Magellan Behavioral Health of Pennsylvania, Inc.*

Telehealth Frequently Asked Questions (FAQ) for Providers (As of October 6, 2022)

*Please send future questions to Telehealthinquiries@magellanhealth.com

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Magellan HEALTHCARE®

Table of Contents

SECTION 1: GENERAL TELEHEALTH

Is telehealth still an option for all PA HealthChoices services?

Yes, telehealth is allowed permanently for all services, in accordance with Medical Assistance (MA) Bulletin OMHSAS-22-02.

Are providers required to submit a telehealth attestation to OMHSAS or the BH-MCO to render telehealth services?

No, attestations are no longer required.

Do providers need waivers to deliver services via telehealth?

No, as long as services are being rendered in accordance with OMHSAS-22-02 and all other regulatory requirements.

Do providers need distance exceptions to provide telehealth?

Yes, in accordance with OMHSAS-22-02.

Can you tell me the process for providing telehealth permanently? Do we need a contract modification?

In accordance with MA Bulletin OMHSAS-22-02, telehealth can be provided permanently. Magellan will not be making any contractual changes. Providers should bill Place of Service (POS) Code 02 or 10 for all services provided via telehealth (please reference Section 6 below for additional information on billing).

Are providers permitted to use telehealth platforms such as Skype or Facetime for all services including evaluations?

Telehealth equipment must meet all state and federal requirements for the transmission or security of health information and comply with the Health Insurance Portability and Accountability Act (HIPAA). Providers should consult their legal counsel or compliance officer for guidance on

HIPAA-compliant platforms. Health Resources & Services Administration (HRSA) has published resources related to HIPAA compliant telehealth platforms. Please note that public-facing sites such as Facebook Live and Twitch should NEVER be used for telehealth.

Do providers need a letter of support from the Primary Contractor and/or BH-MCO to continue providing telehealth?

No, a letter of support is not required to continue providing telehealth, in accordance with OMHSAS-22-02. For distance exception requests in accordance with OMHSAS-22-02, the Primary Contractor/ County must complete Attachment B.

What is the process for requesting waivers for any other regulatory requirement?

Providers should follow MA Bulletin OMHSAS-16-03 for guidance on the waiver process.

SECTION 2: LEVEL OF CARE SPECIFIC TELEHEALTH

Can telehealth or audio-only be used in mental health PHPs?

Telehealth (real time audio and video) is allowable in MH Partial Hospital (PHP) Services, however audio-only telehealth is only allowable in mental health PHPs during the public health emergency.

Can telehealth be used by inpatient drug and alcohol programs?

For 24-hour levels of care, members need to be physically present in the facility for providers to bill. However, clinical services from doctors, therapists, and others may be provided via telehealth in accordance with OMHSAS-22-02 and all other Department of Human Services and Department of Drug and Alcohol Program requirements.

Can telehealth or hybrid (a combination of in-person and telehealth) services be used for psych rehab, Partial Hospital (PHP), Intensive Outpatient (IOP), and group

therapy, and how should providers proceed with providing these services via phone or telehealth?

Licensed practitioners and provider agencies delivering services through telehealth must have policies that ensure services are delivered using telehealth only when it is clinically appropriate to do so and that licensed practitioners are complying with standards of practice set by their licensing board for telehealth where applicable. Factors to consider include but are not limited to:

- The preference of the member served and/or the preference of parents/guardians
- Whether there is an established relationship with the service provider and the length of time the member has been in treatment
- Level of acuity needed for care
- Risk of harm to self or others
- Age of a minor child
- Ability of the individual served to communicate, either independently or with accommodation such as an interpreter or electronic communication device
- Any barriers to in-person service delivery for the member
- Access to technology of the individual served
- Whether privacy for the member served could be maintained if services are delivered using telehealth
- Whether the service relies on social cueing and fluency

As group therapy generally relies on social cueing and fluency and the privacy of each member may be challenging to maintain, providers must strongly evaluate the clinical appropriateness of utilizing telehealth for these services. Audio-only service delivery is only allowed for Outpatient Psychiatric Services (55 Pa. Code § 1153.14) or Outpatient Drug and Alcohol Clinic Services (55 Pa. Code § 1223.14), which includes Group Therapy, Partial Hospital and IOP, during the public health emergency.

