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Comprehensive Guidance Regarding Use of Telehealth Including Telehealth Services After the Coronavirus Disease 2019 Public Health Emergency

Updates are highlighted in yellow

This guidance is intended to clarify the New York State (NYS) Department of Health (DOH) requirements for the delivery of audio-only technology, following the state-wide federally declared Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE), which was first declared on May 31, 2023. Throughout the COVID-19 PHE, NYS Medicaid providers have been permitted to use audio-only and video-only, where possible, when public health-care barriers still exist and not all services are appropriate for remote delivery, telehealth has been largely implemented to keep service areas. Remote services have helped address workforce shortages, reduce barriers to care, and decrease transportation issues, and have created unique challenges. In recognition of the changing landscape of healthcare delivery and in preparation for the end of the COVID-19 PHE unwind, the NYS Department of Health (DOH) sought input from the public on how to ensure the appropriate use of telehealth to inform our post-PHE policy.

To support the use of telehealth services, the NYS Medicaid program has established a set of principles delineated as, where applicable, Medicaid fee-for-service (FFS) or managed care (MMC) Medicaid. Medicaid fee-for-service (FFS) or contracted with in-network Managed Care (MMC) Plan.

This guidance does not change any other NYS Medicaid program requirements, with respect to authorized services or provider enrollment, and does not supersede existing guidance. The NYS Medicaid program expects providers to continue to follow Medicaid guidance, all Medicaid fee-for-service (FFS) or contracted with in-network Managed Care (MMC) Plan.

I. General Information

Providers may use this guidance to prepare for upcoming changes after the end of the COVID-19 PHE. This guidance is applicable to delivery of service on or after March 31, 2023. This guidance supersedes guidance issued in June 2021. This guidance utilizes specific terms to describe telehealth, audio-only telehealth, remote patient monitoring (RPM), Store and Forward, virtual check-in, virtual patient education, and virtual emergency care.

NYS DOH will be prepared to audit providers for compliance with updates to telehealth modifiers and other changes (RPM) rules by January 1, 2023. The NYS Office of Medical Inspector General (OMIG) will be prepared to audit providers for compliance with clarifications of Emergency Services issued by the U.S. Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS) for the end of the COVID-19 PHE. OMIG is providing a 90-calendar day transition period from the end of the COVID-19 PHE to ensure Provider compliance with the applicable rules in their provision of telehealth. The transition period expires on August 31, 2023. More information on HHSs and telehealth can be found on the U.S. Department of Health and Human Services website.

Providers may use this guidance to prepare for upcoming changes after the end of the COVID-19 PHE. This guidance is applicable to delivery of service on or after March 31, 2023. This guidance supersedes guidance issued in June 2021. This guidance utilizes specific terms to describe telehealth, audio-only telehealth, remote patient monitoring (RPM), Store and Forward, virtual check-in, virtual patient education, and virtual emergency care.

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II. Telehealth Definitions

To view "II. Telehealth Definitions", providers can refer to the February 2023 *Special Edition* issue of the Medicaid Update.

III. Telehealth Providers

Pursuant to Public Health Law (PHL) §2080-c and, per NYS regulation, 18NYCRR 505.10(d), Telehealth providers include: 1. Voluntary foster care agencies certified by the NYS Office of Children and Family Services (OCFS) and licensed to provide services in the home and community based settings; 2. Providers licensed or certified by the New York State Education Department (NYSED) to provide Applied Behavioral Analysis services; 3. Radiologists licensed pursuant to Article 28 diagnostic and treatment centers, or their staff who are the radiologist practices; 4. All NYS Medicaid providers and providers employed by NYS Medicaid facilities, or provider agencies who are authorized to provide in-person services, are authorized to provide such services via telehealth when such telehealth services are appropriate to meet the needs of the patient and are within the scope of practice of the provider.

IV. Confidentiality

Services provided by means of telehealth must be in compliance with HIPAA and other relevant laws and regulations governing confidentiality of patient information. Providers must ensure that the use of telehealth does not jeopardize the privacy of the patient's information. Providers must ensure that the use of telehealth does not jeopardize the privacy of the patient's information.

