



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 includes another important announcement about Pennsylvania Medicaid-funded telehealth services. In January, Magellan communicated information about Office of Mental Health and Substance Abuse Services (OMHSAS) flexibilities related to telehealth signatures. Specifically, OMHSAS extended the bulletin suspension for signatures on consents to treat, service verifications and treatment plans until March 31, 2023. On March 30, 2023, OMHSAS issued a [memorandum](#) to address continued stakeholder concerns regarding the planned end to the bulletin suspension.

OMHSAS has stressed the importance of developing appropriate systems to capture electronic signatures since February 2021. Given the options available to providers, OMHSAS expects providers to meet federal and state guidance. OMHSAS understands the challenges providers are experiencing and therefore, it will extend the suspension of bulletins identified in the February 18, 2021 OMHSAS memo to December 31, 2023. The suspension is specific only to consent to treatment, service verifications, and treatment plans that are scheduled to end on March 31, 2023. **Now effective on January 1, 2024**, providers are expected to capture consent to treatment, service verifications, and approval of treatment plans in a manner that creates an auditable file and is in accordance with the timelines expected within regulation.

Additionally, OMHSAS has communicated reminders about the permanent allowance of audio-only telehealth. Act 98 of 2022 abrogated specific sections of regulations that prohibited the use of audio-only services. By deleting these provisions from the regulations, the legislature permitted the delivery of specific services using audio-only (specific to psychiatric outpatient clinical, Mobile Mental Health Treatment, partial hospitalization outpatient and drug and alcohol outpatient clinic services). As a reminder, **audio-only services can only be provided when clinically appropriate and the individual served does not have access to video capability or for an urgent medical situation**. The use of audio-only service delivery must be consistent with Pennsylvania regulations and federal requirements.

Telehealth Billing Reminders

In accordance with Medical Assistance Bulletin OMHSAS-22-02, Magellan would also like to remind providers that informational modifier FQ must be included on claims submissions when providing audio-only telehealth services. Providers must 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).

Examples:

- To bill a 45-minute Individual Therapy session in a Psychiatric Outpatient Clinic that takes place via telephone because the member does not have access to video: 90834 HE AF would be submitted as 90834 HE AF FQ
- To bill a Peer Support Service that is provided telephonically with a member: H0038 GT would be submitted as H0038 GT FQ

Telehealth sessions must also be indicated on claims utilizing the correct Place of Service (POS) Code. The allowable POS codes for telehealth include 02 and 10:

- Telehealth provided in the identified member's home: POS = 10
- Telehealth provided in a location other than the home of the member: POS = 02

This corresponds to the physical location of the member, not the provider. Regardless of whether a provider adds modifier FQ to their claim for audio-only telehealth, the POS code must be represented with either 02 or 10.

At Magellan, we will continue to educate our providers with updated MA Bulletins, regulations, and other pertinent information 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, Bureau of Program Integrity (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

📞 215-504-3967 | 📠 866-667-7744