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A Comprehensive Guide to Telehealth Implementation

**For the Provision of Substance Use Disorder Treatment
and Services in Pennsylvania During and After COVID-19**

**University of Pittsburgh
School of Pharmacy
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Executive Summary

This manual provides general guidelines for the implementation of telehealth in Pennsylvania to support the ongoing provision of substance use disorder (SUD) treatment. The term telehealth refers to either real-time or 'synchronous' interactive teleconferencing or videoconferencing or 'asynchronous' acquisition of data, images, sounds, and/or video that are stored and forwarded for later clinical evaluation, messaging, clinical application, and setting.

Development of this manual was prompted by the onset of the COVID-19 pandemic; however, telehealth services may become more prevalent in healthcare as a result.

Intended users of this manual include Pennsylvania's SUD treatment providers, Single County Authorities (SCAs), opioid use disorder Centers of Excellence (COEs), medication for opioid use disorder (MOUD) treatment providers, and primary care providers.

This manual is comprehensive, though not exhaustive. It provides guidance on important factors related to telehealth implementation, practice, documentation, and billing. The topics within this manual are intended to provide considerations for adapting and utilizing telehealth services to maintain continuity of care and potentially build sustainable capacity for organizations. The manual provides web links to important tools and resources to further support telehealth implementation and sustainability.

Section A: Provides an overview of general telehealth policies related to physical and behavioral health service provision, and special provisions during COVID-19.

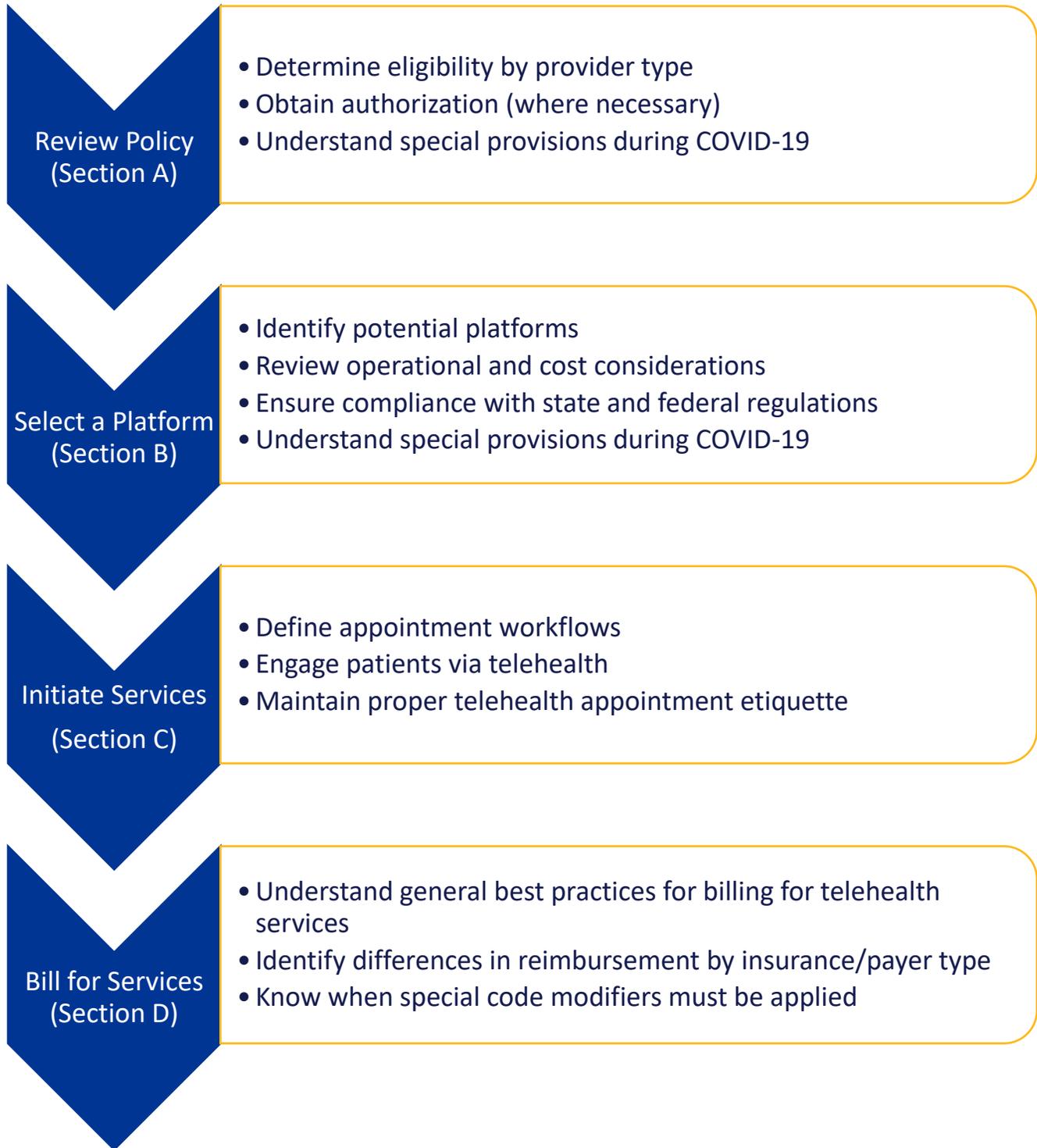
Section B: Provides an overview of telehealth platforms and important factors that should be considered when selecting an appropriate platform for an organization, such as operational and cost concerns.

Section C: Provides guidelines and best practices related to telehealth appointment workflows, etiquette, and documentation.

Section D: Provides guidelines and best practices for billing for telehealth services to ensure optimal reimbursement.

Lastly, PERU has developed a brief survey to gather feedback on this manual and guide future updates, [which can be found here](#). We would greatly appreciate any feedback that readers are able to provide by completing the survey.

Telehealth Implementation – General Process Flow



A. Telehealth Policy - General Overview

A.1 General Telehealth Policy in Pennsylvania

The information below will provide an overview of general policies surrounding telehealth services. Additionally, Table 1 below provides links to important resources that contain general information regarding telehealth policy in the United States and Pennsylvania.

A.1.1 Authorization of Telehealth for Behavioral Health Services

Providers who wish to provide behavioral health telehealth services must complete the *Telehealth Attestation Form* and submit it to the Office of Mental Health and Substance Abuse Services (OMHSAS) for authorization. The form must be submitted at least 30 days prior to the anticipated start date of telehealth services. Providers that are currently authorized to provide telehealth services do not have to complete the attestation form unless the provider moved or added a new service location as an originating site. See the [OMHSAS-20-02 bulletin](#) for more information.

Complete the following steps to become authorized to provide behavioral health telehealth services:

1. Determine authorized status for telehealth through employed organization;
2. Obtain the [Telehealth Attestation Form](#)¹;
3. Complete applicable sections of the *Telehealth Attestation Form*; and
4. Submit the form to the electronic resource account RA-PWTBHS@pa.gov and the appropriate OMHSAS Field Office.

