TELEMEDICINE Protocol and Procedure

PROCEDURE PURPOSE

To provide guidance to the Detroit Wayne Integrated Health Network’s (DWIHN) on the delivery of Telemedicine services. Telemedicine can be used to improve the health of individuals through the use of secure interactive real-time communication between the individual and the physician or practitioner. Through collaborative efforts with the DWIHN network of providers individuals, families, natural supports, and responsible parties can have user friendly, accessible, personalized behavioral health services delivered via telemedicine.

EXPECTED OUTCOME

When delivered appropriately, Telemedicine can be beneficial in improving access to care for persons with disabilities, reducing costly emergency department visits, reduced time and transportation cost and physical distancing when necessary. To provide telemedicine, services must be delivered by a health care professional who is licensed, registered or otherwise authorized to engage in his or her health care profession in the state where the individual served is located. This guidance can be found in the Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual, (version date: October 1, 2020), Section 17-Telemedicine, under 17.5-Authorized Practitioners.

DEFINITION

Telemedicine is the use of telecommunication technology to connect a person with a health care professional in a different location. The Michigan Department of Health and Human Services (MDHHS) requires a Health Insurance Portability and Accountability Act (HIPAA) compliant real time interactive system at both the originating and distant site, allowing instantaneous interaction between the beneficiary and practitioner via the telecommunication system. The technology used must meet the needs for audio and visual compliance in accordance with state, federal and DWIHN standards. Practitioners must ensure the privacy of the beneficiary and the security of any information shared via telemedicine. All privacy and security guidelines are in effect unless otherwise indicated by federal guidance (MDHHS) (MSA 20-22). https://www.michigan.gov/documents/mdhhs/MSA_20-22-Telemedicine_689472_7.pdf

Telemedicine is primarily used when travel is prohibitive or in cases of a imminent danger. Please see below in the procedure section guidance regarding consent for Telemedicine services.
PROCEDURE

When providing services through the PIHP/CMHSP, the provider must have a contract with or be authorized by DWIHN to be reimbursed for services. Distant site providers must be enrolled in Michigan Medicaid. The distant site is defined as the location of the physician or practitioner providing the service via a telecommunication system, unless medically necessary.

When providing services via telemedicine, providers can only bill for services listed on the telemedicine services database. Providers must use the appropriate modifiers when billing for services or it will result in denial of payment for services. The procedure code and modifier information is attached. This information is also available in the MDHHS Telemedicine Services Database on MDHHS website at: https://www.michigan.gov/documents/mdhhs/MSA_20-13_684352_7.pdf.

Providers delivering Telemedicine shall adhere to the following:

1. Inform members served of their rights and responsibilities when receiving care through telemedicine, including their right to refuse telehealth services.

2. Ensure assistive or adaptive technology is available as needed for members with disabilities and those who are older adults.

3. The inclusion of family members or significant others is permissible as clinically appropriate with the permission of member served.

4. The medical record should include copies of the member's related electronic communications, including evaluations and assessments, test results, records of past care, and remain current and accessible for review, and be maintained in accordance with applicable state and federal requirements.

5. All required medical record documentation rules should be followed, including identifying when a service is provided using telemedicine services as well as the start and end time of service.

6. For any services outside of approved authorizations, clinical documentation should be noted and in the treatment record (Refer to crisis policy). This does not apply to members enrolled in MI Health Link.

7. MDHHS requires that services performed via telemedicine utilize the GT modifier.

8. All HCPCS Code requirements must be met in order to bill for any service.

9. This provision prohibits payments to telemedicine providers located outside of the U.S., Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa. Additionally, payments to pharmacies located outside of the U.S., Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa are not permitted.

10. In the event of an emergency or crisis, please follow appropriate protocols to ensure the health and safety of the individual served. If there is a real or perceived threat to the member when the member is located at the practice (serving as the originating site) The practitioner should at minimum:

   a. Follow protocol for emergency/crisis events, including contacting emergency services and appropriate law enforcement if needed.

   b. The practitioner or staff should maintain contact with the individual until emergency personnel arrive to provide any information requested.

   c. Document in medical record or in an incident report if appropriate.

