Telepsychiatry Standards Guidance

Introduction

The use of telepsychiatry provides increased access to mental health services and enhances services to adults, children and families. The NYS Office of Mental Health (OMH) has amended 14 NYCRR Part 599 (Clinic Treatment Services) to include a new section 599.17 which permits providers to obtain approval to provide telepsychiatry services.

"Telepsychiatry," for the purpose of these regulations, is defined as the use of two-way real time-interactive audio and video equipment to provide and support clinical psychiatric care at a distance. Such services do not include a telephone conversation, electronic mail message or facsimile transmission between a clinic and a recipient, or a consultation between two professional or clinical staff. The regulations prescribe that, when authorized by OMH, telepsychiatry services can be utilized for assessment and treatment services provided by physicians or psychiatric nurse practitioners (NPP) from a site distant from the location of a recipient, where both the recipient and the physician or NPP are physically located at clinic sites licensed by the Office.

The purpose of this document is to provide implementation guidance to New York State providers currently licensed to perform clinic treatment services under 14 NYCRR Part 599.

Implications for the OMH Operating Certificate

Adding an optional service to the operating certificate

Pursuant to 14 NYCRR Section 599.8 (c), “Telepsychiatry” is now an optional service available to licensed clinic providers under the NYS Mental Hygiene Law (MHL). Providers requesting to take this action may simply request an “Administrative Action” via the Mental Health Provider Data Exchange (MHPD). Providers unfamiliar with the MHPD should consult with their local NYSOMH Field Office Licensing unit for assistance.

Approval---Attestation

A program applying to provide telepsychiatry services must complete a “Telepsychiatry Standards Compliance Attestation” form (Appendix 1) and attach it to the Administrative Action request for approval by OMH. The attestation assures OMH that the clinic provider’s plan for the delivery of telepsychiatry services conforms to the technological and clinical standards prescribed by 14 NYCRR Part 599.17 and has been developed by the guidelines set forth in this document.

Inspection

After a clinic has received approval to utilize telepsychiatry services, OMH field office licensing staff will review the use of those services as part of the routine certification process. OMH will be developing a specific standards of care (SOC) addendum for use by field office staff during the routine survey.

Clinical Guidance

While telepsychiatry creates opportunities for increased access to psychiatrists and psychiatric nurse practitioners, legitimate concerns exist about privacy, security, patient safety, and interoperability. To address potential obstacles and to improve the quality of care, national organizations have developed practice guidelines and practice parameters. Clinics seeking approval to utilize teleosychiatry services should review these guidelines and incorporate relevant provisions in their plans, consistent with their target population. These guidelines are identified in the table below:

Organization	Title	Date
American Telemedicine Association	Practice Guidelines for Video-Based Online Mental Health Services	May 2013
American Academy of Child and Adolescent Psychiatry	AACAP Practice Parameter for Telepsychiatry With Children and Adolescents	December 2008

Prior to initiating telepsychiatry services, policies and procedures at both the originating site and the distant site should be in place that address the topics listed below. Further explanation and details of any of these topics can be found in the above referenced guidelines and parameters.

General Clinic Procedures

- Scheduling (patient, telepsychiatrist, and room)
- Documentation and record keeping
- Role of support staff (collecting vital signs, making video connection, responding to emergency, etc.)
- Communication interruptions and contingency plans (see Technology and Communications Standards)

Physical Environment

- Location (privacy, proximity for escort or emergency situation)
- Room Setting
- Lighting
- Backdrop

Site and Check-in Procedures

- Identifying, checking patient in (per current protocol), escorting, setting up equipment and completing the video connection for each scheduled service
- Ensuring that staff may be contacted at any point during the service
- Addressing technical concerns that may arise

Emergency Procedures

- Process to engage with on-site staff should there be clinical or safety concerns
- Designation of an emergency contact at the originating site
- Procedures in the event that emergency hospitalization becomes necessary
- Implementation of emergency procedures with provider that is not physically on site
- Education and training related to emergency procedures and how to measure readiness/competency

