

Telemental Health Services

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Policy

This policy applies to MVP's Medicaid, Health and Recovery Plans (HARP), Essential Health Plans, Commercial, Child Health Plus, and Medicare Advantage Products.

MVP provides reimbursement for certain Telemental Health Services furnished by a Telemental Health Provider (as defined herein) to an eligible Member via the use of two-way real-time, interactive audio and video equipment. Telemental Health Services may only be utilized in Personalized Recovery Oriented Services (PROS) programs, or Assertive Community Treatment (ATC) programs. All other Covered Services via the use of two-way real-time interactive audio and video equipment are subject to MVP's **Telehealth Payment Policy**.

Reimbursement for Telemental Health Services is subject to the delivery of such services in accordance with all applicable state and federal law, regulation, and agency guidance, which may include, but is not limited to New York Public Health Law §§ 2999-cc; 2999-dd; New York Social Services Law § 367-u; New York Insurance Law §§ 3217-h, 4306-6; 14 N.Y.C.R.R. §§ 596; and 42 C.F.R. § 135.

Reimbursement for Telemental Health Services provided by a licensed provider of services pursuant to Article 31 of the Mental Hygiene Law must follow all applicable regulatory and agency guidance including the submission of an Attestation of Compliance attesting to Office of Mental Health authorization to use Telemental Health Services as a means of rendering services licensed or authorized by the Office of Mental Health

MVP will not reimburse any individual or entity for services that are provided (i) via audio-only, fax-only, or email-only transmissions; or (ii) for a consultation between two professionals or clinical staff.

Definitions

Different health care services may fall under different governing laws, even within the State of New York. If the definition of any specific term defined herein differs from the definition of the same term in any applicable state or federal statute, regulation or agency guidance (a "Legal Definition"), the Legal Definition shall control.

Distant Site

The distant location at which a Telemental Health Provider is located while delivering health care services by means of Telemental Health.

Originating Site

A site at which a Member is physically located at the time mental health care services are delivered to the Member by means of Telemental Health Services located within the state of New York or other temporary location located within or outside the state of New York.¹

¹ Authorized Originating Sites for Medicare Advantage may differ. See Medicare Variation for Authorized Originating Site and Distant Site TeleHealth Providers:

Telemental Health

Use of the use of two-way real-time, interactive audio and video electronic information and telecommunications by Telemental Health Providers to deliver mental health services, which shall include the assessment, diagnosis, consultation, treatment, education, care management, and/or self-management of a Member.

Telemental Health Services

Mental health care services delivered via Telemental Health when on-site services are not available or would be delayed due to distance, location, time of day or availability of resources.

Telemental Health Provider or Qualified Mental Health Professional

Includes providers rendering services in Article 31 sites² who are qualified by licensing, permitting, credentials and training, and experience to provide direct services related to the treatment of mental illness and, so long as such individuals are duly licensed in accordance with New York State Education Law, and shall include physicians and nurse practitioners in psychiatry as defined by as defined by 14 NYCRR §596.4 as well as: (i) creative arts therapist; (ii) licensed practical nurse; (iii) licensed psychiatrist; (iv) licensed psychoanalyst (v) licensed psychologist (vi) marriage and family therapist (vii) mental health counselor (viii) nurse practitioner (ix) physician assistant; (x) registered professional nurse, (xi) social worker. (Please note that a Telehealth Provider as defined by MVP's Telehealth Payment Policy who provides TeleHealth Services in compliance with all applicable state and federal laws and in accordance with MVP Protocols is not automatically qualified as a Telemental Health Provider unless otherwise determined by the New York State Department of Health, the New York State Office of Mental Health (OMH), the Office of Addiction Services and Supports (OASAS), or the Office for People With Developmental Disabilities.

Billing/Coding Reimbursement Guidelines

Generally

Telemental Health Providers must submit claims for Telemental Health Services using the appropriate CPT or HCPCS code for the applicable service.

Telemental Health Services must be billed with Place of Service (POS) 02, identifying the location where health services and health-related services are provided or received.

If all or part of a Telemental Health Service is undeliverable due to a failure of transmission or other technical difficulty, MVP will not provide reimbursement for the Telemental Health Service.

BILLING FOR PROFESSIONAL SERVICES PROVIDED VIA TELEMENTAL HEALTH SERVICES

Telemental Health Providers are authorized to submit a Medicaid claim for Telemental Health Services through the Originating Site if the following requirements are met:

1. The Member is at the Originating Site and the practitioner is at the Distant Site;
2. The Member must be located at an OMH-designated or OASAS Certified program or location;

² Under section 31.02 of the Mental Hygiene Law and various sections of 14 NYCRR, a provider of services must be issued an operating certificate in order to operate the following mental health programs:

- Comprehensive psychiatric emergency program (CPEP)
- Outpatient (non-residential) program, including clinic, continuing day treatment, day treatment, partial hospitalization, intensive psychiatric rehabilitation treatment, and personalized recovery-oriented services (PROS)
- Assertive community treatment (ACT) program
- Psychiatric inpatient unit in a general hospital
- Hospital for mentally ill persons (freestanding psychiatric hospital other than a state-operated psychiatric center)
- Residential treatment facility for children and youth
- Residential (housing) facility such as a community residence or apartment program.

3. Documentation of the request, the rationale for the request, the encounter or consultation, the results and the communication of the results must be made in the Member's clinical or case record; and
4. The Provider must be licensed in New York State, practicing within their scope at a Distant Site that is affiliated with the Originating Site facility.

NOTE: For Medicaid Members, the Distant site must also be a Participating Provider in MVP's Network.

