



Louisiana Department of Health
Informational Bulletin 20-7
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Telemedicine/Telehealth Facilitation of Outpatient Substance Use Disorder (OP-SUD) Treatment Services during the COVID-19 Declared Emergency

The Louisiana Department of Health (LDH) acknowledges the need for the continued facilitation of Outpatient Substance Use Disorder (OP-SUD) treatment services during the COVID-19 declared emergency. As in-person intervention is the only approved method for providing OP-SUD treatment services by providers rendering American Society of Addiction Medicine (ASAM) level services under normal circumstances, an allowance to deliver these services via an alternate method is required during the COVID-19 declared emergency. LDH is issuing approval effective for dates of service beginning on or after **March 21, 2020**, which will remain in effect until rescinded by LDH. Louisiana Medicaid encourages and will reimburse the use of telemedicine/telehealth, when appropriate, for rendering SUD treatment services.

General Considerations

Telemedicine/telehealth does **not** exempt providers from any of the service requirements or record keeping as set forth in the [Medicaid Behavioral Health Services Provider Manual](#). Additional record keeping is mandated during the COVID-19 declared emergency as described further in this bulletin. LDH will **not** waive licensure or accreditation requirements for agencies providing OP-SUD treatment services. Providers must meet agency and staff qualifications and requirements for delivering OP-SUD treatment services, as established in the Medicaid Behavioral Health Services Provider Manual. Licensed mental health practitioners providing services in OP-SUD treatment service agencies must also follow rules and regulations established by their respective professional licensing boards.

Services must be medically necessary as determined by a physician or a fully licensed mental health professional (LMHP). OP-SUD treatment services being expanded to allow telemedicine/telehealth include the Medicaid reimbursable services as listed in the [Medicaid Behavioral Health Services Provider Manual](#) across all levels of staffing (licensed and non-licensed staff).

When using telemedicine/telehealth, please follow these guidelines:

- Confidentiality still applies for services delivered through telemedicine/telehealth. The session must **not** be recorded without consent from the recipient or authorized representative.
- Develop a back-up plan (e.g., phone number where recipient can be reached) to restart the session or to reschedule it, in the event of technical problems.
- Develop a safety plan that includes at least one emergency contact and the closest emergency room (ER) location, in the event of a crisis.
- Verify recipient's identity, if needed.
- Providers need the consent of the recipient and the recipient's parent or legal guardian (and their contact information) prior to initiating a telemedicine/telehealth service with the recipient if the recipient is 18 years old or under.
- The recipient must be informed of all persons who are present ~~at each end of the transmission~~ and the role of each person.
- Recipients may refuse services delivered through telehealth.
- It is important for the provider and the recipient to be in a quiet, private space that is free of distractions during the session.

Communication Requirements

During this COVID-19 declared emergency, LDH is issuing approval for the delivery of OP-SUD services via telemedicine/telehealth communications. Providers offering services via telemedicine/telehealth must use a secure, HIPAA-compliant platform, if available. If not available, providers may use everyday communication technologies, including audio-only delivery of telemedicine/telehealth services (e.g. telephone) or use of videoconferencing (e.g. Skype, FaceTime) programs that have reasonable security and privacy measures, with each recipient's consent. Facebook Live, Twitch, TikTok, and similar video communication applications are public facing and must **not** be used for telemedicine/telehealth services. Audio-only delivery is allowed only in situations where an audio/video system is not available or not feasible. Although a combined audio/video system is preferred, LDH is allowing OP-SUD providers to practice telemedicine/telehealth through telephonic communications **when appropriate**. Texting and emails are not approved forms of telemedicine/telehealth. At minimum, there must be an audio connection. Providers must adhere to all telemedicine/telehealth-related requirements of their professional licensing board.

There is currently no formal limitation on the originating site (i.e., where the recipient is located) and this can include, but is not limited to, a healthcare facility, a school or the recipient's home. Regardless of the originating site, providers must maintain adequate medical documentation to support reimbursement of the visit.

Assessments and Re-evaluations

LDH is issuing approval to utilize telemedicine/telehealth for conducting substance use disorder screenings and assessments.

Group Therapy

Telemedicine/telehealth may be utilized for OP-SUD treatment groups, if this service is related to the recipient's goals, objectives, and interventions in the treatment plan. There is a risk for other group members of being overheard by anyone near the recipient. The recipient should attempt to be in a private room while participating in group via telemedicine/telehealth. The recipient should agree to not disclose to anyone outside the group any information that may help to identify another group member. Given the risks stated, the recipient must agree to waive confidentiality prior to beginning sessions. Providers must document that the recipient waived confidentiality in the notes for the session. While audio-visual technologies are preferred, audio-only may be used if clinically indicated and medically necessary. Providers must adhere to all telemedicine/telehealth-related requirements of their professional licensing board.

