



Adirondack Health Institute

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### **COVID-19 Telehealth Updates**

**DOH:** Effective on or after 3/13/2020 during the current State of Emergency only, NYS Medicaid will reimburse telephonic evaluation and management services to members in cases where face-to-face visits may not be recommended. These telephonic E & M services must be provided by a physician, NP, PA, or licensed midwife actively enrolled in FFS Medicaid or MMC plans.

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.

**If there are questions, they should be directed to 518-473-2160.**

- Relevant CPT codes are:
  - i. “99441”: Telephone evaluation and management service; 5-10 minutes of medical discussion Fee: \$12.56
  - ii. “99442”: 11-20 minutes of medical discussion Fee: \$23.48
  - iii. “99443”: 21-30 minutes of medical discussion Fee: \$37.41

**OMH:** Effective March 13, 2020, 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 Services: Article 31 Clinic, 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.
- *This Supplemental Guidance does not apply to Community Residences, Adult BH HCBS Short-Term Respite and Intensive Crisis Respite, nor to private practitioners operating outside of an OMH-licensed or designated service.*
- Providers may deliver any service appropriate for individuals to receive via telemental health. Including:
  - Individual, group, and collateral services;
  - Clinic Integrated Outpatient Services (IOS); and
  - Clinic Based – Intensive Outpatient Program (CB-IOP) services
- **A self-attestation form is required and needs to be completed and sent to [amy.smith@omh.ny.gov](mailto:amy.smith@omh.ny.gov).**



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- **As of 3/19/2020, OMH expanded upon previously released guidance to waive the face-to-face requirement for state-aid funded programs for the duration of the declared disaster emergency.** In lieu of face-to-face contact, providers may utilize telephonic or telehealth capabilities as necessary.
- Guidance was also released waiving the face-to-face requirements for delivery of services in residential programs licensed or funded by OMH for the duration of the declared disaster emergency. The guidance does not waive the requirement for onsite staffing in programs with 24-hour staffing.

**OASAS:** The recently issued Telepractice Waiver is updated to clarify that, during the duration of the declared disaster emergency, **telephonic delivery** is an acceptable means of service delivery for Telepractice by OASAS programs. Providers should bill for telepractice services exactly the way they bill for a service provided by other means, with the only addition being the modifier for each type of service.

- A telepractice attestation form must be completed and submitted to [certification@oasas.ny.gov](mailto:certification@oasas.ny.gov).**
- This Self-attestation will permit providers to deliver services via telepractice for a time-limited period, not to exceed the disaster emergency. Services can be delivered to any patient admitted or seeking admission to a program.
- Providers should also keep the original in their files. Once submitted, the OASAS bureau of certification will acknowledge receipt and provider is immediately authorized to begin telepractice. The designation will be temporarily added to the providers operating certificate.

**Medicare:** The Trump administration has issued guidance to allow Medicare Advantage and Part D plans to waive the cost-sharing associated with coronavirus testing. CMS released a [moratorium](#) highlighting plan sponsors' options to ease cost barriers associated with the spread of COVID-19. MA and Part D plans can waive members' cost-sharing for tests or to visits to doctor's offices, emergency departments or via telehealth. Medicare Advantage and Part D plans also have the option to nix prior authorization requirements, waive limits on prescription refills, ease restrictions to home prescription delivery or grow access to telehealth.

**Additional Resources related to the Coronavirus Spending Bill:**

- [Center for Connected Health Policy Summary of HB 6074](#)
- [Hodgson Russ Summary of Coronavirus Appropriations Act](#)
- [Foley & Lardner – 5 Key Takeaways from the Coronavirus Spending Bill](#)



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FQHCs/RHCs: This information was pulled from the Center for Connected Health Policy’s COVID-19 Fact Sheet:

FQHCs/RHCS – How can I use telehealth?

Table with 3 columns: MEDICARE, MEDICAID, PRIVATE PAYER. It details telehealth rules for each payer type, including geographic restrictions and reimbursement rates.

Commercial Payers: Our regional North Country payers have similar verbiage on their sites - they are all covering office visits/COVID-19 testing at allowed facilities. We have read online that the state Department of Financial Services is ordering insurers to waive copays for telemedicine.

- i. Excellus has the following excerpt: “A telehealth visit is also an option to do initial screenings, and telehealth services are covered under all product lines. The member is still responsible for any copayment or coinsurance for a telehealth visit. Members with high deductible health plans are responsible for the entire cost if the deductible has not yet been met.” https://news.excellusbcb.com/coronavirus.
ii. CDPHP and MVP Health Care are teaming up to offer their entire membership (including MVP’s members throughout New York and in Vermont) access to virtual emergency medicine services that allows patients to connect with a physician 24/7 from the comfort of their home. The emergency medicine trained providers – powered by United Concierge Medicine – can assess a patient’s need for COVID-19 testing and prescribe appropriate treatment. https://www.cdphp.com/newsroom/2020/03/03-16-cdphp-mvp-partnership
iii. Health Insurance Providers Respond to COVID-19: This lists out many large insurers and steps they are taking to help during the pandemic.
iv. On March 11 ,2020, the IRS issued guidance on HDHP and expenses related to COVID-19, advising that high-deductible health plans (HDHPs) can pay for 2019 Novel Coronavirus (COVID-19)-related testing and treatment, without jeopardizing their status. This also means that an individual with an HDHP that covers these costs may continue to contribute to a health savings account (HSA).



