



Telepractice FAQ's – Updated May 12, 2020

Prior to reading the following “Frequently Asked Questions” (FAQs), OASAS suggests that interested individuals first explore the current guidance documents posted relative to the COVID-19 response and continue to check the OASAS website for updates. The links to guidance posted below is not inclusive of all relevant guidance OASAS has released and which can be found on the OASAS website.

Questions should be emailed to PICM@OASAS.NY.GOV, and LEGAL@OASAS.NY.GOV

COVID-19 Updates

- [COVID-19 OTP Guidance and FAQ's](#)
- [Consent for COVID-19 Release to LDOH](#)
- [Guidance for Admissions and Continued Stay in Community Based OASAS Inpatient and Residential Settings during the COVID-19 disaster emergency](#)
- [OASAS Coronavirus Guidance for Behavioral Health Programs](#)
- [NYS DOH Novel Coronavirus \(COVID-19\) Updates](#)
- [SAMHSA Coronavirus \(COVID-19\) Resources](#)

Other Telehealth Updates

- [OASAS Assistance for Service Providers During the COVID-19 Disaster Emergency](#)
- [Telehealth Webinar OMH and OASAS Providers COVID-19 State of Emergency 3/17/20](#)
- [Telepractice Waive Update II - 3/18/20](#)
- [Telepractice Waiver Update I- 3/13/20](#)
- [Telepractice Waiver 3/9/20](#)
- [Telepractice Self Attestation 3/9/20](#)

In response to the COVID-19 crisis, all OASAS certified or otherwise authorized providers should submit a self-attestation for permission to utilize Telepractice during this emergency.

Frequently Asked Questions(FAQs)

1. What are the requirements for Staff providing Telepractice Services?

- Practitioners must be employed by or contracted with an OASAS certified or otherwise authorized program;
- For Medical/Medication-related services, prescribing professionals must be Data 2000 waived in order to prescribe buprenorphine; and
- For other services (counselling, assessments), Clinical Staff must work within their respective Scope of Practice.

2. Is the telephone an acceptable means of Telepractice?

Yes. During the duration of the declared disaster emergency, telephonic delivery is an acceptable means of service delivery for Telepractice by OASAS programs.

3. Please clarify who can provide these services who could not previously.

OASAS is allowing for the provision of any service by any staff member otherwise authorized to be delivered in the certified/otherwise authorized setting to now be performed via Telepractice, for the duration of this emergency. This includes CASAC-T's, Peers and provisional QHPs.

4. Can Peers deliver reimbursable services via Telepractice?

Yes. During the declared disaster emergency, Certified Recovery Peer Advocates (CRPA) and provisional CRPAs can deliver peer support services otherwise authorized and reimbursable via Telepractice or telephonic means. Such services shall be reimbursable by Medicaid and Commercial payors.

5. Can CASAC-T staff deliver services via Telepractice/telephonic sessions?

Yes.

6. What settings/locations are acceptable?

Telepractice is not limited to certified or authorized OASAS locations. The client and/or practitioner can be at any site that meets with privacy and confidentiality standards, including a home. The space utilized for a Telepractice session should assure the privacy and protection of patient confidentiality.

7. Is a provider/staff member’s home an approved distant site for Telepractice Reimbursement?

Yes, per Question 6.

8. If a provider is already approved by OASAS for Telehealth, is additional approval required to deliver services via telephone or is it covered in the original approval?

All guidance now being issued applies equally to providers already approved for Telepractice, including the use of telephonic delivery – no new applications are necessary.

Providers that have not submitted an application for designation to deliver services via telepractice should do so immediately.

9. Should an attestation be submitted per program or per provider? Does every service have to be identified on the attestation? (i.e. family support services, BH adult empowerment, etc..) or can it just be under our BH approved umbrella?

Providers must submit one attestation per provider agency, to cover all programs. Each program PRU should be listed on the attestation. Approval is granted to an entire agency, listed by PRU – it does not need to be granted by specific service or specific practitioners delivering the services.

10. Is it acceptable for a hospital certified by OMH and/or OASAS to submit one attestation for all certifying entities?

No. Separate attestations will be needed, one to each agency.

11. How long should we expect to receive approval for the self-attestation?

For OASAS providers, once the self-attestation is submitted, a provider is approved to begin use of Telepractice for service delivery during the emergency period. The auto-response generated from the submission should be saved to document this authorization.

12. What does “The space occupied by the patients and the practitioner both meet minimum privacy standards consistent with patient-practitioner interaction and confidentiality at a single OASAS certified location mean”?

Within the best of their ability, providers should arrange the most private and confidential locations possible. Providers should ask the patients where they are located and if the location is private. Verbal acknowledgment is sufficient and should be documented.

13. What are the technology requirements for Telepractice Services?

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. Under this Notice, covered health care providers may use popular applications that allow for video chats to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency.

Also, 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.

14. Do providers need consent for Telepractice and telephonic services and must it be written?

Informed consent for Telepractice continues to be required. While written consent ([TRS-66](#)) is preferable, oral consent is permissible when it is the only available option or circumstances require immediate service delivery which do not allow time for written consent. The verbal consent will suffice, provided the program note such in the patient record and follow-up with a written consent at the earliest possible convenience.

15. Does each note need to indicate verbal consent, or can it be documented once in the client record?

Consent only needs to be documented once, while each encounter conducted via Telepractice must be documented in the patient record.

16. On treatment plans, can we get verbal sign-off from providers/patients or do we need to have them come in to sign them? Any other documents that need patient signatures, can those be with verbal consent?

Flexibility will be granted in treatment plan deadlines for OASAS programs. However, until such time as physical signatures can be obtained, providers should document all necessary consents and other signature requirements obtained verbally.

17. What protocol should employees use to ensure that off-site use of EMRs are secure from staff homes/computers?

Due to the uniqueness of each EMR, this question needs to be answered by the provider's IT vendor.

18. Can sessions be recorded?

Yes, but only with patient consent. Providers who intend to record are encouraged to include this language in any written consent forms or, if unable to obtain written consent, obtain oral consent and document it.

19. For OASAS Certified programs, will we still be required to have the MAT/Buprenorphine Induction visit done face-to-face before any MAT/Buprenorphine service is done via Telepractice or Telephone?

No. CMS has temporarily waived the Ryan-Haight Act provisions, which will allow the first visit for MAT/ Buprenorphine induction services to commence via Telepractice or Telephone.

20. Organizations are looking for guidance related to the provision of group services specifically given how difficult it is to manage these safely while complying with the social distancing guidelines and group gathering guidance.

Group sessions can be conducted through Telepractice via many available platforms. Telephonic group sessions are also permitted where a provider is able to verify the call-in was not distributed to anyone not invited (this can be done by asking), has obtained consent from participants and has a plan for how such sessions can be conducted to ensure meaningful participation by patients.

21. Should the number of patients in a group be changed to practice social distancing for those that do not want to come in person and also to decrease the anxiety levels amongst patients and staff.

Providers are encouraged to discontinue in-person encounters with patients for the duration of the COVID disaster emergency where practicable and should utilize their best judgement while providing services, including exploring

Telepractice as an alternative to in-person sessions. See additional guidance on the OASAS website regarding delivery of group sessions.

22. There are multiple different Modifiers given for use with Telepractice, GT, 95, 02, HE. Which one(s) should we use and under what circumstances, i.e. is it dependent on the service, the staff providing, context?

Services being provided via Telepractice/Telephonic should bill utilizing the Rate Codes and Procedure Codes given in the [OASAS Medicaid APG Clinical and Billing Guidance](#), with the additional requirement being the inclusion of appropriate modifiers for Telepractice (95 or GT).

- **Modifier 95** is for codes listed in **Appendix P** of the **AMA’s CPT Professional Edition Codebook**.

OASAS Procedure Codes in Appendix P

1. 90791 – Assessment Extended
2. 90832 – Individual Counseling Brief
3. 90834 – Individual Counseling Normative
4. 90847 – Family Service with Patient present
5. 99201-99205 – For New - Psychiatric Assessment (Brief), Medication Management, Physical Health
6. 99212-99215 – For Existing - Psychiatric Assessment (Brief), Medication Management, Physical Health

- **GT modifier** should be used where the modifier 95 cannot be used.

