



Section 10.10 Use of Telemedicine/Clinical Telemedicine Services

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10.10.1 Introduction

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

10.10.2 Terms

Definitions for terms are located online at <http://www.azdhs.gov/bhs/definitions/index.php> or <http://www.narbha.org/for-providers/provider-resources/provider-policy-manual/definitions>. The following terms are referenced in this section:

[Informed Consent](#)

[Telemedicine](#)

10.10.3 Procedures

- a. The T/RBHAs and subcontracted providers shall use teleconferencing to extend the availability of clinical, educational and administrative services. All clinical services provided through the interactive video teleconferencing will conform to established policies for confidentiality and maintenance of records.
- b. T/RBHAs will ensure that all prescribing of controlled substances through telemedicine will conform to all federal and state regulations.
- c. Interactive video functions are approved for the following purposes:
 - i. Direct clinical services;
 - ii. Case consultations;
 - iii. Collateral services;
 - iv. Training and education;
 - v. Administrative activities of participating agencies;
 - vi. Management activities including Quality Management, Grievance and Appeal, Finance, Advocacy, Utilization and Risk Management, Clinical Consultation, and MIS; and
 - vii. Other uses as approved by the T/RBHA.



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- d. Informed Consent
 - i. Before a health care provider delivers health care via Telemedicine, verbal or written informed consent from the behavioral health recipient or their health care decision maker must be obtained.
 - ii. Informed consent can be provided by the behavioral health medical practitioner or registered nurse with at least one year of behavioral health experience. When providing informed consent it must be communicated in a manner that the person and/or legal guardian can understand and comprehend. See [NARBHA Policy 3.11 General and Informed Consent](#) for a list of specific elements that must be provided.
 - iii. Exceptions to this consent requirement include:
 - 1. If the telemedicine interaction does not take place in the physical presence of the patient;
 - 2. In an emergency situation in which the patient or the patient's health care decision maker is unable to give informed consent; or
 - 3. To the transmission of diagnostic images to a health care provider serving as a consultant or the reporting of diagnostic test results by that consultant.
- e. If a recording of the interactive video service is to be made, a separate consent to record shall be obtained. Items to be included in the consent are:
 - i. Identifying information;
 - ii. A statement of understanding that a recording of information and images from the interactive video service will be made;
 - iii. A description of the uses for the recording;
 - iv. A statement of the person's right to rescind the use of the recording;
 - v. A date upon which permission to use the recording will be void unless otherwise renewed by signature of the person receiving the recorded service; and
 - vi. For persons receiving services related to alcohol and other drugs or HIV status, written, time-limited informed consent must be obtained that specifies that no material, including video-tape, may be re-disclosed.
- f. If a telemedicine session is recorded, the recording must be maintained as a component on the member's medical record, in accordance with 45 C.F.R. Part 164.524 and [NARBHA Policy 4.2 Medical Record Standards](#). The T/RBHAs will establish a process that allows members to attain telemedicine information in their medical records.
- g. Licensure
 - i. Before a health care provider delivers behavioral health care services through telemedicine, the treating healthcare provider must be licensed in the state in which the patient resides ([see A.R.S. § 36-3601-3603](#)).
- h. Confidentiality
 - i. At the time services are being delivered through interactive video equipment, no person, other than those agreed to by the person receiving services will observe or monitor the service either electronically or from "off camera."
 - ii. To ensure confidentiality of telemedicine sessions providers must do the following when providing services via telemedicine:
 - 1. The videoconferencing room door must remain closed at all times;



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2. If the room is used for other purposes, a sign must be posted on the door, stating that a clinical session is in progress; and
 3. Implement any additional safeguards to ensure confidentiality in accordance with [NARBHA Policy 4.1 Disclosure of Behavioral Health Information](#) for more information on Disclosure of Behavioral Health information and telemedicine.
- i. Documentation
 - i. Medical records of telemedicine interventions must be maintained according to usual practice.
 - ii. Electronically recorded information of direct, consultative or collateral clinical interviews will be maintained as part of the person's clinical record. All policies and procedures applied to storage and security of clinical information will apply.
 - iii. All required signatures must be documented in the medical record, and must be made available during auditing activities performed by ADHS/DBHS.
 - j. The T/RBHA shall establish policies and procedures for scheduling and prioritization of use of interactive video conferencing.
 - k. Reimbursement for telemedicine services should follow customary charges for the delivery of the appropriate procedure code(s).
 - l. Orientation/Training of Staff
 - i. Network providers ensure that all behavioral health medical practitioners (BHMPs) providing services to NARBHA members 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.
 - ii. 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 [this policy](#). NARBHA Telemedicine staff is 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.
 - m. How to Use the Equipment
 - i. Camera Equipment-Orientation/training ensures that health care providers as well as staff at the member site understand 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.
 - ii. 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.
 - iii. 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



