




The State of New Hampshire Insurance Department

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BULLETIN **Docket #INS 24-016-AB**

TO: All Health Insurers
FROM: Commissioner David J. Bettencourt 
DATE: March 08, 2024
RE: Coverage for Insureds 21 Years of Age and Younger Who Are Receiving Mental Health Services Provided by State-Sponsored Community Mental Health Providers

As commercial health insurance coverage expands under the Affordable Care Act to ever wider segments of the New Hampshire population, and as state-sponsored community mental health services for children in the state grow under a number of state and federal initiatives, it is increasingly common that commercially covered children with severe mental illness are receiving services from community-based mental health organizations that are funded primarily through contracts with the New Hampshire Department of Health and Human Services. Some of these services are billable under the child's commercial coverage. Despite this coverage availability, the Insurance Department's review of the all-payer claims data indicates that these services are not commonly billed. Based on the information provided to the Department from the workgroup that the Commissioner has convened on this subject (the SB 411 Workgroup), the paucity of claims being reimbursed for these services is primarily attributable either to the fact that the organization is not in contract with the health carrier or that the organization is not sufficiently informed to properly bill under the coverage.

The community-based provider organizations that provide services to children with severe mental illness include the providers of services under the "FAST Forward" program authorized under RSA 167:3-I, III and the New Hampshire Medicaid §1915(i) State Plan Amendment¹ approved by CMS on July 12, 2018,² as well as services provided by the state's 10 Community Mental Health Centers established

¹ <https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents/2021-11/sp-3-1i.pdf>

² These agencies include: NFI North and Connected Families NH.

under RSA 135-C.³ The services at issue primarily include care coordination but broadly encompass: (1) crisis assessments, (2) crisis intervention services, (3) crisis stabilization services, (4) in-home services, (5) residential treatment services, (6) structured outpatient programs, (7) care coordination, (8) parent and youth peer support services, and (9) hospital-based, nonresidential treatment programs.⁴ Some of the services provided by these organizations are social services rather than health care services billable under commercial policies. At the same time, many of the services do qualify as health care services and are billable under specific Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes.

The American Medical Association develops and owns CPT codes which cover services and procedures performed by physicians, other qualified health care professionals, hospitals, laboratories, and outpatient facilities. HCPCS codes are developed by CMS and cover a wider range of supplies and services not addressed in the CPT codes. While there is some overlap between CPT and HCPCS codes, there are certain services that are only covered by a CPT or a HCPCS code. In addition to the CPT and HCPCS codes, there are various modifiers that may need to be used to properly bill for a specific service. Modifiers may be necessary to indicate a particular treatment setting, the type of provider performing the service, whether the service is related to a social service program, or other relevant information.

It is very important to understand the differences between the codes and modifiers, as well as the appropriate context for their use, to ensure accurate billing and reimbursement. The Department surveyed both the organizations providing these services and the health carriers and compiled the attached chart identifying the potentially appropriate codes for each of the service categories listed above.

As a result of the growing number of commercially covered children with severe mental illness who are receiving billable services from the above-referenced community mental health organizations, it is incumbent on health carriers to take the following two actions:

1. Use best efforts to update contracts or come into contract and credential with the above-referenced organizations for all qualified providers. The parties are strongly encouraged to explore different reimbursement models as part of these contract negotiations.

³ These agencies include: 1 Northern Human Services, 2 West Central Behavioral Health, 3 Lakes Region Mental Health Center, 4 Riverbend Community Mental Health, 5 Monadnock Family Services, 6 Greater Nashua Mental Health, 7 Mental Health Center of Greater Manchester, 8 Seacoast Mental Health Center, 9 Community Partners, and 10 Center for Life Management.

⁴ Commercial health insurance policies in New Hampshire are required to provide benefits for mental health and substance use disorder services and the Department would generally consider these categories of services to be included as covered services. See RSA 420-G:4-d; RA 417-E, RSA 415:18-a, and RSA 420-B:8-b.

2. Produce usable guidance, either in the provider contract itself or in the provider billing manual, that will allow these organizations to determine the proper billing codes and code modifiers to use in billing for services that are reimbursable under the child's commercial coverage.

