

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

Frequently Asked Questions (FAQ) for Providers (as of September 30, 2021) **Note updates to previous questions*

***Please send future questions to
Telehealthinquiries@magellanhealth.com**



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SECTION 1: GENERAL TELEHEALTH

Is telehealth still an option for all PA HealthChoices services after 9/30/21?

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

Under the new telehealth 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.

Do providers need waivers to continue with telehealth?

No. Waivers are only needed as indicated in OMHSAS-21-09, or for other regulatory suspensions that are ending after 9/30/21.

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

In accordance with Bulletin OMHSAS-21-09, telehealth can be provided permanently. Magellan will not be making any contractual changes. Providers should continue to bill Place of Service (POS) Code 02 for all services provided via telehealth. More information will be forthcoming regarding the billing of audio-only services.

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 after 9/30/21 in accordance with OMHSAS-21-09. A letter of support is only required if requesting a waiver of certain requirements or exclusions such as audio-only Outpatient services.

Bulletin OMHSAS-21-09 addresses the waiver process for audio-only MH Outpatient, MH Partial Hospital, Mobile Mental Health, D&A Outpatient, Intensive Case Management as well as Distance Exceptions. What is the process for requesting waivers for any other regulatory requirement?

For all other waiver requests outside of those addressed in the telehealth bulletin OMHSAS-21-09, providers should follow OMHSAS Bulletin 16-03.

SECTION 2: LEVEL OF CARE SPECIFIC TELEHEALTH

Can telehealth or audio-only be used in mental health PHPs after 9/30/21?

Telehealth (real time audio and video) is allowable in MH Partial Hospital (PHP) Services after 9/30/21. In accordance with MA Bulletin OMHSAS-21-09, audio-only service delivery is not allowed for Outpatient Psychiatric Services (55 Pa. Code § 1153.14). MH Outpatient Clinics, Mobile Mental Health, and MH Partial Hospital Services fall under the scope of 55 Pa. Code § 1153.

Can telehealth be used by 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.

The telehealth bulletin addresses OP and other community-based programs but does not include psych rehab. Is a waiver required to continue telehealth in psych rehab in situations where individuals cannot come in person due to increased risk?

In accordance with Bulletin OMHSAS-21-09, telehealth can be utilized for Psychiatric Rehabilitation Services ongoing after 9/30/21.

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 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.

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 will be required to maintain compliance with the existing minimum qualifications for staff per level of care specific regulations (for OP MH, reference 55 Pa. Code Chapter § 5200.22). Per the 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 reportedly working on an updated Peer Support Bulletin and Handbook. The timeline for this updated bulletin or if the 25% limit will be adjusted is unknown at this time. As of 9/30/21, interested providers will need to request a waiver of this requirement in accordance with OMHSAS Bulletin 16-03.

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

Yes, please follow OMHSAS Bulletin 16-03 to request a waiver of the 25% annual limit on telephone (audio-only) contact in Peer Support after 9/30/21.

Can IBHS be provided via telehealth after 9/30/21?

Yes, it is permitted however, per OMHSAS-21-09, "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-21-09 Attachment A for *Best Practice Guidelines for Telehealth Service Delivery for Children and Youth*. Additional suggestions for Best

Practices when assessing the appropriateness of telehealth include the following (CASSP, 2020, April 3):

1. Do caregivers have access to necessary technology and internet connection?
2. Will a caregiver be available to facilitate?
3. Are there specific protocols that must be implemented in person?
4. Have risks versus benefits of telehealth been identified?
5. Will telehealth be utilized as the main method of implementation, as needed or for a temporary time?

Please also reference the section titled "Determining Appropriateness for Telehealth Delivery of Services" that is included in OMHSAS-21-09.

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. Additional information and guidance for providers offering IBHS services via telehealth will be forthcoming. Audio-only should not be used for IBHS group services.

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

Please refer to the IBHS regulations 55 Pa. Code Chapter § 1155.32 (a)(1), (a)(2), 5240.72 (e) regarding face-to-face Supervision, Written Order and Assessment requirements. Please refer to 5240.23 (a)-(d) regarding service provision.

How should IBHS providers complete assessments when no face-to-face contact is occurring with members?

Please refer to the IBHS regulations 55 Pa. Code Chapter § 1155.32 (a)(1), (a)(2), 5240.72 (e) regarding face-to-face Supervision, Written Order and Assessment requirements. Please refer to 5240.23 (a)-(d) regarding service provision.

SECTION 3: TELEPHONIC SESSIONS

9/30/21 UPDATE: Can you clarify that audio-only service delivery in a behavioral health outpatient program

(medication management, therapy, assessments/evaluations) is not allowed?

