



Telemental Health Services Reimbursement Policy - Medicaid

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 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 Medicaid 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 telehealth/telemedicine and virtual health services. For the purpose of understanding the terms in this policy, telehealth/telemedicine and virtual health occur when the physician or other qualified health care professional and the patient are not at the same site. Telehealth/telemedicine services only includes live, interactive audio and visual transmissions of an encounter from one site to another using telecommunications technology. The terms Telemental, Telehealth and Telemedicine are used interchangeably in this policy.



Reimbursement Guidelines

Optum recognizes but does not require Place of Service (POS) code 02 or 10 for reporting telehealth services rendered by a physician or practitioner from a Distant Site. Modifiers GQ, GT, G0 (numeric 0, not alpha O) or 95 are required instead to identify Telehealth services.

Optum behavioral health considers an eligible provider to deliver Telehealth services as:

- Be legally authorized and hold a valid license to provide mental health and/or substance abuse services in the State where the member is receiving services; and
- Perform services within the scope of his/her license as defined by State law.

Optum recognizes federal and state mandates regarding Telemental Health Services

In addition, Optum recognizes certain additional services which can be effectively performed via telehealth/telemedicine. These codes will be considered for reimbursement when reported with modifier GQ or GT:

- Alcohol and/or substance abuse screening and brief intervention services
- Remote real-time interactive video-conferenced critical care evaluation and management (E/M) of the critically ill or critically injured patient

Optum may consider 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 modifiers GT, GQ, G0, or 95.

Optum recognizes the CMS-designated Originating Sites which are considered eligible for furnishing Telehealth services to a patient located in an Originating Site.

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)
- A Community mental health center (CMHC)
- Patient home – drug treatment and mental health services

Telephone Services

Optum follows CMS guidelines and does not reimburse for telephone charges because they do not involve direct, face to face patient contact and are considered an integral part of other services provided.

Opioid Use Disorder Treatment



Optum follows CMS guidelines effective for services rendered on or after January 1, 2020, and considers office-based treatment for opioid use disorders, G2086-G2088, 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 telehealth codes that are reimbursable when billed with modifier GQ and/or 95 Per state regulations, CPT 99451 is reimbursable when billed with modifier GQ
Florida	Per state requirements, Modifier GT must be appended to all telehealth codes. Claim lines with Modifier 95 or GQ will deny Per state requirements, CPT codes H0001, H0031, H0046, H0047, H1000, H1001, H2000, H2010, H2019 and T1015 when billed with Modifier GT are reimbursable for FLMMA
Hawaii	During the COVID-19 PHE, use the POS that the service would have been rendered with the applicable modifier 95, GQ, GT, when appropriate. Effective date is 3/1/2020 through the end of the COVID-19 PHE. See the Attachment section for Hawaii's state list.
Indiana	Indiana Medicaid has a state specified list of codes allowed in a Telehealth place of service (02) and 95 Modifier. The state of Indiana defines the following: <ul style="list-style-type: none"> • A GT Modifier is required on all Telehealth services with exception of the codes set identified by the state that require the Telehealth place of service (02) and 95 Modifier. • The state considers "Telehealth" as a scheduled remote monitoring of clinical data through technologic equipment in the member's home. • Any IHCP-covered service – aside from the exclusions listed by the state and speech, occupational, and physical therapies – can be provided through audio-only, given that the service can reasonably be provided through audio only communication. Exclusions include surgical procedures, radiological services, laboratory services, anesthesia services, audiological services, chiropractor services, care coordination without the member present and durable medical equipment (DME)/home medical equipment (HME) providers. IN Medicaid does not recognize POS 10 .
Kansas	Kansas Medicaid has a state specific list of codes allowed in a Telehealth place of service (02) and (10). Per state