A.1.2 Authorization of Telehealth for Physical Health Services

Telehealth rules and regulations vary from state to state. Currently, there are no laws in Pennsylvania that regulate or support the use of telehealth for physical health services. The Pennsylvania Medical Society (PAMED) is working with stakeholders to advocate for legislation that would develop a legal framework for telehealth, establish safeguards for patients, and require that insurers reimburse for these services. Providers who do wish to use telehealth services must be licensed in Pennsylvania or in all jurisdictions where patients receive care (for out-of-state practice).

1. Determine interstate licensure, including the [Interstate Licensure Compact](#).
2. Determine federal, state, and payer requirements and regulations for billing.
3. Check with malpractice insurance carrier to ensure you are covered to provide telehealth services.

Providers are encouraged to regularly review guidance on the provision of telehealth issued by state governing agencies, licencing boards, and collaborating insurance payers to ensure compliance.

A.1.3 Patient Confidentiality

All practitioners must comply with the Health Insurance Portability and Accountability Act ([HIPAA Privacy Rule](#)) when providing telehealth services. The HIPAA Privacy Rule includes national standards that protect patient medical records and other personal protected health information (PHI). This Rule requires privacy of PHI and sets conditions on the use and disclosure of information without patient authorization. The Rule also gives patients control over their health information, including rights to examine and obtain a copy of their health records.

Additionally, providers must comply with guidelines outlined in 42 CFR Part 2² when disclosing or redisclosing substance use disorder patient records. To be considered an entity under 42 CFR Part 2, a provider must meet the definition of a program and be federally assisted.

Complete the following steps to understand the current parameters around patient confidentiality:

1. Review the [HIPAA Privacy Rule](#) to determine what information can be shared with external entities.
2. Review 42 CFR Part 2 to determine if what entities must comply with the regulation.
3. Review 42 CFR Part 2 to understand how substance use treatment PHI can be disclosed and redisclosed to other healthcare entities.
4. Review state and payer requirements for patient informed consent. Obtaining informed consent may be a legal requirement for the state or a condition for billing purposes.

Table 1. General Telehealth Policy – Supportive Resources				
Source	Resource	Description	Link	Last Updated
Pennsylvania OMHSAS	OMHSAS-20-02 bulletin	Delivers updated guidelines for providing behavioral health services via telehealth technology.	https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMHSAS/Final%20-%20OMHSAS%20Telehealth%20Bulletin%202.20.20.pdf	February 20, 2020
	Telehealth Attestation Form	Required documentation to be submitted to PA OMHSAS by behavioral health providers	https://pa.performcare.org/assets/pdf/provider/resources-information/policies/dhs-2020/omhsas-20-02-	February 20, 2020

Table 1. General Telehealth Policy – Supportive Resources				
Source	Resource	Description	Link	Last Updated
		seeking to implement telehealth services.	telehealth-attestation-form.pdf	
US Department of Health and Human Services (HHS)	The HIPAA Privacy Rule (web page)	Provides a detailed overview of the HIPAA Privacy Rule, which requires precautions to protect the privacy of personal health information and sets limits and conditions on the disclosures that can be made without prior patient authorization.	https://www.hhs.gov/hipaa/for-professionals/privacy/index.html	April 16, 2015
Substance Abuse and Mental Health Services Administration (SAMHSA)	Substance Abuse Confidentiality Regulations	Provides a detailed overview of 42 CFR Part 2 regulations.	https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs	April 14, 2020

A.2 Telehealth Policy: Special Provisions During Emergencies

The information below will provide an overview of policies and provisions enacted in response to public health emergencies (i.e., COVID-19). Emergencies can be declared at the state and federal level. The policy provisions and parameters will be documented in the declaration.

A.2.1 Eligible Service Providers

Currently, healthcare professionals licensed under **any** of the Department of State's Bureau of Professional and Occupational Affairs (BPOA) licensing boards can provide services to patients via telehealth during the COVID-19 pandemic.

This guidance applies to licensees of the following state boards:

- Chiropractic;
- Dentistry;
- General Medicine;
- Nursing;
- Optometry;
- Pharmacy;
- Podiatry;
- Psychology;
- Osteopathic Medicine;
- Nursing Home Administrators;
- Occupational Therapy Education and Licensure;
- Physical Therapy;
- Social Workers;
- Marriage and Family Therapists;
- Professional Counselors;
- Examiners in Speech-Language Pathology and Audiology; and
- Veterinary Medicine.

Currently, no legislation in Pennsylvania prohibits the practice of telehealth; however, all practitioners must remain informed on all federal and state laws, regulations, and guidance regarding telehealth and comply with HIPAA requirements. Providers should be aware that additional restrictions on reimbursement and eligible provider types may vary based on patient insurance or payer type.

A.2.2 **Authorization of Telehealth for Behavioral Health Services**

Providers currently approved to provide services through telehealth may immediately begin to implement and expand use of telehealth [for Medicare visits, virtual check-ins, and e-visits](#).^{3,4} Providers not currently approved may immediately begin to implement telehealth, but they are required to submit the *Telehealth Attestation Form* within **five days** of initiating services.

Complete the following steps to become authorized to provide behavioral health telehealth services:

1. Obtain the *Telehealth Attestation Form*;
2. Complete applicable sections of the *Telehealth Attestation Form*; and
3. Submit the form to the electronic resource account RA-PWTBHS@pa.gov and the appropriate OHMSAS Field Office.

A.2.3 **Authorization for Telehealth for Physical Health Services**

Per guidance from the Pennsylvania Department of Human Services (PA DHS), out-of-state practitioners are permitted to provide services to individuals in Pennsylvania via the use of telehealth without obtaining a Pennsylvania license. Practitioners must be licensed and in good standing in their home state, territory, or country. See the [OMHSAS-20-02 bulletin](#) for more information.

Out-of-state practitioners must provide the relevant PA licensing board (whom they would normally seek licensure with) the following information⁵:

- Full name;
- Home or work mailing address;
- Telephone number;
- Email address;
- License type, license number, or other identifying information that is unique to the practitioner's license; and

- Name of the state or other governmental body that issues the license.

To submit information or apply for licensure, please visit the Bureau of Professional and Occupational Affairs (BPOA) [website](#).

A.2.4 **Confidentiality**

In response to the COVID-19 emergency, HHS waived sanctions and penalties against a covered entity that does not comply with the following provisions of the HIPAA Privacy Rule:

- The requirement to obtain a patient's agreement to speak with family members or friends involved in the patient's care;
- The requirement to honor a request to opt out of the facility directory;
- The requirement to distribute a notice of privacy practices;
- The patient's right to request privacy restrictions; and
- The patient's right to request confidential communications.

