healthfirst
Health Insurance for New Yorkers

OMH and OASAS Telepractice Services Guidance Document

This guidance is intended for Office of Mental Health (OMH) and Office of Addiction Services and Supports (OASAS) providers. This does not apply to private practitioners. For guidance for private practitioners, please reference our original Telehealth Guidance.

OASAS and OMH designated and licensed services are eligible to be provided via telepractice. These providers/services include, but are not limited to: Article 31, Article 32, Adult Behavioral Health Home and Community Based Services (BH HCBS), Adult BH HCBS Eligibility Assessments, Recovery Coordination Services, Children's Home and Community Based Services (HCBS), and Children and Family Treatment Support Services (CFTSS). These services do not include Adult BH HCBS Short-Term Respite and Intensive Crisis Respite.

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." The modifier should be appended to the last modifier position of each service that is provided via telepractice/telemental health/telehealth. Providers should continue to bill the place of service they usually bill. Telehealth place of service 02 does NOT apply to OMH/OASAS services. Services provided via telehealth are represented by modifier 95 or modifier GT. During the State of Emergency, telemental health services have been expanded to include telephonic and/or two-way synchronous video.

Utilization Management has been relaxed. Please note that Healthfirst is still accepting notifications. Healthfirst is only creating notification reference numbers to facilitate claims payment. For more information, **click here**.

OMH Guidance

Scope: This guidance is applicable to all OMH licensed, funded, or approved providers/agencies. These services do not include Adult BH HCBS Short-Term Respite and Intensive Crisis Respite.

Additional Information is Available Here.

Requirements:

Self-Attestation - Providers who submit an attestation certifying they meet all of the elements below will be authorized to deliver services via telemental health for a **period not to exceed the State of Emergency**.

Attestation forms should be submitted to Amy Smith at **amy.smith@omh.ny.gov**. The Self-Attestation of Compliance to Offer Telemental Health Services can be found **here**. This approval is effective only during the State of Emergency. Once the State of Emergency has ended, the formal approval process will go back into effect.

Billing Modifiers - Providers should continue to bill as usual, with the addition of one of the following modifiers.

- Medicaid Managed Care: append claim modifier "95" or "GT" to the last modifier position of each service that is provided via telepractice/telemental health/telehealth.

  Additionally, for ACT, PROS, CDT, and PH claims, modifier CR (Catastrophe/Disaster Related) should be added to each claim that does not meet original regulatory billing requirements. Please see the chart below.

MODIFIER	USES
95	• Synchronous telemedicine service rendered via real-time interactive audio and video telecommunication system. • Services typically performed face to face but may be rendered via a real-time interactive audiovisual telecommunication system.
GT	• Via interactive audio and video telecommunication systems. • Note: Modifier GT is only for use with those services provided via synchronous telemedicine for which modifier 95 cannot be used.
CR	• For use with ACT, PROS, CDT, and PH claims that do not meet original regulatory billing requirements. • For example, PH rate code 4351 is usually billed with 6 units (equivalent to 6 hours). However, providers can bill this rate code for any service that is at least 5 minutes or more. In this instance, modifier CR would be appended to the service to indicate that this is a reduction in billing units. Please note that modifier 95 or GT should still be used in addition to modifier CR when services are provided via telehealth/ telemedicine.

OASAS Guidance

Scope: Applies to all OASAS certified or otherwise authorized providers
Additional Information is Available Here.

Requirements:

Self-Attestation - Providers must submit a completed self-attestation to the OASAS bureau of certification online at **certification@oasas.ny.gov**. The self-attestation can be found **here**. Only one attestation per agency needs to be submitted. This approval is effective only during the State of Emergency. Once the State of Emergency has ended, the formal approval process will go back into effect.

Billing Modifiers - Services provided via telepractice should be billed using the Rate codes and Procedure codes as usual, with the addition of modifier "95" or "GT" to the last modifier position of each service that is provided via telepractice/telemental health/telehealth. Place of service 02 does NOT apply. The following chart helps to explain when each modifier should be used. These modifiers apply to all outpatient services.

MODIFIER	USES
95	For codes listed in Appendix P of the AMA's CPT Professional Edition Codebook. See chart at end of this guidance for a list of OASAS Procedure codes listed in Appendix P per OASAS guidance.
GT	GT Modifier should be used where the modifier 95 cannot be used.

OASAS Procedure Codes listed in Appendix P of the AMA's CPT Professional Edition Codebook

CODE	DESCRIPTION
90791	Assessment Extended
90832	Individual Counseling Brief
90834	Individual Counseling Normative
90847	Family Service with Patient Present
99201–99205	For New Psychiatric Assessment (brief), Medication Management and Physical Health
99212–99215	For Existing Psychiatric Assessment (brief), Medication Management and Physical Health

OASAS OTPs Guidance

Scope: Applies to services provided by OASAS Certified Opioid Treatment Programs (OTPs)

The new rate codes being provided to OTPs will facilitate the reduction in face-to-face encounters between patients and OTP staff during the COVID-19 State of Emergency and ensure adequate reimbursement consistent with the services delivered. The rates of payment are based on the Medicare bundles for weekly rates. The expectation is that, as much as practicable and clinically permitted, patients will be seen face to face only once every 28 days, with that contact being for the purpose of distribution of take-home medication. Billing shall be weekly. For each week of service (that week being defined by its Monday start date), the provider may bill a given patient under either the existing APG methodology or the new alternative methodology described below, **but not both**. For each week, only one rate code is billable for a given patient. OASAS will monitor programs to ensure compliance with this billing guidance. Providers will be subject to audit and recoveries for any billing that is inconsistent with this guidance.

OASAS OTP COVID-19 Emergency Rate Codes

DESCRIPTION	RATE CODE	TYPE	SERVICE CODE	REIMBURSEMENT AMOUNT
Methadone Dispensing or Counseling	7969	Freestanding	G2067	$207.49
	7973	Hospital		
Methadone Administration	7970	Freestanding	H0020	$35.28
	7974	Hospital		
Buprenorphine Dispensing or Counseling	7971	Freestanding	G2068	$258.47
	7975	Hospital		
Buprenorphine Administration	7972	Freestanding	H0033	$86.26
	7976	Hospital		

General Guidance and Information

Copayments - The Department of Financial Services (DFS) requires that no insured person is required to pay copayments, coinsurance, or annual deductibles for in-network services delivered via telepractice when such service would have been covered under the policy if it had been delivered in person. A copy of the DFS circular may be found **here**.

Important Terminology

Telehealth is defined as the use of electronic information and communication technologies to deliver healthcare to patients at a distance. Telehealth is designed to improve access to needed services and to improve member health. Telehealth is not available solely for the convenience of the practitioner when a face-to-face visit is more appropriate and/or preferred by the member. Please see **additional guidance** for more information on telehealth guidelines aligned with Medicaid and a list of telehealth codes for reference only.

The **originating site** is where the member is located at the time healthcare services are delivered to him/her by means of telehealth.

The **distant site** is any secure location within the fifty United States or United States' territories where the telehealth provider is located while delivering healthcare services by means of telehealth. Per guidance received for the State of Emergency, the provider's home may be considered a suitable distant site.

Telehealth applications

Telemedicine uses two-way electronic audiovisual communications to deliver clinical healthcare services to a patient at an originating site by a telehealth provider located at a distant site. The totality of the communication of information exchanged between the physician or other qualified healthcare practitioner and the patient during the course of the synchronous telemedicine service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via face-to-face interaction.

If you have questions, please reach out to your dedicated account manager.