



# TELEMENTAL HEALTH SERVICES

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## INSTRUCTIONS FOR USE

This Coverage Determination Guideline provides assistance in interpreting and administering behavioral health benefit plans that are managed by Optum, and U.S. Behavioral Health Plan, California (doing business as OptumHealth Behavioral Solutions of California ("Optum-CA")). When deciding coverage, the member-specific benefit plan document must be referenced. The terms of the member-specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Coverage Determination Guideline is based. In the event of a conflict, the member's specific benefit plan document supersedes this Coverage Determination Guideline.

All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the COC/SPD prior to using this Coverage Determination Guideline. Other Policies and Coverage Determination Guidelines may apply. Optum reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

Optum may also use tools developed by third parties that are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

## BENEFIT CONSIDERATIONS

**Before using this guideline, please check the member's specific benefit plan requirements and any federal or state mandates, if applicable.**

### 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.

### Additional Information

The lack of a specific exclusion for a service does not necessarily mean that the service is covered. For example, depending on the specific plan requirements, services that are inconsistent with Level of Care Guidelines and/or prevailing medical standards and clinical guidelines may be excluded. Please refer to the member's benefit document for specific plan requirements.

## Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member-specific benefit document to determine benefit coverage.

### COVERAGE RATIONALE

Telemental health 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.

Benefits are available for covered services that are not otherwise limited or excluded.

The requested service or procedure must be reviewed against the language in the member's benefit document. When the requested service or procedure is limited or excluded from the member's benefit document, or is otherwise defined differently, it is the terms of the member's benefit document that prevails.

Per the specific requirements of the plan, health care services or supplies may not be covered when inconsistent with generally accepted standards and clinical guidelines:

[Optum Level of Care Guidelines](#)

[UnitedHealthcare Benefit Plan Definitions](#)

[Evidence-Based Clinical Guidelines](#)

All services must be provided by or under the direction of a properly qualified behavioral health provider.

### APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member-specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other policies and guidelines may apply.

CPT Code	Description
	<b>NOTE – All of the following CPT codes must include GT and/or 95 Modifier for Telemental Health Services</b>
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)
90846	Family psychotherapy (without the patient present), 50 minutes
90847	Family psychotherapy (conjoint psychotherapy) (with the patient present), 50 minutes
90849	Multiple-family group psychotherapy

CPT Code	Description
90853	Group psychotherapy (other than of a multiple-family group)
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)

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HCPCS Code	Description
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)
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
H0004	Behavioral health counseling and therapy, per 15 minutes
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem
H0018	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem
H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)
H0035	Mental health partial hospitalization, treatment, less than 24 hours
H2001	Rehabilitation program, per 1/2 day
H2011	Crisis intervention service, per 15 minutes
H2012	Behavioral health day treatment, per hour
H2013	Psychiatric health facility service, per diem
H2017	Psychosocial rehabilitation services, per 15 minutes
H2018	Psychosocial rehabilitation services, per diem
H2019	Therapeutic behavioral services, per 15 minutes
H2020	Therapeutic behavioral services, per diem
H2033	Multisystemic therapy for juveniles, per 15 minutes
Q3014	Site originating fee
S0201	Partial hospitalization services, less than 24 hours, per diem
S9480	Intensive outpatient psychiatric services, per diem
S9482	Family stabilization services, per 15 minutes
S9484	Crisis intervention mental health services, per hour
S9485	Crisis intervention mental health services, per diem

## LEVEL OF CARE GUIDELINES

**Optum / OptumHealth Behavioral Solutions of California Level of Care Guidelines are available at:**

<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>

*The Level of Care Guidelines are a set of objective and evidence-based behavioral health guidelines used to standardize coverage determinations, promote evidence-based practices, and support members' recovery, resiliency, and wellbeing.*

**For plans using 2001 and 2004 generic UnitedHealthcare COC/SPD, unless otherwise specified**

*Covered Health Service(s)*

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*.

**For plans using 2007 and 2009 generic UnitedHealthcare COC/SPD, unless otherwise specified**

*Covered Health Service(s)*

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 the *Certificate of Coverage* under *Section 1: Covered Health Services* and in the *Schedule of Benefits*.
- Not otherwise excluded in the *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.

**For plans using 2011 and more recent generic UnitedHealthcare COC/SPD, unless otherwise specified**

*Covered Health Care Service(s)* - health care services, including supplies or Pharmaceutical Products, which we determine to be all of the following:

- Medically Necessary.
- Described as a Covered Health Care Service in the *Certificate* under *Section 1: Covered Health Care Services* and in the *Schedule of Benefits*.
- Not excluded in the *Certificate* under *Section 2: Exclusions and Limitations*.
- *Medically Necessary* - health care services provided for the purpose of preventing, evaluating, diagnosing or treating a Sickness, Injury, Mental Illness, substance-related and addictive disorders, condition, disease or its symptoms, that are all of the following as determined by us or our designee.
- In accordance with Generally Accepted Standards of Medical Practice.
- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for your Sickness, Injury, Mental Illness, substance-related and addictive disorders, disease or its symptoms.
- Not mainly for your convenience or that of your doctor or other health care provider.
- Not more costly than an alternative drug, service(s) or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your Sickness, Injury, disease or symptoms.