Covered entities under HIPAA are providers that transmit PHI, which includes hospitals, clinics, doctors, psychologists, dentists, chiropractors, nursing homes, pharmacies, home health agencies, and other providers of healthcare that transmit health information. When the emergency declaration is terminated, a covered entity must then comply with all the requirements of the Privacy Rule for any patients still under its care.

In certain instances, the HIPAA Privacy Rule permits the disclosure of PHI of a patient who has been infected with or exposed to COVID-19 with law enforcement, paramedics, other first responders, and public health authorities, without the patient's authorization. Allowable circumstances for disclosure include the following:

- When the disclosure is needed to provide treatment;
- When such notification is required by law;
- To notify a public health authority in order to prevent or control spread of disease;
- When first responders may be at risk of infection;

- When the disclosure of PHI to first responders is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public; and
- When responding to a request for PHI by a correctional institution or law enforcement official having lawful custody of an inmate or other individual.

A covered entity must make reasonable efforts to limit the information used or disclosed under any provision noted above to that which is the “minimum necessary” to accomplish the purpose for the disclosure (except when required by law or for treatment disclosures).

In March of 2020 SAMHSA [released guidance](#) regarding the utilization of telehealth and telephonic consultation methods to help ensure that treatment and service provision remain uninterrupted during a disaster or emergency, such as the COVID-19 pandemic. In such instances, providers may not be able to obtain written patient consent for disclosure of (SUD) records. SAMHSA determined that prohibitions on the use and disclosure of PHI under [42 CFR Part 2](#) do not apply in these situations to the extent that a medical emergency exists (See Table 2 for resources regarding confidentiality).^{6,7}

PHI may be disclosed by a 42 CFR Part 2 program or other lawful holder to medical personnel in the case of a medical emergency in which the patient’s prior informed consent cannot be obtained. Information disclosed to medical personnel who are treating such a medical emergency may be re-disclosed by these personnel for treatment purposes, as needed.

In response to SAMHSA’s issuance of updated guidance, Pennsylvania Department of Drug and Alcohol Programs (PA DDAP) [provided clarification](#) on Pennsylvania’s substance use disorder confidentiality requirements in March of 2020. DDAP implemented emergency release provisions in line with SAMHSA’s guidance, noting that providers do not need to obtain consent for the release of information if necessary in emergency situations, such as during the COVID-19 pandemic.

A.2.5 **Billing**

Effective March 6, 2020, Medicare will make payments for services furnished to beneficiaries in all areas of the country, in all settings. Furthermore, Medicare will pay physicians for telehealth services at the same rate as in-person visits for all diagnoses (not only for services related to COVID-19). There is no scheduled end date for this provision. See section D for resources regarding billing.

A.2.6 **Use of Grant Funds from SCAs**

During the emergency, SCAs may use grant funds they have received from DDAP for outpatient SUD treatment facilities to provide counseling and other clinical services using telehealth technology. SUD counselors who qualify can provide telehealth services in licensed Drug and Alcohol outpatient clinics.

Table 2. Telehealth Policy: Special Provisions During Emergencies (i.e. COVID-19)- Supportive Resources

Source	Resource	Description	Link	Last Updated
US Department of Health and Human Services (HHS)	COVID-19 & HIPAA Bulletin	Describes the Limited Waiver of HIPAA Sanctions and Penalties by HHS during the COVID-19 Public Health Emergency.	https://www.hhs.gov/sites/default/files/hipaa-and-covid-19-limited-hipaa-waiver-bulletin-508.pdf	March 1, 2020
Pennsylvania Office Of Mental Health And Substance Abuse Services (OMHSAS)	Telehealth Guidelines Related to COVID-19 (Memorandum)	Provides clarification regarding the provision of telehealth behavioral health services to Medical Assistance (MA) beneficiaries.	https://www.dhs.pa.gov/providers/Providers/Documents/Coronavirus%202020/OMHSAS%20COVID-19%20Telehealth%20Expansion-%20Final%203.15.20.pdf	March 15, 2020
Pennsylvania Government	Licensed Health Care Practitioners Can Provide Telemedicine Services to Pennsylvanians During Coronavirus Emergency (Media Release)	Details relaxed criteria for providing services to patients via telemedicine during the coronavirus emergency.	https://www.media.pa.gov/Pages/State-details.aspx?newsid=375	March 20, 2020
US Department of Health and Human Services (HHS) Office for Civil Rights	COVID-19 and HIPAA: Disclosures to law enforcement, paramedics, other first responders and public health authorities	Details acceptable criteria for disclosure of PHI of an individual infected with or exposed to Coronavirus without prior consent.	https://www.hhs.gov/sites/default/files/covid-19-hipaa-and-first-responders-508.pdf	2020
	Civil Rights, HIPAA, and the Coronavirus Disease 2019 (COVID-19)	Bulletin clarifying the obligations of entities covered by civil rights authorities to prohibit discrimination in HHS-funded programs, including in the provision of health care services during COVID-19.	https://www.hhs.gov/sites/default/files/ocr-bulletin-3-28-20.pdf	March 28, 2020

Table 2. Telehealth Policy: Special Provisions During Emergencies (i.e. COVID-19)- Supportive Resources

Source	Resource	Description	Link	Last Updated
Substance Abuse and Mental Health Services Administration	COVID-19 Public Health Emergency Response and 42 CFR Part 2 Guidance	Provides guidance on confidentiality regulations related to telehealth during COVID-19 to ensure that substance use disorder treatment services are uninterrupted.	https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf	March 19, 2020
Pennsylvania Department of Drug and Alcohol Programs	COVID-19 Resources: CFR Part 42 Clarification	Provides guidance on how SAMHSA 42 CFR Part 2 clarification impacts Pennsylvania's substance use disorder confidentiality requirements.	https://www.ddap.pa.gov/Get%20Help%20Now/Documents/COVID-CFR.pdf	March 20, 2020
	Information Bulletin 01-20	Details the use of telehealth for Outpatient Drug and Alcohol Services funded by the Single County Authority.	https://www.ddap.pa.gov/Documents/Information%20Bulletins/IB%2001-20.pdf	March 18, 2020
Centers for Medicare & Medicaid Services (CMS)	Medicare Telemedicine Health Care Provider Fact Sheet	Details the expansion of authorized telehealth services for Medicare beneficiaries during COVID-19.	https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet	March 17, 2020
Center for Connected Health Policy	Telehealth Coverage Policies	Details the changes in billing during COVID-19.	https://www.cchpca.org/sites/default/files/2020-03/CORONAVIRUS%20TELEHEALTH%20POLICY%20FACT%20SHEET%20MARCH%2019%202020%205%20PM%20PT%20FINAL_0.pdf	March 19, 2020

B. Implementing Telehealth Platforms - Guidelines and Considerations

B.1 Selecting a Telehealth Platform – General Considerations

B.1.1 Identifying HIPAA Compliant Telehealth Platforms

Treatment providers are responsible for ensuring the telehealth platform they are using is HIPAA compliant. In general, telehealth platforms will clarify their HIPAA compliance status. However, treatment providers should be encouraged to confirm the platform's HIPAA compliance with the company directly and be familiar with the [HIPAA Security Rule](#).⁸

Providers must comply with regulations from both the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Health Information Technology for Economic and Clinical Health (HITECH) Act when providing telehealth services. These acts provide data privacy and security provisions for PHI.

