First Health Services Corporation
A Coventry Health Care Company

Billing Guidelines for Provider Types 14 and 82

Behavioral Health Outpatient Treatment and Behavioral Health Rehabilitative Treatment

State Policy

Refer to the Medicaid Services Manual (MSM) Chapter 400 for State policy including service descriptions, provider qualifications, provider responsibilities and clinical documentation requirements.

Authorization Requirements

Authorization is required for most behavioral health services, including those referred through the Early Periodic Screening, Diagnostic and Treatment (EPSDT) program. Only medically necessary and clinically appropriate services may be authorized. For questions regarding authorization, call First Health Services at (800) 525-2395.

- Use Form FH-10 to request psychological or neurological testing.
- Use Form FH-11 to request Outpatient Mental Health Services.
- Use Form FH-11A to request Outpatient Mental Health Services and/or Rehabilitative Mental Health (RMH) services.
- Use Form FH-11C to request retrospective authorization for crisis intervention services.

All required information must be completed on the authorization request; an incomplete request will be returned to the submitter unprocessed. The submitter then has five business days to resubmit complete information or a technical denial will be issued.

Request Timelines

- **Initial Request for RMH Services (Basic Skills Training, Day Treatment, Peer-to-Peer Support and Psychosocial Rehabilitation):** Submit no more than 15 business days *before* and no more than 15 calendar days *after* the start date of service.
- **Initial Requests for All Other Services:** Submit 5-15 business days before the anticipated start date of service. Refer to MSM Chapter 400 for the number of sessions allowed before PA is required.
- **Crisis Intervention Services:** Submit within 7 calendar days of initial intervention for each occurrence.
- **Continued Service Requests:** Submit 5-15 business days prior to the expiration of the current authorized treatment period.
- **Unscheduled Revisions:** Submit whenever a significant change in the recipient's condition warrants a change to previously authorized services.
- **Retrospective Request:** Submit no later than 90 days from the recipient's Date of Decision (i.e., the date the recipient was determined eligible for Medicaid benefits). All authorization requirements apply to requests that are submitted retrospectively.

Claim Form Instructions

Use the CMS-1500 claim form or the 837P electronic transaction to submit claims to First Health Services. Claim requirements are discussed in the CMS-1500 Claim Form Instructions at http://nevada.fhsc.com. In Field 24A, Behavioral Health Rehabilitative Treatment providers (provider type 82) may bill only one date of service per claim line, i.e., the "From" date and the "To" date on a single claim line must be the same.

Diagnostic/Testing Services

(codes 90801, 90802, 96101, 96102, 96103, 96110, 96116, 96118, 96119, 96120, 96150, 96151 and H0031)

Levels: Assessments and examinations are covered for children and adults in Levels 1-6.

Limitations: All of the codes listed above count toward the limitations specified in MSM Chapter 400. For children and adolescents in Levels 1 and 2, assessments/examinations beyond the limitations may be provided only if referred through the EPSDT program.

Prior Authorization (PA) Requirements: PA is required for all services (including those referred through the EPSDT program).

Billing: For codes 90801, 90802, 96102, 96103, 96110, 96101 and 96120, bill 1 unit per session. For codes 96116, 96118, 96119, 96150 and 96151, bill the number of units provided. (One unit equals 15 minutes of service for code 96150 and code 96151. One unit equals 60 minutes for code 96116, code 96118 and code 96119.) There is no limit to the length of a session; however, all services provided must be medically necessary and clinically appropriate.

Therapy Services

(codes 90804-90819, 90823, 90824, 90826, 90827, 90845-90847, 90849, 90853, 90857, 90875, 90876, 90901, 90911, 96152-96154 and H0004)

Levels: Individual, family and group psychotherapy are covered for children and adults in Levels 1-6.

Limitations: All of the following psychotherapy codes listed above count toward the limitations specified in MSM Chapter 400. For children and adolescents in Levels 1 and 2, therapy sessions beyond the limitations may be provided only if referred through the EPSDT program. Services referred through EPSDT require PA.

PA Requirements: PA is required for all RMH services (including those referred through the EPSDT program). The MSM Chapter 400 specifies PA requirements for outpatient therapy services.

