

Telehealth Guidelines Related to COVID-19

On March 15, 2020, the Office of Mental Health and Substance Abuse Services (OMHSAS) issued a [Memorandum](#) to offer clarification regarding the ability of providers to render telehealth behavioral health services to Medical Assistance (MA) beneficiaries as a result of the emergency disaster declaration for COVID-19.

This is an unprecedented challenge and Magellan is committed to working with providers on ensuring some flexibility in the highly regulated Medicaid space.

Magellan fully supports the OMHSAS position for the preference for use of telehealth as a delivery method for medically necessary behavioral health services as ordered, referred, or prescribed by a provider or practitioner, that can be delivered effectively when the patient is quarantined, self-quarantined, or self-isolated due to exposure or possible risk of exposure to the COVID-19 virus.

In response to this Memorandum, Magellan is issuing the following guidelines to assist providers with maintaining Compliance. We will update this communication as needed.

March 17, 2020

- The special exceptions and measures outlined in this document took effect on March 15, 2020 and we plan to keep them in place while the federal emergency is in effect. We will share any updates and further details via our [website](#). OMHSAS has indicated that their [Memorandum](#) will remain in effect for 90 days or while a valid emergency disaster declaration authorization by the Governor remains in effect, whichever is earlier.
- Providers utilizing Telehealth in accordance with [MA Bulletin OMHSAS-20-02](#) may do so during this state of emergency and waive the following requirements:
 - Telephone only services may be utilized in situations where video technology is not available.

- Telehealth will allow the use of telephonic video technology commonly available on smart phones and other electronic devices.
 - Staff trained in the use of the telehealth equipment and protocols to provide operating support are not required to be present while services are being rendered.
 - Staff trained to provide in-person clinical intervention will not be required to be present with the individual while they are receiving services.
 - There is no restriction on the type of Practitioner that may provide services through Telehealth. If the individual meets the criteria to render the services in accordance with the level of care specific regulations and bulletins, they may continue to do so during this state of emergency utilizing Telehealth.
- Adherence to all other requirements still apply to the service being delivered as they would when delivered face-to-face. That includes but not limited to the following:
 - Providers must continue to follow Magellan’s Minimum Documentation Guidelines starting on page 54 of our [Pennsylvania HealthChoices Handbook Supplement](#).
 - For programs reimbursed fee-for-service, providers must continue to adhere to the Unit Definition/ Description on their Magellan Reimbursement Schedule in order to bill a unit of service (i.e. 15 minutes, 30 minutes). Rounding up is still never permitted.
 - For all programs funded as a per diem (per day), the member must continue to be physically present in the facility in order to bill (outside of temporary therapeutic leave).
 - Services must be provided in accordance with the member’s Treatment/ Service/ Recovery Plan.
 - Additional documentation requirements when utilizing Telehealth in accordance with these guidelines includes the following:
 - The documentation must indicate the mechanism for how services were delivered (i.e. Telehealth, phone, FaceTime, Skype, etc).
 - The documentation must include the member’s verbal consent to deliver services in this manner.
 - The documentation must include the member’s phone number that was utilized if applicable.

- Program requirements for the number or percentage of face-to-face contacts for various behavioral health services may be met with the use of telehealth.
- Any limits on the amount of service that can be provided through telehealth or telephone contact are temporarily suspended (i.e. the 25% annual limit on phone units in Peer Support will not apply during this state of emergency).
- Encounter Forms are only required for face-to-face contact. Thus, any sessions or services provided via Telehealth or telephone are signature exempt.
- Any requirements for face-to-face “Supervision” may be temporarily completed via phone or video. The Supervision note must reflect how the session was conducted.
- In accordance with the [OMHSAS Memorandum](#), providers must submit copies of their [Telehealth Attestations](#) to Magellan. Providers who are currently approved for Telehealth should still submit an Attestation to Magellan if they are expanding the use of Telehealth to other services.
 - Attestations should be submitted to Crystal Devine at CEDevine@magellanhealth.com

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- There is no change to the authorization process. During the crisis, providers will **still need to obtain preauthorization for services** (inpatient or outpatient) that normally require it.
- We encourage providers to use Telehealth and strongly suggest that they use a HIPAA-compliant telehealth platform (real-time, interactive audit and video). However, considering the COVID-19 crisis and member access issues, providers may use other non-public methods such as telephone, Skype or FaceTime in order to ensure the member gets the help they need. Please note that public-facing sites such as Facebook Live and Twitch should NEVER be used for Telehealth.
- Although communication via text messages with members and other involved individuals may be permissible in accordance with your agencies’ policies and procedures, this time is not currently billable.

- No contract amendments are needed or required to bill Telehealth during the COVID-19 crisis. Providers should bill for services provided via Telehealth or phone under their existing contracts. Providers should bill appropriate CPT code based on the service that was rendered and include one of the allowable Place of Service Codes that is normally available based on the code that is billed.
- During the COVID-19 crisis, there is no change to the provider types who can render services. Providers must continue to practice within their scope of services.
- During the COVID-19 crisis, attending physician services to members in inpatient and residential settings may be provided via telehealth or telephone.
- Providers may begin utilizing Telehealth or telephones immediately to render existing contracted services. Within 5 business days, providers should pursue state approval by completing the Attestation Form as required by Bulletin OMHSAS-20-02 in accordance with the OMHSAS COVID-19 Telehealth expansion memo dated 3.15.20. When submitting an attestation to RA-PWTBHS@pa.gov for the COVID-19 state of emergency, please identify in the subject line “COVID-19 Emergency”. Magellan should be copied on the e-mail submission to OMHSAS, please copy Crystal Devine at CEDevine@magellanhealth.com.
- Telehealth Plans:
 - Providers are no longer required to submit the Telehealth Plans to Magellan during the COVID-19 crisis. If a provider previously submitted a telehealth plan to Magellan, the provider does not need to await a response from Magellan.