

TELEHEALTH BILLING AND PROGRESS/MISCELLANEOUS NOTE UPDATE

Updated 4/1/2020

In light of the recent State of Emergency sparked by the spread of COVID-19, Telehealth options have been developed and implemented to help limit the spread of COVID-19. This alternative service delivery method can assist providers to continue providing vital SUD services when confronting the staffing and patient access challenges due to Social Distancing recommendations, self-isolation requirements and the statewide “Safer at Home” order.

Effective March 17, 2020, SAPC Treatment Providers who have the capability to do so can provide all the following treatment services via Telehealth: Assessment, Case Management, Collateral Services, Crisis Intervention, Group Counseling, Individual Counseling, Patient Education, Recovery Support Services (Recovery Monitoring, Substance Abuse Assistance), and Screening.

During standard operations, Telehealth Services are to be conducted via a HIPAA compliant platform that utilizes interactive video and audio. However, while providers are still encouraged to use a HIPAA compliant platform, they will not be penalized if they need to initially utilize non-HIPAA compliant platforms during the current State of Emergency. Additionally, providers should make every effort to obtain a HIPAA compliant platform during this crisis, but at minimum must ensure HIPAA compliance when the State of Emergency has been lifted.

At this time and until further notice from SAPC, Telehealth can be provided by Registered/Certified Counselors, License Eligible LPHAs, and LPHAs from any location they are authorized to provide services to a patient at any location within LA County, which includes locations that are not DMC certified.

As the roll out of the Telehealth process is expedited some adjustments may need to be made in SAGE.

1. Consent for Telehealth Services

- a. All patients must provide consent to Telehealth Services. This may be completed on an agency consent form specifically noting the patient authorizes “Telehealth Services.” If written consent is not a viable option due to isolation or quarantine, providers must obtain verbal consent, document verbal consent and reason for inability to acquire written consent, and ensure they acquire written consent at the next face to face session.
- b. In the event that a HIPAA compliant telehealth platform cannot be utilized, providers need to inform patients via the consent for Telehealth Services that the current Telehealth system is not HIPAA compliant and the *patient’s privacy cannot be guaranteed to the same standards as during normal operations*. This disclosure should be documented on a progress/miscellaneous note and/or on the consent form.

2. Documentation

- a. All Sage Progress and/or Miscellaneous Notes for Telehealth Services will note the Method of Service Delivery was Telehealth. Secondary providers should ensure Telehealth services are clearly documented in their progress notes.
- b. Primary Users will have the option of selecting Telehealth as a service type, however, they will still need to write in the first narrative box of each note the service is a “Telehealth Service” until the Provider Activity Report is updated to reflect the new selection options for service type.



3. Method of Delivery

- a. Method of Service Delivery refers to how a session was conducted. Select the appropriate method.
 - i. Face-to-Face is for in person session.
 - ii. Not Applicable refers to if an informational type note is added to a patient’s chart but did not involve contact of any type with another person.
 - iii. Telephone is NOT the same as telehealth. Telephone is strictly for audio/TTY/TDD.

Miscellaneous Note Options	
Date of Service <input type="text" value=""/> Today Yesterday	Program Search for: <input type="text"/> Search <input type="text" value=""/>
Service Start Time <input type="text" value=""/> Current Time	Service End Time <input type="text" value=""/> Current Time
Method of Service Delivery <input type="radio"/> Face-to-Face <input type="radio"/> Field Based Services <input type="radio"/> Not Applicable <input type="radio"/> Telehealth <input type="radio"/> Telephone	Select the appropriate option for service delivery. Only approved programs may utilize Field Based Services. Telehealth refers to services conducted via platform with visual and audio capability for both the provider and patient.

In addition to changes in Method of Delivery, Progress and Miscellaneous Notes now have the capability to reflect start and end times for documentation and travel, when appropriate.

