

# IHCP *bulletin*

Note: This bulletin has been updated. See IHCP Banner Page [BR202119](#): IHCP to allow modifier HE to bypass NCCI Procedure-to-Procedure edits.

INDIANA HEALTH COVERAGE PROGRAMS BT2020122 DECEMBER 1, 2020

## IHCP announces procedure codes for newly enrolled behavioral health professionals

The Indiana Health Coverage Programs (IHCP) announced in *IHCP Bulletin* [BT2020108](#) that licensed behavioral health professionals are eligible to enroll in the IHCP (under provider type 11 – *Behavioral Health Provider*), effective November 1, 2020. These newly eligible provider specialties (listed in Table 1) are authorized to submit claims for the services listed in Table 2, for dates of service (DOS) on or after **November 1, 2020**.



Table 1 – New behavioral health provider specialties eligible for enrollment as of November 1, 2020

Provider specialty	Description
616	Licensed Psychologist
617	Licensed Independent Practice School Psychologist
618	Licensed Clinical Social Worker (LCSW)
619	Licensed Marriage and Family Therapist (LMFT)
620	Licensed Mental Health Counselor (LMHC)
621	Licensed Clinical Addiction Counselor (LCAC)

Table 2 – Covered procedure codes for behavioral health provider specialties 616, 617, 618, 619, 620, and 621, effective for DOS on or after November 1, 2020

Procedure code	Description
90785	Psychotherapy, interactive complexity
90791	Psychiatric diagnostic evaluation
90832	Psychotherapy [with patient], 30 minutes
90834	Psychotherapy [with patient], 45 minutes
90837	Psychotherapy [with patient], 60 minutes
90839	Psychotherapy for crisis, first 60 minutes
90840	Psychotherapy for crisis, each additional 30 minutes
90846	Family psychotherapy [without the patient present], 50 minutes
90847	Family psychotherapy including patient, 50 minutes
90849	Multiple-family group psychotherapy
90853	Group psychotherapy
90899	Psychiatric service or procedure

*Table 2 – Covered procedure codes for behavioral health provider specialties 616, 617, 618, 619, 620, and 621, effective for DOS on or after November 1, 2020 (Continued)*

<b>Procedure code</b>	<b>Description</b>
96127	Brief emotional or behavioral assessment
96138	Psychological or neuropsychological test administration and scoring by technician, first 30 minutes
96139	Psychological or neuropsychological test administration and scoring by technician, additional 30 minutes
96146	Psychological or neuropsychological test administration and scoring by single standardized instrument via electronic platform with automated result
96156	Health behavior assessment, or re-assessment
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes
96164	Health behavior intervention, group, face-to-face; initial 30 minutes
96165	Health behavior intervention, group, face-to-face; each additional 15 minutes
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes
96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes
96171	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes
99401 HK	Preventive medicine counseling [individual], approximately 15 minutes; for a mental health bridge appointment
99407 U6	Smoking and tobacco use intensive counseling; per 15 minutes
99408	Alcohol and/or substance abuse screening and intervention, 15-30 minutes
99409	Alcohol and/or substance abuse screening and intervention, greater than 30 minutes
G0444	Annual depression screening, 15 minutes
G0466	Federally qualified health center (FQHC) visit, new patient
G0467	Federally qualified health center (FQHC) visit, established patient
G0468	Federally qualified health center (FQHC) visit that includes an initial preventive physical examination (IPPE) or annual wellness visit (AWV)
G0469	Federally qualified health center (FQHC) visit, mental health, new patient
G0470	Federally qualified health center (FQHC) visit, mental health, established patient
H0031	Mental health assessment, by non-physician
H0035	Mental health partial hospitalization, treatment, less than 24 hours
H0038	Self-help/peer services, per 15 minutes
H2011	Crisis intervention service, per 15 minutes
T1015*	Clinic visit/encounter, all-inclusive

\*T1015 represents the fee-for-service (FFS) all-inclusive encounter rate for federally qualified health centers (FQHCs) and rural health clinics (RHCs). Allowed only if the rendering provider is enrolled under an FQHC or RHC group practice.

The procedure codes in Table 2 will be added to *Mental Health and Addiction Services Codes*, accessible from the [Code Sets](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

### Revising billing guidance, effective January 1, 2021

In addition to the aforementioned updates, the IHCP is revising guidance for billing stand-alone psychotherapy services provided on the same day as psychotherapy evaluation and management services. *IHCP Banner Page BR201912* outlined the previous guidance as follows:

“According to the *Mental Health and Addiction Services* provider reference module, Current Procedural Terminology (CPT<sup>®1</sup>) codes 90833, 90836, and 90838 for psychotherapy with medical evaluation and management are *medical* services. Therefore, the IHCP does not reimburse clinical social workers, clinical psychologists, or any mid-level practitioners (excluding nurse practitioners and clinical nurse specialists) for these codes. In these circumstances, it is appropriate to bill the stand-alone psychotherapy service with the mid-level modifier, and for the supervising practitioner to bill the evaluation and management service. The mid-level modifier will override the applicable NCCI PTP edit.”

Because these practitioners are now eligible for enrollment, the midlevel modifier will no longer override applicable National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) edits. This change will become effective for DOS on or after January 1, 2021.

It is still, and will continue to be, appropriate for the behavioral health provider to bill the stand-alone psychotherapy service and the applicable medical practitioner may bill the evaluation and management service.

If the behavioral health practitioner is individually enrolled, the NCCI edit will not apply, because the National Provider Identifiers (NPIs) on the claim will show that each service had a distinct rendering provider. However, if the behavioral health professional is not individually enrolled, the modifier will not override the NCCI edit, beginning January 1, 2021.



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