A provider or healthcare organization that is using a third-party platform to provide telehealth services are required to have a Business Associate Agreement (BAA)⁹ with the vendor for their video communication products. Once the BAA is in place, it is necessary to ensure that the third-party vendor only uses any provided PHI in a secure, established manner.

Complete the following steps to identify an appropriate platform for telehealth services.

1. Identify accessible telehealth platforms;
2. Review platform HIPAA compliance status with the prospective vendor;
3. Verify vendor with an IT security expert; and
4. Execute a [BAA](#) with appropriate entities.

B.1.2 HIPAA Compliant Platforms – Special Provisions During COVID-19

As of March 17, 2020, practitioners subject to HIPAA rules may provide services through applications that allow for video sessions although some of these technologies may not fully comply with the requirements of the HIPAA rules.¹⁰⁻¹² Examples of these technologies include Apple FaceTime®, Facebook® messenger video chat, Google Hangouts™ video, Zoom®, or Skype.¹³

During the COVID-19 pandemic, penalties for noncompliance with HIPAA rules will not be imposed upon providers who utilize non-public facing audio or video communication products to provide services in good faith via telehealth. Providers should inform patients prior to the telehealth session that third-party applications can potentially introduce privacy risks and should utilize all available security and privacy features when using such applications.¹³

Complete the following steps to prepare for a telehealth visit:

1. Review platform privacy policy to ensure it is not a [public-facing communication product](#);
2. Confirm privacy of the telehealth session with patient;
3. Inform patient of privacy risks through the third-party vendor; and
4. Obtain verbal patient consent to proceed with the telehealth session and document this in the patient's chart.

In the event that PHI is intercepted during a telehealth visit, the Department of Health and Human Services Office for Civil Rights will not pursue penalties for breaches that result from the good faith provision of telehealth services during the COVID-19 emergency. Practitioners are encouraged to use vendors familiar with the Security Rule and enter a BAA, but they will not be penalized for using less secure platforms, if necessary, to provide accessible and timely care to patients.¹⁴ Please see the resources in Table 3 below for more information to support telehealth platform selection.

Table 3. Telehealth Platforms – Supportive Resources				
Source	Resource	Description	Link	Last Updated
Pennsylvania Office Of Mental Health And Substance Abuse Services (OMHSAS)	OMHSAS-20-02 bulletin	Delivers updated guidelines for providing behavioral health services via telehealth technology.	https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMHSAS/Final%20-%20OMHSAS%20Telehealth%20Bulletin%202.20.20.pdf	February 20, 2020
	Telehealth Attestation Form	Required documentation to be submitted to PA OMHSAS by behavioral health providers seeking to implement telehealth services.	https://pa.performcare.org/assets/pdf/provider/resources-information/policies/dhs-2020/omhsas-20-02-telehealth-attestation-form.pdf	February 20, 2020
Pennsylvania Department of Human Services (PA DHS)	Provider Quick Tips #242	Provides guidelines for telemedicine service provision during COVID-19.	https://www.dhs.pa.gov/providers/Providers/Documents/Coronavirus%202020/QTip%20242%20Reissued%204-20-2020.pdf	April 20, 2020
US Department of Health and Human Services (HHS)	Business Associates	Defines “Business Associates” as related to HIPAA covered entities.	https://www.hhs.gov/hipaa/for-professionals/privacy/g	April 3, 2003

Table 3. Telehealth Platforms – Supportive Resources				
Source	Resource	Description	Link	Last Updated
	Business Associate Contracts	Provides an overview of business associate contracts for acceptable disclosure of protected health information.	https://www.hhs.gov/hipaa/for-professionals/covered-entities/sample-business-associate-agreement-provisions/index.html	June 16, 2017
US Department of Health and Human Services (HHS) Office for Civil Rights	HIPAA Administrative Simplification	Compilation of 45 CFR Parts 160, 162, and 164 regulation text.	https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/administrative/combined/hipaa-simplification-201303.pdf	March 2013
	Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency	OCR will not impose penalties against covered health care providers for noncompliance with HIPAA regulatory requirements in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.	https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html	March 30, 2020
	Civil Rights, HIPAA, and the Coronavirus Disease 2019 (COVID-19)	Bulletin clarifying the obligations of entities covered by civil rights authorities to prohibit discrimination in HHS-funded programs, including in the provision of health care services during COVID-19.	https://www.hhs.gov/sites/default/files/ocr-bulletin-3-28-20.pdf	March 28, 2020
	FAQs on Telehealth and HIPAA during the COVID-19 nationwide public health emergency	Provides clarification on HIPAA policy and guidelines for telehealth use during COVID-19.	https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf	2020

B.2 Selecting a Telehealth Platform – Operational Considerations

Before selecting a telehealth platform, providers should review their organization’s current operational needs to help determine the most appropriate platform. Providers should consider operational needs based on the organization’s intended use of the telehealth platform, for example:

1. Onsite, cloud, or virtual support for platform;
2. ePrescription capabilities;
3. Number of platform accounts needed;
4. Type of telehealth to be conducted (see Table 4 below); and
5. Mobile/Tablet application.

When selecting a telehealth platform, it is important to know what telehealth services you are interested in providing. Table 4 provides a description of the four types of telehealth services.

Table 4. Types of Telehealth Services¹⁵	
Telehealth Service	Description
Live Videoconferencing	A two-way audiovisual link between a patient and a care provider.
Store-and-Forward	Transmission of a recorded health history to a health practitioner, usually a specialist.
Remote Patient Monitoring (RPM)	The use of connected electronic tools to record personal health and medical data in one location for review by a provider in another location, usually at a different time.
Mobile Health (mHealth)	Health care and public health information provided through mobile devices. This information may include general educational information, targeted texts, and notifications about disease outbreaks.

B.3 Selecting a Telehealth Platform – Cost Considerations

Additionally, providers should consider the necessary costs of telehealth implementation based on the prospective platform’s requirements and the organization’s operational needs. Example cost considerations include:

1. Platform subscription term (Monthly, Annual, Multi-year Contract);

2. Internet requirements:
 - a. Bandwidth – What is the organizational current bandwidth and can it sustain the addition of a telehealth platform?
 - b. Secondary “back-up” line – What would happen if the organization’s primary internet line lost connection?¹⁶
3. Necessary equipment:
 - a. Desktop computers
 - b. Tablets – if applicable
 - c. Mobile phones – if applicable
 - d. Optional equipment – peripherals: electronic stethoscopes, electronic otoscopes, ultrasound technology, etc.
 - e. Workstations on wheels
4. Training/Implementation costs (including potential disruption to services for staff training);
5. Server and software installation;
6. Customization of the platform; and
7. Ongoing platform maintenance.

