

MCO Telehealth Changes and Effective Dates (last updated 12/22/20)

Plan and Products	Cost-sharing policies for telehealth services	Other telehealth policy changes	Billing and Reimbursement Details	Summary of Effective Dates	Links to Guidance
<p>1199 SEIU</p>	<p>For Home Care Fund members: Effective immediately, copayments are waived for telehealth services, office visits, and inpatient COVID-19 diagnostic services. No effective ending date is given.</p>	<p>Effective 3/18/20, for Home Care Fund Members, Greater New York Fund members, and National Benefit Fund members, 1199 will cover visits via phone, video, and other virtual means for all eligible medical and mental health services, including COVID-19 related services.</p>	<p>No additional guidance provided.</p>	<p>Telehealth is covered effective 3/18/20; copayments for telehealth visits are also waived but no ending effective date is given.</p>	<p>Provider Notice/FAQ COVID-19/ 1199 SEIU Expanded Telehealth Services</p>
<p>Aetna (Commercial, Medicare Advantage, Medicaid)</p>	<p>Updated 12/15/20: Commercial plans: As of 6/4/20, Aetna commercial plans are no longer offering cost-sharing waivers for medical care delivered via telemedicine. However, Aetna will waive cost-sharing for covered in-network telemedicine visits for outpatient behavioral and mental health counseling services, effective through 1/31/21. Self-insured plans offer this waiver at their own discretion.</p> <p>Student Health Plans: Cost-sharing is waived for any in-network covered medical or behavioral health services telemedicine visits until 1/31/21.</p> <p>Medicare Advantage plans: Aetna MA plans are waiving cost-sharing for in-network primary care and specialist telehealth visits, including outpatient behavioral and mental health counseling services, effective through 1/31/21:</p> <ul style="list-style-type: none"> • Cost sharing is waived for all Teladoc® general medical care virtual visits. • Cost sharing will also be waived for covered real-time virtual visits (live videoconferencing or telephone-only telemedicine services). • MA members may use telemedicine for any reason, not just COVID-19 diagnosis. <p>Medicaid plans: Aetna refers providers to follow State guidance.</p>	<p>(Updated 12/14/20): Coverage of Asynchronous telemedicine services: Email, fax, text and store and forward will not be covered unless State-mandated, included in a custom plan sponsor exception, or is a Medicare covered remote evaluation provided to Aetna Medicare members.</p> <p>Coverage of Telephonic-only services: Commercial plans will continue to cover limited minor acute care evaluation and care management services, as well as some behavioral health services, rendered via telephone, effective until further notice (for more details, refer to the billing and reimbursement details for telephone-only services in the next column at right.)</p>	<p>Telemedicine (updated 12/15/20):</p> <ul style="list-style-type: none"> • For commercial members, non-facility telemedicine claims must use the Place of Service (POS) code 02, appended with the GT or 95 modifier. These claims will be reimbursed at the same rate as a face-to-face office visit. Facilities should continue to use their respective POS codes. CPTs and the telemedicine modifiers must be noted on the UB-04 and HCFA 1500 forms as the Rev Code will not be sufficient. The list of approved behavioral health telemedicine services is listed here. • For Medicare members, claims can be coded with POS 02 or POS 11 or the POS equal to what it would have been had the service been furnished in-person. These claims also must be appended with the 95 modifier and will be reimbursed at the same rate as an in-person service. <p>Telephone-only services: Rates for telephone only services 99441 – 99443 were set to equal the rates for 99212 – 99214 (e.g. 99441 set to equate to 99212), which was effective until 9/30/20. Since 9/30/20, telephone-only services have resumed to the rates prior to 3/5/20.</p>	<p>Effective Dates for telemedicine cost-sharing waivers:</p> <ul style="list-style-type: none"> • Commercial (for outpatient BH services only): 3/6/20 to 1/31/21 • Medicare Advantage (primary care, specialist care, and outpatient BH services): effective through 1/31/21 <p>Effective Dates for coverage of telemedicine service liberalizations: Will continue until further notice.</p>	<p>Telemedicine FAQ (last updated 12/15/20)</p> <p>Approved Behavioral Health Telemedicine Services (effective 3/6/20 to 1/31/21)</p>

