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SUBJECT:

**Guidelines for the Use of Telehealth  
Technology in the Delivery of Behavioral  
Health Services**

BY:

Valerie J. Vicari, Acting Deputy Secretary  
Office of Mental Health and Substance Abuse Services

**SCOPE:**

The bulletin applies to: (1) providers enrolled in the Medical Assistance (MA) Program who render services in the fee-for-service (FFS) or managed care delivery system; (2) Primary Contractors and Behavioral Health Managed Care Organizations (BH-MCOs) in the HealthChoices (HC) Program.

**PURPOSE:**

The purpose of this bulletin is to update the guidelines for delivering behavioral health services using telehealth technology previously issued in OMHSAS Bulletin 14-01, “*OMHSAS Guidelines for the Approval of Telepsych Services in HealthChoices.*” These updated guidelines include the following key changes from OMHSAS Bulletin 14-01:

- 1) Expands the use of telehealth to behavioral health practitioners who provide services in the MA Fee for Service (FFS) delivery system.
- 2) Expands the use of telehealth to include treatment provided by Certified Registered Nurse Practitioners (CRNPs) and Physician Assistants (PAs) certified in mental health; Licensed Clinical Social Workers (LCSWs); Licensed Professional Counselors (LPCs); and Licensed Marriage and Family Therapists (LMFTs).

**BACKGROUND:**

The Office of Mental Health and Substance Abuse Services (OMHSAS) first issued guidance on the use of telehealth through OMHSAS Bulletin 11-09, “*OMHSAS Guidelines for the Approval of Telepsychiatry.*” OMHSAS issued updated guidance in OMHSAS Bulletin 14-01, which clarified the availability of telehealth to deliver psychiatric and psychological services by

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Office of Mental Health and Substance Abuse Services, Bureau of Policy, Planning & Program Development, P.O. Box 2675, Harrisburg, PA 17105. General Office Number 717-772-7900.

MA enrolled psychiatrists and licensed psychologists in the Behavioral Health HC Program. Both bulletins were applicable only to MA enrolled psychiatrists and licensed psychologists in the HC Program. Providers have requested the expansion of the use of telehealth to include the FFS delivery system and additional licensed practitioners.

## **DISCUSSION**

“Telehealth” in this bulletin refers to the delivery of compensable behavioral health services at a distance using real-time, two-way interactive audio-video transmission. The site at which an individual receives behavioral health services using telehealth is the “originating site.” The site at which a practitioner delivers behavioral health services using telehealth is the “distant site.”

Telehealth does not include telephone conversations, electronic mail messaging or facsimile (fax) transmissions. Telehealth cannot be utilized to deliver services to individuals in their homes, unless services are being delivered as part of Assertive Community Treatment (ACT), Dual Diagnosis Treatment Team (DDTT), or Mobile Mental Health Treatment (MMHT) services and only if staff trained in the use of the telehealth equipment and protocols to provide operating support and staff trained to provide in-person clinical intervention are present.

## **PROCEDURE**

In the FFS delivery system, psychiatrists, psychologists, CRNPs and PAs certified in mental health, LCSWs, LPCs, and LMFTs can provide services using telehealth in Psychiatric Outpatient Clinics, Psychiatric Partial Hospitalization Programs, and Drug & Alcohol Outpatient Clinics. BH-MCOs may allow additional provider settings to utilize telehealth.

The following procedures apply to providers seeking to utilize telehealth:

### **Technology**

1. Technology used for telehealth, whether fixed or mobile, should be capable of presenting sound and image in real-time and without delay. The telehealth equipment should clearly display the participants’ full bodies and their environments. The telehealth equipment must meet any state or federal requirements for the transmission or security of health information.
2. Providers are responsible to ensure confidentiality and security in the transmission and storage of health information, and to conduct regular reviews, at least annually, of systems used for the delivery of telehealth. Providers must maintain annual and comparative reports of these reviews to be examined by OMHSAS and BH-MCOs upon request. The reports must be retained in a retrievable record, identified by date of review,

and include the following information:

- a. Technology provider certification(s).
- b. Manifest files of the software being utilized.
- c. Attestation of systems security checks performed with corresponding results logged on a regular basis.

