

Beacon Health Options is strongly committed to our members, clients and providers to ensure that behavioral health needs are being met during this unprecedented and stressful time. Today's national public health emergency has no manual or guide. In fact, what we know has been changing hour-by-hour and day-by-day.

We recognize that as many of our members and providers are being encouraged or mandated to stay at home to prevent community spread of coronavirus, telehealth can be an effective way for members to begin or continue their care through a mental health provider from their homes via phone, tablet or computer-enabled web cam. We encourage providers, when clinically appropriate, to use telehealth to provide services to members confidentially and securely.

We have done our best to provide you with information to serve your members; however, since this is an evolving situation, we ask that you check back often for updates and additions to this document.

The policy changes contained in this document are intended to apply to most of our members and plans and offer general guidance only. Not all health plans have adopted the leniencies we describe (especially with respect to certain commercial, Medicaid and employer plans). If you are unsure of coverage or have specific questions about a particular member or plan coverage, please contact the National Provider Service Line at 800-397-1630. Please note that since this is a rapidly evolving situation, any new state and federal mandates will override any guidance we provided below.

Q. Are there any services that cannot be rendered via telehealth during the declared emergency?

A. During the declared emergency, current guidance states that services can be delivered through video using any staff allowable under current program regulations or State-issued guidance **as medically appropriate**.

Q. Are there any services that cannot be rendered telephonically during the declared emergency?

A. During the declared emergency, current guidance states that services can be delivered via telephone using any staff allowable under current program regulations or State-issued guidance **as medically appropriate**. Current Office of Mental Health (OMH) guidance does not specifically address store-and-forward technology, whereby providers respond to stored messages from patients that are forwarded to providers.

Q. For OMH and OASAS facilities, is a Self-Attestation Form required?

- A. New York State required a Self-Attestation form be filled out and submitted to the appropriate State Agency (OMH or OASAS) for OMH and OASAS-licensed facilities.

Beacon will not require a separate Attestation or Contract Amendment prior to delivering services via telehealth/telephone during the declared emergency.

Q. Are solo and/or group practitioners required to submit a Self-Attestation Form?

- A. No. Neither the State of New York nor Beacon will require an Attestation or Contract Amendment prior to delivering services via telehealth/telephone during the declared emergency.

Q. Am I required to perform a face to face assessment with a client prior to moving to telephonic or telehealth services?

- A. During the declared emergency providers are not required to perform a face to face assessment prior to delivering a service via telehealth or telephonically.

Q. How should I bill a service delivered via telephonically since the modifiers indicate service was delivered via telehealth?

- A. During the declared emergency, providers must use the GT or 95 modifiers for either telephonic OR video provision of services, despite the modifier definitions requiring video.

Q. What rate will I be paid for delivering services via telephone/telehealth?

- A. During the declared emergency, rates of payment for services delivered via telehealth/telephone will be the same as rates of payment for services delivered via traditional in-person methods as outlined in your contract.

Q. Am I required to obtain written consent from a member prior to delivering services via telehealth or telephonically?

- A. During the emergency you are not required to obtain written consent, however verbal consent should be obtained and documented within the clinical record.

Q. Will Beacon require pre-authorization for inpatient services during the declared emergency?

- A. Beacon is in compliance with DFS Insurance Circular Letter #8 (2020) which indicates certain utilization review and notification requirements should be suspended for 90 days from 3/20/2020. Provider should still provide notification of admission. Beacon has organized staff to

support providers to collaborate on clinical issues, assist providers in facilitating safe discharge planning and addressing any follow-up issues, post discharge.

Q. In follow-up to DFS guidance, is Beacon suspending copays for commercial members, for any services delivered via telehealth or telephonically? (Revised 04/10/2020)

A. Yes. On March 16, 2020, the Department of Financial Services (DFS) adopted a new [emergency regulation](#) that requires New York State insurance companies 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 Beacon is currently programming the system to support this requirement.

Provider Note: For telehealth visits, providers should not collect copays from Beacon members.

Q. What if the provider/facility experiences an interruption or suspension in service of operation for any period of time due to the COVID-19 emergency?

