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DEPARTMENT OF PUBLIC WELFARE
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OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES BULLETIN

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12-12-2011	01-01-2012	OMHSAS-11-09

SUBJECT:	BY:
OMHSAS Guidelines for the Approval of Telepsychiatry	Blaine L. Smith Deputy Secretary Office of Mental Health and Substance Abuse Services

SCOPE:

Psychiatrist and Licensed Psychologist

PURPOSE:

The purpose of this bulletin is to provide guidelines that the Department uses to approve or deny proposed telepsychiatry programs in the Commonwealth.

BACKGROUND:

Telepsychiatry is the use of electronic communication and information technologies to provide or support clinical psychiatric care at a distance. Telepsychiatry is appropriate in situations where on-site services are not available due to distance, location, time of day, or availability of resources.

Telepsychiatry services, as defined by these guidelines, are services provided by a psychiatrist and licensed psychologist within their scope of practice using real-time, two-way interactive audio-video transmission. They do not include a telephone conversation, electronic mail message, or facsimile transmission between a health care practitioner and a service recipient, or a consultation between two health care practitioners, although these activities may support telepsychiatry services.

While telepsychiatry has many clinical applications, for the purposes of HealthChoices and the Medical Assistance (MA) Fee-For-Service program, telepsychiatry is limited to the following procedure codes:

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:
Office of Mental Health and Substance Abuse Services, Bureau of Policy, Planning & Program Development, P.O. Box 2675, Harrisburg, PA 17105. General Office Number 717-772-7900.

- Office or other outpatient visits (CPT codes 99201-99215),
- Consultations (CPT codes 99241-99275),
- Individual psychotherapy (CPT codes 90804-90809),
- Pharmacological Management (CPT code 90862), and
- Psychiatric diagnostic interview examination (CPT code 90801).

Telepsychiatry services are to be billed by the psychiatrist or licensed psychologist using the above listed codes. No additional services associated with telepsychiatry are billable, for example, the cost of support staff, the cost of equipment, and the cost of transmission are not billable. When billing for services, the modifier **GT** must be appended to the CPT code thus indicating that the service was provided via interactive audio/video telecommunication systems.

REQUIREMENTS:

1. Telepsychiatry may be used when the on-site services are not available due to location (the clinic is at an unreasonable distance from available providers), after-hour emergencies (evenings, nights, weekends, or holidays), shortage of professionals, or transportation problems for the consumer(s). Telepsychiatry may be used for interpretive services that include sign language. Telepsychiatry may be used when the services would not be readily available to the consumer. In general, telepsychiatry should be used for those situations where service would otherwise be prevented or delayed.

2. The consumer must provide informed consent to participate in any services utilizing telepsychiatry. The consumer has the right to refuse these services and must be made aware of the alternatives including any delays in service, need to travel, or risks associated with not having the services provided by telepsychiatry.

3. Confidentiality must be maintained as required by the laws of the Commonwealth and Health Insurance Portability and Accountability Act (HIPAA). Written confidentiality guidelines must be maintained and submitted to the Department of Public Welfare (DPW). All existing confidentiality requirements and protections that apply to written medical records shall apply to services delivered by telecommunications, including the actual transmission of the service, any recordings made during the time of transmission, and any other electronic records.

4. The technology utilized to provide the service must conform to the industry wide compressed audio-video communication standards for real-time, two way interactive audio-video transmission. The bandwidth defines the amount of data that can travel through a communications network during a fixed time period. Most health care applications use bandwidths at or above 384 kbps (kilobits per second).

5. All telepsychiatry transmissions must be performed on a dedicated secure line and/or must utilize an acceptable method of encryption adequate to protect the confidentiality and integrity of the information being transmitted. Transmissions must employ

acceptable authentication and identification procedures by both the sender and the receiver.

6. The consumer must be informed and fully aware of the role of the psychiatrist or licensed psychologist and staff who are going to be responsible for follow-up or on-going care.

7. The consumer must be informed and aware of the location of the psychiatrist or licensed psychologist providing the care and all questions regarding the equipment, the technology, etc., must be addressed.

8. The consumer has the right to have appropriately trained staff immediately available to them while they are receiving the telepsychiatry service to attend to emergencies or other needs.

9. The consumer has the right to be informed of all parties who will be present at each end of the telepsychiatry transmission and has the right to exclude anyone from either site (see # 10 regarding emergencies).

10. While the presence of another person raises the issue of confidentiality, certain psychiatric emergencies may require the presence of others if, for instance, a consumer is suicidal, homicidal, dissociated, or acutely psychotic during the evaluation. In general this consumer should not receive treatment via telepsychiatry without support staff or responsible family members present at the remote site, unless there are no adequate alternatives and immediate intervention is deemed essential for consumer safety.

11. When services are provided from a location in another state, the psychiatrist/licensed psychologist must be licensed in the Commonwealth. They must be credentialed, when appropriate, at the facilities where the consumer is receiving the services. Ideally they should be acquainted with the staff involved. Site visits are encouraged when feasible.

12. The psychiatrist or licensed psychologist must abide by the laws, regulations and policies of the Commonwealth including the Mental Health Procedures Act (MHPA), Advance Directives, and any other law, regulation, or policy that guides the service being provided. Out-of-state psychiatrists providing telepsychiatry services to Pennsylvania residents are considered to be practicing in the Commonwealth and must also abide by these laws, regulations, and policies.

13. All telepsychiatry sites shall have established written quality of care protocols to ensure that the services meet the requirements of state and federal laws and established patient care standards.

