

March 27, 2020

Effective March 17, 2020, in response to the COVID-19 State of Emergency, the Department of Community Health (DCH) is waiving certain policies related to telehealth / telemedicine to support the use of telehealth in diagnosis and treatment. This is in response to the viral pandemic and to provide continuity of services and treatment with reduced risk of exposure to Medicaid members and providers. Expansion of the use of telehealth will be supported in the following manner:

1. Waving the telehealth services originating site limitations. Originating sites are listed below.
2. Allowing telehealth services to be provided during the period of COVID-19 emergency response by the following modalities:
 - Telephone communication
 - Use of webcam or other audio and video technology
 - Video cell phone communication

The Expanded Originating sites include the following:

- Physician and Practitioner's Offices
- Hospitals
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital-based or CAH based Renal Dialysis Centers (Independent Renal Dialysis Facilities are not eligible originating sites)
- Skilled Nursing Facilities (SNFs)
- Local Education Authorities
- County Boards of Health
- Community Mental Health Centers
- A mobile stroke unit (only for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke provided in accordance with section 1834(m)(6))
- The home of a member
- Emergency Medical Services Ambulance
- Pharmacies

During the period of COVID-19 emergency response, providers should make every effort to ensure that communication is secure and that HIPPA requirements are met for the privacy and confidentiality of Wellcare members.

Effective immediately, Therapy Network of Georgia (TNGA) shall reimburse, according to your contract, **Speech Therapy, Physical Therapy and Occupational Therapy services for all** Wellcare Medicaid and PeachCare for Kids members.

TNGA Providers will be permitted to provide telehealth services under the following guidance:

- All services must be deemed medically necessary;
- Providers must comply with the provisions outlined in the Telehealth Manual posted on GAMMIS; Providers may locate the Telehealth Guidance manual by accessing the following link: <http://www.mmis.georgia.gov/> Select the "Provider Information" tab, then select Provider Manuals." Scroll down to the locate the Telehealth/Telemedicine manual;

Telemedicine Guidance

- The patient must initiate the service and provide consent to be treated virtually, and the consent must be documented in the medical record with date, time and consenting/responsible party before Initiation of the service; Appendix A in the Telemedicine Guidance is a Member Consent form.
- The codes that will be billed must be identified as “telehealth services” by utilizing a telehealth Place of Service (POS) code or a telehealth modifier (e.g., GT). For example, evaluation and management (E/M) codes must have a telehealth Place of Service (POS) code. Other codes may have a modifier. The codes and modifiers are identified in the Telehealth Guidance which is located on the GAMMIS website.
- Qualified healthcare providers must continue to comply with state telehealth laws and regulations, including professional licensure, scope of practice, standards of care, patient consent and other payment requirements for Medicaid members.

For PT, OT and ST services, all reimbursable therapy codes can be found in the current Children’s Intervention Services (CIS) policy manual. Providers may locate the Children’s Intervention Services manual by accessing the following link: <http://www.mmis.georgia.gov/> Select the “Provider Information” tab, then select Provider Manuals.” Scroll down to the locate the Children’s Intervention Services manual; Please note that a complete list of codes is found in Chapter 1000, Basis for Reimbursement of the CIS manual.

In order to provide the services referenced herein you must complete the enclosed **TNGA Telemedicine Attestation**. As indicated on the attestation form, you will be asked to complete and return the attached attestation so we can confirm your agreement with these regulations.

Prior Authorization Requirements

Nothing in this alert relieves the provider of any existing prior authorization requirements that currently exist for therapy under TNGA.

Paper Claims Submissions

Electronic claims submission is preferred by TNGA at all times. It is of utmost importance now. Please submit all claims via electronic transmission, or by direct data entry via the secure HN1 Provider Web Portal, which allows for documentation attachment. Paper claims submission is to be used only as last resort. The only exception to this are claims that are submitted in response to a previously finalized claim, which may be sent via US Mail (e.g. medical records, disputes, etc.).

If you have any questions regarding this transmittal, please contact TNGA at 1-855-825-7818, Option 1, and then Option 2 or contact your assigned representative directly.



Telemedicine Statement/Attestation for Wellcare Medicaid and PeachCare for Kids

Telemedicine Definition: Telehealth involves the use of two-way, real time interactive communication equipment to exchange medical/clinical information between a healthcare practitioner and the member from one site to another via a secure electronic communication system. This includes audio and video communications equipment designed to facilitate delivery of healthcare services in a face-to-face interactive, though distant, engagement.

Provider Name:	Provider TIN:
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1. Do you provide telemedicine services to enrollees?

If "Yes", please select all that apply below and complete items 2-6 (note: attestation answers are required for items 2-6 to provide telemedicine services to enrollees).

- Speech Therapy
- Physical Therapy
- Occupational Therapy

2. I confirm services are medically necessary and performed in accordance with the service specific policy;

<http://www.mmis.georgia.gov> => **Provider Information tab** => **Provider Manuals** => **Children's Intervention Services**

3. I confirm that Telemedicine should not be used by a provider if it may result in any reduction to the quality of care or if the service delivered through this modality could adversely impact the recipient;

4. I confirm that we educate the patient on the use of telemedicine and obtain informed consent;

5. I confirm that the recipient (and their legal guardian) must be present for the duration of the service provided using telemedicine;

6. I confirm that the documentation regarding the use of telemedicine must be included in the progress notes for each encounter with a recipient. All other documentation requirements for the service must be met as described in the coverage policy. <http://www.mmis.georgia.gov> => **Provider Information tab** => **Provider Manuals** => **Telemedicine Guidance Manual.**

I represent and warrant that the information and statements in this document are true and accurate and that the applicable network/health plans are relying on such information and statements in connection with the arranging of our provision of telemedicine services. I have the authority to execute documents for and bind the Provider named above.

Provider Name

Printed Name of Signere

Signature

Date of Signature

Please return via fax to 1-877-403-5544 or via email to TNGA@mytnga.com