



PROVIDER REIMBURSEMENT GUIDANCE

Behavioral Health Outpatient

Original Date Approved	Effective Date Senior Care Options/One Care	Effective Date Medicare Advantage*	Revision Date
10/11/2021	06/11/2022	06/11/2022	05/11/2022
Scope: Commonwealth Care Alliance (CCA) Product Lines			
<input checked="" type="checkbox"/> Senior Care Options (MA)			
<input checked="" type="checkbox"/> Medicare Preferred – (PPO) RI*			
<input checked="" type="checkbox"/> One Care (MA)			
<input checked="" type="checkbox"/> Medicare Value - (PPO) RI*			
<input checked="" type="checkbox"/> Medicare Preferred – (PPO) MA*			
<input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*			
<input checked="" type="checkbox"/> Medicare Value - (PPO) MA*			

PAYMENT POLICY SUMMARY:

Commonwealth Care Alliance® (CCA) reimburses services in accordance with mental health parity laws for medically necessary behavioral health and substance use disorder services performed in an outpatient office setting.

AUTHORIZATION REQUIREMENTS:

Applicable CCA referral, notification and authorization policies and procedures apply. For more information on prior authorizations, please refer to the Prior Authorization Requirements in the plan specific Provider Manual.

REIMBURSEMENT GUIDELINES:

Concordant with CMS Regulation, CCA’s reimbursement for claims billed appropriately and within the providers scope of practice within their respective state are based upon the modifiers within the billing and coding guidelines section of this policy.

All non-contracted providers and vendors require Prior Authorization for all services. Please refer to the Out of Network Payment Policy.

Modifier	Description	Reimbursement Percentage
AH	Clinical Psychologist	100% of fee schedule/allowed amount
AJ	Clinical Social Worker	75% of fee schedule/allowed amount
HM	Less than bachelor’s degree level	(Informational Modifier Only)
HN	Bachelor’s degree level	(Informational Modifier Only)
HO	Master’s degree level	75% of fee schedule/allowed amount
HP	Doctoral level	100% of fee schedule/allowed amount
SA	Nurse Practitioner	85% of fee schedule/allowed amount of MD
TD	Registered Nurse (informational only)	(Informational Modifier Only)
TE	LPN or LVN (informational only)	(Informational Modifier Only)

Per CMS regulations, clinicians not participating in the Medicare program may not provide BH/SUD services to Medicare beneficiaries. This includes services being provided by clinicians who work for community behavioral health centers, such as licensed mental health counselors (LMHC) and licensed marriage and family therapists (LMFTs).

REIMBURSEMENT GUIDELINES (cont.):

Psychopharmacology Visits

Psychopharmacology visits are covered as medical services after the initial medical evaluation. They are subject to a copayment if applicable. These services can be billed using the appropriate evaluation and management codes (99202-99205, 99211-99215, 90833, 90836, 90838, 96372, 99412, 99417, G0463, G0469, G0470, G2212)

Psychological/Neuropsychological Testing

Psychological and neuropsychological testing is covered as a medical service and is considered part of a member's BH benefit. These services require prior authorization. Please refer to the appropriate plan provider manual for details on prior authorization processes.

Opioid Dependence Medications

CCA covers medically necessary services for the treatment of an opiate addiction when rendered in an outpatient office setting by an appropriately licensed and qualified BH/SUD provider. Opioid dependence medications are covered in accordance with the member's prescription drug benefit.

Please refer to Opioid Replacement Therapy and Medication Assisted Treatment Policy.

BILLING and CODING GUIDELINES:

Unless otherwise stated, CCA follows AMA coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage. For Telehealth coding guidelines provider review Telehealth payment policy.

Use the appropriate modifier to identify when services are provided by clinicians recognized by Massachusetts EOHHS and Rhode Island EOHHS, but not recognized by Medicare (e.g., use of the HO modifier to identify services provided by LMHCs, LMFTs, and other licensed and unlicensed counselors).

For Medicare Advantage members please follow CMS modifier rules.

If a requested service or item is not listed below, please call Provider Services at 866-420-9332 for clarification. CCA recognizes the following CPT Codes for Billing of outpatient BH and Substance Use Services, not all codes are allowed by all lines of business. Please use the below table as a guide:

Code	Description	Applicable Line of Business
90791	Psychiatric diagnostic evaluation (no medical services)	All
90792	Psychiatric diagnostic evaluation with medial services	All
+90785	Interactive complexity (List separately in addition to the primary psychiatric service 90791-90792, 90832-90834, 90836-90838, 90853)	All
90832	Psychotherapy, 30 minutes with patient	All

BILLING and CODING GUIDELINES (cont.):