Correct, beginning 9/30/21 audio-only service delivery in a behavioral health outpatient program (any provider that is under the scope of 55 Pa. Code Chapter § 1153) is not allowed unless you request and are granted a temporary waiver from OMHSAS. Please send approved waivers to Magellan at Telehealthinquiries@magellanhealth.com.

9/30/21 UPDATE: Can psychiatrists conduct medication management appointments via telephone?

Effective 9/30/21, psychiatrists who are working in an Outpatient Mental Health Clinic, Mental Health Partial Hospital, Mobile Mental Health program 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 Chapter § 1153.14) or Outpatient Drug and Alcohol Clinic Services (55 Pa. Code Chapter § 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.

9/30/21 UPDATE: For providers who do not have telehealth capability, will visits by phone with physicians, CRNPs, and therapists be billable to Magellan?

Effective 9/30/21, clinicians who are working in an Outpatient Mental Health Clinic, Mental Health Partial Hospital, Mobile Mental Health program 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 Chapter § 1153.14) or Outpatient Drug and Alcohol Clinic Services (55 Pa. Code Chapter § 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.

9/30/21 UPDATE: 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-21-09 which outlines the process for requesting waivers. This [template](#) should be utilized for audio-only Outpatient Psychiatric Services (55 Pa. Code Chapter § 1153.14) or Outpatient Drug and Alcohol Clinic Services (55 Pa. Code Chapter § 1223.14) requests. Please submit approved waivers to Magellan at Telehealthinquiries@magellanhealth.com.

9/30/21 UPDATE: Can non-licensed, master's prepared therapists provide individual therapy services via telephone during this time?

Per OMHSAS-21-09, 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. 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).

9/30/21 UPDATE: How should providers bill and document for phone 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.

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.

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.

SECTION 4: LOCATION OF SERVICES

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

This is included in OMHSAS-21-09 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)? 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 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?

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.

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 Bulletin OMHSAS-21-09 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 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.

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 than 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

9/30/21 UPDATE: 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-21-09, 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. More guidance regarding encounter forms will be forthcoming. Over time, Magellan expects this to be a firm requirement, but for the time being, will support verbal consent on encounters forms following telehealth sessions (signed encounters are still required for face-to-face services in community-based levels of care). Providers who don't have the capabilities for electronic signatures should begin the process of exploring options related to putting the proper technology/platform in place. Intent to obtain signatures is the critical factor behind the requirement. Providers must also implement additional checks-and-balances and monitoring to provide oversight of service delivery.

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 for consent to telehealth during face-to-face contact.

Bulletin OMHSAS-21-09 addresses the waiver process for Intensive Case Management services. Do approved Blended Case Management providers need a waiver for continued verbal consent?

Verbal consent/verification is not allowable for Mental Health Intensive Case Management services after 9/30/21. See 55 Pa. Code § 5221.33. A waiver is not required for verbal consent in Blended Case Management Services.

How do providers re-implement signed encounter forms after the 9/30/21 regulatory suspensions expire?

Per OMHSAS-21-09, signatures for consent to treatment, service verification, and acknowledgement of receipt of treatment or service plan(s) 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 (ICM consent to treat). More guidance regarding encounter forms will be forthcoming. Over time, Magellan expects this to be a firm requirement, but for the time being, will support verbal consent on encounter forms following telehealth sessions (signed encounters are still required for face-to-face services in community-based levels of care). Providers who don't have the capabilities for electronic signatures should begin the process of exploring options related to putting the proper technology/platform in place. Intent to obtain signatures is the critical factor behind the requirement. Providers must also implement additional checks-and-balances and monitoring to provide oversight of service delivery.

SECTION 6: BILLING AND AUTHORIZATIONS

***9/30/21 UPDATE:* 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 combinations on 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. Providers who were previously contracted with Magellan for telehealth with a GT modifier prior to COVID-19 will be receiving an updated fee schedule. The GT modifier will no longer be allowable.

***9/30/21 UPDATE:* 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. Providers who were previously contracted with Magellan for telehealth with a GT modifier prior to COVID-19 will be receiving an updated fee schedule. The GT modifier will no longer be allowable.

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 dates of service April 1, 2020 and forward. When a non-telehealth service is rendered, please use the appropriate POS as allowable.

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.

9/30/21 UPDATE: 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?

Providers should continue to bill Place of Service (POS) Code 02 for all services provided via telehealth. More information will be forthcoming regarding the billing of audio-only services. Providers who were previously contracted with Magellan for telehealth with a GT modifier prior to COVID-19 will be receiving an updated fee schedule. The GT modifier will no longer be allowable. Providers should bill utilizing existing procedure code and modifier combinations for services provided via telehealth.

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:

- 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 verbal consent to receive services in this manner.
- The documentation must include the member's phone number that was utilized, if applicable.