



Frequently Asked Questions Regarding Use of Telehealth including Telephonic Services During the COVID-19 State of Emergency

The intent of this document is to provide additional information regarding the broad expansion for the ability of all Medicaid providers in all situations to use a wide variety of communication methods to deliver services remotely during the COVID-19 State of Emergency, to the extent it is appropriate for the care of the member. This document is intended to accompany previously issued guidance regarding telehealth and telephonic communication services during the COVID-19 State of Emergency issued via Medicaid Updates beginning in March 2020, which are available on the Department of Health website at https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm.

This guidance does not change any other Medicaid program requirements with respect to authorized services or provider enrollment and does not expand authorization to bill Medicaid beyond service providers who are currently enrolled to bill Medicaid Fee for Service (FFS) or contracted with a Medicaid Managed Care Plan.

Effective for dates of service on or after March 1, 2020, for the duration of the State Disaster Emergency declared under Executive Order 202, (herein referred to as the “State of Emergency”), or until the issuance of subsequent guidance by the NYSDOH prior to the expiration of such state disaster emergency declaration, New York State Medicaid will reimburse telephonic assessment, monitoring, and evaluation and management services provided to members in cases where face-to-face visits may not be recommended and it is appropriate for the member to be evaluated and managed by telephone. This guidance is to support the policy that members needing care should be treated through telehealth provided by all Medicaid qualified practitioners and service providers, including telephonically, wherever possible to avoid member congregation with potentially infected patients. 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. All other requirements in delivery of these services otherwise apply.

The following information applies to all Medicaid providers and providers contracted to serve Medicaid members under Medicaid managed care plans. However, the Office of Mental Health (OMH), the Office for People with Developmental Disabilities (OPWDD), the Office of Children and Family Services (OCFS), and the Office of Addiction Services and Supports (OASAS) have issued separate guidance on telehealth and regulations that will align with state law and Medicaid payment policy for Medicaid members being served under their authority. Links are provided in this document to relevant guidance.

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Telephonic Reimbursement Overview

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. See the table below for the billing pathways available for telephonic encounters during the COVID-19 State of Emergency by both FFS and Managed Care*: **Changes made in May 2020 in Bold**

Billing Lane	Telephonic Service	Applicable Providers	Fee or Rate	Historical Setting	Rate Code or Procedure	POS Code	Modifier	Notes
Lane 1	Evaluation and Management Services	Physicians, NPs, PAs, Midwives, Dentists, RNs	Fee	Practitioner's Office	Physicians, NPs, PAs, Midwives: "99441", "99442", and "99443" RN's on staff with a practitioner's office: "99211" Dentists: "D9991"	POS should reflect the location where the service would have been provided face-to-face	Append GQ modifier for "99211" only. Modifier GQ is for tracking purposes.	New or established patients. Only use "99211" for telephonic services delivered by an RN on staff with a practitioner and the practitioner bills Medicaid. Append the GQ modifier
Lane 2	Assessment and Patient Management	All other practitioners billing fee schedule (e.g., Psychologist)	Fee	Practitioner's Office	Any existing Procedure Codes for services appropriate to be delivered by telephone.	POS should reflect the location where the service would have been provided face-to-face	Append modifier GQ for tracking purposes.	Billable by Medicaid enrolled providers. New or established patients.
Lane 3	Offsite E&M 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 Report appropriate procedure code for service provided, e.g., "99201" – "99215".	POS N/A Service location zip code + 4 should reflect the location that describes where the service would have historically been provided face-to-face	Not required	New or established patients. All-inclusive payments. No professional claim is billed.
Lane 4	FQHC Offsite Licensed Practitioner Services	Physicians, NPs, PAs, Midwives, and Other Licensed Practitioners who have historically billed under these rate codes such as Social Workers and	Rate	Clinic	Rate Code "4012" for non-SBHC Rate Code "4015" for SBHC Report procedure code for service provided, e.g., "99201" – "99215".	POS N/A Service location zip code + 4 should reflect the location that describes where the service would have historically been provided face-to-	Not required.	New or established patients. Wrap payments are available for these rate codes.

Billing Lane	Telephonic Service	Applicable Providers	Fee or Rate	Historical Setting	Rate Code or Procedure	POS Code	Modifier	Notes
		Psychologists.				face		
Lane 5	Assessment and Patient Management	Other practitioners (e.g., Social Workers, Dieticians, Dentists , home care aides, RNs, therapists, and other home care workers)	Rate	Clinic or other Includes FQHCs Non-Licensed Practitioners , Day Programs, ADHC programs , and Home Care Providers ADHC should bill if not meeting definition for Lane 6 comprehensive payment	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) 	POS N/A. Service location zip code + 4 should reflect the location that describes where the service would have historically been provided face-to-face	Procedure code and modifier not required. However, correct procedure codes should be utilized in the claim, where applicable.	Billable by a wide range of providers including 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, School Supportive , Hospice)	Rate	All other as appropriate	All appropriate rate codes as long as appropriate to delivery by telephone	POS N/A. Service location zip code + 4 should reflect the location that describes where the service would have historically been provided face-to-face	Procedure Code and Modifier not required. However, correct procedure codes and the “GQ” modifier should be utilized in the claim, where applicable.	Covers all Medicaid services not covered above. Includes LHCSA and CHHA assessments, evaluations and RN visits. ADHC bills in Lane 6 if they meet minimum guidance standards.

*Managed care plans may have separate detailed billing guidance but will cover all services appropriate to deliver through telehealth, **including** 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.

Frequently Asked Questions

All Providers

Definitions

1. **Q. How is telehealth defined under the Medicaid guidance during the State of Emergency?**
 - A. **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. Therefore, during the State of Emergency, telehealth includes telephonic, telemedicine, store and forward, and remote patient monitoring. During the State of Emergency, all telehealth applications will be covered at all originating and distant sites as appropriate to properly care for the patient.**
2. **Q. How is telemedicine defined under the Medicaid guidance during the State of Emergency?**
 - A. **Telemedicine is the term used in this guidance to denote two-way audiovisual communication.**
3. **Q. How is Distant Site defined under the Medicaid guidance during the State of Emergency?**
 - A. **The distant site is the site where the telehealth provider is located while delivering health care services by means of telehealth. During the State of Emergency any site within the fifty United States or United States' territories, is eligible to be a distant site for delivery and payment purposes, including Federally Qualified Health Centers and providers' homes, for all patients including patients dually eligible for Medicaid and Medicare.**
4. **Q. How is Originating Site defined under the Medicaid guidance during the State of Emergency?**
 - A. **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 including the members home. There are no limits on originating sites during the State of Emergency.**

Approvals

5. **Q. What is the legal authority under which the Medicaid program has expanded telehealth to include providers not currently authorized under statute and to allow providers to use audio-only telephone communication?**
 - A. **Under Executive Order 202.1, during the COVID-19 State of Emergency, the Department of Health is allowed to expand the telehealth provider categories and acceptable telehealth modalities, normally limited by Section 2999-cc of Public Health**

Law. Under this authority, Medicaid has broadly expanded the list of providers authorized to deliver services via telehealth and has expanded telehealth modalities to include audio-only telephone communication.

