



## Network Notification

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**Date:** April 21, 2014

**Number:** KY-P-2014-07

**To:** Office Manager/Administration and Participating Health Care Providers

**From:** Humana – CareSource®

**Subject:** Expanded Behavioral Health Benefits 2014

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As part of the Kentucky Department of Medicaid Services (KDMS) 2014 benefit expansion, Humana – CareSource offers many new services that specifically target enhanced behavioral health. A list of the new services, authorization requirements and modifier changes is included in this notification for your reference when submitting claims for behavioral health services rendered.

A substantial increase in the number of individuals who receive Medicaid is anticipated as a result of the expansion of Medicaid and Kynect, Kentucky's health insurance marketplace. The benefit expansion for behavioral health also means:

- New recipient eligibility and new eligible provider types.
- Substance use services, historically limited to pregnant women and children under 21, are now covered for all Medicaid members.
- Independent providers, therapists, mental health and substance use disorder service providers can now enroll with Medicaid and be reimbursed for behavioral health services rendered.
- The expansion in the number of providers ensures Medicaid recipients have access to Medicaid-covered services.

Please find below a detailed outline of the Humana – CareSource 2014 Kentucky Services Grid for behavioral health codes, authorization requirements, provider types and revised modifiers, effective January 1, 2014.

Humana – CareSource is committed to working with the resulting expanded provider types to improve member access to behavioral health benefits across the Commonwealth.

For more information, please email [kentuckybhinfo@caresource.com](mailto:kentuckybhinfo@caresource.com) or call 1-855-708-4835.



## 2014 Kentucky Medicaid Behavioral Health Services Grid

Service	Rev/Procedure Codes	Authorization Requirements
<b>Outpatient Services</b>		
Diagnostic interview (old code, 90801)	90791, 90792	No prior authorization.
Individual psychotherapy (old code examples: 90804, 90806, 90808)	90832, 90834, 90837	Individual therapy and individual therapy with medication management are combined. 30 sessions without prior authorization are permitted.
Individual therapy w/medication management (old codes 90805, 90817, 90807, 90819, 90809, 90821, 90809, 90822, 90811, 90824, 90831, 90827, 90815, 90829)	E&M code (99211 – 99215), plus therapy add-ons: 90833, 90836, 90838	Individual therapy and individual therapy with medication management are combined. 30 sessions without prior authorization are permitted.
Office consultations	99241 – 99245	No prior authorization.
Medication management (old code 90862)	Use E&M codes (e.g. 99213)	No prior authorization.
Comprehensive Medication Services	H2010	No Prior Authorization
Family therapy	90846, 90847, 90849	Family therapy 30 sessions without prior authorization.
Group therapy	90853	No prior authorization.
Psychological and neuropsychological testing	96101, 96117, 96118	Requires authorization after eight hours.
Psychoanalysis	90845	Individual therapy and individual therapy with med management are combined for 30 sessions without prior authorization.
Narcosynthesis for psych diagnosis	90865	No prior authorization.
Biofeedback Individual psychophysiological Therapy	90875 (30 min) 90876 (45 min)	No prior authorization.
Health and behavioral assessment	96150	No prior authorization.
Health and behavioral reassessment	96151	No prior authorization.
Health and behavioral intervention	96152	No prior authorization.
Health and behavioral group	96153	No prior authorization.
Injection administration	96372	No prior authorization.
Mental Health Assessment	H0031	No prior authorization.
Substance Use Screening	H0002	No prior authorization.
Unlisted Psychiatric Service/Mental Health Screening	90899	No prior authorization.
Collateral therapy (under 21 only)	90887	No prior authorization.
Therapeutic Rehabilitation Program (TRP)/Therapeutic behavioral services (under 21)	H2019	30 days (480 units) allowed prior to authorization.



Service	Rev/Procedure Codes	Authorization Requirements
Mental health services, not otherwise specified	H0046	30 days (480 units) allowed prior to authorization.
Comprehensive community support services (Skill building for maintenance in community setting)	H2014 (MH)	30 days (480 units) allowed prior to authorization.
Peer support/parent support	H0038	No prior authorization.
Service Planning – MH (Mental Health)	H0032	No prior authorization.
Service planning – SU (Substance Use)	T1007	No prior authorization.
<b>Day Programs and Treatment</b>		
Day treatment (under 21 only)	H2012	30 days (120 hours) allowed prior to authorization.
<b>Crisis Services</b>		
Emergency/crisis services	H2011	No prior authorization.
Mobile crisis	S9484	No prior authorization.
Therapy in Crisis	90839, 90840	No prior authorization.
<b>Care Management Services</b>		
Comprehensive Community Support Services	H2021	30 days (480 units) allowed prior to authorization. (Note: No other case management [CM] service may be billed concurrently.)
Targeted case management – children	T2022 HA	No prior authorization. (Note: No other CM service may be billed concurrently.)
Targeted case management – adults	T2022 HB	No prior authorization. (Note: No other CM service may be billed concurrently.)
Case management – substance use disorder	H0006	No prior authorization. (Note: No other CM service may be billed concurrently.)
Assertive community treatment (ACT)	H0040	Prior authorization required. (Note: No other CM, outpatient or day program service may be billed concurrently.)
<b>Substance Use Disorder Outpatient Treatment</b>		
Alcohol and Substance Use Structured Screening	H0001	No prior authorization.
Screening, Brief Intervention and Referral Treatment (SBIRT) - Assessment	99408	No prior authorization.
Substance Use – Screening, Brief Intervention and Referral Treatment (SBIRT) - Intervention	H0050	No prior authorization.
Medication assisted treatment	H0020	Prior authorization required after 30 sessions.
Alcohol and/or Drug Services	H0012	30 days (120 hours) allowed before Authorization required for this service
Alcohol and/or drug prevention, one-way, direct or nondirect contact with service audiences to	H0024	No prior authorization.



