

COVID-19 update: Guidance for telehealth/telephonic care for behavioral health services

Simply Healthcare Plans, Inc. (Simply) is closely monitoring COVID-19 developments and what it means for our customers and our health care provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) to help us determine what action is necessary on our part. We have made changes to how behavioral health providers can use and be compensated for telehealth (audio + video) and telephonic-only care with their patients.

To help address care providers' questions regarding behavioral health services, Simply has developed the following frequently asked questions.

Please continue to visit this website regularly, as we will be updating the information as it becomes available. Thank you for the work you do for our members, especially during these difficult times.

Telehealth (audio + video)

Effective March 17, 2020, through September 30, 2020, Simply will waive member cost shares for telehealth visits including visits from in-network providers for mental health or substance use disorders for our fully insured employer plans, individual plans, Medicare plans and Medicaid plans where permissible. Cost sharing will be waived for members using Simply's authorized telemedicine service LiveHealth Online* as well as care received from other providers delivering virtual care through internet video + audio services. Self-insured plan sponsors may opt out of this program. For out-of-network providers, Simply is waiving cost shares from March 17, 2020, through June 14, 2020.

How is Simply approaching the provision of mental health outpatient, substance abuse outpatient, Intensive Outpatient Program (IOP), Partial Hospitalization Program (PHP), applied behavioral analysis (ABA), psychological and neuropsychological testing services via telehealth (audio + video) visits?

Simply is making adjustments in our policy in the provision of these services to address the need for expanded telehealth access. We expect all mental health outpatient, substance abuse outpatient, IOP, PHP, ABA, and psychological testing services will still be provided within benefit limits, authorization limits, medical necessity criteria, and within state and federal regulatory requirements and licensure requirements, including *HIPAA* compliance and the regulations regarding how substance use information is handled. These changes for telehealth visits are effective March 17, 2020, and will stay in place through September 30, 2020. We will continue to actively monitor the rapidly evolving situation.

What codes would be appropriate to consider for IOP and PHP services using telehealth (audio + video)?

Simply would recognize IOP and PHP services that are rendered via telehealth with a revenue code (905, 906, 912, 913), plus CPT codes for specific behavioral health services.

* LiveHealth Online is an independent company offering telehealth services on behalf of Simply Healthcare Plans, Inc.

Are there any recommendations around the delivery of PHP level of care using telehealth (audio+ video)?

- PHP programs should continue to deliver the same level of service and clinical value using telehealth.
- Telehealth refers to use of audio + video, not solely telephonic (audio only).
Telephonic-only interactions are not appropriate for PHP level of care.
- Expectation of telehealth PHP services being delivered includes but is not limited to:
 - Maintain daily psychiatric management and active treatment comparable to that provided in an inpatient setting.
 - Ensure full day telehealth PHP program is delivered in the same way as an in-person, face-to-face PHP program including therapeutically intensive acute treatment within a therapeutic milieu including individual and group therapy.
 - Routine discharge processes are followed including scheduling after-care appointments no more than **seven** days from a member's discharge from PHP and ensuring that members discharged on medication receive at least **one** psychiatric medication monitoring appointment no more than **14** days after discharge.
 - Group therapy takes place at the same levels as delivered in PHP face-to-face program.
 - Group therapy size should be the same as when PHP program is delivered in person, face-to-face.
 - Clinical assessment of the member takes place once daily.
 - Educational and activity therapies are included as indicated on the treatment plan.
 - Treatment planning and progress notes documentation of services delivered.
 - Documentation that services were provided via telehealth (audio +video).
 - Protocols in place to address risk behavior and decompensation.
 - Process in place to respond to crisis for members.
 - Consent and privacy controls are put in place when patients are participating in group telehealth (audio+ video) sessions.
 - Protocols in place to address risk behavior and decompensation in the patient's home.
- **Utilization management process for PHP:**
 - Providers are expected to follow any required prior authorization and concurrent review process for the PHP authorization process.

Are there any recommendations around the delivery of intensive IOP level of care using telehealth (audio+ video)?

- IOP programs should continue to deliver the same level of service and clinical value using telehealth.
- Telehealth refers to use of audio +video, not solely telephonic. Telephonic-only interactions are not appropriate for IOP level of care.
- Expectation of telehealth IOP services being delivered includes but is not limited to:
 - Maintain timely admittance to the program within one business day of evaluation, along with timely completion of initial treatment plan and discharge plan.
 - Ensure telehealth psychiatric management is comparable to face-to-face IOP care.
 - Routine discharge processes are followed including scheduling after-care appointments no more than **seven** days from a member's discharge from IOP and ensuring that members discharged on medication receive at least one psychiatric medication monitoring appointment no more than **14** days after discharge.
 - Ensure access to multidisciplinary treatment team (for example, clinical master's degree staff, RN, psychiatrist).
 - Continue to provide daily management and active treatment.
 - Maintain a written schedule of program activities.

