## COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH Contract Management and Monitoring Division

Legal Entity Town Hall Questions & Answers 4/3/2020

## **QUALITY ASSURANCE QUESTIONS & ANSWERS:**

Can providers receive guidance from DMH regarding telehealth?

A comprehensive QA Bulletin addressing the topic was issued on March 18<sup>th</sup> - No. 20-01; Providing Specialty Mental Health Services During the COVID-19 Crisis. The Bulletin is posted on the DMH website/for providers/administrative tools/quality assurance/bulletins. The website also includes a special COVID-19 section which has other helpful telehealth information.

• Is it ok to move forward with services (tele) with verbal consent from the client until we are able to receive wet signatures?

Yes, please see Bulletin.

• Telehealth has a 19 minute limit for code H0046 – individual psychotherapy –does this include documentation time?

Telehealth is considered a face-to-face service, and face-to-face time does not include documentation time. The procedure code chosen for telehealth is determined by the amount of face-to-face time. H0046 is used for face-to-face time up to 15 minutes. After that, another appropriate procedure code may be selected (e.g., 90834 for 38 – 52 minutes). The GT modifier should be attached for all telehealth services. Please see the Bulletin and the Guide to Procedure Codes for Specialty Mental Health Services, which is also posted on the QA website under Manuals.

There is currently no telephone modifier for assessments, how do we bill this out for telehealth?
 For code 90791 – Do all assessments have to be face to face if there is no telehealth code for them?

The requirement for a face-to-face contact in order to finalize an assessment has been suspended during the COVID-19 crisis. The SC modifier has been available for some time for 90791/2 assessment services via telephone. Please see Bulletin.

 DHCS allows video conferencing – If we provide video conferencing is that considered face to face and billed as it normally is or is it telehealth?

Video conferencing is considered a telehealth service which is considered a face-to-face service. Please see Bulletin.

 Are the terms "face-to-face" and "in-person" being used interchangeably or are they distinctly different?

Based on recent State DHCS guidance, they may interpret the two terms subtly different. Therefore, for the time being, the two terms should not be used interchangeably. We will notify providers if the DHCS interpretation changes.

 If an assessment is done through multiple telehealth sessions, can it be completed this way also, or does the final session still need to be "in-person"? If so, wouldn't that delay the onset of treatment? The requirement for a face-to-face contact before finalizing an assessment has been suspended during the COVID-19 crisis. However, telehealth is considered a face-to-face service, so this restriction never impacted telehealth services. Please see Bulletin.

Can assessment be conducted via telephone or is telehealth required?

Assessment may be conducted via telephone during the COVID-19 crisis. Please see Bulletin.

• Please clarify when verbal consent instead of a signature is sufficient (as it relates to intake and assessment materials).

Please see Bulletin.

 We are being asked to record where services are provided ("Major" cross streets) for the practitioners cited location; is best judgment sufficient if we don't know exactly what is a major cross street?

Yes. FAQs, of which this question is one, will be posted on the QA website very shortly and updated frequently.

Are we able to bill travel time on a note from the home of the clinician rather than the office?

Travel time between provider sites or from a staff member's residence to a provider site may not be claimed. Travel time between a staff's home and a beneficiary's home may be claimed (Organizational Provider's Manual, page 8; DHCS Info Notice 17-040). The Organizational Provider's Manual can be found on the QA website under Manuals.