14. All telepsychiatry sites must have a written procedure detailing a contingency plan for a failure in transmission or other technical difficulties that render the service undeliverable.

15. All providers must be enrolled in the Medical Assistance Program. In addition, the site where the consumer is located must be an appropriately licensed outpatient facility enrolled in the Medical Assistance Program.

16. A notation must be made in the medical record that indicates that the service was provided via telepsychiatry and specifies the time the service was started and the time it ended.

APPROVAL PROCESS:

1. Any provider who plans to use telepsychiatry for the delivery of mental health services must have the plan endorsed by the county mental health program and the HealthChoices Behavioral Health Managed Care Organization (BHMCO). The plan is then submitted to the appropriate OMHSAS regional office along with the completed form: Office of Mental Health and Substance Abuse Services Request for Approval of Telepsychiatry Program (see Appendix).

2. The regional office reviews the request and along with any comments or recommendations submits it to the Telepsychiatry Program Review Committee for approval. A response should be received by the provider within 60 days of the date of submission to the regional office.

3. Only new programs need to be submitted to OMHSAS Headquarters for approval. Expansion of a previously approved program which is endorsed by the county and the BHMCO to a new site only requires the approval of the regional office (e.g. an approved program/service delivery system that is being duplicated at another clinic or site). However, if the program itself is being changed or expanded, (e.g., the telepsychiatry program is approved only for adults, and th provider wants to expand it to include children and adolescents and their families), then the submission process as identified above needs to be followed.

QUALITY MONITORING:

1. Continuous performance improvement monitoring including outcomes and consumer satisfaction surveys are required.

2. The provider must provide the regional office with all performance improvement studies.

REFERENCES:

APA Resource Document on Telepsychiatry via Videoconferencing:
http://www.psych.org/psych_pract/tp_paper.cfm

Centers for Medicaid and Medicare Services—Medicaid and Telemedicine:
http://www.cms.hhs.gov/states/telemed.asp

Telehealth Services, Nebraska HHS Finance and Support Manual, October 31, 2000.

Practice Parameter for Telepsychiatry with Children and Adolescents, J. Am Acad Child Adolescent Psychiatry, 47:12, Dec 2008.

Appendix: Office of Mental Health and Substance Abuse Services Request for Approval of Telepsychiatry Program.

APPENDIX

Office of Mental Health and Substance Abuse Services
Request for Approval of Telepsychiatry Program

1. Name of the requesting behavioral health plan or county program.

2. Describe the specific service (s) that will be provided by telepsychiatry, including the procedure codes and length of the service.

3. How was the service provided previously?

4. Why is telepsychiatry needed to provide this service and what are the barriers to providing it on-site?

5. Name the psychiatrist/licensed psychologists who will be providing the service, provide their license number(s), and describe their involvement in the planning process.

6. Describe the locations that will be connected (practitioner site and consumer site) and specify the name and, if available, the Medical Assistance provider numbers of the providers located at both sites. For out-of state practitioners not yet enrolled in the Pennsylvania Medical Assistance Program, describe their plans to become enrolled.

7. Describe the equipment that will be used to provide telepsychiatry, including details about the specifications, costs, who is purchasing and paying for the maintenance of the equipment, as well as payment responsibility of the line and transmission fees. Include information about the ongoing provision of technical support.

8. If the service involves other agencies, have those agencies been contacted and do they agree to accept the assessment via telepsychiatry? (For example, will the judicial system accept the results of an evaluation that was done via telepsychiatry?)

9. Describe the results of efforts to include stakeholder input, including input of consumers, parents (in cases of children) and advocacy groups.

10. Describe the minimum qualifications of the staff that will be available at the consumer site and their responsibilities and availability in supporting and assisting the consumer at the time of the service.

11. Describe how the staff at the consumer site will assist and communicate with the practitioners, and how prescriptions or orders for medication will be managed, as well as orders for other services.

12. Submit written patient confidentiality guidelines which describe how confidentiality will be maintained, including compliance to requirements of the Commonwealth and HIPAA.

13. Describe how and where the medical record will be maintained. Provide information about how medical records will be stored at each site. Describe how protected health information will be communicated between sites.

14. Describe what options are available if the consumer refuses to participate, or finds the use of telepsychiatry untenable.

15. Describe in detail the process by which the consumer will be educated about telepsychiatry and the need to provide written informed consent to participate in the service. Submit a copy of the provider document explaining the telepsychiatry service to the consumer, and also a copy of the informed consent form to be given to, and signed by, the consumer.

16. Describe plans for the practitioner to become familiar with staff and consumers at the consumer site. Will the practitioner visit the consumer site? If routine visits to the consumer site are planned, how frequently will they occur?

17. Describe the contingency plan needed when there is a failure of transmission or technical difficulties that render the service undeliverable.

18. Describe the performance improvement measures that will be utilized to monitor the service.

19. Describe outcomes to be achieved as well as a plan for collecting outcomes data at the conclusion of the first year of the program.

20. Describe how consumer satisfaction with telepsychiatry services will be assessed. In addition, submit a copy of the consumer satisfaction form to be used.

21. Submit written quality of care protocols that ensure that the services meet the requirements of state and federal laws and established patient care standards.

22. Describe how the agency will bill for the service.

23. Is this service or any component (e.g. cost of equipment) being funded through reinvestment?

24. Describe how that agency will communicate the progress of the program to OMHSAS.

25. What is the anticipated start date for the project?