A. The provider or facility should immediately contact the National Provider Service Line at 800-397-1630 to advise of the interruption so that we can ensure our members have access to appropriate care.

Q. Will Beacon be processing claims in a timely fashion during the COVID emergency?

A. Beacon will continue to process and pay claims within Prompt-pay guidelines during the declared emergency.

Q. What types of technology does Beacon consider HIPAA compliant?

A. The Department of Health and Human Services (HHS) has indicated that during the emergency, covered health care providers may use popular applications that allow for telephone-only, video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.

However, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.

Beacon is confirming with NYS that they support this guidance as well. When working with clients telephonically or on other modalities, providers must inform patients when that they may be on unsecure transmissions lines, when applicable.

Q. Where can members find access to devices and or internet services at free or reduced-charge?

A: The following is a listing of helpful resources compiled for emergency assistance:

Free Wifi/internet

Charter Communications (Spectrum) and Comcast are giving households with K-12 and college students, and those who qualify as low-income complimentary Wifi for 60 days. Families who do not have the service will also receive free installation of the service. Both companies are expanding Wifi hotspots to the public within the company's available regions. Call (844) 488-8395 (Charter) or (855) 846-8376 (Comcast) to enroll. Individuals must call company after 60 days, or they will be automatically billed.

Unlimited data

Charter, Comcast, AT&T, and Verizon are offering unlimited data plans to customers until May 13 for no additional charge.

SafeLink Wireless

Eligibility requirements must be met, which are set by each State where the service is provided. To qualify subscribers must either have an income that is at or below 135% of the federal poverty guidelines, or participate in one of the following assistance programs:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP) Food Stamps
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance (Section 8)
- Veterans and Survivors Pension Benefit

Service is limited to one person per household.

Call 1-800-SafeLink (723-3546) for enrollment and plan changes support.

Subscribers can use their own phones:

- SafeLink Keep Your Own Smartphone plan requires a compatible or unlocked Smartphone. Most GSM Smartphones are compatible.

- Subscribers can get up to 350 minutes and 3GB of data, which includes voice minutes and unlimited texts, voicemail, nationwide coverage and 4G LTE on 4G LTE compatible devices

April 10, 2020 New Question Additions

Q. Has the timeframe for re-credentialing been extended?

A. Re-credentialing and Provisional Credentialing will be extended by 2 months (from 36 months to 38 months).

Q. Is there guidance for Medicare-specific billing, etc.?

A. For Medicare-specific guidance, please refer to the CMS website at:
<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

Q. Are there additional resources available to assist with setting up telehealth.

A. Beacon Health Options partnered with the Telehealth Resource Center to develop a presentation for providers called Telehealth 101: What you need to know to get started. Please see the link below for the pre-recorded webinar:

<https://www.beaconhealthoptions.com/coronavirus/provider-resources/>

CTACNY also provided a webinar on Essential Tips for Tele-behavioral Health Engagement. Please see the link below for a pre-recorded webinar:

<https://ctacny.org/training/essential-tips-tele-behavioral-health-engagement#overlay-context=training/essential-tips-telemental-health-engagement>

Q. Which place of service (POS) should be used for the Telephonic Communication Services?

A. The place of service (POS) should reflect the location where the practitioner is physically located when the telephonic service was rendered to the member (e.g., office POS 11, home 12, Outpatient department (OPD) 22).

Provider note: Place of service codes are 2-digit codes used on HCFA 1500 (Box 24B) or 837P only. For UB04 or 837I claims, please continue to use “type of bill” in box 4, as per usual.