### **Consent and Confidentiality**

1. Providers must assure the privacy of the individual receiving services and comply with the Health Insurance Portability and Accountability Act (HIPAA) and other federal and state privacy and confidentiality requirements.
2. Prior to utilizing telehealth, providers must obtain the consent of the individual to receive services utilizing telehealth. The individual must be informed of all persons who will be present at each end of the transmission and the role of each person. Individuals may refuse services delivered through telehealth. Providers cannot use such refusal as a basis to limit the individual's access to services delivered face to face.

### **Delivery of Services**

1. Originating site must have staff trained in telehealth equipment and protocols to provide operating support and staff trained and available to provide in-person clinical intervention, if needed. If ACT, DDTT, or MMHT services are being provided in the home, staff trained in the use of the telehealth equipment and protocols to provide operating support and staff trained to provide in-person clinical intervention if needed must be present.
2. Out-of-state practitioners providing treatment using telehealth to Pennsylvania residents must meet the licensing requirements established by the Pennsylvania Department of State to provide services in the Commonwealth.
3. Interpretive services, including sign language, must be provided as necessary.
4. The participant's medical record must indicate when a service is provided using telehealth including, the start and end time of service.

### **Quality of Service**

1. The provider using telehealth must maintain written quality protocols for the operation and use of telehealth equipment including the provision of periodic training to ensure that telehealth is provided in accordance with the requirements in this bulletin as well as the provider's established patient care standards.

2. The providers must maintain a written procedure detailing a contingency plan for transmission failure or other technical difficulties that render the behavioral health service undeliverable.
3. The provider must periodically review, at least annually, its quality protocol and delivery of services through telehealth. The provider must maintain annual and comparative reports of these reviews to be examined by OMHSAS and by the responsible BH-MCOs upon request.

### **Billing**

Psychiatric Outpatient Clinics, Psychiatric Partial Hospitalization Programs, and Drug & Alcohol Outpatient Clinics can bill for specified services provided by psychiatrists, licensed psychologists, CRNPs, PAs, LCSWs, LPCs, and LMFTs in the FFS delivery system.

**Attachment A** of this bulletin contains a list of procedure codes for services that may be provided using telehealth in the FFS delivery system. Providers must use the appropriate procedure codes and modifiers to identify that the service was delivered using telehealth.

Providers in the managed care delivery system should follow the billing procedures and protocols established by the BH-MCOs.

### **Attestation Form**

Providers seeking to provide behavioral health services using telehealth should complete and submit **Attachment B**, “*Telehealth Attestation Form*” to the electronic resource account [RA-PWTBHS@pa.gov](mailto:RA-PWTBHS@pa.gov) and to the appropriate OMHSAS Field Office. Upon receipt of the attestation form, OMHSAS will review the form for completeness and inform the provider whether it is approved to utilize telehealth based on the assurances made in the attestation form. An updated attestation form must be submitted when any of the information provided in the attestation form is changed, including the addition of a new service location as an originating site.

Providers that currently have an approval from OMHSAS to provide telehealth (previously referred to as telepsych or telepsychiatry) are approved to provide telehealth as described in this bulletin and do not have to complete the attestation form unless they move or add a new service location as an originating site.

Additionally, BHMCOs may have specific requirements related to the delivery of services using telehealth for providers included in their networks.

### **Obsolete Bulletin**

The issuance of this bulletin renders the OMHSAS Bulletin 14-01 obsolete.

