

Outpatient Behavioral Health (Mental Health & Substance Use Disorder) Professional Payment Policy

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct – Health Connector
- Tufts Health Together – Includes MassHealth MCO Plan and Accountable Care Partnership Plans
- Tufts Health RITogether – A RI Medicaid Plan
- Tufts Health Unify – OneCare Plan

The following payment policy applies to Tufts Health Plan contracting behavioral health and substance use disorder (BH/SUD) providers who render professional outpatient services for Tufts Health Public Plans products.

For services related to the administration of CANS assessments, refer to the [Child and Adolescent Needs and Strengths \(CANS\) 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, in accordance with the member's benefits.

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 [Tufts Health Public Plans Provider Services](#).

State and Federal Mental Health Parity Law

Under the mental health parity laws, benefits for mental/behavioral health services and substance use disorder services must be comparable to benefits for medical/surgical services. This means that copays, coinsurance and deductibles for mental/behavioral health and substance use disorder services must be at the same level as those for medical/surgical services. Also, Tufts Health Plan's review and authorization of mental/behavioral health or substance use disorder services must be handled in a way that is comparable to the review and authorization of medical/surgical services.

Note: While BH/SUD services have no limit, the benefit covers medically necessary treatment only. Treatment for members covered under mental health parity laws must still meet any applicable [medical necessity guidelines](#) and authorization requirements.

These laws apply to all members enrolled in Massachusetts and Rhode Island fully insured, self-insured and individual plans.

Per CMS regulations, clinicians not participating in the Medicare program may not provide BH/SUD services to Medicare beneficiaries. 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 Together members may be eligible to participate in the MassHealth Community Partners Program to receive care management and care coordination related to BH and LTSS services, with the Community Partners coordinating with other providers. For additional information, refer to [MassHealth regulations](#).

Psychopharmacology Visits (Tufts Health Direct)

Psychopharmacology visits are covered as medical services after the initial medical evaluation. These visits do not count against a member's BH benefit; however, they are subject to a copayment if applicable.

Psychological/Neuropsychological Testing

Psychological and neuropsychological testing is covered as a medical service and is considered part of a member's BH benefit. Refer to the medical necessity guidelines for [psychological](#) and [neuropsychological](#) testing for additional information.

Opioid Dependence Medications

Tufts Health Plan covers medically necessary services for the treatment of an opiate addiction when rendered in an outpatient office setting by an appropriately licensed and qualified BH/SUD provider. Opioid dependence medications are covered in accordance with the member's prescription drug benefit. BH services related to the treatment of an opiate addiction with opioid dependence medications are covered based on the member's benefit plan document.

Note: Members of Rhode Island plans may be subject to opioid prescription limits if they have not had an opioid within the previous 30 days. Refer to pharmacy medical necessity guidelines for [RI Opioid Prescribing Limits](#) for more information.

Tufts Health Together and Tufts Health Unify

Substance Use Disorder Benefits

Tufts Health Together and Tufts Health Unify members have access to additional SUD services. For additional information, refer to the below Medical Necessity Guidelines and the [authorization requirements](#) section of this policy.

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

Telemedicine Services

Tufts Health Plan covers medically necessary outpatient behavioral health telemedicine services, consistent with the [MassHealth Managed Care Entity Bulletin 10](#).

During the rapidly evolving situation around COVID-19, Tufts Health Plan's telemedicine payment policy is documented on the [Coronavirus \(COVID-19\) Updates for Providers](#) page. The payment policy is in effect for all products until further notice¹.

REFERRAL, PRIOR AUTHORIZATION AND 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 prior authorization has been obtained.

For information on procedures, services and items requiring referral and/or prior authorization, refer to the following resources:

- Medical necessity guidelines available in the [Provider Resource Center](#)
- Benefit summary grids available in the [Provider Resource Center](#)
- Behavioral Health (Chapter 5) of the [Tufts Health Public Plans Provider Manual](#)

Opioid Dependence Medications

Prior authorization is required for opioid dependence medications if the drug will be prescribed and picked up by the member at the pharmacy. There is no prior authorization needed if obtained by the provider and provided to the member during a visit. For additional information, refer to the [Medical Necessity Guidelines for Opioid Dependence Medications or applicable Pharmacy Medical Necessity Guidelines](#).

Outpatient Psychotherapy for Tufts Health Direct

Effective for dates of service on or after January 1, 2021, prior authorization will no longer be required (after 12 visits) for the following BH outpatient psychotherapy CPT codes:

¹ This payment policy is being revisited on a continuing basis. If necessary, the date may be extended.

