# Behavioral Health Outpatient Treatment

## State policy

The Medicaid Services Manual (MSM) is on the Nevada Medicaid website at nevadamedicaid.nv.gov/resources/medicaid-services-manual/.

- MSM Chapter 400 covers policy for behavioral health providers.
- MSM Chapter 100 contains important information applicable to all provider types.

## Rates

Reimbursement rates are listed online on the Rates webpage. Rates are also available on the Provider Web Portal at medicaid.nv.gov through the Search Fee Schedule function, which can be accessed on the Provider Login webpage under Resources (you do not need to log in).

### *Smoking/Tobacco Cessation Counseling*

Effective on claims with dates of service on or after December 1, 2021, Current Procedural Terminology (CPT) codes 99406 (Smoking and tobacco use cessation counseling visit, intermediate, 3-10 minutes) and 99407 (Smoking and tobacco use cessation counseling visit, intensive, greater than 10 minutes) may be used to bill smoking cessation counseling for all Nevada Medicaid recipients. Procedure codes 99406 and 99407 are no longer restricted to counseling for pregnant women only. The limitation for both codes is a maximum of 24 encounters per year. These limitations can be exceeded if determined medically necessary by Nevada Medicaid.

## Authorization Requirements

Authorization is required for most behavioral health services, including those referred through the Early Periodic Screening, Diagnostic and Treatment (EPSDT) program. Use the Authorization Criteria search function in the Provider Web Portal at medicaid.nv.gov to verify which services require authorization. Authorization Criteria can be accessed on the Provider Login webpage under Resources (you do not need to log in).

For questions regarding authorization, call the Gainwell Technologies Prior Authorization Department at (800) 525-2395 or refer to MSM Chapter 400. Prior authorization may be requested through the Provider Web Portal, medicaid.nv.gov, by using the appropriate FA form listed below:

- Form FA-10A: Psychological testing
- Form FA-10B: Neuropsychological testing
- Form FA-10D: Automated Testing
- Form FA-11: Behavioral Health Outpatient or Rehabilitative Authorization Request
- Form FA-11B: Mental Health Request for PHP/IOP Services (Partial Hospitalization Program and Intensive Outpatient Program)

Incomplete requests may receive either a technical denial or may be pended for additional information, determined by what elements are missing. If the request is pended for additional information, the submitter has five business days to resubmit with complete information or a technical denial will be issued.

Please note that form FA-11 requires the signature of the Licensed Professional, Qualified Mental Health Professional (QMHP), Peer Support Specialist Supervisor, or Peer Clinical Supervisor. Requests will be denied if the required signatures are not included.

Authorization does not guarantee payment of a claim. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit

program.

***Request timelines***

- **Initial request for Outpatient Mental Health (OMH) and Rehabilitative Mental Health (RMH) services**: Submit no more than 15 *business* days *before* and no more than 15 *calendar* days *after* the start date of service, unless otherwise specified for a service in the Billing Guide or in the Billing Manual.
- **Continued service requests**: If the recipient requires additional services or dates of service (DOS) beyond the last authorized date, you may request review for continued service(s) prior to the last authorized date. The request must be received by Nevada Medicaid by the last authorized date of service and it is *recommended these be submitted 5 to 15 business days prior to the last authorized date*.
- **Unscheduled revisions**: Submit whenever a significant change in the recipient's condition warrants a change to previously authorized services. Must be submitted during an existing authorization period and prior to revised units/services being rendered. The number of requested units should be appropriate for the remaining time in the existing authorization period.
- **Retrospective request (for recipient retroactive eligibility)**: Submit no later than 90 calendar 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.
- **Emergency request for Crisis Intervention only**: Submit within five (5) business days of the delivery of additional services, including the first date of service of the first occurrence.

### *Outpatient Psychotherapy Requirements*

In accordance with MSM 403.4 C. - Mental Health Therapies, service limitations for mental health therapies are a maximum of 18 sessions for adults and 26 sessions for children annually before prior authorization is required. These session limits are based on the calendar year, beginning January 1.

These limits are a **combined** total of all sessions used for the following procedure codes:

- 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90875, 90876, and H0004.

Providers are encouraged to access the Provider Web Portal (PWP) and utilize the Treatment History Tool to confirm all psychotherapy services utilized by an individual in a given calendar year. Please reference the PWP User Manual Chapter 9: Treatment History for detailed instructions.

Prior authorizations for psychotherapy services may be approved for up to 90-day increments.

## Claim instructions

Use Direct Data Entry (DDE) or the 837P electronic transaction to submit claims to Nevada Medicaid. See PWP Chapter 3: Claims and the EDI companion guides for billing instructions.

### Billing Instructions for Span Dating of Outpatient Mental Health (OMH) and Rehabilitative Mental Health (RMH) Services

For OMH and RMH services, **non-consecutive dates and services that are not the same unit/time amount** must not be span dated on a single claim line. Providers risk claim denials due to duplicate logic, overlapping dates and/or mutually exclusive edits.

