



COVID-19 Update: Guidance for telehealth (audio + video) and telephonic-only care for behavioral health services (updated April 17, 2020)

Anthem Blue Cross (Anthem) is closely monitoring COVID-19 developments and what it means for our customers and our health care provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) to help us determine what action is necessary on our part. We have made changes to how behavioral health providers can use and be compensated for telehealth (audio + video) and telephonic-only care with their patients.

To help address care providers' questions regarding behavioral health services, Anthem has developed the following frequently asked questions.

Please continue to visit this page regularly, as we will be updating the information as it becomes available. Thank you for the work you do for our members, especially during these difficult times.

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Telehealth care (audio + video)

What member cost-shares will be waived by Anthem for virtual care through telehealth?

Effective March 17, 2020, and until further notice, Anthem and its delegated entities will waive member cost share for telehealth (video + audio) visits, including visits for behavioral health, for our fully-insured employer, individual, Medicare and Medicaid plans where permissible. Cost sharing will be waived for members using Anthem's telemedicine service, LiveHealth Online, as well as care received from other providers delivering virtual care through internet video + audio services. Self-insured plan sponsors may opt out of this program.

How is Anthem approaching the provision of mental health outpatient, substance abuse outpatient, partial hospitalization program (PHP), IOP, ABA, and Psychological Testing services via telehealth (audio + video) visits?

As of March 17, 2020, and until further notice, Anthem has adjusted our policy in the to expand telehealth (audio + video) access. All mental health outpatient, substance abuse outpatient, IOP, PHP, ABA, and Psychological Testing services provided via telehealth (audio + video) is expected to be provided within benefits limits, authorization limits, medical necessity criteria, licensure requirements, and within state and federal regulatory requirements, including *HIPAA* compliance and the regulations regarding how substance use information is handled.

LiveHealth Online is the trade name of Health Management Corporation, an independent company, providing telehealth services on behalf of Anthem Blue Cross.

<https://mediproviders.anthem.com/ca>

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Are there any recommendations around the delivery of PHP level of care using telehealth (audio + video)?

- PHP programs should continue to deliver the same level of service and clinical value using telehealth. Telehealth refers to use of audio + video, not solely telephonic (audio only). Telephonic-only interactions are not appropriate for PHP level of care.
- Expectation of telehealth PHP services being delivered includes but is not limited to:
 - Maintain daily psychiatric management and active treatment comparable to that provided in an inpatient setting
 - Ensure full day telehealth PHP program is delivered in the same way as an in-person face-to-face PHP program, including therapeutically intensive acute treatment within a therapeutic milieu including individual and group therapy
 - Routine discharge processes are followed, including scheduling after care appointments no more than seven days from a member's discharge from PHP and ensuring that members discharged on medication receive at least one psychiatric medication monitoring appointment no more than 14 days after discharge
 - Group therapy takes place at the same levels as delivered in PHP face-to-face program
 - Group therapy size should be the same as when PHP program is delivered in-person face to face
 - Clinical assessment of the member takes place once daily
 - Educational and activity therapies are included as indicated on the treatment plan
 - Treatment planning and progress notes documentation of services delivered
 - Documentation that services were provided via telehealth (audio + video)
 - Protocols in place to address risk behavior and decompensation
 - Process in place to respond to crisis for members
 - Consent and privacy controls are put in place when patients are participating in group telehealth (audio + video) sessions
 - Protocols in place to address risk behavior and decompensation in the patient's home
- Utilization Management Process for PHP:
 - Providers are expected to follow any required prior authorization and concurrent review process for the PHP authorization process.

Are there any recommendations around the delivery of Intensive Outpatient Program (IOP) level of care using telehealth (audio + video)?

