

Important update regarding behavioral health CPT codes and precertification rules

Summary of change: Effective for dates of service on and after July 1, 2017, Amerigroup Community Care is updating the center of requirements excellence (CORE) services behavioral health fee schedule for outpatient behavioral health clinic services.

What is the impact of this change?

Effective for dates of service on and after July 1, 2017, Amerigroup is updating the CORE services behavioral health fee schedule to the codes published in table one. Table two demonstrates the list of acceptable modifiers (MODs) for the CORE services behavioral health fee schedule.

All codes and MODs contained in **tables one and two** must be used in accordance with standard billing guidelines. Providers must use HIPAA-compliant billing codes when billing or submitting encounter data. This applies to both electronic and paper claims. Providers must use HIPAA-complaint billing codes as well as valid ICD diagnosis codes when billing or submitting encounter data. Amerigroup reserves the right to use code editing software to determine which service is considered a part of, incidental to or inclusive of the primary procedure. Any code billed that is not specifically listed in **table one** will be denied as noncovered and ineligible for reimbursement.

Table three lists the place of service (POS) codes and descriptions to be used for outpatient mental health services. These codes should be used to specify the entity where service(s) were rendered. As defined by CMS, the POS code is used to reflect the actual setting where the beneficiary received the face-to-face service. For example, if the provider's face-to-face encounter with a patient occurs in the office, the correct POS codes on the claim reflect the two-digit POS code 11 for office. The two-digit POS code will match the address and ZIP code entered in the service location (box 32 on the *CMS-1500* form). Any POS code billed that is not specifically listed in table three will be denied as noncovered and ineligible for reimbursement.

Precertification requirements

A **yes** in the precertification requirement column denotes that a given procedure code requires precertification.

How do I request precertification?

Request precertification by:

- Logging in to our provider self-service site at <http://providers.amerigroup.com> and selecting **Precertification** from the tools menu. Providers may utilize Amerigroup's Prior Authorization Lookup Tool on the website to determine if a prior authorization is required.

The information in this update may be an update or change to your provider manual. Find the most current manual at:

<https://providers.amerigroup.com>

- Logging in to <https://www.mmis.georgia.gov/portal> and selecting **Prior Authorization** for most service requests. Until further notice, providers should request prior authorization for outpatient services via the Medicaid Management Information System webpage. Current exceptions to this rule are psychological testing, intensive structured outpatient services, partial hospitalization program and all higher levels of care.

Continue to request psychological testing prior authorization via the Availity Web Portal until further notice.

Check the status of your request by logging in to **provider self-service** (in Availity and/or the Medicaid Management Information System websites). You may also call Provider Services.

Table one: 2017 Amerigroup CORE behavioral health schedule

CPT code and MOD	Description	Daily unit max limit	Variable (1 unit equivalent)	2017 authorization requirement
90791U2	Psychiatric diagnostic evaluation (no medical services)	1	1 encounter	No
90791U3	Psychiatric diagnostic evaluation (no medical services)	1	1 encounter	No
90792U1	Psychiatric diagnostic evaluation with medical services	1	1 encounter	No
90792U2	Psychiatric diagnostic evaluation with medical services	1	1 encounter	No
90832U2	Psychotherapy — 30 minutes	1	1 encounter	*Yes
90832U3	Psychotherapy — 30 minutes	1	1 encounter	*Yes
90832U4	Psychotherapy — 30 minutes	1	1 encounter	*Yes
90833U1	Indicated psychotherapy with evaluation and management service (EM) (plus 30)	1	1 encounter	No
90833U2	Indicated psychotherapy with EM (plus 30)	1	1 encounter	No
90834U2	Psychotherapy — 45 minutes	1	1 encounter	*Yes
90834U3	Psychotherapy — 45 minutes	1	1 encounter	*Yes
90834U4	Psychotherapy — 45 minutes	1	1 encounter	*Yes
90836U1	Indicated psychotherapy with EM (plus 45)	1	1 encounter	No
90836U2	Indicated psychotherapy with EM (plus 45)	1	1 encounter	No
90837U2	Psychotherapy — 60 minutes	1	1 encounter	*Yes
90837U3	Psychotherapy — 60 minutes	1	1 encounter	*Yes
90837U4	Psychotherapy — 60 minutes	1	1 encounter	*Yes
90839U1	Crisis intervention — 60 minutes	1	1 encounter	No
90839U2	Crisis intervention — 60 minutes	1	1 encounter	No
90839U3	Crisis intervention — 60 minutes	1	1 encounter	No
90840U1	Psychotherapy for crisis — each additional 30 minutes	4	30 minutes	No
90840U2	Psychotherapy for crisis — each additional 30 minutes	4	30 minutes	No
90840U3	Psychotherapy for crisis — each additional 30 minutes	4	30 minutes	No
90846U2	Family psychotherapy without the patient present	1	1 encounter	*Yes

