



PROVIDER REIMBURSEMENT GUIDANCE		
Behavioral Health Outpatient		
Original Date Approved	Effective Date	Revision Date
10/11/2021	06/11/2022	05/19/2023
Scope: Commonwealth Care Alliance (CCA) Product Lines		
<input checked="" type="checkbox"/> Medicare Premier – (PPO) MA* <input checked="" type="checkbox"/> Medicare Preferred – (PPO) RI		
<input checked="" type="checkbox"/> Medicare Preferred – (PPO) MA <input checked="" type="checkbox"/> Medicare Value - (PPO) RI		
<input checked="" type="checkbox"/> Medicare Value - (PPO) MA <input checked="" type="checkbox"/> Medicare Maximum – (HMO D-SNP) RI		

PAYMENT POLICY SUMMARY:

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

AUTHORIZATION REQUIREMENTS:

Applicable CCA 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
AH	Clinical Psychologist (PhD, PsyD, EdD)
AJ	Clinical Social Worker (LICSW, LCSW)
SA	Nurse Practitioner (render services while working in collaboration with a physician)
TD	Registered Nurse (PCNS, APRN, RNCS)

Per CMS regulations, clinicians not participating in the Medicare program may not provide behavioral health and/or substance use disorder /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.

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 behavioral health and/or substance use disorder 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.

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:

CPT Codes	Description
90791	Psychiatric diagnostic evaluation (no medical services)
90792	Psychiatric E/M diagnostic evaluation
+90785	Interactive complexity (List separately in addition to the primary psychiatric service 90791-90792, 90832-90834, 90836-90838, 90853)
90832	Psychotherapy, 30mins with member or family member
+90833	Psychotherapy, 30mins with member or family member when performed with E&M Service (List separately in addition to the code for primary procedure)
90834	Psychotherapy, 45mins with member or family member
+90836	Psychotherapy, 45mins with member or family member when performed with E&M Service (List separately in addition to the code for primary procedure)
90837	Psychotherapy, 60mins with member or family member
+90838	Psychotherapy, 60mins 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 hour
+90840	Psychotherapy for crisis, each additional 30mins (List separately in addition to the code for primary procedure)
90846	Family psychotherapy (without the patient present)
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)

90853	Group psychotherapy (other than of a multiple-family group)
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
97810	Acupuncture for withdrawal management, Acupuncture, 1 or more needles; without electrical stimulation, initial 15mins of personal one-on-one contact with the patient
+97811	Acupuncture for withdrawal management, 1 or more needles; without electrical stimulation, each additional 15mins of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
99060	Diagnostic Evaluation in the Emergency Room
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.
+96121	Each additional hour. (List separately in addition to code for primary procedure.) (Add-on code to 96116.)
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
+96131	Each additional hour. (List separately in addition to code for primary procedure.) (Add-on code to 96130.)
96132	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
+96133	Each additional hour. (List separately in addition to code for primary procedures.) (Add-on code to 96132.)
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30mins
+96137	Each additional 30mins. (List separately in addition to code for primary procedure.) (Add-on code to 96136.)
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method, first 30mins
+96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30mins. (List separately in addition to code for primary procedure.) (Add-on code to 96138.)

96146	Psychological or neuropsychological test administration with single automated, standardized instrument via electronic platform, with automated result only
90870	Electroconvulsive Therapy (ECT)
CPT Codes	Behavioral Health Outpatient Services that require Prior Authorization (PA)
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery, and management
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management
G2082	Esketamine for Treatment- Resistant Depression – 56 mg or less
G2083	Esketamine for Treatment- Resistant Depression – 56 mg or more
64568- 64570	Vagus Nerve Stimulation (VNS) for Treatment-Resistant Depression

RELATED SERVICE POLICIES:

[Inpatient and Intermediate/Diversionary Behavioral Health Services](#)
[Opioid Replacement Therapy and Medication Assisted Treatment](#)
[Telemedicine-Telehealth Policy](#)

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. Please refer to CPT/HCPCS for a complete and updated list of codes. 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 contracted 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:

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: June 2022, updated formatting
4. Revision: September 2022, added section for codes that do not require prior authorization
5. Revision: January 2023, add Medicare Premier – (PPO) MA* product
6. Revisions: May 2023, prior authorization requirement for Psychological and Neuropsychological testing has been removed