



Adirondack Health Institute

Lead • Empower • Innovate

Telehealth and COVID-19

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Housekeeping Items

- Session will be recorded for future access and link will be sent out within 24 hours
- We will take questions throughout the session through the Chat box at the bottom of your Zoom screen. We will do our best to address as many questions as possible at the end of the webinar.



Disclaimer

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<https://ahihealth.org/what-we-do/telemedicine/>



Today's Webinar Topics

- DOH Updates
- OPWDD Updates
- OMH Updates
- OASAS Updates
- CMS/Medicare FFS Updates
- HHS and OIG Updates
- Third-Party Payer Updates
- Software Platforms and Resources





Medicaid FFS/DOH



DOH released a comprehensive guidance document regarding the use of telehealth including telephonic services during the COVID-19 state of emergency.

- For dates of service on or after 3/1/2020, for the duration of the State Disaster Emergency, NYS Medicaid will reimburse telephonic assessment, monitoring, and E & M services provided to members in cases where face-to-face visits may not be recommended.
- Telephonic communication will be covered when provided by any qualified practitioner or service provider. All telephonic encounters documented as appropriate by the provider would be considered medically necessary for payment purposes in Medicaid FFS or Medicaid Managed Care.
- Payment for telephonic encounters for health care and health care support services will be supported in six different payment pathways utilizing the usual provider billing structure.



Medicaid – Billing Pathways

Billing Lane	Telephonic Service	Applicable Providers	Fee or Rate	Historical Setting	Rate Code or Procedure	Notes:
Lane 1	Evaluation and Management Services	Physicians, NPs, PAs, Midwives, Dentists, RNs	Fee Schedule	Office	CPT Procedure Codes “99211”, “99441”, “99442”, and “99443” “D9991” - Dentists	New or established patients. Append GQ modifier for 99211 only
Lane 2	Assessment and Patient Management	All other practitioners billing fee schedule (e.g., Psychologist)	Fee Schedule	Office	Any existing Procedure Codes for services appropriate to be delivered by telephone. Append modifier GQ for tracking purposes.	Billable by Medicaid enrolled providers. New or established patients.
Lane 3	Offsite Evaluation and Management Services (non-FQHC)	Physicians, NPs, PAs, Midwives	Rate	Clinic or Other (e.g., amb surg, day program)	Rate Code “7961” for non-SBHC Rate Code “7962” for SBHC	New or established patients.
Lane 4	Offsite Evaluation and Management Services (FQHC)	Physicians, NPs, PAs, Midwives	Rate	Clinic	Rate Code “4012” for non-SBHC Rate Code “4015” for SBHC	New or established patients.
Lane 5	Assessment and Patient Management	Other practitioners (e.g., Social Workers, dietitians, home care aides, RNs, therapists and other home care workers)	Rate	Clinic or other Includes FQHCs, Day Programs and Home Care Providers	Non-SBHC: <ul style="list-style-type: none"> Rate Code “7963” (for telephone 5 – 10 minutes) Rate Code “7964” (for telephonic 11 – 20 minutes) Rate Code “7965” (for telephonic 21 – 30 minutes) SBHC: <ul style="list-style-type: none"> Rate code “7966” (for telephone 5 – 10 minutes) Rate code “7967” (for telephonic 11 – 20 minutes) Rate code “7968” (for telephonic 21 – 30 minutes) 	Broadly billable by a wide range of provider types including FQHCs, Day Programs and Home Care (e.g., aide supervision, aid orientation, medication adherence, patient check-ins). However, see LHCSA/CHHA assessments and RN visits which get billed under existing rates in Lane 6). New or established patients. Report NPI of supervising physician as Attending.
Lane 6	Other Services (not eligible to bill one of the above categories)	All provider types (e.g., Home Care, ADHC programs, health home, HCBS, peers)	Rate	All other as appropriate	All appropriate rate codes as long as appropriate to delivery by telephone	Covers all Medicaid services not covered above. Includes LHCSA and CHHA assessments, evaluations and RN visits.