## Attachment A

Proc. Code	Price Mod.	Info Modifier	Procedure Code Description	Provider Type	Provider Specialty	Units	Place of Service	MA Fee
90792		GT	Psychiatric diagnostic evaluation with medical services (Psychiatric Eval, Exam & Eval of Patient)	08	074	occurrence	15	\$75.00
90792		GT	Psychiatric diagnostic evaluation with medical services (Psychiatric Eval, Exam & Eval of Patient)	08	110	occurrence	49	\$75.00
90792		GT	Psychiatric diagnostic evaluation with medical services (Psychiatric Eval, Exam & Eval of Patient)	08	184	occurrence	57	\$75.00
90832		GT	Psychotherapy, 30 minutes with patient and/or family member	08	074	30 min	15	\$26.00
90832		GT	Psychotherapy, 30 minutes with patient and/or family member	08	110	30 min	49	\$26.00
90832		GT	Psychotherapy, 30 minutes with patient and/or family member	08	184	30 min	57	\$26.00
90834		GT	Psychotherapy, 45 minutes with patient and/or family member	08	074	45 min	15	\$39.00
90834		GT	Psychotherapy, 45 minutes with patient and/or family member	08	110	45 min	49	\$39.00
90834		GT	Psychotherapy, 45 minutes with patient and/or family member	08	184	45 min	57	\$39.00
90837		GT	Psychotherapy, 60 minutes with patient and/or family member	08	074	60 min	15	\$52.00
90837		GT	Psychotherapy, 60 minutes with patient and/or family member	08	110	60 min	49	\$52.00
90837		GT	Psychotherapy, 60 minutes with patient and/or family member	08	184	60 min	57	\$52.00
90846	UB	GT	Family Psychotherapy (without the patient present)	08	074	15 min	15	\$13.00
90846	UB	GT	Family Psychotherapy (without the patient present)	08	110	15 min	49	\$13.00
90847	UB	GT	Family Psychotherapy (conjoint psychotherapy) w/ patient present	08	074	15 min	15	\$13.00
90847	UB	GT	Family Psychotherapy (conjoint psychotherapy) w/ patient present	08	110	15 min	49	\$13.00
90847	UB	GT	Family Psychotherapy (conjoint psychotherapy) w/ patient present	08	184	15 min	57	\$13.00
96116		GT	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	08	074	1 hour	15	\$68.72
96116		GT	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	08	110	1 hour	49	\$68.72
96116		GT	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	08	184	1 hour	57	\$68.72

Proc. Code	Price Mod.	Info Modifier	Procedure Code Description	Provider Type	Provider Specialty	Units	Place of Service	MA Fee
96116		GT	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	11	113, 114,	1 hour	52	\$68.72
96121		GT	each additional hour (List separately in addition to code for primary procedure 96116)	08	074	1 hour	15	\$63.02
96121		GT	each additional hour (List separately in addition to code for primary procedure 96116)	08	110	1 hour	49	\$63.02
96121		GT	each additional hour (List separately in addition to code for primary procedure 96116)	08	184	1 hour	57	\$63.02
96121		GT	each additional hour (List separately in addition to code for primary procedure 96116)	11	113, 114	1 hour	52	\$63.02
96127		GT	Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	08	074	occurrence	15	\$4.00
96127		GT	Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	08	110	occurrence	49	\$4.00
96130		GT	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	08	074	1 hour	15	\$88.66
96130		GT	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	08	110	1 hour	49	\$88.66
96130		GT	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	08	184	1 hour	57	\$88.66

Proc. Code	Price Mod.	Info Modifier	Procedure Code Description	Provider Type	Provider Specialty	Units	Place of Service	MA Fee
96130		GT	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	11	113, 114	1 hour	52	\$88.66
96131		GT	each additional hour (List separately in addition to code for primary procedure 96130)	08	074	1 hour	15	\$67.50
96131		GT	each additional hour (List separately in addition to code for primary procedure 96130)	08	110	1 hour	49	\$67.50
96131		GT	each additional hour (List separately in addition to code for primary procedure 96130)	08	184	1 hour	57	\$67.50
96131		GT	each additional hour (List separately in addition to code for primary procedure 96130)	11	113, 114	1 hour	52	\$67.50
96132		GT	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	08	074	1 hour	15	\$87.02
96132		GT	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	08	110	1 hour	49	\$87.02
96132		GT	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	08	184	1 hour	57	\$87.02
96132		GT	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	11	113, 114	1 hour	52	\$87.02
96133		GT	each additional hour (List separately in addition to code for primary procedure 96132)	08	074	1 hour	15	\$66.69
96133		GT	each additional hour (List separately in addition to code for primary procedure 96132)	08	110	1 hour	49	\$66.69

