Optum

Reimbursement Policy
Policy Number 2020RP503A

Telemental Health Services Reimbursement Policy - Commercial

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.

**CPT® is a registered trademark of the American Medical Association*

Applicability

This reimbursement policy applies to all health care services billed on CMS 1500 forms and to electronic claim submissions (i.e., 837p) and for claims submitted online through provider portals. This policy applies to all Commercial and Individual Exchange benefit plan 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.

Please note there are additional provisions for health care services billed on UB-04 forms.

Policy Overview

This policy describes reimbursement for Telehealth/Telemedicine behavioral health services. For the purpose of understanding the terms in this policy, Telehealth/Telemedicine occur when the Physician or Other Qualified Health Care Professional and the patient are not at the same site. Telehealth/Telemedicine services only include interactive audio and visual transmissions of an encounter from one site to another using telecommunications technology. Telehealth/Telemedicine services only include live,

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U.S. Behavioral Health Plan, California doing business as OptumHealth Behavioral Solutions of California

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interactive audio and visual transmissions of encounter from one site to another using telecommunications technology (synchronous only). The terms Telemental, Telehealth and Telemedicine are used interchangeably in this policy.

Reimbursement Guidelines

Telehealth/Telemedicine Services, POS 02 and 10

Optum will consider reimbursement for the following reported with either telemental health services when they are rendered via audio and video and place of service POS 02 or 10.

- Services recognized by the Centers for Medicare and Medicaid Services (CMS), and
- Services recognized by the American Medical Association (AMA) included in Appendix P of the CPT code set, and
- Additional services identified by Optum behavioral health that can be effectively performed via Telehealth.

POS 02 or 10 is determined by the location of the member and indicated in Box 24B on the 1500 claim form.

- POS 02: Telehealth Provided Other than in Patient's Home – The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.
- POS 10 (effective 1/1/2022): Telehealth Provided in Patient's Home – The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.

Modifiers 93, 95,GT are not required to identify Telehealth services but are accepted as informational if reported on claims with eligible Telehealth services and POS 02 or 10.

For CMS 1500 Professional Claim Form and UB-04 Facility Claim Form:

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.

Definitions

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	**Q.** Will Optum reimburse for new 2025 CPT Codes 98000-98015? **A.** No. Consistent with CMS, Optum will not reimburse for specific CPT or HCPC codes assigned a status code "I" on the NPFS Relative Value File, indicating another code (replacement code) is used to report the procedure or service and that replacement code as an assigned RVU. Reimbursement will be considered when providers report E/M visit services (99202-99205, 99211-99915 appended with POS 02 or 10 to identify them as telehealth services. CMS has created a crosswalk to give providers guidance on the correct codes that should be reported. The crosswalk demonstrates that except for the element of “modality” (that is, audio-video or audio-only), the service elements of the new telemedicine E/M code family are no different than the regular outpatient/office E/M visit codes.
2	**Q.** Will Optum reimburse a provider for CPT code Q3014 telehealth originating site facility fee? **A.** Consistent with CMS, Optum will not reimburse for CPT code Q3014 if billed with a POS 02 or 10. For POS where Q3014 is reported, report the valid POS code reflecting the location of the patient.
3	**Q**. Will Optum reimburse for telehealth audio only services if billed with modifier FQ? **A.** No. Optum will only reimburse for telehealth audio-only services when billed with modifier 93.with POS 02 or 10. Providers should only utilize FQ modifier when a service was provided as part of federally qualified health center (FQHC) or rural health clinic (RHC).
4	**Q.** Will Optum reimburse for telehealth services if billed with a POS 11? **A.** No. Optum will only reimburse for telehealth services when billed with the required POS 02 or 10.
5	**Q.** Will Optum reimburse for telehealth services if a provider only bills with telehealth modifiers 93, 95,FQ,or GT? **A.** No. Optum will not reimburse for telehealth services if a modifier is only presented on the claim without billing the appropriate POS 02 or 10. Telehealth/Telemedicine services only include live, interactive audio and visual transmissions of encounter from one site to another using telecommunications technology **(synchronous only).**
6	**Q:** Do providers need to be contracted with Optum Behavioral Health to be considered for reimbursement under this policy? **A:** For benefit plans that include out-of-network coverage, this policy applies to Telehealth claims submitted by both participating and non-participating care providers.
7	**Q:** What are the documentation requirements for Telehealth visits? **A:** For documentation requirements please visit the link Behavioral Health Services Documentation.
8	**Q:** How should care providers submit claims for telehealth services that a member received before Jan. 1, 2021, and also for telehealth services that are only eligible through the end of the COVID-19 federal public health emergency (PHE)? **A:** 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.

9	**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? **A:** No, Optum will not reimburse for daily check-in calls
10	**Q:** Does Optum reimburse website charges for provider groups if their website provides patient education material? **A:** No, Optum will not reimburse for Internet charges since there is no direct, in-person patient contact.
11	**Q:** What is the difference between Telehealth services and telephone calls? **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 discussions, between a physician or other healthcare professional and a patient, that does not require direct, in-person contact.
10.	**Q.** Will Optum consider reimbursement for telephone/audio only services? **A.** Yes, when mandated by state regulation and/or covered by the member's benefit plan.

Eligible Telehealth Services CPT Codes listed below are not intended as an all exhaustive list of all relevant codes

CPT Codes			
90785	90791	90792	90832
90833	90834	90836	90837
90838	90939	90840	90845
90846	90847	90853	97155
97156	97157	99202	90203
99204	99205	99211	99212
99213	99214		

Resources

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

www.cms.gov

History / Updates	
February, 2025	Added Q&A 1 related to CPT Codes 98000-98015 and Q&A 2 related to Q3014
January, 2025	Removed deleted CPT Codes 99441-99443; Archived History Section January 2022- June 2020
November, 2024	Updated Reimbursement Guidelines Section
October, 2024	Updated Applicability section; Added telehealth CPT codes 99441-99443
July, 2024	Removed GQ modifier and updated Q&A 3
June, 2024	Updated Overview Section and telehealth code list; added Q&A regarding FQ modifier
April, 2024	Added Telehealth code List
November, 2023	Updated reimbursement guidelines section; added modifiers 93 & FQ Added Q&As 1 & 2
May, 2023	Added modifier 93
January, 2023	Anniversary Review; No updates
September, 2022	Updated Q&A 2 and 3