*Managed care plans may have separate detailed billing guidance but will cover all services appropriate to deliver through telehealth/telephonic means to properly care for the member during the State of Emergency. Further detail on FFS code coverage is provided below including links to specialized guidance for mental health, substance abuse and OPWDD services.



Telehealth Definitions

Definition of Telehealth

- Telehealth is defined as the use of electronic information and communication technologies to deliver health care to patients at a distance. Medicaid covered services provided via telehealth include assessment, diagnosis, consultation, treatment, education, care management and/or self-management of a Medicaid member. *For purposes of the State of Emergency, this definition is expanded to include telephone conversations.*

Originating Site

- The originating site is where the member is located at the time health care services are delivered to him/her by means of telehealth. Originating sites during the State of Emergency can be anywhere the member is located. *There are no limits on originating sites during the State of Emergency.*

Distant Site

- The distant site is any location including the provider's home that is within the fifty United States or United States' territories. During the State of Emergency all sites are eligible to be distant sites for delivery and payment purposes including FQHCs for all patients including patients dually eligible for Medicaid and Medicare. *This includes clinic providers working from their homes or any other location during the State of Emergency.*



Confidentiality and Consent

Confidentiality:

- During the COVID-19 nationwide public health emergency, the HHS Office for Civil Rights (OCR) has issued a Notification of Enforcement [Discretion](#) for telehealth remote communications. OCR will exercise its enforcement discretion and *will not impose penalties for noncompliance* with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the emergency.

Consent:

- The practitioner shall confirm the member's identity and provide the member with basic information about the services that he/she will be receiving via telehealth/telephone. *Written consent by the member is not required.* Telehealth/telephonic sessions/services shall not be recorded without the member's consent.



Billing Rules - Telemedicine

Modifiers to be Used When Billing for Telehealth Services

Modifier	Description	Note/Example
"95"	Synchronous telemedicine service rendered via real-time interactive audio and video telecommunication system	Note: Modifier "95" may only be appended to the specific services covered by Medicaid and listed in Appendix P of the AMA's CPT Professional Edition 2018 Codebook. The CPT codes listed in Appendix P are for services that are typically performed face-to-face but may be rendered via a real-time (synchronous) interactive audio-visual telecommunication system.
"GT"	Via interactive audio and video telecommunication systems	Note: Modifier "GT" is only for use with those services provided via synchronous telemedicine for which modifier 95 cannot be used.
"GQ"	Via asynchronous telecommunications system	Note: Modifier "GQ" is for use with Store-and-Forward technology
"25"	Significant, separately identifiable evaluation & management (E&M) service by the same physician or other qualified health care professional on the same day as a procedure or other service	Example: The member has a psychiatric consultation via telemedicine on the same day as a primary care E&M service at the originating site. The E&M service should be appended with the "25" modifier.

Place of Service (POS) Code to be Used when Billing for Telehealth Services

POS Code	Description
"02"	The location where health services and health-related services are provided or received, through telehealth telecommunication technology. When billing telehealth services, providers must bill with place of service code "02" and continue to bill modifier "95", "GT" or "GQ".

When billing for teledentistry services, modifiers cannot be used by dentists. Additional guidance was issued in the [January 2020 Medicaid update](#) which allows for two dental codes "D9995" and "D9996" to be used in place of modifiers. Both dental codes "D9995" and "D9996" along with "Q3014" were added to the dental fee schedule.



Billing Rules – Telephonic Communication

Clinics, including FQHCs, billing the PPS rate should bill telephonic evaluation and management services as ordered ambulatory.

Relevant CPT codes are:

- **“99441”**: Telephone evaluation and management service; 5-10 minutes of medical discussion Fee: \$12.56
- **“99442”**: 11-20 minutes of medical discussion Fee: \$23.48
- **“99443”**: 21-30 minutes of medical discussion Fee: \$37.41

If the telephone call follows a clinic/office visit performed and reported within the past seven calendar days for the same diagnosis, then the telephone services are considered part of the previous clinic/office visit and should not be billed separately.