6. Q. How do providers determine whether it is clinically appropriate to provide services via telemedicine or telephone?

A. The decision to provide or not provide services through telemedicine or telephonically is a clinical decision made by the provider and documented in the record. The intent of this guidance is to provide broad expansion for the ability of all Medicaid providers in all situations to use a wide variety of communication methods to deliver services remotely during the COVID-19 State of Emergency, to the extent it is appropriate for the care of the member. While there are some technological barriers to telehealth, providers should attempt to use audiovisual technology traditionally referred to as “telemedicine” to deliver services and should use telephonic services only when audiovisual technology is not available.

7. Q. Are Article 28 providers required to attest to their telehealth capability? If so, how?

A. No. There are no special attestation requirements for Article 28 clinics and other DOH-certified services (Article 36, etc.) providing telehealth services. Other providers may utilize telephonic, telemental health, or telehealth following applicable guidelines, regulations, and attestation process, according to their respective regulatory New York State agency: Office of Mental Health, the Office of Children and Family Services, the Office for People with Developmental Disabilities, or the Office of Addiction Services and Supports.

8. Q. Can the MMIS requirements be waived for contracted telehealth vendors with existing provider networks?

A. **On April 1, 2020, New York implemented an expedited provisional enrollment process for practitioners (physicians, NP) to enroll in NYS Medicaid, including out of state practitioners. Additional information is available here <https://www.emedny.org/info/ProviderEnrollment/COVID19/>. Providers approved under the provisional process are allowed to deliver services to Medicaid members via telehealth.**

9. Q. What additional State Agency guidance is available regarding telehealth and telephonic services during the State of Emergency?

A. Department of Financial Services:
<https://www.dfs.ny.gov/industry/coronavirus>
DFS Telehealth FAQ:
https://www.dfs.ny.gov/industry_guidance/coronavirus/telehealth_ins_prov_info
OASAS:
<https://oasas.ny.gov/event/providing-telehealth-services-during-covid-19-state-emergency>
OASAS Telehealth FAQ:
<https://oasas.ny.gov/system/files/documents/2020/04/telepractice-faqs.pdf>
OCFS:
<https://ocfs.ny.gov/main/news/COVID-19/>
OCFS Self-Attestation:

<https://ocfs.ny.gov/main/news/2020/COVID-2020Mar19-Telehealth-Attestation-Form.docx>

OMH:

<https://omh.ny.gov/omhweb/guidance/>

OPWDD:

<https://opwdd.ny.gov/coronavirus-guidance>

OPWDD Telehealth guidance:

https://opwdd.ny.gov/system/files/documents/2020/03/3.20.2020-telehealth-updates-final-revised_0.pdf

Billing

10. Q. Will providers receive the same reimbursement for delivering services via telemedicine/telephone during the State of Emergency?

- A. Some services are paid at specialized telephonic and telemedicine rates and others are paid at the prevailing historical rates for face-to-face visits. For information on which rates will apply, please see updated guidance on Medicaid coverage for telemedicine/telephonic services at https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm.

11. Q. Are there modifiers required for billing telehealth services?

- A. Yes. For DOH providers see the detailed guidance on modifiers at https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm.

For OMH providers see OMH Supplemental Guidance at

<https://omh.ny.gov/omhweb/guidance/supplemental-guidance-use-of-telemental-health-disaster-emergnecy.pdf>

For OASAS providers see <https://oasas.ny.gov/event/providing-telehealth-services-during-covid-19-state-emergency>

For OPWDD see https://opwdd.ny.gov/system/files/documents/2020/03/3.20.2020-telehealth-updates-final-revised_0.pdf

12. Q. Are Medicaid providers allowed to bill an E&M code like "99214" for providing telemedicine/telephonic services for services that are not related to COVID-19?

- A. **Yes, Medicaid providers can bill for telemedicine/telephonic services that are not related to COVID-19.** E&M procedure codes such as "99214" can be billed for services provided through audio/visual telemedicine encounters. Other specific E&M and Assessment and Management procedure codes are also now available for telephonic billing. Note: E&M procedure code "99211" can be billed for telephonic visits provided by an RN (see Lane 1 in the guidance document). Any patient service required to properly care for the patient during the State of Emergency that is appropriate to be delivered through telemedicine or telephonically can be delivered and paid for under applicable guidance for delivery, billing, and payment. Please see updated guidance on Medicaid coverage for telemedicine/telephonic services at https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm.

13. Q. Please outline the Assessment and Patient Management telephonic service payment pathway for Practitioners (Lane 2).

- A. The Assessment and Patient Management telephonic service payment pathway (Lane 2 in guidance) can be used by all other Practitioners who use the billing fee schedule (e.g., Psychologists) and typically deliver services in an Office setting by using any existing Procedure Codes for services appropriate to be delivered by telephone and appending modifier “GQ” for tracking purposes. This payment pathway is billable by Medicaid-enrolled providers and is applicable for new or established patients.

14. Q. Please outline the Assessment and Patient Management telephonic services payment pathway for Clinics (Lane 5).

- A. The Assessment and Patient Management telephonic services payment pathway (Lane 5 in guidance) can be used by clinics providing services by other practitioners (e.g., Social Workers, dietitians) who bill using a Rate and typically provide services in a clinic or other setting (e.g., day program) by using Rate Code “7963” (for telephonic 5–10 minutes), Rate Code “7964” (for telephonic 11–20 minutes), or Rate Code “7965” (for telephonic 21–30 minutes). This is broadly billable by a wide range of provider types. This is applicable to new or established patients. Report NPI of supervising physician as Attending.

15. Q. Please outline the Evaluation and Management Services telephonic service payment pathway (Lane 1).

- A. The Evaluation and Management Services telephonic service payment pathway (Lane 1 in guidance) can be used by Physicians, Nurse Practitioners (NPs), Physician Assistants (PAs), Midwives, and Dentists who bill using the Fee Schedule and typically deliver services in an Office setting by using the following CPT Procedure Codes: “99441”, “99442”, and “99443”, and “D9991” for Dentists. This is applicable for new or established patients. Note: CPT code “99211” is for telephonic services provided by an RN who is on staff with a practitioner’s office. The practitioner bills Medicaid for these services. The “GQ” modifier should be reported for tracking purposes.

16. Q. Please outline the Offsite Evaluation and Management telephonic services payment pathway (Lanes 3 and 4).

- A. The Offsite Evaluation and Management Services (non-FQHC) telephonic service payment pathway (Lane 3 in guidance) can be used by Physicians, NPs, PAs, and Midwives who bill using a Rate and typically deliver services in a Clinic or Other (e.g., ambulatory surgery, day program) setting, using Rate Code “7961” for non-SBHC and Rate Code “7962” for SBHC. This is applicable for new or established patients. The same practitioners operating in FQHCs (Lane 4 in guidance) should use Rate Code 4012 and SBHC FQHCs should use Rate Code 4015.

