Virtual Visits – Optum Medicare and Retirement

Policy Number	2018RP504A	Annual Approval Date	08/15/2018	Approved By	Optum Behavioral Reimbursement Committee

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*

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

The Centers for Medicare and Medicaid Services (CMS) have authorized specific Originating Sites as "eligible" for furnishing a Telemental health service to Medicare Fee-For-Service members. The physician or qualified healthcare professional is certifying that they are rendering services to a patient located in an eligible Originating Site via an Interactive Audio and Visual Telecommunications system.

In accordance with CMS the eligible Originating Sites are listed below:

- The office of a Physician or practitioner;
- A Hospitals (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);
- A Skilled nursing facility (SNF); and
- A Community Mental Health Center (CMHC)

NOTE: Independent renal dialysis facilities are not eligible originating sites.

CMS has also authorized which practitioners may be reimbursed for Telemental health services. In accordance with CMS these practitioners are listed below:

- Physician
- Nurse practitioner (NPs)
- Physician assistant (PAs)
- Nurse-midwife
- Clinical nurse specialist (CNS)
- Registered dietitian or nutrition professional
- Clinical psychologist (CPs)
- Clinical social worker (CSWs)
- Certified Registered Nurse Anesthetists

NOTE: CPs and CSWs cannot bill for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services under Medicare. They cannot bill or get paid for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838.

Effective January 1, 2017, CMS created a new Place of Service (POS) code 02: Telemental health for use by the physician or practitioner furnishing Telehealth services from a distant site with a descriptor of "The location where health services and health related services are provided or received, through telecommunication technology."

This Telemental health POS code does not apply to originating site facilities billing a facility fee.

Several conditions must be met for Medicare to make payments for Telemental health services under the Medicare Physician Fee Schedule (MPFS). The service must be on the list of Medicare Telehealth services and meet all of the following additional requirements:

- The service must be furnished via an interactive telecommunications system;
- The service must be furnished by a physician or authorized practitioner;
- The service must be furnished to an eligible Telehealth individual; and
- The individual receiving the service must be located in a Telehealth originating site.

NOTE: The above Guidelines do not apply to M&R plans that have been granted a supplementary benefit waiver for

telehealth services, or for any Medicare member of a plan exempt from these CMS requirements (i.e. Group Retiree plans). See the attachments for plans granted a supplementary benefit waiver.
Optum will reimburse for Telemental health services with the use of the telemental health POS code 02, which certifies that the service meets the telehealth requirements.

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.

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 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

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	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.
Supplemental Benefit Waiver	Virtual mental health visits delivered outside of medical facilities by virtual providers that use online technology and live audio/video capabilities.

Questions and Answers

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

Covered Telehealth Services CPT Codes	
CPT Codes	**Description**
90785	Psytx complex interactive
90791	Psych diagnostic evaluation
90792	Psych diag eval w/med srvcs
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
90853	Group psychotherapy
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
www.cms.gov American Medical Association, *Current Procedural Terminology (*CPT®) and associated publications and services Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files

History / Updates	
August, 2019	Annual Anniversary Date
January, 2019	Removal of the GT modifier as an acceptable billing practice
August, 2018	New