When span dating, services must have been provided on every day within that span of dates and be for the same quantity of units on each day. In the following examples, it would be incorrect to submit a single span-dated claim line for the following services:

- The entire week or month when services were only performed on Thursday and Saturday within the same week; or
- The entire month was billed and services were only rendered on January 1 and January 10 (two days within the same month; see the example below); or
- If one hour, four units, were performed on January 1 and two hours, eight units were performed on January 2.

The claim should only contain dates of service the service was rendered on. If services were rendered January 1, January 5 and January 10, the claim would be submitted as follows with one line charge for each date of service:

01/01/15
01/05/15
01/10/15

When billing weekly or monthly, a single claim line cannot include dates from two calendar months. For example:

- A claim line with dates of service April 15–May 15 is not allowed, but a claim line with May 1–May 31 is acceptable, if services were provided on every day in the date span and the above criteria are met regarding same quantity of units provided on each day.
- A claim line with dates of service March 28–April 3 is not allowed, but one claim line with March 28–March 31 and a second claim line with April 1–April 3 is acceptable, if services were provided on every day in the date span and the above criteria are met regarding same quantity of units provided on each day.

Services billed must match services authorized. For example, if code H0038 with modifier HQ was authorized, this same code/modifier combination must be entered on the claim.

## National Correct Coding Initiative (NCCI) Edits and Service Limitations

The objective of the National Correct Coding Initiative (NCCI) is to promote correct coding methodologies. The Centers for Medicare & Medicaid Services (CMS) is responsible for the development and administration of the NCCI Edits: *"The CMS developed its coding policies based on coding conventions defined in the American Medical Association's CPT Manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices."*

Nevada's Medicaid Management Information System (MMIS) uses NCCI Edits in the processing of Nevada Medicaid claims. Nevada Medicaid receives quarterly and annual NCCI Edit updates that are added to the MMIS. Providers can find the most current Annual Code report and the quarterly Medically Unlikely Edits (MUE), Procedure to Procedure (PTP) and Add-On Code reports on the following website: https://www.cms.gov/medicare/coding-billing/ncci-medicaid

It is not possible to provide the most current quarterly or annual changes in this billing guide; for the most current information please reference the website link provided above.
Providers are reminded to bill procedures with the correct modifier combinations, units of service provided and correct code combinations.

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**Note:** It is the responsibility of providers to ensure the use of current CPT codes, service limitations and MUEs are applied when billing claims.

### Intensity of Needs Grid

The Intensity of Needs grid is an approved Level of Care (LOC) utilization system, which bases the intensity of services on the assessed needs of a recipient. The determination level on the grid guides the interdisciplinary team in planning treatment to improve or retain a recipient's level of functioning or prevent relapse. Each Medicaid recipient must have an Intensity of Needs determination completed prior to approval to transition to more intensive services (except in the case of a physician or psychologist practicing as an independent provider). The Intensity of Needs grid is found in Medicaid Services Manual Chapter 400, Section 403.5 Outpatient Mental Health (OMH) Services – Utilization Management. The service limitations for RMH services are found under the individual RMH service descriptions.

**NOTE**: Assessment, as listed in the Intensity of Needs grid, refers to H0031 (Mental Health Assessment by non-physician) 90791 (Psychiatric Diagnostic Evaluation), and 90792 (Psychiatric Diagnostic Evaluation with Medical Services), also referred to as a full assessment. These limits do not apply to H0002 (Behavioral Health Screening to determine eligibility for admission to treatment program), also referred to as a Mental Health Screen. When H0031, 90791, or 90792 are performed, H0002 may not be billed separately.

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### Covered services

The following table lists covered codes, code descriptions and billing information as needed. The requirements for coverage and limitations are governed by MSM Chapter 400. If you need further clarification, please contact the Medicaid QIO-like vendor.

Qualified Provider Types as noted in the following table:

14/300: Qualified Mental Health Professional (QMHP)
14/301: Qualified Mental Health Associate (QMHA)
14/302: Qualified Behavioral Aide (QBA)
14/305: Licensed Clinical Social Worker (LCSW)
14/306: Licensed Marriage and Family Therapist (LMFT)
14/307: Licensed Clinical Professional Counselor (LCPC)
20: Physician
24: Advanced Practice Registered Nurse (APRN)
26: Psychologist
77: Physician's Assistant (PA)
97: Peer Support Specialist

| Billing Code | Brief Description | Service Limitations | Qualified Provider Type(s) | Additional Instruction / Restriction | Prior Authorization Requirement | Intensity of Need |
|---|---|---|---|---|---|---|
| **Screening and Assessment** | | | | | | |
| **96127** | Brief emotional/behavioral assessment (e.g., Depression Inventory, ADHD) with scoring and documentation per standardized instrument. | Assessment = 1 unit; limit 2 units per day | LCSW, LMFT, LCPC, QMHP, QMHA | This is considered a screening tool. Bill one unit for each screening.<br>NOTE: A screening may also be a component of a full assessment, but only the full assessment (including a CALOCUS-CASII or LOCUS) will be reimbursable. | No | All Levels |