17. Q. Please outline the Other Services telephonic services payment pathway (Lane 6).

- A. The Other Services (not eligible to bill in Lanes 1-5) telephonic services payment pathway (Lane 6 in guidance) can be used by all provider types (e.g., ADHC programs, health home, peer support) that bill using a Rate and typically deliver services in all other settings (other than those authorized in Lanes 1-5) as appropriate, by using all associated rate codes. Please note that as long as it is clinically appropriate to deliver by telephone, Medicaid will pay for any service covered by Medicaid when it is delivered through telehealth during the emergency. **Some services (e.g., day services) have**

specialized rules, communicated in COVID-19 emergency guidance to those programs, that do apply to be eligible for payment.

- 18. Q. Can we bill telehealth for follow-up visits within seven days for patients who don't want to come to clinic?**
- A. Yes. New York State Medicaid will reimburse **telehealth (including telephonic)** assessment, monitoring, and evaluation and management services provided to members in cases where face-to-face visits may not be recommended. **For telephonic, it must be appropriate for the member** to be evaluated and managed by telephone. The seven-day requirement as described in the definition for CPT codes "99441" – "99443" will not be enforced during the State of Emergency.
- 19. Q. Have the new telephonic rate codes been loaded to eMedNY? If not, when will they be loaded? Should providers wait for the rates to be loaded before billing?**
- A. **As of April 10, 2020, all rates have been loaded to provider files in eMedNY retroactive to March 1, 2020. Claims submitted prior to the rate codes being loaded will be rejected. Newly submitted claims for dates of service on or after March 1, 2020 will process. As with any new rate that is loaded to a provider file in the eMedNY system, an auto-generated letter will be sent to providers noticing them of the rate update, using the address on file in eMedNY.**
- 20. Q. If providers have already submitted claims that have been rejected, should they be resubmitted?**
- A. **Yes, the claims should be resubmitted once you've received notice that the rates have been loaded.**
- 21. Q. Will timely filing rules be relaxed? Under what circumstances? How does a provider properly code a claim that is not submitted under the normal timely filing rules?**
- A. **During the State of Emergency, or until the issuance of subsequent guidance by the NYSDOH prior to the expiration of such state disaster emergency declaration, claims that would normally have been required to be submitted during the State of Emergency exceeding the timely filing limits may be submitted electronically using Delay Reason 15 (Natural Disaster/State of Emergency). Additional documentation for Delay Reason 15 is not required at this time. Upon claim review, if the normal claim submission timeframe does not fall within the State of Emergency, documentation may be requested to support the use of Delay reason 15. All other documentation, such as invoices for pricing that are not related to Delay Reason 15, is still required.**
- 22. Q. Where should specific coding/billing questions regarding telemedicine and telephonic services be directed?**
- A. Please see updated guidance on Medicaid coverage for telemedicine/telephonic services at https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm. After reviewing guidance and FAQs, additional questions can be directed to Telehealth.Policy@health.ny.gov

Confidentiality

23. Q. Do confidentiality and HIPAA requirements apply when providing medical services via telehealth during the state of emergency?

- A. Providers should be utilizing HIPAA- and 42 CFR-compliant technologies, or other video-conferencing solutions to which the client has agreed. During the COVID-19 nationwide public health emergency, the Department of Health and Human Services 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. <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>.

Consent

24. Q. If services are provided via telemedicine/telephonically, how should this be documented in member's record?

- A. Written patient consent for services provided via telehealth is not required. The practitioner shall provide the member or legal representative with basic information about the services that he/she will be receiving via telehealth, and the member or legal representative shall provide his/her consent to participate in services utilizing this technology. This should be documented in the medical record. Telehealth sessions/services shall not be recorded without the member's or member's legal representative's consent.

25. Q. How does the provider obtain consent to treat when providing services via telehealth to a member who is not legally authorized to give consent?

- A. The provider shall confirm the member's identity and provide the member's legal representative with basic information about the services that the member will be receiving via telehealth/telephone. Written consent by the member, parent, or legal represent is not required, but verbal consent must be documented in the member's record.

Location

26. Q. What flexibilities are available to provide care via telehealth for individuals who are quarantined or self-isolated to limit risk of exposure?

- A. Medicaid has broadly expanded the ability of all Medicaid providers in all situations to use a wide variety of communication methods to deliver services remotely during the COVID-19 State of Emergency, to the extent it is appropriate for the care of the member.

27. Q. Which place of service (POS) should be used for the Telephonic Communication Services" for individual practitioners billing under Lanes 1 & 2?

- A. For practitioners billing under Lanes 1 and 2, the place of service (POS) should reflect the location where the service would have been provided face-to-face (e.g., office POS 11).

- 28. Q. Medicare uses a place of service code for clinics. Is Medicaid using a POS code for clinics also?**
- A. **No. Medicaid uses service location (zip code + 4) instead of place of service codes for clinics. Please refer to guidance available at https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm.**
- 29. Q. Are telephonic services provided by a provider from their home reimbursed?**
- A. Yes. CPT codes “99441” – “99443” are for services provided by a physician, physician assistant, nurse practitioner, or midwife. Procedure code “99211” should be billed by the supervising practitioner for RN services. All other practitioners, e.g., psychologist, should bill the specific procedure code applicable to the service provided. The POS code reported should be where the **service would have been provided face-to-face**.

New Patients

- 30. Q. Are there different requirements for new patients? Must a patient be established in order to render service via telehealth, including telephone, telemedicine, store and forward and remote patient monitoring, during the State of Emergency?**
- A. All telehealth services can be provided to new and/or established patients when clinically appropriate during the state of emergency. Coding restrictions limiting certain telehealth services to established patients are waived during the state of emergency.

Services

- 31. Q. Are there examples of services that cannot be done via telemedicine or telephonically?**
- A. All services within a provider's scope of practice can be provided through telemedicine/telephonically when clinically appropriate **documented appropriately in the clinical record unless specialized setting-specific rules apply for billing in Lane 6**. There are two broad categories of services that are being authorized remotely: Evaluation and Management, and Assessment and Management. For more specific detail, see Medicaid Update guidance at https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm.
- 32. Q. Are provider types, such as Social Workers, Psychologists, Nurses, Dentists and Other Practitioners able to bill Medicaid for telephonic services?**
- A. **Yes they are covered in some circumstances during the period of the emergency. Refer to the Telephonic Reimbursement Overview, Lane 5 "Assessment and Patient Management" of the March 2020 Special Edition Medicaid Update for other practitioner billing.**

Technology

- 33. Q. Are providers required to use certain platforms/technology to administer services via telehealth?**
- A. Under the current State of Emergency, Medicaid reimbursable services are temporarily expanded to include telephonic and/or video including technology commonly available, such as smart phones, tablets, and other devices. **During the COVID-19 nationwide**

public health emergency, a HIPAA-covered health care provider may use any non-public facing remote communication product that is available to communicate with patients to provide telehealth.

Providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype, 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. Providers should notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications. However, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.

The HHS OCR Notice of Enforcement Discretion is available at

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>.

34. Q. In addition to telephonic communication, are face-time or other two-way video exchange permissible means of conducting telehealth services, consistent with federal guidance from HHS OCR?
- A. Yes.
35. Q. Some providers have an app or messaging/video service that allows a patient seeking services to leave a message for a practitioner, whereupon the practitioner responds and there is a delay/video recording. Is this “store-and-forward” or asynchronous technology covered?
- A. Medicaid does not presently cover messaging/video asynchronous telehealth modalities. We are exploring covering options currently covered by Medicare. However, Medicaid has expanded telehealth coverage to include telephonic encounters. Private practicing physicians can provide services telephonically and bill procedure codes “99211,” “99441,” “99442,” or “99443” as appropriate. Please see updated guidance on Medicaid coverage for telemedicine/telephonic services at https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm.
36. Q. Is Skype a permitted means of synchronous telehealth?
- A. Yes. During the COVID-19 nationwide public health emergency, a HIPAA-covered health care provider may use any non-public facing remote communication product that is available to communicate with patients to provide telehealth. However, providers should be utilizing HIPAA- and 42 CFR-compliant technologies, or other video conferencing solutions to which the client has agreed. <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>.

37. Q. Are there supports available for clients who do not have enough data/phone minutes to participate in telephonic or telemedicine care?

- A. The Medicaid Update guidance document provides resources that patients can access for assistance with wifi/internet. Please see https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm. In addition, the state is seeking federal emergency assistance to potentially help with some of these very practical access to care issues.

38. Q. Are localities and/or the State providing phones to families that do not have phones?

- A. The Medicaid Update guidance document provides resources that patients can access for assistance with Wi-Fi and internet. Please see https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm

Adult Day Healthcare Services

39. Q. Can ADHC services be delivered via telemedicine/telephone during the State of Emergency?

- A. **Yes. Adult Day services can be billed under Lane 6 when the specialized COVID-19 emergency standards established by individual programs (e.g. AIDS ADHC and LTC) are followed.** New York State Medicaid will reimburse telephonic and telemedicine services provided to members in cases where face-to-face visits may not be recommended and it is appropriate for the services to be delivered via telemedicine or telephone. **These programs should follow program-specific guidance for minimum requirements (e.g., minimum contacts, meal requirements etc).** Please see updated guidance on Medicaid coverage for telemedicine/telephonic services at https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm.

40. Q. Will ADHC programs receive payment for providing telephonic and telemedicine services during the State of Emergency, even though, as part of the effort to prevent COVID19 spread, NYSDOH suspended all ADHC program services on March 17, 2020?

- A. Yes. NYSDOH is authorizing payment for services delivered via telehealth, including telephonically, as detailed in the updated guidance on Medicaid coverage for telemedicine/telephonic services at https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm.

41. Q. Can ADHCs provide these services to all ADHC clients?

- A. Services delivered through telehealth, including telephonically, should be indicated in the ADHC client's current plan of care, should be appropriate to deliver through these means **and should follow program-specific guidance for minimum requirements (e.g., minimum contacts, meal requirements etc).**

42. Q Does the amendment to the suspension of ADHC services mean facilities can re-open to clients?

- A. ADHC facilities cannot re-open to provide in-person services to clients. The intent of the suspension is to prevent individuals, especially the elderly and those who are immunocompromised, from potential exposure to COVID-19.

AOT

43. Q. Has the state waived face-to-face care management requirements for individuals in Assisted Outpatient Treatment (AOT)?

- A. Yes. DOH has waived all Health Home Care Management face-to-face requirements and allows for the use of telephone contacts during the period of the State of Emergency. This also applies to individuals receiving AOT, where clinically appropriate. Refer to the OMH website for additional guidance <https://omh.ny.gov/omhweb/guidance/>.

Article 28

44. Q. Can you confirm, when the patient is located in their home or other temporary location and the provider is at an Article 28 D&TC facility, should the clinic bill for telemedicine services via the Institutional Component (Distant Site) as referenced in the March 2020 Medicaid Update?

- A. That is correct. The revised guidance language states that "When the distant-site practitioner is physically located at the Article 28 distant site **or is providing service from the practitioner's home during the State of Emergency**, the distant site may bill Medicaid under APGs for the telehealth encounter using the appropriate CPT code for the service provided. The CPT code must be appended with the applicable modifier ("95" or "GT")." Please see the updated guidance on Medicaid coverage for telemedicine/telephonic services at https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm.

45. Q. When the Article 28 provider is treating from home, can the provider choose any of its facility locations from which to send the claim?

- A. When the provider is treating from home, the Article 28 should report the **service location (zip code + 4)** where the face-to-face encounter would normally have occurred.

46. Q. Can an Article 28 clinic bill for a Medical professional who provides services telephonically from a location other than the clinic site (e.g., practitioner's home)?

- A. Yes. If a physician/physician assistant/nurse practitioner/midwife is providing telephonic services from a location other than the clinic site, all-inclusive Medicaid payment will be made to the Article 28 facility under Rate Code "7961." Telephonic services provided by Other Practitioners (e.g., social workers, dietitians) should be billed by the clinic using rate codes "7963" – "7965." Please see updated guidance on Medicaid coverage for telemedicine/telephonic services at https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm.

