

NYS Family Planning Billing for Telehealth during COVID-19

NYS Medicaid FFS Guidance
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Presenter



Ann Finn

518.522.8159

ann@annfinnconsulting.com

www.annfinnconsulting.com

A NYS and NYC certified Women Owned Business (WBE)

NYS Medicaid Guidance

- This webinar is meant for informational purposes only and does not replace official state or payer guidance.
 - We will be focusing today on Article 28 Clinic/FQHC guidance pertaining to common family planning telehealth visits
- Guidance based off of NYS 3.31.2020 updates and FAQ
- Additional updates and training by the state will be available soon.

NYS Medicaid Guidance



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2020 DOH Medicaid Updates - Volume 36

You can find articles arranged by subject in the [Medicaid Update Main Page](#).

Number 7: March 2020 Special Edition - COVID-19 Coverage and Reimbursement Policy (*published: 3/27/2020*) ([Web](#)) or ([PDF](#)) — ([Redline PDF](#)).

Number 6: March 2020 - *Not yet published. Regular program updates are pended due to COVID only publications at this time.*

Number 5: March 2020 Special Edition - COVID-19 Comprehensive Telehealth Guidance ([Web](#)) or ([PDF](#)) (*published: 3/21/2020, Updated 3/23/2020; 3/25/2020; 03/31/2020*).

- Frequently Asked Questions (FAQs) on Medicaid Telehealth Guidance during the Coronavirus Disease 2019 (COVID-19) State of Emergency - ([PDF](#)) (3/31/2020)

Number 4: March 2020 Special Edition - COVID-19 **Telephonic Communication Services (*published: 3/13/2020, updated 3/25/2020*) - not available, replaced by [Issue Number 5](#).

Number 3: March 2020 Special Edition - COVID-19 ** Coverage and Reimbursement Policy (*published: 3/10/2020, updated 3/25/2020*) - not available, replaced by [Issue Number 7](#).

Number 2: February 2020 (*published: To be determined*). Work on this draft was superseded by the emergent COVID-19 issues.

Number 1: January 2020 published: 01/31/2020 ([Web](#)) or ([PDF](#)).

Keep checking NYS website for updates

https://health.ny.gov/health_care/medicaid/program/update/2020/

<https://eMedNY.org>

Telehealth

- Use of electronic information and communication technologies to deliver health care to patients at a distance
- Includes assessment, diagnosis, consultation, treatment, education, care management and/or self-management of a patient



Telehealth Billing

- Must be a covered service
- Review each payer's policies regarding services provided via telehealth during the state of emergency



Other Payers

- Both Medicaid Managed Care (MMC) and commercial plans are required by the NYS Parity Law to provide reimbursement for services delivered via telehealth, if those services would have been covered if delivered in person

Telehealth for Family Planning

Screen patients requesting contraceptives that can be self-administered

Manage adverse effects related to contraceptives

Provide refills for existing prescriptions

Counsel patients on risk reduction and other concerns

Assess other symptoms and ongoing treatments

Modes of Delivery

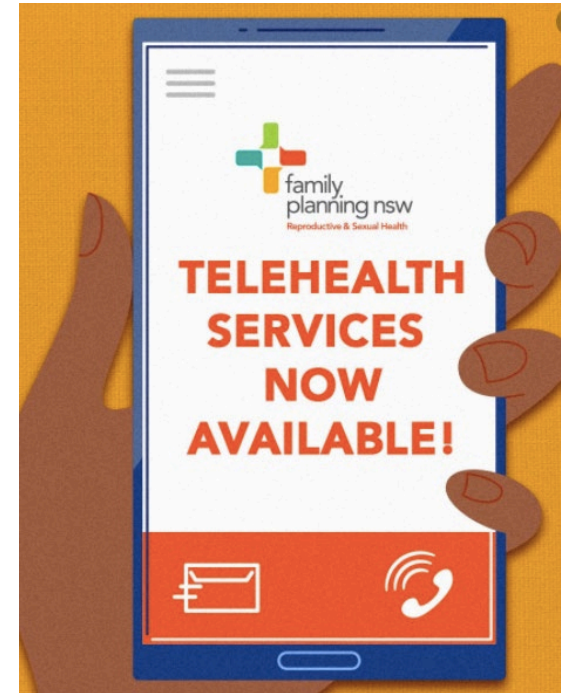
- During State of Emergency, NYS is covering both telephonic conversations and audiovisual communication.
- Telemedicine
 - Two-way audiovisual communication (synchronous)
- Telephonic
 - Does not include any visual – audio only

Use Audio/Visual If Possible



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- While there are some technological barriers to telehealth, providers should attempt to use audiovisual technology traditionally referred to as “telemedicine” to deliver services and should use telephonic services only when audiovisual technology is not available (FAQ#2)



Platforms Expanded

- NYS has expanded the platforms that providers can use to include popular applications that allow for video chats, including:
 - Apple FaceTime, Facetime, Facebook Messenger video chat, Google Hangouts video, Zoom, Skype...
 - Facebook Live, Twitch, TikTok, and similar video communication applications that are public facing should not be used in the provision of telehealth



HIPAA Relaxed

- OCR has issued a Notification of Enforcement Discretion for telehealth remote communications:
 - Will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during this emergency.