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| Billing Code | Brief Description | Service Limitations | Qualified Provider Type(s) | Additional Instruction / Restriction | Prior Authorization Requirement | Intensity of Need |
|---|---|---|---|---|---|---|
| **H0002** | Behavioral Health Screening to determine eligibility for admission to treatment program | Screening = 1 unit; limit 1 unit per 90 days | LCSW, LMFT, LCPC, QMHP, QMHA | Bill one unit for each screening. Recipients must be re-screened every 90 days to reevaluate their Intensity of Needs, which includes a CALOCUS-CASII or LOCUS.<br>This screening must be conducted face-to-face before the recipient can be determined eligible for Medicaid behavioral health services<br>NOTE: A screening may also be a component of a full assessment, but only the full assessment (including a CALOCUS-CASII or LOCUS) will be reimbursable. | Requires prior authorization to exceed service limits | All Levels |
| **H0031** | Mental Health Assessment by non-physician | 4 units for children or 2 units for adults per calendar year | LCSW, LMFT, LCPC, QMHP | Use this code for services provided in a home or community setting, not in an office setting. Psychotherapy services, including for crisis, may not be reported on the same day. E/M codes may not be reported on the same day performed by the same individual for the same patient. | Requires prior authorization to exceed service limits | All Levels |

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| Billing Code | Brief Description | Service Limitations | Qualified Provider Type(s) | Additional Instruction / Restriction | Prior Authorization Requirement | Intensity of Need |
|---|---|---|---|---|---|---|
| **90791** | Psychiatric Diagnostic Evaluation | 4 units for children or 2 units for adults per calendar year | LCSW, LMFT, LCPC, QMHP | Integrated biopsychosocial assessment, including history, mental status and recommendations. Psychotherapy services, including for crisis, may not be reported on the same day. E/M codes may not be reported on the same day performed by the same individual for the same patient. | Requires prior authorization to exceed service limits | All Levels |
| **90792** | Psychiatric Diagnostic Evaluation with medical services | N/A | Physician or other qualified health care professional | Psychotherapy services, including for crisis, may not be reported on the same day. E/M codes may not be reported on the same day performed by the same individual for the same patient. | No | All Levels |
| **Diagnostic** | | | | | | |
| **96138** | Psychological or Neuropsychological Test administration and scoring by technician | First 30 minutes | LCSW, LMFT, LCPC, QMHP | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method. | Yes | All Levels |

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| Billing Code | Brief Description | Service Limitations | Qualified Provider Type(s) | Additional Instruction / Restriction | Prior Authorization Requirement | Intensity of Need |
|---|---|---|---|---|---|---|
| **96139** | Psychological or Neuropsychological Test administration and scoring by technician | Each additional 30 minutes | LCSW, LMFT, LCPC, QMHP | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method. | Yes | All Levels |
| **96146** | Psychological and Neuropsychological test, automated | N/A | LCSW, LMFT, LCPC, QMHP | Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only. | Yes | All Levels |
| **96112** | Developmental Test administration | First hour | LCSW, LMFT, LCPC, QMHP | Developmental test administration by qualified health care professional with administration, scoring, and interpretation of standardized assessments. | No | All Levels |
| **96156** | Health and Behavior Assessment or reassessment | 4 units per calendar year<br>Initial assessment, face-to-face with patient | LCSW, LMFT, LCPC, QMHP | Health behavior assessment, or re-assessment (i.e., health-focused clinical interview, observations, clinical decision-making). 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. | Requires prior authorization to exceed service limits | All Levels |

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| Billing Code | Brief Description | Service Limitations | Qualified Provider Type(s) | Additional Instruction / Restriction | Prior Authorization Requirement | Intensity of Need |
|---|---|---|---|---|---|---|
| **96158** | Health and Behavior Intervention | Individual, face-to-face, Initial 30 minutes | LCSW, LMFT, LCPC, QMHP | Includes promotion of functional improvement, minimizing psychological and/or psychosocial barriers to recovery, and management of and improved coping with medical conditions. These services emphasize active patient/family engagement and involvement. Do not report for less than 16 minutes of service. | No | All Levels |
| **96159** | Health and Behavior Intervention | Each additional 15 minutes | LCSW, LMFT, LCPC, QMHP | Includes promotion of functional improvement, minimizing psychological and/or psychosocial barriers to recovery, and management of and improved coping with medical conditions. These services emphasize active patient/family engagement and involvement. | No | All Levels |
| **96164** | Health and Behavior Intervention, group (2 or more patients) | Initial 30 minutes, face-to-face | LCSW, LMFT, LCPC, QMHP | 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. Do not report for less than 16 minutes of service. | No | All Levels |
| **96165** | Health and Behavior Intervention, group (2 or more patients) | Each additional 15 minutes, face to face | LCSW, LMFT, LCPC, QMHP | 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. | No | All Levels |