Generally Accepted Standards of Medical Practice are standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, relying primarily on controlled clinical trials, or, if not available, observational studies from more than one institution that suggest a causal relationship between the service or treatment and health outcomes.

If no credible scientific evidence is available, then standards that are based on Doctor specialty society recommendations or professional standards of care may be considered. We have the right to consult expert opinion in determining whether health care services are Medically Necessary. The decision to apply Doctor specialty society recommendations, the choice of expert and the determination of when to use any such expert opinion, shall be determined by us.

We develop and maintain clinical policies that describe the Generally Accepted Standards of Medical Practice scientific evidence, prevailing medical standards and clinical guidelines supporting our determinations regarding specific services.

## EVIDENCE-BASED CLINICAL GUIDELINES

### Telemental Health Protocol

Asynchronous store and forward technologies (i.e., the transmission of a member's clinical record, lab results or other clinical information from an originating site to the physician or practitioner at the distant site) is not considered part of the standard of care for telemental health.

The following are not considered telemental health because they don't utilize a secure two-way, real time interactive telecommunication system:

- Phone-based services including phone counseling, email, texting, voicemail, or facsimile except where allowed by State regulation;
- Remote medical monitoring devices;
- Virtual reality devices;
- Internet-based services including internet-based phone calls.

A qualified provider at the distant site is to be licensed in the state where the member resides.

Delivery of group and family psychotherapy to members at different locations (i.e., multipoint videoconferencing) may be covered when all members are in the state where the provider is licensed, and all locations provide secure two-way, real-time interactive telecommunication systems.

- Group or family psychotherapy which is co-led by providers at different sites is not part of the standard of care.

Services are delivered in a manner consistent with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable privacy and security regulations and standards.

The frequency and duration of outpatient visits allows for safe, efficient, and effective achievement of treatment goals, and supports the member's recovery and resiliency. Initially, the frequency of visits varies from weekly in routine cases to several times a week. As the member's functional status improves, the frequency of visits decreases to meet the member's current needs and treatment goals. Factors that may impact frequency and duration include:

- The goals of treatment;
- The member's preferences;
- Evidence from clinical best practices which supports frequency and duration;
- The need to monitor and manage imminent risk of harm to self, others, and/or property.

The provider informs the member of the process to be followed in the event of an after-hours emergency such as the availability of on-call services. The process is not solely reliant on the Emergency Room.

## DEFINITIONS

**Distant Site** The private and secure 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 audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner.

- When allowed by State regulation, telephone-only services may be considered a form of interactive telecommunication system.

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

**Originating Site Facility Fee** The fee paid to the originating site for services provided directly to a member (only applicable when the facility is contracted with the network).

**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 telemental health services. The system must provide two-way interactive communication, both auditory and visual.

- When allowed by State regulation, telephone-only services may be considered a form of interactive telecommunication system.

## REFERENCES\*

Code of Federal Regulations. (2015). 42 CFR 410.78, Telehealth Services. Retrieved from: [www.ecfr.gov](http://www.ecfr.gov)

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Hilty D, Yellowlees PM, Parrish MB, & Chan S. Telepsychiatry: Effective, evidence-based, and at a tipping point in health care delivery? *Psychiatr Clin North Am* 2015; 38(3):559-592.

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Myers K, Cain S, & the Work Group on Quality Issues (WGQI). Practice parameter for telepsychiatry with children and adolescents. *J Am Acad Child Adolesc Psychiatry* 2008; 47(12):1468-1483

Pande R, Morris M, Peters A, Spettell C, Feifer R, Gillis W. Leveraging remote behavioral health interventions to improve medical outcomes and reduce costs. *Am J Mgd Care* 2015; 21(2):e141-e151.

\*Additional reference materials can be found in the reference section(s) of the applicable Level of Care Guidelines

## 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 [www.providerexpress.com](http://www.providerexpress.com).

### 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 a member, 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 member determine that there is not an appropriate match with the member's clinical needs and goals, or if additional providers should be involved in delivering treatment.

## HISTORY/REVISION INFORMATION

Date	Action/Description
03/14/2017	<ul style="list-style-type: none"><li>Version 1 (Approved by UMC)</li></ul>
02/09/18	<ul style="list-style-type: none"><li>Version 2 (Approved by UMC)</li></ul>