



Telehealth Billing Quick Reference Guide

Optum Behavioral Health Solutions

Updated September 2025

Telehealth Claim Requirements

Effective Nov. 1, 2023: Optum Behavioral Health requires all behavioral health telehealth claims to include a mandatory place of service (POS) code – either POS 02 or POS 10. This applies to all health plans across all lines of business (commercial, Medicare Advantage and Medicaid/Community Plan).

How to determine which POS code to use

The place of service location should reflect the location of the member, not the provider. CMS defines these telehealth places of service:

- **POS 02** – Patient is not located in their home when receiving health services or health related services through telehealth. Applicable locations include a hospital or facility setting.
- **POS 10** – Patient is located in their home when receiving health services or health related services through telehealth. Home is defined as a location where the patient receives care in a private residence. It does not include hospital or other facility settings.

Incorrect billing

- **POS 11** – Place of Service 11 indicates an office location, which is not considered an appropriate telehealth place of service.
- **No POS indicated** – Optum will not reimburse for services billed with only telehealth modifiers 93, 95, FQ, GQ or GT. Claims for telehealth services are required to include either POS 02 or POS 10.

Reimbursement

- Claim payment(s) for services provided to a member may also be subject to benefit plan provisions and prior authorization requirements.

Telehealth Billing Guidance

- **Place of service:** All behavioral health telehealth claims must include either POS 02 or POS 10
- **CPT code(s):** Use standard CPT codes for assessment, evaluation & management, and therapies
 - Participating (contracted) network providers should use the applicable CPT code(s) listed on their fee schedule
 - Payment for eligible codes may also be subject to benefit plan provisions and prior authorization requirements.
- **Modifier:** Providers should follow the guidance outlined below for modifier use. **(Must be billed with POS 02 or 10.)**
- Please see Optum's Telehealth Reimbursement Policies for further information.

Health Plan	Procedure Codes	Optional Modifiers		Reimbursement Policy & Eligible Code List
Commercial only	- For ABA services, telehealth is only allowed for these 3 CPT codes: 97155, 97156 or 97157. These are the procedure codes that identify the virtual supervision of ABA Behavior Technicians and Family Training and Guidance. - Additional information and resources can be found on the ABA page on the Provider Express website.	Modifier	Definition	Telemental Health Services Reimbursement Policy - Commercial
		93	Audio-only	
		95	Asynchronous audio/video	
		FQ	Audio-only, limited to behavioral health services provided via telehealth	
		GT	Interactive audio/video	
		GQ	Asynchronous video or image that a provider reviews post-service	
Medicare Advantage only	IOP & PHP services are not allowed to be delivered via telehealth, per Part E, Section 1861(ff)(3)(A) of the Social Security Act and as cited in the Federal Register, Vol. 88, 81540 (CMS 1786-FC) and on the CMS webpage for CMS-1786-FC.	93	Audio-only	Telemental Health Services Reimbursement Policy - Medicare Advantage
		FQ	Audio-only, limited to behavioral health services provided via telehealth	
Medicaid only	Participating (contracted) network providers should follow your state Medicaid billing requirements, if different than your fee schedule.	N/A		Telemental Health Services - Medicaid