Waiver of SHIN-NY Written Consent for Telehealth

To help facilitate and support the approach of expanding telemedicine, NYS DOH is allowing informed, verbal, documented consent for telehealth visits in lieu of the current SHIN-NY written consent requirements per 10 NYCRR Part 300.

The following procedures shall be adhered to by QEs and their Participants when providing telehealth services without written consent.

1. Verbal consent shall be given by a patient to a provider prior to, or during the telehealth visit, but before accessing patient information via the SHIN-NY.
2. Patient verbal consent shall be noted by the provider in the patient's medical record that is provided to the QE.
3. QEs shall record any notation of verbal consent received as part of a telehealth visit between a patient and a provider as a valid consent.
4. This exception to written consent shall be temporary and shall end upon declaration by the Governor that the State of Emergency has been lifted. Once this happens, patient consent must be obtained again consistent with existing SHIN-NY regulations.



OPWDD



OPWDD and Telehealth

In response to increasing concerns related to COVID-19, *all nonresidential facilities and programs certified or operated by OPWDD are permitted and encouraged to deliver services via telehealth remotely to individuals with I/DD, whenever possible.*

Health and habilitation services are permitted for delivery via telehealth, where a provider exercising good clinical judgment determines a telehealth encounter is appropriate for the delivery of services to an individual. OPWDD providers should also consult any State-issued COVID-19 guidance for specific services, which may address telehealth.

Where a service or support requires the physical presence of a staff member for the health and safety of the individual, it is not appropriate to be delivered via telehealth. Specifically, but not exclusively, *residential habilitation, respite and live-in caregiver services shall not be delivered via telehealth.*

Source: https://opwdd.ny.gov/news_and_publications/coronavirus-guidance-opwdd-service-providers



OPWDD Telehealth Billing Guidelines

Health and habilitation services delivered by means of telehealth shall be entitled to reimbursement from Medicaid.

The following applies to providers using Telehealth:

- a. Providers shall be either:
 - i. licensed or certified in NYS, currently registered in accordance with NYS Education Law or other applicable law, and enrolled in NYS Medicaid
 - ii. licensed as a physician in NYS and in current good standing in NYS, or
 - iii. *licensed as a physician, registered nurse, licensed practical nurse, nurse practitioner, or physician assistant* in any state in the United States and in current good standing in that state.
- b. Telehealth services shall be delivered by providers acting within their scope of practice, exercising good clinical judgement and practice in the appropriate use of Telehealth with respect to the service;
- c. Reimbursement will be made in accordance with existing Medicaid policy related to supervision and billing rules and requirements. For the duration of the emergency response to COVID-19, providers may be reimbursed for services delivered via telehealth using technology that is not HIPAA compliant, as described above, as well as services delivered remotely through other modalities, *such as telephonic encounters*.

For the duration of the emergency response to COVID-19, providers delivering services as Independent Practitioner Services for Individuals with Developmental Disabilities (*IPSIDD*) *may deliver such services via telehealth and bill at the IPSIDD rate.*



OMH



- OMH Expanded Telemental Health Guidance supersedes any other State-issued telehealth guidance.
- OMH guidance only applies to OMH Licensed and OMH Designated Programs and Services.
- This guidance does not apply to private practitioners.
- Applies only during the declared state of emergency.



OMH - Expanded Guidance and Self-Attestation

- Introduced rapid approval of the use of telemental health to deliver services which will allow for continuity of care, regardless of mandatory or self-imposed quarantines.
- Includes expanded definition of telemental health and eligible practitioners.
- Programs/agencies previously approved through traditional telemental health approval process do not need to submit self-attestation.
- Programs/agencies that submitted the initial self-attestation do not need to submit a revised copy.
- Only one attestation needed per agency; please specify programs to be covered as listed in the OMH Mental Health Provider Data Exchange (MHPD) or by Adult BH HCBS service type.