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| Billing Code | Brief Description | Service Limitations | Qualified Provider Type(s) | Additional Instruction / Restriction | Prior Authorization Requirement | Intensity of Need |
|---|---|---|---|---|---|---|
| **96167** | Health and Behavior Intervention, family (with patient present) | Initial 30 minutes, face-to-face | LCSW, LMFT, LCPC, QMHP | 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. Do not report for less than 16 minutes of service. | No | All Levels |
| **96168** | Health and Behavior Intervention, family (with patient present) | Each additional 15 minutes, face-to-face | LCSW, LMFT, LCPC, QMHP | 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. | No | All Levels |
| **96170** | Health and Behavior Intervention, family (without the patient present) | Initial 30 minutes, face-to-face | Psychologist, LCSW, LMFT, LCPC, QMHP | 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. Do not report for less than 16 minutes of service. | No | All Levels |
| **96171** | Health and Behavior Intervention, family (without the patient present) | Each additional 15 minutes, face-to-face | Psychologist, LCSW, LMFT, LCPC, QMHP | 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. | No | All Levels |

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| Billing Code | Brief Description | Service Limitations | Qualified Provider Type(s) | Additional Instruction / Restriction | Prior Authorization Requirement | Intensity of Need |
|---|---|---|---|---|---|---|
| **Psychotherapy:** *For services beyond the Intensity of Needs grid to be considered for reimbursement, an approved PA must be listed on the claim. Service provision is based on the calendar year, beginning January 1. In accordance with the Current Procedural Terminology (CPT) manual, do not report psychotherapy of less than 16 minutes duration and follow the "Time Rule" when selecting the appropriate code.* | | | | | | |
| **90785** | Interactive Complexity | Use only as an add-on with an appropriate CPT code | LCSW, LMFT, LCPC, QMHP | Refers to specific communication factors that complicate the delivery of a psychiatric procedure. | No | All Levels |
| **90832** | Psychotherapy | See Outpatient Psychotherapy Requirements above<br>30 minutes; bill one unit per day | LCSW, LMFT, LCPC, QMHP | The patient must be present for all or most of the session. | Requires prior authorization to exceed service limits | All Levels |
| **90834** | Psychotherapy | See Outpatient Psychotherapy Requirements above<br>45 minutes; bill one unit per day | LCSW, LMFT, LCPC, QMHP | The patient must be present for all or most of the session. | Requires prior authorization to exceed service limits | All Levels |
| **90837** | Psychotherapy | See Outpatient Psychotherapy Requirements above<br>60 minutes; bill one unit per day | LCSW, LMFT, LCPC, QMHP | The patient must be present for all or most of the session. | Prior Authorization is required to exceed the service limitations | All Levels |

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| Billing Code | Brief Description | Service Limitations | Qualified Provider Type(s) | Additional Instruction / Restriction | Prior Authorization Requirement | Intensity of Need |
|---|---|---|---|---|---|---|
| **90839** | Psychotherapy for Crisis, with patient and/or family | See Outpatient Psychotherapy Requirements above<br>First 60 minutes, face-to-face; bill one unit per day | LCSW, LMFT, LCPC, QMHP | Treatment must include psychotherapy, mobilization of resources and implementation of psychotherapeutic interventions. The patient must be present for all or some of the service. | No | All Levels |
| **90840** | Psychotherapy for Crisis, with patient and/or family | Each additional 30 minutes | LCSW, LMFT, LCPC, QMHP | Treatment must include psychotherapy, mobilization of resources and implementation of psychotherapeutic interventions. The patient must be present for all or some of the service. | No | All Levels |
| **90845** | Psychoanalysis | See Outpatient Psychotherapy Requirements above<br>Bill one unit per day | LCSW, LMFT, LCPC, QMHP | The patient must be present for all or most of the session. | Requires prior authorization to exceed service limits. | All Levels |
| **90846** | Family Psychotherapy (without patient present) | See Outpatient Psychotherapy Requirements above<br>50 minutes; bill one unit per day | LCSW, LMFT, LCPC, QMHP | The services must deal with issues relating to the constructive integration/reintegration of the patient into the family. | Requires prior authorization to exceed service limits. | All Levels |
| **90847** | Family Psychotherapy (with patient present) | See Outpatient Psychotherapy Requirements above<br>50 minutes; bill one unit per day | LCSW, LMFT, LCPC, QMHP | The services must deal with issues relating to the constructive integration/reintegration of the patient into the family. | Requires prior authorization to exceed service limits. | All Levels |

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| Billing Code | Brief Description | Service Limitations | Qualified Provider Type(s) | Additional Instruction / Restriction | Prior Authorization Requirement | Intensity of Need |
|---|---|---|---|---|---|---|
| **90849** | Multiple-Family Group Psychotherapy | See Outpatient Psychotherapy Requirements above<br>Bill one unit per day; maximum of two (2) hours per session | Physician, APRN, Psychologist, PA, LCSW, LMFT, LCPC, QMHP | N/A | Requires prior authorization to exceed service limits. | All Levels |
| **90853** | Group psychotherapy | See Outpatient Psychotherapy Requirements above<br>Bill one unit per day; maximum of two (2) hours per session | LCSW, LMFT, LCPC, QMHP | Other than of a multiple-family group. Minimum group size is three (3) and maximum therapist to participant ratio is one (1) to 10. | Requires prior authorization to exceed service limits. | All Levels |
| **H0004** | Behavioral Health Counseling and Therapy | See Outpatient Psychotherapy Requirements above<br>Per 15 minutes; 15 minutes = 1 unit | LCSW, LMFT, LCPC, QMHP | Use this code for services provided in home or community setting, not in an office setting. Modifier HQ indicates group services; only individual services can be billed without the HQ modifier.<br>1-4 units per claim line = 1 session<br>5-8 units per claim line = 2 sessions<br>9-12 units per claim line = 3 sessions<br>**NOTE:** Documentation must reflect medical necessity for in-home and community services. | Requires prior authorization to exceed service limits. | All Levels |