Billing: Bill 1 unit per session for all codes EXCEPT 96152–96154 and H0004. For codes 96152–96154 and H0004, bill the number of units provided (one unit equals 15 minutes of service). There is no limit to the length of a session; however, all services provided must be medically appropriate.

Covered Codes

In the following table, the Code and Modifier ("Mod.") columns show covered codes and their corresponding modifiers. The Provider Type (PT) and Specialty ("Spec.") columns specify which provider types/specialties can bill for the given code. The Code Description and Billing Instructions column provides a description of the code followed by any pertinent PA, level of care, modifier, service limit and/or other billing information.

Code S9482 is not covered as of March 29, 2007.

Code	Mod.	PT	Spec.	Code Description and Billing Instructions
90772	None	14	QMHP QMHA (RN only)	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular **Billing Instructions:** PA is not required. Covered for children and adults in Levels 1-6. Bill one unit per injection.
90801	None	14	QMHP	Psychiatric diagnostic interview examination
90802	None	14	QMHP	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication
90804	None	14	QMHP	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately **20-30 minutes** face-to-face with the patient
90805	None	14	QMHP	–Description for code 90804 with medical evaluation and management services
90806	None	14	QMHP	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately **45 to 50 minutes** face-to-face with the patient
90807	None	14	QMHP	–Description for code 90806 with medical evaluation and management services
90808	None	14	QMHP	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately **75-80 minutes** face-to-face with the patient
90809	None	14	QMHP	–Description for code 90808 with medical evaluation and management services
90810	None	14	QMHP	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of nonverbal communication, in an office or outpatient facility, approximately **20-30 minutes** face-to-face with the patient
90811	None	14	QMHP	–Description for code 90810 with medical evaluation and management services
90812	None	14	QMHP	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of nonverbal communication, in an office or outpatient facility, approximately **45-50 minutes** face-to-face with the patient
90813	None	14	QMHP	–Description for code 90812 with medical evaluation and management services
90814	None	14	QMHP	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of nonverbal communication, in an office or outpatient facility, approximately **75-80 minutes** face-to-face with the patient

Code	Mod.	PT	Spec.	Code Description and Billing Instructions
90815	None	14	QMHP	–Description for code 90814 with medical evaluation and management services
90816	None	14	QMHP	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting; approximately **20-30 minutes** face-to-face with the patient
90817	None	14	QMHP	–Description for code 90816 with medical evaluation and management services
90818	None	14	QMHP	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting; approximately **45-50 minutes** face-to-face with the patient
90819	None	14	QMHP	–Description for code 90818 with medical evaluation and management services
90823	None	14	QMHP	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of nonverbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately **20-30 minutes** face-to-face with the patient
90824	None	14	QMHP	–Description for code 90823 with medical evaluation and management services
90826	None	14	QMHP	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of nonverbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately **45-50 minutes** face-to-face with the patient
90827	None	14	QMHP	–Description for code 90826 with medical evaluation and management services
90845	None	14	QMHP	Psychoanalysis
90846	None	14	QMHP	Family psychotherapy (without the patient present)
90847	None	14	QMHP	Family psychotherapy (conjoint therapy) (with patient present)
90849	None	14	QMHP	Multiple-family group psychotherapy
90853	None	14	QMHP	Group psychotherapy (other than of a multiple-family group)
90857	HN HO	14	QMHP	Interactive group psychotherapy **Billing Instructions:** Modifier HN (bachelor degree level) or modifier HO (masters degree level) is required if the recipient is eligible for Medicare and the provider's education level is master's degree or below. When using one of these modifiers, submit the claim to Medicaid (not Medicare) first.