Providers in need of funding assistance for telehealth implementation and sustainability during COVID-19 may be eligible for support through the [COVID-19 Telehealth Program](#). The Program will provide immediate financial support to eligible providers responding to COVID-19 to fund telecommunications services, information services, and equipment necessary to provide essential health care services.

B.4 Recommended Steps for Selecting a Suitable Telehealth Platform

Following an assessment of operational needs and telehealth platform cost considerations, providers can take the steps below to identify a suitable telehealth platform:

1. Search for platform options, considering recommendations by professional organizations.
2. Confirm the prospective platform’s HIPAA compliance status and security features, such as those found in the [HIPAA Administrative Simplification](#) Part 164 Subpart C. For example:⁸
 - Limit access to electronic patient health information to only necessary staff; PHI should not be accessed for any purpose other than to perform necessary business;

- Implement an automatic log-off from the system after a predetermined period of time;
 - Utilize encryption and decryption mechanisms; and
 - Implement hardware, software, and/or procedural mechanisms to audit the access and use of patient information; etc.
3. Assess platform features and supported services, for example:
- Billing capabilities;
 - Appointment scheduling;
 - Test results;
 - Communication between provider and patient;
 - Documentation of case notes;
 - ePrescription capabilities;
 - Collect patient insurance information;
 - Video quality;
 - Mobile application availability;
 - Appointment record and history storage;
 - Patient queue (virtual check-in and waiting room); and
 - EHR integration/compatibility.
4. Request a demo from the vendor to better understand platform usage and implementation.
5. Test the system and obtain feedback from all levels of staff and administration affected by platform usage and implementation to identify any potential issues or barriers.
6. Select the platform within your budget that meets your organization’s needs (see Table 5 below for examples of HIPAA compliant platforms).

Table 5. Examples of Telehealth Platforms with Reported HIPAA Compliance*	
Mend Software	Updox Software
Medici Software	NextGen Virtual Visits Software
American Well	eVisit
Doxy.Me	SimpleVisit
*SMS, Skype and Email are not HIPAA compliant.	

Obtaining credible information about telehealth requirements, laws and guidelines is essential when implementing telehealth services.³ Table 6 provides key resources for telehealth implementation.

Table 6. Operational and Cost Considerations Related to Telehealth Implementation – Supportive Resources

Source	Resource	Description	Link	Last Updated
US Department of Health and Human Services (HHS) Office for Civil Rights	HIPAA Administrative Simplification	Compilation of 45 CFR Parts 160, 162, and 164 regulation text.	https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/administrative/combined/hipaa-simplification-201303.pdf	March 2013
HealthIT.gov	Telemedicine and Telehealth	Provides an overview of telehealth service types.	https://www.healthit.gov/topic/health-it-initiatives/telemedicine-and-telehealth .	September 27, 2017
	Your Mobile Device and Health Information Privacy and Security	Provides strategies for maintaining health information privacy and security when utilizing mobile devices.	https://archive.healthit.gov/providers-professionals/your-mobile-device-and-health-information-privacy-and-security	March 21, 2014
Barton Associates	Telemedicine Equipment: 7 Essentials for Your Exam Room	Provides recommendations for “essential” telehealth equipment.	https://www.bartonassociates.com/blog/telemedicine-equipment-7-essentials-for-your-exam-room	November 7, 2019
Healthcare providers Service Organization (HPSO)	Telemedicine: Risk Management Issues, Strategies, and Resources	Provides helpful tools and resources for managing security risks related to telehealth service provision.	http://www.hpso.com/Documents/Risk%20Education/Businesses/CNA_HP17-14_060117_CF_PROD_SEC.pdf	June 1, 2017
The Office of the National Coordinator for Health Information Technology (ONC)	Bandwidth Recommendations	Provide recommendations for internet bandwidth based on practice size and patient volume.	https://www.healthit.gov/faq/what-recommended-bandwidth-different-types-health-care-providers	September 10, 2019

C. Telehealth Service Provision – Guidelines and Best Practices

C.1 General Information

The term telehealth refers to either real-time or 'synchronous' interactive teleconferencing or videoconferencing or 'asynchronous' acquisition of data, images, sounds, and/or video that are stored and forwarded for later clinical evaluation, messaging, clinical application, and setting. Given the capability of direct contact with patients, healthcare providers and their organizations should prepare for video-enabled patient interaction. The following are considerations and recommendations for initiating and conducting telehealth services with patients.

C.2 Recommended Practices for Initiation with Patients

C.2.1 Considerations for Adapting to Telehealth Workflows

Certain considerations must be taken into account to ensure a positive telehealth experience for all involved. Adapting to a telehealth workflow will require the provider and organization to:

1. Choose an appropriate platform that provides an engaging patient interaction;
2. Modify or develop new protocols and procedures;
3. Determine documentation activities and ensure they are maintained with fidelity and are compliant with state and federal regulations;
4. Define appointment scheduling;
5. Conduct patient education on telehealth services and provide support; and
6. Consider patient interaction factors (see Table 7 below).

C.2.2 Considerations for Scheduling and Appointments

Patient engagement should occur before the virtual visit. Providers should identify patients likely to benefit from initiating telehealth services.¹⁷ A provider or care team member should conduct outreach to these patients and educate them on the telehealth option, set expectations, and review proper appointment standards.¹⁷ Example patient education materials, including a patient preparation sheet, can be found in Appendices I.1-I.3 of the American Medical Association (AMA) [Telehealth Playbook](#). Appointment scheduling may require collaboration between providers and clinical or administrative staff to:

1. Determine specific clinic hours;
2. Determine appointment sequence throughout workday; and

3. Notify staff of patient needs, follow-up care, and connection to resources.

Additionally, organizations and substance use professionals should consider the questions listed in Table 7 below to determine if telehealth is appropriate for their clients and/or patients.

Table 7. SAMHSA Considerations Regarding the Appropriateness of Telehealth¹⁸	
Communication Preferences	<ul style="list-style-type: none"> Does the client prefer in-person communication, video messaging, phone, email, instant messaging (IM), or chat? Is the client able to benefit from communication methods that he/she does not prefer?
Computer Knowledge, Skill, and Resources	<ul style="list-style-type: none"> Does the client have access to a computer system/smart phone and the Internet? Is the client knowledgeable of his or her computer system/smart phone and the Internet? Does the client have the motivation and capacity to experiment with new technologies? Are the client's computer resources compatible with the agency or clinician's system? Does the location where the client accesses the computer system/smart phone or Internet pose privacy or technological concerns (including firewalls)? If Internet access is interrupted, are there workable alternatives, such as email or telephone?
Online Communication Knowledge	<ul style="list-style-type: none"> Does the client already use technology to communicate with others? What type of experience does the client have with online communications? Does the client participate in online support groups? What is the quality of these interactions?
Suitability for Text-Based Communication	<ul style="list-style-type: none"> What kinds of experiences has the client had with reading and writing? Are there physical, cognitive, or literacy limitations that would interfere with the client's ability or comfort with reading and writing? How well does the client type? Does the client enjoy in-person and phone conversations? Why? Does the client prefer spontaneous communication, such as chat or IM, versus taking the time to compose, edit, and reflect, such as when using email?
Prior or Current Treatment Experiences	<ul style="list-style-type: none"> How might prior treatment experiences or expectations of treatment influence the client's attitude about participating in online therapy? Does the client currently participate in counseling or therapy, and how might this experience influence the online therapy experience?

