



## Louisiana Department of Health Health Plan Advisory 20-8

**Revised May 17, 2022**

*Due to the COVID-19 emergency declaration, temporary changes in provider policy and managed care practices are reflected herein to respond to the emergency. All other non-COVID-19 related policy remains in effect and shall be followed.*

### **COVID-19 – Telemedicine/Telehealth Facilitation by Licensed Mental Health Practitioners**

The Louisiana Department of Health (LDH) acknowledges the need for the continued facilitation of outpatient behavioral health services during the COVID-19 declared emergency. While individual therapy, family therapy and medication management were approved for telemedicine/telehealth, prior to the COVID-19 declared emergency, LDH is issuing approval for licensed mental health practitioners (LMHP) to conduct assessments, evaluations and testing via telemedicine/telehealth effective for dates of service beginning on or after **March 21, 2020**, which will remain in effect until rescinded by LDH. Louisiana Medicaid encourages and will reimburse the use of telemedicine/telehealth, when appropriate, for rendering LMHP and psychiatrist services.

#### **General Considerations**

Managed care organizations (MCO) should be aware that telemedicine/telehealth does **not** exempt providers from any of the service requirements or record keeping as set forth in the [Medicaid Behavioral Health Services Provider Manual](#). Services must be medically necessary. Additional record keeping is mandated for use during the COVID-19 declared emergency as described further in this bulletin. LDH will **not** waive licensure requirements for licensed mental health practitioners providing services. Providers must also follow rules and regulations established by their respective professional licensing boards.

When using telemedicine/telehealth, providers are expected to follow these guidelines:

- Confidentiality still applies for services delivered through telemedicine/telehealth. The session must not be recorded without consent from the recipient or authorized representative.
- Develop a back-up plan (e.g., phone number where recipient can be reached) to restart the session or to reschedule it, in the event of technical problems.
- Develop a safety plan that includes at least one emergency contact and the closest emergency room (ER) location, in the event of a crisis.

- Verify recipient’s identity, if needed.
- Providers need the consent of the recipient and the recipient’s parent or legal guardian (and their contact information) prior to initiating a telemedicine/telehealth service with the recipient if the recipient is 18 years old or under.
- The recipient must be informed of all persons who are present and the role of each person.
- Recipients may refuse services delivered through telehealth.
- It is important for the provider and the recipient to be in a quiet, private space that is free of distractions during the session.

Health plans must ensure that interpretive services, including sign language, are provided as necessary at no cost to the recipient.

### **Communication Requirements**

During this COVID-19 declared emergency, MCOs should encourage the delivery of licensed mental health practitioner services via telemedicine/telehealth communications. Providers offering services via telemedicine/telehealth must use a secure, HIPAA-compliant platform, if available. If not available, providers may use everyday communication technologies, including audio-only delivery of telemedicine/telehealth services (e.g. telephone) or use of videoconferencing (e.g. Skype, FaceTime) programs that have reasonable security and privacy measures, with each recipient’s consent. Facebook Live, Twitch, TikTok, and similar video communication applications are public facing and must **not** be used for telemedicine/telehealth services. Audio-only delivery is allowed only in situations where an audio/video system is not available or not feasible. Although a combined audio/video system is preferred, LDH is allowing licensed mental health practitioners to practice telemedicine/telehealth through telephonic communications **when appropriate**. Texting and emails are not approved forms of telemedicine/telehealth. At minimum, there must be an audio connection. Providers must adhere to all telemedicine/telehealth-related requirements of their professional licensing board.

There is currently no formal limitation on the originating site (i.e., where the recipient is located) and this can include, but is not limited to, a healthcare facility, a school or the recipient’s home. Regardless of the originating site, providers must maintain adequate medical documentation to support reimbursement of the visit.

### **Assessments and Evaluations**

MCOs shall allow telemedicine/telehealth for conducting assessments and evaluations by licensed mental health practitioners.

### **Psychological Testing**

MCOs shall allow telemedicine/telehealth for conducting appropriate testing by licensed mental health practitioners. Not all psychological and neuropsychological testing is appropriate via telemedicine/ telehealth. It is incumbent upon the psychologist/psychiatrist to ensure they

are selecting and using measures that can be conducted appropriately via telemedicine/telehealth. There are a variety of measures that could reasonably be administered via telemedicine/telehealth (e.g., interviews, rating scales, surveys, measures of developmental functioning, measures of specific symptom patterns). There are other tests that would likely **not** be suitable for administration in any format other than in-person (e.g., many IQ measures). Providers must adhere to all telemedicine/telehealth-related requirements of their professional licensing board.