Documentation

Informed Consent for Telemedicine/Telehealth:

Providers must have informed consent to deliver telemedicine/telehealth services. The consent must include the following.

A recipient's authorization to receive telemedicine/telehealth services after a discussion of the following elements:

1. The rationale for using telemedicine/telehealth in place of in-person services.
2. The risks and benefits of the telemedicine/telehealth, including privacy-related risks.
3. Possible treatment alternatives and those risks and benefits.
4. The risks and benefits of no treatment.

Confidentiality Agreements:

If a recipient participates in group therapy via telemedicine/telehealth, there must be a confidentiality agreement, including the requirement to protect the privacy of others receiving treatment, that is acknowledged and signed. See guidance below concerning signatures.

Progress Notes:

Providers should record all aspects of telephonic and/or face-to-face encounters in the recipient's clinical record, including, but not limited to the following:

- Name of recipient and any others present/participating.
- Dates and time of service contacts (include both start and stop times).
- Content of each delivered service, including the reason for the contact describing the goals/objectives addressed during the service, specific intervention(s), progress made toward functional and clinical improvement.
- Specific intervention(s) provided, including any units of service provided.

- Service location for each intervention. ***It must be documented that the service is being conducted via telemedicine/telehealth. For use of an audio-only system, the rationale for employing an audio-only system must be documented in the clinical record.***
- Crisis plan, ***including any changes related to COVID-19 risks.***
- ***Any new treatment plan interventions, goals and objectives related to treatment and/or COVID-19-related risks.***
- ***Any referral of recipients to healthcare providers for further screening, testing or treatment of COVID-19 symptoms or history.***
- ***Document a back-up plan (e.g., phone number where recipient can be reached) to restart the session or to reschedule it, in the event of technical problems.***
- ***Document a safety plan that includes at least one emergency contact and the closest ER location, in the event of a crisis.***
- ***Document verification of the recipient's identity, if needed.***
- ***Document the recipient is informed of all persons who are present ~~at each end of the transmission~~ and the role of each person.***
- ***Document if recipient refuses services delivered through telehealth.***
- ***Document the consent of the recipient and the recipient's parent or legal guardian (and their contact information) prior to initiating a telemedicine/telehealth service with the recipient if the recipient is 18 years old or under.***
- Name and functional title of person making record entry and providing service.

Documents Requiring Recipient Signature:

Providers must verbally review and discuss the documents requiring recipient signature (e.g. treatment plan, informed consent, confidentiality agreement) with the recipient/recipient's family during the telemedicine/telehealth visit.

The provider will be required to indicate the recipient/recipient's family participation, if appropriate, as well as their agreement. The provider shall document as such on the signature line of the document (e.g. treatment plan) and in the corresponding progress note (if applicable) that includes the date and time of the meeting. When possible (i.e. at the next in person treatment planning meeting), providers should have the recipients sign all documents that had verbal agreements.

Staff Supervision

Staff supervision must continue to follow published guidelines in the [Medicaid Behavioral Health Services Provider Manual](#). Supervision may follow the same guidelines as service delivery with regard to the manner of communication. Supervision must use a secure, HIPAA-compliant platform, if available. If not available, providers may use everyday communication technologies, including audio-only supervision (e.g. telephone) and use of videoconferencing (e.g. Skype, FaceTime) programs that have reasonable security measures. Facebook Live, Twitch, TikTok, and similar video communication applications are public facing and must **not** be used for supervision. Audio-only delivery is allowed only in situations where an audio/video

system is not available or not feasible. Texting and emails are not approved forms of supervision. At minimum, there must be an audio connection. These temporary measures still require adherence to other requirements that apply to staff supervision.

Authorizations

An existing prior authorization does not need an addendum to be eligible for telemedicine/telehealth delivery. Requirements for reimbursement are otherwise unchanged from the [Medicaid Behavioral Health Services Provider Manual](#).

Beginning March 20, 2020, LDH issued approval for MCOs to extend existing PAs for OP-SUD treatment services that reach the end of the authorization period during the COVID-19 declared emergency, IF a prior authorization (PA) is required by the recipient’s MCO for OP-SUD treatment services. ~~LDH is issuing approval for extending existing PAs for OP-SUD treatment services that reach the end of the authorization period during the emergency for the same duration as the previously authorized units until the end of the COVID-19 declared emergency.~~ MCOs may request documentation from providers to be aware of continuation of services, any needs for continued service continuity, or perhaps even needs to expand service coordination. New requests should follow standard processes in place with the recipient’s MCO.

