

## Claims filing requirement for Telemental Health

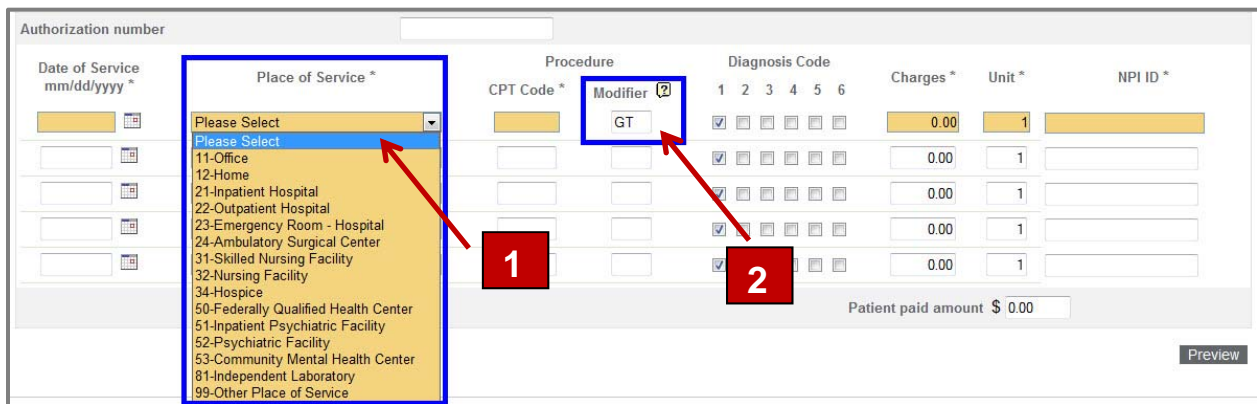
As a Telemental Health provider you are required to attest to the following:

*“Provider and staff are trained in and will comply with proper claim submission procedures, including utilization of GT modifier for Telemental Health”*

The two key sections in the claim form - specific for the delivery of Telemental Health are the following:

- 1) Accurately report the place of service (24.b). This is where the member is physically located at time of service
- 2) Include “GT” modifier (24.d). This indicates the service was delivered virtually.

*Below is a screen shot of the section of the Provider Express online version of the claim form. It indicates where to enter these two key elements in order to complete the Telemental Health claim accurately.*



Date of Service mm/dd/yyyy *	Place of Service *	Procedure CPT Code *	Modifier	Diagnosis Code 1 2 3 4 5 6	Charges *	Unit *	NPI ID *
	Please Select 11-Office 12-Home 21-Inpatient Hospital 22-Outpatient Hospital 23-Emergency Room - Hospital 24-Ambulatory Surgical Center 31-Skilled Nursing Facility 32-Nursing Facility 34-Hospice 50-Federally Qualified Health Center 51-Inpatient Psychiatric Facility 52-Psychiatric Facility 53-Community Mental Health Center 81-Independent Laboratory 99-Other Place of Service		GT	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0.00	1	
				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0.00	1	
				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0.00	1	
				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0.00	1	

Patient paid amount \$ 0.00

Preview

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