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| Billing Code | Brief Description | Service Limitations | Qualified Provider Type(s) | Additional Instruction / Restriction | Prior Authorization Requirement | Intensity of Need |
|---|---|---|---|---|---|---|
| **90875** | Individual Psycho-physiological Therapy Incorporating Biofeedback Training | See Outpatient Psychotherapy Requirements above<br><br>30 minutes; bill one unit per day; face-to-face with patient | LCSW, LMFT, LCPC, QMHP<br><br>Biofeedback Technician qualifies under applicable Provider Type and Specialty | Psychotherapy incorporating biofeedback by a certified Biofeedback Technician. Billing is inclusive of both Psychotherapy and Biofeedback components. Both components must be delivered by a Nevada Medicaid enrolled provider; Biofeedback Technician may be separate from the provider of the psychotherapy component and must be enrolled.<br><br>Documentation of the service must include both components, completed appropriately by the provider of the component. | Requires prior authorization to exceed service limits. | All levels |
| **90876** | Individual Psycho-physiological Therapy Incorporating Biofeedback Training | See Outpatient Psychotherapy Requirements above<br><br>45 minutes; bill one unit per day; biofeedback must be delivered face-to-face with patient. | LCSW, LMFT, LCPC, QMHP<br><br>Biofeedback Technician qualifies under applicable Provider Type and Specialty | Psychotherapy incorporating biofeedback by a certified Biofeedback Technician. Billing is inclusive of both Psychotherapy and Biofeedback components. Both components must be delivered by a Nevada Medicaid enrolled provider; Biofeedback Technician may be separate from the provider of the psychotherapy component and must be enrolled.<br><br>Documentation of the service must include both components, completed appropriately by the provider of the component. | Requires prior authorization to exceed service limits. | All levels |

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| Billing Code | Brief Description | Service Limitations | Qualified Provider Type(s) | Additional Instruction / Restriction | Prior Authorization Requirement | Intensity of Need |
|---|---|---|---|---|---|---|
| **Evaluation and Management (E/M) Services:** *E/M codes are to be performed by physicians, nurse practitioners and physician assistants. Physician codes shall be billed using the rendering provider's individual NPI. Providers shall refer to the documentation standards in the Current Procedural Terminology (CPT) code book. Other qualified health care professional is defined as an individual who is qualified by education, training, licensure/regulation, and facility privileging to perform a professional service within their scope of practice and independently (or as incident-to) report the professional service without requiring physician supervision.* | | | | | | |
| **99202** | Office or other outpatient visit for the evaluation and management of a **new patient** | Typically, **20 minutes** are spent face-to-face with the patient and/or family; bill one unit per visit | Physician or other qualified health care professional | Requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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**. | No | All Levels |
| **99203** | Office or other outpatient visit for the evaluation and management of a **new patient** | Typically, **30 minutes** are spent face-to-face with the patient and/or family; bill one unit per visit | Physician or other qualified health care professional | Requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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 severity**. | No | All Levels |

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| Billing Code | Brief Description | Service Limitations | Qualified Provider Type(s) | Additional Instruction / Restriction | Prior Authorization Requirement | Intensity of Need |
|---|---|---|---|---|---|---|
| **99204** | Office or other outpatient visit for the evaluation and management of a **new patient** | Typically, **45 minutes** are spent face-to-face with the patient and/or family; bill one unit per visit | Physician or other qualified health care professional | Requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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**. | No | All Levels |
| **99205** | Office or other outpatient visit for the evaluation and management of a **new patient** | Typically, **60 minutes** are spent face-to-face with the patient and/or family; bill one unit per visit | Physician or other qualified health care professional | Requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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**. | No | All Levels |

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| Billing Code | Brief Description | Service Limitations | Qualified Provider Type(s) | Additional Instruction / Restriction | Prior Authorization Requirement | Intensity of Need |
|---|---|---|---|---|---|---|
| **99212** | Office or other outpatient visit for the evaluation and management of an **established patient** | Typically, **10-19 minutes** are spent face-to-face with the patient and/or family; bill one unit per visit | Physician or other qualified health care professional | Requires a medically appropriate history and/or examination and **straightforward medical decision making**. Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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**. | No | All Levels |
| **99213** | Office or other outpatient visit for the evaluation and management of an **established patient** | Typically, **20-29 minutes** are spent face-to-face with the patient and/or family; bill one unit per visit | Physician or other qualified health care professional | Requires a medically appropriate history and/or examination and **medical decision making of low complexity**. Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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 severity**. | No | All Levels |