V. Credentialing and Privileging

Physicians:

NYS hospitals acting as originating sites are required to ensure that physicians who are providing consultations via telehealth at distant sites are credentialed/privileged/credentialed and privileged. As previously published NYS DOH letter released September 22, 2006, and Expanded Coverage of Telemedicine article published in the September 2006 issue of the Medicaid Update, a hospital may credential a physician who that is acting as a telehealth originating site, may enter into a contract with an outside entity to carry out all or some of the credentialing and privileging activities associated with the telehealth services, including those activities associated with the provision of services by credentialed and privileged telehealth practitioners. Alternatively, employment. A hospital originating site may therefore enter into a contract with the distant site to receive and collect credentialing information, verify credentialing information, and make privileging decisions on behalf of the originating site hospital for such credentialing purposes regarding those physicians who will be providing telehealth services. The hospital must ensure that the physicians who are credentialed and privileged to provide telehealth services are qualified to provide such services. The hospital must ensure, through a contract, their responsibility for peer review, quality assurance/quality improvement activities and credentialing/quality improvement activities, and maintenance of membership or professional privileges (physician privileging).

Certified Asthma Educators (Verification Requirements)

The hospital, Diagnostic and Treatment Center (D&TC) or office serving as the originating site is responsible for ensuring that the Asthma Educator (CAE) providing self-management training services via telehealth, is a NYS licensed practitioner, or a certified health care worker, who has been certified as an educator by the National Asthma Educator Certification Board (NAECB). NAECB educators must practice within their scope of practice that is appropriate to their respective discipline, as defined by the NYSED Office of the Professions.

Certified Diabetes Educators

Certification through the Certification Board for Diabetes Educators (CBDE) is no longer required. Registered dietitians can refer to NYS Medicaid Update and deliver diabetes self-management training via telehealth.

VI. Patient Rights and Consents

To view "VI. Patient Rights and Consents", providers should refer to this month's issue.

VII. Billing Rules for Telehealth Services

A. Payment Parity with In-Person Services

Under NYS Law, Chapter 49, Article 29-B, §2299-i(2), healthcare services delivered by means of telehealth are entitled to reimbursement in an amount that is equal to the amount that would be paid for the equivalent services, as may be defined in regulations promulgated by the commissioner, are reimbursed when delivered in person, and in accordance with the provisions of subdivision two of section two thousand two-a of this article. Services rendered in the provision of services to patients in their homes or residences, or other places not existing within the facility or clinic setting for Article 28 licensed facilities. This law is effective until April 1, 2026.

B. Modifiers to be Used When Billing for Telehealth, Store-and-Forward, and RPM

To view "B. Modifiers to be Used When Billing for Telehealth, Store-and-Forward, and RPM", providers should refer to this month's issue.

C. POS Code to be Used When Billing for Telehealth, Store-and-Forward, and RPM Applicable When Billing Professional Claims

To view "C. POS Code to be Used When Billing for Telehealth, Store-and-Forward, and RPM Applicable When Billing Professional Claims", providers should refer to this month's issue.

D. Billing for Telehealth Services

NYS Medicaid reimburses for telehealth and telephonic services. For additional information, dental providers can refer to the February 2021 edition of the Medicaid Update, Dental Terminology Update, Telehealth.

The types of telehealth (audio-visual) encounters are synchronous (real time) encounters and asynchronous (Store and Forward) encounters. Telephonic encounters are audio-only, real time encounters between a patient or caregiver and provider. These types of encounters may include urgent visits, follow-up visits or new patient encounters. Telephonic encounters may also include consultations between providers, encounters that occur between a provider and a caregiver, encounters between a provider and a specialist, or encounters for ambulatory or oral surgery. For example, a patient presents for an in-person visit to their dental provider for tooth pain. The dental provider determines that a consultation with a dental specialist for root canal treatment requires an extraction by an oral surgeon. While the patient is still present, the dental provider then initiates a telehealth encounter between the oral surgeon and the dental specialist consultation to the dental provider along with the patient. This results in the patient scheduling an appointment for an extraction with the oral surgeon, thereby eliminating the need for the patient to travel between offices for care.

By contrast, asynchronous ("**[redacted]**") encounters involve the transmission of recorded health information to a provider, who uses the information at a subsequent time to render services. Asynchronous encounters for treatment include: Dr. Smith's dental hygienist sees a patient for a routine cleaning at Dr. Smith's office. Dr. Smith has a collaboration arrangement with a dentist also owned by the same facility, who is a specialist in oral surgery such as a School-based Health Center (SBHC). The hygienist performs a comprehensive dental exam for the patient, including gathering information that will be sent to the dentist for further review. The dental cuts then review the information and decide if the patient should be referred to the oral surgeon for an appointment in their schedule.

