Telehealth and Virtual Services Cheat Sheet for Virtual Care Teams

# Introduction

The purpose of this cheat sheet is to provide basic information for virtual care teams to know the range of options to deliver telehealth and virtual primary care services to expand access and keep people safe. At no time should any information herein be construed as coding or billing advice. Check with your billers, coders and other experts!

# Telehealth Services Basics

In this context, primary care telehealth services:

* Are defined by a discrete set of services and codes found in the [Medicare List of Telehealth Services](https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes)[[1]](#footnote-2) for which Medicare, NY Medicaid and other health plans make payment
* Can also be furnished in person à At least until the end of 2021 FQHCs will use G2025[[2]](#footnote-3) for telehealth services with reimbursement at $99.45
* Have a distant site (where the provider is) and an originating site (where the patient is)
* Must be delivered using an interactive audio and video telecommunications system that permits real-time communication between the provider at the distant site and the patient at the originating site (video is not required for select telehealth services during the public health emergency)
* Require consent for Medicare and NY Medicaid beneficiaries, and many other insurers

#### Medicare Consent for Telehealth

Medicare requires beneficiary consent — verbal or written — for telehealth and other virtual services as well as notification of any applicable cost-sharing, including potential deductible and coinsurance amounts. Consent must be documented in the patient’s medical record.

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#### New York Medicaid Consent for Telehealth

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Clinicians must provide Medicaid beneficiaries with basic information about the telehealth services that will be received and must document the following information in the medical record[[3]](#footnote-4):

Patient rights policies must ensure that members receiving telehealth services were made aware that they:

1. Have the right to refuse to participate in services delivered via telehealth and must be made aware of alternatives and potential drawbacks of participating in a telehealth visit versus a face-to-face visit;

2. Are informed and made aware of the role of the practitioner at the distant site, as well as qualified professional staff at the originating site who are going to be responsible for follow-up or ongoing care;

3. Are informed and made aware of the location of the distant site and all questions regarding the equipment, the technology, etc., are addressed;

4. Have the right to have appropriately trained staff immediately available to them while receiving the telehealth service to attend to emergencies or other needs;

5. Have the right to be informed of all parties who will be present at each end of the telehealth transmission; and

6. Have the right to select another provider and be notified that by selecting another provider, there could be a delay in service and the potential need to travel for a face-to-face visit.

#### Originating site fees

* Medicare: For calendar year 2021, the payment amount for HCPCS code Q3014 (telehealth originating site facility fee) is 80% of the lesser of the actual charge, or $27.02 (The beneficiary is responsible for any unmet deductible amount and Medicare coinsurance)[[4]](#footnote-5).
* NY Medicaid
  + Reimburses an originating site fee for FQHCs but advises that FQHCs that have opted into an Ambulatory Patient Group (APG) need to follow different billing guidance4.
  + “Originating sites during the State of Emergency can be anywhere the member is located including the member’s home. There are no limits on originating sites during the State of Emergency”[[5]](#footnote-6).

#### Resources:

1. [CMS Telehealth Services Booklet](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf). *Centers for Medicare & Medicaid Services (CMS).* Excellent resource with the details of telehealth service delivery for Medicare beneficiaries – also applicable to FQHCs.
2. [CMS List of Telehealth Services](https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes). *CMS.* Full list of telehealth services and codes updated frequently during the COVID-19 pandemic but usually just updated annually.
3. [Physician Fee Schedule Look-Up Tool](https://www.cms.gov/medicare/physician-fee-schedule/search/overview). *CMS.* Use this tool to search pricing amounts for billing codes.
4. [Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs): CMS Flexibilities to Fight COVID-19](https://www.cms.gov/files/document/se20016.pdf) See short section “Medicare Telehealth” that clarifies that for Medicare beneficiaries FQHCs can: a) Furnish distant site telehealth services during the PHE from any distant site location, including clinicians’ homes (during the time they are working for the FQHC) if it is within their scope of practice b) Use audio-only for select telehealth codes and services c) Provide telehealth to a patient’s home (originating site) and d) Deliver any telehealth service that is included on the list of Medicare telehealth services under the Physician Fee Schedule (PFS), including those that are added on an interim basis during the PHE
5. [Current State Laws & Reimbursement Policies](https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies). *Center for Connected Health Policy*. Telehealth policy changes, including comprehensive, state-specific look-up tool with state Medicaid statutes and other information related to telehealth policy and allowances.
6. [Billing for Telehealth Encounters – An Introductory Guide on Fee for Service](https://www.cchpca.org/sites/default/files/2021-03/2021BillingGuideFINAL.pdf). *Center for Connected Health Policy*. March 2021. Excellent information about telehealth billing and reimbursement.
7. [American Medical Association Telehealth Implementation Playbook](https://www.ama-assn.org/practice-management/digital/ama-telehealth-quick-guide). *American Medical Association.* This is a fairly long document at 128 pages, but it is exceptionally complete and well done. Not all sections are relevant, however, it is worth scrolling through the document for the parts that apply, such as Designing the Workflow and references to documentation.
8. [Telehealth Services for Medicare Fee-for-Service Providers](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf) CMS telehealth fact sheet; also applies to FQHCs and RHCs.
9. [Health and Human Services Telehealth Homepage](https://telehealth.hhs.gov/) Excellent telehealth resources.