Table 7. SAMHSA Considerations Regarding the Appropriateness of Telehealth¹⁸

Presenting or Co-Occurring Problems	<ul style="list-style-type: none">• What is the most appropriate level of care for the presenting problem, and will online therapy be able to meet the needs of the client?• Is the client suicidal or engaging in risky behaviors?• Does the client have problems or behaviors that might prevent him or her from responding to online therapy (e.g., impulsiveness, difficulty with boundaries)?• Does the client have physical health conditions or disabilities that may influence his or her ability to use online therapy?• Does the client have mental or physical health problems that need to be continuously assessed visually, such as slurred speech, tremors, or flat affect?
Cultural Considerations	<ul style="list-style-type: none">• Are there language barriers that may create obstacles to text-based communication?• Are there cultural considerations that enhance or detract from the usefulness of online therapy?
Other Resources and Referrals	<ul style="list-style-type: none">• Are there other resources that would better serve the client?• Are there other supports or resources that can supplement online therapy?

C.2.3 Patient Interaction and Telehealth Etiquette

During the visit, patient interaction will involve patient safety, proper etiquette (see Table 8 below), and supportive and collaborative language (see *Exhibit 2.2-2: Statements to Elicit Responses from Online Clients* from SAMHSA TIP 60). To ensure patient safety during each interaction, providers should:

1. Display organizational name badge, if applicable;
2. Verify the patient's identity by asking their date of birth or other appropriate means;
3. Develop a safe word, such as "coffee", to denote when to stop or continue the interaction based on the patient's environment;
4. Develop a safety plan;
5. Record the patient's emergency contact;
6. Ask the patient to verify location and determine if this influences their health and/or well-being;
7. Ask the patient if they are alone to ensure their level of confidentiality during the encounter; and
8. Obtain verbal patient consent to proceed with encounter if joined by a family member or caregiver.

For additional tips, review the telehealth etiquette checklist from the American Medical Association in Table 8 below.

Table 8. AMA: Telehealth Etiquette Checklist¹⁷	
Environment	<ul style="list-style-type: none"> • Ensure privacy (HIPAA) • Clinically appropriate exam room location, size, and layout • Avoid background noise • Adequate lighting for clinical assessment
Equipment	<ul style="list-style-type: none"> • Acquire a desktop computer or tablet • Determine high-speed internet access • Acquire a web camera • Acquire a microphone • Acquire dual screens for EHR documentation note taking • Utilize RPM dashboard (if applicable) • Acquire headphones
Appearance	<ul style="list-style-type: none"> • Dress the same level of professional attire as in-person care
Communication	<ul style="list-style-type: none"> • Turn off other web applications and all notifications • Review patient reason(s) for visit and records before beginning call • Adjust webcam to eye level to ensure contact • Narrate actions with patient (If you need to turn away, look down to take notes, etc.) • Verbalize and clarify next steps, such as follow-up appointments, care plan, prescription orders • Pause to allow transmission delay • Speak clearly and deliberately • Choose empathetic language • Use non-verbal language to signal that you are listening

C.2.4 Coordination of Care

Providers are encouraged to implement practices for ensuring optimal coordination of care via remote methods, including:

1. Obtaining two-way release of information (ROI) forms with the patient’s other treatment providers;
2. Establishing communication tools and protocols for sharing treatment updates between care team members; and
3. Establishing regular meetings between all members of the care team.

C.2.5 Compliance Testing

Providing SUD treatment via telehealth can pose challenges to maintaining regular compliance testing schedules with patients. There are a few strategies providers should consider implementing to maintain regular compliance testing when operational or patient-level factors present barriers to completing in-person testing, including:

1. Adjusting the frequency of in-person compliance testing to be more accommodating of patient schedules or transportation barriers;
2. Implementing non-invasive compliance testing methods (like mail-in oral fluid testing) that can be completed without physical contact and observed via a telehealth video visit; and
3. Implementing alternative compliance testing methods (like pill/film counts) that can be completed via telehealth video visits and do not require further action on behalf of the patient.

C.2.6 General Challenges

Providers should prepare for unique telehealth challenges and strategies to overcome them. Some challenges that may be encountered are patient access to technology, language barriers, technical savviness, and caregivers.¹⁷ Before the patient appointment, providers should:

1. Ensure patients have access to technology by identifying community-based resources;
2. Plan to have a translator present for your visit if the patient does not speak the same language;
3. Consider scheduling a practice session with the patient, possibly utilizing a colleague or care team member; and
4. Communicate with patient's caregivers that telehealth is an option for care.

C.2.7 Resources

Several resources provide guidance on selecting, implementing, applying, and evaluating telehealth. The following are some resources to guide providers and organizations.

SAMHSA TIP 60 – The Substance Abuse and Mental Health Services (SAMHSA) Treatment Improvement Protocol series includes this resource titled *Using Technology-Based Therapeutic Tools in Behavioral Health Services*. This resource serves behavioral health professionals and organizations. The TIP 60 includes topic-specific best-practice guidelines for the prevention and treatment of substance use and mental disorders using telehealth. This resource can be found at: https://store.samhsa.gov/product/TIP-60-Using-Technology-Based-Therapeutic-Tools-in-Behavioral-Health-Services/SMA15-4924?referer=from_search_result

AMA Telehealth Implementation Playbook – This resource from the American Medical Association (AMA) serves healthcare providers, clinical staff, administrators, and professionals of medical practices of various size and specialty. The Playbook includes extensive information on implementation, key steps, best practices, and resources. This resource can be found at: <https://www.ama-assn.org/system/files/2020-04/ama-telehealth-playbook.pdf>

C.3 Documentation

C.3.1 Preparation for Appointments

Proper documentation is necessary when preparing for telehealth appointments with respect to protocols, informed consent, and patient records. In order to achieve this, organizations and providers should:

1. Ensure access to patient records and the ability to document delivered care, either through an electronic medical record system or by obtaining hard copies;¹⁷
2. Ensure patients can consent to care within the telehealth platform and consider sending paper forms at a later date to obtain hardcopy signature;¹⁷
3. Ensure platform ability to capture and record patient electronic signature if needed;¹⁷
4. Ensure activities will meet reimbursement requirements and determine relevant Current Procedural Terminology (CPT®) codes for telehealth visits through this platform (see Appendix E.1 of AMA Telehealth Manual Playbook);¹⁷
5. Ensure professional licensing boards allow telehealth;¹⁹ and
6. Ensure malpractice insurance covers providers through telehealth.¹⁹

C.3.2 Protocols

Adapting to telehealth workflows will require adapting current workflow protocols. An example telehealth workflow example can be found at Appendix G.2 of the [AMA Telehealth Playbook](#). Adapting and communicating workflow protocols to staff will ensure providers are offering a positive experience for all involved.

