

Telepsychiatry Services

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Product:

2001 Generic UnitedHealthcare COC/SPD

2007 Generic UnitedHealthcare COC/SPD

2009 Generic UnitedHealthcare COC/SPD

2011 Generic UnitedHealthcare COC/SPD

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Related Coverage Determination Guidelines:

All Coverage Determination Guidelines

Related Medical Policies:

Level of Care Guidelines

Optum (UBH) Management of Telepsychiatry Services Care Advocacy Policy and Procedure, 2014

INSTRUCTIONS FOR USE

This Coverage Determination Guideline provides assistance in interpreting behavioral health benefit plans that are managed by Optum. This Coverage Determination Guideline is also applicable to behavioral health benefit plans managed by Pacificare Behavioral Health and U.S. Behavioral Health Plan, California (doing business as Optum California ("Optum-CA")). When deciding coverage, the enrollee specific document must be referenced. The terms of an enrollee's document (e.g., Certificates of Coverage (COCs), Schedules of Benefits (SOBs), or Summary Plan Descriptions (SPDs) may differ greatly from the standard benefit plans upon which this guideline is based. In the event that the requested service or procedure is limited or excluded from the benefit, is defined differently, or there is otherwise a conflict between this document and the COC/SPD, the enrollee's specific benefit document supersedes these guidelines.

All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements that supersede the COC/SPD and the plan benefit coverage prior to use of this guideline. Other coverage determination guidelines and clinical guideline may apply.

Optum reserves the right, in its sole discretion, to modify its coverage determination guidelines and clinical guidelines as necessary.

While this Coverage Determination Guideline does reflect Optum's understanding of current best practices in care, it does not constitute medical advice.

Key Points

- Telepsychiatry services are behavioral health services provided by a qualified behavioral health professional from a distant site equipped with a secure two-way, real time interactive telecommunication system to a member in a qualifying originating site (Optum Management of Telepsychiatry Services Policy and Procedure (Optum P&P), 2013).
- A qualified provider at the distant site must be licensed in the state where the member resides (Code of Federal Regulations, 42 410.78 Telemedicine (42 CFR Telemedicine), 2012), and deliver services in a manner that is consistent with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable privacy and security regulations and standards (Optum, P&P, 2013).
 - Providers must also be credentialed and approved by Optum for the delivery of Telepsychiatry services. This will include provider attestation to the security of the distant and originating sites per the Optum Telepsychiatry Policy and Procedure.
- An interactive telecommunication system must be used and include auditory and visual equipment and transmittal mechanisms to facilitate the secure two-way, real time interaction between the patient and distant site physician or practitioner (42 CFR Telemedicine, 2012).
- Optum may cover the delivery of the following behavioral health services by a qualified behavioral health provider via a secure two-way, real time interactive telecommunication system (Optum P&P, 2013):
 - Assessment and diagnosis;
 - Individual, group or family psychotherapy; and
 - Medication management.
- Assessment and diagnosis, psychotherapy and medication management should be consistent with generally accepted standards of practice for the treatment of the identified behavioral health condition (Certificate of Coverage (COC), 2011).
- Benefits are available for covered services that are not otherwise limited or excluded based on the *Level of Care (LOC) Guidelines*, the *Coverage Determination Guidelines (CDGs)* and/or the *Psychological and Neuropsychological Testing Guidelines* (Optum P&P, 2013).
- Where Optum maintains a network of telepsychiatry providers, behavioral health services delivered via secure two-way, real time interactive telecommunication system may be covered when those services would have been covered if provided in person.
- Delivery of group or family psychotherapy to members at different locations (i.e., multipoint videoconferencing) may be covered when these services are supported by Optum's clinical guidelines, all members are in the state where the provider is licensed, and all locations provide two-way, real time interactive telecommunication systems (Optum P&P, 2013).
- The following are not considered telepsychiatry services because they don't meet the definition of interactive telecommunication system (42 CFR Telemedicine, 2012):
 - Phone-based services including phone counseling, email, texting, voicemail, or facsimile;
 - Remote medical monitoring devices; or
 - Virtual reality devices.
- Internet-based services including internet-based phone calls (e.g., Skype) or chat rooms are not considered telepsychiatry. Optum does not provide coverage of internet-based services because they don't offer adequate privacy and security (Optum P&P, 2013).
- Case consultations and clinical supervision are not within the scope of services that can be

provided via telepsychiatry (Optum P&P, 2013).