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| Billing Code | Brief Description | Service Limitations | Qualified Provider Type(s) | Additional Instruction / Restriction | Prior Authorization Requirement | Intensity of Need |
|---|---|---|---|---|---|---|
| **99214** | Office or other outpatient visit for the evaluation and management of an **established patient** | Typically, **30-39 minutes** are spent face-to-face with the patient and/or family; bill one unit per visit | Physician or other qualified health care professional | Requires a medically appropriate history and/or examination **and medical decision making of moderate complexity**. Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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 severity**. | No | All Levels |
| **99215** | Office or other outpatient visit for the evaluation and management of an **established patient** | Typically, **40-54 minutes** are spent face-to-face with the patient and/or family; bill one unit per visit | Physician or other qualified health care professional | Requires a medically appropriate history and/or examination and **medical decision making of high complexity**. Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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 high severity.** | No | All Levels |

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| Billing Code | Brief Description | Service Limitations | Qualified Provider Type(s) | Additional Instruction / Restriction | Prior Authorization Requirement | Intensity of Need |
|---|---|---|---|---|---|---|
| **Services Supportive of Medication Management:** Services delivered under the Behavioral Health Community Network (BHCN) agency/entity/group that support Medication Management. | | | | | | |
| **H0034 TD** | Medication Training and Support | Per 15 minutes<br>2 units per calendar month | Registered Nurse (RN) enrolled under PT 93 or as a QMHA | Modifier TD indicates that service is provided by a Registered Nurse (QMHA) under the supervision of a PT 14 BHCN agency.<br>**NOTE:** This service must be preceded by a filled medication prescription within 30 days. | Requires prior authorization to exceed service limits | All Levels |
| **96372** | Therapeutic, prophylactic, or diagnostic injection beneath the skin (subcutaneous) or into muscle (intramuscular) | Bill one unit per injection | Physician or other qualified health care professional RN | Specify substance or drug. | No | All Levels |
| **Evaluation and Management (E/M) Psychotherapy Services:** *Use only as an add-on to the appropriate CPT code for the primary procedure. The patient must be present for all or most of the session. Other qualified health care professional is defined as an individual who is qualified by education, training, licensure/regulation, and facility privileging to perform a professional service within their scope of practice and independently (or as incident-to) report the professional service without requiring physician supervision. In accordance with the Current Procedural Terminology (CPT) manual, do not report psychotherapy of less than 16 minutes duration and follow the "Time Rule" when selecting the appropriate code.* | | | | | | |
| **90833** | Psychotherapy when performed with an evaluation and management service | See Outpatient Psychotherapy Requirements above<br>30 minutes, with patient; bill one unit per day | Physician or other qualified health care professional | Include ongoing assessment and adjustment of psychotherapeutic interventions, and may include involvement of informants in the treatment process. | Requires prior authorization to exceed service limits | All levels |

## Behavioral Health Outpatient Treatment

| Billing Code | Brief Description | Service Limitations | Qualified Provider Type(s) | Additional Instruction / Restriction | Prior Authorization Requirement | Intensity of Need |
|---|---|---|---|---|---|---|
| **90836** | Psychotherapy when performed with an evaluation and management service | See Outpatient Psychotherapy Requirements above<br>45 minutes, with patient; bill one unit per day | Physician or other qualified health care professional | Include ongoing assessment and adjustment of psychotherapeutic interventions, and may include involvement of informants in the treatment process. | Requires prior authorization to exceed service limits | All levels |
| **90838** | Psychotherapy when performed with an evaluation and management service | See Outpatient Psychotherapy Requirements above<br>60 minutes, with patient; bill one unit per day | Physician or other qualified health care professional | Include ongoing assessment and adjustment of psychotherapeutic interventions, and may include involvement of informants in the treatment process. | Requires prior authorization to exceed service limits | All levels |
| **Crisis Intervention** | | | | | | |
| **H2011** | Crisis Intervention service | Per 15 minutes | LCSW, LMFT, LCPC, QMHP | Maximum of four hours per day over a three-day period (one occurrence) without prior authorization; maximum of three occurrences over a 90-day period without prior authorization. | Requires prior authorization to exceed service limits use emergency request. Refer to *Request Timelines* above. | All Levels |