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<p>Beacon Health Options (Commercial, Medicare, Medicaid)</p>	<p>Updated 11/27/20: Commercial plans: Effective 3/16/20 to 1/8/21, Beacon has suspended cost-sharing for commercial members, for in-network telehealth visits, regardless of whether the visit is related to COVID-19. Providers should not collect any payments (deductibles, copayments, or coinsurance) from Beacon members.</p> <p>Essential workers: Cost-sharing for outpatient mental health visits delivered to essential workers, regardless of whether the services are provided via telehealth, is effective through 1/26/21 unless further extended.</p>	<p>For ACT, PROS, Adult CDT, PHP, and HCBS services: If provider cannot meet pre-COVID-19 minimum time standards but are able to meet new COVID-19 minimum time standards, providers can still bill for the service, by billing the base code, base modifier(s) and adding the Crisis Response (CR) modifier along with either the GT or 95 modifier.</p> <p>For Medicaid OTP services, Beacon directs providers to refer to OASAS guidance. Beacon’s OTP COVID-19 emergency rate codes are detailed in this FAQ (page 8). Beacon has established new fee schedules to reflect the rate codes, which will remain in place for Medicaid lines of business until OASAS discontinues use.</p>	<p>Effective 8/1/20, Beacon requires providers to bill with appropriate telehealth modifiers, POS codes, and CPT codes to ensure that cost-sharing is waived appropriately. During the declared emergency, providers must use the GT or 95 modifiers for either telephonic OR video provision of services, despite the modifier definitions requiring video. Rates of payment for services delivered via telehealth/telephone will be the same as if the services were provided face-to-face. The place of service (POS) code should reflect the location where the practitioner is physically located when the telephonic service was rendered to the member (e.g., office POS 11, home 12, Outpatient department (OPD) 22). For UB04 or 837I claims, continue to use “type of bill” in box 4.</p> <p>For Medicare-specific billing guidance, Beacon directs providers to refer to CMS guidance here.</p>	<p>Commercial plans: Cost-sharing for telehealth visits are waived, effective 3/16/20 to 1/8/21</p>	<p>New York Telehealth FAQ, (last updated 11/27/20)</p>
<p>Cigna (Commercial, Medicare Advantage)</p>	<p>Commercial Individual and Family Plans (IFP): Customer cost-sharing is waived for certain virtual services, including quick telephonic consult services (code G2012) for both COVID-19 and non-COVID-19 related services, through at least 1/21/21. Standard cost-sharing applies for non-COVID-19-related virtual visits (e.g. telehealth).</p> <p>Cigna will also waive cost-sharing for both COVID-19 and non-COVID-19 eConsults, effective for dates of service from 3/2/20 to at least 1/21/21.</p> <p>For other Cigna commercial plans (i.e. employer-sponsored plans): Customer cost-sharing applies for non-COVID-19 services. Cost-sharing waivers for COVID-19 treatment services (for virtual or face-to-face) are currently scheduled to end 12/31/20.</p> <p>Medicare Advantage plans: Customer cost-sharing is waived for in-network medical or behavioral telehealth visits performed by an in-network provider, effective from 6/1/20 to 12/31/20, as stated here.</p>	<p>For Commercial IFP plans: The following virtual care services are covered, with cost-sharing waived, through 1/21/21 unless stated otherwise:</p> <ul style="list-style-type: none"> Virtual screening telephone consults (5-10 minutes) for both COVID-19-related screenings and non-COVID-19 related services, using code HCPCS G2012. Virtual visits for screenings for suspected or likely COVID-19 exposure using appropriate ICD-10 codes and modifiers. Virtual treatment of a confirmed COVID-19 case, effective for dates of service on or after 2/4/20. Cost-sharing is waived through 12/31/20 and ICD-10 code U07.1 must be billed to waive cost-sharing. <p>Non-COVID-19 Telehealth visits: While Cigna commercial IFP plans will cover non-COVID-19 virtual visits (e.g. telehealth) until 12/31/20, standard cost-sharing still applies for these visits, whether delivered by a provider or through a virtual vendor (e.g. Amwell or MDLive).</p>	<p>For Commercial IFP Plans: Cigna will allow providers to bill a standard face-to-face visit for all virtual care services, including those not related to COVID-19, through at least 12/31/20. Providers should bill using a face-to-face code with the appended GQ, GT or 95 modifier and the Place of Service (POS) code that would be typically billed if the service were provided face-to-face. Services can be provided by phone, video, or both phone and video.* Providers will be reimbursed consistent with their typical face-to-face rates.</p> <p>*While telephonic sessions are not typically covered in accordance with Cigna’s Medical Necessity Criteria, providers in the interim period may deliver telephonic-only sessions to patients who do not have access to technology to participate in telehealth sessions, as appropriate.</p> <p>eConsults: Cigna will allow eConsults when billed with codes 99446-99449, 99451, and 99452 for all conditions, effective for dates of service from 3/2/20 to at least 1/21/21.</p>	<p>Commercial IFP plans: Cost-sharing is waived for quick telephonic consults until at least 1/21/21. Cost-sharing is waived for eConsults for all conditions from 3/2/20 to 1/21/21.</p> <p>Medicare Advantage plans: Customer-cost sharing for non-COVID-19 telehealth services are waived from 6/1/20 until 12/31/2020.</p>	<p>COVID-19 Interim Billing guidance for Providers for Cigna Commercial Customers (last updated 12/21/20)</p> <p>Commercial Virtual Care Reimbursement Policy Beginning 1/1/21</p> <p>COVID-19 Interim Guidance for Behavioral Health Providers</p> <p>COVID-19 Medicare Advantage Billing and Authorization Guidelines (updated 10/28/20)</p>

