

**San Mateo County MHP
Procedure Manual**

Procedure: MHP 2011-04 Attachment L	TITLE: Procedure for Reimbursing Provider Claims for Telehealth and Phone Services	Effective Date: March 2020
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Approval By:	Date:
Scott Gruendl, Assistant Director	August 2021
Doreen Avery, Billing Manager	August 2021
Annual Review Date:	September 2022

Purpose

To document San Mateo County Mental Health’s (MHP) policy for reimbursing providers for telehealth and phone services

Scope

This policy was developed in accordance with all applicable federal and state statutory, regulatory, and contract requirements. This policy applies to claims for Care Advantage, Cal MediConnect and Medi-Cal lines of business.

Responsibility and Authority

The Billing Manager is responsible for overseeing the claims activity of HPSM.

The Claims Supervisor is responsible for ensuring that each provider profile is set up correctly in MSO and that claims are paid at the correct Medicare rate.

1.0 Setting up the Provider Profile in MSO

- 1.1 The Claims Supervisor is responsible for setting up Contractor and NonContractor profiles in MSO
- 1.2 Contractors: BHRS Contracts staff give a copy of the Provider Contract to the Claims Supervisor and then the Supervisor sets up the Provider in MSO based on the terms of the Contract
- 1.3 NonContractors: Claims Specialist gives a copy of the non-contractor claim to the Claims Supervisor so that the Non-contractor profile can be set up in MSO

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2.0 Installing Medicare Rates in MSO

1.1 In January and July of each year, the Claims Supervisor will go to the CMS website and create a file of all psychiatric reimbursable cpt codes

1.2 Claims Supervisor will import the CPT codes and rates into MSO

1.4 It was the decision of the Division to pay provider claims for telehealth and phone services at the same rate as the Medicare facility rate