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- not see themselves on a monitor while receiving telemedicine services. Staff at the member site always ensures that the picture-in-picture feature at the member 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.
- n. Orienting the Member to Telemedicine
- i. As required, network providers 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](#).
 - ii. 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.
 - iii. If members other than those identified as SMI refuse services, the network provider refers to [PM Section 3.17 Transition of Persons](#).
 - iv. Network providers describe confidentiality/privacy of the telemedicine system using non-technical terms, e.g., "videoconferencing is as secure as a private phone call."
 - v. Member is in near-end room; the BHMP at the far-end room shows the far-end room and pans camera to show member that no unauthorized people are present at the far-end site.
 - vi. Network providers orient member to camera, microphone, monitor, and any peripheral equipment to be used.
- o. Confidentiality/Privacy
- i. All telemedicine endpoint equipment is set to "auto answer mute" or to not auto-answer incoming calls so that clinical sessions taking place in a room containing video equipment cannot be accidentally overheard through a video connection.
 - ii. 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.
 - iii. All telemedicine endpoint equipment is password protected.
 - iv. Multipoint-capable 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.
 - v. All member services via telemedicine using the internet use AES encryption or other HIPAA-compliant encryption or Virtual Private Networks, to ensure the transmission is secure.
 - vi. When necessary, physical measures are taken to prevent Protected Health Information from being overheard in corridors. These can include the following.
 1. White-noise machines placed outside telemedicine rooms at the provider or member sites
 2. Soundproofing of doors/walls including insulated walls, solid-core doors, door sweeps, and/or carpeting in provider or member rooms
 3. Window coverings in provider and member rooms. If window coverings tend to be left open, opaque glass covering can be applied to the window.



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4. “Do not disturb” or “In session” signs on doors at provider and member sites to prevent accidental intrusion into the clinical session
 5. See [ADHS/DBHS Policy 410 Use of Telemedicine](#)
- p. Video Recording of Telemedicine Services
- i. Policies describe procedures for obtaining a separate authorization to video-record a telemedicine session. See PM Section [3.11 General and Informed Consent to Treatment](#).
- q. Clinical Record Keeping
- i. All NARBHA and Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) record keeping requirements must be met, according to policy.
 - ii. Member information is confidential.
 - iii. The clinical record generated during the telemedicine session is maintained by the network provider where the member is enrolled.
 - iv. All clinical records of members who are seen via telemedicine clearly document that the service was provided via telemedicine.
 1. All psychiatric notes and other documents that are documenting a service provided via telemedicine contain the word “Telemedicine” within the document. Examples include: “Psychiatric Evaluation – TELEMEDICINE”; “Psychiatric Follow-up – TELEMEDICINE”; “Progress Note – TELEMEDICINE.”
 2. The clinical record includes the signed [PM Form 3.11.2 Informed Consent to Participate in Telemedicine Services](#) form.
 - v. Network providers are responsible for developing telemedicine policies describing additional procedures regarding record-keeping requirements, including making clinical records available to off-site 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.
- r. Medication Prescriptions
- i. 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, following state and federal guidelines.
 - ii. 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.
- s. Appropriate Telemedicine Services
- i. The ADHS/DBHS Covered Behavioral Health Services Guide identifies which clinical services are appropriately delivered through telemedicine.
- t. When services have been delivered through telemedicine:
- i. The health care provider codes telemedicine encounters using the “GT” modifier to indicate that particular services were provided via telemedicine. It is the



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- responsibility of the network provider to submit the encounter to NARBHA with the modifier “GT” for claims purposes.
- ii. 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.
- u. Reporting Telemedicine Statistics
- i. ADHS/DBHS requires that NARBHA reports 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.
 - ii. Names, titles, and contact information of all BHMPs providing or about to begin providing services to NARBHA members via telemedicine
 - iii. Availability and locations of all telemedicine systems (whether or not used for clinical services)
 - iv. Locations of systems from which psychiatric providers provide telemedicine services
 - v. Locations of systems where members receive telemedicine services
 - vi. Specific services offered through telemedicine to each member location
 - vii. Hours of services provided through telemedicine by location (both provider and member sites)
 - viii. Number of member services provided via telemedicine
 - ix. Specific gains or losses to the telemedicine infrastructure
- v. Technical Quality of Telemedicine
- i. Prior to being used for the provision of member services, all telemedicine connections, whether on or outside of the NARBHA telemedicine network, are reported to the NARBHA Telemedicine staff by the network provider.
 - ii. It is the responsibility of the network provider to ensure that all telemedicine connections and sessions are secure and HIPAA-compliant, including obtaining HIPAA Business Associate Agreements with outside networks or videoconference hosting services where applicable.
 - iii. NARBHA Telemedicine staff will survey all telepsychiatry providers within 90 days of their taking the online telepsychiatry survey and at least annually after that to assess BHMP satisfaction with the quality of member care provided via telemedicine. It is the responsibility of the network provider to supply email addresses for all telepsychiatry providers to NARBHA Telemedicine staff for this purpose
 - iv. NARBHA telemedicine quality recommendations include the following.
 - 1. BHMPs providing telemedicine services should assess, or request assistance from NARBHA Telemedicine staff to assess, the quality of their connection to the member site(s) prior to providing telemedicine services.
 - 2. The picture should be clear, with no “tiling,” pixelization, freezing, or blurring.
 - 3. The picture should quickly recover from blurriness during motion. Motion should appear natural and not “slow motion.”
 - 4. The audio and video should be synched so that a person’s voice is heard when their lips move.
 - 5. Audio should not cut in and out.



- v. Cameras at the member end should have pan/tilt/zoom capability and should allow far-end camera control so that BHMPs can control the camera to observe members as needed during clinical telemedicine sessions.
 - 1. BHMPs should have far-end camera control capability so they can control the camera at the member end to observe members as needed during clinical telemedicine sessions.
 - 2. Cameras at the member end should be of high quality and resolution so that remote BHMPs can accurately observe members.
 - 3. Clinical telemedicine sessions should be connected with a minimum bandwidth of 384K and a minimum of 30 frames per second.
 - 4. Clinical telemedicine sessions should have a maximum average of 1% packet loss, a maximum of 200ms latency, and a maximum of 30ms jitter.
 - 5. When possible, clinical telemedicine sessions should be connected through the NARBHA videoconferencing bridges so that NARBHA Telemedicine staff can monitor the call statistics and respond quickly to issues in order to ensure a high quality connection and a positive experience for both the member and the BHMP.

- w. Prioritization of Clinical Telemedicine
 - i. 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 providers are strongly encouraged to give clinical video sessions highest priority to best serve our members.

- x. Monitoring
 - i. Telemedicine provider orientation/training documentation is provided via orientation quiz results. Telepsychiatry providers take the online quiz and email NARBHA Telemedicine staff at telemed@narbha.org to notify them that the quiz has been taken. NARBHA Telemedicine staff archive the quiz results and report completed orientations to the NARBHA Medical Director of Telemedicine and NARBHA credentialing staff quarterly.

10.10.4 References

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

[45 C.F.R. Part 164.524](#)

[A.R.S. § 36-3601-3603](#)

[R9-21-206.01](#)

[ADHS/RBHA Contracts](#)

[ADHS/TRBHA IGAs](#)

[Policy 108, Psychotropic Medication; Prescribing and Monitoring](#)

[Policy 802, Medical Record Standards](#)

[Policy 1401, Confidentiality](#)

[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](#)



10.10.5 PM Forms

None

10.10.6 PM Attachments

None

Signature on file 04/01/15

Mary Jo Gregory Date
President and Chief Executive Officer

Signature on file 04/01/15

Teresa Bertsch, MD Date
Chief Medical Officer

Reference [ADHS/DBHS Policy 410](#)