



April 1, 2020

On 3/25/2020, Telehealth services were authorized by the County. Below is the memo that was sent out to Network Providers. We are also attaching some helpful tips to consider while providing Telehealth services. Again, thank you for your ongoing efforts to continue to provide mental health services during this national crisis.

### MEMORANDUM

DATE: March 24, 2020  
TO: Network Providers  
FROM: Suzanne Tavano, PhD, Behavioral Health Director  
SUBJECT: Guidance Regarding Provision of Services During COVID-19

In light of both the federal Health and Human Services (HHS) Secretary's January 31, 2020 public health emergency declaration, as well as the President's March 13, 2020 national emergency declaration, Department of Health Care Services (DHCS) has issued guidance to counties and Medi-Cal providers to assist them in providing medically necessary health care services in a timely fashion for patients impacted by COVID-19.

#### **GUIDANCE:**

DHCS is encouraging counties and providers to take all appropriate and necessary measures to ensure beneficiaries can access all medically necessary services while minimizing community spread. As such, the following guidance is given:

- Telehealth is not a distinct service, but an allowable mechanism to provide clinical services. The standard of care is the same whether the patient is seen in-person, by telephone, or through telehealth.
- DHCS does not restrict the location of services via telehealth. Patients may receive services via telehealth in their home, and providers may deliver services via telehealth from anywhere in the community, outside a clinic or other provider site.
- DHCS does not have requirements about which live video platform can be used, as long as it is HIPAA-compliant. The Office of Civil Rights (OCR) has exercised its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in

connection with the good faith provision of telehealth during COVID-19 nationwide public health emergency.

- Under this Notification of Enforcement Discretion, covered health care providers may use popular applications that allow for 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 the lack of a BAA with video communication vendors or for noncompliance with HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. **Under this Notice, 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.**
- County staff will use Zoom when providing services through telehealth.
- OCR has published a bulletin advising covered entities of further flexibilities available to them as well as obligations that remain in effect under HIPAA as they respond to crises or emergencies at <https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf> - PDF.

### **Covered Services:**

During this temporary period, you will be able to continue to bill for the **service codes** identified on your **client's authorization**. These codes may include:

- **Mental Health Services**
  - 90887 – Collateral
  - 99205 – Assessment
  - 90834 – Individual Therapy (60 min)
  - 90832 – Individual Therapy (30 min)
  - 90837 – Individual Therapy (60+min)
  - 90846 – Family Therapy w/o client
  - 90847 – Family Therapy w/ client
  - 90853 – Group Therapy
- **Medication Support Services**
  - 90791 – Psychiatric assessment w/o Medical Services
  - 90792 – Psychiatric assessment w/ Medical Services
  - 99213 – E & M – 15 min
  - 99214 – E & M 25 min
  - 99215 - E & M 40 min
  - 90887 - Collateral

### **Documentation:**

- Licensed providers may provide services via telephone and telehealth, as long as the service is within their scope of practice.
- Services provided via telehealth are subject to the same privacy and security laws and regulations as services provided in-person, and providers must ensure that they comply

with HIPAA, the California Medical Information Act, and, if applicable, 42 CFR part 2 or California Welfare & Institutions Code section 5328.

- Service documentation should be completed in the patient record in the same way as in-person visit, and a patient's verbal or written consent for the telephone or telehealth visit should be noted (Business and Professions Code section 2290.5(a)(6) (See attached sample Telehealth Informed consent)
- Documentation should begin with the following phrase: "This service was provided through telehealth (or telephone) with consent of the beneficiary and as a response to national public health emergency declaration regarding COVID-19 and CCC Health Officer's order to shelter in place."
- For Treatment Plans please indicate the following in your documentation: "The treatment plan was discussed with the beneficiary and verbal agreement was given".
- For **Telehealth**, the service location should indicate "**02**" on the 1500 claim form. For **telephone** services, indicate "**11**" for the service location on the 1500 form. If this information changes, we will provide an update.
- You may begin billing for telehealth services as of March 25, 2020.

#### **Billing – Medi-Cal:**

- Medi-Cal services provided through telehealth or telephonically will bill through DocuStream as before.
- CCC Mental Health Plan is waiving share of cost during the COVID-19 public health emergency period.

#### **What You Need to Do:**

We recognize the importance of having access to telehealth services so you can continue to provide care to beneficiaries while safeguarding the health of all involved. We ask that each organization provides us with the following information:

- Will you be providing services through telehealth and if so, what platform you will be using to provide these services?

Please send this information to [cmuprovider.services@cchealth.org](mailto:cmuprovider.services@cchealth.org). We like to thank you for your continued partnership and wish you all good health.

*For all of your clients, you will need to screen them to determine whether they prefer to be seen in person, via telephone, or via telehealth. For clients who request face to face sessions, you can refer them back to the Access Line.*

## **General Telehealth Logistical Guidelines**

**Adapted by the American Psychiatric Association and American Telemedicine Association**

### Client Safety

- DO ask about the client's location and a backup method to reach them in case of technical issues and/or safety concerns.
- DO inform the client what to expect if you get disconnected.
- DO ask if the client is in a confidential location.
- DO ask if the client can hear and see you sufficiently at the beginning of every session.
- DON'T provide confidential information or questions until you and your client are satisfied with the confidentiality; many clients may be sharing phones or living spaces with family and may not want their information broadcasted.

### Location

- DO find a brightly lit area, with ample front lighting on your face.
- DO position yourself in "newscaster" mode, with your torso and head/neck in plain view.
- DO be mindful of clothing choices and choose professional attire.
- DO work from a professional, confidential space.
- DO position your camera at eye level.
- DON'T focus your eyes away from the camera. While occasionally glancing away is ok, if you look at the camera, it will seem to your client that you are making eye contact with them.
- DON'T have a window or a lot of backlighting behind you; Like a bad photo, your face will be a shadow.

### Documentation Considerations

- DO document how the visit is occurring (video, phone).
- DO use appropriate coding/billing modifiers.
- DO document your client's consent for a telehealth session.
- DO document that the visit is occurring due to a shelter-in-place order or COVID-19.
- DO document all the standard elements of an in-person visit.
- DO document any limitations of the telehealth visit.
- DON'T take any unnecessary shortcuts.

### Software Considerations

- DO test all your software on any devices you might be using – before your telehealth visit.
- DO a test call for audio and video before seeing any clients. Know how to turn your audio and video on and off and know how to guide your client to do the same.
- DO make sure your operating systems are updated.
- DO run antivirus and malware software scans.
- DO consider restarting your computer daily to start with a fresh cache and RAM.
- DON'T have multiple background apps running and borrowing bandwidth or RAM from your telehealth connection.
- DON'T have a streaming service, notifications, or anything else that can distract from the session with unwelcome noises.

## Hardware Considerations

- DO test your connection speed. Some resources to do this include <https://www.speedtest.net> and <https://speedtest.xfinity.com>
- DO have a backup if your web is congested or has an outage. Portable wifi hotspots are a good alternative.
- DO consider using a headset or microphone. Sometimes laptop speakers/microphones lead to some echo.
- DO consider a backup battery/surge protector.
- DON'T use a slow, old, or compromised machine.