



## Provider Telehealth Policies

Question		Response	
<b>Q1</b>	<b>Do I need to meet any specific requirements to bill for telehealth services?</b>	<b>A1</b>	<p>Healthfirst is temporarily waiving the telehealth privileging process and allowing providers to render and bill for medically needed telehealth services.</p> <p>In alignment with Executive Order 202, a temporary waiver was put in place through September 7, 2020. In accordance with the latest guidance released by the Department of Health and Human Services Office of Civil Rights (OCR), the waiver period has been extended to October 23, 2020.</p> <p>Providers who are not privileged after this date will no longer qualify for reimbursement of telemedicine services.</p> <p>If you would like to initiate the privileging process, a copy of the application can be found on the Healthfirst Provider Portal at <a href="https://hfproviderportal.org">hfproviderportal.org</a>.</p>
<b>Q2</b>	<b>Am I required to go through the Healthfirst privileging process to continue to bill for telehealth services after the waiver period ends?</b>	<b>A2</b>	<p>Yes, providers will need to be approved by Healthfirst to continue qualifying for reimbursement of telehealth services.</p> <p>We encourage providers to complete the Telehealth Application and Assessment Tool during the waiver period to avoid any gap in time between when a provider applies for the privilege of rendering telehealth services and when he/she is considered approved to do so.</p>
<b>Q3</b>	<b>Where can I obtain a copy of the Telehealth Application and Assessment Tool?</b>	<b>A3</b>	<p>You can access this tool by logging in to the Healthfirst Provider Portal at <a href="https://hfproviderportal.org">hfproviderportal.org</a> and clicking on the Provider Resource Center tab. Please return the completed application to your Account Manager to facilitate the review process.</p>

# Frequently Asked Questions

Question		Response	
<b>Q4</b>	<b>Is Healthfirst waiving CMS and state-based originating site restrictions?</b>	<b>A4</b>	Yes, in accordance with CMS and New York State guidance, originating site restrictions have been lifted for all lines of business.
<b>Q5</b>	<b>Does Healthfirst telehealth coverage include coverage of services rendered by telephone?</b>	<b>A5</b>	Yes, Healthfirst will reimburse coverage of telehealth services in accordance with the member's benefit package.
<b>Q6</b>	<b>Does Healthfirst require services to be rendered using a specific platform or software?</b>	<b>A6</b>	<p>During the state of emergency, all telehealth applications will be covered, as appropriate to properly care for the patient. We strongly encourage providers to use dedicated secure transmission linkages that meet minimum federal and state requirements, including, but not limited to, 45 C.F.R. Parts 160 and 164 (HIPAA Security Rules); 42 C.F.R. Part 2 (Confidentiality of Substance Use Disorder Patient Records), Public Health Law Article 27-F, and Mental Health Law § 33.13. Transmissions must employ acceptable authentication and identification procedures by both the sender and the receiver.</p> <p>Healthfirst will not be enforcing this requirement during the waiver period.</p>
<b>Q7</b>	<b>What is the provider's responsibility to ensure that the telehealth visit is confidential?</b>	<b>A7</b>	Telehealth services are subject to the Health Insurance Portability and Accountability Act (HIPAA) and all other relevant laws and regulations governing confidentiality, privacy, and consent. However, the Department of Health and Human Services Office for Civil Rights (OCR) has issued a Notification of Enforcement Discretion for telehealth services during the state of emergency. OCR will not impose penalties for HIPAA noncompliance against healthcare providers in connection with the good faith provision of telehealth during this period. All providers must still take steps to reasonably ensure privacy during all patient-provider interactions.
<b>Q8</b>	<b>Is there a cost share and copayment applied to telehealth visits?</b>	<b>A8</b>	All cost shares have been temporarily waived for all lines of business.

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<b>Q9</b>	<b>At what rate will I be reimbursed for telehealth services?</b>	<b>A9</b>	<p>You will be reimbursed in accordance with the fee schedule applicable under your Healthfirst contract during this emergency period.</p> <p>Rates may be subject to adjustment in the future through an amendment that meets all applicable statutory and contractual requirements.</p>
<b>Q10</b>	<b>Are there specific billing guidelines that Healthfirst expects me to follow?</b>	<b>A10</b>	<p>Healthfirst has established billing guidelines that can be found <a href="#">here</a>.</p> <p>The billing guidance outlines a list of CPT codes that are reimbursable by Healthfirst.</p>
<b>Q11</b>	<b>Can a Place of Service (POS) other than POS 2 be used when billing a telehealth claim?</b>	<b>A11</b>	<p>You may bill a POS historically used to reflect services performed in the office or in-person setting but modifier GT or 95 must be used. This is subject to change based on Regulatory guidance.</p>
<b>Q12</b>	<b>I submitted a claim in accordance with Healthfirst's telehealth billing guidelines but it was denied. Why?</b>	<b>A12</b>	<p>If you submitted a claim in accordance with our billing guidelines and it was denied, your claim will be adjusted accordingly.</p> <p>We appreciate your patience as we work on updating our system to reflect the necessary changes to support proper reimbursement for telehealth services.</p>

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<b>Q13</b>	<b>What is section 3710 of the CARES Act?</b>	<b>A13</b>	Section 3710 of the CARES Act directs the Secretary of Health and Human Services to increase the weighting factor of the assigned Diagnosis-Related Group (DRG) by 20 percent for an individual diagnosed with COVID-19 and discharged during the COVID-19 Public Health Emergency (PHE) period. As such, admissions occurring on or after September 1, 2020, with claims eligible for the 20 percent increase in the Medicare Severity-Diagnosis Related Group (MS-DRG) weighting factor, must show documentation of a positive COVID-19 laboratory test result in the patient's medical record. Positive test results must be demonstrated using only the results of viral testing (i.e., molecular or antigen), consistent with CDC guidelines. The test may be performed either during the hospital admission or prior to the hospital admission.

Updated as of December 2021