Protocols should specify workflow, patient and case identification (triaging), appointment scheduling, patient engagement, consent, platform assistance, and billing processes. Care teams will need to coordinate aspects of the visit such as “rooming” procedures, signaling other staff to join or leave the encounter, and virtual warm-handoffs. Depending on the telehealth platform, patients may access their visit through a patient portal

or receive direct communication (Zoom[®], Microsoft[®] Teams, Apple FaceTime[®], etc.). In either case, organizations and staff should:

1. Identify resources available;
2. Conduct a needs assessment to identify gaps;
3. Develop protocols with appropriate staff and/or stakeholder input;
4. Develop resources (written procedures by role or communication templates) for staff to follow the new protocols;
5. Test developed protocols and gather feedback from patients and staff;
6. Evaluate the protocols to determine areas for improvement; and
7. Revise protocols based on feedback.

C.3.3 **Communicating Data**

Providers should ensure documentation is communicated appropriately. Before connecting with specialists, treatment providers, or other healthcare professionals, providers should:²⁰

1. Ensure platform or applications are HIPAA-compliant and FDA-cleared/approved;
2. Utilize encrypted, password-protected systems and BAAs with technology partners to abide by all HIPAA regulations; and
3. Determine operations are within-state privacy laws and regulations.

During patient encounters, providers should:²⁰

1. Ensure adherence to appropriate informed consent and documentation requirements;
2. Encrypt data to prevent a privacy breach;
3. Obtain informed consent at every patient encounter; and
4. Ensure documentation of the encounter in the patient's electronic medical record both at the originating and distant site (if applicable).

Table 9. Telehealth Service Provision – Supportive Resources				
Source	Resource	Description	Link	Last Updated
The Office of the National Coordinator for Health Information Technology (ONC)	What is telehealth? How is telehealth different from telemedicine?	Describes the difference between telehealth and telemedicine services.	https://www.healthit.gov/faq/what-telehealth-how-telehealth-different-telemedicine	October 17, 2019
US Department of Veterans Affairs	Evidence Brief: Video Telehealth for Primary Care and Mental Health Services	Report on current evidence for the use of Video Telehealth for Primary Care and Mental Health Services. Aimed at guiding clinical policy development.	https://www.ncbi.nlm.nih.gov/books/NBK538994	February 2019
American Medical Association	Telehealth Playbook	Guidelines for providers to implement digital health solutions.	https://www.ama-assn.org/system/files/2020-04/ama-telehealth-playbook.pdf	April 2020
	Connect to Specialists and Facilitate Better Access to Care for Your Patients	Educational module to support clinicians in identifying and implementing appropriate telehealth service model.	https://edhub.ama-assn.org/steps-forward/module/2702689	October 3, 2019
SAMHSA	TIP 60: Using Technology-Based Therapeutic Tools in Behavioral Health Services	Manual to guide clinicians in implementing technology-assisted care.	https://store.samhsa.gov/product/TIP-60-Using-Technology-Based-Therapeutic-Tools-in-Behavioral-Health-Services/SMA15-4924?referer=from_search_result	November 2015

D. Billing for Telehealth Services – Guidelines, Considerations, and Resources

D.1 Telehealth Billing – General Guidelines and Best Practices

Providers can follow several general guidelines and best practices when billing for telehealth services to ensure optimal reimbursement. Please see the following sub-sections for more information.

D.1.1 Eligible Services

In-state providers can reference state guidelines and payer guidelines to determine which telehealth services are eligible for reimbursement:

Medicaid:

To find out if your provider class is eligible for [telemedicine](#) reimbursement reference the appropriate Medicaid manual for your specialty:

[See Pg. 1 of the Pennsylvania Medical Assistance \(Special Consults.\)](#)

[See Pg. 1 of the Pennsylvania Medical Assistance Bulletin \(Telepsych\)](#)

Medicare:

To find out if your provider class is eligible for [telemedicine](#) reimbursement reference the appropriate Medicaid manual for your specialty:

[See Medicare-Eligible Telemedicine Providers](#)

If you are an out of state practitioner and treating patients in PA, the provider must meet the licensing requirements established by the Commonwealth.

D.1.2 Eligible Locations

Providers should determine whether they are the “originating” or “distant” telehealth site.²⁰

Originating Site:

An originating site is the location of the patient at the time services are provided. This can be the client’s home or a public facility like a rural hospital or physician’s office. Many payors will reimburse for an originating site fee if it meets specific requirements. Rural use cases provide an applicable example for an eligible originating site fee where the patient will go to a local medical facility like a primary care physician's office and meet with a specialist located in distant urban health facility.

Distant Site:

A 'distant' site is where the practitioner or provider is located while utilizing telemedicine services to meet with patients.

D.1.3 HIPAA Guidance on Documentation of Reimbursable Services

HIPAA rules and regulations outline a number of best practices for documentation of reimbursable telehealth services, including that the provider must:

- Treat all documentation for evaluation and management codes similarly to face-to-face visits;
- Indicate the start and end time of the telehealth services in the patient's medical record;
- Document the patient's permission to conduct visits through audio and video;
- Document the verification of the patient's name and date of birth; and
- Store all virtual check-in's in the patient's medical record.

D.1.4 Insurance/Payer Considerations

Providers should review the patient's insurance and any insurance-specific guidelines/regulations for telehealth reimbursement.

Medicare

The provider must use real-time interactive communication with patients that includes audio and video.

Medicaid

The provider must use real-time interactive communication with patients that includes audio and video.

- PA DHS has approved audio-only communication with patients during the COVID-19 pandemic if video cannot be conducted.
- Billing services will be reimbursed at the same rate as in-person appointments.
 - [See Pg. 3 of PA House Bill 1648](#). Different restrictions apply to FQHCs and RHCs.
 - See [CMS-1500 Billing Guide for PROMISE™](#) for home health agency guidelines.

Commercial Insurance

A health insurer may require a deductible, copayment, or coinsurance that [may not exceed the amount of in-person service](#).

Private Insurance

Private payors are actively exploring telemedicine and telehealth, but [each payer is different](#). Providers should contact their in-network payers to request guidance on telehealth billing if more information is needed ensure policy compliance and optimal reimbursement.

D.1.5 Code Modifiers

Billing code modifiers must be applied Providers can refer to the resources in Table 10 below to help identify relevant changes in code modifiers during the COVID-19 pandemic.

