



# Outpatient behavioral health claims guide

Presented by:



# Agenda

## Goals

### DMH processes

H004

H2015

H2017

H0031 and H0032

T1016 and T1041

G8510 and G8431

## Behavioral health psychotherapy

## Frequently asked questions

## Resources

# Goals

- Provide providers with guidance and clarity on billing practices, specifically related to behavioral and mental health services.
- Discuss and collaborate on solutions to prevent denied claims moving forward.
- Answer frequently asked questions about outpatient behavioral health (BH) services

# Reference table for upcoming slides

| MOD code description  | Code |
|---|------|
| Mental Health Program   | HE   |
| Substance Abuse Program   | HF   |
| Integrated Mental Health/Substance Abuse Program                    | HH   |
| Funded State Addictions Agency                                      | HV   |
| Via interactive audio and video telecommunication systems           | GT   |
| The service was furnished using audio-only communication technology | FQ   |
| Group setting   | HQ   |
| Family/couple without client present                                | HS   |
| Family/couple with client present                                   | HR   |
| Funded by State Mental Health Agency                                | HW   |
| Intermediate level of care  | TF   |

# DMH process: H004

## H0004: Behavioral health counseling and therapy, per 15 minutes

This code is a trigger service for all CCBHCs

| Current DMH modifiers for code: H0004                         |       |             |       |       |
|---|-------|-------------|-------|-------|
| Service description   | Code  | MOD 1       | MOD 2 | MOD 3 |
| Individual psychotherapy                                      | H0004 | HE/HF/HV    |       |       |
| Individual psychotherapy (telemedicine)                       | H0004 | HE/HF/HV    | GT    |       |
| Individual psychotherapy (telephone)                          | H0004 | HE/HF/HV    | FQ    |       |
| Group psychotherapy   | H0004 | HE/HF/HH/HV | HQ    |       |
| Group psychotherapy (telemedicine)                            | H0004 | HE/HF/HH/HV | HQ    | GT    |
| Family psychotherapy (without patient present)                | H0004 | HE/HF/HH/HV | HS    |       |
| Family psychotherapy (without patient present - telemedicine) | H0004 | HE/HF/HH/HV | HS    | GT    |
| Family psychotherapy (without patient present - telephone)    | H0004 | HE/HF/HH/HV | HS    | FQ    |
| Family psychotherapy (with patient present)                   | H0004 | HE/HF/HH/HV | HR    |       |
| Family psychotherapy (with patient present - telemedicine)    | H0004 | HE/HF/HH/HV | HR    | GT    |
| Family psychotherapy (with patient present - telephone)       | H0004 | HE/HF/HH/HV | HR    | FQ    |

# DMH process: H2015

## H2015: Comprehensive community support services, per 15 minutes

This service is provided by a certified peer recovery service specialist.

| Current DMH modifiers for code: H2015   |       |             |       |
|---|-------|-------------|-------|
| Service description   | Code  | MOD 1       | MOD 2 |
| Community recovery support/Recovery Support Specialist (for patients 16 years and older)                | H2015 | HE/HF/HH/HV |       |
| Community recovery support/Recovery Support Specialist (for patients 16 years and older – telephone)    | H2015 | HE/HF/HH/HV | FQ    |
| Community recovery support/Recovery Support Specialist (for patients 16 years and older – telemedicine) | H2015 | HE/HF/HH/HV | GT    |
| Community recovery support/Recovery Support Specialist (group - for patients 16 years and older)        | H2015 | HE/HF/HH/HV | HQ    |

# DMH process: H2017

## H2017: Psychosocial rehabilitation services, per 15 minutes

| Current DMH modifiers for code: H2017                           |       |             |       |       |       |
|---|-------|-------------|-------|-------|-------|
| Service description   | Code  | MOD 1       | MOD 2 | MOD 3 | MOD 4 |
| PSR (individual)  | H2017 | HE/HF/HH/HV |       |       |       |
| PSR (individual – telemedicine)                                 | H2017 | HE/HF/HH/HV | GT    |       |       |
| PSR (individual – telephone)                                    | H2017 | HE/HF/HH/HV | FQ    |       |       |
| PSR (group-non-DMHSAS contracted providers)                     | H2017 | HE/HF/HH/HV | HQ    |       |       |
| PSR (group-DMHSAS contracted 18 years and older)                | H2017 | HE/HF/HH/HV | HQ    | HW    |       |
| PSR (group-DMHSAS contracted 18 years and older – telemedicine) | H2017 | HE/HF/HH/HV | HQ    | HW    | GT    |
| PSR (group-DMHSAS contracted less than 18 years)                | H2017 | HE/HF/HH/HV | HQ    |       |       |
| PSR (group-DMHSAS contracted less than 18 years – telemedicine) | H2017 | HE/HF/HH/HV | HQ    | GT    |       |
| PSR model (group-DMHSAS contracted)                             | H2017 | HE/HF/HH/HV | HQ    | TF    |       |
| PSR model (group-DMHSAS contracted–telemedicine)                | H2017 | HE/HF/HH/HV | HQ    | TF    | GT    |
| Illness management & recovery (DMH only)                        | H2017 | HE/HF/HH/HV | HQ    | TF    | TG    |