Can mental health workers (bachelor level therapists) and student interns under the supervision of a mental health professional provide telehealth services in an outpatient center?

Providers are required to maintain compliance with the existing minimum qualifications for staff per level of care specific regulations (for OP MH, reference Title 55 Chapter § 5200.22 of the PA Code). Per the current telehealth bulletin, provider agencies using behavioral health staff who are unlicensed may provide services using telehealth if they are otherwise qualified to render the service. Provider agencies should establish and enforce policies for assessing when it

is clinically appropriate to deliver services through telehealth. Services delivered using telehealth must comply with all service specific and payment requirements for the service.

Will the current limit for Peer Support Services of 25% for phone services be adjusted?

OMHSAS is working on an updated Peer Support Bulletin and Handbook. The timeline for issuance of this updated bulletin or if the 25% limit will be adjusted is unknown at this time.

If a Peer Support Services provider wants a waiver for the 25% annual limit on telephone contact, would they follow MA Bulletin OMHSAS-16-03?

Yes. However, if you have further questions, please reach out to OMHSAS at RA-PWTBHS@pa.gov.

Can IBHS be provided via telehealth?

Yes, it is permitted however, per OMHSAS-22-02, "Providers and practitioners should carefully consider the clinical appropriateness of telehealth delivery for such services, including, but not limited to: Partial Hospitalization, Intensive Behavioral Health Services (IBHS), Family Based Mental Health, Assertive Community Treatment (ACT), or if the beneficiary is in a residential facility or inpatient setting". Please reference OMHSAS-22-02 and the section "Determining Appropriateness for Telehealth Delivery of Services", as well as Attachment A *Guidelines for Telehealth Service Delivery for Children and Youth*.

Please also reference Magellan's Provider Performance Standards on this topic.

Is telehealth allowable in IBHS group services?

As group therapy generally relies on social cueing and fluency and the privacy of each member may be challenging to maintain, providers must strongly evaluate the clinical appropriateness of utilizing telehealth for IBHS group services. Audio-only telehealth should not be used for IBHS group services. Please reference OMHSAS-22-02 and the section "Determining Appropriateness for Telehealth Delivery of Services", as well as Attachment A *Guidelines for Telehealth Service Delivery for Children and Youth*.

Please also reference Magellan's Provider Performance Standards on this topic.

SECTION 3: TELEPHONIC SESSIONS

Will providers be permitted to deliver IBHS services including supervision, parent training, BA, BC-ABA, BC, MT via phone?

Please refer to OMHSAS-22-02 and Magellan's Provider Performance Standards for specific information about providing IBHS via telephone and audio-only.

Can you clarify that audio-only service delivery in a behavioral health outpatient program (medication management, therapy, assessments/evaluations) is not allowed?

Per extension of the regulatory suspensions, audio-only telehealth services remain allowable in outpatient programs. At the conclusion of the public health emergency, providers will only be able to utilize audio-only when the individual served does not have access to video capability or for an urgent medical situation, provided that the use of audio-only is consistent with Pennsylvania regulations and federal requirements. Audio-only service delivery is not allowed for Outpatient Psychiatric Services (55 Pa. Code § 1153.14) which includes Outpatient Clinics and Partial Hospital Programs; or Outpatient Drug and Alcohol Clinic Services (55 Pa. Code § 1223.14). Providers may consider submitting a request for waiver of these regulatory standards to OMHSAS following the conclusion of the public health emergency.

For providers who do not have telehealth capability, will visits by phone with physicians, CRNPs, and therapists be billable to Magellan?