Code	Mod.	PT	Spec.	Code Description and Billing Instructions
90862	TD	14	QMHP	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy **Billing Instructions:** Covered for children and adults in Levels 1-6. Code 90862, code H0034 and code M0064 count toward the medication management limitations specified in MSM Chapter 400, section 403.5. For children and adolescents in Levels 1 and 2, assessments and medication management beyond the limitations may be provided only if referred through the EPSDT program. Services referred through EPSDT require PA. Bill the number of units provided. (For codes 90862 and M0064, one unit equals 30 minutes. For code H0034, one code equals 15 minutes.) There is no limit to the length of a session; however, all services provided must be medically appropriate. Use modifier TD to bill for services provided in a professional office setting. The absence of modifier TD signifies that services were provided in a home or community setting. When using code H0034 or code M0064: Modifier HM (less than bachelor degree level), modifier HN (bachelor degree level) or modifier HO (masters degree level) is required if the recipient is eligible for Medicare and the provider's education level is master's degree or below. When using one of these modifiers, submit the claim to Medicaid first.
90875	None	14	QMHP	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face w/the patient), with psychotherapy (e.g., insight oriented, behavioral modifying or supportive psychotherapy); approximately **20-30 minutes** (not covered by Medicare)
90876	None	14	QMHP	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face w/the patient), with psychotherapy (e.g., insight oriented, behavioral modifying or supportive psychotherapy); approximately **45-50** minutes (not covered by Medicare)
90901	None	14	QMHP	Biofeedback training by any modality
90911	None	14	QMHP	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry
96101	None	14	QMHP	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, (e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report.
96102	None	14	QMHP	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, (e.g., MMPI, WAIS), with qualified health care professional interpretation and report, administered by technician, per hour or technician time, face-to-face.
96103	None	14	QMHP	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, (e.g., MMPI), administered by a computer, with qualified health care professional interpretation and report.
96110	None	14	QMHP	Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report

Code	Mod.	PT	Spec.	Code Description and Billing Instructions
96116	None	14	QMHP	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96118	None	14	QMHP	Neurological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96119	None	14	QMHP	Neurological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96120	None	14	QMHP	Neurological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report
96150	None	14	QMHP QMHA (RN only)	Health and behavior assessment (e.g. health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), face-to-face, with the patient; **initial assessment**
96151	None	14	QMHP QMHA (RN only)	Health and behavior assessment (e.g. health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), face-to-face, with the patient; **reassessment**
96152	None	14	QMHP	Health and behavior intervention, face-to-face; individual **Billing Instructions:** Qualifying recipients present with primary physical illnesses, diagnoses or symptoms and may benefit from interventions that focus on biopsychosocial factors related to the recipient's health status.
96153	None	14	QMHP	Health and behavior intervention, face-to-face; group (2 or more) **Billing Instructions:** Qualifying recipients present with primary physical illnesses, diagnoses or symptoms and may benefit from interventions that focus on biopsychosocial factors related to the recipient's health status.
96154	None	14	QMHP	Health and behavior intervention, face-to-face; family (with patient present) **Billing Instructions:** Qualifying recipients present with primary physical illnesses, diagnoses or symptoms and may benefit from interventions that focus on biopsychosocial factors related to the recipient's health status.
99201	None	14	QMHP	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend **10 minutes** face-to-face with the patient and/or family. **Billing Instructions:** This service is covered for children and adults in Levels 3-6. Bill 1 unit per visit.

Code	Mod.	PT	Spec.	Code Description and Billing Instructions
99212	None	14	QMHP	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend **10 minutes** face-to-face with the patient and/or family. **Billing Instructions:** This service is covered for children and adults in Levels 3-6. Bill 1 unit per visit.
99213	None	14	QMHP	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend **15 minutes** face-to-face with the patient and/or family. **Billing Instructions:** This service is covered for children and adults in Levels 3-6. Bill 1 unit per visit.
99214	None	14	QMHP	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend **25 minutes** face-to-face with the patient and/or family. **Billing Instructions:** This service is covered for children and adults in Levels 3-6. Bill 1 unit per visit.
99215	None	14	QMHP	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend **40 minutes** face-to-face with the patient and/or family. **Billing Instructions:** This service is covered for children and adults in Levels 3-6. Bill 1 unit per visit.
99233	None	14	QMHP	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend **35 minutes** at the bedside and on the patient's hospital floor or unit. **Billing Instructions:** This service is covered for children and adults in Levels 3-6. Bill 1 unit per visit.