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<p>Affinity (Medicaid)</p>	<p>Affinity’s systems are configured to eliminate all member cost sharing for telemedicine (no effective dates are provided).</p>	<p>Telephonic communication is being covered as a Medicaid managed care benefit, per DOH guidance. Affinity’s delegated behavioral health services vendor, Beacon, has also confirmed they will be following the same directive.</p>	<p>Affinity is reimbursing telemedicine (i.e. two-way electronic audio-visual communications) based on the same established CPT codes and rates as face-to-face appointments. Affinity’s delegated behavioral health services vendor, Beacon, has confirmed they will be doing the same. Telemedicine can be billed with CPT codes like 99201 plus the applicable modifier.</p> <p>Telephonic services (two-way audio communications to deliver healthcare services) and are only billed with three specific CPT codes, without modifiers: 99441, 99442 and 99443.</p>	<p>Affinity is following DOH guidance and effective dates (3/1/20 through the State Disaster Emergency, currently ending 1/1/21 pending further extension.)</p>	<p>Provider Telemedicine COVID-19 Q&A (Spring 2020 Newsletter)</p> <p>Updated Telehealth Guidance (May 2020)</p>
<p>Emblem Health (Commercial, Medicaid, Medicare Advantage)</p>	<p>Commercial Plans: These members will have no cost-sharing (including copayments, coinsurance, or deductibles) for in-network telehealth visits conducted through 1/8/21.</p> <p>Medicare Plans: The telehealth cost-sharing waiver has expired for Medicare members. Providers may begin collecting member cost shares for dates of services beginning 9/10/20.</p> <p>Medicaid Plans: EmblemHealth guidance does not provide information on telehealth cost-sharing policies for its Medicaid members.</p> <p>Teladoc: Members with a benefit plan that includes the Teladoc™ program will also have no cost-sharing for Teladoc visits through 1/8/21. Note: The telehealth cost-sharing waiver may not apply to ASO plans.</p>	<p>For all its members (i.e. commercial, Medicaid, and MA), EmblemHealth is waiving CMS and state-based originating site restrictions so that in-network providers can bill for services that are performed while a patient is at home.</p> <p>For commercial, Medicaid, and MA plan members, EmblemHealth will reimburse telephone (audio-only) and telehealth services if the criteria listed here (opens as a .pdf) are met.</p> <p>For medical and outpatient behavioral telehealth visits, providers can utilize both interactive audio/video and audio-only.</p> <p>For PT/OT/SLP provider visits, interactive real-time audio/video technology must be used. In addition, Medicaid allows for telephonic only.</p>	<p>Telehealth services will be reimbursed based on national reimbursement determinations, policies and contracted rates as outlined in a care provider’s participation agreement.</p> <p>Prior to the Public Health Emergency temporary change, telehealth services were required to be billed with POS 02. During the emergency, Emblem is suspending this requirement and in order to identify telehealth or telephone (audio only) services that were historically performed in the office or other in person setting (E.g. POS 11, 19 and 22), modifier GT or 95 must be used instead. POS code 02 will reimburse at traditional telehealth rates.</p> <p>To bill telephone (audio-only), use audio-only CPT codes 98966-98968 and 99441-99443, which do not require telehealth modifiers to be reported.</p>	<p>Telehealth cost-sharing waivers are effective for:</p> <ul style="list-style-type: none"> Commercial plans, effective through 1/8/21. Teladoc visits (for members with a benefit plan that includes Teladoc), effective through 1/8/21. 	<ul style="list-style-type: none"> December Newsletter (opens as .pdf) Emblem COVID-19 Update (updated 11/24/20) Temporary Telehealth Policy, Applicable Procedure Codes, and FAQ (opens as a .pdf) - updated 11/24/20 Telehealth FAQ

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<p>Metro Plus (Commercial, Medicaid, Medicare Advantage)</p>	<p>Medicaid, Exchange, and Commercial plans: As stated here, MetroPlus is following State DFS and DOH guidelines for the above plan types and will waive member cost-sharing for all telehealth services. Payment will be made for the services, and members should not be billed for telehealth services. This policy is effective 3/16/20 and currently set to expire 1/8/21 unless further extended, per DFS regulations*.</p> <p>Medicare Advantage plans: As stated here, MetroPlus is applying CMS guidance for its MA beneficiaries and refers providers to CMS’s Medicare telehealth guidance, available here. Although the HHS Office of Inspector General (OIG) has allowed Medicare providers the flexibility to reduce or waive cost-sharing for telehealth visits, MetroPlus has not explicitly stated in its guidance that it will waive cost-sharing for its MA beneficiaries.</p> <p>*Note: MetroPlus has not updated its guidance since the DFS policies were last renewed (MetroPlus’s guidance still states that regulations expire 11/9/20). It is expected that MetroPlus will update its guidance to match the updated DFS expiration dates.