

FAQ for Optum providers: COVID-19 and temporary virtual visit flexibilities

Effective as of August 2021

Note: State and Federal mandates, as well as Health Plan requirements and self-insured customer benefit plan designs may supersede the information provided below. Links to Health Plan COVID-19 sites can be found on providerexpress.com.

Q1 Do I need to be an Optum virtual visits provider to offer virtual care to my patients?

A1 During the nationwide public health emergency with COVID-19, you may provide virtual care to members without signing up to be a virtual visit provider.

If you would like to continue to provide virtual care once the emergency has passed, we encourage you to [register to use our virtual visit technology platform](#). This platform is available for Optum virtual visit providers to use with no licensing cost or monthly fee. Once your registration and signed attestation is approved, members will be able to find you on the Optum virtual visits provider directory, view your virtual visits schedule and book appointments.

Q2 Once I sign up and submit an attestation, how soon can I use the Optum virtual visit platform?

A2 Optum is working as quickly as possible to process new virtual visit attestations in the order they are received. Once completed, you will have access to the platform and your information will be displayed in our virtual visit provider directory.

In the meantime, during the nationwide public health emergency, you may provide virtual care to a member using a HIPAA-approved platform or in accordance with the Office for Civil Rights (OCR) Notice issued in light of the COVID-19 public health emergency.

Q3 What telehealth platforms can I use?

A3 During the COVID-19 nationwide public health emergency, providers should provide telehealth services in accordance with the [OCR Notice](#). The [OCR Notice](#) contains information regarding applications that may be used to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency.

For current effective dates of expanded telehealth flexibilities for UnitedHealthcare Commercial, Medicare Advantage and Medicaid membership, please see providerexpress.com.

In addition, providers should continue to:

- Be consistent with directives from the CDC and SAMSHA; health services that are not urgent should be postponed where possible. Providers should weigh potential benefits from rendering needed care against the potential weakened validity and reliability of assessment results if choosing to conduct testing via telehealth or virtual visit care.
- Ensure the integrity of the psychometric properties of the tests or assessment procedures used.
 - Modifying the test environment as necessary to prevent access to cell phones, the Internet, or coaching from other persons during administration
 - Minimizing any potential distractions which could affect performance
- Ensure that additional consideration is given to issues that arise with testing diverse populations that could further lower reliability and validity of scores due to changes in administration procedures and the test environment.
- Ensure the quality of the technologies being used and the hardware requirements needed are considered prior to starting testing.
 - Consideration should be given to the availability of back-up technologies should technical problems be encountered during administration.
- Use HIPAA-approved telehealth technologies as well as temporarily allowed applications that allow for video chats to provide telehealth in accordance with the [OCR Notice](#).
- Notify patients that telehealth applications potentially introduce privacy risks. Providers should enable all available encryption and privacy modes when using such applications. Ensure that documentation of the following issues is made in the member record:
 - Potential difference in obtained scores due to telehealth administration
 - Any accommodations or modifications that were made to standard administration procedures
 - Potential limitations of all assessment results or conclusions when test norms used for interpretation are not based on a telehealth administration

Q4 Is there guidance for providers on how to use the Optum virtual visit platform?

A4 Yes, there is a [virtual visits Provider Training Portal Guide](#).

Q5 Is the reimbursement any different for telehealth sessions?

A5 Through applicable effective dates, Optum will reimburse claims for telehealth outpatient covered services according to the following:

Commercial: For all Optum commercial plans, any telehealth services provided via a real-time audio and video communication system or telephone can be billed for members at home or another location.

Billing guidelines: Optum will reimburse telehealth services which use standard CPT codes for outpatient treatment and a GT, GQ or 95 modifier for either a video-enabled virtual visit or a telephonic session, to indicate the visit was conducted remotely. Non-contracted providers should use the Place of Service code they would have used had the service been furnished in person (for example, Place of Service code 11). Contracted providers can bill with either the POS they would have used had the service been furnished in person or they can bill using POS 02; and they should bill using the appropriate CPT code as indicated on their fee schedule. In accordance with CMS guidance, providers should not bill using CPT code(s) for “telephonic therapy”.