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**Provider Licensing:** Medicare and Medicaid Licensing Requirements: Under section 1135 of the SSA, the Secretary may waive Medicare, Medicaid, or CHIP requirements that physicians and other health care professionals hold licenses in the State in which they provide services. On March 13, 2020, CMS issued several blanket section 1135 waivers including a waiver on licensure:

*Provider Locations: Temporarily waive requirements that out-of-state providers be licensed in the state where they are providing services when they are licensed in another state. This applies to Medicare and Medicaid.*

This waives Medicare and Medicaid requirements that a provider be licensed in the state where the patient is, but does *not* preempt states' licensing requirements, described above.

On Friday, the [Federation of State Medical Boards released the following](#) statement offering the assistance of the FSMB to help provide essential information that can be used to verify licenses and credentials for physicians and other health care professionals wishing to practice across state lines to treat patients in areas heavily impacted by the COVID-19 virus:

“The FSMB stands ready to assist our member state medical boards and state health departments across the country in their efforts to quickly and accurately verify medical licenses to meet workforce needs without sacrificing patient safety. With numerous states declaring public health emergencies and temporarily waiving licensing requirements or creating additional licensure pathways in response to COVID-19, it is essential that these entities have complete, accurate and up-to-date information to verify licenses.

Please check out the [Public Health Emergency website](#) for more information on this linked [here](#). NYS also released an [executive order #202](#) – Continuing Temporary Suspension and Modification of Laws Relating to the Disaster Emergency which has information about NYS licensure.

**DEA:** The declaration of the national emergency enacted one of the exceptions to the Ryan Haight Act for telehealth (telemedicine as it is referred to in the Act). For as long as the Secretary's designation of a public health emergency remains in effect, DEA-registered practitioners may issue prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice
- The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system.
- The practitioner is acting in accordance with applicable Federal and State law.  
<https://www.deadiversion.usdoj.gov/coronavirus.html>

**HIPAA:** A change was made regarding the Health Insurance Portability and Accountability Act (HIPAA) “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.”



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<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergencypreparedness/index.html>

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

It should be noted that many states do have laws and regulations regarding health information and what is required to protect and secure it. This will likely not impact those state laws and regulations. A separate state action will be necessary.

#### Telehealth Software Resources:

- i. Zoom videoconferencing is an easy to use and easy to implement software platform that numerous health care organizations are using prior to and during the pandemic: <https://zoom.us/healthcare>
- ii. CloudMD to offer free trials across North America to help manage COVID-19: <https://finance.yahoo.com/news/cloudmd-offer-free-trial-telemedicine-113010273.html>
- iii. Vidyo - Free temporary licenses available: <https://info.vidyo.com/vidyo-license.html>
- iv. VSee: You can set up an online virtual clinic quickly with VSee and it includes a BAA for HIPAA compliance - <https://vsee.com/blog/telehealth-covid-19-coronavirus/>
- v. Bluestream: <https://www.bluestreamhealth.com/rapid-response/> is providing a free, HIPAA-compliant virtual care solution to help care providers work with patients that are impacted by the **COVID-19** outbreak. This **free**, streamlined solution is intended to help health care providers deal with patients remotely utilizing a simple workflow with no setup or downloads for either the provider or patient.
- vi. Cloudbreak Health: They are launching a free app: <https://hitconsultant.net/2020/03/06/cloudbreak-health-telehealth-app-coronavirus/>
- vii. Perinatal Access: Perinatal Access' virtual health platform helps expectant mothers with high risk pregnancies get the help they need without the need to travel to a specialist's office. Due to the COVID-19 outbreak, Perinatal Access is offering 60 days of access to our platform at no cost. More info can be found here: <https://www.perinatalaccess.com/request-a-demo>

#### Additional resources:

- i. American Telemedicine Association (ATA) COVID-19 Telehealth Resources [Page](#)
- ii. [ATA COVID-19 Key Policy Updates](#)
- iii. Hooper, Lundy & Bookman COVID-19 Resource [Page](#)
- iv. [Congress Enables HHS to Relax Telehealth Restrictions to Help Fight COVID-19](#)
- v. [Northeast Telehealth Resource Center COVID-19 Toolkit](#)
- vi. [Blog: The Reality of the New Telehealth Authority in Medicare](#)
- vii. The National Consortium of Telehealth Resource Centers is hosting a webinar on Wednesday 3/19 at 2pm EST: [Telehealth and COVID-19](#)
- viii. InTouch Health is doing a [webinar](#) on Tuesday 3/24 at 2pm EST on COVID-19 Federal Telehealth Reimbursement Policy Updates



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- ix. The Advisory Board (a part of URAC) is doing a [webinar](#) on Thursday 3/26 at 1pm EST: COVID-19: What you need to know in 30 minutes.