</p>	<p>Medicaid/Exchange/Commercial: MetroPlus is following NYS DOH's guidance for coverage of telehealth and telephonic services. Effective for dates of service from 3/1/20 and through the State Disaster Emergency (set to expire 1/1/21 pending further extension), MetroPlus is allowing all Network Providers to offer telehealth services to existing members in cases where face-to-face visits may not be recommended. Telephonic communication will be covered when provided by a qualified practitioner or service provider. All telephonic encounters documented as appropriate by the provider would be considered medically necessary for payment purposes in Medicaid Managed Care or Medicaid Fee-for-service.</p> <p>Medicare Advantage: MetroPlus is following CMS’s guidance and will allow its MA beneficiaries to use telecommunication technology for office and hospital visits and other services typically provided in-person.</p>	<p>Medicaid/Exchange/Commercial: MetroPlus directs providers to follow the billing guidelines outlined in the NYS DOH’s Medicaid Telehealth FAQ regarding POS codes, modifiers, and acceptable service types.</p> <p>Medicare Advantage: MetroPlus directs providers to follow Medicare billing guidelines, available here and here.</p> <p>All product lines: Beginning 3/23/20, MetroPlus Virtual Visit is being offered as a free, supplemental service that provides telehealth medical and mental health visits to members to use for low acute illnesses that can be treated online. These telehealth visits are provided by AmericanWell's network practitioners.</p>	<p>Medicaid/Exchange/Commercial:</p> <ul style="list-style-type: none"> Cost-sharing waivers for covered telehealth services are in effect beginning 3/16/20 until 1/8/21*, unless further extended. <p>Medicare Advantage:</p> <ul style="list-style-type: none"> Medicare will reimburse for telehealth services in broader circumstances, starting 3/6/20 and for the duration of the national COVID-19 Public Health Emergency (currently set to expire 1/21/21 unless further extended). 	<ul style="list-style-type: none"> MetroPlus Provider Updates During the COVID-19 Emergency (last updated 8/21/20) MetroPlus Telehealth Updates (last updated 9/15/20) Cost Sharing Updates (last updated 4/3/20) NYS DOH Medicaid Telehealth FAQ NYS DFS Telehealth Regulation (signed 11/9/20) CMS Medicare Telehealth Guidance
<p>Amida Care (Medicaid)</p>	<p>Although Amida Care has not explicitly stated that it will waive member cost-sharing for telehealth services, as stated here, Amida Care is following New York State DFS and DOH Medicaid guidance (available here) which indicates that Amida Care will waive cost sharing for telehealth/telephonic services.</p>	<p>Medicaid: Amida Care has indicated here that it is following NYS DOH's guidance to reimburse telephonic assessment, monitoring, and evaluation and management services provided to members in cases where face-to-face visits may not be recommended for dates of service beginning 3/1/20 and for the duration of the State Disaster Emergency (currently set to expire 1/1/21 pending further extension).</p>	<p>Amida Care refers providers to follow State Medicaid billing guidance, available here and here.</p> <p>Additionally, Beacon Health Options is Amida Care’s behavioral health service provider. During the public health emergency, Beacon will cover telehealth for most services, including services that can be delivered via telephone using any staff allowable under current program regulations or State-issued guidance as medically appropriate. Additionally, Beacon is waiving cost sharing for in-network providers.</p>	<ul style="list-style-type: none"> If following DFS guidance, cost-sharing waivers are in effect 3/16/20 until 1/8/21, pending further extension. Expanded coverage of telehealth services are in effect 3/1/20 to 1/1/21 pending further extension 	<ul style="list-style-type: none"> COVID-19 Information for Providers Behavioral Health Guidance via Beacon Beacon NY Telehealth updates

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<p>VNSNY Choice (Medicaid, Medicare)</p>	<p>Medicaid Plans: VNSNY guidance does not explicitly state that it will waive cost-sharing for its members, but as stated here, VNSNY is following NYS DOH Medicaid guidance, indicating that it will waive cost sharing for telehealth services provided by existing/current in-network doctors.</p> <p>Medicare Plans: As stated here, VNSNY refers its Medicare providers to CMS’s Medicare telehealth guidance, available here. Although the HHS Office of Inspector General (OIG) has allowed Medicare providers the flexibility to reduce or waive cost-sharing for telehealth visits, VNSNY has not explicitly stated in its guidance that it will waive cost-sharing for its Medicare beneficiaries.</p>	<p>All VNSNY CHOICE Plans: In accordance with published State DOH Medicaid Guidance, all VNSNY CHOICE Health Plans (i.e. CHOICE MLTC, CHOICE Total HMO D-SNP, and the SelectHealth Medicaid plan serving HIV individuals) will expand eligibility for coverage of telehealth services to all members, effective 3/1/20. During the State Disaster Emergency, telehealth’s definition is expanded to include telephone conversations. VNS will reimburse providers for telephonic assessment, monitoring, and evaluation and management services provided to members where face-to-face visits are not recommended.