- IOP programs should continue to deliver the same level of service and clinical value using telehealth.
- Telehealth refers to use of audio +video, not solely telephonic. Telephonic-only interactions are not appropriate for IOP level of care.
- Expectation of telehealth IOP services being delivered includes but is not limited to:
 - Maintain timely admittance to the program within one business day of evaluation, along with timely completion of initial treatment plan and discharge plan
 - Ensure telehealth psychiatric management is comparable to face- to-face IOP care.
 - Routine discharge processes are followed, including scheduling after care appointments no more than seven days from a member's discharge from IOP and ensuring that members discharged on medication receive at least one psychiatric medication monitoring appointment no more than 14 days after discharge
 - Ensure access to multidisciplinary treatment team (for example, clinical master's degree staff; RN; and psychiatrist)
 - Continue to provide daily management and active treatment
 - Maintain a written schedule of program activities
 - Treatment planning and progress notes documentation of services delivered

- Documentation that services were provided via telehealth (audio + video)
- Protocols in place to address risk behavior and decompensation
- Process in place to respond to crisis for members
- Consent and privacy controls are put in place when patients are participating in group telehealth (audio + video) sessions
- Utilization Management Process for IOP:
 - Providers are expected to follow any required prior authorization and concurrent review process for the IOP authorization process.

Are ABA providers allowed to use the hours approved in a current authorization for telehealth (audio + video) ABA services?

If an ABA provider is not requesting changes to existing authorized codes or units they can continue to use the authorization they have on file. No further action is required by the provider.

If an ABA provider is requesting changes to the authorization we have in place, such as changes to units or codes, they must submit a request for the change by submitting a new treatment request form outlining the changes they are requesting, please include current authorization reference number and date of change being requested.

If an ABA provider is requesting new authorization of code or units, they should follow the process already in place by submitting the request by fax or via Anthem's electronic portal.

Telephonic-only care

What member cost-shares will be waived by Anthem for virtual care through telephonic-only?

Effective March 19, 2020, and until further notice, Anthem will cover telephone-only behavioral health services from in-network providers and out-of-network providers. Anthem will waive associated cost shares for in-network providers only except where a broader waiver is required by law. Associated cost shares will be waived for out of network providers when providing COVID-19 related screening and testing only. Self-insured plan sponsors may opt out of this program.

How is Anthem approaching the provision of mental health outpatient and substance abuse outpatient services via telephonic-only visits?

Until further notice, Anthem is making adjustments in our policy in the provision of these telephonic-only services to address the need for expanded access outside of telehealth (audio + video) to include telephonic-only visits with in-network providers and out-of-network providers where required. All mental health outpatient and substance abuse outpatient services should be provided within benefits limits, authorization limits, medical necessity criteria, and within state and federal regulatory requirements and licensure requirements, including *HIPAA* compliance and the regulations regarding how substance use information is handled.

Coding, billing and claims

How should a provider bill for services delivered via telehealth or telephone during the state of emergency, when the provider would normally deliver the services in-person?

During the COVID-19 State of Emergency, when a provider delivers a service via telehealth that the provider would normally deliver in-person, the provider should document and bill the service(s) as follows:

- Thoroughly document the visit as if the visit had occurred in person.
- Use the CPT code(s) for in-office visit for the particular service(s) rendered. **DO NOT USE telehealth or telephonic CPT codes.**

- Use Place of Service “02” to designate telehealth.
- Use modifier 95 or GT for synchronous rendering of services, or GQ for asynchronous.
 - **Medi-Cal Exception** – use modifier 95 for synchronous rendering of services, or GQ for asynchronous.

Should providers who are establishing temporary locations to provide health care services during the COVID-19 emergency notify Anthem of new temporary addresses?

Providers do not need to notify Anthem of temporary addresses for providing health care services during the COVID-19 emergency. Providers should continue to submit claims specifying the services provided using the provider’s primary service address along with their current tax ID number.

What if I have additional questions pertaining behavioral health telehealth (audio + video) or telephonic-only care visits?

Please contact Anthem Behavioral Health Provider Relations.