4. Field Based Services

- a. If your agency is approved for Field Based Services, selecting “Field Based Services” method of service delivery will enable entry of travel time.
- b. Currently, travel is reimbursed only for travel between a worksite and field site. Travel to and from home is not reimbursable.

Date of Service <input type="text" value="03/01/2020"/> Today Yesterday	Program Search for: <input type="text"/> Se <input type="text" value="Recovery Inc"/>
Service Start Time <input type="text" value="10:00 AM"/> Current Time	Service End Time <input type="text" value="10:28 AM"/> Current Time
Method of Service Delivery <input type="radio"/> Face-to-Face <input checked="" type="radio"/> Field Based Services <input type="radio"/> Not Applicable <input type="radio"/> Telehealth <input type="radio"/> Telephone	
Date of Travel <input type="text" value="03/01/2020"/> Today Yesterday	
Time To Destination:	
Start Time <input type="text" value="09:42 AM"/> Current Time	End Time <input type="text" value="09:57 AM"/> Current Time
Travel From Destination:	
Start Time <input type="text" value="10:30 AM"/> Current Time	End Time <input type="text" value="10:51 AM"/> Current Time

- c. Date of Travel is required by DHCS and should match the date of service. Discrepancies in dates may result in denial of the claim.
- d. Note that the Travel Time related fields are not red and are not required to be completed as only travel between worksite and field sites are reimbursable. If travel time is not going to be claimed for reimbursement these fields should be left blank.
- e. Travel is limited to a maximum of 30 minutes each way.



Substance Use Disorder Information System

- i. If travel takes less than 30 minutes, indicate the time it took.
- ii. If travel takes more than 30 minutes, you may only claim a maximum of 30 minutes.
- iii. If traveling to different sites your travel may look like the following:
 - 1. Left office to go to location A and took 12 minutes.
 - a. Document travel TO destination for client A
 - 2. From location A to location B travel was 10 minutes. This can be documented as travel FROM destination for client A, or travel TO destination for client B.
 - a. The 10 minute travel time CANNOT be claimed for both client A and B.
- f. Travel related time should not overlap with Service Time nor Documentation Time.

5. Documentation Time

Date of Documentation	
03/02/2020	Today Yesterday
Documentation Start Time	Documentation End Time
Current Time	Current Time

- a. Best practice is to complete all service-related notes on the same day as services, however, that may not always occur.
- b. Enter the date the documentation as well as start and end times.

6. Note Entry for Telehealth Services

Agencies will have two options for documenting Telehealth services.

Option 1: Document all Telehealth Services using the Miscellaneous Note.

- a. This note will currently populate on the Provider Activity Report and will assist individuals who bill to note if a service was telehealth or not. Per DHCS guidelines a separate location code must be used for Telehealth Services or risk the claim being disallowed.
- b. On the first line of the first narrative box write "Telehealth Service."
- c. If the Misc Note is used to document a service that would normally be documented on a progress note (BIRP, GIRP, SIRP, SOAP), the progress note format would need to be added to the 'Notes' narrative box.

Notes
Telehealth Service Behavior:<enter information here> Intervention: <enter information here> Response: <enter information here>
Form Status

Option 2: Document Telehealth Services on the appropriate Note Type: Misc or BIRP/SIRP/GIRP/SOAP.

- a. Unfortunately, due to the urgency at which SAPC worked to make Telehealth service delivery methods available, Sage Progress notes will not yet populate the Provider Activity Report indicating Telehealth Services.
- b. Agencies who use standard Sage progress notes to document these services will need to create an internal tracking log of all Telehealth Services.

