

**April 23, 2020**

On March 19, 2020, Governor Murphy, representing the state of New Jersey, signed legislation expanding access to telehealth services. **The New Jersey Department of Human Services, Division of Medical Assistance and Health Services** is directing the Medicaid Managed Care Organizations to adopt the following measures:

- Provide reimbursement to providers for telehealth, including tele-mental health services, in the same manner as for face-to-face services as long as the services are performed to the same standard of care as if the services were rendered in-person.
- Waive site of service requirements for telehealth, allowing NJ licensed clinicians (such as physicians, nurse practitioners, clinical psychologists, and licensed clinical social workers) to provide telehealth from any location and allowing individuals to receive services via telehealth from any location.
- Permit use of alternative technologies for telehealth such as telephonic and video technology commonly available on smart phones and other devices.

## TELEMEDICINE DEFINITION

**Telemedicine is the practice of health care delivery by a practitioner who is in a site other than the site where a recipient is located, using interactive telecommunications equipment that minimally includes real time, two-way interactive communication between a recipient and a practitioner using audio and video equipment. Guidance regarding temporary telehealth services is provided by the State of New Jersey Department of Human Services and can be found at the link below: <https://nj.gov/humanservices/library/slides/Temporary%20Telehealth%20Medicaid%20Newsletter%20FINAL.pdf>**

Effective immediately, Therapy Network of New Jersey\* (TNNJ) shall reimburse **Speech Therapy, Physical Therapy and Occupational Therapy services which apply to services** through the New Jersey Medicaid Program.

TNNJ will reimburse for evaluation, diagnostic, and treatment recommendations for services included on the respective therapy services fee schedule to the extent these services can be delivered in a manner that is consistent with the standard of care and all service components designated in the American Medical Association's Current Procedural Terminology.

## Provider Telemedicine Requirements

Providers using telemedicine as a modality to deliver services must comply with the following:

- Ensure that the services patients receive using telehealth are appropriate, medically necessary and meet current quality of care standards.
- The recipient (and their legal guardian if applicable) must be present for the duration of the service provided using telemedicine.
- 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.
- Documentation regarding the use of telemedicine must be included in the progress notes for each encounter with a recipient.
- Providers are permitted to use alternative technologies for telehealth that were previously restricted in the delivery of telehealth
- The enforcement of HIPAA guidelines during this emergency period can be found at the following link: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

\*Therapy Network of New Jersey is an independent company providing reimbursement services on behalf of Amerigroup Community Care.



# Medicaid Telemedicine Guidance

In order to provide the services referenced herein we ask that you please complete the enclosed **TNNJ 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**

No restrictions shall be imposed for prior authorization requirements on medically necessary **Speech Therapy, Physical Therapy and Occupational Therapy services** that are **delivered via Telemedicine or Telehealth**.

## **Claims Submissions**

Electronic claims submission is preferred by TNNJ at all times, it is of utmost importance now. Please submit all claims via electronic transmission, or by direct data entry via the secure TNNJ 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 **TNNJ at 305-614-0100 x 4526**, or contact your assigned representative directly.



# Telemedicine Statement/Attestation for New Jersey Medicaid and Healthy Kids

**TELEMEDICINE DEFINITION:** Telemedicine is the practice of health care delivery by a practitioner who is in a site other than the site where a recipient is located, using interactive telecommunications equipment that minimally includes real time, two-way interactive communication between a recipient and a practitioner using audio and video equipment.

**E-VISIT DEFINITION:** A patient-initiated online evaluation and management which is conducted via an online patient portal.

1. Do you provide telemedicine services to enrollees?  
**If "Yes", please select all that apply below** and complete items 2–12 (note: attestation answers are required for items 2–12 to provide telemedicine services to enrollees).  
 Speech Therapy  
 Physical Therapy  
 Occupational Therapy
2. I confirm that our equipment, means of communication, and processes for providing telemedicine services are in compliance with the Health Insurance Portability and Accountability Act (HIPAA) laws pertaining to patient privacy and security, however, I understand that these requirements shall be waived during the Public Health Emergency (PHE).
3. I confirm that our telecommunication equipment and telemedicine operations meet the technical safeguards required by 45 CFR 164.312 and the requirements of Rule 59G-1.057 F.A.C, however, I understand that these requirements shall be waived during the Public Health Emergency (PHE).
4. I confirm at minimum we use real time, two-way interactive communication between a recipient and a practitioner using audio and video equipment.
5. I confirm services are medically necessary and performed in accordance with the current guidelines.
6. 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.
7. I confirm that we educate the patient on the use of telemedicine and obtain informed consent.
8. I confirm that the recipient (and their legal guardian) must be present for the duration of the service provided using telemedicine.
9. I confirm that I provide recipients the choice of whether to access services through a face-to-face or telemedicine visit with us, and document such choice
10. I confirm that the documentation regarding the use of telemedicine must be included in the progress notes for each encounter with a recipient.
11. I confirm that providers must assure that the recipient has compatible equipment and the necessary connectivity in order to send and receive uninterrupted video.
12. I confirm we are responsible for all equipment required to provide telemedicine services

Provider Name:	Provider TIN:
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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	Signature
Printed Name of Signere	Date of Signature

**Please return via fax to 305-614-5009 or via email to [alborzfardm@mytnnj.com](mailto:alborzfardm@mytnnj.com)**