- 47. Q. Can an Article 28 clinic bill for a Medical professional who provides telemedicine services from a location other than the clinic site (e.g., the practitioner’s home)?**
- A. Yes. Any site within the fifty United States or United States’ territories, is eligible to be a distant site for delivery and payment purposes, including providers’ homes. If physician/physician assistant/nurse practitioner/midwife is providing telemedicine from a location other than the clinic site, the clinic may bill Medicaid under APGs using the appropriate CPT code for the service provided. The CPT code must be appended with the applicable modifier (“95” or “GT”). When the distant site is an Article 28 hospital outpatient department and telemedicine services are being provided by a physician, the physician may also bill Medicaid using the appropriate CPT code appended with the applicable modifier (“95”). Please refer to the updated guidance on Medicaid coverage for telemedicine/telephonic services at https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm.**
- 48. Q. Are providers required to be onsite at the clinic to provide telemedicine/telephonic services?**
- A. The provider does not need to be onsite at the Article 28 clinic in order to provide telemedicine/telephonic services. Providers can care for patients using telehealth including telephonic services. Please see updated guidance on Medicaid coverage for telemedicine/telephonic services at https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm.**
- 49. Q. If the patient is onsite at an Article 28 hospital outpatient department clinic, but the provider is offsite (e.g. at their private residence), would this be treated as any other telehealth encounter ?**
- A. If the patient is onsite at an Article 28 hospital OPD and the clinic’s practitioner is offsite (e.g., at their private residence), the clinic may bill APGs for the medical services provided, and may also bill “Q3014” for the telehealth administrative component. If the off site practitioner is a physician, the physician may also bill a professional fee. If the offsite practitioner is other than a physician, e.g., nurse practitioner, a professional fee cannot be billed since those costs are included in the APG payment to the hospital OPD. If the patient is in a Medicaid managed care plan, the clinic and practitioner should contact the plan for billing guidance. Please see updated guidance on Medicaid coverage for telemedicine/telephonic services at https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm**
- 50. Q. If the patient is onsite at an Article 28 diagnostic and treatment center (DTC), but the clinic’s practitioner is offsite (e.g., at their private residence), would this be treated as any other telehealth encounter?**
- A. If the patient is onsite at an Article 28 diagnostic and treatment center (DTC) and the clinic’s practitioner is offsite (e.g., at their private residence), the clinic may bill APGs for the medical services provided, and should also bill “Q3014” for the telehealth administrative component. A professional fee cannot be billed to Medicaid. The APG payment to the clinic includes all professional fees.**

If the patient is in a Medicaid managed care plan, the clinic and practitioner should contact the plan for billing guidance. Please see updated guidance on Medicaid coverage for telemedicine/telephonic services at

https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm

51. Q. The guidance released on March 21, 2020 appears to create a new billing framework for telephonic care. Please confirm that D&TCs (non-FQHCs) should utilize rate code "7961" for non-SBHCs telephonic visits, for both new and existing patients.

- A. Rate code "7961" should be billed for telephonic services provided by a Physician, PA, Nurse Practitioner, or Midwife **for both new and established patients**. Rate codes "7963" – "7965" should be billed for telephonic services provided by Other Practitioners, e.g., social workers, dietitians **for both new and established patients**. Please refer to **Lanes 3 and 5 of the Telephonic Reimbursement Overview in the updated guidance on Medicaid coverage for telemedicine/telephonic services at** https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm

Federally Qualified Health Centers (FQHCs)

52. Q. Will/can FQHCs receive a Medicaid wrap payment for telehealth/telephonic services?

- A. Yes. FQHCs will be paid a wrap payment for services billed under Rate Code "4012" (school-based clinics use "4015") and for telehealth services billed under the PPS rate.

53. Q. When the patient is located at home and the provider is at an FQHC, can we bill under offsite rate "4012" or "4015" for telephonic services?

- A. Yes. Offsite services provided by a licensed practitioner of an FQHC, such as a staff physician, nurse practitioner, physician assistant, midwife, or social worker via telephone should be billed under rate code "4012" (SBHCs use "4015"). Please see updated guidance on Medicaid coverage for telemedicine/telephonic services at https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm.

54. Q. When the patient is located at home and the Provider is at their home, can an FQHC bill under offsite rate "4012" or "4015" for telephonic services?

- A. Yes. Offsite services provided by a licensed practitioner of an FQHC such as a staff physician, nurse practitioner, physician assistant, midwife, or social worker via telephone should be billed under rate code "4012" or "4015." Please see updated guidance on Medicaid coverage for telehealth/telephonic services at https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm.

55. Q. How does an FQHC claim for telehealth services provided by non-licensed providers?

- A. When telephonic services are provided by a non-licensed provider such as a dietician FQHCs (non-SBHC) should bill rate codes "7963" – "7965." See Lane 5 of

the Telephonic Reimbursement Overview in the guidance on Medicaid coverage for telephonic services of the Medicaid Update. When providing audio/visual telemedicine services, FQHCs should follow the billing instructions in the guidance document.

- 56. Q. Can FQHCs acting as a distant site for telemedicine/telephonic services provided to Medicare/Medicaid dually eligible members during the State of Emergency be reimbursed?**
- A. Yes. See telehealth guidance under definition of Distant Site.
- 57. Q. How does a distant site licensed practitioner not physically located at the FQHC clinic (e.g., working from home) bill and get paid for telemedicine services?**
- A. For FQHCs that have not “opted into” APGs, the FQHC may bill the Prospective Payment System (PPS) rate and report the applicable modifier (“95” or “GT”) on the procedure code line. No professional claim can be billed.
- For FQHCs that have “opted into” APGs, when the practitioner is providing telemedicine from the practitioner’s home, the clinic may bill Medicaid under APGs using the appropriate CPT code for the service provided. If the practitioner is a physician, the physician may also submit a professional claim using the appropriate CPT codes. The CPT code on both types of claims must be appended with the applicable modifier (“95” or “GT”). Please refer to the updated guidance on Medicaid coverage for telemedicine/telephonic services at https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm.
- 58. Q. When the FQHC provider is treating from home, can the provider choose any of its facility locations from which to send the claim?**
- A. When the provider is treating from home, the FQHC should report the service location (zip code + 4) where the face-to-face encounter would normally have occurred.

Behavioral Health and Substance Use Disorder (SUD)

- 59. Q. Can patients be initiated on buprenorphine through telehealth?**
- A. Patients may now be initiated on buprenorphine through the use of telepractice in accordance with DEA guidance that is in effect during the state of emergency. Visit <https://www.deadiversion.usdoj.gov/coronavirus.html> and <https://oasas.ny.gov/keywords/coronavirus> for additional information.

Children’s Behavioral Health

- 60. Q. Can Family Peer Support Services be delivered via telemedicine/telephonically?**
- A. All services within a provider's scope of practice can be provided through telehealth when clinically appropriate. See Medicaid Update guidance at https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm.
- 61. Q. Can Planned Respite services be delivered via telemedicine/telephonically?**
- A. All services within a provider's scope of practice can be provided through telehealth when clinically appropriate. There are limited circumstances under which it is appropriate

to provide respite via telehealth. Additional guidance will be published regarding use of telehealth to deliver respite services and how to appropriately document the service in the member's record.

62. Q. Can Psychosocial Rehab be delivered via telemedicine/telephonically?

- A. All services within a provider's scope of practice can be provided through telehealth when clinically appropriate. See Medicaid Update guidance at https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm.

63. Q. Can Youth Peer Support Services be delivered via telemedicine/telephonically?

- A. All services within a provider's scope of practice can be provided through telehealth when clinically appropriate. See Medicaid Update guidance at https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm.

Care Management

64. Q. Can nurses in the Nurse Family Partnership program permissibly bill Medicaid FFS for targeted case management services provided telephonically during the State of Emergency?

- A. Yes, Medicaid can be billed for targeted case management services provided telephonically during the current emergency. Providers should use their regular rate code "5260" to bill Medicaid.

65. Q. Does the waiver of face-to-face requirements for care management and health home agencies apply to eligibility assessments of new clients (conducted to determine eligibility for HCBS services), i.e. may eligibility assessments be conducted telephonically?

