

Commercial Payers– Expansion of Telehealth Services for Behavioral Health

Updated: April 10, 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. **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.**

Organization	Members	Cost share waived	Attestations not required ¹	Home an eligible originating site	Telephonic care allowed	ABA	Mental Health Outpatient	Med 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		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 type and 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													
Cigna	Medicaid, Medicaid		X	Yes	X	X	X	X		X		X	X	X
Humana	Medicare, Medicaid, employer	X (in-network)		Yes	X (Medicare must follow CMS)	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							

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, 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.

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

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

Billing/Claims Guidance

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

Organization	MH/SU Outpatient	ABA	IOP/PHP	Telephonic Care	Notes
Aetna					
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) Place of service: 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	

⁶ Information for Anthem currently reflects the following states: CA, CO, CT, IN, GA, KY, ME, MO, NH, NV, OH, VA, WI

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					
Cigna	Bill the regular service using POS 02 95 modifier	Bill the regular service using POS 02 95 modifier	<p>If facility normally bills services on a UB04 claim form, continue normal billing procedures. No changes are required to reflect telehealth sessions</p> <p>If offering services that are excluded from per diem rate:</p> <ul style="list-style-type: none"> - 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.	<p>Services provided via HIPAA-compliant telehealth platform: Bill using the GT or 95 modifier and POS 02</p> <p>Services provided via NON-HIPAA-compliant platform due to the crisis situation or member access issues: Bill using the GQ modifier and POS 02.</p>	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				