

Using Telehealth for Behavioral Health in Pediatric Primary Care: Adapting to COVID-19

Chat Box Questions Answered

1. Is “treating” across state lines permissible during the pandemic?

The emergency order allows for “treating” across state lines. I believe the AAP is also working on allowing interactions like these in the future if there is an established patient-physician relationship. It really makes sense and would allow us to work with our college students.

2. Please provide the national insurance information regarding continuation and/or discontinuation of reimbursement for telehealth.

The AAP is tracking the larger health plan carrier’s expanded telemedicine coverage. The AAP also sent letters to the national carriers advocating for continued expanded coverage (see <https://downloads.aap.org/DOCCSA/Telehealth-Expansion.pdf> and feel free to use this letter with the local NY carriers as well)

Below is current information based on the carrier’s websites (links are embedded below)

Aetna coverage of Commercial telemedicine services, as described in its telemedicine policy, will now extend through December 31, 2020 (Or as specified by state or federal regulation). Please note that for commercial plans, the member cost share waiver ended on June 4th (telemedicine is still covered but now members will have a copay similar to an in-person office visit).

Emblem through its Temporary Telehealth Policy (for its participating providers) “This change in policy is effective until the end of the COVID-19 public health emergency or sooner as permitted by law.”

Empire BCBS from March 19 through September 30, 2020 or any longer period required by state law.

Oxford extended through Sept 30th for telehealth services (non-COVID related) and through the national public health emergency period, October 22, 2020 for COVID related care.

UnitedHealthcare has published a Summary of Dates by Program which states “UnitedHealthcare will extend the expansion of telehealth access for in-and out-of-network

providers through the national public health emergency period, currently scheduled to end Oct. 22, 2020” and for Non-COVID-19 related care, “For in-network providers, UnitedHealthcare will extend the expansion of telehealth access through Sept. 30, 2020. For out-of-network providers, the expansion of telehealth access will apply through July 24, 2020.”

Tricare East (administered by Humana Military) Through duration of the public health emergency period.

3. What are the legal concerns, if any, with respect to the use of different telehealth platforms?

Even though emergency regulations have allowed for the use of non-secure platforms like Skype and Facetime, I would look for a HIPAA compliant platform.

There has been some discussion re: obtaining consent for the use of telemedicine and its limitations. A number of physicians have added disclaimers to their notes addressing this.

Currently it is okay to conduct visits “across state lines” with patients in college etc. This may or may not change after the “emergency” is over. One consideration is whether there is an established patient-physician relationship.

MLMIC has some very good resources at <https://www.mlmic.com/search?q=telemedicine> so I won't duplicate it.

“To mitigate any risk associated with telehealth services, NYS outlines protocol for delivering care.

Here are some basics:

- Consider the location of a patient during the time of virtual visit since this determines where care has been delivered and, consequently, all applicable laws;
- Use HIPAA compliant technology, secure connections, encrypt data and ensure that virtual visits are not audible to outside parties.
- Keep in mind that the same standard of care applies.
- Create, maintain and update medical records similarly to an in-office visit.
- Adhere to the same follow-up care requirements as in-office visits.

- Remember that any issuance of professional advice or treatment, even if gratuitous, is considered part of a physician-patient relationship.”