CPT code and MOD	Description	Daily unit max limit	Variable (1 unit equivalent)	2017 authorization requirement
90846U3	Family psychotherapy without the patient present	1	1 encounter	*Yes
90846U4	Family psychotherapy without the patient present	1	1 encounter	*Yes
90847U2	Conjoint family psychotherapy with the patient present	1	1 encounter	*Yes
90847U3	Conjoint family psychotherapy with the patient present	1	1 encounter	*Yes
90847U4	Conjoint family psychotherapy with the patient present	1	1 encounter	*Yes
90853U2	Group psychotherapy other than of a multiple family group	1	1 encounter	No
90853U3	Group psychotherapy other than of a multiple family group	1	1 encounter	No
90853U4	Group psychotherapy other than of a multiple family group	1	1 encounter	No
96101U2	Psychological testing	5	1 hour	Yes
96102U2	Psychological testing	5	1 hour	Yes
96102U3	Psychological testing	5	1 hour	Yes
96150U2	Ambulatory detoxification initial assessment	32	15 minutes	Yes
96150U3	Ambulatory detoxification initial assessment	32	15 minutes	Yes
96150U4	Ambulatory detoxification initial assessment	32	15 minutes	Yes
96151U2	Ambulatory detoxification reassessment	32	15 minutes	No
96151U3	Ambulatory detoxification reassessment	32	15 minutes	No
96151U4	Ambulatory detoxification reassessment	32	15 minutes	No
96372U2	Therapeutic, prophylactic or diagnostic injection	1	1 encounter	No
96372U3	Therapeutic, prophylactic or diagnostic injection	1	1 encounter	No
96372U4	Therapeutic, prophylactic or diagnostic injection	1	1 encounter	No
99201U1	EM new patient — 10 minutes	1	1 encounter	No
99201U2	EM new patient — 10 minutes	1	1 encounter	No
99202U1	EM new patient — 20 minutes	1	1 encounter	No
99202U2	EM new patient — 20 minutes	1	1 encounter	No
99203U1	EM new patient — 30 minutes	1	1 encounter	No
99203U2	EM new patient — 30 minutes	1	1 encounter	No
99204U1	EM new patient — 45 minutes	1	1 encounter	No
99204U2	EM new patient — 45 minutes	1	1 encounter	No
99205U1	EM new patient — 60 minutes	1	1 encounter	No
99205U2	EM new patient — 60 minutes	1	1 encounter	No
99211U1	EM established patient — 5 minutes	1	1 encounter	No
99211U2	EM established patient — 5 minutes	1	1 encounter	No
99212U1	EM established patient — 10 minutes	1	1 encounter	No
99212U2	EM established patient — 10 minutes	1	1 encounter	No
99213U1	EM established patient — 15 minutes	1	1 encounter	No
99213U2	EM established patient — 15 minutes	1	1 encounter	No
99214U1	EM established patient — 25 minutes	1	1 encounter	No
99214U2	EM established patient — 25 minutes	1	1 encounter	No
99215U1	EM established patient — 40 minutes	1	1 encounter	No
99215U2	EM established patient — 40 minutes	1	1 encounter	No

