**COVID-19 Teletherapy Guidelines for Behavioral Health Providers (BHPs)**

Wake Forest Baptist Health

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These guidelines are recommended for Behavioral Health Providers (BHPs; e.g., counselors, psychologists, clinical social workers, psychiatrists) within the WFBH system during the COVID-19 pandemic who will be using teletherapy (phone or videoconferencing sessions with patients).

**When should this take effect?**

These guidelines should take effect immediately given the rapidly developing situation concerning COVID-19 in our community and the expanded use of teletherapy visits. Consult WFBH policy daily for updates to these policies.Discuss the timing of implementation of changes to service delivery with Medical Directors as there may be variability depending on the patient population and clinic. At this time, less-essential clinical personnel have been advised to reduce patient contact per WFBH policy. As such, BHPs should consider transitioning to teletherapy, as opposed to face-to-face patient care, in an effort to decrease exposure to and transmission of COVID-19 when at all possible.

Please note that, as of March 17, 2020 the Office for Civil Rights (OCR) at the Department of Health and Human Services has issued notification that “OCR will exercise its enforcement discretion and *will not impose* penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.” BHPs should work with their supervisors and system administrators to balance patient care, WFBH policy/procedure, ethical obligations, and current OCR regulations/allowances to determine the best course of action.

**Outpatient Therapy**

* BHPs should prepare their patients for transitioning to teletherapy for the coming weeks and months.
* Should patients not be amenable to any form of teletherapy, discuss community alternatives, but also caution them that face-to-face outpatient behavioral health services may be difficult, if not impossible, to obtain at this time due to the evolving pandemic.
* For noncritical patients receiving supportive services, the continuation of therapy can be optional at this time depending upon patient preference.
* For patients at the highest level of risk, for whom teletherapy is contraindicated, they may have a face-to-face session under the circumstances that:
  + The BHP is able to come to clinic and is not sick (consult WFBH and CDC guidelines)
  + The patient or person bringing them to appointments is not sick (consult WFBH and CDC guidelines)
  + The patient is amenable to coming in for a face-to-face appointment
  + The session does not violate WFBH policy regarding COVID-19 restrictions and taking into account CDC recommendations and state and national directives.
  + The benefits of a face-to-face session outweigh the risks of possible exposure to COVID-19.
  + Seeing a patient face to face does not violate WFBH policy.
* When using personal home phone/cell phone to deliver patient care, **dial \*67** followed by the patient’s number to ensure your number is “blinded” to the patient. **Do NOT give out your personal phone number to the patient.** Rather, direct the patient through your Clinic Patient Service Representative (PSRs; i.e., front desk staff), myWakeHealth (if there is access), or the Access Center (336-713-4500) for callback needs.
* For phone visits, when the BHP is able to establish connectivity with the patient to conduct teletherapy, BHP will send an inbasket message to the Clinic Patient Service Representative (PSR) alerting PSR to “arrive” the patient. This will allow for the session to be billed and the encounter to be closed following the visit.
* For video visits, the patient will automatically be arrived when the patient connects through myWakeHealth and the BHP connects through Wake One; note that the patient has to initiate the visit via myWakeHealth.

**Outpatient Assessment**

Care should be taken in conducting psychological testing via phone or videoconference as this format may result in invalid test results.

**Notifying Patients**

* BHPs should ensure that their patients with previously scheduled face-to-face visits are contacted by phone to discuss transitioning to teletherapy. See Appendix B.
* Patients should be notified about changes to care delivery as soon as possible via an outgoing letter, phone calls, and myWakeHealth (if there is access). Note that myWakeHealth is required for video visits. See Appendix A for the draft of this letter.
* Access Center should be given appropriate instructions for patients calling in for appointments (see Appendix B) regarding transition to teletherapy. PSRs or behavioral health coordinators, when available, can also assist with calling to notify patients.

**Integrated Care Clinics**

* Screenings - The continuation of psychosocial screenings usually performed by the BHPs (e.g., PHQ-9/PHQ-A, GAD-7, CRAFFT, etc.) should be discussed with the Medical Director of the clinic if clinic visits are to continue. It will be left to the discretion of the Medical Director whether or not to continue psychosocial screeners during clinic visits in the absence of an onsite BHP. If the medical providers proceed with psychosocial screenings, the BHP will be available for remote consultation with medical providers and/or patients and family members by phone per the usual schedule. The medical provider will likely have to take increased responsibility for the screening measures and results in the case that psychosocial screenings are continued.
* Warm Handoffs - At this time, in-person warm handoffs to the BHP will not be offered in an effort to decrease exposure and transmission to, from, and between non-essential clinical personnel (including BHPs), other providers, and patients/family members. Should medical providers encounter patients in need of behavioral health support, medical providers should reach out to the BHP by phone or through the Electronic Health Record to coordinate BH phone or video-conferencing follow-up.