Billing and Reimbursement

For these services, the providers must bill the procedure code (HCPCS codes) with modifier “95,” as well as Place of Service “02” when delivering the service through telemedicine/telehealth. Reimbursement for visits delivered via telemedicine/telehealth is similar to in-person visits, subject to any terms and conditions in provider contracts with Medicaid managed care entities.

Providers should contact their contracted MCO for information that may affect billing procedures and reimbursement rates.

Claims processing systems will be updated by **April 2, 2020**. Before that date, providers should continue to submit claims and they will be recycled with no action needed by the provider. A list of relevant procedure codes is included below. Providers must indicate place of service “02” and must append modifier “95.”

Code	Description	Place of Service	Modifier*	Unit	Age HA =	Master's Level	Bachelor's	Less than Bachelor'
H0001	ALCOHOL AND/OR DRUG ASSESSMENT	02		Visit	0+	\$65.27	\$65.27	\$43.44
H0004	ALCOHOL AND/OR DRUG SERVICES - INDIVIDUAL	02	HF	Visit	0+	\$42.38	\$42.38	\$34.25
H0005	ALCOHOL AND/OR DRUG SERVICES - GROUP (PER PERSON)	02	HQ	Visit	0+	\$9.23	\$9.23	\$6.52
H0005	ALCOHOL AND/OR DRUG SERVICES - FAMILY (PER FAMILY MEMBER)	02	HR, HS	Visit	0+	\$21.53	\$21.53	\$15.23
H0015	ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 INDIVIDUAL	02		15 min	0+	\$16.17	\$16.17	\$11.44
H0015	ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP	02	HQ	15 min	0-20	\$2.31	\$2.31	\$1.64
H0015	ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP	02	HQ	15 min	21+	\$12.00	\$12.00	\$8.00

In-Person Encounters Requirements

IF in-person encounters between specialized behavioral health practitioners (licensed and/or unlicensed) are considered medically necessary, and IF both the provider/staff member AND recipient/recipient's family agree that such encounters are necessary and safe, all providers and recipients are *strongly advised* to adhere to "DO THE FIVE:"

1. HANDS: Wash them often.
2. ELBOW: Cough into it.
3. FACE: Don't touch it.
4. FEET: Stay more than 6 feet apart.
5. FEEL sick: Stay home.

Providers are strongly advised to limit in-person encounters only to those which cannot be done through telemedicine/telehealth technologies. These in-person encounters must be urgent and medically necessary. If such in-person visits are required for the health and safety of the member, providers should contact recipients/family BEFORE going to homes or community locations.

At this initial telephonic communication, the provider should screen recipients/families for COVID-19 risk, exposure or symptoms, including but not limited to the following: report of history of or current temperature/fever, signs and symptoms of respiratory illness, and relevant travel and exposure history.

Document the absence of any temperature/fever, shortness of breath, new or change in cough, and sore throat *prior to engaging the recipient*.

Personnel who live in a community where community-based spread of COVID-19 is occurring should not engage recipients if exhibiting respiratory symptoms and should be screened before engaging in recipient encounters.

IF in-person encounters cannot be done through telemedicine/telehealth technologies, providers should meet with each recipient/family in accord with CDC-recommended social distancing guidance. While maintaining privacy, confidentiality and respecting conventions of HIPAA and Protected Health Information, meet the recipient/family in open ventilated space, staying at least six feet from the recipient/family member during the encounter. Consider conducting the encounter outside of the home/apartment.

Resources

Providers may find more information about the coronavirus (COVID-19), including tips and resources for healthcare providers, by visiting <http://ldh.la.gov/Coronavirus/>. Specific information for providers is located here: <http://ldh.la.gov/index.cfm/page/3880>.

Providers interested in learning more about telemedicine/telehealth can find a toolkit [here](#). There are 14 videos on Practice and Clinical Issues. These focus on the efficacy of telehealth and tips on making clinical interventions successful and would be helpful for agency owners, professional and non-professional staff. They are all very short and include a written summary of video content.

- [Child and Adolescent Telepsychiatry](#)
- [Clinical Documentation](#)
- [Clinical and Therapeutic Modalities](#)
- [Geriatric Telepsychiatry](#)
- [Individual Models of Care](#)
- [Inpatient Telepsychiatry](#)
- [Patient Safety and Emergency Management](#)
- [Rural and Remote Practice Settings](#)
- [Standard of Care and State Based Regulations](#)
- [Telepsychiatry Practice Guidelines](#)
- [Team Based Integrated Care](#)
- [Team Based Models of Care](#)
- [Use of Telepsychiatry in Cross-Cultural Settings](#)
- [Visual and Non-Verbal Considerations](#)