### **Group Therapy**

MCOs shall allow telemedicine/telehealth to be utilized for outpatient group psychotherapy. Given certain privacy risks, the recipient must agree to waive confidentiality prior to beginning sessions. Providers must document that the recipient waived confidentiality in the notes for the session. While audio-visual technologies are preferred, audio-only may be used if clinically indicated and medically necessary. Providers must adhere to all telemedicine/telehealth-related requirements of their professional licensing board.

### **Documentation**

Informed Consent for Telemedicine/Telehealth:

Providers must have informed consent to deliver telemedicine/telehealth services. The consent must include the following.

A recipient's authorization to receive telemedicine/telehealth services after a discussion of the following elements:

1. The rationale for using telemedicine/telehealth in place of in-person services.
2. The risks and benefits of the telemedicine/telehealth, including privacy-related risks.
3. Possible treatment alternatives and those risks and benefits.
4. The risks and benefits of no treatment.

Confidentiality Agreements:

If a recipient participates in group therapy via telemedicine/telehealth, there must be a confidentiality agreement, including the requirement to protect the privacy of others receiving treatment, that is acknowledged and signed. See guidance below concerning signatures.

Progress Notes:

Providers should record all aspects of telephonic and/or face-to-face encounters in the recipient's clinical record, including, but not limited to the following:

- Name of recipient and any others present/participating.
- Dates and time of service contacts (include both start and stop times).
- Content of each delivered service, including the reason for the contact describing the goals/objectives addressed during the service, specific intervention(s), progress made toward functional and clinical improvement.

- Specific intervention(s) provided, including any units of service provided.
- Service location for each intervention. ***It must be documented that the service is being conducted via telemedicine/telehealth. For use of an audio-only system, the rationale for employing an audio-only system must be documented in the clinical record.***
- Crisis plan, ***including any changes related to COVID-19 risks.***
- ***Any new treatment plan interventions, goals and objectives related to treatment and/or COVID-19-related risks.***
- ***Any referral of recipients to healthcare providers for further screening, testing or treatment of COVID-19 symptoms or history.***
- ***Document a back-up plan (e.g., phone number where recipient can be reached) to restart the session or to reschedule it, in the event of technical problems.***
- ***Document a safety plan that includes at least one emergency contact and the closest ER location, in the event of a crisis.***
- ***Document verification of the recipient's identity, if needed.***
- ***Document the recipient is informed of all persons who are present and the role of each person.***
- ***Document if recipient refuses services delivered through telehealth.***
- ***Document consent of the recipient and the recipient's parent or legal guardian (and their contact information) prior to initiating a telemedicine/telehealth service with the recipient if the recipient is 18 years old or under.***
- Name and functional title of person making record entry and providing service.

#### Documents Requiring Recipient Signature:

Providers must verbally review and discuss the documents requiring recipient signature (e.g. treatment plan, informed consent, confidentiality agreement) with the recipient/recipient's family during the telemedicine/telehealth visit. The provider will be required to indicate the recipient/recipient's family participation, if appropriate, as well as their agreement. The provider shall document as such on the signature line and in the corresponding progress note, if applicable, that includes the date and time of the meeting. When possible (i.e. at the next in-person treatment planning meeting), providers should have the recipients sign all documents that had verbal agreements.

#### Authorizations

MCOs shall not require an addendum to an existing prior authorization for services to be eligible for telehealth delivery. Requirements for reimbursement are otherwise unchanged from the [Medicaid Behavioral Health Services Provider Manual](#).

**From March 20, 2020 through April 30, 2021**, if prior authorization is required, MCOs shall extend existing prior authorizations (PA) for services that reach the end of the authorization period during the COVID-19 declared emergency. **Beginning May 1, 2021 PAs will return to each MCO's standard operating procedure.** MCOs may request documentation from providers to be aware of continuation of services, any needs for continued service continuity, or perhaps

even needs to expand service coordination for their enrollees. New requests should follow standard processes in place with the recipient’s MCO.

### Billing and Reimbursement

For these services, MCOs shall require the providers to bill the procedure code (HCPCS codes) with modifier “95,” as well as Place of Service “02” (other than home) or 10 (home) when delivering the service through telemedicine/telehealth. The new Place of Service code 10, “telehealth provided in patient’s home,” can be used effective date of service January 1, 2022 going forward. Reimbursement for visits delivered via telemedicine/telehealth is similar to in-person visits, subject to any terms and conditions in provider contracts with Medicaid managed care entities.

Claims processing systems will be updated by March 31, 2020. Before that date, providers should continue to submit claims, which will be recycled with no action needed by the provider. A list of relevant procedure codes is included below. Providers must indicate place of service “02” (other than home) or 10 (home) and must append modifier “95.”

Find a list of allowable codes below. Please see the [Specialized Behavioral Health Fee Schedule](#) for a complete list of modifiers and rates.

