Anthem Now Offering Telehealth Services for Behavioral Health

The information contained is the provider bulletin contains an important update to information contained in the Anthem BlueCross and Blue Shield Medicaid Provider Operations Manual.

Effective August 28, 2012, Anthem BlueCross and BlueShield Medicaid began offering Telehealth options for Behavioral Health services as an aid to delivering gaps-in-care coverage to our Members and Providers under Hoosier Healthwise (HHW) and the Healthy Indiana Plan (HIP). Telehealth services enable Behavioral Health medication evaluation/monitoring and counseling to underserved rural areas through specially contracted Behavioral Health (BH) Providers.

What is “Telehealth”?

“Telehealth” refers to the method of delivering health care services through the use of special, secure web cams meeting HIPAA compliant and Medicaid standards to enable the diagnosis, consultation, treatment, education, care management and self-management of patients at a distance from health care providers.

Please note: Telehealth does not include the use of audio-only telephone, facsimile or email pursuant to the Provider and/or member contact.

How Telehealth Works

The patient is located at what is known as the “spoke site” or the presentation/origination site. Through the use of real time (synchronous) secure web cam telecommunications, the spoke site connects to the “hub site”—the location of the provider at the time of service. These sites must be greater than 20 miles apart in order to qualify for Telehealth reimbursement.

The telecommunication equipment must be of a quality to adequately complete all necessary components to document the level of service for the CPT code billed. Audio-video and peripheral equipment must provide adequate resolution and quality for decision making by the provider at the hub site.

The Telehealth service may originate in one of two ways:

Scenario 1
1. Member visits a Primary Medical Physician for a BH issue
2. Member’s primary medical provider (PMP) makes a referral to a BH Telehealth Provider
3. Member uses teleconferencing at a Telehealth Provider site (spoke site) to consult with BH specialist at second location (hub site)
Scenario 2
1. Member visits a Telehealth Behavioral Health Provider
2. BH Provider arranges consultation with a second Telehealth Provider (i.e. Psychiatrist)
3. Member and both Providers engage in a teleconference session.

Covered/Non-Covered BH Services through Telehealth

Telehealth services do not require special approval; however, regular authorizations for the accompanying counseling procedure codes still apply. The covered Behavioral Health services for Telehealth will include:
- Outpatient consultation services
- Outpatient psychotherapy
- Medication evaluation
- Monitoring

The services must meet the following criteria to qualify for separate reimbursement:
- The Telehealth service must use interactive audio, video or data communication
- The Evaluation and Management service must be in real-time or near real-time (delay in seconds or minutes) to qualify as an interactive two-way transfer of medical data and information between Member and Provider
- The Member must be present and able to participate
- The Provider who has the ultimate responsibility for the Member care must be licensed in the State of Indiana

The following services are not eligible for reimbursement as Telehealth services.
- Non-direct patient care (e.g. coordination of care before or after patient interaction)
- Services rendered by audio-only phone communication, facsimile, email or any other non-secure electronic communication
- Any services not eligible for separate reimbursement when rendered as in-person services
- Presentation/origination “spoke site” facility fee (except when developed to support specific health plan initiative mandates)
- Distant “hub site” facility fee (except when develop to support specific health plan initiative mandates)
- Transmission costs (except when develop to support specific health plan initiative mandates)
Billing Codes for Telehealth Services

Distant “hub site” services: The following CPT codes/ranges must include the Modifier “GT” to indicate Telehealth services were used.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Service Description</th>
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</thead>
<tbody>
<tr>
<td>99201-99215</td>
<td>Office or other outpatient Evaluation and Management</td>
</tr>
<tr>
<td>99241-99245</td>
<td>Office or other outpatient consultations</td>
</tr>
<tr>
<td>99251-99255</td>
<td>Office or other outpatient consultations</td>
</tr>
<tr>
<td>90801</td>
<td>Psychiatric diagnostic interview examination</td>
</tr>
<tr>
<td>90804-90809</td>
<td>Individual psychotherapy services</td>
</tr>
<tr>
<td>90862</td>
<td>Pharmacologic management service</td>
</tr>
</tbody>
</table>

Presentation/Origination “spoke site” services: CPT codes that ordinarily describe direct face-to-face services must include the Modifier “GT” to indicate Telehealth services were used. Additionally, the following codes should be used for spoke site services:

- G3014—Telehealth originating site facility fee
- Revenue code 780
- Q3014—should bill as a separate line item for services provided in a physician’s office and for other services provided on the same date as the spoke service.

Please note: Documentation must be maintained at both the hub site and spoke site to substantiate the services provided and to indicate that services were rendered via Telehealth.

Additional Criteria and Resources
To be identified as a Telehealth services Provider, Anthem requires that you complete a brief attestation. Identified Behavioral Health Telehealth providers can be found out:

- [www.anthem.com](http://www.anthem.com) into the URL of your search engine
- Under Other Anthem Websites select Providers on the bottom left of the page.
- Select State Sponsored Plans- Indiana Hoosier Healthwise and Healthy Indiana Plan under the “Providers / Spotlight”
- Select “Indiana Hoosier Healthwise and Healthy Indiana Plan (HIP) link
- The provider listing is under the “Behavioral Health” section

You may also receive a copy of the listing by contacting your Provider Contracting Representative at 1-800-455-6805.

For More Information
Questions and inquiries may be directed to the Medicaid Provider Customer Service at 1-800-345-4344.