

## REIMBURSEMENT FOR TELEMEDICINE IN NEW YORK

With many practices upgrading their technology, IT, and software, remote patient monitoring and live video patient consultations are becoming more common. These capabilities have greatly expanded with recent technological advancement and it is now a well-established means of increasing access to healthcare for many patients. These modalities of service are what have been coined by the medical-legal world as Telehealth or Telemedicine services. But, to be clear, the service actually being provided to patients is nothing new. Telemedicine is not a new and separate clinical service. It only provides new ways, tools, and options for doctors and their personnel to strengthen and expand care to their patients.

Now, the next question for most is: what are the reimbursement guidelines and payment structures for such services in New York?

I'm sure you'll be overjoyed to hear that there's no uniform rule for many private insurers throughout the country, and the patchwork of laws from state-to-state make it quite difficult to determine what, if anything, is covered. You'll need to check with the individual insurer to see it is included in coverage. So, on that note, in New York, there's good news and bad news. The good news is that New York is from among 34 other states that have enacted laws that govern private payer telehealth reimbursement. As of July 2016, New York prohibits a health plan to "exclude from coverage a service that is otherwise covered under a policy that provides comprehensive coverage for hospital, medical or surgical care because the service is delivered via telehealth..."<sup>1</sup> And, now for the bad news. New York's telehealth legislation was severely blunted and stopped short of its intended goal. It provided for coverage parity, but not payment parity. The current law does not state that private payers must reimburse telehealth services equally as in-person services. This prompted one New York insurer to reimburse telehealth delivered services at a 50% reduced rate.<sup>2</sup> As a result, New York has introduced and proposed new legislation requiring private payers to cover telehealth services "at the same rate as" when the service is provided in person.<sup>3</sup>

For Medicare, the process is a bit more streamlined. You would submit claims for telehealth services using the appropriate CPT or HCPCS code for the professional

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<sup>1</sup> N.Y. Ins. Law § 3217-h. Telehealth delivery of service; and N.Y. Ins. Law § 4306-g

<sup>2</sup> State Laws and Reimbursement Policies." Center for Connected Health Policy. 2016.

[http://www.cchpca.org/sites/default/files/resources/Telehealth%20Reimbursement%20Fact%20Sheet%20FINAL\\_0.pdf](http://www.cchpca.org/sites/default/files/resources/Telehealth%20Reimbursement%20Fact%20Sheet%20FINAL_0.pdf)

<sup>3</sup> New York State Senate Bill No. 7953

service along with the telehealth modifier GT.<sup>4</sup> The base procedure for coding should remain the same. By coding and billing the GT modifier with a covered telehealth procedure code, you are certifying that the beneficiary was present at an eligible originating site when you furnished the telehealth service.

Navigating New York's or any other state's reimbursement guidelines for telehealth delivery services can be daunting. Should you have any questions regarding reimbursement in New York or any other state, or require legal assistance, please do not hesitate to contact Jennifer Kirschenbaum, Esq. at 516 747 6700 x. 302. [Jennifer@Kirschenbaumesq.com](mailto:Jennifer@Kirschenbaumesq.com) or Issac Cwibeker, Esq. at 516 747 6700 x. 329, [ICwibeker@Kirschenbaumesq.com](mailto:ICwibeker@Kirschenbaumesq.com).

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<sup>4</sup> <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf>