



Magellan Compliance Notebook

Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) strives to be proactive and use education as a preventative tool to help ensure our members receive the highest quality of care through you, the provider. The Compliance Department at Magellan is committed to sending monthly e-mails to targeted providers regarding a Compliance-related subject.

This e-mail communication is specific to your HealthChoices (Pennsylvania Medicaid) Contract with Magellan.

This month's communication outlines important reminders about the Telehealth Guidelines and Documentation Requirements during the COVID-19 emergency disaster declaration.

On March 15, 2020, the Office of Mental Health and Substance Abuse Services (OMHSAS) issued a [Memorandum](#) to offer clarification regarding the ability of providers to render telehealth behavioral health services to Medical Assistance (MA) beneficiaries as a result of the emergency disaster declaration for COVID-19.

Magellan fully supports the OMHSAS position for the preference for use of telehealth as a delivery method for medically necessary behavioral health services as ordered, referred, or prescribed by a provider or practitioner, that can be delivered effectively when the patient is quarantined, self-quarantined, or self-isolated due to exposure or possible risk of exposure to the COVID-19 virus.

Magellan's full Telehealth Guidelines and answers to common questions remain available on our website:

- [Telehealth Guidelines Related to COVID-19](#)
- [Frequently Asked Questions](#)

Below is a summary of the most common reminders related to the parameters and documentation standards for Telehealth Services during the COVID-19 emergency disaster declaration:

- ❖ We encourage providers to use Telehealth and strongly suggest that they use a HIPAA-compliant telehealth platform (real-time, interactive audit and video). However,

considering the COVID-19 crisis and member access issues, providers may use other non-public methods such as telephone, Skype or FaceTime in order to ensure the member gets the help they need. Please note that public-facing sites such as Facebook, Live and Twitch should NEVER be used for Telehealth.

- ❖ During the COVID-19 crisis, there is no change to the provider types who can render services. Providers must continue to practice within their scope of services. There is also no restriction on the type of Practitioner that may provide services through Telehealth. If the individual meets the criteria to render the services in accordance with the level of care specific regulations and bulletins, they may continue to do so during the state of emergency utilizing Telehealth.
- ❖ Program requirements for the number or percentage of face-to-face contacts for various behavioral health services may be met with the use of telehealth. Additionally, any limits on the amount of service that can be provided through telehealth or telephone contact are temporarily suspended (i.e. the 25% annual limit on phone units in Peer Support will not apply during this state of emergency).
- ❖ Adherence to all other requirements still apply to the service being delivered as they would when delivered face-to-face. That includes but not limited to the following:
 - Providers must continue to follow Magellan's Minimum Documentation Guidelines starting on page 54 of our [Provider Handbook Supplement](#)
- ❖ For programs reimbursed fee-for-service, providers must continue to adhere to the Unit Definition/ Description on their Magellan Reimbursement Schedule in order to bill a unit of service (i.e. 15 minutes, 30 minutes). Rounding up is never permitted.
- ❖ For all programs funded as a per diem (per day), the member must continue to be physically present in the facility in order to bill (outside of temporary therapeutic leave).
- ❖ Services must be provided in accordance with the member's Treatment/ Service/ Recovery Plan.
- ❖ Additional documentation requirements when utilizing Telehealth during the federal emergency includes the following:
 - The documentation must indicate the mechanism for how services were delivered (i.e. Telehealth, phone, FaceTime, Skype, etc).
 - The documentation must include the member's verbal consent to deliver services in this manner.
 - The documentation must include the member's phone number that was utilized if applicable.
- ❖ Encounter forms are only required for face-to-face contact. Thus, any sessions or services provided via Telehealth or telephone are signature exempt.

- ❖ Any requirements for face-to-face “Supervision” may be temporarily completed via phone or video. The Supervision note must reflect how the session was conducted.
- ❖ Although communication via text messages with members and other involved individuals may be permissible in accordance with your agencies’ policies and procedures, **this time is not currently billable.**
- ❖ No contract amendments are needed or required to bill Telehealth during the COVID-19 crisis. Providers should bill for services provided via Telehealth or phone under their existing contracts. Providers should bill the appropriate CPT code based on the service that was rendered.
 - To ensure accurate reporting and tracking of all Telehealth rendered services (including those services provided telephonically), Magellan is requiring that all rendered services through Telehealth be represented with Place of Service 02 on your claim form for date of service April 1, 2020 and forward. If you are an outpatient clinic that is already contracted for Telehealth Services, continue to use contracted code combinations which includes a GT modifier. POS 02 should be used for these claims as well.

On August 14, 2020, OMHSAS issued a memorandum announcing the suspension of portions of chapters 1151, 1153, 1155, 1223, 5100, 5200, 5210, 5221, 5230, 5310, 5320, 5240 within Title 55 of the Pennsylvania Code. That memorandum was re-issued on October 22, 2020, to update signature requirements for treatment and service plans. OMHSAS again re-issued the [Memorandum](#) on February 18, 2021 to announce an additional suspension of requirements delineated in various bulletins and other non-regulatory guidance documents.

At Magellan, we will continue to educate our providers with updated MA Bulletins, regulations and other pertinent information in order to ensure Compliance. Although providers are ultimately responsible for knowing and complying with all applicable regulations, we proactively engage providers on an ongoing basis to make sure they are aware of compliance related requirements and expectations. Medicaid Program Integrity is truly a collaborative effort between our providers, county customers, Magellan, BPI and other oversight agencies. The monthly e-mail blast topics are generated from audit results and trends; however, are also sent in response to recent Magellan policy updates; newly released or relevant MA Bulletins and Policy Clarifications; or Regulation changes. The intention is to afford our providers with as many resources as possible to combat FWA and reduce overpayments.

Thank you for your ongoing hard work and dedication to our members!

Magellan of Pennsylvania’s Compliance Team

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