- Treatment planning and progress notes documentation of services delivered.
- Documentation that services were provided via telehealth (audio +video).
- Protocols in place to address risk behavior and decompensation.
- Process in place to respond to crisis for members.
- Consent and privacy controls are put in place when patients are participating in group telehealth (audio + video) sessions.
- **Utilization management process for IOP:**
 - Providers are expected to follow any required prior authorization and concurrent review process for the IOP authorization process.

What codes would be appropriate to consider for mental health and substance abuse outpatient services using telehealth (audio + video)?

Simply would recognize psychiatric diagnostic evaluation (90791-90792), psychotherapy (90832-90838, 90839-90840, 90845-90847), and medication management (90863) and E&M codes (99211-99215) visits within the member's benefits, with place of service (POS) 02 and modifier 95 or GT. For Medicare Advantage business, please report these mental health and substance abuse outpatient telehealth services with POS 02 only.

What codes would be appropriate to consider for the delivery of ABA therapy using telehealth (audio + video)?

Simply would recognize ABA therapy for functional behavior assessment (FBA) (97151) adaptive behavioral treatment by protocol or protocol modification (97153, 97155) and telehealth caregiver training (97156, 97157) visits within the member's benefits, with POS 02 and modifier 95 or GT. For Medicare Advantage business, please report these ABA therapy telehealth services with POS 02 only.

Are ABA providers allowed to use the hours approved in a current authorization for telehealth (audio + video) ABA services?

If an ABA provider is not requesting changes to existing authorized codes or units, they can continue to use the authorization they have on file. No further action is required by the provider.

If an ABA provider is requesting changes to the authorization we have in place, such as changes to units or codes, they must submit a request for the change by submitting a new treatment request form outlining the changes they are requesting. Please include current authorization reference number and date of change being requested.

If an ABA provider is requesting new authorization of code or units, they should follow the process already in place by submitting the request via fax or Simply's electronic portal.

Telephonic-only care

Simply does not cover these services today (with limited state exceptions), effective March 19, 2020, through September 30, 2020, Simply will cover telephonic-only visits with in-network providers where permissible. Out-of-network coverage will be provided within benefit guidelines and within any prior authorization requirements that apply. This includes visits for behavioral health, for our fully insured employer plans, individual plans, Medicare plans and Medicaid plans, where permissible. Cost shares will be waived for in-network providers only. Self-insured plan sponsors may opt out of this program.

Exceptions include intensive outpatient services, PHP, psychological testing and ABA services. These services require face-to-face interaction and, therefore, are not appropriate for telephonic-only consultations. Self-insured plan sponsors may opt out of this program.

How is Simply approaching the provision of mental health outpatient and substance abuse outpatient services via telephonic-only visits?

Simply is making adjustments in our policy in the provision of these telephonic-only services to address the need for expanded access outside of telehealth (audio + video) to include telephonic-only visits with in-network providers and out-of-network providers where required. We expect all mental health outpatient and substance abuse outpatient care will still be provided within benefits limits, authorization limits, medical necessity criteria, and within state and federal regulatory requirements and licensure requirements including *HIPAA* compliance and the regulations regarding how substance use information is handled. These changes for telephonic-only visits are effective March 19, 2020, through September 30, 2020. We will continue to actively monitor the rapidly evolving situation.

What codes would be appropriate to consider for mental health outpatient and substance abuse outpatient services via telephonic audio-only visits?

Effective March 19, 2020, through September 30, 2020, Simply would recognize audio-only time based codes, (99441, 98966, 99442, 98967, 99334, 98968). These codes do not need a place of service (POS) 02 or modifier 95 or GT.

In addition, Simply would recognize telephonic-only services for diagnostic evaluation (90791-90792), psychotherapy (90832-90838, 90839-90840, 90845-90847), and medication management (90863) with POS 02 and modifier 95 or GT. For Medicare Advantage business, please report these telephonic-only services with POS 02 only.

Can behavioral health providers conduct IOP, PHP, psychological testing and the ABA services via telephonic-only care?

No, these services require face-to-face interaction and, therefore, are not appropriate for telephonic-only consultations. Simply is allowing these services to be billed via telehealth (audio + video).

What if I have additional questions pertaining to behavioral health telehealth (audio + video) or telephonic-only care visits?

Please contact Simply's Behavioral Health department.