Yes, in accordance with the regulatory suspensions. At the conclusion of the public health emergency, providers will only be able to utilize audio-only when the individual served does not have access to video capability or for an urgent medical situation, provided that the use of audio-only is consistent with Pennsylvania regulations and federal requirements. Audio-only service delivery is not allowed for Outpatient Psychiatric Services (55 Pa. Code § 1153.14) which includes Outpatient Clinics and Partial Hospital Programs; or Outpatient Drug and Alcohol Clinic Services (55 Pa. Code § 1223.14). Providers may consider submitting a request for waiver of these regulatory standards to OMHSAS following the conclusion of the public health emergency. Providers and practitioners should carefully consider the clinical appropriateness of audio-only delivery for such services, including, but not limited to: Partial Hospitalization,

Intensive Behavioral Health Services (IBHS), Family Based Mental Health, Assertive Community Treatment (ACT), or if the beneficiary is in a residential facility or inpatient setting.

Are we able to submit a waiver for audio-only to be utilized with certain high-risk populations, and if so, are there certain protocols/criteria for that process?

Waivers are not currently required to continue providing audio-only services in accordance with the extension of the regulatory suspensions.

Can non-licensed, master's prepared therapists provide individual therapy services via telephone during this time?

Per OMHSAS-22-02, licensed provider agencies using behavioral health staff who are unlicensed, including unlicensed master's level therapists, and drug and alcohol counselors (as defined in 28 Pa. Code §704.7(b)), may provide services using telehealth. Providers must meet all the guidelines for those who are qualified/eligible to render services that are outlined in the existing regulations and program requirements. There are no restrictions to the type of staff that can render telehealth if they are otherwise qualified to render the services. Provider agencies should establish and enforce policies for assessing when it is clinically appropriate to deliver services through telehealth. At the conclusion of the public health emergency, providers will only be able to utilize audio-only when the individual served does not have access to video capability or for an urgent medical situation, provided that the use of audio-only is consistent with Pennsylvania regulations and federal requirements. Audio-only service delivery is not allowed for Outpatient Psychiatric Services (55 Pa. Code § 1153.14) which includes Outpatient Clinics and Partial Hospital Programs; or Outpatient Drug and Alcohol Clinic Services (55 Pa. Code § 1223.14). Providers may consider submitting a request for waiver of these regulatory standards to OMHSAS following the conclusion of the public health emergency.

For members that have Medicare, is audio-only still permissible?

Please defer to the Medicare rules as providers must follow the rules of the primary carrier. You will need to outreach Medicare to obtain clarification on their rules and requirements.

SECTION 4: LOCATION OF SERVICES

Where can I find more details regarding where telehealth can be provided?

This is included in OMHSAS-22-02 under the section "Originating Sites". The originating site is the setting at which an individual receives behavioral health services using telehealth delivery. When telehealth is being used to deliver services to an individual who is at a clinic, residential treatment setting, or facility setting, the originating site must have staff trained in telehealth equipment and protocols to provide operating support. In addition, the clinic or facility must have staff trained and available to provide clinical intervention in-person, if a need arises.

Services delivered through telehealth may also be provided outside of a clinic, residential treatment setting or facility setting. With the consent of the individual served and when clinically appropriate, licensed practitioners and provider agencies may deliver services through telehealth to individuals in community settings, such as to an individual located in their home. The licensed practitioner or provider agency must have policies in place to address emergency situations, such as a risk of harm to self or others.

Can telehealth be provided over state lines (i.e., clinician is in PA while the family is on vacation in NJ; or a PAHC member attending college out-of-state in Florida who needs ongoing treatment)? Can the clinician provide a telehealth session to the family?

Reference OMHSAS-22-02: Behavioral Health Services may be provided using telehealth to meet the behavioral healthcare needs of Pennsylvania residents who are temporarily out of the state as long as the delivery of services out-of-state is consistent with the authorization for services and treatment plan, the individual continues to meet eligibility for the Pennsylvania MA Program, and the Pennsylvania provider agency or licensed practitioner has received authorization to practice in the state or territory where the individual will be temporarily located.

Can telehealth be provided if the family is temporarily out of country and the clinician is in PA/USA?