When billing for telehealth services, modifiers cannot be used to identify. Additional general billing guidance was issued in the Billing Telehealth as a Telelevel Encounter article published in the January 2020 issue of the Medicaid Update, which focuses for both telephone and **"[redacted]"** and **"[redacted]"** in place of modifiers. Both dental codes ("**D9995**" and "**D9996**") along with "**Q3014**" were added to the dental fee schedule. Dental providers can refer to the Telehealth Services article published in the January 2021 issue of the Medicaid Update. Dental providers may also use telehealth services for dental audio-only communications to deliver services to a patient at an originating site by a telehealth provider located at a distant site to provide Medicaid covered Dental Terminology (CDT) codes. Dental providers enrolled may be impacted. For additional information, providers can refer to the Congress "House Committee Ways and Means" Chairman Jason Smith (R-MO) Release Bipartisan Tax Package to Permanently Extend Access to Telehealth Services for Medicare Patients and HJR. 4280 as introduced, with modifications,7 web page.

E. General Billing Guidelines for Dual Eligible Enrollees

Pursuant to federal law, Medicaid is the payer of last resort, which means Medicaid will make payment only after all other sources of reimbursement have been exhausted. Therefore, potential third-party reimbursement sources must be billed before Medicaid. For guidance on billing Medicare for additional information, providers can refer to the following NYS Medicaid billing guidance for dual enrollees:

- NYS Fee-for-Service Medicaid Reimbursement of Medicare Cost-Sharing
- NYS Fee-for-Quali-Medicaid Managed Care Medicaid Reimbursement of Medicare Cost-Sharing

For dually enrolled Medicare and NYS Medicaid members, if Medicare covers the telehealth encounter, NYS Medicaid will reimburse the Part B coinsurance and deductible to the extent permitted by NYS law. Medicaid does not cover the Part B deductible and coinsurance for clinic services, hospital outpatient services unless otherwise stated in the Medicaid State Plan. For Dual Eligible Enrollees, see above.

The Performance Enhancement Reform Act, or omnibus budget for federal fiscal year (FY) 2023, includes several provisions that extend telehealth flexibilities for federal programs through December 31, 2024. Several provisions include: Medicare Part B cost-sharing for services delivered via telehealth by federally qualified health centers (FQHCs) and rural health clinics (RHCs); FQHCs and RHCs are authorized to offer telehealth, and delaying in-person visit requirements prior to delivering mental health services via telehealth. When dual eligibles receive services via telehealth, the appropriate Medicare Fee-for-Service Dual Eligible enrolled may be impacted. For additional information, providers can refer to the Congress "House Committee Ways and Means" Chairman Jason Smith (R-MO) Release Bipartisan Tax Package to Permanently Extend Access to Telehealth Services for Medicare Patients and HJR. 4280 as introduced, with modifications,7 web page.

F. Telephonic (Audio-only) Reimbursement Overview

1. Following the COVID-19 PHE, **when audio-only telehealth is used in accordance with the policy** outlined in this guidance, providers may bill Medicaid fee-for-service (FFS) or managed care (MMC) Plans as they would for an in-person visit, if the service is deemed the appropriate provision of care for audio-only. a. Services provided via audio-only visits shall contain all elements of the billable procedures or rate codes, and shall be subject to the same documentation requirements for in person or via an audio-visual visit. b. Audio-only rate codes used during the COVID-19 PHE will be retired: FQHCs can bill the Prospective Payment System (PPS) rate for audio-only visits. RHCs can bill the RHC PPS rate for audio-only visits. 2. Billing Rules for Telehealth Services, Modifiers, Place of Service (POS) and Telephone Location: Wrap payments are available for any telehealth services, including telephonic services, when billed using the CPT and HCPCS codes, qualifying PPS and other rate codes.
2. Audio-only E&M procedure codes **"99441"** through **"99443"** will continue to be billable, though as of the date of this guidance, telehealth modifiers **"95"** and **"93"** are not required. Use of modifier **"95"** or modifier **"93"** is optional.
3. All audio-only claims and encounter must include the **93** or **95** modifier unless modifiers are not allowable (e.g., telephonic). Providers must document in their records the service rendered and the reason for the audio-only.
4. When a place of service (POS) is allowable on a claim or encounter, providers should report POS **02** (Telehealth Provided other than in patient's home) when the patient is not in their home (e.g., patient is at work, school, or other location). POS **10** (Telehealth provided in patient's home) or office setting) POS "02" providers should continue to report POS "02" and use telephone location modifiers to identify a the location of the patient.

