



Telemental Health Frequently Asked Questions

Q1. Does Optum allow billing for Telemental Health services?

A1. Yes, Optum has allowed the virtual modality of care since about 2013 and we will continue to allow routine outpatient services, IOP and PHP virtually. Certain ABA services (**Supervision of Behavior Technicians, and Family Training and Guidance**) will also continue to be allowed virtually.

Q2. Will Optum continue to allow me to provide therapy and medication management virtually even after the Public Health Emergency ends?

A2. Yes, Optum will continue to allow the virtual modality of care for most routine outpatient services, just as we did prior to the COVID-19 emergency. Virtual care is included in our members' behavioral health and/or EAP benefit and will not be going away.

Q3. What is the "Telehealth Flexibility Period" and what are the "end dates" all about?

A3. Starting in March 2020 and during the entire COVID-19 public health emergency period, Optum allowed, as an exception additional telehealth services to what we already covered, so that our members had access to the care they needed, particularly given that many were unable to visit their provider's office in person.

These exceptions were allowed despite the lack of evidence demonstrating effectiveness in order to address the unprecedented challenges posed by the COVID-19 public health emergency. Some of these additional, or exception, services will not be allowed virtually after our Telehealth Flexibility Period ends because telehealth is not demonstrated to be an effective treatment modality for those services.

For additional information on Optum Telehealth Flexibilities, please see the COVID-19 pages on Provider Express, [here](#).



Q4. Will I be allowed to bill for telehealth services after the Telehealth Flexibility Period ends?

A4. Yes. The following services can be provided virtually after the Telehealth Flexibilities Period ends:

- Outpatient Therapy
- Medication Management/Outpatient Evaluation and Management (E&M) codes
- Evaluations (90791, 90792)
- Inpatient E&M codes
- Applied Behavior Analysis (ABA):
 - ✓ Supervision of Behavior Technicians
 - ✓ Family Training and Guidance
- Intensive Outpatient (IOP): Authorization required, and per Optum Clinical Guidelines and Criteria for IOP
- Partial Hospitalization (PHP): Authorization required, and per Optum Clinical Guidelines and Criteria for PHP
 - Optum will continue to authorize coverage for Virtual Partial Hospitalization, which does not currently have broad evidence-based support demonstrating efficacy, in order to ensure access to care and allow providers more time to develop metrics to demonstrate efficacy of Virtual Partial Hospitalization.

Q5. When will the telehealth exceptions end?

A5. On August 1, 2022, telehealth exceptions will end for **Virtual Psychological Testing and Applied Behavior Analysis (ABA)** services, except for **Supervision of Behavior Technicians, and Family Training and Guidance**. (NOTE: Medicare Advantage follows the Public Health Emergency end date, currently set for July 15, 2022 which will require an additional 151 day flexibilities period.

Additionally, Optum will adhere to all state and/or customer requirements on continued coverage of these 'exception' services.

Q6. What is the rationale for discontinuing certain telehealth services?

A6. Optum is committed to members receiving the highest quality of care. There is a lack of evidence showing that certain services, such as psychological testing and Applied Behavior Analysis, can be effectively delivered in virtual settings.



Q7. Is reimbursement for telehealth services different from in-person services?

A7. No, at this point Optum reimburses the same rate for the same service, whether provided in-person or virtually.

Q8. Do I need to complete an attestation in order to provide virtual services?

A8. No, you may provide virtual services whether or not an attestation has been completed by you or your group. Please note, however, that you must complete an attestation if you would like to be listed in our provider directories as offering virtual visits. You can attest online by logging into the [My Practice Info](#) section of Provider Express and choosing “virtual visits” from the menu.

Q9. Which telehealth technology platforms can I use to provide virtual services? Do I need to use Optum virtual visits platform?

A9. You are not required to use Optum virtual visits platform to provide telehealth services and may use any HIPAA-compliant telehealth platform to provide virtual services. Please note that apps such as Facetime®, Whatsapp®, Twitch®, etc. are not HIPAA-compliant for providing telehealth services.

Q10. How do I bill for telehealth services?

A10. To bill for telehealth services, use the contracted code that best describes the service you performed, and include an appropriate telehealth modifier or telehealth place of service code. Optum currently accepts modifiers GT, 95, FQ, 93 and place of service codes 02 and 10. For more information, please see the Telehealth Billing Guide, [here](#).

Q11. Will Optum continue to evaluate its approach to telemental health?

A11. Yes. Optum will continue to evaluate the effectiveness of Telemental Health across all levels of care.



Telehealth Billing Guide for Providers

Please submit all claims as per Optum Claims Submission Guidelines. For telehealth claims, use the contracted CPT/HCPCS/Revenue code for the service performed, and include the appropriate modifier and/or Place of Service code to indicate the service was performed virtually. Optum follows CMS and state Medicaid telehealth billing guidelines for Medicare and Medicaid members respectively.

Please be sure to use the modifier or Place of Service code that most accurately describes the telehealth service you provided.

Optum accepts the following modifiers and Place of Service codes for telehealth billing:

Modifier or Place of Service Code	Definition
GT	Via interactive audio and video communications
95	Synchronous telemedicine service rendered via a real-time, interactive audio and video communications system
GQ	Via an asynchronous (i.e., not live) telecommunications system
02	Telehealth Provided Other than in Patient's Home Required by CMS for Medicare members
10 *New in 2022	Telehealth Provided in Patient's Home Effective 1/1/22; required by CMS for Medicare members effective 4/1/22
93 *New in 2022	Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system Effective 1/1/22
FQ *New in 2022	Counseling and therapy services using real-time audio-only communication technology Effective 1/1/22