



United Behavioral Health

Coverage Determination Guideline: Telemental Health Services

Document Number: BH803TMH0319

Effective Date: March 18, 2019

Table of Contents

[Introduction](#)

[Instructions for Use](#)

[Benefit Considerations](#)

[Coverage Rationale](#)

[Applicable Codes](#)

[References](#)

[Revision History](#)

INTRODUCTION

Coverage Determination Guidelines are a set of objective and evidence-based behavioral health criteria used by Commercial plans that don't have a provision for medical necessity to standardize coverage determinations, promote evidence-based practices, and support members' recovery, resiliency, and wellbeing for behavioral health benefit plans that are managed by Optum®¹.

INSTRUCTIONS FOR USE

This guideline provides assistance in interpreting UnitedHealthcare Commercial benefit plans, and is used to make coverage determinations as well as to inform discussions about evidence-based practices and discharge planning for behavioral health benefit plans managed by Optum. When deciding coverage, the member's specific benefits must be referenced.

All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the member's benefits prior to using this guideline. 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 guideline and the member's specific benefit, the member's specific benefit supersedes this guideline. Other clinical criteria may apply. Optum reserves the right, in its sole discretion, to modify its clinical criteria as necessary using the process described in *Clinical Criteria*.

This 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.

Optum may develop clinical criteria or adopt externally-developed clinical criteria that supersede this guideline when required to do so by contract or regulation.

BENEFIT CONSIDERATIONS

Before using this policy, please check the member-specific benefit plan document and any federal or state mandates, if applicable.

¹ Optum is a brand used by United Behavioral Health and its affiliates.

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, at a minimum, 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, if included in the customer's benefit plan.

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 provider 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. The system must provide a private and secure 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, if included in the customer's benefit plan.

Telemental Health: The provision of behavioral health services by a behavioral health provider via a secure two-way, real time interaction system. Optum's telemental health program is also referred to as **virtual visits**.

Turnkey Vendor Programs: Vendor programs are considered turnkey and viable to use for distance site services if:

- Vendor is able to offer providers who can render prescriptive services (when required), meeting Optum credentialing standards (including state and federal DEA)
- Vendor is able to accept the standard state fee schedule or an exception schedule approved by the SVP, Network Services

Virtual Visits: Optum's telemental health program

COVERAGE RATIONALE

Indications for Coverage

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.

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;
- Remote medical monitoring devices;
- Virtual reality devices;

- Technologies that do not comply with HIPAA and other applicable privacy and security requirements (e.g. Skype);
- Case consultations between providers and clinical supervision;
- Store-and-forward transmissions of case information;
- Group or family psychotherapy co-led by providers at different sites.

A qualified provider at the distant site is to be licensed in the state where the member resides and meet Optum's credentialing criteria.

Delivery of group and family psychotherapy to members at different locations (i.e., multipoint videoconferencing) may be covered when these services are supported by Optum's clinical guidelines, the provider is licensed where the member is located at the time of service, and all locations provide private and secure two-way, real-time interactive telecommunication systems.

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 (Pande, 2015; Journal of the American Academy of Child & Adolescent Psychiatry 2017; Joint Task Force for the Development of Telepsychiatry Guidelines for Psychologists 2013).

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.

Evaluation of telemental health services has been found to be effective in increasing access to care, acceptance, and positive educational outcomes. Studies also show that it is valid and empirically reliable compared with in-person mental health services, although more analysis is needed (Hilty 2015).

Additional Resources:

The American Telemedicine Association maintains a grid of policy considerations for each state in their State Telemedicine Policy Matrix which is located on their website:

<http://www.americantelemed.org/policy/state-telemedicine-policy>

The U.S. Department of Health and Human Services Health Resources and Services Administration website includes resources specific to Medicare and telepsychiatry:

The Medicare Telehealth Payment Eligibility Analyzer allows the user to enter an address for the originating site to determine if that site is eligible for Medicare reimbursement for telehealth:

<http://datawarehouse.hrsa.gov/telehealthAdvisor/telehealthEligibility.aspx>

The Rural Health Grants Eligibility Analyzer allows the user to enter a county to determine if that county is eligible for telehealth services under Medicare:

<http://datawarehouse.hrsa.gov/RuralAdvisor/RuralHealthAdvisor.aspx>

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 policy 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 clinical criteria may apply.

CPT Codes	Description
	NOTE: Append modifier 95, as applicable, to procedures involving electronic communications using interactive telecommunications equipment that includes, at a minimum, audio and video.
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
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)

HCPCS Codes	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

CPT® is a registered trademark of the American Medical Association

REFERENCES

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

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.

Joint Task Force for the Development of Telepsychiatry Guidelines for Psychologists. Guidelines for the Practice of Telepsychology. *American Psychologist* 2013; 68(9):791-800.

Journal of the American Academy of Child & Adolescent Psychiatry. Clinical Update: Telepsychiatry with Children and Adolescents 2017; 56(10): 875-893.

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

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

REVISION HISTORY

Date	Action/Description
03/14/2017	• Version 1
02/09/18	• Version 2
03/18/2019	• Version 3