

# Magellan Behavioral Health of Pennsylvania, Inc.\* Telehealth and the end of COVID Disaster Declaration

## Frequently Asked Questions (FAQ) for Providers (as of September 10, 2021)

\*Please send future questions to  
[Telehealthinquiries@magellanhealth.com](mailto:Telehealthinquiries@magellanhealth.com)



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## SECTION 1: TELEHEALTH

NOTE: ALL REFERENCES TO "TELEHEALTH" ENCOMPASS ALL PLATFORMS LISTED IN THE TELEHEALTH GUIDELINES.

### Is telehealth still an option for all PA HealthChoices services?

Yes, in accordance with Bulletin OMHSAS-21-09.

### Under the new Bulletin, are providers required to submit an attestation to OMHSAS or the BH-MCO?

OMHSAS-21-09 removes the requirement for providers to submit attestations prior to initiating the delivery of services through telehealth.

### 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.

### Does telehealth apply to inpatient substance abuse providers?

For 24-hour levels of care, members need to be physically present in the facility for providers to continue to bill. However, clinical services from doctors, therapists, and others may be provided via telehealth in accordance with OMHSAS-21-09 and all other Department of Human Services and Department of Drug and Alcohol Program requirements.

### Can 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 not allowed for Outpatient Psychiatric Services (55 Pa. Code § 1153.14) or Outpatient Drug and Alcohol Clinic Services (55 Pa. Code § 1223.14) which includes Partial Hospital and IOP. Additional information for providers interested in offering group services via Telehealth will be forthcoming.

## In an outpatient center are mental health workers (bachelor level therapists) and student interns under the supervision of a mental health professional able to provide telehealth services?

Providers will be required to maintain compliance with the existing minimum qualifications for staff per the level of care specific regulations (for OP MH, reference Chapter 5200.22). Per the Telehealth Bulletin, provider agencies using behavioral health staff who are unlicensed may provide services using telehealth. 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.

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

Correct, beginning 10/1/21 audio-only service delivery in a behavioral health outpatient program is not allowed unless you request and are granted a temporary waiver from OMHSAS. Please send approved waivers to Magellan at [Telehealthinquiries@magellanhealth.com](mailto:Telehealthinquiries@magellanhealth.com).

## Can psychiatrists conduct medication management appointments via telephone?

Effective 10/1/21, psychiatrists who are working in an Outpatient Mental Health or Drug & Alcohol Clinic may continue to provide telehealth via real-time, two-way interactive audio-video transmission. Audio-only service delivery is not allowed for Outpatient Psychiatric Services (55 Pa. Code § 1153.14) or Outpatient Drug and Alcohol Clinic Services (55 Pa. Code § 1223.14). Providers may consider submitting a request for a temporary waiver of these regulatory standards. For all services in which psychiatry is embedded in the program, providers should follow the applicable Pennsylvania Medicaid Regulations and Bulletins which may include minimum requirements for face-to-face contact or on-site presence.

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

Effective 10/1/21, clinicians who are working in an Outpatient Mental Health or Drug & Alcohol Clinic may continue to provide telehealth via real-time, two-way interactive audio-video transmission. Audio-only service delivery is not allowed for Outpatient Psychiatric Services (55 Pa. Code § 1153.14) or Outpatient Drug and Alcohol Clinic Services (55 Pa. Code § 1223.14). Providers may consider submitting a request for a temporary waiver of these regulatory standards. For all other services, providers should follow the applicable Pennsylvania Medicaid Regulations and Bulletins which may include minimum requirements for face-to-face contact or on-site presence. Providers and practitioners should carefully consider the clinical appropriateness of telehealth and 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?

Please reference OMHSAS-16-03 which outlines the process for requesting waivers. This [template](#) should be utilized for audio-only OP requests. Please submit approved waivers to Magellan at [Telehealthinquiries@magellanhealth.com](mailto:Telehealthinquiries@magellanhealth.com).

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

Providers must continue to follow program specific requirements for those who are qualified/eligible to render services. 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. Provider agencies should establish and enforce policies for assessing when it is clinically appropriate to deliver services through telehealth. Audio-only service delivery is not allowed for Outpatient Psychiatric Services (55 Pa. Code § 1153.14) or Outpatient Drug and Alcohol Clinic Services (55 Pa. Code § 1223.14).

How should providers document and bill for phone sessions that are shorter than typical hour or half hour sessions 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.

For consumers 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.

## 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.

## Can telehealth be provided over state lines (i.e. clinician is in PA while the family is on vacation in NJ)? Can the clinician provide a telehealth session to the family?

Reference OMHSAS-21-09: 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-21-09: 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.

## If the family resides in PA but the clinician does not, can telehealth services be provided? For example, clinician resides in DE or NJ, and family is based in PA – can they provide telehealth as that is their WAH location?

This is permissible if the clinician works for an agency located in PA. If they are individually credentialed, they would need to be enrolled in PA MA.

## SECTION 2: SIGNATURES AND SERVICE DELIVERY

### Will Magellan require signatures on encounter/signed verification forms for non-face-to-face services?

Magellan does not require signed encounter forms for telephone only service delivery.

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

Yes. In accordance with all other guidelines in OMHSAS-21-09, telehealth may be an acceptable delivery method for services that would otherwise be provided face-to-face. Providers should follow all applicable Pennsylvania Medicaid Regulations/ Bulletins and Magellan guidelines which outline the levels of care requiring signed Encounter Forms. If an Encounter Form is required for face-to-face contact in a particular service, signed service verification forms are required. Signatures for service verification may include hand-written or electronic signatures. 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. In situations where signatures cannot be obtained from the individual served or their legal guardian, as applicable, documentation of verbal consent in the medical record meets the requirement for a signature except where inconsistent with Pennsylvania regulations. Verbal consent/verification is not allowable for Mental Health Intensive Case Management services. See 55 Pa. Code § 5221.33. Providers may consider submitting a request for waiver of this regulatory standard.

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

Signatures for consent to treatment may include hand-written or electronic signatures. 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. In situations where signatures cannot be obtained from the individual served or their legal guardian, as applicable, documentation of verbal consent in the medical record meets the requirement for a signature except where inconsistent with Pennsylvania regulations. Verbal consent/verification is not allowable for Mental Health Intensive Case Management services. See 55 Pa. Code § 5221.33. Providers may consider submitting a request for waiver of this regulatory standard.



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. Electronic signatures are permitted under HIPAA. You are not required to get another signature during face-to-face contact.

## SECTION 3: BILLING AND AUTHORIZATIONS

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

There are no changes to procedure code or modifier combination from your current contract when providing telehealth except for utilizing Place of Service (POS) code 02. Refer to your agency's contract with Magellan for more information. More information is forthcoming regarding billing for audio-only services.

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

There are no changes to procedure code or modifier combinations from your current contract. Documentation should reflect telehealth in accordance with Magellan's guidelines to match the billing submissions. POS 02 should be used on claims for all rendered services through telehealth for dates of service April 1, 2020 and forward. More information is forthcoming regarding billing for audio-only services.

### **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?**

Magellan is requiring that all rendered services through telehealth be represented with POS 02 on your claim form for date of service April 1, 2020 and forward. When a non-telehealth service is rendered, please use the appropriate POS as previously submitted to Magellan.

### **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 of services 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?

Payments will be processed within 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? 95-audio?

There are no changes to procedure code or modifier combinations from your current contract when providing telehealth. Providers should continue to utilize Place of Service (POS) code 02 when billing for telehealth. Refer to your agency's contract with Magellan for more information. More information is forthcoming regarding billing for audio-only services.