Proc. Code	Price Mod.	Info Modifier	Procedure Code Description	Provider Type	Provider Specialty	Units	Place of Service	MA Fee
96133		GT	each additional hour (List separately in addition to code for primary procedure 96132)	08	184	1 hour	57	\$66.69
96133		GT	each additional hour (List separately in addition to code for primary procedure 96132)	11	113, 114	1 hour	52	\$66.69
H0034		GT	Medication training & support (Medication Mgmt Visit)	08	074	15 min	15	\$20.00
H0034		GT	Medication training & support (Medication Mgmt Visit)	08	110	15 min	49	\$20.00
H0035	U7	GT	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Adult Psych Partial Program - Adult)	11	114	1 hour	52	\$14.00
H0035	U7	HB, UA, GT	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Child Psych Partial Program - Adult)	11	113	1 hour	52	\$14.00
H0035	UB	HA, GT	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Adult Psych Partial Program – Child)	11	114	1 hour	52	\$15.00
H0035	UB	UA, GT	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Child Psych Partial Program - Child)	11	113	1 hour	52	\$15.00
T1015	UB	GT	Clinic Visit/Encounter, All-Inclusive (Drug Free Clinic Visit)	08	184	visit	57	\$6.00



**ATTACHMENT B**

**OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES**

**ATTESTATION FORM TO PROVIDE TELEHEALTH**

Providers may use telehealth to provide behavioral health services based on their assurance to follow the OMHSAS Bulletin OMHSAS-20-02 as attested to by signature(s) to this document.

**Instructions**

Providers must complete Section I “Behavioral Health Provider Information” and Section II “Statement of Compliance and Signature” and submit the form to the electronic resource account [RA-PWTBHS@pa.gov](mailto:RA-PWTBHS@pa.gov) and to the appropriate OMHSAS Field Office at least 30 days prior to the anticipated start date of telehealth services.

**I. Behavioral Health Provider Information**

- a. Provider type and license information** *(check all applicable provider types and list license numbers below):*

<b>Provider name:</b>		
(Check)	<b>Provider Type</b>	<b>License number(s)</b>
	Psychiatric Outpatient Clinic	
	Partial Hospitalization Program	
	Drug & Alcohol Outpatient Clinic	
	Other <i>(specify below) (applicable only to HealthChoices network providers)</i>	

- b. Contact person’s name, phone number, and email address:**

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Office of Mental Health and Substance Abuse Services, Bureau of Policy, Planning & Program Development, P.O. Box 2675, Harrisburg, PA 17105. General Office Number 717-772-7900.

**c. Originating site(s) and county(ies) served** *(specify all originating site(s) and county(ies) served below, add rows as needed):*

#	Originating Site Address	13-digit Provider PROMISe ID	County(ies) Served
1			
2			
3			
4			
5			

**d. Name of BH-MCO(s)** *(applicable only to BH-MCO Network Providers):*

**e. List the procedure codes of services that will be provided using telehealth:**  
*(Please see OMHSAS Bulletin OMHSAS-20-02 Attachment A for a list of procedure codes for services that can be delivered using telehealth in FFS. BH-MCOs may allow additional services to be delivered using telehealth)*

**II. Statement of Compliance and Signature:**  
*(To be signed by the Authorized Representative of the Provider)*

I understand behavioral health services using telehealth can be provided only after approval of this attestation form by OMHSAS. I also understand that telehealth programs are subject to monitoring reviews as determined by OMHSAS or BH-MCOs for the purpose of continuing authorization to utilize telehealth.

I hereby attest that telehealth services provided by \_\_\_\_\_  
*(print name of the provider)*

will be in accordance with bulletin OMHSAS-20-02. All documentation required in this bulletin will be maintained and made available for review by the OMHSAS and/or BH-MCOs upon request.

Provider's Authorized Representative Name: \_\_\_\_\_

Provider's Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**III. OMHSAS Approval**  
*(To be completed by OMHSAS):*

This Attestation has been reviewed for completeness. The provider is authorized to deliver services using telehealth based upon the assurances made by this attestation.

Please note that additional approval to provide services using telehealth may be required by BH-MCOs for providers in their network.

OMHSAS Representative Name: \_\_\_\_\_

OMHSAS Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_