MMC Plans may have separate detailed billing guidance that supplements the billing guidance outlined in this guide, but cross all services appropriate for telehealth, including those services that are traditionally billed using Further detail on FFS code coverage is provided in specialized guidance for mental health, substance use and NYS OPWDD services providers.

G. Store-and-Forward Technology:

1. Reimbursement will be made to the consulting distant site provider when billed with an appropriate provider number.
2. The consulting distant-site practitioner must provide the requesting originating-site practitioner with a written report of the consultation in order for payment to be made.
3. The consulting practitioner should bill the CPT code for the professional service appended with the telehealth **GQ** modifier.

H. RPM:

1. Telehealth services provided by means of RPM should be billed using CPT code **"99091"** (collection and interpretation of physiologic data, by a physician/QHP, qualified health care professional, digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, usually weekly or monthly, collection and transmission/interpretation combined, minimum of 30 minutes of time).
2. A fee of $40.00 per month will be paid for RPM.
3. Providers are not to bill **"99091"** more than once per member per month.
4. Telehealth RPM services:
   a. Are for the management of chronic, acute, and post-hospital care, and may include medication management. RPM services may be reimbursed for RPM services when billed using the appropriate CPT codes. The consulting practitioner should bill the CPT code for the professional service appended with the telehealth **GQ** modifier.

I. After Hours

An add-on payment is available for visits that occur on evenings, weekends, and holidays. An evening visit is one that is scheduled for and occurs after 6 p.m. A weekend visit is one that is scheduled for and occurs on Saturday or Sunday. A holiday visit is one that is scheduled for and occurs on a designated holiday. Medicaid fee-for-service (FFS) will reimburse the following CPT codes for the "After Hours" add-on when be used. Providers should use the following CPT codes from the "Table - After Hours" as appropriate:

These CPT codes are not payable if they are the only CPT procedure(s) listed on the claim. They are reimbursed only when accompanied by a valid CPT code that represents an in-office or other face-to-face evaluation and management service. The "After Hours" add-on payment is available for services occurring after hours due to differentiation billing for non-E&M codes. Not eligible for this supplemental payment: **Additional information on after hours billing can be found in the Enhanced payment for example: "After hours" access article published in the December 2021 issue of the Medicaid Update.**

J. Virtual Check-In

Virtual check-in must be patient-initiated and allow patients to communicate with their provider in order to avoid an unnecessary visit; however, practitioners may need to inform and educate beneficiaries on the availability of the service prior to patient initiation. A patient or caregiver may initiate a virtual check-in on behalf of a patient. The patient must consent to receive virtual check-in services and the provider must document consent in the patient's record. Virtual check-in services are not intended to replace ongoing care services. A virtual check-in can be conducted via several technology-based modalities, including communication by telephone or by secure text-based messaging, such as electronic interactive via secure portal, secure email, or secure text messaging. Communication must be HIPAA-compliant and must not originate from a related E&M visit within seven days, nor lead to a related E&M visit within 24 hours.

Expending on payers, the following non-physician-provided services (physician or other qualified health care professional who report E&M services) can bill CPT codes **"G2012"** or **"G2252"** for reimbursement for virtual check-in. **Note:** Medicaid does not currently cover the following non-physician-provided services: **G0, H0, PO, QT, and QU.** Communications reported with a virtual check-in CPT code must meet the criteria outlined in the "Table - Virtual Check-In".

Additional agency-based guidance may be available for specific populations. NYS OPWDD, Children's Health Home, and Behavioral Health providers should review applicable guidance for compliance.

K. Virtual Patient Education

Virtual patient education means education and training for patient self-management by a qualified health care professional via telehealth. Virtual patient education delivers health education to patients, their families, or caregivers, and is reimbursed when the provider meets certain billing requirements. Reimbursable when delivered in person and when the provider meets certain billing requirements.

Synchronous patient education is reimbursed at the definitive level of service, **"Telehealth Provided through "99962", specifying "face-to-face" education and training.** The virtual patient education must be reported on the claim with the appropriate modifier **"95"** or modifier **"93"**. **Note:** Medicaid does not reimburse Medicaid's

Additional agency-based guidance may be available for specific populations. NYS OPWDD, OASAS, and OMH providers should review their respective guidance for compliance.

L. Virtual Wellness

Virtual patient wellness means education and training for patient self-management by a qualified health care professional via telehealth. Virtual patient education delivers health education to patients, their families, or caregivers, and is reimbursed when the provider meets certain billing requirements. Reimbursable when delivered in person and when the provider meets certain billing requirements.

