

**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 develop policies regarding the delivery of clinical services via videoconferencing.

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 Providers that use telemedicine services for member treatment.

10.10.4 Procedures

10.10.4-A Policies on Orientation/Training Staff

Network providers develop policies and procedures that address orientation/training of staff providing clinical services via telemedicine, training of staff assisting with telemedicine services at the patient site, confidentiality/privacy of telemedicine sessions, staff privileging/scope of practice to provide clinical services via telemedicine, clinical record keeping, and medication prescriptions.

Policies on orientation/training of staff providing clinical services through the use of telemedicine include the following:

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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 patient site receive training on how to move 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 patient site understand that patients should not see themselves on TV while receiving telemedicine services. Staff at the patient site always ensure that the picture-in-picture feature at the patient site is turned off unless the telehealth provider specifically requests that it be turned on for a particular patient. If a second monitor is present at the patient site, it is turned off during clinical sessions so that only the telehealth provider is seen onscreen.

Orienting the Member to Telemedicine

- Obtain member Informed Consent to receive treatment via telemedicine at the time of the member's initial telemedicine session. 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 system; using non-technical terms, e.g., "videoconferencing is as secure as a private phone call."
- Show far-end room, and that no other people are present of whom member is not aware.
- Orient member to camera, microphone, monitor, and any peripheral equipment to be used.

Documentation of telemedicine provider orientation/training is placed in the personnel record of the telemedicine health care provider. A provider orientation by the NARBHA Medical Director of Telemedicine is available on DVD upon network provider request.

NARBHA Telemedicine staff is available to provide orientation to network provider staff on use of videoconferencing equipment, upon network provider request.

10.10.4-B Confidentiality/Privacy

- All telemedicine endpoint equipment is set to "auto answer mute" so that clinical sessions cannot be accidentally overheard through a video connection.
- All telemedicine cameras in rooms where patients may be present 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 sessions cannot be accidentally interrupted by a second video connection.

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- All member services via telemedicine using the public internet use AES encryption or Virtual Private Networks.
- When necessary, white-noise machines are placed outside telemedicine rooms at the provider or patient sites to prevent PHI being overheard in corridors.
- See [ADHS/DBHS Policy CO 1.3 Use of Telemedicine](#)

10.10.4-C 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-D Clinical Record Keeping

All NARBHA and Arizona Department of Behavioral Health Services (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 provider telemedicine policies describe additional procedures regarding record-keeping requirements, include making clinical records available to off-site behavioral health providers, keeping duplicate records off site, getting the off-site providers’ records into the primary clinical record and the storage of off-site records.

10.10.4-E Medication Prescriptions

Network provider policies 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.

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10.10.4-F Appropriate Telemedicine Services

Policies and procedures identify which clinical services are appropriately delivered through telemedicine. Reference the ADHS/DBHS Covered Behavioral Health Services Guide.

Health care provider orientation/training includes instruction on notice when services have been delivered through telemedicine.

- The health care provider marks his/her Service Activity Logs with a “GT” 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-G Privileging/Scope of Practice

Policies and procedures regarding privileging/scope of practice for health care providers describe the process for privileging or identifying a scope of practice that includes the provision of services via telemedicine.

- Credentialing information from another JCAHO-accredited facility may be used in considering utilization of a telemedicine health care provider if the privileging decision is made at the network provider.
- Privileges/scope of practice are specific to the services that the health care provider can deliver via telemedicine.
- Orientation/training and competence in the use of videoconferencing equipment are documented in the health care provider’s personnel file.

10.10.4-H Technical Quality of Telemedicine

- 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 NARBHA telemedicine network (within, between, or among network providers or between NARBHA and a network provider) are connected by NARBHA telemedicine staff through the NARBHA 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.
- All connections for telemedicine member services between the NARBHA telemedicine network and any other network, including the public internet, are connected by NARBHA telemedicine staff through a videoconferencing bridge so that telemedicine staff are able to monitor call quality, ensure that connections are encrypted, and immediately detect and address connection issues.

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- All connections for telemedicine member services outside the NARBHA telemedicine network are secure and are monitored regularly by network provider technical staff to ensure call quality and appropriate bandwidth.
- Connections on the NARBHA telemedicine network have been assessed and approved by the NARBHA Medical Director of Telemedicine for quality of video and audio signal for patient care.
 - All connections for telemedicine member services provided by NARBHA network providers using any other network, including the public internet, are reported to the NARBHA Telemedicine staff and are assessed and approved by the NARBHA Medical Director of Telemedicine or her designee prior to their use for member services.
 - 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 client services, client 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. All outside networks providing NARBHA member services via telemedicine provide documentation that security measures are in place on that network.
- 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.

10.10.4-I Monitoring

Network providers forward a copy of the documentation of telemedicine provider orientation, which network providers place in the provider's personnel record, to NARBHA Privileging staff.