



PROVIDER REIMBURSEMENT GUIDANCE

Behavioral Health Outpatient

Original Date Approved	Effective	Revision Date
10/11/2021	06/11/2022	05/19/2023
Scope: Commonwealth Care Alliance (CCA) Product Lines <input checked="" type="checkbox"/> Senior Care Options MA <input checked="" type="checkbox"/> One Care MA		

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	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 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).



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.

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, i.e., master level interns).

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)
H2020	Dialectical Behavioral Therapy (DBT)
S9484	Urgent Outpatient
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
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
H0032	Bridge Consultation Inpatient/Outpatient
H0001	Alcohol and/or drug assessment (per 15 minutes)
H0004	Behavioral Health counseling and therapy – individual counseling
H0005	Alcohol and or drug services group counseling
H0006	Alcohol and/or drug services case management for Members with the capacity to become pregnant and or parenting program *HCPCS Code with HD Modifier
T1006	Alcohol and or substance use services family/couple counseling
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)
H0014	Ambulatory withdrawal management
H0020	Alcohol and or drug services; methadone administration and/or service
99060	Diagnostic Evaluation in the Emergency Room
H0046	Mental health services, not otherwise specified
H0046-HE	Mental health services, not otherwise specified (Certified Peer Specialist Services).
H0047	Alcohol and or other substance use services, not otherwise specified
H2015	Community Support Program (CSP)
H2016-HE	Community Support Program-Tenancy Preservation Program (CSP-TPP) *Providers must remember to bill with appropriate Z code as a secondary diagnosis code

H2016-HH	Community Support Program for Justice Involved individuals (CSP-JI) *Providers must remember to bill with appropriate Z code as a secondary diagnosis code
H2016-HK	Community Support Program for Homeless Individuals (CSP-HI) *Providers must remember to bill with appropriate Z code as a secondary diagnosis code
H2016 -HM	Comprehensive community support service, per 15 mins (Peer Recovery Coach)
H2015-HF	Comprehensive community support services, per 15 mins (Recovery Support Navigator)
H2015-HG	Comprehensive community support service, per 15mins (Methadone Maintenance)
T1040	Individual behavioral health visit
T1040-HQ	Group behavioral health visit
G0511	Behavioral Health Integration Service
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

RELATED SERVICE POLICIES:

[Inpatient and Intermediate/Diversionsary 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
Massachusetts Executive Office of Health and Human Services (EOHHS)
Rhode Island Executive Office of Health and Human Services (EOHHS)
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: August 2022, add H0040 & H0046 PACT Codes
5. Revision: September 2022, added section for codes that do not require prior authorization
6. Revisions: May 2023
 - a. Addition: H0046-HE, H2016-HE
 - b. Deletion: H0040 see Inpatient and Intermediate/Diversionary Behavioral Health Services payment policy for PACT codes
 - c. Modification: Prior authorization requirement for Psychological and Neuropsychological testing and Electroconvulsive Therapy have been removed