All providers must take steps to reasonably ensure privacy during all patient-practitioner interactions

Documentation Tips

- Documentation requirements for a visit conducted via telehealth are the same as for a face-to-face visit
- Also include:
 - Mode of telecommunication used to communicate with the patient
 - Location of the patient and provider
 - Names and roles of participating staff
 - Time of the telehealth session (start, finish, total)
 - Verbal consent

NYS: Verbal Consent

- Document verbal consent
- Confirm the patient's identity and provide patient with basic information about the services that he/she will be receiving via telehealth/telephone.
 - Written consent by the member is not required.
 - Telehealth/telephonic sessions/services shall not be recorded without the member's consent.

New vs. Established Patients

- Telemedicine/Telephonic services can be provided to new and/or established patients when clinically appropriate during the state of emergency.
- Coding restrictions limiting certain telehealth services to established patients are waived during the state of emergency (FAQ#22)

Site Terms

Distant Site

- Where the provider is located while delivering health care services by means of telehealth *including their home*

Originating Site

- Where the patient is located *including their home*.

Cost Sharing

- NYS insurance companies are required to waive cost-sharing, including, deductibles, copayments (copays), and coinsurance for in-network telehealth visits
- whether or not related to COVID-19, during the state of emergency.

https://www.dfs.ny.gov/industry_guidance/coronavirus/telehealth_ins_prov_info

Locator Codes

- When the provider is treating from home report the locator code where the face-to-face encounter would normally have occurred (FAQ#38)



Family Planning Indicators

- When the primary diagnosis is Z30- Contraceptive Management for a family planning visit, append:
 - A4 condition code (institutional claim format)
 - “Y” FP indicator (1500/UB claim format)

Include the A4 condition code or Y family planning indicator when Z30- is the primary diagnosis



Telephonic Billing

Telephonic Billing

- NYS has created special guidance and ratecodes to bill for telephonic services when audio/visual is not available





Managed Care : Chart Changes in Bold 3/23/2020

Billing Lane	Telephonic Service	Applicable Providers	Fee or Rate	Historical Setting	Rate Code or Procedure	Notes:
Lane 1	Evaluation and Management Services	Physicians, NPs, PAs, Midwives, Dentists, RNs	Fee Schedule	Office	CPT Procedure Codes "99211" "99441", "99442", and "99443" "D9991" - Dentists	New or established patients. Append GQ modifier for 99211 only
Lane 2	Assessment and Patient Management	All other practitioners billing fee schedule (e.g., Psychologist)	Fee Schedule	Office	Any existing Procedure Codes for services appropriate to be delivered by telephone. Append modifier GQ for tracking purposes.	Billable by Medicaid enrolled providers. New or established patients.
Lane 3	Offsite Evaluation and Management Services (non-FQHC)	Physicians, NPs, PAs, Midwives	Rate	Clinic or Other (e.g., amb surg, day program)	Rate Code "7961" for non-SBHC Rate Code "7962" for SBHC	New or established patients.
Lane 4	Offsite Evaluation and Management Services (FQHC)	Physicians, NPs, PAs, Midwives	Rate	Clinic	Rate Code "4012" for non-SBHC Rate Code "4015" for SBHC	New or established patients.
Lane 5	Assessment and Patient Management	Other practitioners (e.g., Social Workers, dieticians, home care aides, RNs, therapists and other home care workers)	Rate	Clinic or other Includes FQHCs, Day Programs and Home Care Providers	Non-SBHC: <ul style="list-style-type: none"> Rate Code "7963" (for telephone 5 – 10 minutes) Rate Code "7964" (for telephonic 11 – 20 minutes) Rate Code "7965" (for telephonic 21 – 30 minutes) SBHC: <ul style="list-style-type: none"> Rate code "7966" (for telephone 5 – 10 minutes) Rate code "7967" (for telephonic 11 – 20 minutes) Rate code "7968" (for telephonic 21 – 30 minutes) 	Broadly billable by a wide range of provider types including FQHCs, Day Programs and Home Care (e.g., aide supervision, aid orientation, medication adherence, patient check-ins). However, see LHCSA/CHHA assessments and RN visits which get billed under existing rates in Lane 6). New or established patients. Report NPI of supervising physician as Attending.
Lane 6	Other Services (not eligible to bill one of the above categories)	All provider types (e.g., Home Care, ADHC programs, health home, HCBS, peers, Hospice)	Rate	All other as appropriate	All appropriate rate codes as long as appropriate to delivery by telephone	Covers all Medicaid services not covered above. Includes LHCSA and CHHA assessments, evaluations and RN visits.