Self-Attestation: <https://omh.ny.gov/omhweb/guidance/self-attestation-telemental-health-disaster-emergency.pdf>



OMH – Supplemental Guidance for OMH-Funded Programs

Supplemental guidance for OMH-funded programs waives the face-to-face requirements for state-aid funded programs for the duration of the declared state of emergency.

This guidance applies to the following OMH programs and designated services:

- Assisted Competitive Employment (ACE)
- Transitional Employment Program (TEP)
- Affirmative Business/Industry (ABI)
- Transformed Business Model (TBM)
- Ongoing Integrated Supported Employment (OISE)
- Work Programs
- Supported Education Programs
- Psychosocial Clubs
- Non-Medicaid Care Coordination 2720
- Health Home Non-Medicaid Care Management 2620
- Advocacy/Support Services (Non-Licensed Program) – 1760
- Crisis Intervention (Non-Licensed Program) – 2680
- Drop-in Center (Non-Licensed Program) – 1770
- Recovery Centers- 2750
- Home Based Crisis Intervention (HBCI)



OMH - Expanded Definitions

- Telemental health for Medicaid-reimbursable services is temporarily expanded to include:
 - Telephonic; and/or
 - Video, including technology commonly available on smart phones and other devices.
- Telemental health practitioner includes any professional, paraprofessional, or unlicensed behavioral health staff who deliver a qualified service via telemental health.



This Supplemental Guidance is applicable to the following OMH licensed programs and designated services:

- OMH Licensed Programs: Article 31 Clinics, Certified Community Behavioral Health Clinics (CCBHCs), Personalized Recovery Oriented Services (PROS), Assertive Community Treatment (ACT), Continuing Day Treatment (adult), Children's Day Treatment, Treatment Apartment Programs, and Partial Hospitalization.
- OMH Designated Services: Children and Family Treatment and Support Services (CFTSS), Adult Behavioral Health Home and Community Based Services (BH HCBS), Adult BH HCBS Eligibility Assessments, and Recovery Coordination services.



Please visit <https://omh.ny.gov/omhweb/guidance/> for up-to-date guidance documents from OMH.

Self-Attestation: <https://omh.ny.gov/omhweb/guidance/self-attestation-telemental-health-disaster-emergency.pdf>

Reminder: Self-Attestations must be submitted to Amy Smith at amy.smith@omh.ny.gov



OASAS



OASAS Telepractice Guidance

OASAS Telepractice Guidance:

- Supersedes any other State or Federal telehealth guidance.
- Applies to OASAS Certified and otherwise authorized Programs and Services - all are encouraged to submit a self-attestation.
- Only applies during the declared state of emergency.

NOTE: This guidance does NOT apply to private practitioners.



Expedited Approval Process:

- Complete the Self-Attestation form.
- Self-Attestation forms should be submitted to the OASAS bureau of certification on-line at certification@oasas.ny.gov
- Providers may supply one, Self-Attestation for multiple PRU's as long as each PRU is identified.
- Approval occurs **upon submission** of the Telepractice Self-Attestation.



Telepractice for Medicaid-reimbursable services is temporarily expanded and includes:

- Two-way audio/video communication;
- Video, including technology commonly available on smart phones and other devices; and/or
- **Telephonic communication (NEW).**

Services to be delivered are those allowable under current program regulations or State-issued guidance as clinically appropriate and include assessment, individual, group, medication management and collateral services.



Updated Guidance 3.18.2020

The Telepractice Waiver & Attestation Materials dated March 9, 2020 and March 13, 2020, are updated to clarify that, during the duration of the declared disaster emergency:

- **Peer Services delivered by CRPAs are allowable services** and may be delivered by providers who have submitted a telepractice attestation or are otherwise approved to deliver telepractice services.
- Assessment, counseling, and other non-medical services may be provided using telepractice by unlicensed staff, CASAC-T's and individuals who possess a limited permit.