# Telehealth and FQHC Opportunities

FQHCs are not paid by Medicare for telehealth under the prospective payment system (PPS) but are reimbursed at a rate of $99.45 – regardless of telehealth service – through 2021. Below is a starter list of primary care services that are commonly delivered in person but can also be delivered by telehealth. Because it is unclear whether FQHCs will continue using a generic code (e.g., G2025) for telehealth or will need to use the CPT code, CPT codes are included in the tables below.

**BEST PRACTICE:** Scour the full list of telehealth codes and services to identify the primary care services that your clinic can provide by telehealth.

**New and established (est) evaluation and management (E/M) visits.** These telehealth codes and services are the same as “office visits,” only they are delivered remotely using telehealth (audio and video). Starting in 2021, E/M visits can be based either on encounter time or medical decision-making (MDM). As per the [CY 2021 Physician Fee Schedule Final Rule](https://www.federalregister.gov/public-inspection/2020-26815/medicare-program-cy-2021-payment-policies-under-the-physician-fee-schedule-and-other-changes-to-part), 99201 is deleted. Activities that count toward the encounter time expand opportunities for reimbursement for care team activities and include:

* Preparing to see the patient (e.g., review of test results, pre-visit planning)
* Obtaining and/or reviewing separately obtained history
* Performing a medically appropriate examination and/or evaluations
* Counseling and educating the patient/family/caregiver
* Documenting clinical information in the medical record
* Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
* Care coordination (as long as it is not reported separately)

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| --- | --- | --- | --- |
| **Code: G2025 for FQHCs** | **Encounter Time (Min)\*** | **Time Component** | **MDM** |
| 99202-New Level 2 | 15-29 | Includes total non-face-to-face and face-to-face time per patient per 24-hour day; documentation should include the total number of minutes spent and how that time was accrued. | Straightforward |
| 99203-New Level 3 | 30-44 | Low |
| 99204-New Level 4 | 45-59 | Moderate |
| 99205-New Level 5 | 60-74 | High |
| 99211-Est Level 1 | 0-9 | N/A |
| 99212-Est Level 2 | 10-19 | Straightforward |
| 99213-Est Level 3 | 20-29 | Low |
| 99214-Est Level 4 | 30-39 | Moderate |
| 99215-Est Level 5 | 40-54 | High |
| Reimbursement for FQHCs for telehealth for 2021 is $99.45. | | | |

*Resources:*

1. [Physician Fee Schedule (PFS) Payment for Office/Outpatient Evaluation and Management (E/M) Visits](https://www.cms.gov/files/document/physician-fee-schedule-pfs-payment-officeoutpatient-evaluation-and-management-em-visits-fact-sheet.pdf). *CMS*. Dated January 11, 2021.
2. [Evaluation and Management (E/M) Office or Other Outpatient and Prolonged Services Code and Guideline Changes](https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf). *American Medical Association.* Updated March 9, 2021.

**Advance care planning (ACP).** Now more than ever, advance care planning is a critical component of health care service delivery.

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| **Description (G2025 for FQHCs if provided by telehealth)** | **Code** |
| Advance care planning, including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s) and/or surrogate | 99497 |
| Each additional 30 minutes of advance care planning. List separately in addition to code for primary procedure. | 99498 |

#### Resources:

1. [Advance Care Planning Fact Sheet](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AdvanceCarePlanning.pdf). *CMS****.*** Updated October 2020.
2. [Frequently Asked Questions about Billing the Physician Fee Schedule for Advance Care Planning Services](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/FAQ-Advance-Care-Planning.pdf) *CMS.* Updated July 2016 (but still relevant). Check question No. 4   
   “Who can perform ACP services?”

