

COVID-19 Update: Guidance for telehealth/telephonic care for Behavioral Health services (Updated January 8, 2021)

Published: Jan 8, 2021 - Administrative

Please note that the following information applies to Anthem's Commercial health plans. Please review the Medicare and Medicaid specific sites noted below for details about these plans.

For the latest COVID-19 information, please check our websites often:

Commercial: [Provider News Home](#)

Medicaid: <https://mediproviders.anthem.com/nv>

Medicare: anthem.com/medicareprovider

Anthem is closely monitoring COVID-19 developments and what it means for our customers and our healthcare provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) to help us determine what action is necessary on our part. We have made changes to how behavioral health providers can utilize and be compensated for telehealth (audio + video) and telephonic-only care with their patients.

For general information for care providers about COVID-19, including when and how we are waiving cost sharing, please see [Information from Anthem for Care Providers about COVID-19](#).

To help address care providers' questions regarding Behavioral Health services, Anthem has developed the following frequently asked questions:

How is Anthem approaching the provision of mental health outpatient, substance abuse outpatient, IOP, PHP, ABA, Psychological and Neuropsychological Testing services via telehealth (audio + video) visits?

Anthem is making adjustments in our policy in the provision of these services to address the need for expanded telehealth access. We expect all mental health outpatient, substance abuse outpatient, IOP, PHP, ABA, and Psychological Testing services will still be provided within benefits limits, authorization limits, medical necessity criteria, and within state and federal regulatory requirements and licensure requirements, including HIPAA compliance and the regulations regarding how substance use information is handled. We will continue to actively monitor the rapidly evolving situation.

What codes would be appropriate to consider for IOP and PHP services using telehealth (audio + video)?

Anthem would recognize IOP and PHP services that are rendered via telehealth with a revenue code (905, 906, 912, 913), plus CPT codes for specific BH services.

Are there any recommendations around the delivery of Partial Hospitalization Program (PHP) level of care using telehealth (audio + video)?

- PHP programs should continue to deliver the same level of service and clinical value using telehealth.
- Telehealth refers to use of audio + video, not solely telephonic (audio only). Telephonic-only interactions are not appropriate for PHP level of care.
- Expectation of telehealth PHP services being delivered includes, but is not limited to:
 - Maintain daily psychiatric management and active treatment comparable to that provided in an inpatient setting
 - Ensure full day telehealth PHP program is delivered in the same way as an in-person face to face PHP program, including therapeutically intensive acute treatment within a therapeutic milieu including individual and group therapy
 - Routine discharge processes are followed, including scheduling after care appointments no more than 7 days from a member's discharge from PHP and ensuring that members discharged on medication receive at least one psychiatric medication monitoring appointment no more than 14 days after discharge
 - Group therapy takes place at the same levels as delivered in PHP face to face program
 - Group therapy size should be the same as when PHP program is delivered in-person face to face
 - Clinical assessment of the member takes place once daily
 - Educational and activity therapies are included as indicated on the treatment plan
 - Treatment planning and progress notes documentation of services delivered
 - Documentation that services were provided via telehealth (audio + video)
 - Protocols in place to address risk behavior and decompensation

- Process in place to respond to crisis for members
- Consent and privacy controls are put in place when patients are participating in group telehealth (audio + video) sessions
- Protocols in place to address risk behavior and decompensation in the patient's home
- Utilization Management Process for PHP:
 - Providers are expected to follow any required prior authorization and concurrent review process for the PHP authorization process.

Are there any recommendations around the delivery of Intensive Outpatient Program (IOP) level of care using telehealth (audio + video)?

- IOP programs should continue to deliver the same level of service and clinical value using telehealth.
- Telehealth refers to use of audio + video, not solely telephonic. Telephonic-only interactions are not appropriate for IOP level of care.
- Expectation of telehealth IOP services being delivered includes, but is not limited to:
 - Maintain timely admittance to the program within one business day of evaluation, along with timely completion of initial treatment plan and discharge plan
 - Ensure telehealth psychiatric management is comparable to face-to-face IOP care
 - Routine discharge processes are followed, including scheduling after care appointments no more than 7 days from a member's discharge from IOP and ensuring that members discharged on medication receive at least one psychiatric medication monitoring appointment no more than 14 days after discharge
 - Ensure access to multidisciplinary treatment team (e.g., clinical master's degree staff; RN; and psychiatrist)
 - Continue to provide daily management and active treatment
 - Maintain a written schedule of program activities
 - Treatment planning and progress notes documentation of services delivered
 - Documentation that services were provided via telehealth (audio + video)
 - Protocols in place to address risk behavior and decompensation
 - Process in place to respond to crisis for members
 - Consent and privacy controls are put in place when patients are participating in group telehealth (audio + video) sessions

- Utilization Management Process for IOP:
 - Providers are expected to follow any required prior authorization and concurrent review process for the IOP authorization process.

What codes would be appropriate to consider for mental health and substance abuse outpatient services using telehealth (audio + video)?

Anthem would recognize psychiatric diagnostic evaluation (90791-90792), psychotherapy (90832-90838, 90839-90840, 90845-90847), and medication management (90863) and E&M codes (99211-99215) visits within the member's benefits, with place of service (POS) 02 and modifier 95 or GT. For Medicare Advantage business, please report these mental health and substance abuse outpatient telehealth services with place of service (POS) 02 only.

What codes would be appropriate to consider for the delivery of ABA therapy using telehealth (audio + video)?

Anthem would recognize ABA therapy for functional behavior assessment (FBA) (97151) adaptive behavioral treatment by protocol or protocol modification (97153, 97155) and telehealth caregiver training (97156, 97157) visits within the member's benefits, with place of service (POS) 02 and modifier 95 or GT. For Medicare Advantage business, please report these ABA therapy telehealth services with place of service (POS) 02 only.

Are ABA providers allowed to use the hours approved in a current authorization for telehealth (audio + video) ABA services?

If an ABA provider is not requesting changes to existing authorized codes or units they can continue to use the authorization they have on file. No further action is required by the provider.

If an ABA provider is requesting changes to the authorization we have in place, such as changes to units or codes, they must submit a request for the change by submitting a new treatment request form outlining the changes they are requesting, please include current authorization reference number and date of change being requested.

If an ABA provider is requesting new authorization of code or units, they should follow the process already in place by submitting the request by fax or via Anthem's electronic portal.

How is Anthem approaching the provision of mental health outpatient and substance abuse outpatient services via telephonic-only visits?

Anthem is making adjustments in our policy in the provision of these telephonic-only services to address the need for expanded access outside of telehealth (audio + video) to include telephonic only visits with in-network providers and out-of-network providers where required. We expect all mental health outpatient and substance abuse outpatient will still be provided within benefits limits, authorization limits, medical necessity criteria, and within state and federal regulatory requirements and licensure requirements, including HIPAA compliance and the regulations regarding how substance use information is handled. These changes for telephonic-only visits will be effective from March 19, 2020 through March 31, 2021, unless a longer period is required by law. We will continue to actively monitor the rapidly evolving situation.

What codes would be appropriate to consider for mental health outpatient and substance abuse outpatient services via telephonic audio-only visits?

From March 19 through March 31, 2021, Anthem would recognize audio-only time based codes, (99441, 98966, 99442, 98967, 99443, and 98968). These codes do not need a place of service (POS) 02 or modifier 95 or GT.

In addition, Anthem would recognize telephonic-only services for diagnostic evaluation (90791-90792), psychotherapy (90832-90838, 90839-90840, 90845-90847), and medication management (90863) with place of service (POS) 02 and modifier 95 or GT. For Medicare Advantage business, please report these telephonic-only services with place of service (POS) 02 only.

Can behavioral health providers conduct IOP, PHP, psychological testing, and the ABA services via telephonic-only care?

No. These services require face-to-face interaction and therefore are not appropriate for telephonic-only consultations. Anthem is allowing these services to be billed via telehealth (audio + video).

What if I have additional questions pertaining behavioral health telehealth (audio + video) or telephonic-only care visits?

Please contact Anthem Behavioral Health.

Please note that the above information applies to Anthem's Commercial health plans. Please review the Medicare and Medicaid specific sites noted below for details about these plans.

For the latest COVID-19 information, please check our websites often:

Commercial: [Provider News Home](#)

Medicaid: <https://mediproviders.anthem.com/nv>

Medicare: [anthem.com/medicareprovider](https://www.anthem.com/medicareprovider)

161-0121-WP-NV

URL: <https://providernews.anthem.com/nevada/article/information-from-anthem-for-care-providers-that-perform-aba-services-during-covid-19-10>

Featured In:

COVID-19 Information - Nevada

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare or WCIC; CompCare Health Services Insurance Corporation (CompCare) underwrites or administers the HMO policies and Wisconsin Collaborative Insurance Company (WCIC) underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association. Use of the Anthem websites constitutes your agreement with our Terms of Use.
