Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

Outpatient Behavioral Health & Substance Use Disorder

Applies to:

Commercial Products

☐ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☐ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan
☐ Tufts Health Unify – OneCare Plan (a dual-eligible product)

Senior Products

☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☒ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

The following payment policy applies to Tufts Health Plan contracting behavioral health and substance use disorder providers who render professional outpatient services. For information on inpatient and intermediate BH/SUD services, refer to the Inpatient and Intermediate BH/SUD Facility Payment Policy.

Per CMS regulations, clinicians not participating in the Medicare program may not provide BH/SUD services to Medicare beneficiaries, including Tufts Medicare Preferred HMO and PPO members.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the Professional Services and Facilities Payment Policy.

Note: Audit and disclaimer information is located at the end of this document.

Tufts Health Plan covers medically necessary behavioral health and substance use disorder (BH/SUD) services rendered in an outpatient office or home setting, in accordance with the member's benefit.

Opioid Treatment Program Requirements

In accordance with CMS § 410.67, opioid treatment programs (OTPs) may provide opioid use disorder services (OUDs) when they meet all of the following criteria:

1. Be enrolled in the Medicare program
2. Have in effect a certification by the Substance Abuse and Mental Health Services Administration (SAMHSA) for the opioid treatment program
3. Be accredited by an accrediting body approved by the SAMHSA
4. Have in effect a provider agreement under 42 CFR 489.

Refer to the CMS Opioid Treatment Program for more information.

General Benefit Information

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider website or by contacting Provider Services.

Note: There is no member responsibility for covered services for Tufts Health Plan SCO members.

Psychopharmacology Visits

Visits are covered as medical services after the initial medical evaluation. These visits do not count against a member's BH benefit; however, cost share may apply for Tufts Medicare Preferred HMO members only.

Psychological and Neuropsychological Testing

Testing is covered as a medical service and is not considered part of a member's BH benefit.

Referral/Prior Authorization/Notification Requirements

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that authorization has been obtained. For more information, refer to the Referral, Prior Authorization and Notification Policy.

Tufts Medicare Preferred HMO and Tufts Health Plan SCO members may need a referral from their PCP. The PCP should be contacted directly by the BH provider with any questions.

Note: A PCP referral is not required for BH services rendered in SNFs (POS 31) or nursing facilities (POS 32).

Tufts Health Plan SCO

Certain intermediate, diversionary, and emergency services require notification to the Behavioral Health Department. Refer to the Tufts Health Plan SCO Notification List for specific services and procedure codes. Refer to the Billing Instructions for additional program information and clinical coverage criteria.

Billing Instructions

Unless otherwise stated, Tufts Health Plan follows industry standard coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

Use the appropriate modifier to identify when services are provided by clinicians recognized by MassHealth, but not recognized by Medicare. For clinicians recognized by Medicare, follow CMS modifier rules.

Coding for Substance Use Disorders

- Claims for SUD follow-up visits must include the appropriate SUD diagnosis code (e.g., Z79.891, long-term current use of opiate analgesic)
- Append "1" as the last digit of the SUD diagnosis code if the condition is in remission

Ancillary providers may bill the procedure code(s) contained in the tables below, in accordance with the applicable financial exhibits of their provider agreements.

Procedure Codes for All Clinicians

Code	Description
90791	Psychiatric diagnostic evaluation (no medical services)
90785	Interactive complexity (add on code)
90832	Psychotherapy, 30 minutes with patient or family member
90834	Psychotherapy, 45 minutes with patient or family member
90837	Psychotherapy, 60 minutes with patient or family member
90839	Psychotherapy for crisis, first 60 minutes
90840	Psychotherapy for crisis, each additional 30 minutes (add on code)
90846	Family psychotherapy (without patient present), face-to-face office visit
90847	Family psychotherapy (with patient present), face-to-face office visit
90853	Group psychotherapy, face-to-face office visit

Psychological and Neuropsychological Testing

Code	Description
96116	Neuropsychological status exam by physician or psychologist, time with member, interpreting test results and report preparation
96121	Neuropsychological status exam; each additional hour (list separately in addition to code for primary procedure)
96130	Psychological testing evaluation; first hour
96131	Psychological testing evaluation; each additional hour (list separately in addition to code for primary procedure)
96132	Neuropsychological testing evaluation; first hour

