



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

May 29, 2020

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2020-34

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: Well-Child Visits Provided via Telemedicine

To assist with the response efforts to the 2019 novel coronavirus (COVID-19) state of emergency, the Agency for Health Care Administration (Agency) has provided additional flexibilities for providers via telehealth to ensure continuity of care for recipients. The purpose of this policy transmittal is to promote health and wellness through preventive care during the COVID-19 state of emergency by expanding telemedicine to include well-child visits.

The SMMC contract requires the managed care plan to provide coverage, when appropriate, for 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 encounter with a practitioner. (Attachment II, Section IV.D.4.) Florida Medicaid reimburses for well-child visits in accordance with the recommended periodicity [schedule](#) developed by the American Academy of Pediatrics. (Attachment II, Exhibit II-A, Section VI.A.1.a., Table 1, Florida Medicaid Policies and Rule References for MMA Services, Rule No. 59G-4.087, Evaluation and Management Services Coverage Policy)

The managed care plan must cover well-child visits using telemedicine (live/two-way communication that includes audio and video) during the state of emergency for **children older than 24 months through 20 years** for the following procedure codes:

- 99382-99385
- 99392-99395

The managed care plan must require providers to append the above procedure codes with the GT modifier for live, two-way communication. In accordance with policy transmittal 2020-20, COVID-19: Telemedicine Services, the managed care plan must reimburse services provided via telemedicine at the same rate that is paid if the services were delivered through a face-to-face encounter (i.e., payment parity).

Though providers may be able to conduct the majority of the well-child visit components via telemedicine, the managed care plan must work actively with its providers to ensure they schedule a follow-up visit to administer immunizations and other physical components of the exam that could not be delivered using telemedicine. The use of immunizations is the cornerstone to reducing and eliminating preventable diseases. As such, immunizations should be scheduled as soon as possible to ensure children can remain on schedule for these important services. The



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Agency will provide additional guidance to the managed care plan regarding coverage requirements, including coding requirements for tracking purposes of the follow-up visit to render the remaining components (i.e. a comprehensive physical exam or immunizations) of the well-child visit.

Well-Child Visits for Children 24 Months and Younger

In accordance with the American Academy of Pediatrics [guidance](#), providers should prioritize in-person newborn care, newborn well-visits, and immunization of infants and young children through 24 months of age. Therefore, the managed care plan must not reimburse for well-child visits performed via telemedicine for children 24 months and younger.

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

Sincerely,



Shevaun Harris
Assistant Deputy Secretary for
Medicaid Policy and Quality

SH/dvp