**Inpatient Consultation/Liaison**

Inpatient medical consults should be conducted remotely if at all possible, rather than face-to-face with the patient and/or family members. The BHPs will continue to be available for inpatient medical consults per the usual schedule located on Wake On-Call. Medical providers should reach out to the BHP by paging them to initiate a consult per the usual procedure. Follow-up with the patient will be conducted via phone (patient room phone or cell phone of patient/caregiver) or via a video visit.

* See the [Telehealth intranet page](http://intranet.wakehealth.edu/Departments/Telehealth/Documents/Telehealth-Device-Compatibility-Chart.htm) for updated information regarding telehealth inpatient consults.
* The Department of Psychiatry and Behavioral Medicine is on-call to the medical hospital, and they may be available for inpatient consults as well. Department of Psychiatry and Behavioral Medicine can advise on policy regarding psychiatry involvement with consults on the inpatient medical unit.

**Phone and Video-Conferencing Sessions**

Phone sessions are acceptable and expected to be billable, if retroactively. Use phone sessions if videoconferencing with patients is not available or if patients do not have access. If videoconferencing is accessible to the patient, that is the preferred mechanism of session delivery. Videoconferencing is also expected to be billable, if retroactively.

* If conducting a phone session and using a personal home phone/cell phone, **dial \*67** followed by the patient’s phone number to ensure your number is “blinded” to the patient. **Do NOT give out your personal phone number to a patient.** Rather, direct the patient through your Clinic PSRs or Access Center (336-713-4500) for callback needs.
* If using a videoconferencing platform, refer to information/resources available on the [Telehealth intranet page](http://intranet.wakehealth.edu/Departments/Telehealth/Documents/Telehealth-Device-Compatibility-Chart.htm).
* At the beginning of each teletherapy session, in case of emergency, the BHP **MUST always obtain the patient’s current location address (ideally their home).**
* **First Session:**  The BHP must obtain from the patient the **name and phone number** **for an Emergency Contact Person** during the patient’s first teletherapy session. In the case of a minor, this will be the parent or legal guardian. This information is required to enhance patient safety in case of emergency.
  + The Emergency Contact Person’s name and phone number (along with the date information was gathered) should be documented in the medical record in both the session progress note as well as in the social history tab.
* BHPs should gain knowledge about and competency with the technology associated with the teletherapy platform prior to using this with patients. BHPs should also be aware of the limitations (e.g., emergency management, information security, ability to deliver certain modalities of therapy via teletherapy, etc.) and the potential impact of this mode of therapy with patients.
* Telehealth trainings and information are in the process of development through WFBH; continue to check on the Telehealth intranet page for listed trainings. There are also trainings through American Psychological Association and Telebehavioral Health Institute, among others. BHPs are encouraged to participate in telehealth trainings as soon as possible if you are planning to use teletherapy. See Appendix C for a list of trainings.
* Coding: Phone and video-conferencing sessions have separate CPT codes, which should be utilized. See Appendix D for coding details.
* For information about scheduling video visits, see the Telehealth intranet page.
* The video visit type will match the duration of particular providers’ RPV default duration. If the duration of the video visit is different from the RPV default, the provider will need to have the appointment slot adjusted to accommodate the difference.

**Teletherapy with At-Risk Patients**

Patients with the highest psychiatric risk (e.g., suicidal, homicidal) should be followed regularly via teletherapy services if they cannot be seen in person. If there is a patient who is expressing active risk to self or others:

* Assess for ideation, plan, access, intent. If they have passive SI/HI without plan or intent, discuss coping plan, safety planning, and ensure that they have crisis numbers (Cardinal Innovations 24/7 Access/Crisis Line 1-800-939-5911; National Suicide Prevention Lifeline 1-800-273-8255; Crisis Text Line 24/7 support: Text “HOME” to 741741). See Appendix D for a list of crisis resources.
* If patient is expressing a specific SI plan or intent to harm self:
  + Gauge patient’s willingness to connect with social supports remotely or otherwise.
  + If the patient is an adult, request names and numbers of social supports or utilize the emergency contact person, identified at the first session. Attempt to obtain the patient’s verbal consent for BHP to reach out to supports to carry out a safety plan (e.g., removal of firearm(s), medication stockpiles, etc.).
    - If a patient has no social support, refuses to share this information, or does not consent to BHP contacting supports, then BHP should engage Mobile Crisis or 911.
    - If the patient is a minor, inform the legal caregiver of the situation, safety plan, etc. If the legal caregiver refuses to engage with a safety plan, is not reachable, or does not think they can keep the patient safe, BHP should engage Mobile Crisis or 911.
    - Mobile Crisis #: **1-866-275-9552 or 336-607-8523** (Daymark Recovery Services in Forsyth)
* In the case that a patient has reported a specific HI plan and/or identified victim(s) with possible intent, call law enforcement in the county where the patient resides or 911, and alert the potential victim if this information is available. Reporting of HI should proceed per usual ethical and legal guidelines.
* If you suspect that a patient has been abused and is not safe in the home environment, call local law enforcement in the county where the patient is located or 911. If the suspected abuse pertains to the safety of a minor, elder, or incapacitated adult in their home environment, also call DSS. Reporting of suspected abuse should proceed per usual procedure.

**Privacy/Confidentiality during Teletherapy Sessions**

* Behavioral Health Provider: If the BHP will be conducting teletherapy from home, the BHP should take every precaution to select a location in their home that is conducive to HIPAA compliant practice (out of earshot of other household members, quiet environment, professional appearance [if video-conferencing] and demeanor; removal of personal items [e.g., photos] in background). See the Telehealth intranet page for general privacy considerations during telehealth visits.
  + If there is any paper documentation during teletherapy sessions conducted from the BHP’s home, utmost care should be taken with paper records to keep these confidential (in a locked file cabinet in a room that is locked). Paper documents need to be in a locked case and secured for transport back to the WFBH setting. The BHP should avoid paper documentation from home if this is not necessary.
* Patient and legal caregivers (in the case of a minor): Patients and legal caregivers should be educated as to the limitations of confidentiality when using teletherapy. They should be encouraged to conduct sessions in a location where they can have privacy out of earshot of other household members and in a quiet environment, if possible.
  + If disruptions occur during sessions, BHPs should be mindful of this, and pause the session if necessary. If the disruption to the session is prolonged, the patient and BHP will determine whether the session is to proceed or be rescheduled for a better time.

**Informed Consent**

While informed consent for phone and videoconferencing is not legally required, it is recommended to comply with ethical guidelines. As such, use the Authorization and Consent to Participate in Teletherapy (Appendix E) with all patients who are being enrolled in teletherapy.

* If the adult patient or legal caregiver is unable to sign the teletherapy consent form given that they are in a different physical location than the BHP, review the form with them verbally by phone or videoconference prior to or at the beginning of the first teletherapy visit.
* Document in the progress note that you obtained verbal (spoken) consent from the adult patient/legal guardian for teletherapy services. Use the dot phrase: .vvconsent (currently .teleconsent) for video visits and ?? for telephonic visits.
* The patient/legal caregiver must receive a copy of the teletherapy consent form (see Appendix E). Send the patient/legal caretaker a copy of the telehealth consent through myWakeHealth. If the patient does not have access to myWakeHealth, send a hard copy of the form to the patient’s home address on file in Wake One, using the medical center return address.

**Well-being of Behavioral Health Provider**

If a BHP is concerned about their own health vulnerability as related to COVID-19, the BHP should work from home (when well) and conduct sessions with patients by phone or teletherapy platform (when available) rather than conducting in-person sessions. Refer to the Telehealth intranet page for details on how to conduct teletherapy from home.

**Medically Vulnerable Patients**

As psychologists, we are not qualified to determine who is medically vulnerable, even though some cases are more obvious. The medical subspecialist or PCP should make the determination about medical vulnerability. This is relevant if the hospital policy varies based on medical vulnerability of the patient.

**Learners**

* Use of Personal Protective Equipment (PPE) should be limited. As such, students and learners should not have contact with patients for which PPE is required. This should be as of immediately.
* Supervisors may conduct necessary ongoing supervision by phone or videoconference.
  + Verify with the supervisee’s educational institution that phone or videoconference format for supervision is acceptable given the current circumstances.
  + Ensure quality of supervision through phone or video-conferencing format.
  + Ensure that supervision session length is not compromised by phone or video-conference format so that supervisee is meeting supervision requirements.
  + Consider that the supervisee may not be able to meet face-to-face patient contact hours during this medical crisis. This should be addressed with the supervisee’s educational institution.