Code	Description
96133	Neuropsychological testing evaluation; each additional hour (list separately in addition to code for primary procedure)
96136	Psychological or neuropsychological test administration and scoring by physician; 2+ tests, any method, first 30 minutes
96137	Psychological or neuropsychological test administration and scoring; each additional 30 minutes (list separately in addition to code for primary procedure)
96138	Psychological or neuropsychological test administration and scoring by technician, 2+ tests, any method; first 30 minutes
96139	Psychological or neuropsychological test administration and scoring by technician; each additional 30 minutes (list separately in addition to code for primary procedure
96146	Psychological or neuropsychological test administration, with single automated instrument via electronic platform, automated result only

Codes for Prescribing Clinicians (psychiatrists, nurse clinical specialists and BH clinics)

Code	Description
90792	Psychiatric diagnostic evaluation with medical services
90833	Psychotherapy, 30 minutes with patient/family member with an E&M service
90836	Psychotherapy, 45 minutes with patient/family member with an E&M service
90838	Psychotherapy, 60 minutes with patient/family member with an E&M service
99202	New patient, office or outpatient visit, expanded problem-focused
99203	New patient, office or outpatient visit, low complexity
99204	New patient, office or outpatient visit, moderate complexity
99205	New patient, office or outpatient visit, high complexity
99211	Established patient, office or outpatient visit, 5 minutes
99212	Established patient, office or outpatient visit, 10 minutes
99213	Established patient, office or outpatient visit, low complexity
99214	Established patient, office or outpatient visit, moderate complexity
99215	Established patient, office or outpatient visit, high complexity
99304	Initial nursing facility care, per day, E&M, low severity, 25 minutes
99305	Initial nursing facility care, per day, E&M, moderate severity, 35 minutes
99306	Initial nursing facility care, per day, E&M, high severity, 45 minutes
99307	Subsequent nursing facility care, per day, E&M, 10 minutes
99308	Subsequent nursing facility care, per day, E&M, 15 minutes
99309	Subsequent nursing facility care, per day, E&M, 25 minutes
99310	Subsequent nursing facility care, per day, E&M, 35 minutes

Additional Procedure Codes (for Psychiatrists Only)

Code	Description
90849	Multiple-family group psychotherapy
90870	Electroconvulsive therapy
90882	Environmental intervention for E&M
90887	Consultation with family

Health and Behavior Assessment and Intervention

As listed in the CPT AMA codebook, “health and behavior assessment procedures are used to identify the psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical health problems.”

CPT codes 96156-96171 may be billed for services when the primary diagnosis is a medical condition. A referral from the member’s primary care provider is required for Tufts Medicare Preferred HMO and Tufts Health Plan SCO members.

Note: E&M and psychological services codes should not be billed on the same day by the provider.

Methadone Maintenance

Code	Description
H0001	Alcohol and/or drug assessment
H0004	Behavioral health counseling and therapy, per 15 minutes
H0005	Alcohol and/or drug services; group counseling by a clinician
H0020	Alcohol and/or drug services; methadone administration and/or services (provision of the drug by a licensed program)

Opioid Use Disorder Treatment Codes

Code	Description
G2067	MAT, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed
G2068	MAT, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed
G2069	MAT, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed
G2070	MAT, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed
G2071	MAT, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed
G2072	MAT, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed
G2073	MAT, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed
G2074	MAT, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing, if performed
G2075	MAT, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed
G2076	Intake activities, including initial medical examination; list separately in addition to code for primary procedure
G2077	Periodic assessment; list separately in addition to code for primary procedure
G2078	Take-home supply of methadone; up to 7 additional day supply; list separately in addition to code for primary procedure
G2079	Take-home supply of buprenorphine (oral); up to 7 additional day supply; List separately in addition to code for primary procedure
G2080	Each additional 30 minutes of counseling or group or individual therapy in a week of MAT; list separately in addition to code for primary procedure