CODE	DESCRIPTION
90785	INTERACTIVE COMPLEXITY, ADD ON
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT PRESENT
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT PRESENT, ADD ON
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT PRESENT
90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT PRESENT, ADD ON
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT PRESENT
90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT PRESENT, ADD ON
90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES
90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTE ADD ON
90845	MEDICAL PSYCHOANALYSIS
90846	FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT
90847	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT
90863	PHARMACOLOGIC MANAGEMENT ADD ON
96105	ASSESSMENT OF APHASIA
96116	NEUROBEHAVIORAL STATUS EXAMINATION, FIRST HOUR
96121	NEUROBEHAVIORAL STATUS EXAMINATION, EACH ADDITIONAL HOUR
96130	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, FIRST HOUR
96131	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, EACH ADDITIONAL HOUR
96132	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, FIRST HOUR
96133	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, EACH ADDITIONAL HOUR
96136	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, FIRST 30 MINUTES
96137	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, EACH ADDITIONAL 30 MINUTES
96138	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, FIRST 30 MINUTES
96139	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, EACH ADDITIONAL 30 MINUTES

Code	Description
96146	NEUROPSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMIN WITH SINGLE AUTOMATED INSTRUMENT, AUTO RESULTS ONLY
96136 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, FIRST 30 MINUTES (NEUROPSYCH)
96137 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, EACH ADDT'L 30 MINUTES (NEUROPSYCH)
96138 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, FIRST 30 MINUTES (NEUROPSYCH)
96139 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, EACH ADDT'L 30 MINUTES (NEUROPSYCH)
96146 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN WITH SINGLE AUTOMATED INSTRUMENT, AUTOMATED RESULTS ONLY (NEUROPSYCH)
96156	HEALTH BEHAVIOR ASSESSMENT/REASSESSMENT
96158	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; FIRST 30 MINUTES
96159	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES
96167	HEALTH BEHAVIOR INTERVENTION, FAMILY WITH PATIENT PRESENT, FACE-TO-FACE; FIRST 30 MINUTES
96168	HEALTH BEHAVIOR INTERVENTION, FAMILY WITH PATIENT PRESENT, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES
96170	HEALTH BEHAVIOR INTERVENTION, FAMILY WITHOUT PATIENT PRESENT, FACE-TO-FACE; FIRST 30 MINUTES
96171	HEALTH BEHAVIOR INTERVENTION, FAMILY WITHOUT PATIENT PRESENT, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES
99201	NEW PATIENT OFFICE OUTPATIENT - PROBLEM FOCUSED (10 Min)
99202	NEW PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (20 Min)
99203	NEW PATIENT OFFICE OUTPATIENT - DETAILED (30 Min)
99204	NEW PATIENT OFFICE OUTPATIENT - COMPREHENSIVE MODERATE COMPLEXITY (45 Min)
99205	NEW PATIENT OFFICE OR OTHER OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (60 Min)
99211	ESTABLISHED PATIENT OFFICE OUTPATIENT - MINIMAL PROBLEMS (5 Min)
99212	ESTABLISHED PATIENT OFFICE OUTPATIENT - PROBLEM FOCUSED (10 Min)
99213	ESTABLISHED PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (15 Min)
99214	ESTABLISHED PATIENT OFFICE OUTPATIENT - DETAILED (25 Min)
99215	ESTABLISHED PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (40 Min)
99221	INITIAL HOSPITAL INPATIENT CARE, LOW COMPLEXITY (30 Min)
99222	INITIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min)
99223	INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min)
99231	SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min)
99232	SUBSEQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min)
99233	SUBSEQUENT HOSPITAL INPATIENT CARE, HIGH (35 Min)
99238	HOSPITAL DISCHARGE DAY MANAGEMENT (<30 Min)
99239	HOSPITAL DISCHARGE DAY (>30 Min)
99281	EMERGENCY DEPARTMENT VISIT, SELF LIM
99282	EMERGENCY DEPARTMENT VISIT, LOW
99283	EMERGENCY DEPARTMENT VISIT, MODERATE
99284	EMERGENCY DEPARTMENT VISIT, PROBLEM
99285	EMERGENCY DEPARTMENT VISIT, PROBLEM EXPANDED
99408	ALCOHOL AND/OR DRUG SCREENING AND BRIEF INTERVENTION (15-30 Min)
H0049	ALCOHOL AND/OR DRUG SCREENING
H0050	ALCOHOL AND/OR DRUG SERVICES, BRIEF (Per 15 Min)

## Resources

MCOs may find more information about the coronavirus (COVID-19), including tips and resources for healthcare providers, by visiting <http://ldh.la.gov/Coronavirus>. Specific information for providers is located here: <http://ldh.la.gov/index.cfm/page/3880>.