

## The Beacon Bulletin

Clinical // April 5, 2019

**Important:** Please read this Bulletin and share it with all appropriate clinical and administrative staff.

### TELEHEALTH EXPANDED TO INCLUDE ADDITIONAL SERVICES

The purpose of this Bulletin is to inform in-network Massachusetts providers of the revisions of the Beacon Health Plan (BMCHP, Fallon Health, Senior Whole Health, and UniCare State Indemnity Plan) access to behavioral health services using Telehealth options for all lines of business.

Telehealth is a medium that delivers services from a distant site equipped with a secure, two-way, real-time interactive telecommunications system to a Member in an originating site. Telehealth ensures access when there are needs/preferences that prevent Members from seeking/accessing office-based outpatient treatment services. All Telehealth transmissions must be Health Insurance Portability and Accountability Act (HIPAA) compliant and employ acceptable authentication and identification procedures by both the distant site and the originating site. **Please note this Bulletin supersedes all previous Bulletins about Telehealth.**

**Distant Site** is the site where the practitioner providing the professional service is located at the time the service is provided via a telecommunications system. This provider must be a Beacon Health Options-contracted clinician.

**Originating Site** is the location of an eligible Member at the time the service is being furnished via a telecommunications system.

**Interactive Telecommunications System** is the technological equipment and transmittal mechanisms used to provide services through Telehealth. At a minimum, it must include audio and video equipment permitting two-way, real-time interactive communication between the eligible Member and distant site provider. All videoconferencing (VC) communications covered by this Bulletin must at all times satisfy all current HIPAA and Health Information Technology for Economic and Clinical Health (HITECH) rules, regulations, and guidelines regarding communication security and privacy. Written policies and procedures must be in place to ensure ongoing adherence to these rules, regulations, and guidelines. Third-party providers of VC services do not fall under the "conduit exception" and would need to be under a Business Associate Agreement. As of the publication of this Bulletin, VC services that do NOT meet these requirements include, among others, Skype and Face Time.

In addition to Outpatient Psychotherapy, allowable Telehealth services are being expanded to include the following behavioral health (BH) covered services for both children and adults (unless otherwise specified):

- Psycho-pharmacology Diagnostic Evaluation
- On-going Psycho-pharmacological services
- Emergency Psycho-pharmacological appointments, including after-hours telephone crisis coverage

- On-going Psychotherapy services
- Psychotherapy Diagnostic Evaluation including Child and Adolescent Needs and Strengths (CANS) for youth
- Emergency Services Program (ESP) services, including initial evaluations and reassessments for adults (21+) presenting to emergency departments (EDs) or other locations with Telehealth capability that meet the performance specifications

## Telehealth Requirements

### Practice standards and licensure

Telehealth services must be provided by credentialed behavioral health providers. A provider offering Telehealth services must at all times act within the scope of the provider's license, Beacon's credentialing criteria, and according to all applicable state and federal laws and regulations.

Providers must have a training program in place to ensure the competency of any/all staff members involved in this service delivery. Only behavioral health professionals who have been trained in the provision of such services, including use of the Telehealth equipment, should provide Telehealth services. Training must include:

1. Familiarity with the equipment, its operation, and limitations;
2. Familiarity with procedures to follow for equipment problems and/or failures;
3. Safeguarding the confidentiality and security of Telehealth records and compliance with all applicable state and federal laws, including, but not limited to, HIPAA regulations at both the originating and distant sites. Providers must assure the same rights to confidentiality and security as provided in face-to-face services; and
4. Best practices for clinical work using Telehealth technologies; including protocol for clinical risk management.

### Conditions for Telehealth encounters

It is expected that Telehealth encounters will adhere to and document the following best practices:

- Providers at distant sites must follow consent and patient information protocol consistent with those executed during in person visits.
- Members must be informed and aware of the location of the provider rendering services via Telehealth (distant site).
- If the Member is being seen at a clinical site or at home, he or she is informed and aware of the policy in place to connect him or her to a clinician in the event of an emergency or other needs.
- Providers are responsible for properly identifying the Member using, at a minimum, the Member's name, date of birth, and Member ID number.
- Providers must disclose and validate their identity and credentials, such as the provider's license, title, and, if applicable, specialty and board certifications.
- For an initial consult with a new Member, the provider must review the Member's medical history and any available medical records before initiating the Telehealth consult. (For Telehealth consults conducted in connection with a pre-existing provider-Member relationship, the provider may review the information with the Member contemporaneously during the consult.)
- Prior to each encounter, the provider must ensure that he or she is able to provide the same



standard of care using Telehealth as delivered in-person. If the provider does not feel that he or she can meet this standard of care, the provider must facilitate transfer of the Member to appropriate in-person care.

### **Documentation**

Telehealth providers must meet all health records standards required by the licensing body of their outpatient clinics and facilities. This includes storage, access, and disposal. A notation must be made in the medical record that indicates that the service was provided via Telehealth, and the provider must document physical location of the distant and the originating site. The documentation should include the CPT code for the service. All Beacon regulations pertaining to documentation apply to services delivered via the Telehealth modality. Beacon reserves the right to audit provider records for compliance with record keeping and documentation requirements and to sanction providers for failure to comply.

### **Billing**

CMS has established a place-of-service code, **POS Code 02**, to designate services provided through Telehealth. CMS has also stated that the required modifier of “GT – *Via interactive audio and video telecommunications systems*” to report Telehealth services should be eliminated to reduce administrative burden for practitioners.

In order to be in line with industry standards, beginning for dates of service on or after January 1, 2019, Beacon will no longer require the modifier “GT” for Telehealth claims and instead will accept the submission of POS Code 02.

### **Coverage and reimbursement**

Payment rates for Telehealth services will be consistent with those for in-person care, but POS Code 02 will be used to document treatment modality

### **Additional Information**

For additional questions, email [provider.relations@beaconhealthoptions.com](mailto:provider.relations@beaconhealthoptions.com) or call our National Provider Service Line at 800-397-1630.

You may also contact your Regional Provider Quality Director or Provider Quality Manager with questions regarding the matters delineated in this *Bulletin* and/or performance specifications

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