**Transitional Care Management (TCM).**  Note that face-to-face does not mean in person; a telehealth visit is face-to-face when using audio and video.

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| **Description (G2025 for RHCs if provided by telehealth)** | **Code** |
| Communication (direct contact, telephone, electronic) with the patient and/or caregiver within two business days of discharge; **medical decision-making of at least moderate complexity** during the service period; face-to-face visit **within 14 calendar days of discharge** | 99495 |
| Communication (direct contact, telephone, electronic) with the patient and/or caregiver within two business days of discharge; **medical decision-making of at least high complexity** during the service period; face-to-face visit **within 7 calendar days of discharge** | 99496 |

#### Resources:

1. [Transitional Care Management](https://www.aafp.org/family-physician/practice-and-career/getting-paid/coding/transitional-care-management.html). *American Academy of Family Physicians*. Accessed March 20, 2021.
2. [CMS’ TCM services fact sheet](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Care-Management) is currently under revision and the [accompanying FAQ sheet](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/FAQ-TCMS.pdf) has not been updated since March 2016 and does not reflect that TCM and chronic and principal care management can now be billed during the same calendar month. Until the fact sheet has been updated, refer to the summary information provided by the American Academy of Family Physicians.

**Initial and subsequent annual wellness visits (AWV).**

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| **Description (G2025 for FQHCs if provided by telehealth)** | **Code** |
| Annual wellness visit, includes a personalized prevention plan of service, initial visit | G0438 |
| Annual wellness visit, includes a personalized prevention plan of service, subsequent visit | G0439 |

#### Resources:

1. [Medicare Wellness Visits](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html). *CMS.* Updated October 2020.

**Additional telehealth opportunities.** Additional options are in the truncated table below, but check the [Medicare List of Telehealth Services](https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes) to ensure you are using all of the telehealth options available to clinicians and care teams in a primary care practice.

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| **Description (G2025 for FQHCs if provided by telehealth)** | **Codes** |
| * Medical nutrition therapy (MNT) – individual and group * Diabetes self-management training (DSMT) – individual and group * Chronic kidney disease patient education – individual and group   It is unclear if group sessions still do not count as an encounter for FQHCs in the setting of telehealth and the pandemic. | 97802-97804, G0108, G0109, G0420, G0421 |
| Counseling visit to discuss need for lung cancer screening using low-dose CT scan ([CMS’ Medicare Coverage of Screening for Lung Cancer with Low Dose Computed Tomography](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/mm9246.pdf)) | G0296 |
| Treatment for opioid use disorder – several codes and services | G2086, G2087, G2088 |

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#### Resources:

1. [FQHCs & RHCs Acting as Distant Site Providers in Medicare](https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies). *Center for Connected Health Policy*. Succinct two-pager summarizing new and expanded flexibilities.
2. [Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs): CMS Flexibilities to Fight COVID-19](https://www.cms.gov/files/document/covid-rural-health-clinics.pdf) See short section “Medicare Telehealth” that clarifies that for Medicare beneficiaries FQHCs can: a) Furnish distant site telehealth services during the PHE from any distant site location, including clinicians’ homes (during the time they are working for the FQHC) if it is within their scope of practice b) Use audio-only for select telehealth codes and services c) Provide telehealth to a patient’s home (originating site) d)Deliver any telehealth service included on the list of Medicare telehealth services under the Physician Fee Schedule (PFS), including those that are added on an interim basis during the PHE
3. [COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing](https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf) Note section M “Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)”
4. [New and Expanded Flexibilities for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) During the COVID-19 Public Health Emergency](https://www.cms.gov/files/document/se20016.pdf) Excellent resource for billing telehealth for Medicare beneficiaries. CMS updated in Feb 2021 to include the 2021 reimbursement rate of $99.45 for telehealth services and $23.73 for G0071.
5. [Resources for Telehealth at Safety Net Settings](https://cvp.ucsf.edu/telehealth#Limited-Digital-Literacy) from the University of California San Francisco – Center for Vulnerable Populations
6. [Rural Crosswalk: CMS Flexibilities to Fight COVID-19](https://www.cms.gov/files/document/omh-rural-crosswalk.pdf) Telehealth and Other Virtual Services – crosswalks among FQHCs, RHCs, CAHs, hospitals and SNFs.