Patient Enrollment for Telepsychiatry and Informed Consent

- Process for determining a patient's appropriateness for telepsychiatry services
- Steps to ensure that patients have least one in-person evaluation session prior to enrollment
- Specifications regarding enrollment and what will be documented (examples follow below):
    - Patient's awareness, familiarization with the process
    - Appropriateness based on clinical situation
    - Concerns regarding instability, suicidal ideation, violence, etc.
    - Symptoms that could worsen with telepsyciatry (psychosis with ideas of reference, paranoid/delusions related to technology, etc.)
    - Medical issues
    - Cognitive/sensory concerns
    - Cultural considerations
    - Whether or not a patient should be accompanied by an onsite staff member during telepsychiatry sessions
    - Services provided to patients under age 18 (refer to the AACAP Practice Parameter)
    - Providing patients with sufficient information and education about telepsychiatry to assist them in making an informed choice
    - Obtaining and documenting explicit informed consent to utilize telepsychiatry to deliver services

Collaborating with patient's interdisciplinary treatment team

- Identification of originating-site clinician (if patient not already in care)
- Ensuring that contact information for the patient's primary clinical staff at the originating site is provided to both the patient and distant site clinical staff to facilitate effective coordination of care
- Specifications regarding how collaboration will occur

Care between telepsychiatry sessions

- A process description of how coordination of care will occur between sessions

Prescriptions, labs and orders

- Procedures detailing how the following will occur: prescriptions, renewals, prior authorizations, labs (ordering and obtaining results) as well as executing any telepsychiatrist orders

Confidentiality and privacy of health information

- Confidentiality procedures should confirm and identify how relevant privacy and security regulations and policies will be followed (e.g., New York State Mental Hygiene Law Section 33.13, and HIPAA Privacy and Security regulations at 45 C.F.R. Parts 160 and 164, including HITECH breach notification procedures)
- All care provided by distant-site providers must conform to originating-site policies and procedures related to the provision of care, including (but not limited to) documentation of initial evaluation, diagnoses, treatment planning, ongoing documentation of sessions, discharge summaries, etc.
- All care provided using telepsychiatry must have a process for timely, onsite documentation of care
- Distant-site provider access to patient records (electronic and paper) should be specified

Quality Review

- Quality review should be conducted on a periodic basis to identify specific risks and quality failures. It is recommended that assessments should include:
    - Equipment and connectivity failures;
    - Number of attempted and completed visits;
    - Patient and provider satisfaction of the virtual visit;
    - Inpatient or provider complaints related to the virtual visit (i.e., surveys); and
    - Measures of clinical quality such as whether the visit was appropriate for a virtual visit

Training Resources

In addition to the American Telemedicine Association (ATA) resources outlined in the table above, other helpful publications include:

Core Operational Guidelines for Telehealth Services Involving Provider-Patient Interactions, May 2014

A Lexicon of Assessment and Outcome Measures for Telemental Health, Nov 2013

There is also an online training course developed by the ATA:

Delivering Online Video Based Mental Health Services

Billing Guidelines

14 NYCRR Part 599.17 removes the need to seek regulatory waivers for clinics approved to provide telepsychiatry. Once the clinic has requested (through MHPD) and received approval from OMH to provide telepsychiatry, claims may be submitted for Medicaid fee-for-service and Medicaid managed care reimbursement if the clinic meets the requirements outlined below.

Note: Medicaid Managed Care plans are currently required to reimburse clinics at the fee-for-service rates. This requirement will continue through at least the first two years of implementation of Health and Recovery Plans (HARPs) and the "carve-in" of all behavioral health services into mainstream Medicaid Managed Care plans. Clinics will be required to submit the managed care claims using the same codes and modifiers required by fee-for-service Medicaid (detailed in the table below).

Rules for Medicaid and Medicaid managed care reimbursement:

- The services eligible for Medicaid and Medicaid managed care reimbursement when provided using telepsychiatry are: Initial Assessment, Psychiatric Assessment, Psychiatric Consultation, Crisis Intervention, Psychotropic Medication Treatment, Psychotherapy (Individual, Family, Group, and Family Group), Developmental Testing, Psychological Testing and Complex Care Management.

