



Policy	REIMB-041
Effective Date	01/01/2026
Reviewed/Revised Date	10/27/2025
Next Review Date	10/27/2026
Origination Date	09/01/2024
Origination Department	Clinical Operations

Behavioral Health

Audience
Medical Management

Purpose
<p>Payment policies provide general support for applying Mountain Health CO-OP member policy document coverage decisions, and the member-specific benefit plan document must be referenced. The terms of the member-specific Policy document may differ from the standard benefit plan based on this payment policy. If there is a conflict between a member-specific policy document and the Mountain Health CO-OP payment policy, the member-specific policy document supersedes this policy. Any person(s) applying this payment policy must identify member eligibility, the member-specific policy document, and related policies or guidelines before applying this payment policy, including the existence of any state or federal guidance. Mountain Health CO-OP payment policies are designed for informational purposes only and are not an authorization, explanation of benefits, or contract. Receipt of benefits is subject to the satisfaction of all terms and conditions of the member-specific policy document coverage. Mountain Health CO-OP reserves the sole discretionary right to modify all policies and guidelines at any time.</p> <p>Mountain Health CO-OP does not impose financial requirements or treatment limitations on mental health and substance use benefits any more restrictive than the predominant financial requirements and treatment limitations that apply to substantially all medical and surgical benefits.</p>

Definition
Mountain Health reimburses contracted licensed behavioral health (BH) and substance use disorder (SUD) providers for medically necessary services rendered in inpatient, outpatient, and acute residential settings, in accordance with the member's benefits, applicable state mandates and/or federal mental health parity laws

Policy/Procedure

Services provided by participating licensed psychiatrists, community behavioral health centers (CBHCs), psychologists, social workers (LICSW), clinical nurse specialists (CNS, RNCS), licensed mental health counselors (LMHC), board-certified behavior analysts (BCBAs), supervised practitioners, facilities, and supervised clinicians that are pursuing their license when billed by the participating supervising licensed behavioral health clinician. Services are reimbursed based on Mountain Health standard methodologies, contract terms, and the appropriate fee schedules.

Reimbursable Services

- Acute Residential treatment (including detoxification), crisis stabilization, in-home family stabilization, Intensive Community-Based Acute Treatment (ICBAT) and Community-Based Acute Treatment (CBAT)
- Annual BH wellness exam rendered by a primary care provider (PCP) or licensed mental health professional
- Behavioral Health Integration (BHI) by clinical staff to assess, monitor, and plan care
- BH boarding (temporary placement of a patient in a medical setting awaiting appropriate psychiatric placement)
- Detoxification
- Drug withdrawal evaluation and treatment to monitor the signs and symptoms from removal or a decrease in the regular dose
- Electroconvulsive therapy (ECT)
- Health and behavior assessment and intervention
- Inpatient behavioral health (psychiatric) services
- Intermediate care services, including Partial Hospitalization Programs (PHP) and Intensive Outpatient Psychiatric (IOP) services
- Medication Assistance Therapy (*see below*)
- Outpatient psychiatric hospital services
- Psychiatric evaluation
- Psychiatric medication evaluation and management
- Psychological/neuropsychological testing and assessment
- Psychotherapy
- Substance use disorder (SUD) treatment, including Medications for Opioid/Alcohol Use Disorders (MOUD/MAUD)
- Repetitive Transcranial Magnetic Stimulation (rTMS)
- Telehealth/telemedicine services, as appropriate

Access

Mountain Health Co-Op directs providers to direct members with non-life-threatening emergencies to the 988 Suicide and Crisis Lifeline, behavioral health urgent care, emergency department (hospital or psychiatric)"

Medication-Assisted Treatment Therapy

Medical pharmacologic treatments, referred to as MAT, are available for several substance-related disorders. Mountain Health Co-Op supports using these evidence-based options,

when medically necessary, for members as part of a comprehensive approach to addiction services.

MAT options for substance-related disorders should be discussed with the member as evidence-based option, even if MAT is not available at the current level of care. MAT options should be reviewed and modified when the member is not progressing in treatment.

Outpatient facilities that provide addiction services but do not provide MAT must pursue written affiliation agreements with local MAT providers. This helps prevent barriers to care for members needing immediate MAT services.

Individuals must be treated in a federally certified opioid treatment facility to receive methadone treatment. Individuals can receive MAT other than methadone outside of an opioid treatment facility in the community setting or within a methadone treatment program when an individual needs MAT other than methadone.