Providers should bill for services delivered by telepractice and telephonic means in the same way they usually bill for these services, with the only additional requirement being the inclusion of appropriate modifiers for telepractice (95 or GT) and Place of Service Code (02) on Medicaid claims.

Refer to this link for billing guidelines:

https://www.health.ny.gov/health_care/medicaid/program/update/2019/feb19_mu_speced.pdf



OASAS Technology Requirements

Providers should be utilizing HIPAA and 42 CFR Part 2 compliant technologies, or other video conferencing solutions the client has agreed to. Although, it is noted that the Department of Health and Human Services' (HHS) Office of Civil Rights (OCR) has stated that it will not enforce HIPAA with telehealth during this emergency.

HHS provided the list below of vendors that represent that they provide HIPAA-compliant video communication products and that they will enter into a HIPAA Business Associates Agreement (BAA):

- Skype for Business
- Updox
- VSee
- Zoom for Healthcare
- Doxy.me
- Google G Suite Hangouts Meet

However, while acknowledging this relaxing of enforcement, OASAS providers approved for Telepractice should make every effort to utilize HIPAA and 42 CFR Part 2 compliant technologies.



Telepractice and Controlled Substances

The Drug Enforcement Agency (DEA) has issued guidance waiving the requirement of a face to face IN PERSON medical evaluation with a patient and DEA registered/DATA waived practitioners prior to prescribing controlled substances (including buprenorphine). A prescription can now be issued when the practitioner and patient have a telepractice session that is conducted using a using an **audio-visual, real-time, two-way interactive** communication system.

Telephonic only communication is not sufficient.

Source: <https://www.dea diversion.usdoj.gov/coronavirus.html>



OASAS Helpful Links

- OASAS COVID-19 resource page:
<https://oasas.ny.gov/keywords/coronavirus>
- OASAS Guidance Updated 3.18:
https://oasas.ny.gov/system/files/documents/2020/03/telepractice-update-ii_0.pdf
- OASAS FAQ:
<https://oasas.ny.gov/system/files/documents/2020/03/telepractice-faqs.pdf>



Medicare



[Link to
eligible
codes from
CMS](#)

MEDICARE FEE FOR SERVICE TELEHEALTH COVERAGE	
SUBJECT AREA	CURRENT POLICY UNDER COVID-19
Location of the Patient	Rural and site limitations are removed. Telehealth services can now be provided regardless of where the enrollee is located geographically and type of site, which allows the home to be an eligible originating site. However, locations that are newly eligible will not receive a facility fee.
Eligible Services	All services that are currently eligible under the Medicare telehealth reimbursement policies are included in this waiver. The list of eligible codes is available HERE .
Eligible Providers	<p>The waiver did not expand the list of eligible providers to provide services and be reimbursed. The eligible providers are:</p> <ul style="list-style-type: none">• Physicians• Nurse practitioners• Physician assistants• Nurse-midwives• Clinical nurse specialists• Certified registered nurse anesthetists• Clinical psychologists (CP)• Clinical social workers (CSWs) (NOTE: CPs and CSWs cannot bill Medicare for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services. They cannot bill or get paid for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838).• Registered dietitians or nutrition professional
Modality	The waiver did not expand what modalities can be used to provide telehealth delivered services in this program, restricting the provision of services through live video (though Hawaii and Alaska telehealth demonstration programs can use store and forward). For other types of eligible services not considered “telehealth” that still use telehealth technologies, see “Other Technology-Enabled Services.”
Out-of-pocket costs/co-pays	Still applies, but the OIG is providing health care providers flexibility to reduce or waive fees.

Medicare



Medicare – FQHCs and RHCs

FQHCS/RHCS – How can I use telehealth?

MEDICARE	MEDICAID	PRIVATE PAYER
FQHCs and RHCs can only act as the originating site for telehealth delivered services. The geographic and site limitations will still apply with only certain exceptions that were in place prior to COVID-19. FQHCs and RHCs can utilize some of the technology-enabled services to treat patients such as the virtual check-in and some of the chronic care management codes but not others like eConsult. For these technology-enabled codes, FQHCs and RHCs will receive a fee-for-service rate, not the PPS rate.	This will vary from state-to-state, with some states allowing FQHCs and RHCs to act as distant site providers, and some allowing them to receive their PPS rate, and others not. Some states prohibit FQHCs and RHCs from acting as the distant site provider but may allow them to be originating sites. Other states are silent. Check CCHP's 50 State Report or your state Medicaid program.	Will vary from payer-to-payer and state-to-state.

Source: Center for Connected Health Policy – link [here](#)



Medicare – HRSA Health Center Program

Within the context of the Health Center Program scope of project, “telehealth” is not a service or a service delivery method requiring specific HRSA approval; rather, telehealth is a mechanism or means for delivering a health service(s) to health center patients using telecommunications technology or equipment.

As such, health centers are not required to seek prior approval from HRSA for a change in scope to use telehealth, nor separately record the use of telehealth as the means, to deliver a service that is already in scope on Form 5A: Services Provided or to explicitly indicate the use of telehealth on Form 5A.

Additionally, during the duration of this public health emergency, health center providers may deliver in-scope services via telehealth to individuals who have not previously presented for care at a health center site and who are not current patients of the health center. Telehealth visits are within the scope of project if:

- The individual receives an in-scope required or additional health service;
- The provider documents the service in a patient medical record consistent with applicable standards of practice; and
- The provider is physically located at a health center service site or at some other location on behalf of the health center (e.g., provider’s home, emergency operations center).



Medicare Telemedicine Services

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPSC/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: <ul style="list-style-type: none">• 99201-99215 (Office or other outpatient visits)• G0425-G0427 (Telehealth consultations, emergency department or initial inpatient)• G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	<ul style="list-style-type: none">• HCPCS code G2012• HCPCS code G2010	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none">• 99431• 99422• 99423• G2061• G2062• G2063	For established patients.

Source: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>



Other Medicare Policies

EXISTING TELEHEALTH POLICY PRE-COVID-19	POLICY CHANGE IN RESPONSE TO COVID-19	WHAT CAN BE COVERED
MEDICARE		
Licensing		
With the declaration by the President of a national of emergency, the Secretary issued a 1135 Waiver for “requirements that physicians or other health care professionals hold licenses in the state in which they provide services if they have an equivalent license from another state.” Notice here . CMS has not issued guidance on how this will be implemented.		
Medicare Advantage		
Medicare Advantage (MA) plans have the flexibility to have more expansive telehealth policies related to types of services covered, where those services can take place (no geographic or site limitations), modality used. Still limits the types of providers reimbursed.	Medicare Advantage Organizations were informed by CMS that if they wish to expand coverage of telehealth services beyond what has already been approved by CMS, they will exercise its enforcement discretion until it is determined that it is no longer necessary in conjunction with the COVID-19 outbreak. (CMS Memo)	MA plans have some flexibility to expand their coverage of telehealth beyond what they currently do. What is covered will depend on what each plan decides to do. NOTE: MA plans do NOT have to provide these more expansive telehealth services. They are only required to provide what is covered by Fee-for-Service.

[Link](#) to 1135 Waiver information on provider licensing

Source: Center for Connected Health Policy – link [here](#)



Medicare Billing under the 1135 Waiver

Unlike other claims for which Medicare payment is based on a “formal waiver,” telehealth claims don’t require the “DR” condition code or “CR” modifier.

CMS is not requiring additional or different modifiers associated with telehealth services furnished under these waivers. However, consistent with current rules, there are three scenarios where modifiers are required on Medicare telehealth claims. Outside of these three scenarios, use Place of Service (POS) Code 02.

- 1) In cases when a telehealth service is furnished via asynchronous (store and forward) technology as part of a federal telemedicine demonstration project in Alaska and Hawaii, the GQ modifier is required.
- 2) When a telehealth service is billed under CAH Method II, the GT modifier is required.
- 3) Finally, when telehealth service is furnished for purposes of diagnosis and treatment of an acute stroke, the G0 modifier is required.



HHS Update



Penalties Waived for HIPAA Violations

Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency.

For more information: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>



OIG Update



OIG Policy Statement

The Office of Inspector General (OIG) issued a Policy Statement to notify physicians and other practitioners that they will not be subject to administrative sanctions for reducing or waiving any cost-sharing obligations Federal health care program beneficiaries may owe for telehealth services furnished consistent with the then applicable coverage and payment rules.

OIG will not subject physicians and other practitioners to OIG administrative sanctions for arrangements that satisfy both of the following conditions:

1. A physician or other practitioner reduces or waives cost-sharing obligations (i.e., coinsurance and deductibles) that a beneficiary may owe for telehealth services furnished consistent with the then-applicable coverage and payment rules.
2. The telehealth services are furnished during the time period subject to the COVID-19 Declaration.

Source: <https://oig.hhs.gov/fraud/docs/alertsandbulletins/2020/policy-telehealth-2020.pdf>



Third-Party Payers





The New York State Department of Financial Services (DFS) and Vermont Department of Financial Regulation (DFR) require private health insurers in New York and Vermont to make COVID-19 testing free for patients by waiving any out-of-pocket costs. This means **COVID-19 screening and testing is free for all MVP members**. The member will not be responsible for any co-payments, other cost-share, or fees associated with:

- An emergency room visit or visit to an in-network health care provider for the purpose of getting tested for COVID-19.
- Drive-thru specimen collection sites.
- Telemedicine services, like MVP's [myERnow](#) virtual emergency room and [myVisitNow](#) online doctor visits.



myERnow: Free virtual ER visits for those who have COVID-19 symptoms

For more information: <https://www.mvphealthcare.com/covid19/>



The following telemedicine services are being made available to CDPHP members at no cost-share:

- [ER Anywhere](#) - Emergency telemedicine app available to members 24/7 for consultations, triage, testing, and treatment. ER Anywhere is a safe and convenient alternative to the emergency room.
 - Members can access ER Anywhere by downloading the mobile app or calling 1-866-ER-Anywhere.
- [Doctor On Demand](#) – Telemedicine app available 24/7 for consultation, testing, and treatment. Doctor On Demand is a safe and convenient alternative to urgent care.
 - Members can access Doctor On Demand by downloading the mobile app or logging into the [Doctor On Demand website](#).
- CDPHP is also encouraging members to take advantage of telephonic consultations.
 - *To that end, CDPHP will be covering telephonic consults (audio and video) with participating providers for physical and mental health services.*

Source: <https://www.cdphp.com/members/wellness/common-health-topics/cold-and-flu/corona-virus/telemedicine>



BlueShield of Northeastern New York

Media Statement from Blue Cross Blue Shield Association President and CEO:

All 36 independently-operated BCBS companies and the Blue Cross and Blue Shield Federal Employee Program® (FEP®) are expanding coverage for telehealth services for the next 90 days. The expanded coverage includes waiving cost-sharing for telehealth services for fully-insured members and applies to in network telehealth providers who are providing appropriate medical services. We are also advocating for physician and health system adoption of social distancing-encouraged capabilities such as video, chat and/or e-visits. This builds on the commitment we previously announced to ensure swift and smooth access to care during the COVID-19 outbreak.” Link for more [here](#).

From BSNENY website:

BlueShield strongly recommends members use telehealth to connect with a doctor when possible. In some instances, your physician may offer telehealth, or you can use BlueShield’s telemedicine provider, Doctor on Demand. Virtual visits are a safe and effective way for members to consult a doctor to receive health guidance related to COVID-19 from their homes via smartphone, tablet or computer-enabled webcam 24/7. Using telehealth as a first step may lower your risk of getting sick or exposing others to illness.



