



Virtual Visits – Optum Community and State

Policy Number	2018RP503A	Annual Approval Date	08/15/2018	Approved By	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.

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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 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 virtual visit 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 will reimburse for Telemental Health services with the use of the telemental health POS code 02, which certifies that the service meets the telemental health requirements.



Codes and Modifiers

Optum will consider for reimbursement Telemental services which are recognized by The Centers for Medicare and Medicaid Services (CMS) and appended with modifiers GT or GQ, as well as services recognized by the AMA included in Appendix P of CPT and appended with modifier 95.

In addition, Optum recognizes certain additional services which can be effectively performed via Interactive Audio and Video Telecommunications systems; these codes will be considered for reimbursement when reported with modifier GT:

- Alcohol and/or substance abuse screening and brief intervention services (codes 99408-99409)
- Remote real-time interactive video-conferenced critical care evaluation and management of the critically ill or critically injured patient, use 99499

Optum may require one of the following modifiers to be reported when performing a service via Telehealth to indicate the type of technology used and to identify the service as Telehealth. Optum will consider reimbursement for a procedure code/modifier combination using these modifiers only when the modifier has been used appropriately.

Modifier	Description
GT	Via Interactive Audio and Video Telecommunications systems.
GQ	Via Asynchronous Telecommunications systems.
95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications system (reported only with codes from Appendix P)

Optum recognizes the CMS-designated Originating Sites which are considered eligible for furnishing Telehealth services to a patient located in such sites via an Interactive Audio and Visual Telecommunications system.

Examples of Originating Sites are listed below:

- The office of a physician or practitioner;
- A Hospital (inpatient or outpatient);
- A Critical access hospital (CAH);
- A Rural health clinic (RHC);
- A Federally qualified health center (FQHC);
- A Hospital-based or critical access hospital-based renal dialysis center (including satellites); NOTE: Independent renal dialysis facilities are not eligible Originating Sites
- A Skilled nursing facility (SNF); and
- A Community mental health center (CMHC)

Telehealth Transmission

Optum follows CMS guidelines which do not allow reimbursement for Telehealth transmission, per minute, professional services bill separately reported with HCPCS code T1014. They are non-reimbursable codes according to the CMS Physician Fee Schedule (PFS) and are considered included in Telehealth services.

Telephone Services

Optum follows CMS guidelines and does not reimburse for telephone 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 effective for services rendered on or after January 1, 2019, which considers interprofessional telephone/Internet assessment and management services reported with CPT codes 99446-99449 and 99451-99452 eligible for reimbursement according to the CMS Physician Fee Schedule (PFS).

State Exceptions

Arizona	CPT codes 99441, 99442, 99443, 98966, 98967 and 98968 billed with modifier GT is reimbursable for Behavioral Health Providers
California	Please see Attachment section for California's state specific list of Telemedicine codes that are reimbursable when billed with modifier GT
Florida	According to State Regulations, CPT codes H0001, H0031, H0046, H0047, H2000, H2010 and H2019 when billed with GT modifier are reimbursable for FL MMA.
Hawaii	Hawaii Medicaid has a state specific list of codes allowed in POS 02 when billed with modifier 95. See the Attachment section for Hawaii's state list.
Iowa	CPT code Q3014 billed with the GT modifier is reimbursable
Kansas	Kanas Medicaid has a state specified list of codes allowed in a telehealth place of service (02). The list of allowable codes can be found within the attachment section of this policy
Maryland	CPT code Q3014 billed with the GT modifier is reimbursable
Michigan	CPT codes 91792, 98032, 91952, and Q3014 billed with GT modifier is reimbursable
Mississippi	CPT code S9470 billed with the GT modifier is reimbursable for MSCAN
Missouri	CPT code H0050 billed with GT modifier is reimbursable
Ohio	<p>According to State Regulations, the following are reimbursable:</p> <ul style="list-style-type: none"> • CPT codes H0031, 90863, and S9484 billed with modifier GT for Ohio MME • CPT codes 99201-99215, 99241-99245, 99251-99255, 92002, 92004, 92012, 92014 billed with GQ modifier for Ohio Medicaid and Ohio MME • CPT codes 90804-90858, 90863, 96118, H0001, H0004, H0005, H0006, and H0036 billed with GT modifier for Ohio Medicaid and Ohio MME • CPT codes 90792, 90833, 90836 and 90838 are reimbursable for OH MMP <p>OH Medicaid has a state specific list of codes. See the Attachment section for Ohio's state list.</p>



Pennsylvania	Due to State requirements: HCPCS code Q3014 billed with modifier GT is reimbursable for PA Medicaid
Texas	According to State Regulations, TX does not allow modifier GT for Telemedicine Services. All Telemedicine Services must be billed with modifier 95. Please see Attachment section for the Texas state specific list of Telemedicine codes. State specialty limitations apply.
Washington	Washington has a state specific list of Telemedicine codes and modifiers. The list of codes can be found within the attachment section of this policy
Wisconsin	Wisconsin Medicaid has a state specified list of codes allowed in a telehealth place of service (02) and GT Modifier.
Virginia	Virginia Medicaid (including CCC Plus) has a State specific telemedicine code list which allows a GT modifier. See the Attachment section for Virginia's state list.