- A. Yes, New York State Medicaid will reimburse telephonic assessment, monitoring, and evaluation and management services provided to members in cases where face-to-face visits may not be recommended and it is appropriate for the member to be evaluated and managed by telephone. Medicaid will pay for any service covered by Medicaid including LHCSA and CHHA assessments and evaluations and RN visits.

Child and Family Treatment and Support Services (CFTSS)

66. Q. Can CFTSS be provided via telemedicine or telephonically?

- A. Yes, CFTSS providers may provide services utilizing video and telephonic interventions, including conducting intakes and serving new clients. In lieu of face-to-face contact, CFTSS providers may utilize telephonic, telemental health, or telehealth following applicable guidelines, regulations, and attestation process, according to their respective regulatory New York State agency of the Department of Health, Office of Mental Health, the Office of Children and Family Services, the Office for People with Developmental Disabilities, or the Office of Addiction Services and Supports. For those designated CFTSS practitioners of Psychosocial Rehabilitation (PSR), Family Peer Support Services (FPSS), or Youth Peer Services (YPS) who do not fall under a telehealth regulation, the face-to-face requirement to provide the services is waived whenever clinically appropriate to properly care for the patient, and these practitioners are able to still bill the appropriate corresponding rate.

- 67. Q. For children receiving CFTSS, can treatment plans requiring update be updated via telemedicine or telephone? Does the treatment plan have to be mailed to the parent/guardian for signature?**
- A. Treating providers are able to conduct treatment plan reviews and make any changes over the phone with verbal consent. Please be sure to document all **verbal** consents in the client record. **An original signature can be secured by mail or other means, or at the next face to face encounter.**
- 68. Q. Are CFTSS providers allowed to open new clients and provide the service telephonically in CFTSS at this time?**
- A. Yes, CFTSS providers may continue to provide services utilizing video and telephonic interventions, including conducting intakes and serving new clients.
- 69. Q. Should CFTSS providers use the offsite rates when billing for services provided via telemedicine or telephone?**
- A. No. CFTSS Offsite rates were for practitioners to go to a site other than their own (e.g. clinic), generally driving to the child's home. For services delivered via telehealth or telephone, providers should use the existing service rate code and the telephonic modifier as provided for in OMH telemental health guidance at <https://omh.ny.gov/omhweb/guidance/supplemental-guidance-use-of-telemental-health-disaster-emergnecy.pdf> and in Medicaid guidance at https://www.health.ny.gov/health_care/medicaid/covid19/index.htm.

Applied Behavioral Analysis (ABA)

- 70. Q. Is ABA covered via telehealth?**
- A. **ABA services provided by licensed behavioral analyst assistants are not presently covered by Medicaid. ABA services provided by other Medicaid recognized practitioners, e.g., psychologists, physical therapists, are covered by Medicaid whether provided face-to-face or via telehealth.**

Clinical Social Workers

- 71. Q. Can services provided by clinical social workers be delivered via telephone during the State of Emergency?**
- A. Yes. New York State Medicaid will reimburse telephonic patient assessment, monitoring, and evaluation and management services to members in cases where face-to-face visits may not be recommended and it is medically appropriate for the member to be evaluated and managed by telephone. Telephonic communication will be covered by LCSW/LMSW on staff in an Article 28 clinic and other settings as indicated in guidance. In Article 28 clinics, the facility bills Medicaid for the services provided. https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm. Article 31, 32 and 16 clinics should follow relevant state agency guidance. Links are provided in Question 3 of this document.
- 72. Q. Will/can LCSWs be reimbursed through Medicaid for services provided telephonically and/or via telemedicine in this emergency?**
- A. Yes. Article 28 clinics and FQHCs can bill for telehealth/telephonic services provided by LCSWs on staff (**LCSW services provided by Article 28 clinics, other than FQHCs,**

are limited to under age 21 and pregnant women). For telephonic coverage, please refer to Lane 5 pertaining to the Assessment and Patient Management for other practitioners (e.g., Social Workers, dietitians, home care aides, RNs, therapists and other home care workers) and the associated rate codes. This Lane pertains to Article 28 and FQHC billing for off-site telephonic services pertinent to this provider type. For services provided by telemedicine, see the telehealth (non-telephonic) billing instructions in the updated guidance on Medicaid coverage for telemedicine/telephonic services at https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm.

Dietitians

73. Q. Can registered Dietitians bill for telephonic services?

- A. Yes, in some circumstances. Telephonic encounters provided by dietitians on staff at an Article 28 facility (See Lane 5 in guidance) will be reimbursed to the facility under rate codes “7963”, “7964”, and “7965.” Please see updated guidance on Medicaid coverage for telemedicine/telephonic services at updated guidance on Medicaid coverage for telemedicine/telephonic services at https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm.

Doulas

74. Q. Are any telephonic doula services available for reimbursement during the State of Emergency?

- A. Yes, **NYS Medicaid will reimburse for telephonic services provided by Medicaid-enrolled doulas when it is appropriate for the services to be delivered telephonically. These services would be billed under Lane 2, Assessment and Patient Management, in the Telephonic Reimbursement Overview in the updated guidance on Medicaid coverage for telehealth/telephonic services at https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm.**

Dual Eligibles

75. Q. Medicare does not currently pay for telephonic visits other than screening. Does this Medicaid update allow the provider or clinic to “zero fill” the dual eligible telephonic visit where the primary insurance is the original Medicare to receive the appropriate Medicaid rate?

- A. Medicare has recently implemented coverage for telephonic services under CPT procedure codes 99441 – 99443 (Telephone evaluation and management service by a physician or other qualified health care professional) and CPT procedure codes 98966 – 98968 (Telephone assessment and management service provided by a qualified nonphysician health care professional). Medicaid will reimburse applicable Medicare coinsurance/deductible amounts for services reimbursed by Medicare.

HARP

76. Q. Is the face-to-face requirement for HARP assessment waived?

A. Yes. The assessment may be completed via telemedicine/telephone, if appropriate.

77. Q. Is a Recovery Care Agency allowed to conduct eligibility assessments via telephone or telemedicine during the State of Emergency?

A. Yes, New York State Medicaid will reimburse telephonic assessment, monitoring, and evaluation and management services provided to members in cases where face-to-face visits may not be recommended and it is appropriate for the member to be evaluated and managed by telephone.

Behavioral Health Home and Community-Based Services (HCBS)

78. Q. Are the face-to-face requirements for completing HCBS assessments for adults waived during the State of Emergency? Can the Adult HCBS assessment be completed by telephonically?

A. Yes, if the provider deems the service provided as medically/ behaviorally appropriate, assessments may be completed telephonically under the appropriate governing agency guidance.