## Behavioral Health Outpatient Treatment

| Billing Code | Brief Description | Service Limitations | Qualified Provider Type(s) | Additional Instruction / Restriction | Prior Authorization Requirement | Intensity of Need |
|---|---|---|---|---|---|---|
| **H2011 HT** | Crisis Intervention service, team services | Per 15 minutes | LCSW, LMFT, LCPC, QMHP, QMHA, QBA | Delivered by a team of providers under the coordinating Licensed Professional . QMHP, QMHA, and QBA providers render services only within the scope of their licensure or certification and practice. Maximum of four hours per day over a three-day period (one occurrence) without prior authorization; maximum of three occurrences over a 90-day period without prior authorization. | Requires prior authorization to exceed service limits use emergency request. Refer to *Request Timelines* above. | All Levels |
| **Outpatient Programs (Intensive)** | | | | | | |
| **H0035** | Partial Hospitalization Psychiatric program, less than 24 hours | At least 4 hours per day, up to 5 days per week | Physician, APRN, Psychologist, PA, LCSW, LMFT, LCPC, QMHP, QMHA, QBA | Services are delivered under the coordinating Licensed Professional . QMHP, QMHA, and QBA providers render services only within the scope of their license or certification and practice. This program is delivered under a provider type 14 BHCN agency and is only covered for recipients who are determined SED or SMI. All-inclusive rate to include OMH and RMH services. Program descriptions must be submitted upon initial enrollment or through an enrollment update. See MSM Chapter 400 for complete guidelines. | Yes, required every 3 weeks. Accepted program description must be submitted with each authorization request. Concurrent authorizations must be submitted 5-15 days prior to last date of service. | Level III and higher only |

## Behavioral Health Outpatient Treatment

| Billing Code | Brief Description | Service Limitations | Qualified Provider Type(s) | Additional Instruction / Restriction | Prior Authorization Requirement | Intensity of Need |
|---|---|---|---|---|---|---|
| **S9480** | Intensive Outpatient Psychiatric program | 3-6 hours per day, up to 3 days per week | Physician, APRN, Psychologist, PA, LCSW, LMFT, LCPC, QMHP, QMHA, QBA | Services are delivered under the coordinating Licensed Professional. QMHP, QMHA, and QBA providers render services only within the scope of their certification and practice. This program is only covered for recipients who are determined SED or SMI. All-inclusive rate to include OMH and RMH services. Program descriptions must be submitted upon initial enrollment or through an enrollment update. See MSM Chapter 400 for complete guidelines. | Yes, required every 3 weeks. Accepted program description must be submitted with each authorization request. Concurrent authorizations must be submitted 5-15 days prior to last date of service. | Level III and higher only |

## Behavioral Health Outpatient Treatment

| Billing Code | Brief Description | Service Limitations | Qualified Provider Type(s) | Additional Instruction / Restriction | Prior Authorization Requirement | Intensity of Need |
|---|---|---|---|---|---|---|
| **Rehabilitative Mental Health (RMH) Services** | | | | | | |
| **H2012** | Behavioral Health Day Treatment | Per hour; request authorization of hours according to age group **and** ION determination. See MSM Chapter 400, Attachment A, for complete guidelines. | LCSW, LMFT, LCPC, QMHP, QMHA | Services must be provided by a Licensed Professional, QMHP, or QMHA under the Direct Supervision of an onsite Licensed Professional. QMHP and QMHA providers render services only within the scope of their licensure or certification and practice. Only enrolled provider type 14 BHCN groups with an approved Day Treatment Model **and** additional enrollment as Specialty 308 can request prior authorization for Day Treatment to bill code H2012. **Claims shall include a Place of Service code.** | Yes**.** Retroactive authorizations will not be accepted for Day Treatment services. | Level III and higher |
| **H2014** | Skills Training and Development (Basic Skills Training) | Per 15 minutes; maximum of 2 hours (8 units) per day; only individual services can be billed without the HQ modifier | LCSW, LMFT, LCPC, QMHP, QMHA, QBA | Recipients may receive up to two (2) hours per day for the first 90 days; one (1) hour per day for the next 90 days; based on a rolling calendar and consecutive months with no break in service. RMH services cannot be reimbursed on the same day as Applied Behavior Analysis (ABA) services; refer to MSM Chapter 3700. | Yes, every 90 days. Authorization requests above 180 consecutive days must demonstrate adequate medical necessity. | All levels |

## Behavioral Health Outpatient Treatment

| Billing Code | Brief Description | Service Limitations | Qualified Provider Type(s) | Additional Instruction / Restriction | Prior Authorization Requirement | Intensity of Need |
|---|---|---|---|---|---|---|
| **H2014 HQ** | Skills Training and Development group (Basic Skills Training) | Per 15 minutes; maximum of 2 hours (8 units) per day (H2014 and H2014 HQ combined) | LCSW, LMFT, LCPC, QMHP,QMHA, QBA | Group size is 4 to 15 recipients; up to two (2) hours per day for the first 90 days; one (1) hour per day for the next 90 days; based on a rolling calendar and consecutive months with no break in service. RMH services cannot be reimbursed on the same day as Applied Behavior Analysis (ABA) services; refer to MSM Chapter 3700. | Yes, every 90 days. Authorization requests above 180 consecutive days must demonstrate adequate medical necessity. | All levels |
| **H2017** | Psychosocial Rehabilitation Services | Per 15 minutes; maximum of 4 hours (16 units) per day; only individual services can be billed without the HQ modifier | LCSW, LMFT, LCPC, QMHP, QMHA | Intensity of Needs Level III, maximum of 2 hours per day; Level IV & V, maximum of 3 hours per day; Level VI, maximum of 4 hours per day. RMH services cannot be reimbursed on the same day as Applied Behavior Analysis (ABA) services; refer to MSM Chapter 3700. | Yes, every 90 days. Authorization requests above 180 consecutive days must demonstrate adequate medical necessity. | Levels III and higher |

