



ISSUE DATE:

January 31, 2020

EFFECTIVE DATE:

January 17, 2020

NUMBER:

OMHSAS-20-01

SUBJECT:

**Procedure Codes for Intensive Behavioral
Health Services Agencies**

BY:

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Office of Mental Health and Substance Abuse Services

IMPORTANT REMINDER: All providers must revalidate the MA enrollment of each service location every 5 years. Providers should log into PROMISe™ to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at:

http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994

SCOPE:

This bulletin applies to all providers enrolled in the Medical Assistance (MA) Program who render intensive behavioral health services (IBHS) in the MA fee-for-service (FFS) delivery system to children, youth, and young adults under 21 years of age. Providers rendering services in the MA managed care delivery system should address any coding or billing questions to the appropriate behavioral health managed care organization.

PURPOSE:

The purpose of this bulletin is to announce the Procedure Codes that are on the MA Program Fee Schedule for IBHS agencies and the use of these Procedure Codes by Behavioral Health Rehabilitation Services (BHRS) agencies providing IBHS, effective January 17, 2020.

BACKGROUND:

On October 19, 2019 the Department promulgated 55 Pa Code Chapters 1155 and 5240, which codified the minimum standards for licensing and MA payment conditions for agencies that deliver IBHS to children, youth and young adults under 21 years of age with mental, emotional and behavioral health needs. The regulations replaced the requirements for BHRS previously set forth in bulletins issued by the Department. IBHS includes individual services, applied behavior analysis (ABA) services, group services, and evidence-based therapy (EBT) delivered through individual services, ABA services or group services.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:
Office of Mental Health and Substance Abuse Services, Bureau of Policy, Planning & Program Development, P.O. Box 2675, Harrisburg, PA 17105. General Office Number 717-772-7900.

DISCUSSION:

IBHS agencies that participate in the MA Program will be enrolled as Provider Type 11 with one or more Provider Specialties reflected on their license. The Provider Specialties are Individual IBHS (590), Group IBHS (591), and Applied Behavior Analysis IBHS (592).

Attached to this bulletin is a spreadsheet that contains Procedure Codes that are on the MA Fee Schedule and can be used by MA enrolled IBHS agencies delivering services in the FFS delivery system. The spreadsheet identifies the Procedure Code, the Description (which includes in parentheses the service that is to be billed using the Procedure Code), Pricing and Information Modifiers, Provider Type and Specialties, Place of Service, MA Fee, Prior Authorization Requirements, MA Units, and Limits.

PROCEDURE:

The Department has designated specific Procedure Codes to be used for IBHS. Some of these Procedure Codes are currently on the MA Program Fee Schedule and are used for BHRS. Some Procedure Codes were added to the MA Program Fee Schedule, effective January 17, 2020.

A description of the Procedure Codes that are used for each IBHS is listed below. The regulations in 55 Pa Code Chapters 1155 and 5240 outline the requirements to provide each IBHS.

Individual Services

Individual services are delivered using behavior consultation, mobile therapy or behavioral health technician (BHT) services.

Procedure Code H0032 will be used for all behavior consultation services. This includes conducting an assessment of the strengths and needs of the child, youth and young adult in the home and community and developing an individual treatment plan. Different pricing modifiers will be used to reflect whether the individual who is providing the behavior consultation services is licensed (U9) or unlicensed (UB).

Procedure Code H2019 will be used for all mobile therapy services. This includes conducting an assessment of the strengths and needs of the child, youth and young adult in the home and community and developing an individual treatment plan. A pricing modifier will be used to reflect when the individual who is providing the mobile therapy services is licensed (U9). In the event the individual who is providing the mobile therapy services is unlicensed there is no modifier.

Procedure Code H2021 will be used for all BHT services.

Procedure Code H2014 will be used for the initial onsite supervision for new staff providing BHT services.

Applied Behavior Analysis Services

ABA services are delivered using behavior analytic, behavior consultation - ABA, assistant behavior consultation - ABA, or BHT - ABA services. Further details regarding the activities that should be billed using each Procedure Code are included in the attached chart.

Procedure Code 97151 will be used for behavior consultation - ABA services. Procedure Code 97151 with a pricing modifier (U7) will be used for the behavior analytic services.

Procedure Code 97155 will be used for behavior consultation - ABA services. Procedure Code 97155 with a pricing modifier (U7) will be used for the behavior analytic services.

Procedure Code 97156 will be used for behavior consultation - ABA services. Procedure Code 97156 with a pricing modifier (U7) will be used for the behavior analytic services.

Procedure Code 97152 will be used for BHT - ABA services. Procedure Code 97152 with a pricing modifier (U8) will be used for assistant behavior consultation - ABA services.

Procedure Code 97153 will be used for BHT - ABA services. Procedure Code 97153 with a pricing modifier (U8) will be used for the assistant behavior consultation - ABA services.