May 12, 2020 New Question Additions

- Q. For ACT services, if we cannot meet the minimum time standards for a service, can I still bill for the service?**
- A. If the minimum (pre-COVID) standards are not met, but you meet the new minimum COVID-19 standards, you can still bill for the service. You must bill the base code, with the base modifier(s) and add either the GT or 95 modifier along with the Crisis Response (CR) modifier. The CR modifier identifies that you are billing using the new COVID-19 minimum time standards. Please see the link specific to ACT billing guidance: <https://omh.ny.gov/omhweb/guidance/>
[Please see: OMH COVID-19](#) Guidance - ACT Program and Billing
- Q. For PRO's services, if we cannot meet the minimum time standards for a service, can I still bill for the service?**
- A. If the minimum (pre-COVID) standards are not met, but you meet the new minimum COVID-19 standards, you can still bill for the service. You must bill the base code, with the base modifier(s) and add either the GT or 95 modifier along with the Crisis Response (CR) modifier. The CR modifier identifies that you are billing using the new COVID-19 minimum time standards. Please see the link specific to PRO's billing guidance: <https://omh.ny.gov/omhweb/guidance/>
[Please see: OMH COVID-19](#) Guidance - PROS Program and Billing
- Q. For Adult CDT services, if we cannot meet the minimum time standards for a service, can I still bill for the service?**
- A. If the minimum (pre-COVID) standards are not met, but you meet the new minimum COVID-19 standards, you can still bill for the service. You must bill the base code, with the base modifier(s) and add either the GT or 95 modifier along with the Crisis Response (CR). The CR modifier identifies that you are billing using the new COVID-19 minimum time standards. Please see the link specific to CDT billing guidance: <https://omh.ny.gov/omhweb/guidance/>
[Please see: OMH COVID-19](#) Guidance - CDT Program and Billing
- Q. For PHP services, if we cannot meet the minimum time standards for a service, can I still bill for the service?**
- A. If the minimum (pre-COVID) standards are not met, but you meet the new minimum COVID-19 standards, you can still bill for the service. You must bill the base code, with the base modifier(s) and add either the GT or 95 modifier along with the Crisis Response (CR). The CR modifier identifies that you are billing using the new COVID-19 minimum time standards. Please see the link specific to PHP billing guidance: <https://omh.ny.gov/omhweb/guidance/>
[Please see: OMH COVID-19](#) Guidance – Partial Hospitalization Program and Billing

Partial Hospitalization (PH) providers are able to use telemental health as outlined in the Supplemental Guidance. In order to bill for Partial Hospitalization (PH) telemental health when the normally required time of at least 4 hours with the individual is not met, providers may bill the Crisis codes (4357-4359), so long as at least 1 hour has been spent providing a PH service.

Please see the OMH FAQ link: <https://omh.ny.gov/omhweb/guidance/>

Please see: NYS OMH COVID-19 Disaster Emergency FAQs.

Q. For HCBS services, if we cannot meet the minimum time standards for a service, can I still bill for the service?

A. If the minimum (pre-COVID) standards are not met, but you meet the new minimum COVID-19 standards, you can still bill for the service. You must bill the base code, with the base modifier(s) and add either the GT or 95 modifier along with the Crisis Response (CR). The CR modifier identifies that you are billing using the new COVID-19 minimum time standards.

Please see the link specific to HCBS billing guidance: <https://omh.ny.gov/omhweb/guidance/>
Please see: [OMH-OASAS COVID-19](#) Guidance – BH HCBS and RCA Program and Billing

Q. For Medicaid Opioid Treatment Program (OTP) billing guidelines see information below from OASAS OTP BILLING GUIDANCE

A. https://dmna.ny.gov/covid19/docs/all/OASAS_COVID19_OutpatientGuidance_041920.pdf

New COVID 19 Rates for OASAS Certified Part 822 Opioid Treatment Programs (OTPS)

TABLE A: OASAS OTP COVID-19 Emergency Rate Codes

• **IMPORTANT:** The new OTP Codes **ARE NOT** included in the New York State APG Grouper-Pricer. Beacon has established new fee schedules to reflect the rate codes and reimbursement outlined below for all in network Opioid Treatment Programs. These will remain in place for Medicaid lines of business until OASAS discontinues use.