Reference OMHSAS-22-02: Behavioral Health Services may be provided using telehealth to meet the behavioral healthcare needs of Pennsylvania residents who are temporarily out of the country as long as the delivery of services out-of-country is consistent with the authorization for services and treatment plan, the individual continues to meet eligibility for the Pennsylvania MA Program, and the Pennsylvania provider agency or licensed practitioner has received

authorization to practice in the state or territory where the individual will be temporarily located.

Can telehealth services be provided if the family resides in PA, but the clinician does not?

Per OMHSAS 22-02, out-of-state licensed practitioners who provide treatment through telehealth to individuals in Pennsylvania through the MA program must meet the licensing requirements established by the Pennsylvania Department of State. In order to receive payment for services to beneficiaries in the FFS delivery system, practitioners must be enrolled in the MA Program. Practitioners are also advised to consult with their professional liability insurance carrier regarding provision of services in other jurisdictions.

If a DDTT provider would like to pursue a distance waiver request, is there a protocol or preferred method for pursuing the waiver Magellan is asking providers to utilize?

For distance exceptions, providers should follow the guidelines outlined in MA Bulletin OMHSAS-22-02 and Attachment B. Magellan is requesting that all waiver/exception approvals be sent to Magellan at: telehealthinquiries@magellanhealth.com. An exception is not required to utilize staff for the DDTT program that may be located out of the area beyond the 45 miles/ 60-minute requirement (i.e., a psychiatrist who supports the program but is in another part of the state). The distance exception is specific to providing in-person clinic access for members.

Do the distance exception requests cover all PA counties that a provider services?

No, the distance exceptions are only valid for the county that the waiver was requested through.

With the distance limits that require a waiver, it says “from the service area,” does that mean outside of the county, or outside of our catchment area, or distance from the actual clinic/license itself?

This is related to the clinic’s location compared to the member.

Does the 60 minute/ 45-mile distance limit apply to a community-based staff (peer or case manager) if they live in a different county from the Member? We have some staff who live in a different county then they work.

'Access to Service Delivered in Person' is specifically related to the provider agency location not staff location. This is about the provider agency having a convenient location so that members can have access to in-person services if they are needed.

SECTION 5: SIGNATURES AND DOCUMENTATION

If an individual has a telehealth session, does there need to be a signed encounter/service verification form?

Providers should follow all applicable Pennsylvania Medicaid Regulations/ Bulletins and Magellan guidelines which outline the levels of care requiring encounter forms. Per OMHSAS-22-02, signatures for service verification may include hand-written or electronic signatures, unless prohibited by other laws. Consistent with Act 69 of 1999 Electronic Transactions Act, an electronic signature is an electronic sound, symbol or process attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record. Providers using electronic signatures must have systems in place to ensure that there is an audit trail that validates the signer's identity. Providers should also implement additional checks-and-balances and monitoring to provide oversight of telehealth service delivery.

How should providers document consent to treatment during service provision by phone and telehealth?

During the initial period of the public health emergency, OMHSAS and Magellan permitted general verbal consent that was documented by the provider to accommodate rapid transition to telehealth for most providers. This general method of verbal consent is no longer permitted as an acceptable practice. OMHSAS-22-02 adheres to the expectations of Act 69 of 1999 Electronic Transactions Act in which an electronic sound is considered a type of electronic signature.

If we use an electronic signature acquired through DocuSign, can we use that as an official signature on the consent for telehealth or would we need to get a signature during a future face-to-face service?

Consistent with Act 69 of 1999 Electronic Transactions Act an electronic signature is an electronic sound, symbol or process attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record. Providers using electronic signatures must have systems in place to ensure that there is an audit trail that validates the signer's identity. Providers are not required to get another signature for consent to telehealth during face-to-face contact.

Do Blended Case Management providers need a waiver for continued verbal consent?