Synchronous patient wellness means education and training for patient self-management through **"99962", specifying "face-to-face" education and training.** The virtual patient education must be reported on the claim with the appropriate modifier **"95"** or modifier **"93"**. **Note:** Medicaid does not reimburse

Additional agency-based guidance may be available for specific populations. NYS OPWDD, OASAS, and OMH providers should review their respective guidance for compliance.

M. eConsults (Interprofessional Consultations)

Virtual patient education means education and training for patient self-management by a qualified health care professional via telehealth. Virtual patient education delivers health education to patients, their families, or caregivers, and is reimbursed when the provider meets certain billing requirements. Reimbursable when delivered in person and when the provider meets certain billing requirements.

Synchronous patient education is reimbursed at the definitive level of service, **"Telehealth Provided through "99962", specifying "face-to-face" education and training.** The virtual patient education must be reported on the claim with the appropriate modifier **"95"** or modifier **"93"**. **Note:** Medicaid does not reimburse

Additional agency-based guidance may be available for specific populations. NYS OPWDD, OASAS, and OMH providers should review their respective guidance for compliance.

N. Telehealth Providers

To view "N. Telehealth Providers", providers can refer to the February 2023 *Special Edition* issue of the Medicaid Update.

O. Telehealth Provided in Hospital Inpatient Billing for Audio-Visual Telehealth

Please note: NYS OMH, OPWDD, and OASAS have issued, or may issue, separate guidance and/or regulations that may supersede, or supplement, the guidance provided in this document. NYS Medicaid members being served under the authority of those respective agencies and address/ethnicity delivery for services rendered by those agencies, should refer to those guidance.

Additional programmatic guidance may be published by NYS DOH that specifically allows or prohibits the use of telehealth by type of service.

P. Telehealth Definitions

To view "N. Telehealth Definitions", providers can refer to the February 2023 *Special Edition* issue of the Medicaid Update.

Q. Telehealth Providers

Pursuant to Public Health Law (PHL) §2080-c and, per NYS regulation, 18NYCRR 505.10(d), Telehealth providers include: 1. Voluntary foster care agencies certified by the NYS Office of Children and Family Services (OCFS) and licensed to provide services in the home and community based settings; 2. Providers licensed or certified by the New York State Education Department (NYSED) to provide Applied Behavioral Analysis services;

3. Radiologists licensed pursuant to Article 28 diagnostic and treatment centers, or their staff who are the radiologist practices;

4. All NYS Medicaid providers and providers employed by NYS Medicaid facilities, or provider agencies who are authorized to provide in-person services, are authorized to provide such services via telehealth when such telehealth services are appropriate to meet the needs of the patient and are within the scope of practice of the provider.

R. Confidentiality

Services provided by means of telehealth must be in compliance with HIPAA and other relevant laws and regulations governing confidentiality of patient information. Providers must ensure that the use of telehealth does not jeopardize the privacy of the patient information.

S. Credentialing and Privileging

Physicians:

NYS hospitals acting as originating sites are required to ensure that physicians who are providing consultations via telehealth at distant sites are credentialed/privileged/credentialed and privileged. As previously published NYS DOH letter released September 22, 2006, and Expanded Coverage of Telemedicine article published in the September 2006 issue of the Medicaid Update, a hospital may credential a physician who that is acting as a telehealth originating site, may enter into a contract with an outside entity to carry out all or some of the credentialing and privileging activities associated with the telehealth services, including those activities associated with the provision of services by credentialed and privileged telehealth practitioners. Alternatively, employment. A hospital originating site may therefore enter into a contract with the distant site to receive and collect credentialing information, verify credentialing information, and make privileging decisions on behalf of the originating site hospital for such credentialing purposes regarding those physicians who will be providing telehealth services. The hospital must ensure that the physicians who are credentialed and privileged to provide telehealth services are qualified to provide such services. The hospital must ensure, through a contract, their responsibility for peer review, quality assurance/quality improvement activities and credentialing/quality improvement activities, and maintenance of membership or professional privileges (physician privileging).

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Certified Diabetes Educators

Certification through the Certification Board for Diabetes Educators (CBDE) is no longer required. Registered dietitians can refer to NYS Medicaid Update and deliver diabetes self-management training via telehealth.