Medicaid: For all UnitedHealthcare (UHC) Medicaid plans, any originating site requirements that may apply under United Behavioral Health reimbursement policies are waived so that telehealth services provided via a real-time audio and video communication system or telephone can be billed for members at home or another location.

Billing guidelines: UHC Community Plan will reimburse telehealth services which use standard procedure codes for outpatient treatment, such as CPT/HCPCS codes and Place of Service 02, or state Medicaid telehealth billing requirements if different than using 02, for either a video-enabled virtual visit or a telephonic session, to indicate the visit was conducted remotely. Contracted providers should bill using the appropriate CPT code as indicated on their fee schedule.

Medicare Advantage: For all UHC Medicare Advantage and Medicare Part B plans, including dual eligible special needs plans, any originating site requirements that may apply under Original Medicare are waived so that telehealth services provided via a real-time audio and video communication system or telephone can be billed for members at home or another location.

Billing guidelines: UHC will reimburse telehealth services which use standard CPT codes for outpatient treatment. Applicable claims should be billed with Place of Service 02 and/or a GQ or 95 modifier, for either a video-enabled virtual visit or a telephonic session, to indicate the visit was conducted remotely. Contracted providers should bill using the appropriate CPT code as indicated on their fee schedule.

Please refer to the [COVID-19 Reimbursement Guidelines](#) on Provider Express for more details, including current effective dates of expanded telehealth flexibilities for UnitedHealthcare Commercial, Medicare Advantage and Medicaid membership.

Q6 What date did COVID-19 telehealth benefits begin?

A6 March 19, 2020.

Q7 If the member I am seeing travels to another state (e.g., a college student that moves back home due to school closures), can I continue providing care via telehealth even if I am not licensed in the state he/she is in?

A7 You are typically required to be licensed in the state in which the member is receiving services. However, there may be a state mandate that allows providers that aren't licensed in that state to provide care.

Please [contact network management](#) for more information.

Q8 Do I need to follow any registration or attestation processes to provide telephonic services?

A8 During the COVID-19 national emergency, you do not need to register or attest to provide telephonic services through our virtual visits process or otherwise.

Q9 What are the billing and reimbursement guidelines for telephonic services?

A9 For billing and reimbursement guidelines for appropriate telephonic service claims, please refer to the [COVID-19 Reimbursement Guidelines](#) on Provider Express.

Q10 How are we ensuring that there are no administrative denials during the period of State and/or national emergency?

A10 Optum will put notices on [Provider Express](#) and on the Provider Service Line to advise providers they are not required to submit requests to rework these claims. Optum will run claim impact reports to capture any inappropriate denials based on Emergency Bulletins and reprocess those claims.

Q11 Should providers expect delays in business operations due to COVID-19?

A11 Optum is not currently experiencing any delays to general business operations such as pre-authorizations, provider service lines or claims and reimbursement and is running at normal capacity and turnaround times. We are continually monitoring this situation and if we experience any disruptions to our normal processes we will communicate updates on [Provider Express](#).

Q12 How does this temporary policy apply to IOP and PHP programs?

A12 Temporarily, and consistent with an applicable [Notice of Enforcement Discretion](#) from the Office for Civil Rights (OCR) at the Department of Health and Human Services, you

may use audio or video communications technology to deliver telephonic or telehealth care to Optum members in Intensive Outpatient Program (IOP) and Partial Hospitalization Program (PHP) settings consistent with LOCUS and ASAM 2.1/2.5 clinical need criteria. Please note that there are other potentially applicable federal and state privacy laws that could affect this temporary accommodation (for example, [SAMHSA's guidance notice](#)).

IOP/PHP providers should provide telehealth services in accordance with the [OCR Notice](#). The OCR Notice contains information regarding applications that may be used to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency.

Please refer to the [IOP/PHP Policy](#) on Provider Express for more details, including current effective dates of expanded telehealth flexibilities for UnitedHealthcare Commercial, Medicare Advantage and Medicaid membership.

Q13 Can all ABA services/codes now be provided by telehealth?