</p> <p>Medicaid covered services provided via telehealth include assessment, diagnosis, consultation, treatment, education, care management and/or self-management.</p> <p>Beacon Health Options manages Behavioral Health and Substance Abuse benefits on behalf of VNSNY CHOICE health plans.</p>	<p>VNSNY directs providers to refer State Medicaid Guidance for billing details, available here.</p> <p>VNSNY CHOICE Total (HMO D-SNP) will expand eligibility coverage of telehealth services for CHOICE Total members. VNS CHOICE Total (HMO D-SNP) will accept claims for telehealth services including those provided by primary care doctors, specialists, therapists, and mental health professionals, when:</p> <ul style="list-style-type: none"> • CMS-designated POS code 02 is used; • Modifier 95 is used with any POS code or Modifier GT is appended to procedure codes that ordinarily describe face-to-face services. During the current national public health emergency (expiring 1/21/21 unless extended), reimbursement for CHOICE Total members will include services under CMS guidance when provided by in-network providers using interactive audio and video telecommunications system that permits real-time interactive communication; alternative technologies commonly available on smartphones, tablets, and/or other devices; and online patient portal communications (for patient-initiated virtual check-ins). 	<p>Per State guidance, expanded coverage of telehealth services would be effective from 3/1/20 until the end of the State Disaster Emergency, currently ending 1/1/21, pending further extension.</p>	<ul style="list-style-type: none"> • COVID-19 Resources for Providers (last updated 12/2/20) • Use of Telehealth Services During the COVID-19 Public Health Emergency for CHOICE Total Medicare Providers • Beacon’s telehealth policy FAQ • Beacon Provider Resources
<p>WellCare (Medicaid, Medicare Advantage)</p>	<p>Medicaid and Medicare plans: WellCare is implementing a policy of zero member liability (copays, cost sharing, etc.) for care delivered via telehealth, effective immediately. (No ending effective dates are given.)</p>	<p>Medicaid and Medicare: According to guidance, WellCare is expanding coverage of telehealth services during the duration of the COVID-19 emergency and implementing the following policies:</p> <ul style="list-style-type: none"> • Any services that can be delivered virtually will be eligible for telehealth coverage; and • Telehealth services may be delivered by providers with any connection technology that follows state and federal guidelines, to ensure patient access to care. <p>All prior authorization requirements for telehealth services will be lifted for the following dates of service:</p> <p>Medicaid: 3/17/20 through 6/30/20 Medicare: 3/17/20 through 10/25/20.</p>	<p>Medicaid Providers: WellCare directs Medicaid providers to seek further guidance from:</p> <ul style="list-style-type: none"> • NYS Department of Health <p>Medicare providers: WellCare directs Medicare providers to seek further billing and coding guidance for telehealth services from:</p> <ul style="list-style-type: none"> • Centers for Medicare and Medicaid (CMS) • Department of Health and Human Services (HHS) • American Medical Association (AMA) 	<p>No precise effective dates for cost-sharing waivers and extended coverage are given: WellCare only states that this guidance “may be retired at a future date.”</p>	<ul style="list-style-type: none"> • New Telehealth Policies for Medicaid Providers • New Telehealth Policies for Medicare Providers

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<p>Empire BCBS (Commercial, Medicaid, Medicare)</p>	<ul style="list-style-type: none"> <p>Telemedicine (i.e. live video + audio via app) visits: Empire will waive member cost-sharing (i.e. copayments, coinsurance, and deductibles) for telemedicine visits from in-network providers, including covered visits for mental health and substance use disorders. This applies to use of Empire’s LiveHealth Online platform, as well as for care received from other providers delivering virtual care through internet video + audio services. (Self-insured plan sponsors may opt out of this program.) For the following product lines, the waiver is effective for:</p> <ul style="list-style-type: none"> <p>Fully Insured employer plans, individual plans, and Medicaid plans: 3/16/20 through 11/9/20 (or any longer period required by state law– this will likely be extended to 1/8/21 in accordance with State DFS guidelines)</p> <p>Medicare Advantage plans: 3/16/20 through 12/31/20</p> <p>Telehealth (i.e. telephonic with video capability) visits: Empire will waive member cost-sharing for telehealth visits with in-network providers acting within the scope of their license. These include covered visits for medical services and mental health and substance use disorder services, where medically appropriate if all other requirements for a covered health service are met. Phone/video delivery must be HIPAA compliant. (Out-of-network telehealth visits are also covered if the member’s benefit plan has out-of-network benefits. Self-insured plan sponsors may opt out of this program.) For the following product lines, the waiver is effective for:</p> <ul style="list-style-type: none"> <p>Insured employer plans, individual plans, and Medicaid plans: 3/19/20 through 11/9/20 (or