- The following are not covered (42 CFR Telemedicine, 2012):
 - Store-and-forward transmissions of case information;
 - Group or family psychotherapy which is co-led by providers at different sites.

BENEFITS

Before using this guideline, please check enrollee's specific plan document and any federal or state mandates, if applicable.

Benefits

Benefits include the following services:

- Diagnostic evaluation and assessment
- Treatment planning
- Referral services
- Medication management
- Individual, family, therapeutic group and provider-based case management services
- Crisis intervention

Covered Services

Covered Health Service(s) – 2001

Those health services provided for the purpose of preventing, diagnosing or treating a sickness, injury, mental illness, substance abuse, or their symptoms.

A Covered Health Service is a health care service or supply described in Section 1: What's Covered--Benefits as a Covered Health Service, which is not excluded under Section 2: What's Not Covered--Exclusions.

Covered Health Service(s) – 2007 and 2009

Those health services, including services, supplies, or Pharmaceutical Products, which we determine to be all of the following:

- Provided for the purpose of preventing, diagnosing or treating a sickness, injury, mental illness, substance abuse, or their symptoms.
- Consistent with nationally recognized scientific evidence as available, and prevailing medical standards and clinical guidelines as described below.
- Not provided for the convenience of the Covered Person, Physician, facility or any other person.
- Described in this Certificate of Coverage under Section 1: Covered Health Services and in the Schedule of Benefits.

- Not otherwise excluded in this Certificate of Coverage under Section 2: Exclusions and Limitations.

In applying the above definition, "scientific evidence" and "prevailing medical standards" shall have the following meanings:

- "Scientific evidence" means the results of controlled clinical trials or other studies published in peer-reviewed, medical literature generally recognized by the relevant medical specialty community.
- "Prevailing medical standards and clinical guidelines" means nationally recognized professional standards of care including, but not limited to, national consensus statements, nationally recognized clinical guidelines, and national specialty society guidelines.

Pre-Service Notification

Admissions to an inpatient, residential treatment center, or a partial hospital/day treatment program require pre-service notification. Notification of a scheduled admission must occur at least five (5) business days before admission. Notification of an unscheduled admission (including Emergency admissions) should occur as soon as is reasonably possible. Benefits may be reduced if Optum is not notified of an admission to these levels of care. Check the member's specific benefit plan document for the applicable penalty and provision for a grace period before applying a penalty for failure to notify Optum as required.

Limitations and Exclusions

The requested service or procedure for the treatment of a mental health condition must be reviewed against the language in the enrollee's benefit document. When the requested service or procedure is limited or excluded from the enrollee's benefit document, or is otherwise defined differently, it is the terms of the enrollee's benefit document that prevails.

Inconsistent or Inappropriate Services or Supplies – 2001, 2007, 2009 & 2011

Services or supplies for the diagnosis or treatment of Mental Illness that, in the reasonable judgment of the Mental Health/Substance Use Disorder Designee, are any of the following:

- Not consistent with generally accepted standards of medical practice for the treatment of such conditions.
- Not consistent with services backed by credible research soundly demonstrating that the services or supplies will have a measurable and beneficial health outcome, and are therefore considered experimental.
- Not consistent with the Mental Health/Substance Use Disorder Designee's level of care guidelines or best practice guidelines as modified from time to time.

- Not clinically appropriate for the member's Mental Illness or condition based on generally accepted standards of medical practice and benchmarks.

Additional Information

The lack of a specific exclusion that excludes coverage for a service does not imply that the service is covered.

The following are examples of services that are inconsistent with the Level of Care Guidelines and Best Practice Guidelines (not an all inclusive list):

- Services that deviate from the indications for coverage summarized earlier in this document.
- Phone-based services including phone counseling, email, texting, voicemail, or facsimile;
- Use of remote medical monitoring devices; or
- Use of virtual reality devices.
- Store-and-forward transmissions of case information;
- Group or family psychotherapy which is co-led by providers at different sites.

Please refer to the enrollee's benefit document for ASO plans with benefit language other than the generic benefit document language.

ADDITIONAL RESOURCES

Clinical Protocols

Optum maintains clinical protocols that include the Level of Care Guidelines and Best Practice Guidelines which describe the scientific evidence, prevailing medical standards and clinical guidelines supporting our determinations regarding treatment. These clinical protocols are available to Covered Persons upon request, and to Physicians and other behavioral health care professionals on ubhonline

Peer Review

Optum will offer a peer review to the provider when services do not appear to conform to this guideline. The purpose of a peer review is to allow the provider the opportunity to share additional or new information about the case to assist the Peer Reviewer in making a determination including, when necessary, to clarify a diagnosis

Second Opinion Evaluations

Optum facilitates obtaining a second opinion evaluation when requested by an enrollee, provider, or when Optum otherwise determines that a second opinion is necessary to make a determination, clarify a diagnosis or improve treatment planning and care for the member.