# DMH process: H0031 and H0032

## H0031: Mental health assessment, by non-physician

Assessment is required for most episodes, and this is the only service code.

| Current DMH modifiers for code: H0031         |       |             |       |
|---|-------|-------------|-------|
| Service description                           | Code  | MOD 1       | MOD 2 |
| BH assessment (Non-MD by LBHP)                | H0031 | HE/HF/HH/HV |       |
| BH assessment (Non-MD by LBHP – telemedicine) | H0031 | HE/HF/HH/HV | GT    |

## H0032: Mental health service plan development by non-physician

Service plan updates are conducted whenever is clinically needed as determined by the provider and member, but only compensable once every six months.



# T1016 and T1041

## **T1016: case management , each 15 minutes**

Only individuals in certain categories can receive T1016 and this is the only case management service for these groups.

## **T1041: Medicaid Certified Community Behavioral Health Clinic (CCBHC) service, per month**

T1041 is the payment method for all CCBHCs.

# G8510 and G8431

## **G8510 and G8431: screening for depression**

These are zero paid informational codes used for quality measure calculation.

# Behavioral health psychotherapy

SoonerCare

Limits – what is the provider used to?

Individual psychotherapy – 4 units per member per day, 8 units per member per week for Individual and Family Therapy combined.

Group psychotherapy – 6 units per member per day, 12 units per member per week. Child under 36 months is not covered.

Family psychotherapy – 4 units per member/family per day, 8 units per member per week for Individual and Family Therapy combined. PA for children under 36 months. Foster care setting excluded.

A 35-hour limit for provider per week.



**Aetna Better Health® of Oklahoma** SoonerSelect

Limits

Individual psychotherapy – 4 units per member per day, 8 units per member per week for Individual and Family Therapy combined.

Group psychotherapy – 6 units per member per day, 12 units per member per week.\*

Family psychotherapy – 4 units per member/family per day, 8 units per member per week for individual and family therapy combined.

**No hour limit for provider per week.**  
Therapy and testing limited to max of 12 units per day, per provider.

\*Note: Aetna Better Health® has no age limits for psychotherapy claims.

# Frequently asked questions

#1 ○

## **Can a member self refer to behavioral health services?**

Aetna Better Health® members do not need a referral for behavioral health services.

#2 ○

## **When an initial PA is submitted, how long will it take to get approval or denial?**

Aetna Better Health will decide standard PA requests within seventy-two (72) hours of receipt of the request or as expeditiously as the member's health requires. If the provider indicates, or Aetna Better Health is aware, that adhering to the standard seventy-two (72) hour timeframe could jeopardize the member's life, health, or ability to attain, maintain, or regain maximum function, Aetna Better Health will make an authorization decision as expeditiously as necessary and, no later than twenty-four (24) hours after receipt of the request for service. All inpatient behavioral health PA requests will be decided within twenty-four (24) hours.

#3 ○

## **Are telehealth services allowed for behavioral health?**

Telehealth services are reimbursable to providers currently approved by OHCA. This includes fully licensed professionals and those under supervision for licensure.

#4 ○

## **How often are providers paid?**

Check runs will occur on Mondays, Wednesdays and Fridays. 90% of clean claims received from providers will be paid within 14 days of receipt.

# Resources

## OHCA

- [Provider billing and procedures manual](#)

## Aetna Better Health® of Oklahoma

- [Frequently asked questions](#)

## ProPAT

- [MedicaidPortal.Aetna.com/propat/Default.aspx](#)

## Provider engagement email

- [ABHOKProviderEngagement@Aetna.com](mailto:ABHOKProviderEngagement@Aetna.com)

## Link to Availity

- [Apps.Availity.com/web/onboarding/availity-fr-ui/#/login](#)

# Attestation

**Thank you!**





---

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, and its affiliates.

The information provided herein and during the presentation are for convenience only and do not take the place of or supersede the requirements of the SoonerSelect program or the provider agreement, if any, with Aetna Better Health of Oklahoma.