

June 29, 2021

## **AETNA BETTER HEALTH® OF VIRGINIA**

### *Behavior Health Enhancement Codes Update Notification*

The Department of Medical Assistance Services BRAVO project has redesigned the behavioral health services formally called Community Mental Health Rehabilitation Services. Effective **July 1, 2021**, the program will be called Mental Health Services. The chart below identifies modifications to the program:

**Gray** highlighted noted as **NEW** = update type for new service and related code/modifier combination.

**Yellow** highlighted, noted as **CHG** = update type for change in service code/modifier combination.

**Blue** highlighted, noted as **Retire** = update type code/modifier combination retiring on 06/30/2021

<b>Update Type</b>	<b>Mental Health Services</b>	<b>Procedure Code</b>	<b>Auth Required?</b>
NEW	Assertive Community Treatment (ACT) <i>NOTE: Replaces Intensive Community Treatment (ICT) effective 7/1/2021</i>	H0040 – no modifier, Base Large Team H0040-U1-Base Medium Team H0040-U2-Base Small Team H0040-U3-Fidelity Large Team H0040-U4-Fidelity Medium Team H0040-U5-Fidelity Small Team	Yes
NEW	Assessment – ACT	90791 or 90792 (practitioner specific)	No
CHG	Assessment – ICT	H0032-U9 - 7/1/2021 will become ACT	No
Retire	Intensive Community Treatment (ICT)	H0039 – retiring 6/30/2021	Retiring
NEW	Psychotherapy for Crisis Add-on code	90839 90840	No No
NEW	Mental Health Intensive Outpatient Service (MH-IOP) With Occupational Therapy	S9480 S9480-GO	Yes
NEW	Mental Health Partial Hospitalization, includes: <ul style="list-style-type: none"> <li>Community-based Clinic Program (1500)</li> <li>Hospital-based Mental Health Program (UB)</li> </ul>	H0035 (no modifier) (form 1500) UB – 0912-Partial Hospitalization, w/H0035 UB – 0913-Partial Hospitalization, Intensive, w/H0035	Yes

Update Type	Mental Health Services	Procedure Code	Auth Required?
NEW	<ul style="list-style-type: none"> <li>Assessment – Mental Health Partial Hospitalization</li> </ul>	H0032 – LCSW or LPC	No
Retire	Day Treatment/ Partial Hospitalization, Adult	H0035 HB - retiring 6/30/2021	Retiring
CHG	Therapeutic Day Treatment (TDT), School Day, Child	*H2016 – starts 7/1/2021	Yes
CHG	TDT, Afterschool, Child	*H2016-UG – starts 7/1/2021	Yes
CHG	TDT, Summer Program, Child	*H2016-U7 – starts 7/1/2021	Yes
CHG	Assessment – TDT	H0032 – starts 7/1/2021	No
Retire	Therapeutic Day Treatment (TDT), School Day, Child	H0035-HA – retiring 06/30/2021	Retiring
Retire	TDT, Afterschool, Child	H0035-HA & UG – retiring 06/30/2021	Retiring
Retire	TDT, Summer Program, Child	H0035-HA & U7 – retiring 06/30/2021	Retiring
Retire	Assessment – TDT or Day Treatment/Partial Hospitalization	H0032-U7 – retiring 06/30/2021	Retiring

\*Authorizations for service code H0035 that include 7/1/2021 or greater must be updated using code H2016.

\*This is a fee-for-service only code S9484.

### Medicare Bypass Codes

The following codes are only covered under Medicaid. For members with Medicare coverage, Medicare should be bypassed and processed as prime for Medicaid when dates of service are July 1, 2021, or later:

- H0040, Assertive Community Treatment (ACT)
- H2016, Therapeutic Day Treatment (TDT) for school day, afterschool, and summer program

### Remit Notes

HCPCS codes and/or HCPCS codes with modifiers that term June 30, 2021:

If billed with a date of service July 1, 2021, or later, the claims will deny. Providers should resubmit the corrected claim with the new service code. Incorrectly submitted claims will have one or more of the following remark codes on the remit:

- 4 – The procedure code is inconsistent with the modifier used
- 96 – This service/equipment/drug is not covered under the patient’s current benefit plan
- N130 – Consult plan benefit documents for information about restrictions for this service
- N519 – Invalid combination of HCPCS modifiers

HCPCS codes and/or HCPCS codes with modifiers that are effective July 1, 2021:

If billed with a date of service prior to July 1, 2021, the claims will deny. Provider should correct the claim and resubmit with the service codes in effective for the claim date of service. Providers will see one or more of the following remark codes on their remit in these scenarios:

- 4 – The procedure code is inconsistent with the modifier used
- 96 – This service/equipment/drug is not covered under the patient’s current benefit plan
- N519 – Invalid combination of HCPCS modifier