Lane 3-4 Physician, NP, PA...



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Lane 3 Clinic (Non-FQHC)

- “7961” Clinic
- “7962” SBHC

Lane 4 FQHC

- “4012” Clinic
- “4015” SBHC

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Lane 4	Offsite Evaluation and Management Services (FQHC)	Physicians, NPs, PAs, Midwives	Rate	Clinic	Rate Code “4012” for non-SBHC Rate Code “4015” for SBHC	New or established patients.

Lane 5: Other Providers

Non-SBHC Rate Code:

- “7963” (for telephone 5 – 10 minutes)
- “7964” (for telephonic 11 – 20 minutes)
- “7965” (for telephonic 21 – 30 minutes)

SBHC Rate Code:

- “7966” (for telephone 5 – 10 minutes)
- “7967” (for telephonic 11 – 20 minutes)
- “7968” (for telephonic 21 – 30 minutes)

Managed Care: Chart Changes in Bold 5/25/2020

Billing Lane	Telephonic Service	Applicable Providers	Fee or Rate	Historical Setting	Rate Code or Procedure	Notes:
Lane 5	Assessment and Patient Management	Other practitioners (e.g., Social Workers, dietitians, home care aides, RNs, therapists and other home care workers)	Rate	Clinic or other Includes FQHCs, Day Programs and Home Care Providers	Non-SBHC: <ul style="list-style-type: none"> • Rate Code “7963” (for telephone 5 – 10 minutes) • Rate Code “7964” (for telephonic 11 – 20 minutes) • Rate Code “7965” (for telephonic 21 – 30 minutes) SBHC: <ul style="list-style-type: none"> • Rate code “7966” (for telephone 5 – 10 minutes) • Rate code “7967” (for telephonic 11 – 20 minutes) • Rate code “7968” (for telephonic 21 – 30 minutes) 	<p>Broadly billable by a wide range of provider types including FQHCs, Day Programs and Home Care (e.g., aide supervision, aid orientation, medication adherence, patient check-ins). However, see LHCSA/CHHA assessments and RN visits which get billed under existing rates in Lane 6).</p> <p>New or established patients.</p> <p>Report NPI of supervising physician as Attending.</p>

CPT Codes

- Use the CPT codes that best describe the service(s) provided such as:
 - 992xx E/M codes
 - 90832 for individual brief psychotherapy,
 - 99211 brief E/M service
- Do not use 99441 – 99443 for Lane 3-5 facility billing
 - Per DOH: 9944x codes are only meant for Lane 1 and 2 office based billers

POS: Place of Service

- Telephonic Lanes 3-5 (Article 28 Clinics and FQHCs):
 - Use the POS code for where the provider would have been if the service was provided face-to-face
 - i.e. 11 clinic
 - Per DOH: POS 02 is only for use on professional claims (Lanes 1 and 2) and does not apply to Lanes 3, 4, 5, or 6

Telephonic: Modifiers

- Modifiers such as "95", "GT" or "GQ" are NOT required on claims with telephonic billing rate codes using Lanes 3-5



Telephonic – OCP Refill

- Patient is at home
- Uses telephone to connect with NP
- Needs a refill on her OCP
 - Provider documents the visit is being made over the phone, provider and patient location, the time/duration of call, verbal consent and other visit related information
 - The prescription is called into the pharmacy
- CPT code: 99213
- Diagnosis: Z30.41 OCP refill

OCP Refill - Telephonic



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Lane 3	Offsite Evaluation and Management Services (non-FQHC)	Physicians, NPs, PAs, Midwives	Rate	Clinic or Other (e.g., amb surg, day program)	Rate Code "7961" for non-SBHC Rate Code "7962" for SBHC	New or established patients.
Lane 4	Offsite Evaluation and Management Services (FQHC)	Physicians, NPs, PAs, Midwives	Rate	Clinic	Rate Code "4012" for non-SBHC Rate Code "4015" for SBHC	New or established patients.