Referral Assistance

Optum provides assistance with accessing care when the provider and/or enrollee determine that there is not an appropriate match with the enrollee's clinical needs and goals, or if additional providers should be involved in delivering treatment.

DEFINITIONS

Distant Site The site where the practitioner providing the professional service is located at the time the service is provided via a telecommunications system.

Interactive Telecommunications System Multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner.

Originating Site The location of an eligible member at the time the service being furnished via a telecommunications system occurs.

Originating Site Facility Fee The fee paid to the originating site for services provided directly to a patient (non-consultative services).

Store-and-Forward The asynchronous transmission of medical information to be reviewed at a later time by a practitioner at the distant site. Medical information may include, but not be limited to, video clips, still images, x-rays, MRIs, EKGs, laboratory results, audio clips and text.

Telecommunications System The technological equipment and transmittal mechanisms used to facilitate the provision of telepsychiatry services. The system must provide two-way interactive communication, both auditory and visual.

Telepsychiatry The provision of behavioral health services by a behavioral health provider via a secure two-way, real time interactive telecommunication system.

REFERENCES

1. American Psychological Association, Guidelines for the Practice of Telepsychology, 2012.
2. American Telemedicine Association, Evidence-Based Practice for Telemental Health, 2009.
3. CFR 42 410.78, Telemedicine, 2012.
4. Generic UnitedHealthcare Certificate of Coverage, 2001.
5. Generic UnitedHealthcare Certificate of Coverage, 2007.
6. Generic UnitedHealthcare Certificate of Coverage, 2009.
7. Generic UnitedHealthcare Certificate of Coverage, 2011.
8. Level of Care Guidelines.
9. Optum by United Behavioral Health Care Advocacy Policy and Procedure, Management of Telepsychiatry Services, 2014.

CODING

The Current Procedural Terminology (CPT) codes and HCPCS codes listed in this guideline are for reference purposes only. Listing of a service code in this guideline does not imply that the service described by this code is a covered or non-covered health service. Coverage is determined by the benefit document.

Limited to specific CPT and HCPCS codes?	X Yes <input type="checkbox"/> No
Q3014	Site originating fee
*All of the following CPT codes must include GT Modifier for Telepsychiatry Services	
90791	Psychiatric diagnostic evaluation
90791 plus interactive add-on code (90875)	Psychiatric diagnostic evaluation (interactive)
90832	Psychotherapy, 30 minutes with patient and/or family
90832 plus interactive add-on code (90875)	Psychotherapy, 30 minutes with patient and/or family (interactive)
90832 plus pharmacological add-on code (90863)	Psychotherapy, 30 minutes with patient and/or family (pharmacological management)
90834	Psychotherapy, 45 minutes with patient and/or family member
90834 plus interactive add-on code (90875)	Psychotherapy, 45 minutes with patient and/or family member (interactive)
90834 plus pharmacological add-on code (90863)	Psychotherapy, 45 minutes with patient and/or family member (pharmacological management)
90837	Psychotherapy, 60 minutes with patient and/or family member
90837 plus interactive add-on code (90875)	Psychotherapy, 60 minutes with patient and/or family member (interactive)
90837 plus pharmacological add-on code (90863)	Psychotherapy, 60 minutes with patient and/or family member (pharmacological management)
90839	Psychotherapy for crisis, first 60 minutes
90839 plus interactive add-on code (90875)	Psychotherapy for crisis, first 60 minutes (interactive)

90846	Family psychotherapy without the patient present
90847	Family psychotherapy, conjoint psychotherapy with the patient present
90849	Multiple-family group psychotherapy
90853	Group psychotherapy (other than of a multiple-family group)
90853 plus interactive add-on code (90875)	Group psychotherapy (other than of a multiple-family group) (interactive)
G0410	Group psychotherapy other than of a multiple family group, in a partial hospitalization setting, approximately 45 to 50 minutes
G0411	Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes

Limited to specific diagnosis codes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Limited to place of service (POS)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Limited to specific provider type?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Limited to specific revenue codes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

PART VIII: HISTORY

Revision Date	Name	Revision Notes
5/2013	L. Urban	Version 1-Final
10/2014	G. Niewenhous	Version 2-Final