- Only physicians, psychiatrists and psychiatric nurse practitioners may deliver Medicaid fee-for-service and Medicaid managed care reimbursable telepsychiatric services. Practitioners participating in telepsychiatric services delivered to patients at OMH licensed clinics must be Medicaid and Medicare enrolled. Also, physicians, psychiatrists and psychiatric nurse practitioners intending to participate in planned telepsychiatric treatment sessions are subject to the same background checks as on-site treating physicians prior to the provision of service.

- All clinicians delivering telepsychiatric services must be "affiliated" (the Medicaid term for "credentialed") with the clinic submitting the claim for the telepsychiatric service BEFORE the claim is submitted for payment. The process for affiliation is no different than currently required for staff delivering on-site services.

- Federal terms relevant for purposes of telepsychiatry reimbursement are "spoke" and "hub." The term "spoke" refers to the physical location of the patient during a telepsychiatric service. The term "hub" means the physical location of the practitioner during a telepsychiatry service. To constitute a reimbursable service, the patient must be physically present at the clinic in which he/she is already enrolled or is presenting for assessment, (i.e., the "spoke"). The practitioner delivering the service remotely (i.e., the "hub") must be physically present at another location that is also licensed by OMH as a Part 599 clinic under Article 31 of the Mental Hygiene Law.

- Patients receiving services via telepsychiatry may be accompanied by a staff member during the session or may be alone. If an assessment has not yet been done on the patient or if the assessment or treatment plan recommends that the patient be accompanied during telepsychiatric sessions, the patient must be accompanied for the session to be reimbursed by Medicaid or Medicaid managed care.

- All regulatory requirements applicable to clinic services (e.g., development and periodic review of treatment plans, entry of progress notes, etc.), apply to telepsychiatry sessions to the same extent as they apply to typical “on-site” sessions. It is the obligation of the distant clinician and the clinic to make sure that the necessary documents are received in a timely manner (including fax dates and times, e-mails accompanying PDFs, etc.) and entered into the patient’s clinical record. Absent or untimely documents will be subject to audit and financial recoupment, as applicable.

- Clinics utilizing telepsychiatry MUST use the claim modifier “GT” to identify telepsychiatry visits/services. This modifier must be on each claim line that represents a telepsychiatric service. This modifier may not be used until the clinic’s operating certificate/license reflects acknowledgement that the clinic attests to understanding the clinical, technical and financial guidelines for telepsychiatry. Additionally, all Evaluation and Management (E&M) codes must include the HE modifier to identify Mental Health.

- Telepsychiatry visits/services that are NOT identified on Medicaid FFS claims or Medicaid Managed Care “paid encounter” claims with the telepsychiatry GT modifier will be considered non-compliant on audit.

- When submitting claims to both Medicaid fee-for-service and Medicaid managed care, providers must use the following code(s) and modifier(s) combinations for each claim line that represents a service provided using telepsychiatry. The modifiers listed are used in addition to any other appropriate modifiers (e.g., language other than English, reduced services):

Service Name	Procedure Code(s)	Modifier(s)
Initial Assessment Diagnostic & Treatment Plan	90791	GT
Initial Assessment Diagnostic & Treatment Plan with Medical Services	90792	GT
Psychiatric Assessment - 30 mins	Code Range: 99201-99205, 99212-99215	HE and GT
Psychiatric Assessment - 30 mins - ADD ON	90833	HE and GT
Psychiatric Assessment - 45-50 mins	Code Range: 99201-99205, 99212-99215	HE and GT
Psychiatric Assessment - 45-50 mins - ADD ON	90836	HE and GT
Psychiatric Consultation	Code Range: 99201-99205, 99212-99215	HE and GT

Crisis Intervention - 15 min	H2011	GT
Crisis Intervention - per hour	S9484	GT
Crisis Intervention - per diem	S9485	GT
Injectable Med Admin with Monitoring & Education	H2010	GT
Psychotropic Medication Treatment	Code Range: 99201-99205, 99212-99215	HE and GT
Psychotherapy - Indiv 30 mins	90832	GT
Psychotherapy - Indiv 45 mins	90834	GT
Psychotherapy - Family 30 mins	90846	GT
Psychotherapy - Family&Client 1 hr	90847	GT
Psychotherapy - Family Group 1hr	90849	GT
Psychotherapy - Group 1 hr	90853	GT
School Based - Group <1 hr	90853	GT
Developmental Testing - limited	96110	GT
Developmental Testing - extended	96111	GT
Psychological Testing - Various	96101	GT
Psychological Testing - Neurobehavioral	96116	GT
Psychological Testing - Various	96118	GT
Complex Care Management - 15 mins	90882	GT

