

## **Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options Outpatient Behavioral Health/Substance Use Disorder Professional Payment Policy**

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)<sup>1</sup>
- Tufts Medicare Preferred HMO (a Medicare Advantage product)
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

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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 Commercial products, [click here](#). For information on inpatient and intermediate BH/SUD services, refer to the [Inpatient and Intermediate BH/SUD Facility Payment Policy](#).

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.

### **POLICY**

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.

### **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 Relations](#).

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

Per CMS regulations, clinicians not participating in the Medicare program may not provide BH/SUD services to Medicare beneficiaries, including Tufts Medicare Preferred HMO members. This includes services being provided by clinicians who work for community behavioral health centers, such as licensed mental health counselors (LMHC) and licensed marriage and family therapists (LMFTs).

Tufts Health Plan SCO members may receive BH/SUD services from clinicians working for community behavioral health centers, as allowed by MassHealth regulations, including LMHCs, LMFTs, and other licensed and unlicensed counselors. For additional information, refer to [MassHealth regulations](#).

### **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.

### **Substance Use Disorder Benefits for Tufts Health Plan SCO members**

Effective for dates of service on or after January 1, 2019, Tufts Health Plan SCO members have access to additional SUD services described below:

- [Recovery Coach](#)
- [Recovery Support Navigator](#)

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<sup>1</sup> Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLink<sup>SM</sup> when Tufts Health Plan is the primary administrator.

## AUTHORIZATION REQUIREMENTS

Tufts Medicare Preferred HMO and Tufts Health Plan SCO members must have a referral from their PCP, who will determine medical necessity and authorize all outpatient BH/SUD, pharmacology, methadone maintenance and testing services. The PCP should be contacted directly by the BH provider with any questions. Refer to the [Outpatient Services Requiring Prior Authorization](#) grid for additional information.

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

### **Tufts Health Plan SCO**

Certain intermediate, diversionary, and emergency services require notification to the Behavioral Health Department. Refer the [Tufts Health Plan SCO Notification List](#) for specific services and procedure codes.

### **Recovery Coach**

Providers must fax the [Recovery Coach Services Notification Form](#) within one week of the start of services to 617.972.9424 to request an initial authorization for 60 days. Providers may fax a request for additional services using the [First Clinical Review Form](#). Additional services beyond the second authorization period require submission of clinical information to the Behavioral Health UM team by calling 800.208.9565.

Refer to the [Recovery Coach Medical Necessity Guidelines](#) for more information, including clinical criteria.

### **Recovery Support Navigator**

Providers must fax the [Recovery Support Navigator Notification Form](#) within one week of the start of services to 617.972.9424 to request an initial authorization for 60 days. Additional services require submission of clinical information to the Behavioral Health UM team by calling 800.208.9565.

Refer to the [Recovery Support Navigator Medical Necessity Guidelines](#) for more information, including clinical criteria.

## BILLING INSTRUCTIONS

Use the appropriate modifier to identify when services are provided by clinicians recognized by MassHealth, but not recognized by Medicare (e.g., use of the HO modifier to identify services provided by LMHCs, LMFTs, and other licensed and unlicensed counselors). For clinicians recognized by Medicare, follow CMS modifier rules.

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
96101	Psychological testing, 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	Psychological testing with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face

<b>Code</b>	<b>Description</b>
96103	Psychological testing administered by a computer, with qualified health care professional interpretation and report
96116 <sup>2</sup>	Neurobehavioral status exam, per hour
96118	Neuropsychological testing, per hour, both face-to-face time with the patient and time interpreting test results and preparing the report
96119	Neuropsychological testing with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96120	Neuropsychological testing administered by a computer, with qualified health care professional interpretation and report

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

<b>Code</b>	<b>Description</b>
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
99201	New patient, office or outpatient visit, problem-focused
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, for the E&M of a patient, low severity, 25 minutes
99305	Initial nursing facility care, per day, for the E&M of a patient, moderate severity, 35 minutes
99306	Initial nursing facility care, per day, for the E&M of a patient, high severity, 45 minutes
99307	Subsequent nursing facility care, per day, for the E&M of a patient, 10 minutes
99308	Subsequent nursing facility care, per day, for the E&M of a patient, 15 minutes
99309	Subsequent nursing facility care, per day, for the E&M of a patient, 25 minutes
99310	Subsequent nursing facility care, per day, for the E&M of a patient, 35 minutes

**Additional Procedure Codes (for Psychiatrists Only)**

<b>Code</b>	<b>Description</b>
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."

<sup>2</sup> For Tufts Medicare Preferred HMO members only. A referral from the member's PCP is required. Prior authorization is not required for up to a maximum of three hours.

CPT codes 96150–96155 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:** Evaluation and management (E&M) codes, as well as 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)

**Substance Use Disorder Benefits Services (Tufts Health Plan SCO members only)**

Code	Description
H2015 HF	Comprehensive community support services, per 15 minutes (recovery support navigator)
H2016 HM	Comprehensive community support services, per diem (recovery coach)

**COMPENSATION/REIMBURSEMENT INFORMATION**

**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.

**ADDITIONAL RESOURCES**

[Inpatient and Intermediate BH/SUD Facility Payment Policy](#)

**DOCUMENT HISTORY**

- 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
- September 2015: Template conversion
- July 2015: Policy reviewed; added Tufts Health Plan SCO information; template updates
- January 2013: Updated codes for 2014 according to the AMA CPT Manual; template updates
- September 2013: Template updates
- February 2013: Added information regarding Evaluation (Medication) Management billed as CPT codes 99201, 99211, 99212, 99213; template updates.
- January 2013: Policy reviewed; added information regarding Tufts Health Plan SCO and the new 2013 procedure codes
- December 2012: Updated codes for 2013 according to the AMA CPT Manual
- April 2011: Reviewed document for clarity; no content changes made
- January 2010: Removed references to the Tufts Medicare Preferred PPO product
- March 2009: Moved Tufts Medicare Preferred information to its own document

**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. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.