# Other Virtual Services

While telehealth has tremendous opportunities to enhance access and keep people safe, there are additional virtual services for FQHCs to consider, adding to the suite of options for health care service delivery.

***Telephone-Only Evaluation and Management – Office Visits (during PHE only!)***

**Medicare.** FQHC providers may use G2025 ($99.45 for 2021) to provide and bill for CPT codes 99441 (5-10 min), 99442 (11-20 min) and 99443 (21-30 min), which are audio-only telephone evaluation and management (E/M) services.

* A physician or Medicare provider who may report E/M services must provide at least 5 minutes of telephone E/M service to an established patient, parent, or guardian to bill for these services.
* 7/24 rules: these services cannot be billed if they originate from a related E/M service provided within the previous 7 days or lead to an E/M service or procedure within the next 24 hours or soonest available appointment.

**NY Medicaid:** The fee schedule shows reimbursement for the three CPT codes, but it is unclear if/how FQHCs are reimbursed for these codes (allowed amount rounded to nearest dollar per the NY Medicaid fee schedule – as of April 14, 2021): 99441-$13, 99442-$23, 99443-$37. Contact NY Medicaid for further details.

***Virtual Communication Services – G0071 (Medicare: $23.73 through Dec 31, 2021)***

For all of the three Virtual Communication Services below for Medicare beneficiaries:

* Use G0071
* Obtain consent, which must be documented in the medical record, which can be obtained at the time of services and by staff under the general supervision of the FQHC provider (only during the PHE for the latter two)
* Adhere to “7/24” rules noted above in Telephone-Only E/M services
* Must be patient-initiated

1. **Virtual Check-Ins – Phone Call**. Five to ten minutes of medical discussion described as a brief communication technology-based service (audio-only real-time telephone interactions) by a physician or other qualified health care professional who can report evaluation and management services. This is a great option to determine if a patient needs a virtual or in-person office visit.

**NY Medicaid:** Does not currently reimburse for virtual check-ins.

1. **Store and Forward - Remote Evaluation of Recorded Video and/or Images**. Includes interpretation with follow-up with the patient within 24 business hours.

**NY Medicaid:** Reimburses for store and forward[[6]](#footnote-7) but the codes and reimbursement for FQHCs is not clear. Contact NY Medicaid for further details.

1. **E-Visits** are online digital evaluation and management services that are provided over a 7-day period and are non-face-to-face, digital communications using a secure patient portal.

**NY Medicaid:** Does not appear to reimburse for e-visits as they are not mentioned in any of the resources included in this document.

*Resources:*

1. [Virtual Communication Services in Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) Frequently Asked Questions](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/VCS-FAQs.pdf)
2. [CMS Virtual Check-In Patient Page](https://www.medicare.gov/coverage/virtual-check-ins)

***Remote Physiologic (or Patient) Monitoring (RPM)***

**Medicare:** Unfortunately, Medicare does not reimburse FQHCs for RPM, stating that this work and service is included in the PPS.

**NY Medicaid:** Notes that “RPM must be ordered and billed by a physician, nurse practitioner or midwife, with whom the member has or has entered into a substantial and ongoing relationship.6” NY Medicaid only reimburses for RPM for FQHCs that have opted into an Ambulatory Patient Group (APG). The only one of the five RPM codes for which NY Medicaid reimburses is 99091 - Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified healthcare professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days (10 minutes of time during the PHE)

Recognizing the importance of RPM, many FQHCs are creatively integrating RPM into Chronic and Principal Care Management.

*Resources:*

1. [American Medical Association Digital Health Implementation Playbook](http://cloud.e.ama-assn.org/dhpb) (aka the Remote Patient Monitoring Playbook) The AMA RPM playbook is a great resource. While Medicare does not currently reimburse FQHCs for remote patient monitoring, [New York State Medicaid will reimburse for RPM under certain conditions](https://www.health.ny.gov/health_care/medicaid/program/update/2019/feb19_mu_speced.pdf).
2. [FQHC Remote Patient Monitoring Tool Kit](http://telehealthdirectory.org/wp-content/uploads/2017/08/FQHC-RPM-ToolKit.pdf) RPM toolkit just for FQHCs.

# Additional Must-Have Resources

Below is a curated list of telehealth resources for health centers in New York State.