Technology and Telecommunication Standards

Technical complexities and variances in user demand impact the Quality of Service (QoS) between two end points. OMH has collaborated with the NYS Information Technology Services (ITS) to develop videoconferencing technology criteria. In order for telepsychiatry claims to be reimbursed, videoconferencing equipment must be employed allowing quality synchronous video and voice exchange between provider and patient.

For informational purposes, below are the three configuration standards approved by NYS for telepsychiatry services provided by OMH State Operations.

Configuration:	**Dedicated Videoconferencing**	**PC-Based Solution**	**Mobile**
Examples:	Telepresence Systems	PC & Webcam with speakers and microphone	Laptops,tablets and cell phones
Quality:	Best	Better	Good

Other considerations for OMH State Operations that may be useful for community based licensed Article 31 operated providers include:

• ***Video Cameras***. Videoconferencing is achieved using Telepresence Systems such as the MX200, MX300 or EX90 integrated videoconferencing systems. For lower cost video cameras, many high-definition WebCam for sufficient image quality can be employed. It is highly recommended that all video cameras in the dedicated videoconferencing configuration include pan, tilt, zoom, and remote control features.

• ***Computer Hardware***. With high-definition videoconferencing units, a separate computer or tablet is unnecessary because the camera, monitor, microphone, and audio speakers are all integrated. For lower cost solutions, business desktop computers with sufficient RAM and CPU meeting the minimum performance requirements of the camera and videoconferencing software are adequate. Another lower cost solution is to employ mobile devices with built-in cameras, screens, microphones, and audio speakers. Examples are laptops, tablets, and smartphones.

• ***Operating Systems***. No operating system is required to configure high-definition dedicated videoconferencing. ITS supported operating systems such as Microsoft Windows or Apple iOS need to be employed for the PC-based or Mobile Configurations.

• ***Video conferencing Software***. Videoconferencing software should satisfy HIPAA requirements, with dedicated videoconferencing solutions preferred. New York State Information Technology Services endorses Cisco Movi software and WebEx. In addition, Apple Facetime may also be used. Skype and other video conferencing solutions not endorsed by ITS may not to be used for clinical care.

• ***Network***. The Dedicated Videoconferencing and PC-Based Solution Configurations are to be deployed over the State controlled network. Mobile device configurations may utilize the State network when possible.

• ***Carrier***. The Dedicated Videoconferencing and PC-Based Solution Configurations are to be deployed over the State carrier, called NYeNET. Mobile device configurations will be deployed over third party carriers in most situations, but can run along the NYeNET State carrier if available.

• ***Audio***. It is important to conduct telepsychiatry sessions using high-quality audio at 7 kHz, full duplex with echo cancellation. Equipment should be capable of eliminating room return audio echo and present mute and volume adjustment features.

• ***Microphones***. All three configurations have built-in microphones. In cases where sound does not transmit satisfactorily in the mobile device configuration, an external microphone may be added for satisfactory audio quality. If employing Movi for a PC-Based Solution Configuration.

• ***Speakers***. The Dedicated Videoconferencing and Mobile Device Configurations contain built-in speakers. With the exception of Movi WebCams, PC-Based Solution Configurations also have built-in speakers. Supplemental speakers can be employed with Movi WebCams.

• ***Headset***. With the Dedicated Videoconferencing Configuration, headsets are not applicable as sometimes the clinical rooms host family members of the patients. In such cases, the integrated speakers and microphone in the room detect audio produced by all participants in the clinical session. For the PC-Based Solution and Mobile Configurations, headsets or ear-buds are recommended in order to reduce background noise dissidence.

