

## Guidance for ADHC Telehealth and In-Person Services

Healthfirst offers guidance to **Adult Day Health Care** (ADHC) providers to successfully obtain authorizations and reimbursement for the following services:

### Telehealth Services

### In-Person Services Upon Reopening



### Telehealth Services

Healthfirst has established a policy and application process to enable our network of contracted providers to offer telehealth services to our members to improve access to care and outcomes of care. For more information, see [Privileging of Providers to Offer Telehealth Services](#).

### To participate and receive reimbursement of telehealth services, follow the steps below.

(NOTE: Healthfirst's Utilization Management department will not review your authorization request until your telehealth application is successfully submitted and approved.)

1. Log in to the Provider Portal at [HFproviders.org](https://HFproviders.org). To access the tool, click on Provider Resource Center and scroll to the Telehealth section.
2. Download the Telehealth Provider Eligibility Assessment and Application form.
3. Complete the application in its entirety, including the following information:
  - Provide name of HIPAA-compliant platform that will be used.
4. Submit completed application to your Network Account Manager via email to [AncillaryServices@healthfirst.org](mailto:AncillaryServices@healthfirst.org).
5. Healthfirst will review your completed application and provide a response within **14 calendar days via the email address [AncillaryServices@healthfirst.org](mailto:AncillaryServices@healthfirst.org)**. NOTE: If you do not receive approval to provide telehealth services, then you are not authorized to render such services and will therefore not be reimbursed for such services.
  - A Network Account Manager will contact you if your application needs clarification or additional information. If you need assistance, send an email to [AncillaryServices@healthfirst.org](mailto:AncillaryServices@healthfirst.org).
  - If your application is approved, proceed to Step 6.
6. Submit member authorization requests **via email to [ADHC@healthfirst.org](mailto:ADHC@healthfirst.org) or fax to (646) 313-4603** with the following information:
  - Healthfirst member identification number and member full name as referenced on the Healthfirst Member ID card, and member date-of-birth.

- Plan of care for the member with a detailed curriculum of what type of activity will be provided over the phone/video and how this addresses the member’s healthcare needs.
    - Member must be on the phone and/or video for the services to be eligible for reimbursement.
  - Frequency of the visits to align with past point of care (POC) unless significant change in status.
    - Not to exceed three times per week.
  - Diagnosis using ICD-10 diagnosis coding (more than one if applicable).
  - Name of the Healthfirst-contracted, rendering provider with Healthfirst provider ID Method/ location of care (i.e., in this situation it will be telemedicine using audio/visual tool in their residence).
  - Service/Procedure Coding with specific codes and units that was/will be used during the period of treatment. Each unit is 30 minutes, and the total session is not to exceed one hour.
  - Attending/Ordering/Referring Physician/Practitioner who is signing off on the plan of therapy care.
7. Healthfirst will review your completed authorization request(s) and provide a response within the required regulatory time frame via the email [AncillaryServices@healthfirst.org](mailto:AncillaryServices@healthfirst.org). NOTE: If you do not obtain an authorization, in NO event will Healthfirst reimburse you for telehealth services.
- If your authorization request is denied, you may file an appeal following the standard process as listed on the Healthfirst letter.
  - If your authorization request is approved, authorizations will be issued for a maximum of six months.
    - At time of reauthorization the ADHC must provide Proof of Attendance by the member as well as all relevant care plans and progress notes.

## Telehealth Reimbursement

Refer to Healthfirst rates below.

If you do not obtain an authorization, in NO event will Healthfirst reimburse you for telehealth services.

<b>SERVICE CODE:</b>	S5101
<b>MODIFIER:</b>	GT
<b>POS:</b>	99
<b>LIMITATIONS:</b>	(2) units per day; and (6) units per week *Unit=30 minutes
<b>RATE:</b>	\$10.00 PER 30 MINUTES

Note: this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Coverage decisions are based on the terms of the applicable evidence of coverage and the provider’s participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

For additional information, visit [Telehealth Resources Available for Healthfirst Providers](#).



## ADHC In-person Services Upon Reopening

Healthfirst has established a policy and review process to enable our network of contracted Adult Day Health Care (ADHC) program providers to resume offering services in accordance with [New York State Department of Health guidance](#).

### To receive reimbursement for in-person services, follow the steps below.

(NOTE: Healthfirst's Utilization Management department will not review your authorization request until the required documents below are successfully submitted and reviewed.)

1. Send your completed NY Forward Safety Plan submission and the official NYSOH approval notice to your Network Account Manager via email to [AncillaryServices@healthfirst.org](mailto:AncillaryServices@healthfirst.org).
2. Healthfirst will review your submitted documents within seven calendar days and reply via email. NOTE: If you do not receive approval to provide in-person services, then you are not authorized to render such services and will therefore not be reimbursed for such services.
  - a. If your information is complete, proceed to Step 3.
  - b. If your information is not complete, resubmit the necessary documents. If you need assistance, send an email to [AncillaryServices@healthfirst.org](mailto:AncillaryServices@healthfirst.org).
3. Submit member authorization requests **via email to [ADHC@healthfirst.org](mailto:ADHC@healthfirst.org) or fax to (646) 313-4603** with the following information:
  - a. Healthfirst member identification number and member full name as referenced on the Healthfirst Member ID card, and member date-of-birth.
  - b. An order from the treating provider within the last six months.
  - c. Health Assessment with past healthcare and health issues.
  - d. Updated Comprehensive Care plan. This should include core care (care given by a credentialed staff of the program) goals and noted progress.
  - e. Attendance records for the past 90 days.
4. Healthfirst will review your completed authorization request(s) and provide a response within the required regulatory time frame. NOTE: If you do not obtain an authorization, in NO event will Healthfirst reimburse you for in-person services.
  - a. If your authorization request is denied, you may file an appeal following the standard process as listed on the Healthfirst denial letter.
  - b. If your authorization request is approved, authorizations will be issued for a maximum of six months.
    - i. At time of reauthorization the ADHC must provide Proof of Attendance by the member.

### In-Person Services Reimbursement

Refer to the Healthfirst provider agreement for your contracted case rate. If you do not obtain an authorization, in NO event will Healthfirst reimburse you for in-person services.