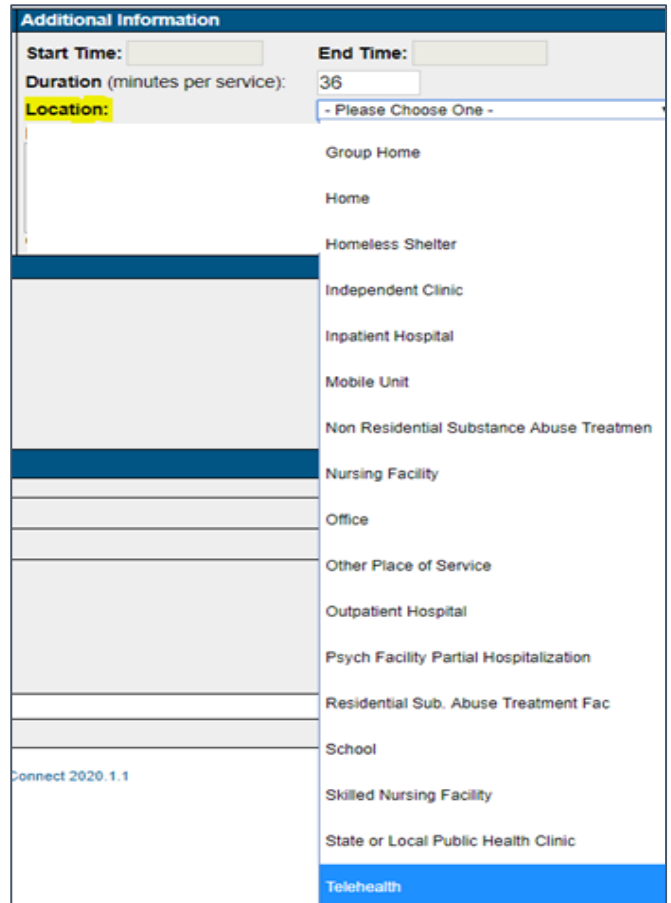
- i. Tracking logs will need to be made available to individuals who bill to verify if a service is a Telehealth Service.
- ii. Tracking logs will need to be maintained and made available to SAPC and DHCS upon request.
- iii. Logs should include at minimum Patient Name, Date of Service, Procedure, Method of Service Delivery, Rendering Practitioner and Duration.

7. Billing for Telehealth

- a. If documenting Telehealth Services on the Misc Note, run the Provider Activity Report.
 - i. The providing practitioner should have entered “Telehealth Service” in the first narrative box which would populate the “Notes” column of the provider activity report, as seen in the image below.

TTEST,TELEHEALTH (160054)						
Age - 44, Gender - Male, Level of Care - Unknown, DMC Verified - Unknown						
Miscellaneous Note - Collateral Contact						
Date	Provider	Type	Start Time	End Time	Notes	
03/02/2020	SCHWARZ,GREG SAPC	Miscellaneous Note - Collateral Contact	10:00 AM	10:28 AM	Telehealth Service	

- b. If documenting Telehealth Services on regular Progress Notes, use the Agency tracking log to verify Telehealth Services.
- c. For Primary Sage Users:
 - i. Enter a professional claim to include the date, service, units, and practitioner as usual.
 - ii. On the Treatment Details a new option has been added to the Location option. Select the appropriate option for the service. This is a required field.
 - iii. Duration is inclusive of all the time listed on the note (service, travel, and documentation). If all the service time is not known to the person entering the billing without having to open the note, enter the duration that is known. SAPC will provide further guidance on this field when functionality is updated.
 - iv. All other fields are entered as usual.
- d. Secondary Sage Users:
 - i. Bill using the 837 file as normal, however, ensure that the Place of Service segment (SV105) is entered as '02' to correspond to Telehealth.



Additional Information

Start Time: End Time:

Duration (minutes per service): 36

Location: - Please Choose One -

- Group Home
- Home
- Homeless Shelter
- Independent Clinic
- Inpatient Hospital
- Mobile Unit
- Non Residential Substance Abuse Treatment
- Nursing Facility
- Office
- Other Place of Service
- Outpatient Hospital
- Psych Facility Partial Hospitalization
- Residential Sub. Abuse Treatment Fac
- School
- Skilled Nursing Facility
- State or Local Public Health Clinic
- Telehealth

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