	<p>requirements HCPCS code H0032 billed without modifier HA; H0031 & H2011 billed without modifier HO will deny. Modifier GT is considered informational only and not required.</p>
Maryland	<p>Per State Regulations, the delivery of Telehealth/virtual health eligible services must be reported with Modifier GT. Providers are required to bill the same place of service code that would be appropriate for a non-Telehealth claim, based on the location of the provider rendering services. Telehealth/virtual health eligible services are reimbursable when delivered in a home setting (POS 12). SBHC (School Based Health Centers) are required to use POS 03 (School) with Modifier GT when reporting the delivery of Telehealth/virtual health eligible services. Maryland Medicaid does not recognize POS 02 (Telehealth) nor Telehealth/virtual health. Modifiers 95 or GQ and will deny if billed. CPT code 99600 with modifier GT is only payable in POS 12.</p>
Michigan	<p>Michigan Medicaid has a state specified list of codes allowed in a Telehealth place of service (02), Place of service (10), and GT Modifier. Per Michigan Medicaid State Regulations, neither the Originating Site or the Distant Site is permitted to bill BOTH the Telehealth facility fee (Q3014) and the code for the professional service for the same beneficiary at the same time.</p>
Minnesota	<p>Minnesota Medicaid has a state specified list of codes allowed in a Telehealth place of service (02) and GQ Modifier is required when billing services via asynchronous telecommunication.</p>
Mississippi	<ul style="list-style-type: none"> • CPT code S9470 billed with the GT modifier is reimbursable for MSCAN • CPT code S9110 billed with the U9 modifier is reimbursable for MSCAN
Missouri	<ul style="list-style-type: none"> • Missouri Medicaid has a state specific list of codes allowed in place of service 02. Modifiers 95, G0, GQ, and GT are not allowed for billing purposes, except in POS 02 (Telehealth) and 03 (school). See the Attachment section for Missouri's state list. • MO Medicaid does not recognize POS 10
Nebraska	<p>Per Nebraska Medicaid State regulations, telehealth policy will not apply as it has no restriction for telehealth services.</p>
North Carolina	<p>According to State Regulations, North Carolina requires modifier GT for certain virtual health services. Please see Attachment section for the North Carolina state specific list of Telehealth codes that will allow a GT modifier. The following codes are not covered for Telehealth: G2010, 99451-99452, G2068-G2088, and 99091. NC Medicaid will allow codes 99441-99443, 99474, G0071, and T1015 without a GT modifier. Q3014 submitted with a GT modifier is allowed.</p>



	<p>State specialty limitations to include provider types listed within this policy as well as the following:</p> <ul style="list-style-type: none"> • Licensed Professional Counselor • Licensed Mental Health Counselor and other Master's Level licensed types • Licensed Clinical Alcohol and Drug Counselor • Certified Applied Behavioral Analysis practitioner • Licensed Marriage and Family Therapist <p>Telehealth, virtual communication, and remote patient monitoring claims should be filed with the provider's usual place of service code(s) and not place of service 02 (Telehealth); if billed, will deny.</p> <ul style="list-style-type: none"> • Exception: Hybrid telehealth with supporting home visits should be filed with place of service 12 (home).
<p>Ohio</p>	<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 99202-99215, 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 • CPT codes G2012, 99441, 99442, and 99443 are reimbursable for pharmacists to bill as telehealth for OHIO Medicaid and OHIO MMEP • OH Medicaid has a state specific list of codes. See the Attachment section for Ohio's state list.
<p>Pennsylvania</p>	<p>Per Pennsylvania Medicaid State regulations, Telehealth/virtual health policy will not apply as it has no restriction for Telehealth/virtual health services.</p>
<p>Texas</p>	<ul style="list-style-type: none"> • According to State Regulations, TX MMP allows codes T1015, G2011, G8431, G8510, G9002, H0001, H0004, H0005, H0034, H0038, H0049, H2011, H2017, and T1017. • TX Medicaid does not allow modifier GT for Telehealth/virtual health services. All Telehealth/virtual health services must be billed with modifier 95. Please see Attachment section for the Texas state specific list of Telehealth/virtual health codes. State specialty limitations apply.



Virginia	Virginia Medicaid (including CCC Plus) has a State specific telehealth code list which allows a GT modifier. See the Attachment section for Virginia's state list.
Washington	Per Washington Medicaid State regulations, telehealth policy will not apply as it has no restriction for telehealth services.
Washington DC	Per District regulations, all Telehealth/Virtual health services must be billed with a GT modifier.
Wisconsin	Wisconsin Medicaid has a state specified list of codes allowed in a Telehealth place of service (02, 10) and GT, FQ, and 93 Modifier

Definitions









Distant Site	The location of a Physician or Other Qualified Health Care Professional at the time the service being furnished via a telecommunications system occurs.
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.





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> <p>Note: For Telehealth services rendered in response to the COVID-19 public health emergency, providers should visit COVID-19 information page on Optum Provider Express COVID-19 Provider Information for additional resources.</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: No, Optum will not reimburse telephone services as they are considered included in the overall management of the patient.</p>
3	<p>Q: Does Optum reimburse website charges for provider groups if their website provides patient education material?</p> <p>A: No, Optum will not reimburse for Internet charges since there is no direct, in-person patient contact.</p>
4	<p>Q: What is the difference between Telehealth services and telephone calls?</p> <p>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.</p>
5	<p>Q: What are the documentation requirements for Telehealth visits?</p>

A: For documentation requirements for Telehealth visits, providers should visit the Optum Provider Express page at the link [Behavioral Health Services Documentation](#)