Code	Description	Applicable Line of Business
+90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	All
90834	Psychotherapy, 45 minutes with patient	All
+90836	Service Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	
90837	Psychotherapy, 60 minutes with patient	All
+90838	Psychotherapy, 60 minutes with member or family member when performed with E&M Service (List separately in addition to the code for primary procedure)	
90839	Psychotherapy for crisis, first 60 minutes	All
+90840	Psychotherapy for crisis, each additional 30 minutes (add-on code)	All
90846	Family psychotherapy (without the patient present) 50 minutes	All
90847	Family psychotherapy (conjoint psychotherapy) (with patient present) 50 minutes	All
90853	Group psychotherapy (other than of a multiple-family group)	All
H2020	Dialectical Behavioral Therapy (DBT), per diem	One Care/SCO
S9484	Crisis intervention mental health services, per hour	One Care/SCO
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	One Care/SCO
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist	All
H0032	Mental Health Service Plan development by nonphysician	One Care/SCO
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them hot to assist patient	One Care/SCO

BILLING and CODING GUIDELINES (cont.):

Code	Description	Applicable Line of Business
H0032	Mental Health Service Plan development by nonphysician	One Care/SCO
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	One Care/SCO
H0001	Alcohol and or drug assessment	One Care/SCO
H0004	Behavioral Health counseling and therapy per 15 mins	One Care/SCO
H0005	Alcohol and or drug services group counseling by a clinician	One Care/SCO
H0006	Alcohol and/or drug services case management	One Care/SCO
T1006	Alcohol and or substance use services family/couple counseling	One Care/SCO
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	All
+97811	Acupuncture 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)	All
H0014	Alcohol and/or drug services; ambulatory detoxification	One Care/SCO
H0020	Alcohol and or drug services; methadone administration and/or service	One Care/SCO
99060	Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services in addition to basic service	All
H0047	Alcohol and or other substance use services, not otherwise specified	One Care/SCO
H2015	Community Support Program (CSP) per 15 mins	One Care/SCO
H2015-HK	Community Support Program for Chronically Homeless Individuals (CSP-CHI) per 15 mins	One Care/SCO
H2015-HF	Comprehensive community support services, per 15 minutes (recovery support navigator)	One Care/SCO
H2015-HG	Comprehensive community support service, per 15 minutes (Methadone Maintenance)	One Care/SCO

Code	Behavioral Health Outpatient Services that require a Prior Authorization (PA)	Applicable Line of Business
H2016-HM	Comprehensive community support services, per 15 minutes (recovery coach) per diem	One Care/SCO
H2016-HH	Community Support Program (CSP) for Justice Involved individuals per diem	SCO
T1040	Individual behavioral health visit	One Care/SCO
T1040-HQ	Group behavioral health visit	One Care/SCO
G0511	Behavioral Health Integration Service	One Care/SCO
90870	Electroconvulsive Therapy (ECT)	All
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery, and management	All
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	All
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	All
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgement, e.g., 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.	All
+96121	Each additional hour. (List separately in addition to code for primary procedure.) (Add-on code to 96116.)	All
96130	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 to the patient, family member(s) or caregiver(s), when performed; first hour	All
+96131	Each additional hour. (List separately in addition to code for primary procedure.) (Add-on code to 96130.)	All
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional,	All

	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	
+96133	Each additional hour. (List separately in addition to code for primary procedures.) (Add-on code to 96132.)	All
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	All
+96137	Each additional 30 minutes. (List separately in addition to code for primary procedure.) (Add-on code to 96136.)	All
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method, first 30 minutes	All
+96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes. (List separately in addition to code for primary procedure.) (Add-on code to 96138.)	All
96146	Psychological or neuropsychological test administration with single automated, standardized instrument via electronic platform, with automated result only	All
G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of Esketamine nasal self-administration, includes 2 hours post administration observation	All
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg Esketamine nasal self-administration, includes 2 hours post administration observation	All



RELATED SERVICE POLICIES:

N/A

AUDIT and DISCLAIMER:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

REFERENCES:

Massachusetts Executive Office of Health and Human Services (EOHHS)

Rhode Island Executive Office of Health and Human Services (EOHHS)

American Medical Association, Current Procedural Terminology (CPT®)

Centers for Medicare and Medicaid Services, CMS Manual System

Payment Policies: [Massachusetts](#) / [Rhode Island](#)

Provider Manuals: [Massachusetts](#) / [Rhode Island](#)

Prior Authorization Forms: [Massachusetts](#) / [Rhode Island](#)

POLICY TIMELINE DETAILS:

1. Effective October 2021
2. Revision: January 2022
3. Revision: April 2022, addition of H2015-HG, T1040, T1040-HQ, G0470, G0511 codes
4. Revision: May 2022, updated add-on codes in Billing and Coding Guidelines