Code	Description
90791	Psychiatric diagnostic evaluation (no medical services)
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
90846	Family psychotherapy (without patient present)
90847	Family psychotherapy (with patient present)
90849	Multiple-family group psychotherapy

Psychological/Neuropsychological Testing

Prior authorization is required for psychological and neuropsychological testing. The recommending provider must complete the standard [Psychological and Neuropsychological Assessment Supplemental Form](#) and will be notified of the coverage determination. Refer to the medical necessity guidelines for [psychological](#) and [neuropsychological](#) testing for additional information.

Code	Description
96116*	Neurobehavioral status exam; per hour
96121*	Neurobehavioral status exam; each additional hour
96130	Psychological testing evaluation; first hour
96131	Psychological testing evaluation; each additional hour
96132	Neuropsychological testing evaluation; first hour
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; first 30 minutes
96137	Psychological or neuropsychological test administration and scoring by physician; each additional 30 minutes
96138	Psychological or neuropsychological test administration and scoring by technician; first 30 minutes
96139	Psychological or neuropsychological test administration and scoring by technician; each additional 30 minutes
96146	Psychological or neuropsychological test administration

*96116 and 96121 may be billed up to three hours without prior authorization.

Recovery Coach for Tufts Health Together and Tufts Health Unify Members

Providers must fax the [Recovery Coach Services Notification Form](#) within one week of the start of services. Upon receipt of notification, the provider may bill for an initial 6 months of service. If additional services are needed, providers must fax a request for additional services using the [First Clinical Review Form](#). Requests must be received a week before or after the previous authorization's end date To ensure continuous authorization. All additional service requests beyond the second notification period require submission of clinical information to the Behavioral Health UM team by calling 888.257.1985.

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

Code	Description
H2016-HM	Comprehensive community support services, per diem

Recovery Support Navigator for Tufts Health Together and Tufts Health Unify Members

Providers must fax the [Recovery Support Navigator Notification Form](#) within one week of the start of services. Additional services require submission of clinical information to the Behavioral Health UM team by calling 888.257.1985.

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

Code	Description
H2015-HF	Comprehensive community support services, per 15 minutes

Community Support Program (Tufts Health Direct, Tufts Health Together and Tufts Health Unify)

No notification or prior authorization is required for the initial 60 days or 240 units of service. Prior authorization is required for additional services beyond these amounts and can be obtained by calling the Behavioral Health UM team at 888.257.1985.

Code	Description
H2015	Comprehensive community support services, per 15 minutes

Community Support Program for Chronically Homeless Individuals (CSP-CHI) (Tufts Health Together and Tufts Health Unify)

Notification is required for CSP-CHI services. Refer to the [CSP Performance Specifications](#) and submit the [notification form](#) to the appropriate fax number. Providers should submit following code combination for dates of service on or after January 1, 2021, in accordance with MassHealth [MCE Bulletin 44](#):

Code	Description
H2016-HK	Comprehensive community support services, per diem (submit with ICD-CM code Z59.0 [homelessness] as the secondary diagnosis code)

BILLING INSTRUCTIONS

Unless otherwise stated, Tufts Health Plan follows AMA 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 or applicable fee schedules. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

Use the appropriate modifier to identify when services are provided by clinicians recognized by Massachusetts EOHHS and Rhode Island EOHHS, 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.

Use of noncontracting labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Tufts Health Plan may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

In accordance with Massachusetts Executive Office of Health and Human Services (EOHHS) requirements, collateral contact claims for HCPCS code H0046 reimbursement must include the appropriate licensure-level modifier and modifier UK. The appropriate licensure-level modifier should be billed in the MOD1 field and modifier UK should be billed in the MOD2 field.

Coding for Substance Use Disorders

- Claims for SUD follow-up visits must include the appropriate SUD diagnosis (e.g., Z79.891, long-term current use of opiate analgesic (**Note:** This code does not denote a SUD))
- Append "1" as the last digit of a SUD diagnosis code if the condition is in remission

Opioid Use Disorder Treatment Codes (Tufts Health Unify)

Effective for dates of service on or after January 1, 2020, the following codes may be billed.

Note: Providers should submit claims using Place of Service code 58 (non-residential opioid treatment facility) when billing for OTP services, in accordance with CMS.²

Code	Description
G2067	MAT, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed

² 100-04, Chapter 39: [Opioid Treatment Programs](#).

Code	Description
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

Telemedicine Services (Tufts Health Together and Tufts Health Unify)

Providers must use Place of Service (POS) code 02 when submitting outpatient behavioral health telemedicine claims. Telemedicine services are compensated at 100 percent of the in-office rate.

Substance Use Disorder Services (Tufts Health RITogether)

Providers should use the following codes to bill for SUD services, in accordance with Rhode Island EOHHS and the Behavioral Health Developmental Disabilities and Hospitals (BHDDH) guidelines. Providers may begin billing these codes for dates of service on or after April 1, 2020 but will be required to do for dates of service on or after July 1, 2020.