1. [Medicaid Update – Expansion of Telehealth. New York State Department of Health](https://www.health.ny.gov/health_care/medicaid/program/update/2019/feb19_mu_speced.pdf)

Update from 2019 with excellent telehealth information specific to New York Medicaid – see page 11 for FQHC-specific info about originating and distant sites.

1. [NYS Medicaid Reimbursement Rates. New York State Department of Health](https://omh.ny.gov/omhweb/medicaid_reimbursement/)

Current fee schedules. Rates may not be pertinent to FQHCs but does provide insight into services that are covered.

1. [Comprehensive Guidance Regarding Use of Telehealth including Telephonic Services During the COVID-19 State of Emergency](https://www.health.ny.gov/health_care/medicaid/program/update/2020/docs/mu_no05_2020-03-21_covid-19_telehealth.pdf)

Includes a nice table “Telephonic Reimbursement Overview” and also repeats information from other NY Medicaid telehealth resources. Many additional hyperlinked resources are included.

1. [FAQs Regarding Use of Telehealth including Telephonic Services During the COVID-19 State of Emergency](https://www.health.ny.gov/health_care/medicaid/covid19/docs/faqs.pdf)

Excellent resource, and there is a section just for FQHCs. This is must-read.

1. [New York State Medicaid Telehealth Services During the Coronavirus Emergency](https://www.health.ny.gov/health_care/medicaid/covid19/factsheets/docs/eng_med_telehealth_svs.pdf)

Succinct two-page fact sheet for patients.

1. [Official Compilation of Codes, Rules and Regulations of the State of New York. Title 14. Department of Mental Hygiene. Chapter XIII. Office of Mental Health. Part 596. Telemental Health Services](https://govt.westlaw.com/nycrr/Document/I616b5e4a800f11e69428f0532118436a?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=%28sc.Default%29)

Complete but short and succinct requirements when delivering telemental health services. If delivering telemental health services, it is strongly advised to be intimately familiar with the requirements outlined in this New York set of Codes, Rules and Regulations (CRR).

1. [New York State Telehealth Training Portal](https://nytelehealth.mcdph.org/)

Excellent telehealth training offered by the Northeast Telehealth Resource Center. Must sign up for free account to access the trainings. Currently not offering CME/CEU.

1. [COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing](https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf)

Note section M “Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)”

1. [New and Expanded Flexibilities for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) During the COVID-19 Public Health Emergency](https://www.cms.gov/files/document/se20016.pdf)

Excellent resource for billing telehealth for Medicare beneficiaries. CMS updated in Feb 2021 to include the 2021 reimbursement rate of $99.45 for telehealth services and $23.73 for G0071.

1. [Health and Human Services Telehealth Homepage](https://telehealth.hhs.gov/)

Excellent telehealth resources.

1. [Center for Connected Health Policy](https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies)

Resources related to telehealth policy changes, including comprehensive state-specific look-up tool with state Medicaid statutes and other information related to telehealth policy and allowances.

[Northeast Regional Telehealth Resource Center](https://www.netrc.org/)(CT, ME, MA, NH, NJ, **NY**, RI, VT)

1. List of Telehealth Services. *CMS*. <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes> [↑](#footnote-ref-2)
2. New & Expanded Flexibilities for RHCs & FQHCs during the COVID-19 PHE. *CMS.* February 23, 2021. <https://www.cms.gov/files/document/se20016.pdf> [↑](#footnote-ref-3)
3. Medicaid Update – Expansion of Telehealth. New York State Department of Health. <https://www.health.ny.gov/health_care/medicaid/program/update/2019/feb19_mu_speced.pdf> [↑](#footnote-ref-4)
4. [CMS Manual System Pub 100-04 Medicare Claims Processing](https://www.cms.gov/files/document/r10505cp.pdf). *CMS.* Updated December 4, 2020. [↑](#footnote-ref-5)
5. NYS Medicaid Update: [Comprehensive Guidance Regarding Use of Telehealth including Telephonic Services During the COVID-19 State of Emergency](https://www.health.ny.gov/health_care/medicaid/program/update/2020/docs/mu_no05_2020-03-21_covid-19_telehealth.pdf) [↑](#footnote-ref-6)
6. [Medicaid Update – Expansion of Telehealth. Vol 35| Num 2](https://www.health.ny.gov/health_care/medicaid/program/update/2019/feb19_mu_speced.pdf). *New York State Department of Health.*February 2019. [↑](#footnote-ref-7)