



Frequently Asked Questions Public Health Emergency

This FAQ is for questions related to the end of the COVID-19 public health emergency, which concluded on May 11, 2023.

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Telehealth and Telephonic Services

Q1. What behavioral health services can be provided via telephone? (Audio-only)

A1. Any service that is indicated as allowable via telehealth in the provider manual is also allowed via telephonic (audio-only) delivery if it can be done safely, effectively, and within existing rules for that service.

The best practice for telehealth is audio/video enabled telehealth. Audio-only telehealth should be used to provide services to members that cannot access high-speed internet.

Q2. Can I provide telehealth services in the community?

A2. Yes; however, a provider should consider a member's security and privacy ensure that all HIPAA requirements are followed when delivering a service via telehealth in a community-based setting

Q3. What platforms can I use for Telehealth?

A3. Due to the vast number of telehealth and video conferencing platforms available, it is not practical to provide an exhaustive and up-to-date list of all the acceptable telehealth platforms. Any platform used to deliver telehealth services must be HIPAA compliant and must be used in a HIPAA compliant manner. For more information about telehealth platforms, please visit [HHS.gov](https://www.hhs.gov)

Q4. Do I have to change my telehealth platform before 5/12/2023?

A4. Please consult the Department of Health and Human Services for guidance on telehealth platforms. [HHS.gov](https://www.hhs.gov)

Q5. Can language interpretation occur via audio-only telehealth?

A5. This service is under review with IDHW and the provider manual will be updated with this information if and when it is approved for audio-only delivery.

Q6. Which services can be provided via telehealth?

A6. Refer to the provider manual for information on what services can be provided via telehealth.

Q7. I'm in private practice, can I still do telehealth?

A7. Yes, if you are independently licensed, you may provide services via telehealth.

Q8. What credentials do I need to provide telehealth services?

A8. If you are not part of a group agency, then you must be independently licensed to render services via telehealth.

If you are a part of a group agency (and the group agency has a supervisory

protocol addendum to its contract with Optum), then you must meet the minimum requirements to deliver the service in question as outlined in the provider manual.

Please note that some services are designated as in-person services only. Providers may not deliver those services via telehealth.

Q9. Are there specific clinical/situational requirements to render telehealth services?

A9. The following things should be considered when determining to deliver services in-person or via telehealth:

- Has member voice and choice been accounted for?*
- Is telehealth delivery an evidence-based approach for the intervention?*

If telehealth delivery meets the needs of the member and is appropriate from an evidence-based practice perspective (and the service is indicated in the provider manual as deliverable via telehealth), then the service can be rendered via telehealth.

Per the Idaho Virtual Care Access Act, “a provider-patient relationship may be established by use of virtual care technologies, provided that the applicable Idaho community standard of care is satisfied.”

Q10. What place of service codes and/or modifiers do I need to use for telehealth/telephonic services?

A10. For telehealth services provided in a member’s home, use Place of Service code 10. For telehealth services provided in a location other than the member’s home, use Place of Service code 02.

According to the Idaho Virtual Care Access Act, “any act that constitutes the delivery of health care services is deemed to occur at the place where the patient is located at the time the act is performed.”

Skills Building/CBRS Threshold Change

Q11. It appears that Optum has reduced the number of hours of Skills Building/CBRS available to clients each year to only 1.5 hours a week. Was this the intent?

A11. There has been no reduction in the available hours of Skills Building/CBRS; The only change has been in the amount of paperwork and authorizations that a provider needs to fill out. The first 308 units of the year do not require a prior authorization—a considerable administrative workload reduction from the pre-PHE requirement of a prior authorization for every unit.

Optum Idaho is not prescriptive of a weekly allotment of CBRS units a member can or should use—every member has different needs based on their own situation. The appropriateness of the service is based on the member and if they meet the medical necessity criteria for the service and the amount they are using.

If a member meets medical necessity for additional units beyond the initial

308, a provider simply needs to submit a service request form and additional medically necessary units will be authorized (in the exact same process as was used for every unit prior to the PHE). Providers should monitor the units used so that they can anticipate when they'll need to submit a service request form to avoid interruptions in member care, but there is no cap or limitation to the number of medically necessary units a member can receive.

Q12. How was the 308-unit threshold for Skills Building determined?

A12. The 308-unit threshold was determined based on an analysis of the claims data collected during the PHE, during which prior authorization requirements were suspended. In that time, the data showed the following:

- Approximately 75% of all members that utilize Skills Building/CBRS utilized less than 308 units in a calendar year
- A review of the remaining 25% highest CBRS-utilizing members and the full array of services they received during the year indicates that continued clinical reviews and discussions with Optum Care Advocates would be appropriate.
- Prior to the pandemic, over 90% of Skills Building/CBRS service requests were approved. Moving to a threshold decreases provider administrative burden.

Q13. Are the CFRP and CPRP requirements coming back?

A13. The CFRP and CPRP requirements will not return and will be removed from the Provider Manual on 7/1/2023. The CFRP and CPRP certifications will be accepted, but not required. As replacement requirements are introduced by IDHW, Optum Idaho will communicate the replacement requirements with a minimum of 30 days' notice.

Other services/miscellaneous

Q14. Are there any exceptions for members that need Day Treatment or Partial Hospitalization via telehealth after 5/11?

A14. Members that are in Day Treatment or Partial Hospitalization need to be transitioned to a face-to-face service delivery by 5/12 to continue in a Day Treatment or Partial Hospitalization program.

Q15. Please clarify the threshold changes for Extended Psychotherapy (90837).

A15. The threshold for 90837 will begin counting on 5/12/2023. The threshold will be removed completely on 7/1/2023. If a member uses more than 12 units between 5/12/2023 and 7/1/2023, a prior authorization will be required.