Note: These services should not be billed with an inpatient room and board revenue code (i.e., any revenue code less than 0220).

Service	Code	Description
ASAM Level 3.1-3.5 Residential	H0010 (outpatient/professional) or 1002 (institutional)	24-hour, therapeutically planned treatment and learning environments for adults 18+ with a primary SUD in a licensed residential facility. Goal is to stabilize members in early recovery and increase retention in treatment (Note: Use taxonomy code: 324500000X: Residential Treatment Facility - SA Rehab Facility)

ASAM Level 3.7: Detoxification	H0011 (outpatient/professional) or 1002 (institutional)	Medically monitored intensive inpatient detoxification services" for adults 18+, typically step-down after SUD hospitalization
Stabilization Unit	S9485-HE or X0341 (outpatient/professional) or revenue code 0900 (institutional)	Mental health hospitalization step-down unit for acute/crisis episodes for adults 18+, length of stay is generally 3-5 days
Mental Health Psychiatric Rehabilitation Residential (MHPRR)	H0019 (professional only)	Long-term mental health psychiatric rehabilitative residential treatment for adults 18+; length of stay typically exceeds 30 days

COMPENSATION/REIMBURSEMENT INFORMATION

Providers are compensated according to the applicable network contracted rates and fee schedules, regardless of the address where the service is rendered. For additional information, refer to the [Professional Services and Facilities Payment Policy](#).

Procedure Code Guidelines

Tufts Health Plan does not compensate for services performed with an E&M service by the same provider unless modifiers AH, AJ, HM, HN, HO, HP, SA, TD, or TE are also on the claim. Refer to the AMA Manual and CMS HCPCS Level II Manual for more information.

Provider Type Modifiers

- Tufts Health Plan requires provider organization-affiliated psychiatrists to append appropriate modifiers for services provided by a non-MD clinician in their office. The modifiers will affect compensation according to clinician type.
- Psychological and neuropsychological testing codes are excluded from modifier logic when billed with modifier(s) AH and/or HP.
- Because Tufts Health Plan has contracted with methadone clinics to provide methadone treatment, methadone administration services will process with the clinic as both the provider and payee.

In accordance with CMS guidelines, Tufts Health Plan compensates appropriately billed claims with the following modifiers:

Modifier	Description	Compensation Impact
AH	Clinical psychologist (PhD, PsyD, EdD)	100% fee schedule/allowed amount
AJ	Clinical social worker (LICSW, LCSW)	75% fee schedule/allowed amount
HM	Less than bachelor's degree level (LSWA)	0% (informational only)
HN	Bachelor's degree level (LSW)	0% (informational only)
HO	Master's degree level (LMHC, LMFT)	75% fee schedule/allowed amount
HP	Doctoral level (PhD, PsyD, EdD)	100% fee schedule/allowed amount
SA	Nurse practitioner-Non-surgical (PCNS, APRN, RNCS)	Lesser of: 80% of actual (billed) charge OR 80% of 85% MD fee schedule
TD	Registered nurse (PCNS, APRN, RNCS)	0% (informational only)
TE	LPN or LVN	0% (informational only)

Secondary Diagnosis Codes

Tufts Health Plan does not routinely compensate services billed with a secondary diagnosis code as the only diagnosis on the claim.

ADDITIONAL RESOURCES

- [Child and Adolescent Needs and Strengths \(CANS\) Payment Policy](#)
- [Neuropsychological Testing and Assessment Medical Necessity Guidelines](#)
- [Psychological Testing and Assessment Medical Necessity Guidelines](#)

DOCUMENT HISTORY

- December 2020: Added notification requirements and billing instructions for CSP-CHI for Tufts Health Together and Tufts Health Unify members, effective for dates of service on or after January 1, 2021
- November 2020: Corrected Recovery Coach modifier to be submitted with H2016, in accordance with MassHealth guidelines
- October 2020: Added existing billing requirement for POS 58 for OTP services; Updated prior authorization guidelines for outpatient psychotherapy, effective for dates of service on or after January 1, 2021
- June 2020: Added existing coding guidance for SUD claims
- May 2020: added updated coding information for SUD services for RITogether members, effective for dates of service on or after April 1, 2020
- March 2020: Clarified existing authorization and coding information for Recovery Coach and Recovery Support Navigator services; added direction for telemedicine services during the COVID-19 outbreak
- 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
- May 2019: Clarified existing authorization requirements for neurobehavioral status exam codes 96116 and 96121
- March 2019: Added outpatient behavioral health telemedicine services coverage information per the MassHealth Managed Care Entity Bulletin 10 as of January 1, 2019
- February 2019: Policy created

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 CareLinkSM 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.