Service	Rev/Procedure Codes	Authorization Requirements
affect knowledge and attitude.		
Alcohol and/or drug prevention, delivery of services with target population to affect knowledge, attitude and/or behavior.	H0025	No prior authorization.
Substance use support services – skill building for maintenance in community setting.	T1012 (SA)	30 days (480 units) allowed prior to authorization.
Alcohol and/or other drug use services, not otherwise specified.	H0047	30 days (480 units) allowed prior to authorization.
<b>Intensive Outpatient Programs</b>		
Intensive outpatient – substance use (SU)	H0015	Prior authorization required.
Intensive outpatient – mental health (MH)	S9480	Prior authorization required.
Partial hospitalization program (PHP)	H0035	Prior authorization required.
<b>Inpatient Services</b>		
Inpatient MH – child	114, 120, 121, 124, 126, 129, 134, 144, 154	Prior authorization required.
Inpatient MH – adult	114, 120, 121, 124, 126, 129, 134, 144, 154	Prior authorization required.
Inpatient detox in free standing psych hospitals or psych units (all others are a medical service)	116, 120, 121, 126 129, 136 146, 156	Prior authorization required.
Inpatient SU rehab	128	Prior authorization required.
Electroconvulsive therapy (ECT)	901, 90870	Prior authorization required.
Initial hospital visits (MD services)	99221 – 99226	No prior authorization. (Claims submitted for a patient on dates that do not match inpatient date of service (DOS) records will not be paid.)
Subsequent hospital visits (MD)	99231 – 99236	No prior authorization. (Claims submitted for a patient on dates that do not match inpatient DOS records will not be paid.)
Initial inpatient consult	99251 – 99255	No prior authorization. (Claims submitted for a patient on dates that do not match inpatient DOS records will not be paid.)
Discharge day consult	99238, 99239	No prior authorization. (Claims submitted for a patient on dates that do not match inpatient DOS records will not be paid.)
Emergency care unit (ECU) – adolescent (early and periodic screening, diagnosis and treatment [EPSDT] in-state service)	T2048 HE	Telephonic prior authorization required.



<b>Service</b>	<b>Rev/Procedure Codes</b>	<b>Authorization Requirements</b>
Sexual offender program (EPSDT in- and out-of-state service)	H0018 HE	Telephonic prior authorization required.
Mental retardation (MR) sexual offender program (EPSDT in- and out-of-state service)	H2029	Telephonic prior authorization required.
Behavioral health (BH) psychiatric residential mental health (MH) (EPSDT out-of-state service)	H0017 HE	Telephonic prior authorization required.
BH psychiatric residential specialized MH (EPSDT out-of-state service)	H0017 HF	Telephonic prior authorization required.
<b>Residential Services</b>		
Residential crisis stabilization (Adults and children)	S9485	Telephonic authorization required.
Residential substance use disorder (Short Term)	H0018	Prior authorization required.
Residential substance use disorder (Long Term)	H0019	Prior authorization required.
Psychiatric residential treatment (Level I)	124, 1001 (LOA days: 180,182,185)	Prior authorization required.
Psychiatric residential treatment (Level II)	124, 1001 (LOA days: 180,182,185)	Prior authorization required.



## 2014 Modifiers

<b>Professional – CMHC Provider Type 30</b>	<b>Existing Modifier Valid Through 12/31/2013</b>	<b>New Modifier Effective 1/1/2014</b>	<b>Notes</b>
Psychiatrist	U1	AF	Modifier changed.
Advanced registered nurse practitioner	SA	SA	Unchanged.
Certified social worker (CSW)	AJ	U4	Modifier changed to U4 to indicate associate is supervised.
Professional equivalent	U3	HN	Modifier changed.
Licensed professional counselor associate (LPCA)	N/A	U4	New.
Certified prevention professional	U7	HM	Modifier changed.
Certified psychological associate	U8	U8	Unchanged. This modifier refers to the licensed psychological associate (LPA).
Marriage and family therapy associate (MFTA)	N/A	U4	New.
Licensed marriage and family therapist (LMFT)	U9	HO	Modifier changed.
Licensed psychological practitioner (LPP)	N/A	U8	New.
Certified professional counselor	UA	HO	This modifier refers to the licensed professional clinical counselor (LPCC).
Certified professional art therapist	UB	HO	This modifier refers to the licensed professional art therapist.
Community support staff member	UC	UC	Unchanged.
Psychiatric resident	GC	U3	Modifier changed.
Peer counselor	N/A	U7	New.
Psychiatric registered nurse	U2	U2	Unchanged.
Licensed clinical social worker	AJ	AJ	Unchanged.
Registered nurse AD or diploma degree	TD	TD	Unchanged.
Physician	AM	AM	Unchanged.
Mental health associate	U5	U5	Unchanged.
Physician assistant	N/A	U1	New.
Psychologist	AH	AH	Unchanged.
Certified alcohol and drug counselor	U6	U6	Unchanged.



<b>Professional – CMHC Provider Type 30</b>	<b>Existing Modifier Valid Through 12/31/2013</b>	<b>New Modifier Effective 1/1/2014</b>	<b>Notes</b>
Registered nurse with BS degree	TD	TD	No second modifier required.
Per diem	N/A	U9	New.