



Southeast (HHS Region 4)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Telepsychiatry during the COVID-19 Pandemic



Overview

Telepsychiatry will be very useful over the next months due to the current COVID-19 pandemic. Changes have recently taken place to make telepsychiatry more accessible across the United States as patients and providers practice social distancing.

These changes include:

- The HHS Secretary issued an 1135 CMS emergency waiver to change the Medicare rules for 60 days beginning on March 17th. Medicare will pay for any patient under their insurance in any state to be seen by any licensed provider anywhere in this country. This opens up a huge number of patients that can now be seen through telepsychiatry.
- Providers are no longer required to use HIPAA-compliant conferencing platforms during this pandemic. Psychiatric clinicians may use other video conferencing platforms such as Zoom, non-commercial Skype, Facetime, and many others to meet with patients, but should seek secure platforms if possible.
- It is now possible to prescribe medications such as benzodiazepines and other controlled drugs through telepsychiatry without an initial or recent in-person appointment as the Ryan Haight Act has been suspended for the next 60 days starting on March 17.

Basics and Equipment



- To perform telepsych appointments, psychiatrists can use:

a laptop with webcam

a tablet

a smartphone

Before COVID-19, a provider was required to use HIPAA-compliant conferencing tools; this has been waived for the next 60 days.

- These tools are simpler and offer more flexibility.
- It is still worth investing in HIPAA-compliant tools for the future, after the COVID-19 pandemic has abated.

Platforms

- Acceptable telepsych platforms now include:

FaceTime

non-commercial Skype

Zoom

Vidyo

Veesee and many others

- Providers should seek a BAA (business associates' agreement) with the platform they plan to use for telepsych appointments. This agreement allows the provider to use the video system without the platform accessing appointment information.
- **TIP:** When choosing which platform to use, providers should look for a phone-compliant mobile app so patients don't have to download complex software.

Video vs Telephone

- Video chat adds to the quality of the appointment.
- Elderly patients may need assistance with software installation. Providers could suggest a child or grandchild help them.
- In terms of billing, telephone consults often pay much less than video consults.
- Patients may feel more comfortable conducting calls for the first couple of sessions, this is okay.
- There are no known contraindications to video chat for telepsychiatry; however, patients may refuse to communicate this way.

Licensure

Providers must be licensed in the state where the patient is in order to see them via telepsych. For more information regarding this regulation, view the [Telepsychiatry Toolkit from the American Psychiatry Association \(APA\) here.](#)

- Requirements differ by state. Providers should check the [Federation of State Medical Boards](#) which has an up to date list of changes around licensure by state during this outbreak.
- **TERMS TO KNOW:**
 - Originating site: patient location
 - Distance site: clinician location
- Providers have to be licensed in the state where the patient is located. Providers do not have to physically be in the state where their patient is.
- The 1135 CMS waiver changes this for Medicare.
- If patients (such as students or visiting staff) have to return to another state during this outbreak, continuing to see them via telepsych depends on their insurance. Patients on Medicare can still be seen. Patients with other insurance cannot be seen unless the provider holds licensure in the state they have returned to.
- Providers may prescribe traveling patients a 3 month supply of medications and encourage them to follow up with a provider in the area they are returning if they are not on Medicare.

Prescribing

- The Ryan Haight Act has been temporarily waived:
 - It is legal to prescribe controlled substances over telepsych for the next 60 days from March 17.
 - Prescribers can write orders for new telepsych patients even if they have not seen them in person.
- Prescribers must make sure they have the correct pharmacy or lab information. Providers should submit orders while the patient is still on video chat.
- For biological assessments, providers could ask their patients to purchase a thermometer and blood pressure cuff from the pharmacy. These are inexpensive items that allow clinicians to complete the biometric assessments necessary for prescribing via video chat.



Safety

- There are safety guidelines accessible on the [APA](#) website.
- The patient may choose to have another person join them during the telepsych appointment/assessment.
- Providers should have the patient's cell phone number, and if the patient agrees, the phone number of a family member or friend.
- Providers should try to keep the patient on video chat if worried about an increased risk of self-harm.
 - Phone a family member, friend, or clinic.
 - If the patient leaves the chat, the provider must contact the local emergency officials. **NOTE:** Simply dialing 911 connects you to your emergency services not the patient's.

Billing & Payment

- Normal billing codes can still be used for telepsych sessions.
- These Medicare changes have affected payment for both telephone and video sessions – although the former won't pay well. Medicare allows telepsychiatrists to bill.
- Some private insurances may pay for telepsychiatry visits; however, this varies by state.

To learn more, please [view this webinar](#) from SMI Advisor entitled, "Telepsychiatry in the Era of COVID-19."