



## Telemental Health Services Reimbursement Policy - Commercial

<b>Policy Number</b>	2020RP503A	<b>Annual Approval Date</b>	6/25/2020	<b>Approved By</b>	Optum Behavioral Reimbursement Committee
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### **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, 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. 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 Optum's telemental health services, which are behavioral services where the physician or other qualified health care professional and the patient are not at the same site. Examples of such services are those that are delivered over the phone, via the Internet or using other telecommunications technologies.



## Reimbursement Guidelines

Optum requires Place of Service (POS) code 02 for reporting Telehealth outpatient services rendered by a physician or practitioner from a Distant Site 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.

## Modifiers

The Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes that describe a Telehealth service (a provider-patient encounter from one site to another) are generally the same codes that describe an encounter when the provider and patient are at the same site.

Telehealth Modifiers	Descriptions
GT	face-to-face encounter utilizing interactive audio-visual communication technology
95	telehealth system that provides two-way, real time audiovisual conferencing between a patient and the provider, in which the provider at a distant site provides healthcare services including an examination for a patient at a different location

## Telephone Services

Optum follows CMS guidelines and does not reimburse for telephone/audio only charges submitted with CPT codes 98966-98968 or 99441-99443 because they do not involve direct, face to face patient contact and are considered an integral part of other services provided.

## On-Line Medical Evaluation

An on-line medical evaluation is an internet response to a patient's on-line question. Optum follows CMS guidelines and does not reimburse for Online Medical Evaluation CPT codes 98969 and 99444 (Online Medical Evaluation), because these services do not involve a face to face encounter.

## Interprofessional Telephone/Internet Consultations

Optum follows CMS guidelines and does not reimburse for interprofessional telephone/internet assessment and management services reported with CPT codes 99446-99449 because they are communications between healthcare providers and do not involve direct, face to face patient contact.

## Definitions

<b>Asynchronous Telecommunication</b>	Medical information is stored and forwarded to be reviewed at a later time by a physician or health care practitioner at a distant site. The medical information is reviewed without the patient being present. Also referred to as store-and-forward telehealth or non-interactive telecommunication.
<b>Originating Site</b>	The location of a patient at the time the service being furnished via a telecommunications system occurs.
<b>Telehealth/Telemedicine</b>	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.
<b>Distant Site</b>	The location of a Physician or Other Qualified Health Care Professional at the time the service being furnished via a telecommunications system occurs.

### Questions and Answers

<b>1</b>	<p><b>Q:</b> How does Optum reimburse for phone calls to patients that are not associated with any other service? For example, a provider receives a call from a patient at 2 A.M. The provider is able to handle the situation over the phone without requiring Additional services. On what basis will the visit be denied?</p> <p><b>A:</b> Optum will not reimburse for this service since it did not require direct, in-person patient contact. This service is considered included in the overall management of the patient.</p>
<b>2</b>	<p><b>Q:</b> 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><b>A:</b> Yes, Optum will reimburse telephone services.</p>
<b>3</b>	<p><b>Q:</b> Does Optum reimburse website charges for provider groups if their website provides patient education material?</p> <p><b>A:</b> No, Optum will not reimburse for Internet charges since there is no direct, in-person patient contact.</p>
<b>4</b>	<p><b>Q:</b> What is the difference between Telehealth services and telephone calls?</p> <p><b>A:</b> 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>

### Covered Telehealth Services CPT 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)
99201	Office/outpatient visit new patient
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
G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month
G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month
G2088	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; ; each additional 30 minutes beyond the first 120 minutes

**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](http://www.cms.gov)

**History / Updates**

June, 2020	New
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