Telemental Health Providers should submit claims using the appropriate CPT or HCPCS code for the professional service and append Telemedicine Modifier 95, via interactive audio and video telecommunications systems (for example: 99201 95).

Modifier GT, Telehealth Services rendered via interactive audio and video telecommunications system must be used when Modifier 95 does not apply. All other modifiers must be attached as appropriate, please see MVP's Modifier Payment Policy.

For Medicaid Products, licensed physicians may bill for Telemental Services provided in an Article 28 Facility setting; however, the APG payment for all other Telemental Providers providing Telemental Health Services in an Article 28 Facility setting are included in MVP's APG payment to the Article 28 Facility.

Medicaid Variation for Personalized Recovery Oriented Services (PROS) programs. Psychiatrists and nurse practitioners in psychiatry may only bill for Telemental Health Services delivered in a PROS program and the Member must be physically located onsite of the PROS program where the Member is enrolled.

Medicaid Variation for Assertive Community Treatment (ACT) teams. Psychiatrists and nurse practitioners in psychiatry may only bill for Telemental Health Services may only be delivered within an ACT Team. When an ACT visit is conducted in the community, ACT staff must be present during the delivery of Telemental Health Services.

For Commercial and Medicare Advantage Products, MVP follows CMS guidelines and will only reimburse for CPT and HCPCS codes [outlined by CMS](#).

BILLING FOR THE ORIGINATING AND DISTANT SITE

An Originating Site and Distant Site operating under the same Tax Identification Number (TIN) or within the same provider network will be reimbursed for the Originating Site only. In such cases, the Originating Site is responsible for reimbursing the Distant Site.

Medicaid Requirements for Authorized Originating Site and Distant Site

Article 28 Originating Site may bill for Telemental Health Services under APGs using the appropriate CPT code for the visit only when a qualified Telemental Health Provider is present with the Member and has provided billable face-to-face services (e.g. "facetime" encounter) with the Distant Site.

When Telemental Health Services are provided at an Article 28 Originating Site and a qualified Telemental Health Provider is not present with the Member at the time of the encounter, the Originating Site should bill Q3014 for the audio-visual connection only. The Distant site should bill using APGs for TeleHealth Services using the appropriate CPT code for the service provided, appended with the "GT" modifier.

An Originating Site and Distant Site operating under the same Tax Identification Number (TIN) or within the same provider network will be reimbursed for the Originating Site only. In such cases, the Originating Site is responsible for reimbursing the Distant Site.

Medicare Variation for Authorized Originating Site and Distant Site Telemental Health Providers: Medicare Telemental Health Services follow the same requirements and limitations as Telehealth Services and are addressed in MVP's **Telehealth Payment Policy**.

NOTE: variations for Substance Use Disorder or co-occurring mental health disorders are addressed in MVP's Telemental Health Payment Policy.³

**NOTE: Starting in 2020, Medicare Advantage plans will be allowed to provide "additional telehealth benefits," including Telemental Health benefits at locations mutually determined by MVP, the Member, and the Telemental Health Provider, including a Member's home. "Additional telehealth benefits" include those health care services available under Medicare Part B, but not payable under the original Medicare telehealth benefit and identified by MVP as clinically appropriate to furnish through electronic exchange when the physician or provider providing services is not in the same location as the Member. MVP has determined that the following benefits qualify as "additional telehealth benefits" are eligible for payment under Medicare [MVP to list applicable Part B benefits]. Only properly credentialed in-network Medicare providers are eligible to provide and receive reimbursement for "additional telehealth benefits" under Medicare.

Reimbursement Guidelines

Reimbursement for the Distant Site provider in New York for Medicare, Child Health Plus, and Commercial Products will be based on the CMS allowed codes referenced in this Policy and reimbursed at 100% of the applicable contracted fee schedule.

Reimbursement for the Distant Site provider for Medicaid and Essential Plan will follow New York State Medicaid requirements and pay at 100% of the applicable contracted Government Programs fee schedule.

Reimbursement for the Distant Site provider for Vermont for all products will follow Vermont state requirements and pay at 100% of the physicians contracted fee schedule.

Originating Site Facility Fee is reimbursed a flat fee of \$25.

Exclusions

Remote consultations between Telemental Health Providers, without a Medicaid Member present, including for the purposes of teaching or skill building, are not Telemental Health Services and are not reimbursable under this Telemental Health Payment Policy, please refer Virtual Check-in Policy for guidelines.

The acquisition, installation and maintenance of telecommunication devices or systems is not reimbursable.

Notification/Prior Authorization Requests

Notifications/Prior Authorization Request

References

[CMS Telehealth Services](#)

[NYS Medicaid Telehealth Update](#)

Office of Mental Health Telemental Health Services

VT State Telemedicine Requirement

History

³ If applicable, Medicaid or other third-party reimbursement for services delivered via telepractice by OASAS designated providers may be sought only for services the Office has approved as deliverable via telepractice pursuant to Part 830. • Programs should consult the most recent DOH Medicaid Update for information on billing, code modifiers and any allowable additional fees (administration or facility). • Contract or MOU. Providers participating in telepractice via agreement (contract or MOU) with practitioners must submit claims pursuant to the terms of the agreement. • Practitioners must be licensed to practice in New York state and physically located in the USA; practitioners or an entity with which they are affiliated must be enrolled in NY Medicaid to be able to bill Medicaid. • It is the obligation of the distant practitioner and the designated program to make sure that the documents required by regulation are received in a timely manner and entered into the patient's clinical record.