Group Services

Procedure Code 97158 will be used for group services using ABA provided by graduate level professionals. Different pricing modifiers will be used to reflect whether groups have up to three members (U6) or four to six members (U5). There is no modifier for groups with seven to twelve members.

Procedure Code 97154 will be used for group services using ABA provided by individuals who are qualified to provide BHT-ABA group services. Different pricing modifiers will be used to reflect whether groups have up to three members (U6) or four to six members (U5). There is no modifier for groups with seven to twelve members.

Procedure Code H2021 with an informational modifier (HQ) will be used for non-ABA group services. Different pricing modifiers will be used to reflect whether groups have four to eight members (U6) or nine to twelve members (U5). There is no pricing modifier for groups with thirteen to twenty members.

Evidence-Based Therapy

EBTs are delivered through individual services, ABA services or group services. Approved EBTs that are not listed below will be billed through the service - individual services, ABA services or group services - that the IBHS provider is licensed to provide.

Procedure Code H2019 with a pricing modifier (U6) and an informational modifier (HA) will be used for all Functional Family Therapy (FFT) services.

Procedure Code H2033 will be used for all Multisystemic Therapy (MST) services.

Assessment Prior to Delivery of IBHS

IBHS agencies can use Procedure Code H0031 for a mental health assessment of need for services. This includes the face-to-face interaction with the child, youth, or young adult required to develop the written order for IBHS. Different pricing modifiers will be used to reflect whether the individual who is providing the mental health assessment of need is a licensed psychologist or psychiatrist (U9) or other licensed professional who is qualified to provide a written order (UB).

Although psychological evaluations are not required to deliver IBHS, if an evaluation by a psychologist is needed, IBHS agencies can use Procedure Code 90791 to bill for the evaluation.

Providers Currently Approved to Provide BHRS

Providers that comply with the IBHS regulations and are currently approved to provide BHRS may bill using the IBHS Procedure Codes for services they provide that are consistent with the IBHS regulations beginning January 17, 2020 until they are required to obtain a license under 55 Pa. Code § 5240.3(c)-(e). This means that unlicensed providers enrolled under the OMHSAS-16-17 bulletin and approved to provide ABA services can bill for IBHS without an IBHS license until April 16, 2020. Beginning April 16, 2020, the provider will need to have an IBHS license in order to bill for IBHS. See 55 Pa. Code § 5240.3(d). Providers that currently have a base mental health license, such as an outpatient psychiatric clinic, a psychiatric partial hospitalization program or family based mental health license, can bill for IBHS without an IBHS license until their current license expires. After the provider's license expires, the provider will need to have an IBHS license in order to bill for IBHS. See 55 Pa. Code § 5240.3(c). All other providers that are currently approved to provide BHRS, can bill for IBHS without an IBHS license until October 19, 2020. Beginning October 19, 2020, the provider will need to have an IBHS license to bill for IBHS. See 55 Pa. Code § 5240.3(e).

Providers providing IBHS prior to receiving an IBHS license must ensure that services are delivered consistent with the IBHS regulations. Providers must have a clinical director and administrative director that meets the qualification requirements in the IBHS regulations. Staff providing IBHS must satisfy the staff qualification requirements in the IBHS regulations and must receive the supervision and training required by the IBHS regulations. If a provider is unable to meet these requirements prior to licensure, it is not permitted to bill for IBHS. Providers must maintain records substantiating compliance with the IBHS regulations. These records will be subject to retrospective review, including review as part of licensure.

Providers who serve children with authorizations for BHRS may continue to provide BHRS and bill using the BHRS Procedure Codes so long as they meet the requirements for providing BHRS. An individual who is certified as a Register Behavior Technician can provide Therapeutic Staff Support services if the training and supervision requirements included in MA bulletin 01-01-05 and OMHSAS-16-02 are met and can provide BHT services or BHT-ABA services if the training and supervision requirements included in the IBHS regulations are met.