- Claim Ratecode as appropriate
 - Clinic: 7961 or SBHC: 7962
 - FQHC: 4012 or SBHC 4015
- POS: 11 Clinic (or as appropriate)
- 99213 – no modifier
- Z30.41 OCP refill
- A4 or Y family planning indicator



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Telemedicine (audio/visual)

Telemedicine

- Audio/Visual visits (not telephonic)
- Provider should bill for the telemedicine encounter as if the provider saw the patient face-to-face using the appropriate billing rules for services rendered.
- Applicable CPT modifier:
"95" or "GT"



POS: Place of Service

- Telemedicine - TBD
 - There is conflicting guidance on what POS codes to use for Article 28 / FQHC audio/visual visits
 - 02 Telehealth vs. Place face-to-face would have occurred
 - Awaiting state clarification
 - Check NYS website for updates

Telemedicine – OCP Refill

- Patient is at home
- Uses audio/visual to connect with NP
- Needs a refill on her OCP
- CPT code: 99213
- Diagnosis: Z30.41 OCP refill

APGs: Telemedicine

- When the practitioner is physically located at the Article 28 distant site, the distant site may bill Medicaid under APGs for the telemedicine (audio/visual) encounter using the appropriate CPT code for the service provided.
- Append modifier ("95" or "GT")

Clinician is at clinic:

- Claim with APG ratecode (i.e. 1432, 1453)
- CPT 99213 -95
- PDX=Z30.41 OCP refill
- POS = TBD
- A4 or Y family planning indicator

APGS: Provider at home

- Waiting on clarification

FQHC's – APG billing

- Billing for Telemedicine (not telephonic)
 - FQHCs that have "opted into" APGs should follow the billing guidance outlined for sites billing under APGs.

FQHC's – PPS billing

- Billing for Telemedicine (not telephonic)
 - If the FQHC is providing services as a distant-site provider, the FQHC may bill their PPS rate
 - report the applicable modifier ("95" or "GT") on the procedure code line

Mixed Technology Billing

- How do I bill if the visit starts on audio/visual and there are connection or other problems and is switched to telephonic (audio only)?
 - DOH response: The visit should be billed as telephonic because problems with connections etc. prevented the full telemedicine service from being provided.

Contraceptive Pick-up

- If the patient has a telemedicine visit and then picks up a contraceptive or emergency contraception at the clinic on the same day, the contraceptive can be billed to the claim



Specimen Collection

- If the patient has a telemedicine visit and then drops off a specimen at the clinic on the same day for lab testing, the labs may be billed to the claim

Other Questions

- Telehealth and Clinic Visit Records (CVRs)
 - How do we document telehealth visits on the CVR?
 - Telephonic visits
 - Telemedicine visits
- Family Planning Benefit Program (FPBP) and telehealth
 - Can we enroll patients into FPBP via telehealth?

Coding CVRs for Telehealth Visits



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- There is no field in the CVR for specifying telehealth visits
- Code telehealth visits the same as CVRs for in-person visits
- Review April 13th email from the Family Planning Program for telehealth visit-related coding specifications and examples
- Read additional telehealth related sources
- Let FPP know about the telehealth work you are doing
 - As time permits, track your telehealth visits along with any related issues and successes
- Reach out with questions to your NYS FPP Program Manager and bwhfpp@health.ny.gov

Coding CVRs for Telehealth Visits



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- Required CVR fields:

Top portion of the CVR form as well as items 3, 5, 5A, 8, 9, and 9C

- Demographic information
- Clinic and client numbers
- Pregnancy history
- Assigned charge and primary insurance fields
- Purpose of visit
- Beginning and ending contraceptive methods (and reason if “none”)

Coding CVRs for Telehealth Visits

- Additional visit-specific coding will vary depending on services provided and communication capacity, but may include:
 - Medical services
 - Counseling services
 - Pregnancy testing*
 - STD testing and treatment*
 - Type(s) of provider
 - Type(s) of counselor
- Refer to email for examples and further guidance

*Note: must be accompanied by family planning-related counseling/education

NYS FPBP Enrollment

- Obtaining Signatures on Family Planning Benefit Program Applications (DOH-4282) during the COVID-19 State Disaster Emergency:
 - staff person providing application assistance should read the Terms, Rights, and Responsibilities section, found on page 2 of the DOH-4282
 - Notate on signature line:
 - applicant's initials;
 - applicant's date of birth;
 - initials of the staff person who obtained the signature and;
 - date the signature was obtained.

NYS FPBP *con't*

- Example of an acceptable notation:
 - “Audio/Video signature obtained from AS, DOB 12/10/1975 by AG on 03/31/2020”
- Audio recording of patient agreeing to apply for FPBP and their declination to apply for Medicaid will need to be retained by the provider for at least six (6) years, per the NYS Medicaid Document Retention guidance.

Additional Questions

- Guidance:
 - https://health.ny.gov/health_care/medicaid/program/update/2020/
- Additional Questions:
 - After reviewing NYS guidance and FAQs, additional questions can be directed to:
Telehealth.Policy@health.ny.gov



Thank you!

Contact:

nysfptraining@jsi.com