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

 Codes Recognized with Modifier GT, GQ or GO	A list of codes recognized when reported with modifier GQ, GT or GO
 Codes Recognized with Modifier 95	A list of codes recognized when reported with modifier 95
 California State Specific Code List	California state specific list of codes recognized when reported with modifier GQ and 95
 Hawaii State Telehealth Code List	Hawaii state specific list of codes and modifiers
 Kansas State Specific Telehealth code and modifier combination list	Kansas state's specific list of telehealth codes allowed in POS 02
 Louisiana State Telehealth Code List	Louisiana state specific list of codes recognized when reported with modifier 95
 Missouri State Telehealth Code List	Missouri state specific list of telehealth codes allowed in POS 02
 North Carolina State Telehealth Code List	North Carolina state specific list of codes allowed with modifier GT

 Ohio State Telehealth Code List	Ohio state specific list of telehealth codes and recognized modifiers
 Texas State Specific Codes Recognized with Modifier 95	Texas state's specific list of telehealth codes recognized with modifier 95.
 Virginia State Telehealth Code List	Virginia state specific list of codes recognized when reported with modifier GT
 Wisconsin State Specific Telehealth code List	Wisconsin state's specific list of codes allowed in POS 02

Covered Telehealth Services CPT Codes listed below are not intended as exhaustive of all relevant codes

CPT Codes	Description
90785	Interactive complexity (list separately in addition to the code for primary psychiatric 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)
99202	Office/outpatient visit new
99203	Office/outpatient visit new
99204	Office/outpatient visit new
99205	Office/outpatient visit new
99211	Office/outpatient visit establish
99212	Office/outpatient visit establish



99213	Office/outpatient visit establish
99214	Office/outpatient visit establish
99215	Office/outpatient visit establish
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

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

September, 2022	Attachment Section Updates: Texas list, Kansas list, Wisconsin to remove POS restrictions State Exceptions Section Updates: North Carolina regarding POS 02 and POS 12, Updated Kansas with POS 10 Updated Q&A 5 added link to Behavioral Health Documentation Reimbursement Policy for reference
June, 2022	Definitions section update State Exceptions Section: Indiana, Missouri Texas and Wisconsin updated Attachments section: Updated Virginia State Telehealth Codes list, Codes Recognized with Modifier GT, GQ, or G0 list updated,
March, 2022	State Exceptions Updates: Maryland, Michigan, Pennsylvania, Texas. Washington DC added Reimbursement Guidelines Section Update: added reference to POS 10
January, 2022	2022 Annual Review; Overview section updated Removed list of Medicare plans that have Telehealth services as part of their Basic Benefit Plan Modifier 95 code list update
September, 2021	96158 added to Codes Recognized with Modifier GT, GQ, or G0 Louisiana State Exceptions section removed Attachments Section: List updated, and the list definition updated to change modifier GT to 95
August, 2021	State Exceptions section: Ohio updated Attachment Section: North Carolina Code List updated
May, 2021	Anniversary Review Attachment Section: Hawaii, Ohio, Codes Recognized with modifiers GT or GQ List and Codes Recognized with Modifier 95 Lists updated State Exceptions Section: NC updated to remove expired/invalid codes and Indiana verbiage added Hawaii Exception section and Attachment Section updated
March, 2021	State Exceptions: North Carolina added Attachment Section: Hawaii list updated North Carolina list added Updated Louisiana code list
January, 2021	Updated Overview and Reimbursement Guidelines Section



	Updated attachment Section: 2021 Telehealth Services Basic Benefit Plan, California, Hawaii, Kansas, Louisiana, Missouri, Ohio, Texas, Virginia, and Wisconsin updated, Codes Recognized with modifiers GT, GQ, or G0 and Codes Recognized with Modifier 95 updated to remove 99201 Updated State Exception section updated: Michigan
December, 2020	State Exception section: Florida Attachment Section: Texas list updated Updated On-Line Medical Evaluation code section-removed deleted codes 98969-99444
October, 2020	State Exception Updates: Kansas, Maryland, Remove Iowa
April, 2020	Annual Anniversary Date Reimbursement Section: State Exception language and code list updates: Supplemental Benefit Waiver list, GT and GQ Mod list, Mod 95 list, CA list, HA list, KS list, MO list, OH list, Washington list, WI list, New Mexico no longer Added Opioid language and cpt codes
November, 2019	Title change from Virtual Visits – Optum Community and State to Telemental Health Services Reimbursement Policy - Medicaid State Exception section updated: Florida State Exception section updated: California State Exception section updated: Maryland Attachment section updated: Virginia Attachment Section updated: California Attachment Section updated: Virginia Attachment section updated: Hawaii and Kansas Attachment Section: Codes Recognized with modifiers GT or GQ List and Codes Recognized with
August, 2019	Annual Anniversary Date
August, 2018	New

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