VI. Patient Rights and Consents

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VII. Billing Rules for Telehealth Services

A. Payment Parity with In-Person Services

Under NYS Law, Chapter 49, Article 29-B, §2299-i(2), healthcare services delivered by means of telehealth are entitled to reimbursement in an amount that is equal to the amount that would be paid for the equivalent services, as may be defined in regulations promulgated by the commissioner, are reimbursed when delivered in person, and in accordance with the provisions of subdivision two of section two thousand two-a of this article. Services rendered in the provision of services to patients in their homes or residences, or other places not existing within the facility or clinic setting for Article 28 licensed facilities. This law is effective until April 1, 2026.

B. Modifiers to be Used When Billing for Telehealth, Store-and-Forward, and RPM

To view "B. Modifiers to be Used When Billing for Telehealth, Store-and-Forward, and RPM", providers should refer to this month's issue.

C. POS Code to be Used When Billing for Telehealth, Store-and-Forward, and RPM Applicable When Billing Professional Claims

To view "C. POS Code to be Used When Billing for Telehealth, Store-and-Forward, and RPM Applicable When Billing Professional Claims", providers should refer to this month's issue.

D. Billing for Telehealth Services

NYS Medicaid reimburses for telehealth and telephonic services. For additional information, dental providers can refer to the February 2021 edition of the Medicaid Update, Dental Terminology Update, Telehealth.

The types of telehealth (audio-visual) encounters are synchronous (real time) encounters and asynchronous (Store and Forward) encounters. Telephonic encounters are audio-only, real time encounters between a patient or caregiver and provider. These types of encounters may include urgent visits, follow-up visits or new patient encounters. Telephonic encounters may also include consultations between providers, encounters that occur between a provider and a caregiver, encounters between a provider and a specialist, or encounters for ambulatory or oral surgery. For example, a patient presents for an in-person visit to their dental provider for tooth pain. The dental provider determines that a consultation with a dental specialist for root canal treatment requires an extraction by an oral surgeon. While the patient is still present, the dental provider then initiates a telehealth encounter between the oral surgeon and the dental specialist consultation to the dental provider along with the patient. This results in the patient scheduling an appointment for an extraction with the oral surgeon, thereby eliminating the need for the patient to travel between offices for care.

By contrast, asynchronous ("**[redacted]**") encounters involve the transmission of recorded health information to a provider, who uses the information at a subsequent time to render services. Asynchronous encounters for treatment include: Dr. Smith's dental hygienist sees a patient for a routine cleaning at Dr. Smith's office. Dr. Smith has a collaboration arrangement with a dentist also owned by the same facility, who is a specialist in oral surgery such as a School-based Health Center (SBHC). The hygienist performs a comprehensive dental exam for the patient, including gathering information that will be sent to the dentist for further review. The dental cuts then review the information and decide if the patient should be referred to the oral surgeon for an appointment in their schedule.

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Dental telehealth services shall adhere to the standards of appropriate patient care required in other dental health care settings, including but not limited to: the provider-patient relationship, the practice of the medical and dental history of the patient. For additional information, providers can refer to NYS Law Chapter 49 Article 29-B §2299-i(2).

E. General Billing Guidelines for Dual Eligible Enrollees

Pursuant to federal law, Medicaid is the payer of last resort, which means Medicaid will make payment only after all other sources of reimbursement have been exhausted. Therefore, potential third-party reimbursement sources must be billed before Medicaid. For guidance on billing Medicare for additional information, providers can refer to the following NYS Medicaid billing guidance for dual enrollees:

- NYS Fee-for-Service Medicaid Reimbursement of Medicare Cost-Sharing
- NYS Fee-for-Quali-Medicaid Managed Care Medicaid Reimbursement of Medicare Cost-Sharing

For dually enrolled Medicare and NYS Medicaid members, if Medicare covers the telehealth encounter, NYS Medicaid will reimburse the Part B coinsurance and deductible to the extent permitted by NYS law. Medicaid does not cover the Part B deductible and coinsurance for clinic services, hospital outpatient services unless otherwise stated in the Medicaid State Plan. For Dual Eligible Enrollees, see above.

The Performance Enhancement Reform Act, or omnibus budget for federal fiscal year (FY) 2023, includes several provisions that extend telehealth flexibilities for federal programs through December 31, 2024. Several provisions include: Medicare Part B cost-sharing for services delivered via telehealth by federally qualified health centers (FQHCs) and rural health clinics (RHCs); FQHCs and RHCs are authorized to offer telehealth, and delaying in-person visit requirements prior to delivering mental health services via telehealth. When dual eligibles receive services via telehealth, the appropriate Medicare Fee-for-Service Dual Eligible enrolled may be impacted. For additional information, providers can refer to the Congress "House Committee Ways and Means" Chairman Jason Smith (R-MO) Release Bipartisan Tax Package to Permanently Extend Access to Telehealth Services for Medicare Patients and HJR. 4280 as introduced, with modifications,7 web page.