• ***Monitors and Screens***. Psychiatrists recommend that video monitors be no smaller than 55” in diameter at both the hub and spoke sites. Large screen monitors allow providers to detect important body language exhibited by the patient. In the case of the PC-Based Solution or Mobile Configuration, desktop computers and mobile devices can be tethered to large monitors to project the videoconference onto a large screen display. Should a 55” or larger monitor not be available, providers and patients can employ the monitors or screens available to them on their videoconferencing device. Smartphones should be tethered to large screen monitors when available.

• ***Wireless / wired Connectivity***. On the Dedicated Videoconferencing Configuration, wired connections between the integrated video camera and the Internet are mandatory. On the PC-Based Solution Configuration, wired connections are preferred over wireless. When videoconferencing is conducted on a Mobile Configuration, connectivity must be secured over a wireless Internet carrier as all mobile devices are either on a data plan or connect to a Wi-Fi network.

• ***Connection Speeds***. On the Dedicated Videoconferencing Configuration, 512 Kbps is the standard for videoconferencing. On the PC-Based Solution Configuration, variable speeds are up to 512 Kbps, which may be affected by bandwidth usage. The WebEx High Quality video client

requires a minimum of 384 kbps Internet bandwidth for audio/video/web collaboration to operate. With the Mobile Configuration, Internet connection speeds will vary contingent on site bandwidth usage and wireless signal strength provided by the carrier. It is recommended that videoconferencing on mobile devices be conducted over 4G /4G LTE or faster wireless signals if a wired configuration at 512 Kbps cannot be obtained.

• ***Screen Resolution***. A minimum of 640 x 480 resolution at 30 frames per second should be achieved as specified by the American Telemedicine Association.

• ***Quality of Service (QoS)***. The Dedicated Videoconferencing Configuration can tag the video conferencing data packets with a value that can lead to priority handling if the network handling these packets has been configured to honor the QoS tag. This feature accounts for the primary reason that this configuration is rated the best overall of the three. Neither the PC-Based Solution nor the Mobile Configuration can tag packets for potential priority handling by the network between video end points.

• ***Authorization***. Dedicated Videoconferencing equipment provisioned by ITS does not require authorization. For PC-Based and Mobile Configurations, the utilization of a passphrase or equivalent authorization feature to access the device is desirable. When multi-factor authentication is available, it should be used, and devices should have timeout features not to exceed 15 minutes.

• ***Privacy Settings***. It is important to configure video conferencing settings to ensure HIPPA compliance and patient privacy. Across all configurations, 128 bit encryption or stronger should be used to best protect the video session from eavesdropping. Cisco Movi licensing and WebEx Meeting Protected Areas may be employed to ensure private sessions on either the PC-Based Solution or Mobile Configuration. Special attention should be placed on the relative privacy of information being communicated between end points when employing the Mobile Configuration.

• ***Data Security***. When bridges are employed with the Dedicated Videoconferencing Configuration, 128 bit encryption or stronger shall be employed. Under no conditions is session recording permitted with any of the three configurations. Should a mobile device be lost or stolen, ITS and providers should have the ability to disable or wipe the mobile device so as to protect private healthcare information.

• ***Bridge***. A bridge must be employed between dissimilar networks or when there's more than two endpoints. However, if WebEx is employed no bridge is necessary.

• ***Social Media Software***. No social media software should be present on videoconferencing devices with notification functions that activate when a user logs on to a contact list.

• ***Configuration Overall Rating***. The Dedicated Videoconferencing Configuration is ranked as the best overall platform to deliver telepsychiatry services. The PC-Based Solution Configuration is ranked as the second best platform to deliver telepsychiatry services. Mobile Devices are ranked as the third best platform to deliver telepsychiatry services. These overall ratings resulted after

comparing the Quality of Service, connection speeds, screen resolution, picture capture, and carrier reliability across the OMH telecommunications network.

OMH supports the recommendation of the ATA that the provider and/or patient use link test tools (e.g., bandwidth test) to pre-test the connection before starting their session to ensure the link has sufficient quality to support the session.

Videoconferencing software shall allow only a single session to be opened, although the session may include more than two sites/participants. If there is an attempt to open a second session, the system shall either log off the first session or block the second session from being opened.

