

**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)

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**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.

**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.

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**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 [portal](#) 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 applicable Medical Necessity Guidelines for specific services and procedure codes. Refer to the Billing Instructions for additional information.

## 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                                    |
| 90834 | Psychotherapy, 45 minutes with patient                                    |
| 90837 | Psychotherapy, 60 minutes with patient                                    |
| 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 with an E&M service                 |
| 90836 | Psychotherapy, 45 minutes with patient with an E&M service                 |
| 90838 | Psychotherapy, 60 minutes with patient 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  |
|--|----------|--|
| <b>Recovery Support Navigator</b>          |          |  |
| <a href="#">Performance Specifications</a> | H2015-HF | Comprehensive community support services, per 15 minutes |
| <b>Community Support Programs</b>          |          |  |

| <a href="#">Medical Necessity Guidelines</a>   |  |   |
|--|--|---|
| <a href="#">Community Support Program (CSP) Performance Specifications</a>   | H2015  | Comprehensive community support services, per 15 minutes (community support program)                              |
| <a href="#">Community Support Program for Individuals with Justice Involvement (CSP-JI) Performance Specifications</a> | H2016-HH<br><i>Secondary diagnosis code supporting medical necessity must be included</i>  | Comprehensive community support program, per diem (integrated mental health/substance abuse program)              |
| <a href="#">Community Support Program for Homeless Individuals (CSP-HI) Performance Specifications</a>                 | H2016-HK<br><i>Secondary diagnosis code:</i><br>Z59.00 Homelessness, unspecified<br>Z59.01 Sheltered homelessness<br>Z59.02 Unsheltered homelessness | Comprehensive community support services, per diem (specialized mental health programs for high-risk populations) |
| <a href="#">Community Support Program-Tenancy Preservation Program (CSP-TPP) Performance Specifications</a>            | H2016-HE<br><i>Secondary diagnosis code:</i><br>Z59.811 (housing instability, housed)  | Comprehensive community support services, per diem  |
| Peer Recovery Coach  |  |   |
| <a href="#">Performance Specifications</a>   | 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](#)

### Other Resources

- [Behavioral Health Performance Specifications](#)

## Publication History

- June 2024: Annual policy review; administrative updates
- 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

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## 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<sup>SM</sup> 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.