Commercial Payers– Expansion of Telehealth Services for Behavioral Health

Updated: April 21, 2020

This document is intended to support behavioral health providers in understanding changes various payers have issued as it relates to delivery of telehealth services during COVID-19 response. The tables on subsequent pages serve as a quick reference guide for changes in telehealth policies, allowable services and billing guidance across commercial payers.

As a disclaimer, this information was populated using publicly accessible information and changes are being made rapidly and can vary greatly by state. We highly recommend that you consult with your state entities and payers to verify information and ensure compliance. If you have any changes to the information in this document, please contact Samantha Holcombe (SamanthaH@thenationalcouncil.org).

Additional Reference Documents and Resources

Aetna: Access guidance for Medicare here
Anthem: Access guidance by state here
BlueCross BlueShield: Access guidance by state here
Cigna: Access guidance here
Humana: Access guidance here; Provider Telehealth FAQ
Magellan: Access guidance for behavioral health providers here
United Behavioral Health/Optum: Access guidance here
Vantage: Access guidance here

Abbreviation Index

ABA – Applied Behavior Analysis
EAPS – Employee Assistance Program Services
IOP – Intensive Outpatient Programs
OTP – Opioid Treatment Programs
PHP – Partial Hospitalization Programs
POS – Place of Service

Organization	Members	Cost share waived	Attestations not required[1]	Home as originating site	Telephonic care allowed	ABA	MH Outpatient	Medication management	Psychological testing	SUD outpatient	OTP	EAPS	IOP	PHP
Aetna	Medicare	X			X	X^{AV}	X	X		X	X	X	X^{AV}	X^{AV}
Anthem[2]	Medicaid, Medicaid, Commercial	X^{AV}	X	Yes	X (in-network)	X^{AV}	X	X	X^{AV}	X	X		X^{AV}	X^{AV}
Beacon	Medicare, Medicaid, Commercial Employer[3]	X[3]	X	Yes	X (for routine OP services)	X[4]	X	X	X^{AV}	X	X	X	X^{AV}	X^{AV}
BlueCross BlueShield	Medicare, Medicaid, Commercial	X			X (variable by member/state; in-network)	By state	By state	By state	By state	By state	By state	By state	By state	By state
Centene	Medicare, Medicaid, Commercial	X		X	X (variable by member/state; in-network)	By State	By State	By State	By State	By State	By State	By State	By State	By State
Cigna	Medicaid, Medicaid		X	Yes	X	X	X	X		X		X	X	X
Humana	Medicare, Medicaid, employer	X (in-network)		Yes	X	By state	By state	By state	By state	By state	By state	By state	By state	By state
Magellan	Medicaid		X		X	X[5]	X	X	X^{AV}		X		X^{AV}	X^{AV}
United/Optum	Medicare, Medicaid, Commercial	X (in-network)	X	Yes	X	X	X	X	X	X	X	X	X	X
WellCare	Medicare, Medicaid	X		Yes	X	By state	By state	By state	By state	By state	By state	By state	By state	By state
Vantage	Medicare, Employer, Individual	X					X							

^{AV} Denotes changes are for audio+visual only (not inclusive of telephonic)

---

[1] In many cases, providers are required to complete and submit a brief telehealth attestation to provider behavioral health services via telehealth. In light of COVID-19, many insurers are waiving this requirement for the time being.

[2] Information for Anthem may vary by state, line of business, and specific benefit. Information currently reflects the following states: CA, CO, CT, IN, GA, KY, ME, MO, NH, NV, OH, TN, VA, WI

[3] Please note that not all Beacon Employer groups will be waiving cost shares nor have adopted tele-health services.

[4] Beacon will only allow telehealth for supervision (97155), caregiver training (97156 & 97157) and functional behavior assessment (FBA) (97151) with appropriate modifier.

[5] Magellan will only allow telehealth for supervision (97155), caregiver training (97156 & 97157) and functional behavior assessment (FBA) (97151) with HO modifier. Telephonic delivery allowed but AV recommended when possible.

MENTAL HEALTH FIRST AID
NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
Healthy Minds. Strong Communities.