any longer period required by state law– this will likely be extended to 1/8/21 in accordance with State DFS guidelines)</p> <p>Medicare plans: 3/19/20 through 9/30/20</p> <p>Telephonic-only care: Empire will cover telephonic-only visits with in-network providers where medically appropriate if all other requirements for a covered health service are met. This includes visits for medical services and behavioral health. Exceptions include certain chiropractic services and physical, occupational, and speech therapies; these services require face-to-face interaction and therefore are not appropriate for telephone-only consultations. Cost-sharing will be waived for in-network providers only. Phone delivery must be HIPAA compliant. (Out-of-network coverage will be provided in accordance with benefit plan terms. Self-insured plan sponsors may opt out of this program.)</p> <ul style="list-style-type: none"> <p>For insured employer plans and individual plans: “Cost shares will be waived for in-network providers only” (however, no effective dates are given.)</p> <p>For Medicaid and Medicare plans, cost-sharing waiver is effective 3/19/20 through 12/31/20.</p> <p>Physical, occupational and speech therapies: Empire will waive member cost-sharing for telemedicine and telehealth visits for certain physical, occupational and speech therapies through 9/30/20. Excluded services are those that require equipment and/or direct physical hands-on interaction which are not appropriate via telehealth, such as the following PT/OT codes: 97010-97028, 97032-97039, 97113-97124, 97139-97150, 97533 and 97537-97546. Allowable PT/OT and ST codes are available here.</p> 	<p>When member cost-sharing is waived by Empire for telemedicine, telehealth, and telephonic-only services, Empire will process the claim as if there is no member cost sharing, as it does, for example, with preventative health services.</p> <p>Billing Guidance: Commercial plans: Based on standard coding guidelines from the AMA and HCPCS, office visit (99201-99215) telehealth claims will require Place of Service (POS) code 02 and either modifier “95” or “GT”.</p> <p>Medicare Advantage: Providers should follow original Medicare coding guidance and adhere to CMS updates: For MA audio-only telephonic claims, please use codes 99441, 99442, 99443, 98966, 98967, and 98968 which do not require a telehealth modifier to be appended. POS would be the location where the provider initiates such a call.</p>	<p>Please refer to the summary of effective dates, in red text, provided in the second column.</p>	<p>Info for Empire Care Providers about COVID-19 (for commercial lines of business) (updated 12/22/20)</p> <p>COVID-19 Information from BCBS HealthPlus (for Medicaid plans) (updated 12/10/20 – Please note that there is conflicting information on the effective dates between the two links provided above. The effective dates provided in this document are taken from the most recently updated 12/22/20 guidance.)</p>

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<p>Fidelis Care (Medicaid, Medicare Advantage)</p>	<p>All product lines: Effective 3/1/20 (with no end date given), Fidelis Care has waived cost sharing on all telehealth services rendered by in-network and out-of-network providers across all product lines. Providers rendering care via telehealth are responsible to ensure any copays, coinsurance, or deductible charges are waived for Fidelis Care members at the time of telehealth services, and claims will be adjusted to reflect provider payments with \$0 member liability upon processing.</p> <p>Medicare Advantage: Effective 7/1/20 to 12/31/20, members of the following Fidelis MA plans will experience no cost-sharing for in-network telehealth or virtual visits with primary care, specialty, and behavioral health providers:</p> <ul style="list-style-type: none"> Fidelis Medicare Advantage Flex (HMO-POS Plan 022); Medicare Advantage \$0 Premium (HMO-Plan 024); Medicare Advantage Without Rx (HMO-POS Plan 001) <p>Providers should not collect a cost share portion from members for these services.</p> <p>Fidelis will also continue to waive all copayments, prior authorizations, and other costs related to COVID-19 testing, screening, and medically necessary treatment for these MA members. Fidelis will also continue to waive prescription refill limits for these MA members.</p>	<p>Teladoc Beginning 4/1/20, in response to the COVID-19 emergency, Teladoc®, is offered as a new online option for Fidelis Care Medicaid, Child Health Plus, Essential Plan, Health and Recovery Plan (HARP), Medicare Advantage, and Dual Advantage members. Through Teladoc, members can access 24/7 online care by phone or video, from board-certified, NY State-licensed doctors. Note: Fidelis Care QHP members continue to have access to telehealth services through the Teladoc and Babylon apps, at no cost. The Telehealth benefit is the same, no matter the app.