**Billing Guidelines/Considerations**

* Phone and video visits each have separate visit types which should be used when scheduling patients.
* See Appendix F for CPT codes that should be used for phone and video visits.
* Also see the Telehealth intranet site for updated details about telehealth billing.
* ***Payor Policies***
  + ***Insurance Companies***Blue Cross Blue Shield NC announced it will cover all care delivered via telemedicine as if it were face-to-face. This will be for a 30-day period (March 6-April 6), although they request that providers not bill the system until later in March.
  + ***Medicare***The Centers for Medicare and Medicaid Services (CMS) has waived certain requirements for Medicare Advantage and Part D Medicare plans to help prevent the spread of COVID-19. Flexibilities include:
    - Waiving cost-sharing for COVID-19 tests
    - Waiving cost-sharing for COVID-19 treatments in doctor's offices or emergency rooms and services delivered via teletherapy
    - Removing prior authorizations requirements
    - Waiving prescription refill limits
    - Relaxing restrictions on home or mail delivery of prescription drugs
    - Expanding access to certain teletherapy services
* ***NC Medicaid***NC Medicaid will phase in its expansion of coverage as needed. For now, beginning today, March 13, "designated providers" (MD/DO/PA/NP) will be able to bill "telephonic codes" for established patients. These are short, check-in visits that might be appropriate for medication refills, etc. There is also a new set of CPT codes that psychiatrists can use (99441-3) that are timed codes for routine patient follow-ups. There are separate codes that can be used by other behavioral health providers in your practices. NC Medicaid notes that it is important to use the "CR" modifier on all billing. The modifier prevents it from being rejected if they have billed an E/M code within the last 7 days or within 24 hours after the phone call. There are two goals for these changes: 1) reduce patient exposures for routine office visits, and 2) make provisions for physicians who will need to work from home for a variety of reasons.
  + Please connect with your department billers/coders on the most up-to-date information regarding any additional modifiers that may need to be added to the visit to ensure that it is properly coded and reimbursable.
* *It is important to note that patient clinical needs are the priority over billing. If a patient is in need of a clinical service and the service is not billable, the BHP should provide the service.*

**Appendix A**

***Letter to patient re: initiating teletherapy***

Behavioral Health Team

Wake Forest Baptist Health

(Date)

Dear Valued Patient,

We are writing to inform you that any outpatient behavioral health visits conducted by your provider [insert BHP name] will be converted to teletherapy in response to the ongoing risk of COVID-19, the Coronavirus. This means that your sessions, which previously took place face-to-face, will now be conducted by phone or videoconference.

For future behavioral health visits, please be aware of the following:

* Do NOT report to the clinic at the time of your appointment; your appointment will be conducted by phone or videoconferencing.
* Check that the phone number(s) in your medical record are up-to-date and reflect where you would prefer to receive your provider’s call. You can check and/or update your numbers through your Clinic Patient Service Representative (i.e., front desk staff), myWakeHealth, or the Access Center (336-713-4500).
* At the time of your appointment, be prepared to receive your provider’s phone call in a location where you can have privacy and in a quiet environment, if possible. For most, this will be at home.
* Because providers may be working from home, note that a phone call may come through as an “unknown number.”
* You and your provider will determine whether your visits will be conducted by phone or videoconference based on your access, preference, and the best clinical care.
* If you will be using videoconferencing, your behavioral health provider will ensure that you have the proper instructions for use.

If you have any questions or concerns about engaging in teletherapy, please reach out to your provider through your Clinic Patient Service Representative (i.e., front desk staff), myWakeHealth, or the Access Center (336-713-4500).

Thank you for understanding as we adapt to offer you the best care possible with awareness for the ongoing COVID-19 health crisis.

Sincerely

**Appendix B**

***Access Center script for teletherapy scheduling***

* Consult the [Telehealth intranet page](http://intranet.wakehealth.edu/Departments/Telehealth/Documents/Telehealth-Device-Compatibility-Chart.htm) regarding scheduling instructions and guidelines for telehealth visits.
* For new or return patients calling regarding scheduling a behavioral health appointment, state the following:

**Return Patient Visit**

* + “Due to the ongoing health risks related to COVID-19, the Coronavirus, **your face-to-face appointment is being converted to a teletherapy appointment**. This means you will not be seen in person at the clinic. Instead, your visit will be conducted by phone or video-conference with your provider.”

**New Patient Visit**

* + “Due to the ongoing health risks related to COVID-19, the Coronavirus, your newly scheduled appointment will be conducted by phone or video-conference with your provider. You will not be seen in person at the clinic.”

