



**Louisiana Department of Health**  
**Health Plan Advisory 20-9**  
**Revised April 9, 2020**

**Telemedicine/Telehealth Facilitation of Outpatient Substance Use Disorder (OP-SUD) Treatment during the COVID-19 Declared Emergency**

The Louisiana Department of Health (LDH) acknowledges the need for the continued facilitation of Outpatient Substance Use Disorder (OP-SUD) treatment services during the COVID-19 declared emergency. As in-person intervention is the only approved method for providing OP-SUD treatment services by providers rendering American Society of Addiction Medicine (ASAM) level services under normal circumstances, an allowance to deliver these services via an alternate method is required during the COVID-19 declared emergency. LDH is issuing approval effective for dates of service beginning on or after **March 21, 2020**, which will remain in effect until rescinded by LDH. Louisiana Medicaid encourages the use of and will reimburse telemedicine/telehealth, when appropriate, for rendering SUD treatment 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](#). Additional record keeping is mandated for use during the COVID-19 declared emergency as described further in this bulletin. LDH will **not** waive licensure or accreditation requirements for agencies providing OP-SUD treatment services. Providers must meet agency and staff qualifications and requirements for delivering OP-SUD treatment services, as established in the Medicaid Behavioral Health Services Provider Manual. Licensed mental health practitioners providing services in SUD treatment service agencies must also follow rules and regulations established by their respective professional licensing boards.

Services must be medically necessary as determined by a physician or a fully licensed mental health professional (LMHP). OP-SUD treatment services being expanded to allow telemedicine/telehealth include the Medicaid reimbursable services as listed in the Medicaid Behavioral Health Services Provider Manual across all levels of staffing (licensed and non-licensed staff).

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 permission 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, when appropriate, MCOs should encourage the delivery of OP-SUD treatment 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 OP-SUD treatment service providers 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 Re-evaluations**

MCOs shall allow telemedicine/telehealth for conducting substance use disorder screenings and assessments.

## **Group Therapy**

MCOS shall allow the utilization of telemedicine/telehealth for OP-SUD treatment groups, if this service is related to the recipient's goals, objectives, and interventions in the treatment plan. 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 that the recipient is informed of all persons who are present at each end of the transmission and the role of each person.***
- ***Document if the recipient refuses services delivered through telehealth.***
- ***Document the permission 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, ~~member choice form,~~ 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 of the document (e.g. treatment plan) 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.

#### Staff Supervision

MCOs shall require that providers continue staff supervision as dictated in the [Medicaid Behavioral Health Services Provider Manual](#). Supervision may follow the same guidelines as service delivery with regard to the manner of communication. Supervision must use a secure, HIPAA-compliant platform, if available. If not available, providers may use everyday communication technologies, including audio-only supervision (e.g. telephone) and use of videoconferencing (e.g. Skype, FaceTime) programs that have reasonable security measures. Facebook Live, Twitch, TikTok, and similar video communication applications are public facing and must **not** be used for supervision. Audio-only delivery is allowed only in situations where an audio/video system is not available or not feasible. Texting and emails are not approved forms

of supervision. At minimum, there must be an audio connection. These temporary measures still require adherence to other requirements that apply to staff supervision.

### 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](#).

Beginning March 20, 2020, if prior authorization is required, MCOs shall **extend existing** prior authorizations (PA) for OP-SUD treatment services that reach the end of the authorization period during ~~the emergency for the same duration as the previously authorized units until the end of~~ the COVID-19 declared emergency. 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” when delivering the service through telemedicine/telehealth. 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.