</p> <p>Behavioral health services: Fidelis Care’s telehealth coverage and reimbursement approach also applies to its network of participating behavioral health providers, including all individual behavioral health practitioners currently contracted with Fidelis as well as facilities delivering OMH and OASAS licensed programs. Providers must follow continued guidance from their respective licensing authorities, and any questions on these forms or waiver approvals should be directed to the respective OMH and OASAS contacts indicated on the forms. Fidelis Care does not require the submission of any additional documentation, contracting documents, or forms from OMH or OASAS providers in order to reimburse for telehealth claims.</p>	<p>Coverage: Fidelis Care is following CMS guidance that permits reimbursement for telehealth services with dates of service on or after 3/1/20 for the duration of the federal Public Health Emergency (set to expire 1/21/21 pending further extension) using the POS code equal to what it would have been had the service been furnished in person (such as POS 11 for office setting) and the appropriate telehealth modifier indicating that the service rendered was performed via telehealth. The CMS guidance is available here.</p> <p>Cost-sharing: Effective 3/1/20, providers rendering care via telehealth are responsible for ensuring any copays, coinsurance, or deductible charges are waived for Fidelis Care members at the time of telehealth services, and claims will be adjusted to reflect provider payments with \$0 member liability upon processing.</p> <p>Medicaid Billing: New York State Medicaid has issued comprehensive telehealth updates available here. While Fidelis Care is aligned with coverage described in this update, including aligning with expanded definitions and parameters related to telehealth, Fidelis Care states that the coding and reimbursement referenced in the update is not relevant to their claims processing requirements. Providers’ existing contract defining services and rates continue to prevail for the same services rendered through the telehealth modality.</p>	<p>Medicare Advantage: Cost-sharing is waived for in-network telehealth and virtual visits from 7/1/20 to 12/31/20.</p> <p>Other Product Lines: Cost-sharing is waived effective 3/1/20 with no end date specified.</p>	<p>Important Updates Regarding COVID-19 – (https://www.fideliscare.org/Provider?id=303) last updated 8/28/20</p> <p>Update on MA Cost-Sharing – (https://www.fideliscare.org/Provider?id=337) posted 6/24/20</p> <p>Provider Manual, Section 2 (link opens as a .pdf file).</p>

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<p>United Healthcare (Medicare Advantage, Commercial, Medicaid)</p>	<p><u>For COVID-19-related telehealth services:</u></p> <ul style="list-style-type: none"> For Medicaid plans: State regulations apply for cost-sharing waivers. For Medicare and individual and fully-insured group market plans, UHC is waiving cost-sharing for: <ul style="list-style-type: none"> COVID-19 testing-related telehealth visits (both in-network and out-of-network) from 2/4/20 through 1/20/21. COVID-19 treatment-related telehealth visits from 2/4/20 through 12/31/20 (applies for in-network visits only; out-of-network cost-sharing waivers for individual/fully-insured group market plans ended 10/22/20.) <p><u>For non-COVID-19 related telehealth services:</u></p> <ul style="list-style-type: none"> Medicare Advantage plans: UHC is extending cost-sharing waivers for non-COVID-19 related telehealth services from 10/1/20 through 12/31/20 (applicable only for primary care telehealth services delivered either in-network or out-of-network). As of 10/1/20, cost-sharing for non-primary care telehealth services will be adjudicated in accordance with the member's benefit plan. Individual and Fully-Insured Group Market Health plans: These UHC plans will continue to extend its temporary cost share waiver for in-network non-COVID-19 telehealth services, through 9/30/20. As of 10/1/20, benefits will be adjudicated in accordance with the member's benefit plan. Medicaid: UHC Medicaid will adhere to state-specific cost share regulations for waiving in-network non-COVID-19 telehealth services. If no State guidelines are provided, cost-sharing waivers ended 6/18/20; otherwise, State guidance supersedes UHC guidance. It is expected that NYS Medicaid plans will waive cost-sharing until 1/8/21, in accordance with DFS guidance. 	<p><u>Telehealth expansions:</u></p> <ul style="list-style-type: none"> For MA and Individual and Fully-Insured plans: Any originating site requirements that may apply under Original Medicare and UHC reimbursement policies are temporarily waived, so that telehealth services provided through live interactive audio-video (or audio-only if applicable) can be billed for members at home or another location. For PT/OT/ST, chiropractic therapy, home health and hospice provider visits, interactive audio-video technology must be used. <ul style="list-style-type: none"> For MA plans, telehealth access for COVID-19 and non-COVID-19 services is expanded to both in-network and out-of-network providers through 12/31/20 unless further extended. For Individual and Fully Insured Group market plans, expanded access for in-network, non-COVID-19-related telehealth services is extended until 12/31/20. UHC policies regarding audio-video requirements are also waived during this period. For Medicaid plans: Any originating site or audio-video requirements under UHC policies are waived if consistent with state-specific regulations and/or guidance, so that telehealth services provided by a live interactive audio-video or audio-only communication system can be billed for members at home or another location. For PT/OT/ST, chiropractic therapy, home health and hospice provider visits, interactive audio-video technology must be used. 	