

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
NARBHA Edition**

Section 10.10 Clinical Telemedicine Services

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10.10.1 Introduction

It is the policy of NARBHA that network providers delivering clinical services through the use of telemedicine adhere to this policy regarding the delivery and reporting of clinical services via videoconferencing to NARBHA members.

10.10.2 References

The following citations can serve as additional resources for this content area:

- [ADHS/DBHS Policy CO 1.3 Use of Telemedicine](#)
- [Section 3.11, General and Informed Consent to Treatment](#)
- [Mental Health Rules for People with Serious Mental Illness \(R9-21-308\)](#)
- [ADHS/DBHS Covered Behavioral Health Services Guide](#)

10.10.3 Scope

To whom does this apply?

All NARBHA-funded Network providers (provider agencies) that use telemedicine services for member treatment.

10.10.4 Procedures

10.10.4-A Orientation/Training of Staff

Network providers ensure that all behavioral health medical practitioners providing services via telemedicine receive the telemedicine orientation from NARBHA's Medical Director of Telemedicine prior to conducting any member sessions via telemedicine. The orientation by the NARBHA Medical Director of Telemedicine is available, along with all orientation materials, online at http://www.rbha.net/clinical_orientations.html.

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Network providers ensure that clinicians, case managers, recovery specialists, behavioral health professionals, or behavioral health technicians assisting with telemedicine services at the member site or providing member services via telemedicine, are trained on sections 10.10.4-A through 10.10.4-I of this policy. NARBHA Telemedicine staff are available to provide training on use of the equipment, video etiquette, recommended room setup, and confidentiality/privacy settings via video or in person upon network provider request.

10.10.4-B How to Use the Equipment

- Camera Equipment-Orientation/training includes camera placement, focus, and movement in order to ensure that close-up or distance views are available as clinically appropriate, that distractions are minimal, that video images are as natural as possible, and that good eye contact is maintained.
- Sound/Volume Control-Orientation/training ensures that health care providers as well as staff at the member site understand how to mute the microphone(s) and adjust the volume so that the health care provider and member can hear each other clearly.
- Picture in Picture or Second Monitor-Orientation/training ensures that health care providers as well as staff at the member site understand that members should not see themselves on TV while receiving telemedicine services. Staff at the member's site always ensure that the picture-in-picture feature at the member's site is turned off unless the telehealth provider specifically requests that it be turned on for a particular member. If a second monitor is present at the member site, it is turned off during clinical sessions so that only the telehealth provider is seen onscreen.

10.10.4-C Orienting the Member to Telemedicine

- Obtain member Informed Consent to receive treatment via telemedicine prior to the member's initial telemedicine session using PM FORM 3.11.2, Informed Consent to Participate in Telemedicine Services. See Section [3.11, General and Informed Consent](#).
- If a Seriously Mentally Ill (SMI) member refuses telemedicine services, the network provider adheres to the Mental Health Rules for People with Serious Mental Illness (R9-21-308), directly addressing the issue of refusal of services.
- If members other than those identified as SMI refuse services, the network provider refers to Provider Manual Section 3.17, Transition of Persons.
- Describe confidentiality/privacy of the telemedicine system using non-technical terms, e.g., "videoconferencing is as secure as a private phone call."
- Member is in near-end room; show far-end room and pan camera to show member that no unauthorized people are present at the far-end site.
- Orient member to camera, microphone, monitor, and any peripheral equipment to be used.

10.10.4-D Confidentiality/Privacy

- All telemedicine endpoint equipment is set to "auto answer mute" so that clinical sessions cannot be accidentally overheard through a video connection.

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- All telemedicine cameras in rooms where members may be present for telemedicine or face-to-face sessions or meetings are either turned off or covered with a lens cover when not in use.
- All telemedicine endpoint equipment is password protected.
- All telemedicine endpoint equipment is set to “auto answer multipoint: do not disturb” so that clinical telemedicine sessions cannot be accidentally interrupted by a second video connection.
- All member services via telemedicine using the public internet use AES encryption or Virtual Private Networks to ensure the transmission is secure.
- When necessary, physical measures are taken to prevent Protected Health Information from being overheard in corridors. These can include the following.
 - White-noise machines placed outside telemedicine rooms at the provider or member sites
 - Soundproofing of doors/walls including insulated walls, solid-core doors, door sweeps, carpeting in provider or member rooms
 - Window coverings in provider and member rooms; if window coverings tend to be left open, opaque glass covering can be applied to the window
 - “Do not disturb” or “In session” signs on doors at provider and member sites to prevent accidental intrusion into the clinical session
 - See [ADHS/DBHS Policy CO 1.3 Use of Telemedicine](#)

10.10.4-E Video Recording of Telemedicine Services

Policies describe procedures for obtaining a separate authorization to video-record a telemedicine session. See Section [3.11, General and Informed Consent to Treatment](#).

10.10.4-F Clinical Record Keeping

All NARBHA and Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) record keeping requirements must be met, according to policy.

Member information is confidential.

The clinical record generated during the telemedicine session is maintained by the network provider where the member is enrolled.

All clinical records of members who are seen via telemedicine clearly document that the service was provided via telemedicine.

- All psychiatric notes and other documents that are documenting a service provided via telemedicine contain “Telemedicine” in the document title. Examples include: “Psychiatric Evaluation – TELEMEDICINE”; “Psychiatric Follow-up – TELEMEDICINE”; “Progress Note – TELEMEDICINE.”
- The clinical record includes the signed “Informed Consent to Participate in Telemedicine Services” form.

Network providers should develop telemedicine policies describing additional procedures regarding record-keeping requirements, including making clinical records available to off-site

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telemedicine behavioral health providers, keeping duplicate records off site, getting the off-site telemedicine providers' records into the primary clinical record, and the storage of off-site records.

