



Provider verification of members' Telemental Health coverage

The coverage of the delivery of Telemental Health is different for every health plan. It is the responsibility of the provider to complete verification of what Telemental Health services are covered under the benefit plan of the member and if there is a requirement on where the member is located at time of service (originating site).

Below is the recommended check list to use as a guide when verifying what services are covered under the benefit plan of the member:

- Collect their Health plan ID and customer service phone number
- Collect their date of birth
- Call their health plan and verify what services can be delivered by Telemental Health

Things to consider:

1. Who is payer for the member (Commercial, Medicare, Medicaid)
2. Do the services you plan to provide fall under the Telemental Health covered services under the members' health plan
3. Is the member in an appropriate originating site for Telemental Health

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