

State of North Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES

Guidelines for the Use of Telepsychiatry

Introduction:

All providers who bill for North Carolina Medicaid-funded and state-funded mental health, developmental disabilities, or substance abuse services provided via the use of videoconferencing technology shall adhere to the requirements of the Telemedicine and Telepsychiatry Clinical Coverage Policy No. 1H (attached) of the Division of Medical Assistance, dated June 1, 2007. [Note: Medicaid's EPSDT Special Provision does not apply to state-funded service provision.]

Telepsychiatry is the use of electronic communication and information technologies to provide or support clinical psychiatric care at a distance. Telepsychiatry is appropriate in situations where on-site services are not available due to distance, location, time of day, or availability of resources.

As defined by Medicaid policy and these guidelines, "telepsychiatry is the use of two-way real time-interactive audio and video to provide and support clinical psychiatric care at a distance. A recipient is referred by one provider to receive the services of another provider via telepsychiatry." This does not include telephone conversations, electronic mail messages, or facsimile transmissions between health care practitioners and consumers (recipients).

While the technology used by telepsychiatry has many clinical applications, for the purposes of North Carolina Medicaid and state MH/DD/SAS funds, telepsychiatry is limited to the codes listed in the Clinical Coverage Policy No. 1H. Non-billable uses of the videoconferencing technology may include:

- training
- administrative meetings

Guidelines:

1. Telepsychiatry may be used when the on-site services are not available due to distance, location, time of day, or availability of resources. Although on-site services are the ideal, telepsychiatry can be used when the services would not be readily available to the consumer otherwise. It should not be used only as a convenience to the provider, but rather it should be used to aid the consumer in having the availability of necessary services. Its use is ideal for rural settings, other locations where professional services would not otherwise be readily available, emergency services, interim coverage when the psychiatrist/clinician is unavailable, or other situations which would prevent or delay service delivery.

2. Each provider of telepsychiatry services should develop policies and procedures that address the following topics:
 - ◆ Protecting the consumer's confidentiality who receive telepsychiatric services, including measures to ensure the security of the electronic transmission;
 - ◆ Informed consent of consumers who receive telepsychiatric services;
 - ◆ Procedures for handling emergencies with consumers who receive telepsychiatric services;
 - ◆ Contingency procedures to use when the delivery of telepsychiatric service is interrupted, or when the transmission of the two-way interactions is deemed inadequate for the purpose of service provision.
3. Informed Consent policy - should include provisions for the consumer to provide informed consent to participate in any services utilizing telepsychiatry. The consumer has the right to refuse these services and must be made aware of the alternatives including any delays in service, need to travel, or risks associated with not having the services provided by telepsychiatry.
4. Confidentiality policy - should be maintained as required by the laws of the State of North Carolina and Health Insurance Portability and Accountability Act (HIPAA). All existing confidentiality requirements and protections that apply to written medical records shall apply to services delivered by telecommunications, including the actual transmission of the service, any recordings made during the time of transmission, and any other electronic records.
5. Security of Electronic Transmission policy - All telepsychiatry transmissions must be performed on a dedicated secure line or must utilize an acceptable method of encryption adequate to protect the confidentiality and integrity of the information being transmitted. Transmissions must employ acceptable authentication and identification procedures by both the sender and the receiver.
6. Procedures for handling psychiatric emergencies: While the presence of another person raises the issue of confidentiality, certain psychiatric emergencies may require the presence of others if, for instance, a consumer is suicidal, homicidal, dissociated, or acutely psychotic during the evaluation or treatment service. In general this consumer should not be managed via telepsychiatry without support staff or responsible family members present at the remote site, unless there are no adequate alternatives and immediate intervention is deemed essential for consumer safety.
7. Prescribing medications via telepsychiatry: Medications may be prescribed in different ways when using videoconferencing technology. Prescribing drugs through telepsychiatry must be in accordance with state and federal regulation.

- In one model, the psychiatrist at the hub site consults with another physician (psychiatrist, primary care physician) or other health care professional who is authorized to write prescriptions at the remote site (i.e., consumer site).
 - In another model, the psychiatrist at the hub site writes the prescription and then transmits it to a pharmacy, consumer's home, or the remote site.
8. Procedures for first evaluations for involuntary commitments via telepsychiatry: Recently revised North Carolina General Statute 122C-263(c) permits physicians and eligible psychologists to conduct first evaluations for involuntary commitments via telepsychiatry.
http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_122C/GS_122C-263.pdf
 9. The consumer must be informed and fully aware of the role of the psychiatrist/licensed psychologist and staff who are going to be responsible for follow-up or on-going care.
 10. The consumer must be informed and aware of the location of the psychiatrist/licensed psychologist providing the care and all questions regarding the equipment, the technology, etc., must be addressed.
 11. The consumers have the right to have appropriately trained staff immediately available to them while they are receiving the telepsychiatry service to attend to emergencies or other needs.
 12. The consumer has the right to be informed of all parties who will be present at each end of the telepsychiatry transmission and has the right to exclude anyone from either site (see # 6 above regarding emergencies).
 13. When services are provided from a location in another state, the provider must be enrolled in the NC Medicaid program and licensed by the state of North Carolina. They must be credentialed, when appropriate, at the facilities where the consumer is receiving the services. Ideally they should be acquainted with the staff involved. Site visits are encouraged when feasible.
 14. The provider must abide by the laws, regulations and policies of the State of North Carolina including the Mental Health, Developmental Disabilities, and Substance Abuse Act of 1985 and any other law, regulation, or policy that guides the service being provided. Out-of-state psychiatrists providing telepsychiatry services to North Carolina residents are considered to be practicing in the North Carolina and must also abide by these laws, regulations, and policies. Per the NC Division of Medical Assistance, out-of-state psychiatrists must be licensed in North Carolina, enrolled in the NC Medicaid, and obtain prior approval if outside of a 40-mile radius from the North Carolina state borders.

15. All telepsychiatry sites shall have established written quality of care protocols to ensure that the services meet the requirements of state and federal laws and established patient care standards.
16. All telepsychiatry sites must have a written procedure detailing the contingency plan when there is a failure of the transmission or other technical difficulties that render the service undeliverable.
17. The technology utilized to provide the service must conform to the industry wide compressed audio-video communication standards for real-time, two way interactive audio-video transmission.
18. Interoperability of the videoconferencing equipment: For reasons of interoperability and security, we suggest that the sites that intend to implement “hard” or “soft” endpoints utilize videoconferencing endpoints that comply with the ITU H.323 standard including ITU H. H.235 v3 AES encryption.
19. A notation must be made in the medical record that indicates that the service was provided via telepsychiatry and which specifies the time the service was started and the time it ended.
20. Billing Information: See Attachment A in the Telemedicine and Telepsychiatry Clinical Coverage Policy No. 1H.