F. Telephonic (Audio-only) Reimbursement Overview

1. Following the COVID-19 PHE, **when audio-only telehealth is used in accordance with the policy** outlined in this guidance, providers may bill Medicaid fee-for-service (FFS) or managed care (MMC) Plans as they would for an in-person visit, if the service is deemed the appropriate provision of care for audio-only. a. Services provided via audio-only visits shall contain all elements of the billable procedures or rate codes, and shall be subject to the same documentation requirements for in person or via an audio-visual visit.
2. Audio-only rate codes used during the COVID-19 PHE will be retired: FQHCs can bill the Prospective Payment System (PPS) rate for audio-only visits. RHCs can bill the RHC PPS rate for audio-only visits.
3. Billing Rules for Telehealth Services, Modifiers, Place of Service (POS) and Telephone Location: Wrap payments are available for any telehealth services, including telephonic services, when billed using the CPT and HCPCS codes, qualifying PPS and other rate codes.
4. Audio-only E&M procedure codes **"99441"** through **"99443"** will continue to be billable, though as of the date of this guidance, telehealth modifiers **"95"** and **"93"** are not required. Use of modifier **"95"** or modifier **"93"** is optional.
5. All audio-only claims and encounter must include the **93** or **95** modifier unless modifiers are not allowable (e.g., telephonic). Providers must document in their records the service rendered and the reason for the audio-only.
6. When a place of service (POS) is allowable on a claim or encounter, providers should report POS **02** (Telehealth Provided other than in patient's home) when the patient is not in their home (e.g., patient is at work, school, or other location). POS **10** (Telehealth provided in patient's home) or office setting) POS "02" providers should continue to report POS "02" and use telephone location modifiers to identify a the location of the patient.

MMC Plans may have separate detailed billing guidance that supplements the billing guidance outlined in this guide, but cross all services appropriate for telehealth, including those services that are traditionally billed using Further detail on FFS code coverage is provided in specialized guidance for mental health, substance use and NYS OPWDD services providers.

G. Store-and-Forward Technology:

1. Reimbursement will be made to the consulting distant site provider when billed with an appropriate provider number.
2. The consulting distant-site practitioner must provide the requesting originating-site practitioner with a written report of the consultation in order for payment to be made.
3. The consulting practitioner should bill the CPT code for the professional service appended with the telehealth **GQ** modifier.

H. RPM:

1. Telehealth services provided by means of RPM should be billed using CPT code **"99091"** (collection and interpretation of physiologic data, by a physician/QHP, qualified health care professional, digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, usually weekly or monthly, collection and transmission/interpretation combined, minimum of 30 minutes of time).
2. A fee of $40.00 per month will be paid for RPM.
3. Providers are not to bill **"99091"** more than once per member per month.
4. Telehealth RPM services:
   a. Are for the management of chronic, acute, and post-hospital care, and may include medication management. RPM services may be reimbursed for RPM services when billed using the appropriate CPT codes. The consulting practitioner should bill the CPT code for the professional service appended with the telehealth **GQ** modifier.

I. After Hours

An add-on payment is available for visits that occur on evenings, weekends, and holidays. An evening visit is one that is scheduled for and occurs after 6 p.m. A weekend visit is one that is scheduled for and occurs on Saturday or Sunday. A holiday visit is one that is scheduled for and occurs on a designated holiday. Medicaid fee-for-service (FFS) will reimburse the following CPT codes for the "After Hours" add-on when be used. Providers should use the following CPT codes from the "Table - After Hours" as appropriate:

These CPT codes are not payable if they are the only CPT procedure(s) listed on the claim. They are reimbursed only when accompanied by a valid CPT code that represents an in-office or other face-to-face evaluation and management service. The "After Hours" add-on payment is available for services occurring after hours due to differentiation billing for non-E&M codes. Not eligible for this supplemental payment: **Additional information on after hours billing can be found in the Enhanced payment for example: "After hours" access article published in the December 2021 issue of the Medicaid Update.**

J. Virtual Check-In

Virtual check-in must be patient-initiated and allow patients to communicate with their provider in order to avoid an unnecessary visit; however, practitioners may need to inform and educate beneficiaries on the availability of the service prior to patient initiation. A patient or caregiver may initiate a virtual check-in on behalf of a patient. The patient must consent to receive virtual check-in services and the provider must document consent in the patient's record. Virtual check-in services are not intended to replace ongoing care services. A virtual check-in can be conducted via several technology-based modalities, including communication by telephone or by secure text-based messaging, such as electronic interactive via secure portal, secure email, or secure text messaging. Communication must be HIPAA-compliant and must not originate from a related E&M visit within seven days, nor lead to a related E&M visit within 24 hours.

