



Telemental Health Services Reimbursement Policy - Commercial

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the procedure code or codes that correctly describe the health care services provided to individuals whose behavioral health benefits are administered by Optum, including but not limited to UnitedHealthcare members. This reimbursement policy is also applicable to behavioral health benefit plans administered by OptumHealth Behavioral Solutions of California.

Our behavioral health reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other procedure coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement. This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to services billed on the UB-04 claim form and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. Coding methodology, clinical rationale, industry standard reimbursement logic, regulatory issues, business issues and other input in developing reimbursement policy may apply.*

This information is intended to serve only as a general reference resource regarding our reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, Optum may use reasonable discretion in interpreting and applying this policy to behavioral health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for behavioral health care services provided to members. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: member's benefit coverage, provider contracts and/or legislative mandates. It is expected that all participating providers will only bill services included within their existing contract provisions as it relates to procedure coding. Finally, this policy may not be implemented exactly the same way on the different electronic claim processing systems used by Optum due to programming or other constraints; however, Optum strives to minimize these variations.

Optum may modify this reimbursement policy at any time by publishing a new version of the policy on this website. However, the information presented in this policy is accurate and current as of the date of publication.

Optum uses a customized version of the Claim Editing System known as iCES Clearinghouse to process claims in accordance with our reimbursement policies.

**CPT® is a registered trademark of the American Medical Association*

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Applicability

This reimbursement policy applies to all health care services billed on CMS 1500 forms and for services billed on the UB-04 claim form and to its electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. This policy applies to all Commercial products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy Overview

This policy describes reimbursement for Telehealth/Telemedicine behavioral health services. For the purpose of understanding the terms in this policy, Telehealth/Telemedicine occur when the Physician or Other Qualified Health Care Professional and the patient are not at the same site. Telehealth/Telemedicine services only include interactive audio and visual transmissions of an encounter from one site to another using telecommunications technology. The terms Telemental, Telehealth and Telemedicine are used interchangeably in this policy.



Reimbursement Guidelines

Telehealth/Telemedicine Services, Distant- POS 02 and 10

Optum will consider reimbursement for the following telemental health services when they are rendered via audio and video and reported with either place of service POS 02 or 10 for reporting Telehealth outpatient services rendered by a physician or practitioner from a Distant Site and/or one of the telehealth-associated modifiers (GT or 95) to be reported when performing a service via telehealth to indicate the type of technology used and to identify the service as Telehealth in Box 24B on the 1500 claim form.

Optum behavioral health considers an eligible provider to deliver Telehealth services as:

- Be legally authorized and hold a valid license to provide mental health and/or substance abuse services in the State where the member is receiving services; and
- Perform services within the scope of his/her license as defined by State law.

This policy describes reimbursement for Telemental Health Services and other related Telemental Health electronic communication services, which occur when the Physician or Other Qualified Health Care Professional and the patient are not at the same site.

- Services recognized by the Centers for Medicare and Medicaid Services (CMS), and
- Services recognized by the American Medical Association (AMA) included in Appendix P of the CPT code set, and
- Additional services identified by Optum behavioral health that can be effectively performed via Telehealth.

Modifiers 95, GQ, GT are not required to identify Telehealth services but are accepted as informational if reported on claims with eligible Telehealth services and POS 02 or 10.

Definitions

Distant Site	The location of a Physician or Other Qualified Health Care Professional at the time the service being furnished via a telecommunications system occurs.
Originating Site	The location of a patient at the time the service being furnished via a telecommunications system occurs.
Telehealth/Telemedicine	Telehealth services are live, Interactive Audio and Visual Transmissions of a physician-patient encounter from one site to another using telecommunications technologies. They may include transmissions of real-time telecommunications or those transmitted by store-and-forward technology-
POS 02	Telehealth Provided Other than in Patient's Home – The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.
POS 10 – Effective 1/1/2022	Telehealth Provided in Patient's Home – The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.

Questions and Answers



1	<p>Q: Do providers need to be contracted with Optum Behavioral Health to be considered for reimbursement under this policy?</p> <p>A: For benefit plans that include out-of-network coverage, this policy applies to Telehealth claims submitted by both participating and non-participating care providers.</p>
2	<p>Q: What are the documentation requirements for Telehealth visits?</p> <p>A: For documentation requirements please visit the link Behavioral Health Services Documentation</p>
3	<p>Q: How should care providers submit claims for telehealth services that a member received before Jan. 1, 2021, and also for telehealth services that are only eligible through the end of the COVID-19 federal public health emergency (PHE)?</p> <p>A: For Telehealth services rendered in response to the COVID-19 public health emergency, providers should visit COVID-19 information page on Optum Provider Express COVID-19 Provider Information for additional resources.</p>
4	<p>Q: A provider makes daily telephone calls to check on the status of a patient's condition. These services are in lieu of clinic visits. Will Optum reimburse the physician for these telephone services?</p> <p>A: No, Optum will not reimburse for daily check-in calls</p>
5	<p>Q: Does Optum reimburse website charges for provider groups if their website provides patient education material?</p> <p>A: No, Optum will not reimburse for Internet charges since there is no direct, in-person patient contact.</p>
6	<p>Q: What is the difference between Telehealth services and telephone calls?</p> <p>A: Telehealth services are live Interactive Audio and Visual Transmissions of a provider-patient encounter from one site to another using telecommunications technologies. Telephone calls are non-face-to-face discussions, between a physician or other healthcare professional and a patient, that do not require direct, in-person contact.</p>
7	<p>Q: Will Optum consider reimbursement for telephone/audio only services?</p> <p>A: Yes, when mandated by state regulation and/or covered by the member's benefit plan.</p>

Covered Telehealth Services CPT Codes listed below are not intended as an exhaustive list of all relevant codes

CPT Codes	Description
90785	Interactive complexity (list separately in addition to the code for primary procedure)
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy, 30 minutes with patient
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service(list separately in addition to the code for primary procedure)
90834	Psychotherapy, 45 minutes with patient
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure)
90837	Psychotherapy, 60 minutes with patient
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure)
90839	Psychotherapy for crisis; first 60 minutes
90840	Psychotherapy for crisis; each additional 30 minutes (list separately in addition to the code for primary service)



90845	Psychoanalysis
90846	Family psychotherapy (without the patient present), 50 minutes
90847	Family psychotherapy (conjoint psychotherapy) (with the patient present), 50 minutes
90853	Group psychotherapy (other than of a multiple-family group)
99202	Office/outpatient visit new patient
99203	Office/outpatient visit new patient
99204	Office/outpatient visit new patient
99205	Office/outpatient visit new patient
99211	Office/outpatient visit established patient
99212	Office/outpatient visit established patient
99213	Office/outpatient visit established patient
99214	Office/outpatient visit established patient
99215	Office/outpatient visit established patient

Resources

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files

www.cms.gov

History / Updates

January, 2023	Anniversary Review; No updates
September, 2022	Updated Q&A 2 and 3
January, 2022	Reimbursement Guidelines Section updated Added new POS 02 description and new POS 10 related to telehealth services
September, 2021	Added Q&A 7
August, 2021	Updated Reimbursement Guidelines Section and Q&As 3 & 4
May, 2021	Anniversary Review; Updated reimbursement guidelines section Removed deleted code 99201 Updated Q&A 4
January, 2021	Reimbursement Overview & Guidelines Section revised; POS 02 is required for telehealth services Definitions Section revised Q&A Section 2,3 & 4 updated
December, 2020	Updated Online Digital Evaluation and Management Services; removed deleted codes 98969 and 99444
November, 2020	Removed G codes from Covered Telehealth Services CPT codes
June, 2020	New

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