Non-Reimbursable Services

- Adult daycare programs
- Psychoanalysis
- Transportation or outpatient meals
- Testing or training for job skills not part of the BH treatment
- Separate reimbursement is not provided for services identified as integral components of facility-based treatment programs (i.e., ancillary services, supplies, clinical laboratory testing, including drug testing)

Applicable Coding

CPT Codes

90785	Interactive complexity (List separately in addition to the code for the primary procedure)
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy, 30 minutes with patient
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90834	Psychotherapy, 45 minutes with patient

90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90837	Psychotherapy, 60 mins with patient
90838	Psychotherapy, 60 mins with patient when performed with an evaluation and management service (list separately in addition to code for primary procedure)
90839	Psychotherapy for crisis, first 60 mins
90840	Psychotherapy for crisis; each additional 30 mins (List separately in addition to the code for the primary procedure)
90846	Family psychotherapy (without patient present), 50 mins
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 mins
90849	Multiple-family group psychotherapy
90853	Group psychotherapy (other than of a multiple-family group)
90867	Therapeutic repetitive magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management
90868	Therapeutic repetitive magnetic stimulation (TMS) treatment; subsequent delivery and management, per session
90869	Therapeutic repetitive magnetic stimulation (TMS) treatment; subsequent motor threshold redetermination with delivery and management
90870	Electroconvulsive Therapy (ECT); includes necessary monitoring Include revenue code 901 if billing on a UB-04 form or electronic 837I
96116	Neurobehavioral status exam; first hour
96121	Neurobehavioral status exam; each additional hour (list separately in addition to the code for primary procedure)
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical

decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour

96131 Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to the code for the primary procedure)

96132 Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s) when performed; first hour

96133 Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s)), when performed; each additional hour (List separately in addition to the code for the primary procedure)

96136 Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes

96137 Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)

96138 Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes

96139 Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)

96146 Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only

96156	Health behavior assessment, or re-assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making); 1 unit max/day
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes; 1 unit max/day
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes; 4 units max/day
96164	Health behavior intervention, group (2+ patients), face-to-face; initial 30 mins; 1 unit max/day
96165	Health behavior intervention, group (2+ patients), face-to-face; each additional 15 mins; 6 units max/day
96167	Health behavior intervention, family (with patient present), face-to-face; initial 30 mins; 1 unit max/day
96168	Health behavior intervention, family (with patient present), face-to-face; each additional 15 mins; 6 units max/day
96170	Health behavior intervention, family (without patient present), face-to-face; initial 30 mins; 1 unit max/day
96171	Health behavior intervention, family (without patient present), face-to-face; each additional 15 mins; 4 units max/day

HCPSCodes

H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)
H0023	Behavioral health outreach service (1 unit/month)
H0025	Behavioral health prevention education service; used for family support and training
H0033	Oral medication administration, direct observation
H0046	Mental health services, not otherwise specified; description of services required
H2011	Crisis intervention service, per 15 minutes (use when billing for non-independently licensed clinicians)

H2020	Therapeutic behavioral services, per diem
S0109	Methadone, oral, 5 mg
S9484	Crisis intervention mental health services, per hour
S9485	Crisis intervention mental health services, per diem

Applicable Modifiers

AF	Psychiatrist	Allows 100% of the contracted allowable rate
AH, HP	Clinical psychologist or doctoral level (PhD, PsyD, EdD)	Allows 100% of the contracted allowable rate
AJ	Clinical Social Worker	Allows 75% of the contracted allowable rate
HA	Child / adolescent program	No impact to reimbursement
HB	Adult program, non-geriatric	No impact to reimbursement
HL	Intern	Allows 85% of the contracted allowable rate
HM	Less than bachelor's degree level	Allows 75% of the contracted allowable rate
HN	Bachelor's degree level	Allows 75% of the contracted allowable rate
HO	Master's degree level	Allows 75% of the contracted allowable rate
HP	Doctoral level	Allows 100% of the contracted allowable rate
SA	Nurse practitioner / physician assistant rendering service in collaboration with a physician	Allows 85% of the contracted allowable rate

Intensive Outpatient (IOP) or Partial Hospitalization Programs (PHP)

Report IOP/PHP services with the following revenue codes:

- 905 (Intensive outpatient services – psychiatric)
- 906 (Intensive outpatient services – chemical dependency)

- 912 (Partial hospitalization – less intensive)
- 913 (Partial hospitalization – intensive)

HCPCSCodes

H0015 Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education

H0035 Mental health or substance use disorder partial hospitalization, less than 24 hours

S9480 Intensive outpatient psychiatric services, per diem

Annual BH Wellness Exams

Providers should submit claims using the following information:

- CPT code 90791 (psychiatric diagnostic evaluation)
- Diagnosis code Z13.30 (encounter for screening examination for unspecified mental health and/or behavioral disorders) billed in the primary diagnosis position
- Modifier 33 (evaluation is preventive in nature; exempt from member cost sharing)

Vendor

Wipro Health Plan Services

Review/Revision/Approval History

Date	Description
10/27/2025	Adopted

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult appropriate healthcare providers for medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member’s benefit plan, effective when services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Including or excluding a procedure, diagnosis, or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the

member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as they apply to an individual member.

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