<p><u>Coverage of Telehealth services:</u></p> <p>For Medicare Advantage, Medicaid, and Individual and fully insured Group Market Health plans: UnitedHealthcare is covering and reimbursing all codes on the CMS Covered Telehealth Services list (opens as .zip file) during the national public health emergency, through 1/20/21 pending further extension.</p> <p>For Medicaid and Individual/Fully insured Group Market plans: UHC is reimbursing additional telehealth codes, available here, for Preventive Medicine and Applied Behavior Analysis, effective 3/18/20 through 12/31/20. Additional covered codes can be found in the Telehealth and Telemedicine Reimbursement policies for Medicaid and Policies for Individual and fully insured Group Market health plans.</p> <p>For MA plans and Individual/Fully-Insured Group Market Plans:</p> <ul style="list-style-type: none"> Telehealth services will be reimbursed at their contracted rate for in-person services. Providers will be reimbursed for virtual check-ins, e-visits, and remote patient monitoring <p>For MA plans: For audio-only visits, providers will continue to be reimbursed at the rate they would receive for audio-video or in-person codes. CMS rates for audio-only telephonic evaluation and management (E/M) codes, as well as virtual check-ins (which may be done by telephone) and e-visits for established patients, are being adjusted retroactively for dates of service on or after 3/1/20.</p> <p>Detailed reimbursement guidance for MA, Medicaid, Individual and Fully-Insured Plans, and Self-Funded Group Market Health Plans are provided here. Key dates are summarized here.</p>	<p>Please refer to the previous columns for the effective dates of UHC's telehealth cost-sharing waivers.</p> <p>All key effective dates are also summarized in this table (opens as a .pdf file)</p>	<ul style="list-style-type: none"> UHC Covid-19 Billing Guidance (updated 10/7/20) Table of key COVID-19 Dates, including cost-sharing and telehealth expansions, by health plan type (current as of 10/12/20) Provider Billing Guidance (updated 9/25/20)

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Healthfirst (Medicaid)	<p>All product lines: Cost-sharing is temporarily waived for all services/visits delivered via telehealth by in-network providers or via Teladoc®, effective during the NYS state of emergency (currently set to expire 1/1/21 pending further extension) regardless of whether the visit is related to COVID-19 or not. (Source)</p>	<p>In accordance with CMS and NYS guidance, originating site restrictions have been lifted for all lines of business.</p> <p>Privileging Process: Healthfirst is temporarily waiving the telehealth privileging process and allowing providers to render and bill for medically needed telehealth services. In alignment with E.O. 202, this temporary waiver period will extend through at least 1/1/21 or later, if the state of emergency persists past this date. Providers will need to go through the privileging process after the end of the waiver period in order to continue to be reimbursed for telehealth.</p> <p>Telehealth platforms/software: During the NYS state of emergency period (expiring 1/1/21 pending further extension), all telehealth applications will be covered, as appropriate to properly care for the patient. Providers are strongly encouraged to use a dedicated secure transmission linkages that meet minimum federal and state requirements. Transmissions must employ acceptable authentication and identification procedures by both the sender and the receiver.</p>	<p>Providers will be reimbursed for covered telehealth services in accordance with the fee schedule applicable to the providers' contract.</p> <p>Billing guidelines:</p> <ul style="list-style-type: none"> • OMH/OASAS providers should bill for telepractice services exactly the way they bill for a service provided by other means, with the only addition being claim modifiers “95” or “GT.” In other words, they may bill with a POS code historically used to reflect services performed in the office or in-person setting and append modifier GT or 95 in accordance with HF billing guidelines for OMH/OASAS services. Telehealth POS Code 02 should NOT be used for OMH/OASAS services. <p>During the State of Emergency, telemental health services have been expanded to include telephonic and/or two-way synchronous video.</p> <ul style="list-style-type: none"> • Private behavioral health practitioners should bill with POS Code 02 with modifier “95”. If telehealth services are billed with modifier 95 but without POS 02, the claim will be denied. Detailed telehealth billing guidance is available here. 	<p>Temporary waiver period for telehealth privileging process and customer cost-sharing: effective through the State of Emergency (currently expiring 1/1/21 pending further extension)</p>	<ul style="list-style-type: none"> • Coronavirus: telehealth billing policies (fourth pdf from the top) • OMH and OASAS Telepractice Services Guidance • Telehealth Resources • Provider alert: Billing polices