10.10.4-G Medication Prescriptions

Network provider policies must include procedures for the physician, nurse practitioner, or physician's assistant to provide members with timely and accurate prescriptions by use of mail, phone, fax, or electronic prescription.

Network provider policies include handling of Federal Schedule II controlled drugs.

- Prescriptions are mailed to the pharmacy in an envelope marked "Confidential – Attention Pharmacist," or
- Prescriptions are mailed to the network provider in an envelope marked confidential for delivery to the member or guardian, as appropriate.

Oral or written informed consent must be obtained from the member, parent, or legal guardian, unless treatments and procedures are under court order, prior to the initiation of any psychotropic medication (see [Section 3.15, Psychotropic Medication Prescribing and Monitoring](#)). The use of [PM Form 3.15.2 TMED Informed Consent for Medications \(Telemedicine\)](#) is a suggested format for documenting medication informed consent via telemedicine.

10.10.4-H Appropriate Telemedicine Services

The ADHS/DBHS Covered Behavioral Health Services Guide identifies which clinical services are appropriately delivered through telemedicine.

When services have been delivered through telemedicine:

- The health care provider codes telemedicine encounters using the "GT" modifier to indicate that particular services were provided via telemedicine. It is the responsibility of the network provider to submit the encounter to NARBHA with the modifier "GT" for claims purposes.
- The health care provider coordinates with the network provider for which he or she is providing member services to ensure that the network provider inputs marked services into their service recognition system as telemedicine services, and submits encounters to NARBHA with the "GT" modifier.

10.10.4-I Reporting Telemedicine Statistics

ADHS/DBHS requires that NARBHA report on specific telemedicine network data annually. To comply with ADHS/DBHS requirements, network providers will provide the following statistics to NARBHA telemedicine staff quarterly, upon request by NARBHA telemedicine staff.

- Availability and locations of all telemedicine systems (whether or not used for clinical services)
- Locations of systems from which psychiatric providers provide telemedicine services
- Locations of systems where members receive telemedicine services
- Specific services offered through telemedicine to each member location

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- Hours of services provided through telemedicine by location (both provider and member sites)
- Number of member services provided via telemedicine
- Specific gains or losses to the telemedicine infrastructure

10.10.4-J Technical Quality of Telemedicine

- Prior to being used to provide member services, all telemedicine connections (whether on or outside of the NARBHA telemedicine network) are reported to the NARBHA Telemedicine staff and are assessed and approved by the NARBHA Medical Director of Telemedicine or designee for quality of video and audio signal for member care.
 - Any video endpoint with packet loss greater than 1% works with NARBHA telemedicine and MIS staff to resolve the issue as soon as possible. If the NARBHA Medical Director of Telemedicine determines that the packet loss is disrupting member services, member services over telemedicine are suspended for that endpoint until the issue is resolved.
- The NARBHA telemedicine network has specific measures in place to keep members' Protected Health Information secure (see 10.10.4-D). All networks transmitting NARBHA member services or transmitting any Protected Health Information via telemedicine provide documentation that security measures are in place for such transmissions.
- The NARBHA telemedicine network provides a minimum of 384K bandwidth for clinical telemedicine sessions. All network providers providing member services via telemedicine using the NARBHA telemedicine network or any other network, including the public internet, provide a minimum call bandwidth of 384K.
 - All connections for telemedicine member services within the physical NARBHA telemedicine network (within, between, or among directly connected network providers or between NARBHA and a network provider), or between the physical NARBHA telemedicine network and any other network, including the public internet, are connected by NARBHA telemedicine staff through a videoconferencing bridge (excepting times when the bridge is unavailable) so that telemedicine staff are able to monitor call quality and immediately detect and address connection issues to ensure high quality member services.
 - All connections for telemedicine member services outside the physical NARBHA telemedicine network are secure and are monitored regularly (at least once per connection) by network provider technical staff to ensure call quality and appropriate bandwidth.
- NARBHA Telemedicine staff obtains signed Business Associate Agreements from outside networks that are used to transport PHI to and from NARBHA via video.
- It is recommended that cameras (especially at the member end) have pan/tilt/zoom capability and can be controlled by the far-end camera so that behavioral health providers can zoom in on members as necessary. It is recommended that equipment at the provider end include far-end camera control capability. It is recommended that the camera at the member end be of high quality so providers can clearly see the member.

10.10.4-K Prioritization of Clinical Telemedicine

Clinical videoconferencing sessions take priority over all other types of videoconferences (administrative, training, etc.) at NARBHA video locations. NARBHA bumps non-clinical videoconferences when necessary to accommodate clinical videoconferences. All NARBHA

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providers are strongly encouraged to give clinical video sessions highest priority to best serve our members.

10.10.4-L Monitoring

Documentation of telemedicine provider orientation/training, in the form of orientation quiz results, is sent to NARBHA Telemedicine Staff (mail to NARBHA Telemedicine Staff, 1300 S Yale St., Flagstaff, AZ 86001; fax to NARBHA Telemedicine Staff, 855-411-7558; or email to telemed@narbha.org). NARBHA Telemedicine staff report completed orientations to the NARBHA Medical Director of Telemedicine quarterly and provide copies of all provider orientation documentation to NARBHA credentialing staff. Compliance with the telemedicine provider orientation requirement will be monitored during NARBHA credentialing.

All networks providing NARBHA member services via telemedicine complete the NARBHAnet Documentation of Security Measures for Clinical Videoconferencing Connections form (Attachment A and online at www.rbha.net/Library/SecurityForm.pdf) and email, fax, or mail the completed form to NARBHA Telemedicine Staff.