Self-Administered Esketamine

Code	Description
G2082	Office or other outpatient visit for the E&M of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation
G2083	Office or other outpatient visit for the E&M of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes 2 hours post-administration observation

Recovery Support Services for Tufts Health Plan SCO members

Resource	Code	Description
Recovery Support Navigator		
Medical Necessity Guidelines Performance Specifications Notification Form	H2015-HF	Comprehensive community support services, per 15 minutes

Community Support Programs Medical Necessity Guidelines		
Community Support Program (CSP) Performance Specifications	H2015	Comprehensive community support services, per 15 minutes (community support program)
Community Support Program for Individuals with Justice Involvement (CSP-JI) Performance Specifications Notification Form	H2016-HH *Secondary diagnosis code supporting medical necessity must be included*	Comprehensive community support program, per diem (integrated mental health/substance abuse program)
Community Support Program for Homeless Individuals (CSP-HI) Performance Specifications Notification Form	H2016-HK *Secondary diagnosis code:* Z59.00 Homelessness, unspecified Z59.01 Sheltered homelessness Z59.02 Unsheltered homelessness	Comprehensive community support services, per diem (specialized mental health programs for high-risk populations)
Community Support Program-Tenancy Preservation Program (CSP-TPP) Performance Specifications Notification Form	H2016-HE *Secondary diagnosis code:* Z59.811 (housing instability, housed)	Comprehensive community support services, per diem
Peer Recovery Coach		
Performance Specifications First Clinical Review Form	H2016-HM	Comprehensive community support services, per diem (recovery coach)

Compensation/Reimbursement Information

Providers are compensated according to the applicable contracted rates and applicable fee schedules.

Facility Fee Reduction

BH providers who perform services in a hospital may be subject to a facility fee reduction. This reduction is consistent with Medicare's site of service differentiation built into Medicare fees and parallels the facility fee reduction Tufts Health Plan applies to medical office visits in these settings. Refer to the provider's current contract for details regarding outpatient compensation provisions.

Vagus Nerve Stimulation

Tufts Health Plan does not routinely compensate neurostimulator procedures (insertion, replacement, revision, removal, or analysis) if billed with a diagnosis of depressive disorders.

Related Policies and Resources

Payment Policies

- Tufts Health Plan Payment Policies

Clinical Policies

- Tufts Health Plan Medical Necessity Guidelines

Publication History

- August 2023: Annual policy review; added billing requirements and resources for Community Support Services for Tufts Health Plan SCO members, effective for DOS on or after April 1, 2023; administrative updates
- February 2023: Annual code updates
- June 2022: Updated title of Peer Recovery Coach Medical Necessity Guidelines; removed notification requirement for Peer Recovery Coach services for Tufts Health Plan SCO members
- December 2020: Added notification requirements and billing instructions for CSP-CHI for Tufts Health Plan SCO members, effective for dates of service on or after January 1, 2021
- June 2020: Added existing coding guidance for SUD claims
- February 2020: Replaced CPT codes 96151-96155 with 96156-96171 effective January 1, 2020; added certification requirements for OTPs; added OUD treatment and self-administered esketamine codes, effective for dates of service on or after January 1, 2020;
- November 2019: updated number of billable days with initial notification for Recovery Coaches and Recovery Support

Navigators, effective for dates of service on or after September 4, 2019

- March 2019: Added outpatient behavioral health telemedicine services coverage information per the MassHealth Managed Care Entity Bulletin 10 as of January 1, 2019; updated psychological and neuropsychological testing CPT codes effective January 1, 2019
- January 2019: Added additional SUD resources for Tufts Health Plan SCO members, effective for dates of service on or after January 1, 2019
- August 2018: Policy reviewed by committee; minor formatting updates made
- June 2018: Template updates
- November 2017: Added edits for vagus nerve stimulation (VNS), effective for dates of service on or after January 1, 2018
- January 2017: Policy reviewed; template updates

Audit and Disclaimer Information

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's audit policies, refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLink℠ for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. Tufts Health Plan reserves the right to amend a payment policy at its discretion.