CPT code and MOD	Description	Daily unit max limit	Variable (1 unit equivalent)	2017 authorization requirement
G9001	Coordinated care fee	1	1 encounter	No
H0004HQHRU2	Group counseling: multi-family group with client present	12	15 minutes	Yes
H0004HQHRU3	Group counseling: multi-family group with client present	12	15 minutes	Yes
H0004HQHRU4	Group counseling: multi-family group with client present	12	15 minutes	Yes
H0004HQHRU5	Group counseling: multi-family group with client present	12	15 minutes	Yes
H0004HQHSU2	Group counseling	12	15 minutes	Yes
H0004HQHSU3	Group counseling: multi-family group or without client present	12	15 minutes	Yes
H0004HQHSU4	Group Counseling: multi-family group or without client present	12	15 minutes	Yes
H0004HQHSU5	Group counseling: multi-family group without client present	12	15 minutes	Yes
H0004HQU2	Group counseling	12	15 minutes	Yes
H0004HQU3	Group counseling	12	15 minutes	Yes
H0004HQU4	Group counseling	12	15 minutes	Yes
H0004HQU5	Group counseling	12	15 minutes	Yes
H0004HRU2	Family counseling with client present	12	15 minutes	Yes
H0004HRU3	Family counseling with client present	12	15 minutes	Yes
H0004HRU4	Family counseling with client present	12	15 minutes	Yes
H0004HRU5	Family counseling with client present	12	15 minutes	Yes
H0004HSU2	Family counseling without client present	12	15 minutes	Yes
H0004HSU3	Family counseling without client present	12	15 minutes	Yes
H0004HSU4	Family counseling without client present	12	15 minutes	Yes
H0004HSU5	Family counseling without client present	12	15 minutes	Yes
H0014U2	Alcohol and/or drug services, or ambulatory detoxification	32	15 minutes	Yes
H0014U3	Alcohol and/or drug services, or ambulatory detoxification	32	15 minutes	Yes
H0014U4	Alcohol and/or drug services, or ambulatory detoxification	32	15 minutes	Yes
H0020U2	Alcohol and/or drug services, or methadone administration and/or service	1	1 encounter	No
H0020U3	Alcohol and/or drug services, or methadone administration and/or service	1	1 encounter	No
H0020U4	Alcohol and/or drug services, or methadone administration and/or service	1	1 encounter	No
H0031U2	Mental health assessment by a nonphysician	8	15 minutes	No
H0031U3	Mental health assessment by a nonphysician	8	15 minutes	No
H0031U4	Mental health assessment by a nonphysician	8	15 minutes	No
H0031TJ	Georgia Families 360 SM trauma assessment only	8	15 minutes	No
H0032U2	Mental health service plan development by a nonphysician	8	15 minutes	No
H0032U3	Mental health service plan development by a nonphysician	8	15 minutes	No
H0032U4	Mental health service plan development by a nonphysician	8	15 minutes	No

CPT code and MOD	Description	Daily unit max limit	Variable (1 unit equivalent)	2017 authorization requirement
H0036U3	Intensive family intervention	16	15 minutes	Yes
H0036U3U7	Intensive family intervention	16	15 minutes	Yes
H0036U4	Intensive family intervention	16	15 minutes	Yes
H0036U4U7	Intensive family intervention	16	15 minutes	Yes
H0036U5	Intensive family intervention	16	15 minutes	Yes
H0036U5U7	Intensive family intervention	16	15 minutes	Yes
H0039HQU3	Assertive community treatment	30	15 minutes	Yes
H0039HQU4	Assertive community treatment	30	15 minutes	Yes
H0039HQU5	Assertive community treatment	30	15 minutes	Yes
H0039HT	Assertive community treatment	30	15 minutes	Yes
H0039TNU3	Community support team	30	15 minutes	Yes
H0039TNU3U7	Community support team	30	15 minutes	Yes
H0039TNU4	Community support team	30	15 minutes	Yes
H0039TNU4U7	Community support team	30	15 minutes	Yes
H0039TNU5	Community support team	30	15 minutes	Yes
H0039TNU5U7	Community support team	30	15 minutes	Yes
H0039U1	Assertive community treatment	30	15 minutes	Yes
H0039U1U7	Assertive community treatment	30	15 minutes	Yes
H0039U2	Assertive community treatment	30	15 minutes	Yes
H0039U2U7	Assertive community treatment	30	15 minutes	Yes
H0039U3	Assertive community treatment	30	15 minutes	Yes
H0039U3U7	Assertive community treatment	30	15 minutes	Yes
H0039U4	Assertive community treatment	30	15 minutes	Yes
H0039U4U7	Assertive community treatment	30	15 minutes	Yes
H0039U5	Assertive community treatment	30	15 minutes	Yes
H0039U5U7	Assertive community treatment	30	15 minutes	Yes
H2010U2	Medication administration	1	1 encounter	No
H2010U3	Medication administration	1	1 encounter	No
H2010U4	Medication administration	1	1 encounter	No
H2011U1	Crisis intervention services	16	15 minutes	No
H2011U2	Crisis intervention services	16	15 minutes	No
H2011U3	Crisis intervention services	16	15 minutes	No
H2011U4	Crisis intervention services	16	15 minutes	No
H2014HQHRU4	Group — skills training and development	8	15 minutes	Yes
H2014HQHRU5	Group — skills training and development	8	15 minutes	Yes
H2014HQHSU4	Group — skills training and development without client present	8	15 minutes	Yes
H2014HQHSU5	Group — skills training and development without client present	8	15 minutes	Yes
H2014HQU4	Group — skills training and development	8	15 minutes	Yes
H2014HQU5	Group — skills training and development	8	15 minutes	Yes
H2014HRU4	Family — skills training and development with client present	8	15 minutes	Yes
H2014HRU5	Family — skills training and development with client present	8	15 minutes	Yes
H2014HSU4	Family — skills training and development without client present	8	15 minutes	Yes
H2014HSU5	Family — skills training and development without client present	8	15 minutes	Yes
H2015HFU4	Community support services	24	15 minutes	Yes
H2015HFU4U7	Community support services	24	15 minutes	Yes