Rate Code Description OASAS OTP	Rate Code	COS /Type	Payment
Methadone Dispensing or Counseling, Rate of Payment \$207.49 per Week	7969	0160 Freestanding	\$207.49/week
	7973	0287 Hospital	\$207.49/week
Methadone Administration, Rate of Payment \$35.28 per Week	7970	0160 Freestanding	\$35.28/week
	7974	0287 Hospital	\$35.28/week
Buprenorphine Dispensing or Counseling, Rate of Payment \$258.47 per Week	7971	0160 Freestanding	\$258.47/week
	7975	0287 Hospital	\$258.47/week
Buprenorphine Administration, Rate of Payment \$86.26 per Week	7972	0160 Freestanding	\$86.26/week
	7976	0287 Hospital	\$86.26/week

Additional information on telemedicine:

<https://oasas.ny.gov/telepractice-waiver-guidance> <https://oasas.ny.gov/telepractice-attestation> <https://oasas.ny.gov/telepractice-waiver-update> <https://oasas.ny.gov/telepractice-waiver-update-31820> <https://oasas.ny.gov/telepractice-faqs>

Additional COVID-19 guidance for OTPs:

<https://oasas.ny.gov/system/files/documents/2020/03/3-10-2020-covid-19-guidance-for-otp.pdf>

- Q. If we billed with an incorrect place of service, but the claim is paid correctly, do we need to re-bill the claim with the correct place of service?**
- A. No. Please do not rebill any claims that are paid correctly, as this may result in unnecessary duplicate denials.

August 24, 2020 New Question Additions

- Q. In follow-up to DFS guidance, is Beacon suspending copays for commercial members, for any services delivered via telehealth or telephonically? (Revised 04/10/2020) (UPDATE 7/2020)**
- A. Yes. On March 16, 2020, the Department of Financial Services (DFS) adopted a new emergency regulation that requires New York State insurance companies 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 Beacon is currently programming the system to support this requirement.

(UPDATE 8/21/2020):

Telehealth services

Effective August 1, 2020, Beacon requires providers to bill with appropriate telehealth modifiers, place of service codes and CPT codes. This ensures that cost-share is waived appropriately for telehealth services. Providers must waive cost share for in network services delivered via telehealth. Our initial letter indicated this requirement was expected to be extended 90 days. We have since received notification that this change is only in effect until September 9, 2020. If the waiver to extend cost share is further extended, we will notify you and place an updated communication on our website.

Essential Workers

Circular Letter 10, waiving cost share for Essential Workers, was scheduled to end on July 31, 2020. In a previous communication, Beacon advised that the end date to waive cost share for in network, mental health services for Essential Workers was expected to be extended to October 31, 2020. *This has been updated to reflect the current end date of September 28, 2020.*

Provider Note: For telehealth and in-person visits, providers should not collect copays from Beacon members who identify as Essential Workers. Please submit these claims with an additional modifier of CS to show the member as an Essential Worker.

NOTICE TO ALL PROVIDERS:

NEW 8/21/2020:

Personal Protective Equipment (PPE) –

In early August, the Department of Financial Services (DFS) issued Circular Letter 14. The letter addresses complaints received by DFS regarding providers inappropriately charging members for use of Personal Protective Equipment and office cleaning.

Providers are reminded that they may not enter into a verbal or written agreement with any member to charge or collect money for use of PPE whether for use by the Provider or for use by the member during an office visit. If you have charged any of your Beacon Health Options members/patients for PPE, please reimburse the member for any payments made for PPE purposes immediately.

August 24, 2020 New Question Additions

- Q. In follow-up to DFS guidance, is Beacon suspending copays for commercial members, for any services delivered via telehealth or telephonically? (Revised 04/10/2020) (UPDATE 7/2020)**
- A. Yes. On March 16, 2020, the Department of Financial Services (DFS) adopted a new emergency regulation that requires New York State insurance companies 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.

(UPDATE 9/9/2020):

Telehealth services

Beacon requires providers to bill with appropriate telehealth modifiers, place of service codes and CPT codes. This ensures that cost-share is waived appropriately for telehealth services. We have received notification that this Executive Order has been extended until November 9, 2020. Providers should not collect any payments from members for deductibles, copays, coinsurance. If the waiver to extend cost-share is further extended, we will notify you and place an updated communication on our website.