Expending on payers, the following non-physician-provided services (physician or other qualified health care professional who report E&M services) can bill CPT codes **"G2012"** or **"G2252"** for reimbursement for virtual check-in. **Note:** Medicaid does not currently cover the following non-physician-provided services: **G0, H0, PO, QT, and QU.** Communications reported with a virtual check-in CPT code must meet the criteria outlined in the "Table - Virtual Check-In".

Additional agency-based guidance may be available for specific populations. NYS OPWDD, Children's Health Home, and Behavioral Health providers should review applicable guidance for compliance.

K. Virtual Patient Education

Virtual patient education means education and training for patient self-management by a qualified health care professional via telehealth. Virtual patient education delivers health education to patients, their families, or caregivers, and is reimbursed when the provider meets certain billing requirements. Reimbursable when delivered in person and when the provider meets certain billing requirements.

Synchronous patient education is reimbursed at the definitive level of service, **"Telehealth Provided through "99962", specifying "face-to-face" education and training.** The virtual patient education must be reported on the claim with the appropriate modifier **"95"** or modifier **"93"**. **Note:** Medicaid does not reimburse Medicaid's

Additional agency-based guidance may be available for specific populations. NYS OPWDD, OASAS, and OMH providers should review their respective guidance for compliance.

L. Virtual Wellness

Virtual patient wellness means education and training for patient self-management by a qualified health care professional via telehealth. Virtual patient education delivers health education to patients, their families, or caregivers, and is reimbursed when the provider meets certain billing requirements. Reimbursable when delivered in person and when the provider meets certain billing requirements.

Synchronous patient wellness means education and training for patient self-management through **"99962", specifying "face-to-face" education and training.** The virtual patient education must be reported on the claim with the appropriate modifier **"95"** or modifier **"93"**. **Note:** Medicaid does not reimburse

Additional agency-based guidance may be available for specific populations. NYS OPWDD, OASAS, and OMH providers should review their respective guidance for compliance.

M. eConsults (Interprofessional Consultations)

Virtual patient education means education and training for patient self-management by a qualified health care professional via telehealth. Virtual patient education delivers health education to patients, their families, or caregivers, and is reimbursed when the provider meets certain billing requirements. Reimbursable when delivered in person and when the provider meets certain billing requirements.

Synchronous patient education is reimbursed at the definitive level of service, **"Telehealth Provided through "99962", specifying "face-to-face" education and training.** The virtual patient education must be reported on the claim with the appropriate modifier **"95"** or modifier **"93"**. **Note:** Medicaid does not reimburse

Additional agency-based guidance may be available for specific populations. NYS OPWDD, OASAS, and OMH providers should review their respective guidance for compliance.

N. Telehealth Providers

To view "N. Telehealth Providers", providers can refer to the February 2023 *Special Edition* issue of the Medicaid Update.

O. Telehealth Provided in Hospital Inpatient Billing for Audio-Visual Telehealth

Hospitals are required to bill for services provided by a physician to a NYS Medicaid member who is an inpatient in the hospital, payment for the telehealth service will be made to the hospital, not the physician. Other than physician services, all other practitioner services are included in the *Fee-for-Service Medicaid Reimbursement of Medicare Cost-Sharing*, *NYS Fee-for-Quali-Medicaid Managed Care Medicaid Reimbursement of Medicare Cost-Sharing*, *Telehealth Services*, *Telephonic (Audio-only) Reimbursement Overview*, *Telehealth Fee Schedules*, *RPM*, *After Hours*, *Virtual Check-In*, *Virtual Patient Education*, *Virtual Wellness*, *eConsults (Interprofessional Consultations)*, *Telehealth Providers*, *Confidentiality*, *Credentialing and Privileging*, *Patient Rights and Consents*, *Billing Rules for Telehealth Services*, *Payment Parity with In-Person Services*, *Modifiers to be Used When Billing for Telehealth, Store-and-Forward, and RPM*, *POS Code to be Used When Billing for Telehealth, Store-and-Forward, and R