## Behavioral Health Outpatient Treatment

| Billing Code | Brief Description | Service Limitations | Qualified Provider Type(s) | Additional Instruction / Restriction | Prior Authorization Requirement | Intensity of Need |
|---|---|---|---|---|---|---|
| **H2017 HQ** | Psychosocial Rehabilitation Services group | Per 15 minutes; maximum of 4 hours per day (16 units) (H2017 and H2017 HQ combined) | LCSW, LMFT, LCPC, QMHP, QMHA | Group size is 4 to 15 recipients. Intensity of Need Level III, maximum of 2 hours per day; Level IV & V, maximum of 3 hours per day; Level VI, maximum of 4 hours per day; based on a rolling calendar and consecutive months with no break in service. RMH services cannot be reimbursed on the same day as Applied Behavior Analysis (ABA) services; refer to MSM Chapter 3700. | Yes, every 90 days. Authorization requests above 180 consecutive days must demonstrate adequate medical necessity. | Levels III and higher |
| **Peer Support Services: Please refer to the PT 97 Billing Guide for further information.** | | | | | | |
| **H0038** | Self-help/Peer Services (Adult Peer Support Services) | Per 15 minutes | Peer Support Specialists | Only enrolled PT 93 or 97 peer support specialists can bill for adult peer support services. | Requires prior authorization to exceed service limits | All Levels |
| **H0038 (HQ)** | Self-help/Peer Services group (Adult Peer Support Services) | Per 15 minutes | Peer Support Specialists | Only enrolled PT 93 or 97 peer support specialists can bill for adult peer support services. | Requires prior authorization to exceed service limits | All Levels |
| **H0038 (HR)** | Family Peer Support Services (with client present) | Per 15 minutes | Peer Support Specialists | Only enrolled PT 97 peer support specialists can bill for family peer support services. | Requires prior authorization to exceed service limits | All Levels |

## Behavioral Health Outpatient Treatment

| Billing Code | Brief Description | Service Limitations | Qualified Provider Type(s) | Additional Instruction / Restriction | Prior Authorization Requirement | Intensity of Need |
|---|---|---|---|---|---|---|
| **H0038 (HS)** | Family Peer Support Services (without client present) | Per 15 minutes | Peer Support Specialists | Only enrolled PT 97 peer support specialists can bill for family peer support services. | Requires prior authorization to exceed service limits | All Levels |
| **H0038 (HQ + HR)** | Group Family Peer Support Services | Per 15 minutes | Peer Support Specialists | Only enrolled PT 97 peer support specialists can bill for family peer support services. | Requires prior authorization to exceed service limits | All Levels |
| **H0038 (HA)** | Self-help/Peer Services (Youth Peer Support Services) | Per 15 minutes | Peer Support Specialists | Only enrolled PT 97 peer support specialists can bill for youth peer support services. | Requires prior authorization to exceed service limits | All Levels |
| **H0038 (HQ + HA)** | Self-help/Peer Services group (Youth Peer Support Services) | Per 15 minutes | Peer Support Specialists | Only enrolled PT 97 peer support specialists can bill for youth peer support services. | Requires prior authorization to exceed service limits | All Levels |
| **Case Management (non-targeted Levels I and II)** | | | | | | |
| **T1016** | Case Management | 10 hours for the first calendar month (40 units), and five hours for the following three consecutive calendar months (20 units per month). The four months must be consecutive. The limit is based on per recipient, per calendar month. Services allowed on a rolling | LCSW, LMFT, LCPC, QMHP, QMHA | This service is covered for children and adults determined non-SED or non-SMI only. See MSM Chapter 2500 for service limitations and criteria. | Requires prior authorization to exceed service limits. | Levels I and II |

## Behavioral Health Outpatient Treatment

| Billing Code | Brief Description | Service Limitations | Qualified Provider Type(s) | Additional Instruction / Restriction | Prior Authorization Requirement | Intensity of Need |
|---|---|---|---|---|---|---|
| | | calendar year. One (1) unit equals 15 minutes | | | | |
| **Behavioral Health Training Clinic: Please refer to MSM Chapter 4500 for further information.** | | | | | | |
| **H0037** | Medical behavioral health services | Bill one unit per day | Physician, LCSW, LMFT, LCPC, Psychologist, Behavioral Health Trainees | Only enrolled provider type 14 BHCN groups with an approved Behavioral Health Training Clinic Model and additional enrollment as Specialty 309 can bill for H0037. | No | All Levels |
| **H2020** | Non-medical behavioral health services | Bill one unit per day | Physician, LCSW, LMFT, LCPC, Psychologist, Behavioral Health Trainees | Only enrolled provider type 14 BHCN groups with an approved Behavioral Health Training Clinic Model and additional enrollment as Specialty 309 can bill for H2020. | Prior authorization is required to exceed service limitations | All Levels |