**SAMPLE**

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| **Title:** Telehealth Policy | | **Policy #:** | |
| **Manual Developed by:** |  | | **Effective Date:** 03/01/2020  **Next Review Date:** 03/01/2021 |

**Purpose:**

Providing telehealth visits (patient and clinician are in different locations) via synchronous interactive audio/video conferencing, by audio communication or by an online digital platform is intended to optimize care delivery and efficiency/safety to the patient, increase productivity, and decrease costs. Exclusions: Telehealth will not be eligible/appropriate for all patients and some may require in-person visits.

1. **Guideline:**
   1. **Billing:** Billing for services must be in compliance with State and federal laws as well as in accordance with any third party payer’s requirements. These laws and requirements vary by state.
      1. MHCP Provider Assurance Statement for Telemedicine form must be submitted to DHS and UCare prior to providing telehealth services
   2. **Confidentiality:** All existing confidentiality protections and existing laws regarding access to medical information and copies of such information apply to telehealth services.
      1. The same standards shall apply with regard to communication between patient and provider and between provider and other organizations, as those for in-person encounters, including a mechanism for any needed follow up after the conclusion of the encounter.
   3. **Patient Consents:** Patient/Parent/Guardian should be informed that the service will be provided via telehealth
      1. Verbal consent for telehealth can be documented in the chart note
      2. Annual written consent applies to telehealth services
      3. Provide instructions to the patient/parent/guardian on the details of the telehealth service
   4. **Training:** Clinicians and clinical staff must have completed any required training/instruction before providing telehealth services
   5. **Safety:** During the course of a virtual visits encounter, should an emergent or life threatening event develop, the licensed health care provider will activate 911-Emergency Medical Services (EMS) to the patient’s physical location obtained at the beginning of the telemedicine encounter. The provider if possible should maintain the virtual connection with the parties at the originating site until EMS arrives.
   6. **Privacy/Security:** The synchronous interactive audio/video connection or audio connection used should be a HIPAA-compliant on-line connection.
      1. *During the Pandemic State of Emergency: HIPAA connections are not required, but should be used if at all possible.*
   7. **Licensure and Compliance:** Clinicians must be licensed in the state where the patient is located. Providers are responsible for being aware of and abiding by the current rules/laws governing the state of the originating sites relating to prescribing medications. Prior to delivering virtual visits notify malpractice carrier of the intent to provide services via telehealth.
      1. *During the Pandemic State of Emergency: Many states have allowed clinicians to practice telehealth across state lines. However some still require a temporary license to be obtained. Each state’s licensing guidelines should be checked prior to providing telehealth across state lines.*
   8. **Documentation:** Clinicians must document in the patient’s medical record all services provided via any telehealth modality as would be documented for in-person services including:
      * Detailed summary of the discussion/counseling provided
      * Relevant items of history (chief complaint, History of Present Illness, Review of Systems, Past/Family/Social History)
      * Relevant items of exam (those exam elements that can be “observed” or noted)
      * Medical Decision Making: Assessment (patient’s diagnosis) and Treatment/Plan of Care
      * Because many telehealth services will likely be billed based on time (more than ½ the visit spent in counseling/coordination of care), documentation of time is recommended:
        + Document time spent (preferably with start and stop time with AM/PM designations)
      * Include the location of the patient and any others present for the E/M service (eg, parent or guardian) as well as the location of the clinician
      * Document the specific modality of telehealth: Telemedicine visit, telephone visit or E-visit along with a statement indicating the appropriateness of the modality – Example: “This telemedicine visit via audio/video was determined to be an appropriate, safe and effective means for service delivery during this pandemic state of emergency”.
      * Documentation recommended that verbal consent was obtained to conduct the visit via telehealth – Example: “Patient/Parent consents to visit/treatment performed via telehealth”
2. **Definitions:** 
   1. Telehealth: All services provided via any telecommunications system and includes telemedicine visits, telephone visits and e-visits
   2. Telemedicine Visit: Patient-initiated E/M service via interactive (synchronous) audio and video telecommunication systems
   3. Telephone Visit: Patient-initiated E/M service via telephonic (audio only) communication – Video not required
   4. E-Visit: Online digital E/M service (patient-initiated) over a digital platform – Does not require audio or video communication
   5. E/M: Evaluation and management service (eg, illness-related visit) that includes an evaluation, assessment and a treatment plan
3. **Resources:**
   1. American Medical Association (AMA) : [AMA Quick Guide to Telemedicine](https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice)
   2. American Academy of Pediatrics (AAP): [AAP Telehealth Sample Documents](https://www.aap.org/en-us/professional-resources/practice-transformation/telehealth/Pages/Sample-Documents.aspx)
   3. Federation of State Medical Boards: <https://www.fsmb.org/>
   4. Children’s Health Network (CHN) COVID-19 and Telehealth Coding Toolkit (Click the link titled Telehealth Information): <https://www.childrenshealthnetwork.org/covid19/>