Section 325-1.8 of Title 12 NYCRR is hereby amended to read as follows:

325-1.8 Emergency medical aid and telemedicine.

(a) In the event of a serious accident requiring immediate emergency medical aid, an ambulance or any physician may be called to give first aid treatment.

(b) Telemedicine, using an interactive audio and video telecommunications system that permits real-time communication between an authorized medical provider and a claimant in accordance with guidance from the Centers for Medicare & Medicaid Services, may be used by authorized providers where medically appropriate for social distancing purposes due to the outbreak of COVID-19 to assess current disability status. “Medically appropriate” includes discussion of test results or imaging, follow-up assessments, or counseling. It does not include treatment where physical examination is a necessary component, such as initial visits or assessments, physical therapy or other types of manual therapy. The authorized provider shall indicate on their report that such assessment was done using telemedicine as a result of social distancing due to the outbreak of COVID-19.

A new subdivision (c) of section 329-1.3 of Title 12 NYCRR is hereby added to read as follows:

(c) Authorized providers who utilize the Official New York State Workers’ Compensation Fee Schedule shall use the following Common Procedural Technology (CPT) codes when telemedicine is used in accordance with section 325-1.8 of this Title. Use of these codes are limited to one unit per patient per day. Use of these codes are not eligible for the enhanced reimbursement set forth in Modifiers in 1B or 1D of Ground Rule 9.

1. 99441 (telephone evaluation and management services provided to an established patient; 5-10 minutes of medical discussion);
2. 99442 (telephone evaluation and management services provided to an established patient; 11-20 minutes of medical discussion); and
3. 99443 (telephone evaluation and management services provided to an established patient; 21-30 minutes of medical discussion).

A new subdivision (d) of section 329-4.2 of Title 12 NYCRR is hereby added to read as follows:

(d) Authorized acupuncturists, physical therapists, and occupational therapists shall use Common Procedural Technology (CPT) code 99441 (telephone evaluation and management services provided to an established patient; 5-10 minutes of medical discussion) when telemedicine is used in accordance with section 325-1.8 of this Title, notwithstanding this code not appearing in the Official New York Workers' Compensation Acupuncture and Physical Therapy and Occupational Therapy Fee Schedule. Use of this code is limited to one unit per patient per day.

A new subdivision (c) of section 333.2 of Title 12 NYCRR is hereby added to read as follows:
(c) Authorized providers, including psychologists and licensed clinical social workers, shall use the following Common Procedural Technology (CPT) codes when telemedicine is used in accordance with section 325-1.8 of this Title, notwithstanding these codes not appearing in the Official New York Workers' Compensation Behavioral Health Fee Schedule. Use of these codes are limited to one unit per patient per day. Use of these codes are not eligible for the enhanced reimbursement in Modifier 1B of Ground Rule 9.
   1. 99441 (telephone evaluation and management services provided to an established patient; 5-10 minutes of medical discussion);
   2. 99442 (telephone evaluation and management services provided to an established patient; 11-20 minutes of medical discussion); and
   3. 99443 (telephone evaluation and management services provided to an established patient; 21-30 minutes of medical discussion).

A new subdivision (c) of section 348.2 of Title 12 NYCRR is hereby added to read as follows:

(c) Authorized chiropractors shall use Common Procedural Technology (CPT) code 99441 (telephone evaluation and management services provided to an established patient; 5-10 minutes of medical discussion) when telemedicine is used in accordance with section 325-1.8 of this Title, notwithstanding this code not appearing in the Official New York Workers' Compensation Chiropractic Fee Schedule. Use of this code is limited to one unit per patient per day.