Jeff Richardson, MBA, LCSW-C, Board Chair
Charles Ingoglia, MSW, President and CEO

Billing/Claims Guidance

The below guidance may vary based on state law or regulation to the contrary and is subject to change frequently. Providers are encouraged to call their provider services representative for additional information.

Organization	MH/SU Outpatient	ABA	IOP/PHP	Telephonic Care
Aetna	Bill the appropriate procedure code and either the GT or 95 modifier.			
Anthem[6]	Service codes: psychiatric diagnostic evaluation (90791-90792), psychotherapy (90832-90838, 90839-90840, 90845-90847), and medication management (90863) and E&M codes (99211-99215) POS 02; Modifier: 95 or GT	Service codes: functional behavior assessment (FBA) (97151) adaptive behavioral treatment by protocol or protocol modification (97153, 97155) and telehealth caregiver training (97156, 97157) POS: 02; Modifier: 95 or GT	Revenue codes 905, 906, 912, 913 plus CPT codes for specific behavioral health services	Service codes: 99441, 98966, 99442, 98967, 99334, 98968 No POS or modified needed Service codes: diagnostic evaluation (90791-90792), psychotherapy (90832-90838, 90839-90840, 90845-90847), and medication management (90863) POS 02; Modifier: 95 or GT
Beacon	Bill the appropriate procedure code and either the GT or 95 modifier	Service codes for supervision (97155), caregiver training (97156 & 97157) and functional behavior assessment (FBA) (97151) with appropriate modifier are eligible for telehealth	Bill the appropriate procedure code. Utilize the appropriate modifier or POS 02 if billing on CMS-1500 format.	Bill the appropriate procedure code and either the GT or 95 modifier
BlueCross BlueShield	Bill the appropriate procedure code and either the GT or 95 modifier.			Bill using the appropriate procedure code with the GT or 95 modifiers.
Centene	Procedure codes should be used along with POS 02 and or the GT modifier dependent on State	Procedure codes should be used along with POS 02 and or the GT modifier dependent on State	Procedure codes should be used along with POS 02 and or the GT modifier dependent on State	Procedure codes should be used along with POS 02 and or the GT modifier dependent on State
Cigna	Bill the regular service using POS 02 95 modifier	Bill the regular service using POS 02 95 modifier	If facility normally bills services on a UB04 claim form, continue normal billing procedures. No changes are required to reflect telehealth sessions If offering services that are excluded from per diem rate: - If services are normally billed on a UB04 claim form, continue normal billing procedures. No changes are required to reflect telehealth sessions. - If these services are normally billed on a CMS1500 claim form, include Modifier 95 and POS 02.	Bill the regular service using POS 02 95 modifier

Humana	Bill with the proper code utilizing the place of service as the medical office according to CMS guidance, state-specific rules and Humana policy.	Bill with the proper code utilizing the place of service as the medical office according to CMS guidance, state-specific rules and Humana policy.	Bill with the proper code utilizing the place of service as the medical office according to CMS guidance, state-specific rules and Humana policy.	Bill with the proper code utilizing the place of service as the medical office according to CMS guidance, state-specific rules and Humana policy.
Magellan	Bill the regular service using POS: 02 Modifier: 95 or GT	Bill using the GT modifier with 02 as the place of service.	Services provided via HIPAA-compliant telehealth platform: Bill using the GT or 95 modifier and POS 02 Services provided via NON-HIPAA-compliant platform due to the crisis situation or member access issues: Bill using the GQ modifier and POS 02.	Bill the appropriate covered CPT code (listed on your reimbursement schedule) using the GQ modifier and POS 02
United/Optum	Bill using standard CPT codes and a GT modifier or a POS 02	Bill using standard revenue codes and modifier (GT or 95) (or state Medicaid telehealth billing requirements if different) for both video-enabled virtual visits and telephonic sessions.	Bill using standard revenue codes and modifier (GT or 95) (or state Medicaid telehealth billing requirements if different) for both video-enabled virtual visits and telephonic sessions.	Bill using standard CPT codes and a GT modifier or a POS 02
WellCare	Procedure codes should be used along with POS 02 and or the GT modifier			
Vantage	Service codes: 90791, 90792, 90832, 90833, 90834, 90836, 90837 POS: 02			