



New York State Telehealth Law Provider Frequently Asked Questions

This FAQ document will continue to be reviewed and updated regularly in order to provide the most current and pertinent information.

General Questions

Q. What is telehealth?

- A.** Telehealth is also commonly known as telemedicine, telepsychiatry or telemental health (TMH).

For Commercial product lines: Telehealth means the use of electronic information and secure communication technologies by a health care provider to deliver services to an individual when the individual is located at a different site than the provider. This means that a provider and member could use modalities including but not limited to telephone, video, texting, e-mailing and instant message.

For Medicaid product lines: The definition of telehealth is more prescriptive for Medicaid lines than for Commercial. Telehealth is the use of electronic information and secure communication technologies by telehealth providers to deliver health care services, including assessment, diagnosis, consultation, treatment, education, care management and/or self-management of a patient. Telehealth cannot be delivered solely by means of audio-only telephone communication, facsimile machines, or electronic messaging. Telehealth is limited to the following three modalities: Real time 2-way audio-visual communication that is HIPAA compliant; store and forward technology (electronic transmission of health information from provider to provider, such as emailing a treatment plan); and remote patient monitoring (collection of personal health information and medical data from a patient for a provider at a distant site).

Q. What is the NY Telehealth law?

- A.** The New York State Telehealth law defines telehealth as well as the requirement of insurers and Medicaid to provide coverage for telehealth and telemedicine services. The law includes different rules for Medicaid & Commercial lines of business; those differences are described in this FAQ.

Q. When does this new law take effect?

- A.** The law went into effect 1/1/2016. It is anticipated that in the first quarter of 2016 New York State will issue regulations regarding the application of this law to Medicaid products. Further information will be disseminated once known.



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Q. Does this apply to other states?

A. *No, the New York Telehealth law does not apply to other states. While other states in which Beacon conducts business might regulate telehealth, this particular FAQ applies only to the law in New York which went into effect 1/1/16.*

Q. What product lines are covered by the telehealth law?

A. The law is applicable to the following lines of business in New York State:

Medicaid: The law applies to fee for service Medicaid and Medicaid Managed Care programs, including HARP (Health and Recovery Plan), HIV SNP, MLTC and the Medicaid benefits under FIDA (Fully Integrated Duals Advantage).

Commercial: All insured business, including the Health Exchange, Essential Plans and CHP (Child Health Plus).

The law does not apply to Medicare or to self-funded, administrative services only groups. New York State Empire Plan members ARE covered by this law.

Q. Who can provide telehealth services?

A. *For Commercial product lines:* Any behavioral health provider who is licensed to provide covered services under a member's benefit plan is able to provide telehealth services as long as they are a covered provider type under the plan and they utilize a secure technology. If a member is part of a closed network plan, then out of network providers are not covered. If a plan does not cover certain services or a particular provider type, then telehealth services would not be covered.

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For Medicaid product lines: Only the following types of behavioral health providers are able to provide telehealth services:

- physicians / psychiatrists
- physician's assistants
- psychologists
- social workers
- nurse practitioners
- registered professional nurses (when nurse is receiving patient-specific information or medical data at a distant site by means of remote patient monitoring)

**Note: Providers must be able to utilize a secure technology.*



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Q. Where can telehealth be provided?

A. *For Commercial product lines:* The law does not dictate where the provider or member must be located to provide or receive telehealth. They must only be located in different places.

For Medicaid product lines: Telehealth is defined as a traditional “originating site” model of telehealth. This means that the provider is at a distant site and the member is in one of the following types of places: Article 28 (hospital), Article 40 (hospice), Article 31 (Office of Mental Health licensed Facility for the Mentally Disabled), or a physician office in New York. For remote patient monitoring, the member can also be located at their home in New York, or in another temporary location in or outside New York. The provider must be located in New York.

Claim Submission

Q. How should telehealth services be billed?

A. Providers will submit claims for services delivered via telehealth using the appropriate CPT or HCPCS code for the service along with the telehealth modifier GT (for example, 90834 GT). The base procedure code would remain the same.

Q. How are members billed for telehealth? Are financial obligations different than for services provided at a physical location?

A. *For both Medicaid and Commercial lines of business,* financial obligations are no different for telehealth provided services than services provided at a physical location.

Copayments, coinsurance, and deductibles can apply to services provided via telehealth as long as they are not greater than the cost sharing that is applied to the same service when it is not delivered via telehealth. For example, if a copay for an outpatient therapy office visit is \$20 when provided at a physical location, members can be charged no more than \$20 for an outpatient therapy appointment via telehealth.

Clinical, Authorization and Quality Services



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Q. Will Beacon conduct utilization reviews for telehealth services? How?

A. *For both Medicaid and Commercial lines of business, utilization review and quality assurance activities can be conducted for telehealth services in a manner consistent with the way they are conducted when delivered at a physical location. Providers do not need to receive special authorization for telehealth services.*

Q. Are any services excluded from telehealth?

A. *For both Medicaid and Commercial lines of business, the law is applicable to any covered benefit. Therefore, any service that is in a member's benefit plan is able to be delivered via telehealth. The only exclusions would be services that cannot be provided remotely, such as Electroconvulsive Therapy (ECT) and Repetitive Transcranial Magnetic Stimulation (rTMS).*

Q. What should I do if I have additional questions not addressed in this FAQ?

A. Please see **Section 599.17. Telepsychiatry services, 14 NY ADC 599.17** to review the New York State law. For additional information, please see our Telehealth Best Practices at http://www.valueoptions.com/providers/Handbook/treatment_guidelines.htm.