Whenever possible, each party should use the most reliable connection method to access the Internet as determined by the ITS Team.

APPENDIX 1

Attestation of Compliance
for
OMH Approval to Offer Telepsychiatry Services
14 NYCRR Section 599.17

Section 599.17 of Title 14 NYCRR permits the provision of telepsychiatry services by outpatient clinics licensed pursuant to Article 31 of the NYS Mental Hygiene Law, if approved to do so by the Office of Mental Health (OMH). Approval shall be based upon acceptance of a written plan that addresses a series of standards and procedures. The following Attestation of Compliance must be completed and submitted with the written plan to verify compliance with such required standards and procedures.

(Necessary Demographics of Applicant)

Instructions for Applicant: For each required standard or procedure, place your initials to verify compliance and include the page or section number(s) of the plan that addresses same. *This Attestation consists of 3 pages:*

1. The plan identifies the transmission linkages on which telepsychiatry services will be performed, which are dedicated, secure, meet minimum federal and New York State requirements (e.g., HIPAA Security Rules) and are consistent with guidelines issued by the Office of Mental Health (http://www.omh.ny.gov/omhweb/guidance/).

Initials: _____

Page/Section Number(s):

_____

2. The plan identifies acceptable authentication and identification procedures which will be employed by both the sender and the receiver.

Initials: _____

Page/Section Number(s):

_____

3. The plan includes procedures and protocols designed to ensure that confidentiality is maintained as required by NYS Mental Hygiene Law Section 33.13 and 45 CFR Parts 160 and 164 (HIPAA Privacy Rules).

Initials: _____

Page/Section Number(s):

_____

4. The plan confirms that the spaces occupied by the recipient and the distant physician or nurse practitioner meet the minimum standards for privacy expected for recipient-clinician interaction at a single licensed clinic location.

Initials: _____

Page/Section Number(s):

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5. *The plan confirms that culturally competent translation services will be provided when the recipient and provider do not speak the same language, and identifies methods by which this will be fulfilled.*

Initials: _____

Page/Section Number(s):

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6. The plan contemplates the provision of telepsychiatry services to recipients under age 18, and describes how clinically-based decisions will be made with respect to whether to include clinical staff in the room with the recipient consistent with OMH clinical guidelines (fltp://www.omh.ny.gov/omhweb/guidancel).

Initials: _____

Page/Section Number(s):

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7. *There is a written procedure at each telepsychiatry site which describes tile availability of face-to-face assessments by a physician or nurse practitioner in an emergency situation.*

Initials: _____

Page/Section Number(s):

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8. The plan includes procedures for prescribing medications.

Initials: _____

Page/Section Number(s):

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9. The plan confirms that recipients will only be enrolled at one of the two sites, and describes how progress notes and treatment plans will be developed and maintained.

Initials: _____

Page/Section Number(s):

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10. The plan describes how recipients will be informed about telepsychiatry and how consent to participate will be obtained.

Initials: _____

Page/Section Number(s):

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11. The plan includes a procedure describing the contingency plan when there is a failure of transmission or other technical difficulties that render the service undeliverable.

Initials: _____

Page/Section Number(s):

_____

12. The plan confirms that a review of telepsychiatry is incorporated within the provider's quality management process.

Initials: _____

Page/Section Number(s):

_____

Statement of Compliance and Signature:

I, [Print full name and title of the applicant] _____hereby attest that the representations made on this attestation form are true, accurate and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may result in revocation of approval to provide telepsychiatry services at the above-referenced location(s) and/or may subject me to administrative, civil, or criminal liability."

_____

Applicant's Signature and appropriate demographics

_____

Notary Signature

_____

For OMH Field Office:

This Attestation of Compliance has been reviewed for completeness. The Field Office is accepting the written plan of this Applicant based upon the representations made in this Attestation.

Signature: _____ Date: _____

Revision History

Version	Updated By	Change Description	Date
3	L. Roberts	Replaced CISCO with Telepresence systems, added EX90, and added Certification Process Workflow	7/22/15
2	T. Shudt	ITS Technology and Telecommunications revisions	7/14/15
2	N. Brier	Finance Reimbursement Changes applied	7/14/15