A13 Optum will reimburse claims for covered Outpatient and Autism/Applied Behavior Analysis services provided via telehealth.

Please refer to the [ABA Telehealth Policy](#) on Provider Express for more details, including current effective dates of expanded telehealth flexibilities for UnitedHealthcare Commercial, Medicare Advantage and Medicaid membership.

Q14 Has Optum waived copay/deductible/coinsurance for all telehealth services?

A14 Optum waived cost-sharing for covered behavioral health visits provided via telehealth to members covered under UnitedHealthcare as shown below:

- Medicare Advantage - UnitedHealthcare extended the cost-share waiver for in-network and out-of-network outpatient behavioral telehealth services through September 30, 2020.
- For in-network providers, UnitedHealthcare extended the cost-share waiver for telehealth services through Sept. 30, 2020. For out-of-network providers, the cost-share waiver for telehealth services does not apply.

*Please refer to **Optum Waived Cost-Sharing for UnitedHealthcare Members for in-network non-COVID telehealth** on the [COVID-19 General Guidance Updates](#) page on Provider Express for state exceptions to these effective dates.*

Please confirm the member's benefits at the time of service due to the rapidly changing situation.

Q15 How do these temporary flexibilities apply to out-of-network providers?

A15 Optum reimburses out-of-network providers at the out-of-network rate set forth in the benefit plan. OON providers should refer to and follow the [COVID-19 Reimbursement Guidelines](#) available on Provider Express.

The waiving of copays and deductibles does NOT apply to OON services.

Q16 Are OON therapists/psychiatrists able to use the Optum virtual visits platform?

A16 Only providers in the Optum network can register to use the Optum virtual visits platform. However, OON providers may offer virtual services to Optum members using HIPAA-approved technology or in accordance with OCR guidance during the COVID-19 national emergency and may deliver telephonic sessions during the timeframes indicated on the [COVID-19 Reimbursement Guidelines](#) page on Provider Express. Billing instructions are also included on this page.

Q17 What is Optum doing to support providers who have partnered with Optum on Value-Based Payment contracts?

A17 Optum will continue to work with our Value-Based Program Consultants to provide you the latest information on additional resources and capabilities for combating this pandemic.

Optum will continue to provide patient-centric, operational reporting to identify those patients who are at higher risk for being impacted by the COVID-19 pandemic; those patients who have recently admitted or discharged from a facility and/or those patients who are at risk for missing a medication refill.

Genoa Telepsychiatry is providing, free of charge, our technology platform to enable all providers to deliver all care remotely. This technology can be used by physicians, nurses, clinicians and case managers to provide services and support to patients virtually in their home if need be. For additional information, please contact clinics@genotelepsychiatry.com.

Q18 Will Optum provisionally credential providers?

A18 A provider needs to request network participation through Provider Express. Optum is fully credentialing providers but will provisionally credential licensed independent practitioners in accordance with guidelines from the National Committee for Quality Assurance (NCQA). The provider would need to complete the full credentialing process within 180 calendar days from the date provisional credentialing is granted.

Q19 Will Optum credential residents during the national health emergency?

A19 If a provider is licensed but has not yet completed their residency, they may be

provisionally credentialed. Completion of residency within the 180-day period would then be required for the provider to be fully credentialed.

Q20 Will Optum allow provisionally licensed providers to be credentialed?

A20 No. Optum does not credential provisionally licensed providers. A provisionally licensed provider is not an independent practitioner.

Q21 Does Optum have any information on the CARES Act stimulus payments?

A21 On March 27, 2020, the President signed the bipartisan CARES Act that provides \$100 billion in relief funds to hospitals and other healthcare providers on the front lines of the coronavirus response. This funding will be used to support healthcare-related expenses or lost revenue attributable to COVID-19 and to ensure uninsured Americans can get testing and treatment for COVID-19.

Because payment amounts and eligibility are determined in accordance with the CARES Act, please visit: <https://www.hhs.gov/provider-relief/index.html> for additional information or any questions you may have.

Optum is continually monitoring this situation and will update these FAQs accordingly.