79. Q. Will the state allow adult OMH HCBS providers to offer telephonic services?

A. See OMH Supplemental Guidance at <https://omh.ny.gov/omhweb/guidance/supplemental-guidance-use-of-telemental-health-disaster-emergnecy.pdf> Services may be delivered via telephone when clinically appropriate. There is no change in the Medicaid reimbursement rates or methodology for these services.

Children's HCBS

80. Q. Are Children's HCBS providers required to complete an attestation to provide telemedicine or telephonic services?

A. There are no telemedicine/telephonic attestation requirements for **HCBS providers that are designated by the Health Department (i.e. palliative care providers)**. There are provider attestation requirements for OMH-, OASAS-, OCFS-, and OPWDD-regulated providers. For more information, visit websites provided under Question 3 in this document.

81. Q. Is the LPHA attestation needed to establish HCBS LOC waived during the State of Emergency?

A. During the State of Emergency, for children/youth being discharged from a higher level of care, such as a hospital, residential treatment facility or center (RTF/RTC), State Hospital, or nursing home, the LPHA Attestation form is not needed for the initial HCBS/LOC eligibility determination. The HHCM or C-YES evaluator should collaborate with the higher level of care facility professionals to obtain the necessary documentation and information to complete the HCBS/LOC eligibility determination and to indicate "that the child/youth, in the absence of HCBS, is at risk of institutionalization (i.e. hospitalization)."

During the State of Emergency, for children/youth referred for an HCBS/LOC eligibility determination by a Licensed Practitioner of the Healing Arts (as outlined on the HCBS LPHA form <https://www.health.ny.gov/forms/doh-5275.pdf>), the LPHA Attestation form is **not needed**. The HHCM or C-YES evaluator should collaborate with the Licensed Practitioner of the Healing Arts professional to obtain the necessary documentation and information to complete the HCBS/LOC eligibility determination and to indicate, *“that the child/youth, in the absence of HCBS, is at risk of institutionalization (i.e. hospitalization).”*

For all other children/youth referred for an HCBS/LOC eligibility determination, the LPHA form must be completed as required for those Target Populations that require it as part of the HCBS/LOC eligibility Risk Factors.

- 82. Q. How do providers of Children’s 1915(c) Home and Community Based Services bill for telemedicine/telephonic encounters? Specifically, what codes should be used to bill for services provided via telemedicine/telephone during the State of Emergency?**
- A. Services may be delivered via telemedicine or telephone when appropriate for the care of the member. All HCBS Children’s 1915c providers should bill for telephonic services in the same manner that they would bill for the corresponding face-to-face services as outlined in the HCBS billing manual and the March 2020 Medicaid Update regarding Telemedicine and Telephonic Services.
- 83. Q. For members enrolled in the Children’s HCBS Waiver program who are required to receive a monthly service to remain enrolled in the waiver, if the service cannot be provided via telemedicine, telephone, or in person, does the member have to disenroll from the waiver?**
- A. The monthly contact can be waived during the emergency for up to two consecutive months. Providers must document all attempts to provide the service and explain why the monthly service was not provided in the participant’s record.

Health Homes

Billing

- 84. Q . Can CMAs bill the HH+ rate in the absence of face-to-face visits?**
- A. Yes, CMAs must meet the frequency of contact requirements and encourage a video chat where possible to ensure the member’s wellness. Telephonic contacts are also reimbursable.
- 85. Q. For Health Homes Serving Children (HHSC), for members in month 2 of outreach, a face-to-face contact is required for billing. Can this contact be provided via telemedicine or telephone? If so, can the HH bill for outreach?**
- A. Yes, for HHSC this contact can be provided via telephone, and the HH can bill for outreach. The contact can be with the parent or guardian or youth, if appropriate. Additional guidance for HHs is available here: https://health.ny.gov/health_care/medicaid/program/medicaid_health_homes/policy/docs/covid19_guidance_health_homes.pdf

Consent

86. Q. Can Health Homes accept verbal consent from members to participate in Health Home services during the State of Emergency?

- A. Yes. Written patient consent for services provided via telemedicine/telephonically is not required. The practitioner shall provide the member with basic information about the services that he/she will be receiving via telemedicine/telephone and the member shall provide his/her consent to participate in services utilizing this technology. This should be documented in the medical record. Telemedicine/telephonic sessions/services shall not be recorded without the member's consent. Please refer to additional guidance regarding HIPAA and confidentiality in this document.

Home Care

Assessment

87. Q. Does the broad expansion of use of telemedicine/telephonic outlined in the March 2020 Special Edition Medicaid Update apply to medical management, patient assessment and monitoring, medication review and management, and assessment of physical/mental presentation?

- A. Yes.

Managed Care

88. Q. Can a Medicaid managed care plan newly negotiate rates with network providers for telehealth/telephonic payments during the state disaster emergency period?

- A. Yes, where the State has not established a mandated or benchmark rate for the service, the Medicaid managed care plan and provider may agree to revise payment rates/methodology for services delivered via telehealth/telephonic means, in accordance with the terms of their agreement. See also the Department's [COVID-19 Guidance for Managed Care Organization Contracting and Surveillance Relief](#) for provider contract approval requirements during the emergency period.

89. Q. The Medicaid Update indicates that all Medicaid providers are included in this guidance. For licensed home care services agencies that provide services to Medicaid-eligible recipients through managed long-term care plans or Medicaid managed care plans, do these rules apply?

- A. Yes. Although these providers were not specifically listed in an early version of the Medicaid Update, they are covered under this policy. The table has been updated in lanes 5 and 6 of the telephonic guidance in the March 23, 2020 Special Edition of the Medicaid Update to make more specific reference to these services.

90. Q. Will managed care organizations and managed long-term care plans be required to reimburse contracted home care agencies for telemedicine/telephonic services provided to Medicaid members during the State of Emergency?

- A. Yes, Home Care providers including (RNs, MSWs, etc.), are eligible for payment for all services appropriate to be delivered under updated telemedicine/telephonic guidance.

Services

91. Q. Can aide supervision and orientation visits be reimbursable as visits under telehealth?

A. Yes

92. Q. Can home care visits conducted by RNs, PTs, MSWs, OT, Speech Therapists, and other providers be conducted via telemedicine/telephonic means?

A. Home care agencies provide a variety of services by a number of different clinician types including RNs, PT/OT/Speech Therapists and clinical social workers. Home care services can be conducted through telemedicine/telephonic whenever appropriate to the patient, place of care and maintenance of standards of care compliance.

Licensed Mental Health Practitioners (LMHP)

93. Q. Are managed care plans required to allow LMHP providers to provide and bill for services via telemedicine and telephone?

A. **Yes, managed care plans will be required to follow the updated FFS guidance.**

Telephonic encounters provided by Licensed Mental Health Practitioners on staff at an Article 28 facility will be reimbursed to the facility under rate codes “7963”, “7964”, and “7965.” Please see updated guidance on Medicaid coverage for telemedicine/telephonic services, Lane 5, at

https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm

Psychologists Outside of OMH-Regulated Settings

94. Q. Can psychologists provide and bill for Medicaid covered services provided via telephone during the State of Emergency?