23. Are OTP’s allowed to perform “telemedicine?” What Modifier should we use? What will be the effective date of service?

Yes, all OASAS certified or otherwise authorized providers can use Telepractice and should be doing so consistent with any OASAS guidance issued specifically to OTPs. The modifiers are the same for all OP levels of care **see question 22**.

The effective date of service is the date of which the self-attestation was submitted (or starting with your approval date, if already approved).

24. What’s the best way to work with insurers around reimbursement for Telepractice?

Advise Plans of your designation to provide the contracted services via Telepractice, and your plan of action for doing so. Plans that require verification can be provided the OASAS “auto-response” e-mail generated upon receipt of your attestation.

25. Are you recommending that we close physical facilities sites to patients and go virtual? Do you have any guidance for clients who receive injectable medication if the MD/NPP is unavailable to give the injection?

Outpatient programs should make every effort to limit in-person contact with patients for the duration of the disaster emergency understanding that there are circumstances, particularly for injectable medications, which require an in-person encounter. With proper precautions, providers should continue delivery of the service as they would ordinarily. Providers who do not have medical staff capable of delivering necessary services should make every effort to secure temporary staff or refer patients to other providers.

26. If our agency serves primarily a Medicare population, and we do plan to serve them via phone or video conference for the duration of the novel coronavirus crisis, is there an advantage to completing the attestation?

Programs should attempt to maximize revenues. Where patients are also Medicaid eligible, there may be an opportunity to bill for services Medicare will not reimburse (e.g. Peers/counseling by a CASAC). All certified providers should submit an attestation, in the event it may be needed in the coming days/weeks.

27. Do programs charge clients their copayments when using Telepractice?

No. There is no co-payment per the [Department of Financial Services \(DFS\) circular letter](#).

28. Are copays only waived if there would be NO copay face-to-face? Or are they waived no matter what?

They are waived for any services delivered via Telepractice.

29. Should we be collecting full session rates for services delivered via Telepractice if we have clients without insurance who pay on a sliding scale?

Yes, if the enrollee is capable of paying.

30. Does waiving the co-pay also mean private insurance will waive deductibles?

Yes. Per the DFS, no insured is required to pay co-payments, co-insurance or annual deductibles for in-network services delivered via Telepractice when such service would have been covered under the policy if it had been delivered in person. See: [Department of Financial Services \(DFS\) circular letter](#).

31. Has OASAS checked with MCOs that their systems can handle these billing changes and if they are not how will providers get paid?

In light of the emergency circumstances currently facing us all, NYS would expect MCOs to be likewise amending their existing processes to best facilitate the delivery and payment for necessary services. However, Telepractice services have always been permitted and the modifiers should already be in MCO systems.

32. Can you let us know what the status will be for Medicare recipients to receive telehealth services?

For information regarding Medicare Telehealth reimbursement please review the following on the CMS website: [MEDICARE TELEMEDICINE HEALTH CARE PROVIDER FACT SHEET](#)

33. Does insurance coverage for Telepractice/Telephonic service delivery extend to communication by text message or email?

At this time, coverage does not extend to communication via text message or email. Communication using those forms is encouraged and permissible but is not reimbursable by insurance.

34. When does the emergency authorization to provide Telepractice/Telephonic services expire?

The emergency authorization lasts for the duration of the COVID disaster emergency which pursuant to E.O. 202 is currently September 2, 2020. Providers are encouraged to submit the attestation for Telepractice designation prior to that time to ensure that there is no lapse in OASAS approval to deliver services via Telepractice.

35. What Telepractice service delivery is currently permissible under the COVID disaster emergency that is not normally permissible under OASAS Telepractice approval?

The COVID disaster emergency allows for the following expansion of services that are not normally permissible:

- Service delivery via telephone is not permissible outside of the COVID emergency.
- CRPAs and interns are not authorized to deliver services outside of the COVID emergency.
- Buprenorphine initiation via telephone or telepractice is not permissible outside of the COVID emergency.