Table 10. Telehealth Billing - Supportive Resources				
	Eligible Service/Specialist	Provider & Patient Location	Insurances	Code Modifiers
General Info Resources	Center for Connected Health Policy - The National Telehealth Policy Resource Center Out-of-state practitioner requirements	Distant site - physical location of telehealth provider during service. Originating site - location of telehealth service recipient. Visuwell: Reimbursement by State	State Telehealth Laws and Reimbursement Policies Medicare Learning Network - Telehealth Services Booklet Medicaid and Telehealth Toolkit	Codes for Medicare Telehealth Services can be found on the AMA website .
Special Considerations	COVID-19 bulletin expanded the scope of practitioners who can provide behavioral health services via telehealth.	Providers may use telehealth to provide behavioral health services based on their assurance to follow the OMHSAS Bulletin OMHSAS-20-02 .	National Medical Emergency: Medicare approved accelerated/advance payment for some services under Section 1135 waiver expansion . Medicaid [The] preference for use of telemedicine .	COVID-19 does not have restrictions to provider types when billing. When completing the Attestation Form (Appendix B), the "Other" field is not limited to HealthChoices. Attachment A contains a list of procedure codes for services that may be provided using telehealth in the FFS delivery system.

D.2 Telehealth Billing for Physical Health Services

D.2.1 Best Practices

The HealthChoices Program is the name of Pennsylvania's mandatory managed care programs for Medical Assistance recipients. Through Physical Health Managed Care Organizations (MCOs), recipients receive quality medical care and timely access to all appropriate physical health services, whether the services are delivered on an inpatient or outpatient basis. The PA DHS Office of Medical Assistance Programs oversees the physical health component of the [HealthChoices Program](#). PA DHS defines a [Physical Health Managed Care Organization](#) as “a commonwealth-licensed risk-bearing entity which has contracted with the Department of Human Services to manage the purchase and provision of physical health services to Medical Assistance recipients”.

1. Determine if you are an eligible service or specialist:

Practitioners in Pennsylvania must be licensed and currently registered by the appropriate state agency. Out-of-state practitioners must be licensed and currently registered by the appropriate agency in their state, and they must provide documentation that they participate in that state's Medicaid program. Other providers must be approved, licensed, issued a permit, or certified by the appropriate state agency and — if applicable — certified under Medicare. ([DHS](#))

2. Determine if you are an eligible distant provider:

When a provider submits an enrollment or revalidation application and is using the same distinct street address as a different currently-enrolled provider, PA DHS will ensure the addresses match and will forward the attestation form to both the applicant and the currently enrolled provider(s) along with a request for proposed language for signage. This signage advises beneficiaries that they may receive services from any enrolled provider and must be displayed in a prominent place in the provider's office, such as a waiting room or at the point of check-in. A provider that seeks to enroll at a location that is located within another provider's office may also request a copy of the attestation form and submit it along with proposed language for signage to the ([DHS](#)).

D.2.2 Insurance

Medicaid defines telehealth as the “two-way, real time, interactive communication between the patient and the doctor or other practitioner.” Practitioners do not need to be physically present at the patient's location in order to provide services. This is now the preferred method for the delivery of health services as a result of the ongoing COVID-19 pandemic. Physical health providers should be aware that:

- Medicaid is authorizing telehealth services for almost every type of healthcare service.
- All providers authorized to serve Medicaid HealthChoices members may utilize telehealth services.

- Locations do not need to be registered during the emergency disaster declaration.
- No authorization is required to provide physical health telehealth services.
- Telephone only services may be utilized in a situation where video technology is not available. While the state does not have the same categories of telemedicine for Virtual Check-In's and E-visits at this time, these visits are reimbursable at state fee schedule or contracted rates.
- The Medicaid fee schedule provides appropriate coding instructions and is the source for all reimbursement criteria.
- Reimbursement for services and testing will be in accordance with provider contracts or at 100% of the MA fee schedule.
- For Medicaid, Federally Qualified Health Centers and Rural Health Clinics may utilize telehealth services in the same manner as other providers. Some services may be available using telehealth.
 - MA beneficiaries should contact their Medicaid MCO to see what services may be available using telehealth.
 - MA beneficiaries and providers who participate in MA managed care should call their MCO to see what services may be available using telehealth.

D.2.3 Code Modifiers

Physical health service providers should be aware of necessary code modifiers when billing for telehealth services from non-traditional practice settings:

- Telehealth services provided via real-time interactive audio and video should be billed with the place of service (POS) code that would have been used had the service been provided in person, such as POS=11 (private practice) instead of 02 (telehealth) ([ACP](#)).
- Special coding advice and Reimbursement Policy during the COVID-19 public health emergency ([AMA](#)).

D.3 Telehealth Billing for Behavioral Health Services

D.3.1 Best Practices (Documentation)

At least 30 days prior to the anticipated start date of telehealth services, providers need to also submit [Attachment B](#) to the electronic resource account RA-PWTBHS@pa.gov. OMHSAS will review the form for completeness and inform the provider whether it is approved to utilize telehealth based on assurances made

in the attestation form ([DHS](#)). Telephone services may be utilized only when video technology is not available ([DHS](#)).

1. Determine if they are providing an Eligible Service/Specialist (Documentation)

For in-state practitioners, follow the state guidelines to determine if you provide an eligible telehealth service.

If you are an out-of-state practitioner and treating patients in PA, the provider must meet the licensing requirements established by the Commonwealth.

2. Determine if you are an eligible distance provider (Documentation)

Providers seeking to provide behavioral health services using telehealth should complete and submit *Telehealth Attestation Form* to the appropriate OMHSAS Field Office.

D.3.2 Insurance

There is no reimbursement for store-and-forward or remote patient monitoring ([CCHP](#)). Record the amount of time spent on specific items - for counseling, billing for time with >50% of the time spent counseling.

D.3.3 Special Considerations

During the COVID-19 pandemic, programs that require a percentage of face-to-face contact for services [may be met with use of telehealth](#) ([DHS](#)).

[COVID-19 bulletin](#) expanded the scope of practitioners who can practice their service via telehealth. Providers should check the bulletin for eligibility ([DHS](#)).

D.3.4 Code Modifiers

Psychiatric Outpatient Clinics, Psychiatric Partial Hospitalization Programs, and Drug & Alcohol Outpatient Clinics can bill for specified services provided by psychiatrists, licensed psychologists, Certified Registered Nurse Practitioner (CRNP), Physician Assistant (PA), Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), and Licensed marriage and family therapists (LMFT) in the fee-for-service (FFS) delivery system. [Attachment A](#) of this bulletin contains a list of procedure codes for services that may be provided using telehealth in the FFS delivery system.

Providers must use the appropriate procedure codes and modifiers to identify that the service was delivered using telehealth. Providers in the managed care delivery system should follow the billing procedures and protocols established by the BH-MCOs.

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