A. Psychologists can provide services telephonically. If in private practice, the psychologist should bill the applicable CPT procedure code for the service delivered **and append the GQ modifier**. The Article 28 clinic should bill Rate Code “7963,” “7964,” or “7965.”

Please see updated guidance on Medicaid coverage for telehealth/telephonic services at https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm

Physician

Billing

95. Q. The NYS Medicaid Update COVID-19 Special mentioned CPT codes “99441”, “99442”, “99443” for Telephonic services. CMS, particularly Medicare, lists the code G2012 (for virtual check-ins) as the only code that can be billed for certain care.

A. Private practicing physicians can provide services telephonically and bill procedure codes “99211,” “99441,” “99442,” or “99443” as appropriate. **Note: CPT code “99211” is for telephonic services provided by an RN who is on staff with the physician’s office. The practitioner bills Medicaid for these services, and the “GQ” modifier should be reported for tracking purposes.** Medicaid does not presently cover virtual

check-ins, HCPCS procedure code “G2012.” Medicaid is exploring coverage for virtual check-ins. However, Medicaid has expanded telehealth coverage to include telephonic encounters. Please see updated guidance on Medicaid coverage for telemedicine/telephonic services at

https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm.

Documentation

96. Q. What are the documentation requirements for “99441”-“99443”? Typically under regular Telehealth, if an E/M code is billed, the E/M has to meet all of the requirements of the level of the E/M code. “99441”-“99443” only mention the time restrictions.

- A. There are no specific defined components for the three codes in question at this time. Providers should use the published guidelines for E&M CPT codes “99211,” “99212,” and “99213” as a general guide, but for the period of the State of Emergency, NYS Medicaid has waived the established patient rules relating to time periods from prior and next office visits.

Location

97. Q. When billing “99441” – “99443,” if the physician is calling from the office to the patient's house, would the telehealth POS 02 be used, or would it still be POS 11?

- A. If the physician is calling from their office to the patient's home, POS 11 should be used. POS 02 is used for telemedicine, not telephonic, services.

Physician/Resident Supervision

98. Q. Residents see patients to get the information pertinent to their visit, consult with the Supervising Physicians, and then go back to the patient. Will they be able to follow this same process with the new telephonic evaluation procedures and be able to bill?

- A. Historically, Medicaid has followed Medicare rules for physician supervision. This will continue under the State of Emergency. Therefore, providers should be aware that under the Medicare Interim Rule, the supervising physician can provide supervision remotely and bill for the telephonic evaluation in accordance with the new Interim Medicare rules. Refer to Section O of the Interim Rule available at: <https://www.cms.gov/files/document/covid-final-ifc.pdf>.

Podiatrist and Optometrists

99. Q. Would Medicaid cover “Telephonic Communication Services” for a Podiatrist or Optometrist for an E&M?

- A. Yes. New York State Medicaid will reimburse telephonic Assessment and Patient Management Services (Lane 2) provided to members by podiatrists or optometrists in cases where face-to-face visits may not be recommended and it is appropriate for the member to be evaluated and managed by telephone. Please see updated guidance on Medicaid coverage for telemedicine/telephonic services at https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm.

Psychiatrists

- 100.Q. With the State of Emergency, the Medicaid definition for Telepsychiatry has expanded to include telephone or traditional audio/visual communication. Since Medicare has not similarly expanded the definition to include telephone only, how do we handle dually eligible members?**
- A. Medicare is now recognizing telephonic. The practitioner should bill Medicare and the claim will automatically cross over to Medicaid for processing.
- 101.Q. Since the Governor's Executive Order of March 7 temporarily suspending the need for physicians and nurse practitioners to be licensed in NY, can telemental health practitioners similarly be exempted from this requirement or do they still first need to be licensed in NY for Medicaid to reimburse their services? And if the latter, are there any expedited state licensing process in place to address the surge in demand for providers we are seeing?**
- A. Physicians and nurse practitioners must be NYS licensed to provide direct patient care. However, the Executive Order provides a narrow exemption for ordering and taking specimens necessary to test for COVID-19. Physicians and nurse practitioners do not have to be NYS licensed to take specimens. On April 1, 2020, New York implemented an expedited provisional enrollment process for practitioners (physicians, NP, PA, RN LPNs) to enroll in NYS Medicaid, including out of state practitioners. Additional information is available here <https://www.emedny.org/info/ProviderEnrollment/COVID19/>. Providers approved under the provisional process are allowed to deliver services to Medicaid members via telehealth.

Speech/OT/PT

- 102.Q. Can speech and occupational therapy services be delivered via telemedicine/telephone during the State of Emergency?**
- A. Yes. New York State Medicaid will reimburse Article 28 facilities **and appropriately licensed private practitioners** for telephonic and telemedicine services provided to members in cases where face-to-face visits may not be recommended and it is appropriate for the services to be delivered via telemedicine or telephone. Please see updated guidance on Medicaid coverage for telemedicine/telephonic services at https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm
- 103.Q. Can physical therapy services be delivered via telephone/telemedicine be billed to Medicaid during the State of Emergency?**
- A. Yes, to the extent that it is appropriate for the services to be delivered remotely.

Respite

- 104.Q. Can respite be provided via telehealth?**
- A. There are limited circumstances under which it is appropriate to provide respite via telehealth. Additional guidance will be published at https://www.health.ny.gov/health_care/medicaid/covid19/index.htm regarding use of telehealth to deliver respite services and how to appropriately document the service in the member's record.

Voluntary Foster Care Agencies (VFCAs)

105.Q. Are VFCAs required to submit an attestation regarding the use of telehealth to serve children in their care during the State of Emergency?

A. Yes, VFCAs must submit a self-attestation form to OCFS.

106.Q. Can services provided by Voluntary Foster Care Agencies be delivered via telemedicine/telephone during the State of Emergency?

A. For the duration of the State of Emergency, specific OCFS-designated programs can deliver services through telephone and/or video using any staff allowable under the current program regulation or state-issued guidance as medically appropriate.

107.Q. Can services provided by Voluntary Foster Care Agencies to collateral contacts (e. g. family counseling and time spent with collaterals regarding the child's needs) be delivered via telemedicine/telephone during the State of Emergency?

A. For the duration of the State of Emergency, specific OCFS-designated programs can deliver services to collaterals that are covered under the Medicaid per diem, through telephone and/or video using any staff allowable under the current program regulation or state-issued guidance as necessary and appropriate.

108.Q. How do Voluntary Foster Care Agencies bill for services delivered via telemedicine/telephone during the State of Emergency?

A. VFCAs should continue to bill the Medicaid per diem as they normally do. Encounters delivered via telemedicine or telephone should be documented in the member's record. Please see updated guidance on Medicaid coverage for telemedicine/telephonic services at

https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm.