be fully provided via telemedicine.

Service	Procedure Code	Required Modifier
Brief individual medical psychotherapy, mental health	H2010 HE	CR
Brief individual medical psychotherapy, substance abuse	H2010 HF	CR
Individual Therapy	H2019 HR	CR
Family Therapy	H2019 HR	CR
Medication Management	T1015	CR
Medication-assisted treatment services	H0020	CR
Targeted Case Management	T1017 T1017 HA T1017 HK	CR
Psychosocial Rehabilitation (PSR) Services	H2017	CR
Specialized Therapeutic Comprehensive Behavioral Health Assessment Services	H0031 HA	CR
Psychiatric evaluation by a physician	H2000 HP	CR
Psychiatric evaluation by a non-physician	H2000 HO	CR
Brief behavioral health status exam	H2010 HO	CR
In-depth assessment, new patient, mental health	H0031 HO	CR
In-depth assessment, established patient, mental health	H0031 TS	CR
In-depth assessment, new patient, substance abuse	H0001 HO	CR
In-depth assessment, established patient, substance abuse	H0001 TS	CR
Bio-psychosocial evaluation, mental health	H0031 HN	CR
Bio-psychosocial evaluation, substance abuse	H0001 HN	CR
Psychological testing	H2019	CR
Limited functional assessment, mental health	H0031	CR
Limited functional assessment, substance abuse	H0001	CR
Behavioral health medical screening, mental health	T1023 HE	CR
Behavioral health-related medical services: medical procedures, mental health	T1015 HE	CR
Behavioral health-related medical services: medical procedures, substance abuse	T1015 HF	CR
Behavioral health medical screening, substance abuse	T1023 HF	CR
Behavioral health-related medical services: verbal interaction, mental health	H0046	CR

Service	Procedure Code	Required Modifier
Behavioral health-related medical services: verbal interaction, substance abuse	H0047	CR
Brief group medical therapy	H2010 HQ	CR
Group therapy	H2019 HQ	CR

If you have any questions or concerns, please contact your Agency contract manager at (850) 412-4004.

Sincerely,



Shevaun Harris
Assistant Deputy Secretary for
Medicaid Policy and Quality

SH/dvp