MCOs must update their claims processing systems by **April 2, 2020**. Before that date, providers may continue to submit claims and MCOs will recycle with no action needed by the provider. A list of relevant procedure codes is included below. Providers must indicate place of service “02” and must append modifier “95.”

| Code  | Description  | Place of Service | Modifier* | Unit   | Age HA = | Master's Level | Bachelor's | Less than Bachelor' |
|-------|--|------------------|-----------|--------|----------|----------------|------------|---------------------|
| H0001 | ALCOHOL AND/OR DRUG ASSESSMENT                                     | 02               |           | Visit  | 0+       | \$65.27        | \$65.27    | \$43.44             |
| H0004 | ALCOHOL AND/OR DRUG SERVICES - INDIVIDUAL                          | 02               | HF        | Visit  | 0+       | \$42.38        | \$42.38    | \$34.25             |
| H0005 | ALCOHOL AND/OR DRUG SERVICES - GROUP (PER PERSON)                  | 02               | HQ        | Visit  | 0+       | \$9.23         | \$9.23     | \$6.52              |
| H0005 | ALCOHOL AND/OR DRUG SERVICES - FAMILY (PER FAMILY MEMBER)          | 02               | HR, HS    | Visit  | 0+       | \$21.53        | \$21.53    | \$15.23             |
| H0015 | ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 INDIVIDUAL | 02               |           | 15 min | 0+       | \$16.17        | \$16.17    | \$11.44             |
| H0015 | ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP      | 02               | HQ        | 15 min | 0-20     | \$2.31         | \$2.31     | \$1.64              |
| H0015 | ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP      | 02               | HQ        | 15 min | 21+      | \$12.00        | \$12.00    | \$8.00              |

### Opioid Treatment Program (OTP) Codes:

LDH has adopted guidance from the Drug Enforcement Administration (DEA) and Substance Abuse and Mental Health Services Administration (SAMHSA) regarding delivery of OTP services during the COVID-19 declared emergency. See [Coronavirus COVID-19 Resources for OTPs](#) for

issued guidance from the State Opioid Treatment Authority (SOTA) for specifics. OTP-related codes may be prescribed via telemedicine/telehealth.

| Code  | Description  | Place of Service | Modifier* | Unit     | Age HA = | Other Per Diem |
|-------|--|------------------|-----------|----------|----------|----------------|
| H0020 | ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - EFFECTIVE 1/20/20               | 02               | U8, 95    | Day      | 18+      | \$16.33        |
| H0047 | ALCOHOL AND/OR DRUG SERVICES - NOS (BUPRENORPHINE SERVICE - TAKE HOME) - EFFECTIVE 1/20/20                       | 02               | U8, 95    | Day      | 18+      | \$15.86        |
| J0571 | BUPRENORPHINE, ORAL, 1 MG (TAKE HOME) - EFFECTIVE 1/20/20  | 02               | RD, 95    | 1mg      | 18+      | \$0.11         |
| J0572 | BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG (TAKE HOME) - EFFECTIVE 1/20/20                         | 02               | RD, 95    | One Dose | 18+      | \$4.59         |
| J0573 | BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 3 MG, BUT LESS THAN OR EQUAL TO 6 MG (TAKE HOME) - EFFECTIVE 1/20/20  | 02               | RD, 95    | One Dose | 18+      | \$8.21         |
| J0574 | BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG (TAKE HOME) - EFFECTIVE 1/20/20 | 02               | RD, 95    | One Dose | 18+      | \$8.21         |
| J0575 | BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG (TAKE HOME) - EFFECTIVE 1/20/20                                 | 02               | RD, 95    | One Dose | 18+      | \$16.42        |

## 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>.

MCOs interested in learning more about telemedicine/telehealth can find a toolkit [here](#). There are 14 videos on Practice and Clinical Issues. These focus on the efficacy of telehealth and tips on making clinical interventions successful and would be helpful for agency owners, professional and non professional staff. They are all very short and include a written summary of video content.

- [Child and Adolescent Telepsychiatry](#)
- [Clinical Documentation](#)
- [Clinical and Therapeutic Modalities](#)
- [Geriatric Telepsychiatry](#)
- [Individual Models of Care](#)
- [Inpatient Telepsychiatry](#)
- [Patient Safety and Emergency Management](#)
- [Rural and Remote Practice Settings](#)
- [Standard of Care and State Based Regulations](#)
- [Telepsychiatry Practice Guidelines](#)
- [Team Based Integrated Care](#)
- [Team Based Models of Care](#)
- [Use of Telepsychiatry in Cross-Cultural Settings](#)
- [Visual and Non-Verbal Considerations](#)