ATTACHMENT: Intensive Behavioral Health Services Agency Procedure Codes

Intensive Behavioral Health Services Agency Procedure Codes

Codes	Pricing Modifier	Info Modifier	Description	Prov Type	Prov Spec	Place of Service	MA Fee	Prior Auth	MA Unit	Limits
Assessment and Evaluation for Initiation of IBHS										
90791			Psychiatric diagnostic evaluation (Psychological Evaluation)	11	590	11, 12, 99	\$26.25	No	30 min	1 to 6 units per day
H0031	UB		Mental health assessment by non-physician (Other Licensed Practitioner)	11	590	11, 12, 99	\$22.31	No	30 min	1 to 6 units per day
H0031	U9		Mental health assessment by non-physician (Licensed Practitioner)	11	590	11, 12, 99	\$26.25	No	30 min	1 to 6 units per day
Individual Services										
H0032	UB		Mental health service plan development by non-physician (Behavior Consultation - Unlicensed Practitioner)	11	590	12, 03, 99	\$14.87	No	15 min	1 to 32 units per day
H0032	U9		Mental health service plan development by non-physician (Behavior Consultation - Licensed Practitioner)	11	590	12, 03, 99	\$19.56	No	15 min	1 to 32 units per day
H2014	UB		Skills Training & Development (Onsite Supervision)	11	590	12, 03, 99	\$2.50	No	15 min	2 to 24 units per day
H2019			Therapeutic Behavioral Services (Mobile Therapy - Unlicensed Practitioner)	11	590	12, 03, 99	\$14.87	No	15 min	2 to 32 units per day
H2019	U9		Therapeutic Behavioral Services (Mobile Therapy - Licensed Practitioner)	11	590	12, 03, 99	\$19.56	No	15 min	2 to 32 units per day
H2019	U6	HA	Therapeutic Behavioral Services (Functional Family Therapy)	11	590	12, 03, 99	\$26.01	No	15 min	1 to 32 units per day
H2021			Community-Based Wraparound Services (Behavioral Health Technician)	11	590	12, 03, 99	\$9.16	Yes	15 min	2 to 32 units per day
H2033			Multisystemic therapy for juveniles, per 15 minutes	11	590	12, 03, 99	\$28.44	No	15 min	1 to 32 units per day
Group Services										
97154	U6		Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes (up to 3 group members)	11	592	03, 99	\$16.63	Yes	15 min	2 to 32 units per day

Intensive Behavioral Health Services Agency Procedure Codes

Codes	Pricing Modifier	Info Modifier	Description	Prov Type	Prov Spec	Place of Service	MA Fee	Prior Auth	MA Unit	Limits
97154	U5		Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes (4 to 6 group members)	11	592	03, 99	\$8.15	Yes	15 min	2 to 32 units per day
97154			Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes (7 to 12 group members)	11	592	03, 99	\$5.13	Yes	15 min	2 to 32 units per day
H2021	U6	HQ	Community-Based Wraparound Services (Group Service - 4 to 8 group members)	11	591	12, 03, 99	\$2.08	Yes	15 min	2 to 32 units per day
H2021	U5	HQ	Community-Based Wraparound Services (Group Service - 9 to 12 group members)	11	591	12, 03, 99	\$1.57	Yes	15 min	2 to 32 units per day
H2021		HQ	Community-Based Wraparound Services (Group Service - 13 to 20 group members)	11	591	12, 03, 99	\$1.06	Yes	15 min	2 to 32 units per day
97158	U6		Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes (up to 3 group members)	11	592	03, 99	\$16.63	Yes	15 min	1 to 32 units per day
97158	U5		Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes (4 to 6 group members)	11	592	03, 99	\$8.15	Yes	15 min	1 to 32 units per day
97158			Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes (7 to 12 group members)	11	592	03, 99	\$5.13	Yes	15 min	1 to 32 units per day
Applied Behavior Analysis (ABA) Services										
97151			Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessment and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan (Behavior Consultation - ABA)	11	592	12, 03, 99	\$22.09	No	15 min	1 to 48 units per day

Intensive Behavioral Health Services Agency Procedure Codes

Codes	Pricing Modifier	Info Modifier	Description	Prov Type	Prov Spec	Place of Service	MA Fee	Prior Auth	MA Unit	Limits
97151	U7		Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessment and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan (Behavior Analytic)	11	592	12, 03, 99	\$24.73	No	15 min	1 to 48 units per day
97152			Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes (Behavior Health Technician - ABA)	11	592	12, 03, 99	\$12.73	Yes	15 min	1 to 48 units per day
97152	U8		Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes (Assistant Behavior Consultation - ABA)	11	592	12, 03, 99	\$15.76	Yes	15 min	1 to 48 units per day
97153			Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes (Behavior Health Technician - ABA)	11	592	12, 03, 99	\$12.73	Yes	15 min	1 to 32 units per day
97153	U8		Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes (Assistant Behavior Consultation - ABA)	11	592	12, 03, 99	\$15.76	Yes	15 min	1 to 32 units per day
97155			Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous directions of technician, face-to-face with one patient, each 15 minutes (Behavior Consultation - ABA)	11	592	12, 03, 99	\$22.09	No	15 min	1 to 32 units per day
97155	U7		Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous directions of technician, face-to-face with one patient, each 15 minutes (Behavior Analytic)	11	592	12, 03, 99	\$24.73	No	15 min	1 to 32 units per day

Intensive Behavioral Health Services Agency Procedure Codes

Codes	Pricing Modifier	Info Modifier	Description	Prov Type	Prov Spec	Place of Service	MA Fee	Prior Auth	MA Unit	Limits
97156			Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes (Behavior Consultation - ABA)	11	592	12, 99	\$22.09	No	15 min	1 to 16 units per day
97156	U7		Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes (Behavior Analytic)	11	592	12, 99	\$24.73	No	15 min	1 to 16 units per day