

PROVIDER NOTICE - Via Fax/Email

TO: <<LOCATION FAX>>

JANUARY 28, 2020

1. Targeted Case Management – T2023 (AFX00100)
2. Behavioral Health Update for Codes 90791, 90792, H0031 & H0001 (AEFX00101)

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1. Targeted Case Management – T2023

Our clinical team would like to ensure providers have the information below regarding the provision of Behavioral Health services.

Prior Authorization for TCM-T2023

Aetna better health does not require prior authorization for Targeted Case Management.

Modifiers to be used with TCM:

UA – Designates TCM for members with SED designation

TG – Designates individuals with co-occurring mental health or substance use disorders and chronic or complex physical health issues

HF – Designates TCM for individual with Substance Use Disorders

HE- Designates TCM for members with SMI (to be used by CMHCs)

No Modifier – Designates TCM for members with SMI (non-CMHC providers)

Frequency of Service

TCM may only be billed 1x per month.

TCM may only be provided by 1 provider, no duplication of service.

For Those Members Receiving TCM for a SMI

Individuals must have a primary diagnosis in the current edition of the American Psychiatric Diagnostic and Statistical Manual of Mental Disorders under;

- i. Schizophrenia spectrum and other psychiatric disorders
- ii. Bipolar and related disorders
- iii. Depressive disorders; or
- iv. Post-traumatic stress disorders (under trauma and stressor related disorders)

For Those Receiving TCM with Substance Use disorders

Individuals must have a primary, moderate, or severe substance use diagnosis or co-occurring moderate to severe substance use diagnosis and mental health diagnosis in the current edition of the American Psychiatric Diagnostic and Statistical Manual of Mental Disorders.

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2. Behavioral Health Update for Codes 90791, 90792, H0031, H0001

The behavioral health assessment and referral process includes a variety of activities, including biopsychosocial information gathering that enables the practitioner to establish the presence or absence of a mental health disorder, substance use disorder, or co-occurring disorders. An assessment should also determine the individual's readiness to change, identify strengths or problem areas that may affect the treatment process and include working to develop a plan of care. Performing any of the above noted assessment services should enable the practitioner to establish the presence of any type of disorder during the assessment process.

When a member presents for assessment, whether for a mental health or substance use issue, a comprehensive biopsychosocial assessment would identify the presence or absence of all disorders. The practitioner can then make the appropriate recommendations for course of treatment. Typically, an Alcohol and/or drug assessment would be performed when a member is entering into treatment specifically for a substance use issue.

- Aetna Better Health of Kentucky will allow one assessment, service codes 90791, 90792, H0031, H0001, per day per member from the same provider.
- Multiple assessment codes should not be billed for the same member on the same day from the same provider.
- Prior authorization is not required for behavioral health assessment services.

For example:

Code 90791 or 90792 should not be billed on the same day as code H0031 or H0001.

Code H0031 should not be billed on the same day with code H0001.

Questions?

Simply contact your Network Relations Manager. Our most current list can be found on our website at: www.aetnabetterhealth.com/kentucky, click on "For Providers", you will find the link titled "Who is My Network Relations Consultant?"

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