Definitions






Asynchronous Telecommunication	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.
Interactive Audio and Video Telecommunication, Interactive Audio and Visual Transmissions, Audio-Visual Communication Technology	Medical information is communicated in real-time with the use of Interactive Audio and Video Communications equipment. The real-time communication is between the patient and a distant physician or health care specialist who is performing the service reported. The patient must be present and participating throughout the communication.
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.
Virtual Visits	Optum's telemental health program.







Questions and Answers




1	<p>Q: 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>A: 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>
2	<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: Yes, Optum will reimburse telephone services.</p>
3	<p>Q: Does Optum reimburse website charges for provider groups if their website provides patient education material?</p>

	A: No, Optum will not reimburse for Internet charges since there is no direct, in-person patient contact.
4	Q: What is the difference between Telehealth services and telephone calls? 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 medical discussions, between a physician or other healthcare professional and a patient, that do not require direct, in-person contact.

Attachments: Please right-click on the icon to open the file

 MR Supplemental Waiver.pdf List of Optum plans with supplemental benefit waiver	A list of plans granted supplemental benefit waiver by CMS.
 CS Codes with Modifier GT.pdf UnitedHealthcare Community Plan Codes Recognized with Modifier GT	A list of codes that UnitedHealthcare Community Plan codes recognized when reported with modifier GT
 CS Codes with Modifier 95.pdf Community Plan Codes Recognized with Modifier 95	A list of codes that Community Plan codes recognized when reported with modifier 95
 California Codes with Modifier GT.pdf California State Specific Codes Recognized with Modifier GT	California state specific list of codes recognized when reported with modifier GT
 Hawaii Codes allowed in POS 02.pdf UnitedHealthcare Community Plan HAWAII State Telemedicine Code List	Hawaii state specific list of Telemedicine codes and modifiers allowed in POS 02

 <p>Kansas codes allowed in POS 02.pdf</p> <p>Kansas State Specific Telemedicine code and modifier combination list</p>	<p>Kansas state's specific list of Telemedicine codes allowed in POS 02</p>
 <p>Louisiana codes allowed in POS 02.pdf</p> <p>UnitedHealthcare Community Plan LOUISIANA State Telemedicine Code List</p>	<p>Louisiana state specific list of codes recognized when reported with modifier GT</p>
 <p>New Mexico codes allowed in POS 02.pdf</p> <p>UnitedHealthcare Community Plan NEW MEXICO State Telemedicine Code List</p>	<p>New Mexico state specific list of Telemedicine codes and recognized modifiers</p>
 <p>Missouri codes allowed in POS 02.pdf</p> <p>UnitedHealthcare Community Plan MISSOURI State Telemedicine Code List</p>	<p>Missouri state specific list of Telemedicine codes</p>
 <p>Ohio codes allowed in POS 02.pdf</p> <p>UnitedHealthcare Community Plan OHIO State Telemedicine Code List</p>	<p>Ohio state specific list of Telemedicine codes and recognized modifiers</p>
 <p>Washington codes allowed in POS 02.pdf</p> <p>UnitedHealthcare Community Plan Washington State Telemedicine Code List</p>	<p>Washington state specific list of Telemedicine codes</p>

 <p>Wisconsin codes allowed in POS 02.pdf</p> <p>Wisconsin State Specific Telemedicine code and modifier combination list</p>	<p>Wisconsin state's specific list of Telemedicine codes allowed in POS 02</p>
 <p>Texas codes allowed in POS 02.pdf</p> <p>Texas State Specific Codes Recognized with Modifier 95</p>	<p>Texas state's specific list of Telemedicine codes recognized with modifier 95.</p>
 <p>Virginia codes allowed in POS 02.pdf</p> <p>UnitedHealthcare Community Plan VIRGINIA State Telemedicine Code List</p>	<p>Virginia state specific list of codes recognized when reported with modifier GT</p>

Covered Telehealth Services CPT Codes

CPT Codes	Description
90785	Psytx complex interactive
90791	Psych diagnostic evaluation
90792	Psych diag eval w/med srvc
90832	Psytx pt&/family 30 minutes
90833	Psytx pt&/fam w/e&m 30 min
90834	Psytx pt&/family 45 minutes
90836	Psytx pt&/fam w/e&m 45 min
90837	Psytx pt&/family 60 minutes
90838	Psytx pt&/fam w/e&m 60 min
90839	Psytx crisis initial 60 min
90840	Psytx crisis ea addl 30 min
90845	Psychoanalysis
90846	Family psytx w/o patient
90847	Family psytx w/patient
99201	Office/outpatient visit new
99202	Office/outpatient visit new
99203	Office/outpatient visit new
99204	Office/outpatient visit new
99205	Office/outpatient visit new
99211	Office/outpatient visit est
99212	Office/outpatient visit est
99213	Office/outpatient visit est
99214	Office/outpatient visit est
99215	Office/outpatient visit est



Resources

Individual state Medicaid regulations, manuals & fee schedules

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.

History / Updates

August, 2019	Annual Anniversary Date
August, 2018	New

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