Code	Mod.	PT	Spec.	Code Description and Billing Instructions
99234	None	14	QMHP	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) requiring admission are of low severity. **Billing Instructions:** This service is covered for children and adults in Levels 3-6. Bill 1 unit per visit.
99235	None	14	QMHP	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) requiring admission are of moderate severity. **Billing Instructions:** This service is covered for children and adults in Levels 3-6. Bill 1 unit per visit.
H0002	None	14 82	QMHP QMHA	Behavioral health screening to determine eligibility for admission to treatment program. **Billing Instructions:** This screening must be conducted face-to-face before the recipient can receive Medicaid behavioral health services. After the initial screening, recipients must be re-screened every 90 days to reevaluate their Intensity of Needs (Level of Care). This screening does not count toward the limitations for assessments/examinations as described in the "Diagnostic/Testing Services" section on page 2. Level of Care is determined by screening. Use this code to bill for the initial screening and any re-screenings as necessary. Bill 1 unit for initial screening or re-screening. This code may be used to bill for an Intensity of Needs Determination which includes a CASII or LOCUS.
H0004	HQ	14	QMHP	Behavioral health counseling and therapy **Billing Instructions:** Use this code for services provided in a home or community setting. Bill modifier HQ when group services were provided. Services provided to individuals (one-on-one setting) do not require a modifier.
H0031	None	14 82	QMHP	Mental health assessment, by non-physician **Billing Instructions:** Use this code for services provided in a home or community setting. Code H0031 (mental health assessment, by non-physician) is the only assessment code billable by PT82.
H0034	HM HN HO TD	14	QMHP QMHA (RN only)	Medication training and support **Billing Instructions:** See "Other Instructions" for code 90862.
H0035	None	14	QMHP	Mental health partial hospitalization, treatment, less than 24 hours **Billing Instructions:** This service is covered for children and adults in Levels 3-6. One unit equals 60 minutes.

Code	Mod.	PT	Spec.	Code Description and Billing Instructions
H0038	HQ	14 82	QMHP QMHA QBA	Self-help / Peer services (Peer-to-Peer Support) **Billing Instructions:** See MSM Chapter 400, Sections 403.6B and 403.6F for limitations and combinations of services. One unit equals 15 minutes. Bill modifier HQ when group services were provided. Services provided to individuals (one-on-one setting) do not require a modifier. Both individual and group support sessions count toward policy limitations.
H2011	GT HT	14 82	QMHP	Crisis intervention service **Billing Instructions:** See MSM Chapter 400, Sections 403.6B and 403.6H for limitations and combinations of services. Also see MSM Chapter 400, Section 403.6H.3.S. This service is covered for children and adults in Levels 1-6. One unit equals 15 minutes. Bill modifier GT for telephonic services and modifier HT for team services. One-to-one, face-to-face service does not require a modifier.
H2012	None	14 82	QMHP QMHA	Behavioral health day treatment **Billing Instructions:** PA is required. See MSM Chapter 400, Sections 403.6B and 403.6E for limitations and combinations of services. This service is covered for children and adults in Levels 3-6. One unit equals 60 minutes.
H2014	HQ	14 82	QMHP QMHA QBA	Skills training and development (Basic Skills Training) **Billing Instructions:** PA is required. See MSM Chapter 400, Sections 403.6B and 403.6C for service limitations and combinations of services. This service is covered for children and adults in Levels 1-6. One unit equals 15 minutes.
H2017	HQ	14 82	QMHP QMHA	Psychosocial rehabilitation service **Billing Instructions:** PA is required. See MSM Chapter 400, Sections 403.6B and 403.6G for service limitations and combinations of services. This service is covered for children and adults in Levels 3-6. One unit equals 15 minutes.
M0064	HM HN HO TD	14	QMHP	Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders **Billing Instructions:** See "Other Instructions" for code 90862.
S9480	None	14	QMHP	Intensive outpatient psychiatric services **Billing Instructions:** PA is required. This service is covered for children and adults in Levels 3-6. One unit equals 1 day.
T1016	None	14	QMHP QMHA	Case management **Billing Instructions:** This service is covered for children and adults in Levels 1 and 2. For Levels 3-6, Targeted Case Management (code T1017) is billed under provider type 54. See MSM, Chapter 2500 for service limitations. Level 1 is limited to 4 sessions for children and 3 sessions for adults per calendar year. Level 2 is limited to 12 sessions for children and 7 sessions for adults per calendar year. One unit equals 15 minutes. Bill the number of units provided in the session. There is no limit to the length of a session; however, all services provided must be medically appropriate.