**All Patients (both new and return)**

* + “Do NOT come to the clinic at the time of your appointment.
  + “May I confirm that the phone number(s) in your medical record are up-to-date and reflect where you would prefer to receive your provider’s call?”
  + “Your provider requests that you are in a location that is private and quiet during your teletherapy visit.”
  + “Please be aware that your provider’s call may come through as an unknown number.”
  + If patients have questions or concerns about teletherapy, Access Center should send an inbasket message to the provider or designated Work-Q.

**Appendix C**

***Telehealth Provider Trainings***

1. ***American Psychological Association (APA) Guidelines for the Practice of Telepsychology***

<https://www.apa.org/practice/guidelines/telepsychology>

* It is recommended that BHPs who will be using teletherapy with their patients read and understand these guidelines prior to commencing teletherapy sessions with patients.
* Note that during the medical crisis, in-person therapy may not be an option at this time, even for high-risk patients, so all patients in need should be offered teletherapy. When face-to-face sessions are possible in the future, these in-person sessions should be offered, and patients should be transitioned back to in-person therapy. This is especially the case for high-risk patients. Should teletherapy remain an option for patients in the future once the health crisis pases, the APA telepsychology guidelines regarding goodness of fit for teletherapy should be adhered to. This refers to Guideline 2: Standards of Care in the Delivery of Telepsychology Services.

1. ***American Psychiatric Association Resources***

<https://www.psychiatry.org/news-room/apa-blogs/apa-blog/2020/03/covid-19-mental-health-impacts-resources-for-psychiatrists>

1. **PESI**

Get your questions answered with this **FREE comprehensive online training:**

[**Telehealth for Mental Health Professionals** [links.pesi.mkt3532.com]](https://urldefense.proofpoint.com/v2/url?u=http-3A__links.pesi.mkt3532.com_ctt-3Fkn-3D15-26ms-3DMzIwNTM0ODQS1-26r-3DMTU1NjY1MDE3NDc4S0-26b-3D0-26j-3DMTY2NDI4Nzk4NgS2-26mt-3D1-26rt-3D0&d=DwMFAw&c=yzGiX0CSJAqkDTmENO9LmP6KfPQitNABR9M66gsTb5w&r=Trl6_La_bA_Fn7aNfjH8tMTVH6GsNKoZq97ftxSC1s0&m=LleO2E5c_2M234M5Nox9PRtMLtQQIQMy8vfPuNT9rZw&s=dphO0yGRMBgwmfwYMATFLagLsi7FWXW6fonDi8pGwqQ&e=)

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**Appendix D**

***Important Resources for Providers***

* ***24/7 Crisis Lines***
  + Cardinal Innovations 24/7 Access/Crisis line: 1-800-939-5911
  + National Suicide Prevention Lifeline: 1-800-273-8255
  + Crisis Text Line 24/7 support, Text “HOME” to 741741
* ***Mobile Crisis***
  + 1-866-275-9552 or 336-607-8523
  + \*\*OR\*\* **911**

**Appendix E**

***Telehealth Consent Form***

Add updated form when finalized.

**Appendix F**

***Telehealth CPT Codes***

**WFBH Telehealth Policies**

See the [Telehealth intranet page](http://intranet.wakehealth.edu/Departments/Telehealth/Documents/Telehealth-Device-Compatibility-Chart.htm) for guidance regarding documentation and coding. The following is recommended at this time:

**Video Visits**

Providers:

· Enter your regular service codes in LOS or charge capture (i.e. 99211-99215)

· Add a modifier “GT” to the charge (modifier signals it was a telehealth service)

· Document the service in Wake One including (but not limited to) modality

Coding:

· Will review all telehealth services for accuracy

· Will make any corrections based on individual payer requirements

· Will query the provider with any questions

IS:

· Has already created an edit to stop all telehealth services scheduled as telehealth or video encounters for coding review.

**Telephone Visits**

Providers:

· Enter G2012 as your only charge

· Document the service in Wake One including (but not limited to) your total minutes of medical discussion and modality

Coding:

· Will review all telephone services for accuracy

· Will make any corrections based on individual payer requirements

· Will query the provider with any questions

IS:

· Is currently working on a process to capture telephone charges

· Will create an edit to stop all telephone services for coding review

**E-Visits/Online Visits (Online only)**

Providers:

· Enter the appropriate online evaluation code:

o 99241 – Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes

o 99242 - Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes

o 99243 - Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

· Document the service in Wake One including (but not limited to) your total minutes and modality

Coding:

· Will review all online services for accuracy

· Will make any corrections based on individual payer requirements

· Will query the provider with any questions

IS:

· Is currently working on a process to capture online charges for billing

· Will create an edit to stop all online services for coding review

\*Physician Compliance will be providing additional documentation guidelines