11. If there is a real or perceived threat to the member when the individual is located off site (e.g. home) during a telemedicine encounter the practitioner should:
a. The provider or staff should contact emergency personnel, and law enforcement if needed.

b. Staff or the provider should stay with the member until the appropriate steps are taken.

c. Coordinate care with the facility to which the member will be taken to provide demographic information and a brief presentation of symptoms. Prepare and provide the medical record electronically to the facility or send it with the member.

d. Ensure safe transport to the facility, providing an address and directions, if needed, and any instructions regarding where to go and what to expect upon arrival. Follow up with the facility to determine disposition.

e. If the member needs to be hospitalized, staff should inform the member.

f. Document all events in the member’s medical record or incident report if appropriate.

The following are the documentation requirements for Telemedicine:

1. **Informed Consent**: Informed consent should be explained to the individual or his/her legal guardian prior to the delivery of telemedicine services and a written consent form signed, to enable health care providers to treat and share members behavioral health/medical information for the purpose of improving care. Verbal consent is permitted when written consent can not be reasonably obtained, which must be clearly documented in the individual’s medical record. A written consent should be obtained by the practitioner at the next face-to-face visit and documented in the individual’s medical record.

2. Information from the member's Telemedicine session must be documented in his or her medical record in the same way as face-to-face service notes are documented. Clinicians are responsible to ensure that members are aware of the potential benefits and risks associated with receiving services via telemedicine.

   a. **Risks**: The use of Telemedicine is not the same as face-to-face contact. There may be disruption or distortion due to technical failures during transmission (for example, calls could be dropped due to cell phone reception). Furthermore, despite reasonable efforts being made, video, audio, and/or digital photo risks related to third parties could potentially occur during the use of telemedicine, without the knowledge of the member's clinician.

   b. **Privacy**: The laws that protect privacy and the confidentiality of behavioral health care information also apply to information disclosed while using Telemedicine for services. No information obtained in the use of Telemedicine will be disclosed to other entities without the member's consent or authorization unless permitted or required by law.

3. No telemedicine services should be delivered to any individual without a current Individual Plan of Service (IPOS) or without current authorizations for services. Please see attached encounter reporting codes for a full list of services that can be reimbursed via telemedicine. This does not apply to members enrolled in MI Health Link.

4. Unless it is a member in crisis encounter, the service provider should utilize the same reimbursement rates and authorization requirements as medically necessary services delivered in-person, including the amount scope and duration as indicated in the member’s current Plan of Service (IPOS).

5. To maintain the integrity of a telemedicine encounter, every effort should be made to deliver the intervention via video. Telephonic sessions should be the exception, not the rule.

6. Apply the same ethical and professional standards of care and professional practice that are required when delivering in-person services.
7. Practitioners should have the necessary education, training, continuing education and professional development to ensure they have the necessary competencies to deliver quality behavioral health services through telemedicine.

PROCEDURE MONITORING

DWIHN’s Quality Improvement (QI) staff shall review and monitor the provider network for adherence to this policy as it relates to services rendered. Monitoring protocols will include, but are not limited to, internal and external audits and reviews to assure the system is operating in an efficient and effective manner. The Quality Improvement programs of network providers must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy. Providers delivering Telemedicine should adhere to the following:

<table>
<thead>
<tr>
<th>Who monitors this procedure:</th>
<th>Sherry Scott, Manager of Clinical Practice Improvement/Diane Winchester, Program Manager Clinical Practice Improvement</th>
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<tbody>
<tr>
<td>Department:</td>
<td>Clinical Practice Improvement</td>
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<td>Frequency of monitoring:</td>
<td>Annually</td>
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<td>Reporting provided to:</td>
<td>Clinical Officer</td>
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Comments: The procedure is attached to the Telemedicine Policy.

Attachments

- Covid19_TelemedSvs_684304_7.pdf
- DWIHN Telehealth Consent Form 10.12.20 Revised.doc
- MSA- MDHHS 20-30 Bulletin
- OT-PT bulletin.pdf
- Reopening_Case_Management_and_HCBS.Final.071320_696500_7.pdf

Approval Signatures

<table>
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<tr>
<th>Approver</th>
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<tbody>
<tr>
<td>Allison Smith: Project Manager, PMP</td>
<td>01/2021</td>
</tr>
<tr>
<td>Gail Parker</td>
<td>11/2020</td>
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<tr>
<td>Ebony Reynolds: Clinical Officer</td>
<td>11/2020</td>
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