Per OMHSAS-22-02, signatures for service verification may include hand-written or electronic signatures, unless prohibited by other laws. Reference Title 55 Chapter § 5221.33 for the Mental Health Intensive Case Management regulations. During the initial period of the public health emergency, OMHSAS and Magellan permitted general verbal consent that was documented by the provider to accommodate rapid transition to telehealth for most providers. This general method of verbal consent is no longer permitted as an acceptable practice. OMHSAS-22-02 adheres to the expectations of Act 69 of 1999 Electronic Transactions Act in which an electronic sound is considered a type of electronic signature.

How do providers re-implement signed encounter forms after the regulatory suspensions expire?

Providers should follow all applicable Pennsylvania Medicaid Regulations/ Bulletins and Magellan guidelines which outline the levels of care requiring encounter forms. Per OMHSAS-22-02, signatures for service verification may include hand-written or electronic signatures, unless prohibited by other laws. Consistent with Act 69 of 1999 Electronic Transactions Act, an electronic signature is an electronic sound, symbol or process attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record. Providers using electronic signatures must have systems in place to ensure that there is an audit trail that validates the signer's identity. Providers should also implement additional checks-and-balances and monitoring to provide oversight of telehealth service delivery.

How should providers document a telehealth session in the record?

In accordance with Magellan's Telehealth Guidelines that were issued during the COVID-19 disaster declaration, providers must clearly document a telehealth session. In addition to following the minimum documentation requirements in our Pennsylvania HealthChoices Handbook Supplement, the following information must be included in the record for each rendered service:

- At intake, the documentation must include the member's consent to receive services in this manner.

- The documentation must indicate the mechanism for how services were delivered (i.e., telehealth, phone).
- The documentation must include the telehealth platform that was utilized, if applicable (i.e., zoom)
- The documentation must include the member's phone number that was utilized, if applicable.

How often must providers obtain consent from the member to render services via Telehealth?

In accordance with OMHSAS-22-02, providers only need to obtain consent when initiating a new service, not for each session provided.

***Please reference The Department of Human Services Office of Mental Health and Substance Abuse Services Behavioral Health Telehealth Frequently Asked Questions document that was updated on August 16, 2022 for additional guidance on verbal consent and electronic signatures.*

SECTION 6: BILLING AND AUTHORIZATIONS

How should providers bill and document for sessions that are shorter than a typical hour or half hour session due to the member's limited amount of cell phone minutes?

Providers should bill for the length of time the service took place in accordance with your Magellan HealthChoices Reimbursement Schedule. The documentation should always support the actual time spent with the member whereas for billing, the claim must always be consistent with the billable unit definition. So, for example, if a Certified Peer Specialist meets with a member for 35 minutes- from 9:00 AM- 9:35 AM, the progress note and/or encounter documentation must show that the session took place from 9:00- 9:35 AM. However, the unit definition for Peer Support is 15 minutes. So, the provider can only submit 2 units (30 minutes) as the 5 additional minutes spent does not represent one full unit (15 minutes) and rounding up is not allowed.

Are providers able to bill for text message conversations?

No. In accordance with agency policies and procedures, text messages may only be utilized for non-billable service activities, such as scheduling appointments.

Will there be a reimbursable code or modifier for medication checks or office outpatient visits provided via telehealth?

Providers who were previously contracted with Magellan for telehealth with a GT modifier prior to COVID-19 have received notification and an updated fee schedule. The GT modifier is no longer allowable for billing telehealth services. The state end-dated the GT modifier effective 9/29/21. Otherwise, there are no changes to procedure code or modifier combinations on your current contract when providing audio-video telehealth except for utilizing either Place of Service (POS) code 02 or 10. Refer to your agency's contract with Magellan for more information. In accordance with OMHSAS-22-02, Magellan is now able to accept informational modifier FQ when providing audio-only telehealth services. Effective for dates of service July 1, 2022, and beyond, providers should add informational modifier FQ in the last available position along with your current contracted code and modifier combination every time a service is provided over the telephone. Providers who offer services that currently require the use of four modifiers should continue to use those modifiers in accordance with your contract (four modifiers are the maximum allowable, so in this case, providers would not be able to utilize informational modifier FQ).