- A telehealth visit is an option for initial screenings when an in-office visit is not an option. Telehealth services are covered under all product lines.
- During the COVID-19 State of Emergency declared by Governor Cuomo, electronic information and communication technologies for telehealth include *“telephonic or video modalities (including technology commonly available on smart phones and other devices) when medically appropriate to deliver health care services.”*
- **Excellus will waive the cost-share for all telehealth visits (not just those related to COVID-19) for all members until the State of Emergency has been lifted.**
- In-network telehealth visits will be covered with **no member cost-share** when the services would have been covered under the member’s policy if delivered in-person, including behavioral health treatment. To be covered as an office visit, the telehealth consultation must include all elements necessary for the service to be considered an office visit.
- The patient must provide consent prior to rendering telehealth services. The consent can be written or verbal and must be documented in the patient’s medical record. Their website contains an example of a [telehealth patient consent form](#).



Excellus BCBS Continued

Place of service code 02 is required for all telehealth services. To address concerns of virus spread/contraction during this outbreak, Excellus will reimburse all telehealth visits billed with place of service code 02 at the same rate as in-person visits for the same CPT code, and they will use the higher non-facility (office) relative value units for dates of service from **March 13, 2020 until the State of Emergency has been lifted.**

The appropriate modifier should also be used, when applicable:

- **95:** Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system
- **GQ:** Via asynchronous telecommunications system
- **GT:** Via interactive audio and video telecommunications system
- **G0:** New – telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke

Physical therapists: Teletherapy must meet the criteria set forth in our corporate medical policy. You can bill a non-MD phone only or non-MD video visit if you have a secure HIPAA compliant portal.

<https://provider.excellusbcbs.com/coronavirus>





Effective March 14, 2020, Fidelis Care is in the process of updating systems to ensure members can use telehealth services from participating providers with cost sharing waived (in products that have member cost sharing). Providers are responsible to ensure any copays, coinsurance, or deductible charges are waived for Fidelis Care members at the time of telehealth services, and claims will be adjusted to reflect provider payments with \$0 member liability upon processing.

Fidelis Care will continue to support, promote, and align with New York State guidance to providers on allowable parameters to render telehealth and telephonic services to members.

<https://www.fideliscare.org/Provider?id=303>



FIDELIS CARE®



Software Options



Utilize your EHR - many have a video option built in!

MEDENT for example has a [Video Visit feature](#) which is an easy way for a practice to have HIPAA compliant video communication with their patients, without the need for app downloads or plugins. For the months of March/April, Medent is allowing providers to use the feature at no cost. Typically, Video Visit charges \$2.00/day per charge involved if it is being actively used.

When a patient is scheduled for a Video Visit, they are sent a link via e-mail or text. This e-mail or text includes the appointment date, time, and provider; a link to the visit; and a recommendation that the patient connects via Wi-Fi.



Other common platforms include:

- Vsee: <https://vsee.com/> - The VSee site notes one can “get it free,” though the American Academy of Family Physicians (AAFP) website has heard members report it costing up to \$250/month.
- Doxy.Me: <https://doxy.me/> - Self-touted to be “a simple, free, and secure telemedicine solution.”
- Vidyo: <https://www.vidyo.com/video-conferencing-solutions/industry/telehealth>
- eVisit: <https://evisit.com/> - The AAFP website reports eVisit ranges from \$50/month to \$150/month.
- Zoom: <https://zoom.us/>
- Hale Health: <https://www.hale.co/>
- swyMED: <http://swymed.com/covid-19-telehealth-rapid-response/>



Key Questions You Will Want Answered When Exploring Telehealth Platforms:

1. Can I exit my contract at any time (i.e., not locked into a 2-year contract)?
2. Is there a waiting room feature so I can queue my patients up?
3. Is the platform device agnostic (i.e., can physicians/providers and patients use device of their choosing for virtual care)?
4. Is there an out-of-office message noting we're not available to take your call right now? (i.e., during off hours or overnight)?
5. Does the software have the ability to schedule a visit? **Note:** This is a more advanced feature; it's not absolutely required to have now, but it's nice to have.
6. Is the platform deployable in days?

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Questions?



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