CPT code and MOD	Description	Daily unit max limit	Variable (1 unit equivalent)	2017 authorization requirement
H2015HFU5	Community support services	24	15 minutes	Yes
H2015HFU5U7	Community support services	24	15 minutes	Yes
H2015U4	Community support services	24	15 minutes	Yes
H2015U4U7	Community support services	24	15 minutes	Yes
H2015U5	Community support services	24	15 minutes	Yes
H2015U5U7	Community support services	24	15 minutes	Yes
H2015UKU4	Community support services	24	15 minutes	Yes
H2015UKU4U7	Community support services	24	15 minutes	Yes
H2015UKU5	Community support services	24	15 minutes	Yes
H2015UKU5U7	Community support services	24	15 minutes	Yes
H2017HQU4	Psychosocial rehabilitation group	16	15 minutes	Yes
H2017HQU5	Psychosocial rehabilitation group	16	15 minutes	Yes
H2017U4	Psychosocial rehabilitation	16	15 minutes	Yes
H2017U5	Psychosocial rehabilitation	16	15 minutes	Yes
H2017HQU4U7	Psychosocial rehabilitation group	16	15 minutes	Yes
H2017HQU5U7	Psychosocial rehabilitation group	16	15 minutes	Yes
H2017U4U7	Psychosocial rehabilitation	16	15 minutes	Yes
H2017U5U7	Psychosocial rehabilitation	16	15 minutes	Yes
Q3014GT	Telehealth site fee	16	15 minutes	No
T1001U2	Nursing assessment/evaluation	16	15 minutes	No
T1001U3	Nursing assessment/evaluation	16	15 minutes	No
T1001U4	Nursing assessment/evaluation	16	15 minutes	No
T1002U2	RN services	16	15 minutes	No
T1002U3	RN services	16	15 minutes	No
T1003U4	Licensed practical nurse (LPN)/licensed vocational nurse services	16	15 minutes	No

*** 90832/90834/90837/90846/90847 require a prior authorization after 20 sessions/encounters have been billed in a calendar year.**

Table two: schedule of acceptable MODs for the Amerigroup CORE behavioral health schedule

MOD	Description
U1	Level 1 practitioner: physician or psychiatrist
U2	Level 2 practitioner: psychologist, physician's assistant, nurse practitioner, clinical nurse specialist or pharmacist
U3	Level 3 practitioner: registered nurse, licensed dietician, licensed professional counselor, licensed clinical social worker, or licensed marriage and family therapist
U4	Level 4 practitioner: LPN, licensed associate professional counselor, licensed master's social worker, licensed associate marriage and family therapist, certified addictions counselors (CACs), registered addictions counselors (RADTs), certified peer specialists, trained paraprofessionals, and certified psychosocial rehabilitation professionals with bachelor's degrees or higher in the social sciences/helping professions
U5	Level 5 practitioner: trained paraprofessionals, CACs, RADTs, certified peer specialists, certified psychosocial rehabilitation professionals, and qualified medication aides with at least a high school diploma or equivalent
U7	Out of clinic: If a service is provided out-of-clinic, then the U7 MOD must be appended to the CPT code in the sequence noted in table 1 . The U7 MOD may only be billed when the corresponding CPT code in table 1 allows for it.
HQ	Group setting

MOD	Description
HR	Family/couple with client present
HS	Family/couple with without client present
HT	Multidisciplinary team
UK	Collateral contact
HA	Child/adolescent program
TN	Rural/outside providers customary service area
GT	Via interactive audio and video telecommunications systems: Informational MOD, no additional reimbursement allowed. Must be appended to the CPT code in the last position in a series of MOD combinations.

Table three: POS codes and descriptions to be used for outpatient mental health services

POS code	POS name	POS description
03	School	A facility whose primary purpose is education
11	Office	Location (other than a hospital), skilled nursing facility, military treatment facility, community health center, state or local public health clinic, or intermediate care facility where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence
14	Group home	A residence with shared living areas where clients receive supervision and other services such as social and/or behavioral services, custodial service and minimal services
22	Outpatient hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and nonsurgical) and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization
99	Unassigned	Other POS not identified above

What if I need assistance?

If you have questions, please contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.