Will Magellan issue separate billing codes for services provided via telehealth or phone?

Providers who were previously contracted with Magellan for telehealth with a GT modifier prior to COVID-19 have received notification and an updated fee schedule or will be issued a new schedule when a new amendment is issued. The GT modifier is no longer allowable for billing telehealth services effective 9/21/21. Otherwise, there were no changes to procedure code or modifier combinations on your current contract when providing audio-video telehealth except for utilizing either Place of Service (POS) code 02 or 10. Refer to your agency's contract with Magellan for more information. In accordance with OMHSAS-22-02, Magellan is now able to accept informational modifier FQ when providing audio-only telehealth services. Effective for dates of service July 1, 2022, and beyond, providers should add informational modifier FQ in the last available position along with your current contracted code and modifier combination every time a service is provided over the telephone. Providers who offer services that currently require the use of four modifiers should continue to use those modifiers in accordance with your contract (four modifiers are the maximum allowable, so in this case, providers would not be able to utilize informational modifier FQ).

What should providers list for the originating site address when billing for services provided telephonically from various locations including offices and homes?

Providers should use a site location for which they are contracted and that would have been used if the services were provided in person.

What code(s) should be used for Place of Service (POS) when billing for telehealth services?

In accordance with OMHSAS-22-02, providers must utilize either Place of Service Code 02 or 10 when rendering a service via telehealth. When telehealth is provided in the identified member's home, utilize POS 10. When telehealth is provided in a location other than the home of the member, utilize POS 02. This corresponds to the physical location of the member, not the provider. When a non-telehealth service is rendered, please use the appropriate POS as allowable.

What modifier and place of service (POS) coding should be used when billing for phone contacts that have always been billable (e.g. a phone call with a member and their case manager)?

To bill for case management services that are conducted telephonically (audio-only) with a member, a provider should utilize the appropriate procedure code and modifier combination according to their contract with Magellan. They should also include informational-modifier FQ in the last position to reflect audio-only services. Providers would **not** utilize either of the telehealth POS codes in this scenario; but instead utilize POS 11 (office) or 99 (other) depending on where the case manager is physically located.

If a member's primary insurance plan does not cover telehealth, will Magellan cover it as the secondary payor?

Providers should submit to Magellan as they normally would in a situation where a member's primary insurance is not covering a service.

How should providers get authorizations for members whose primary insurance will not pay for telehealth services?

If a member's primary insurance plan states telehealth is not a covered service, providers should seek pre-authorization/ reimbursement of services through Magellan as a secondary payer as they normally would.

If the member has a commercial insurance plan covering their telehealth services, will Magellan continue to cover copays?

Yes, this process will remain the same.

Should providers expect delays with the processing of telehealth billing?

No. Payments will be processed within all required timeframes.

What services will be added to our managed care contracts for telehealth – clinical assessment, intensive outpatient groups, etc.? Will a GT code get added, or do we continue to use the POS 02?

Providers who were previously contracted with Magellan for telehealth with a GT modifier prior to COVID-19 have received notification and an updated fee schedule or will be issued a new schedule when a new amendment is issued. The GT modifier is no longer allowable for billing telehealth services effective 9/29/21. Otherwise, there were no changes to procedure code or modifier combinations on your current contract when providing audio-video telehealth except for utilizing either Place of Service (POS) code 02 or 10. When telehealth is provided in the identified member's home, utilize POS 10. When telehealth is provided in a location other than the home of the member, utilize POS 02. This corresponds to the physical location of the member, not the provider. Refer to your agency's contract with Magellan for more information.

In accordance with OMHSAS-22-02, Magellan is now able to accept informational modifier FQ when providing audio-only telehealth services. Effective for dates of service July 1, 2022, and beyond, providers should add informational modifier FQ in the last available position along with your current contracted code and modifier combination every time a service is provided over the telephone. Providers who offer services that currently require the use of four modifiers should continue to use those modifiers in accordance with your contract (four modifiers are the maximum allowable, so in this case, providers would not be able to utilize informational modifier FQ).