Code	Description	Who Can Bill*			
		Dr/PA/ APRN	Psy.D.	MS	Clinical Staff
	Crisis Assessments				
99202	New patient office or other outpatient visit, 15-29 minutes	X			
99203	New patient office or other outpatient visit, 30-44 minutes	X			
99204	New patient office or other outpatient visit, 45-59 minutes	X			
99205	New patient office or other outpatient visit, 60-74 minutes	X			
99212	Established patient office or other outpatient visit, 10-19 minutes	X			
99213	Established patient office or other outpatient visit, 20-29 minutes	X			
99214	Established patient office or other outpatient visit, 30-29 minutes	X			
99215	Established patient office or other outpatient visit, 40-54 minutes	X			
90791	Psychiatric diagnostic evaluation	X	X	X	
90792	Psychiatric diagnostic evaluation with medical services	X			
	Crisis Intervention and Stabilization Services				
90839	Psychotherapy for crisis, first 60 minutes	X	X	X	
90840	Psychotherapy for crisis, each additional 30 minutes	X	X	X	
90846	Family psychotherapy (without patient present), 50 minutes	X	X	X	
90847	Family psychotherapy (with patient present), 50 minutes	X	X	X	
H2011	Crisis intervention service, per 15 minutes				
S9484	Crisis intervention mental health services, per hour				
S9485	Crisis intervention mental health services, per diem				
	In-home Services, including individual and family therapy and behavioral interventions				
99341	New Patient, home evaluation and management, 20 minutes	X			
99342	New Patient, home evaluation and management, 30 minutes	X			
99343	New Patient, home evaluation and management, 45 minutes	X			
99344	New Patient, home evaluation and management, 60 minutes	X			
99345	New Patient, home evaluation and management, 75 minutes	X			
99347	Established Patient, home evaluation and management, 15 minutes	X			
99348	Established Patient, home evaluation and management, 25 minutes	X			

99349	Established Patient, home evaluation and management, 40 minutes	X			
99350	Established Patient, home evaluation and management, 60 minutes	X			
90832	Psychotherapy, 30 minutes with patient	X	X	X	
90833	Psychotherapy when performed with evaluation and management service, 30 minutes with patient	X	X	X	
90834	Psychotherapy, 45 minutes with patient	X	X	X	
90836	Psychotherapy when performed with evaluation and management service, 45 minutes with patient	X	X	X	
90837	Psychotherapy, 60 minutes with patient	X	X	X	
90838	Psychotherapy when performed with evaluation and management service, 60 minutes with patient	X	X	X	
90846	Family psychotherapy (without patient present), 50 minutes	X	X	X	
90847	Family psychotherapy (with patient present), 50 minutes	X	X	X	
H0004	Behavioral Health Counseling and Therapy, per 15 minutes				
H2019	Therapeutic behavioral services, per 15 minutes				
T1027	Family training and counseling for child development, per 15 minutes				
	Residential Treatment Services				
H0004	Behavioral Health Counseling and Therapy, per 15 minutes				
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem				
H0018	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem				
H0019	Behavioral health; long-term residential (non-medical, non-acute care residential treatment program), without room and board, per diem				
H2019	Therapeutic behavioral services, per 15 minutes				
	Structured Outpatient Programs				
90832	Psychotherapy, 30 minutes with patient	X	X	X	
90833	Psychotherapy when performed with evaluation and management service, 30 minutes with patient	X	X	X	
90834	Psychotherapy, 45 minutes with patient	X	X	X	
90836	Psychotherapy when performed with evaluation and management service, 45 minutes with patient	X	X	X	
90837	Psychotherapy, 60 minutes with patient	X	X	X	
90838	Psychotherapy when performed with evaluation and management service, 60 minutes with patient	X	X	X	
90846	Family psychotherapy (without patient present), 50 minutes	X	X	X	
90847	Family psychotherapy (with patient present), 50 minutes	X	X	X	

H0004	Behavioral Health Counseling and Therapy, per 15 minutes				
H0015	Alcohol and/or drug services; intensive outpatient				
H2019	Therapeutic behavioral services, per 15 minutes				
S9480	Intensive outpatient psychiatric services, per diem				
T1027	Family training and counseling for child development, per 15 minutes				
	Care Coordination				
99490	Chronic care management by clinical staff under the direction of a physician or other qualified health professional, first 20 minutes per month				X
99439	Chronic care management by clinical staff under the direction of a physician or other qualified health professional, each additional 20 minutes per month				X
99491	Chronic care management by physician or other qualified health professional, 30 minutes per month	X			
99487	Complex chronic care management by clinical staff under the direction of a physician or other qualified health professional, first 60 minutes per month				X
99489	Complex chronic care management by clinical staff under the direction of a physician or other qualified health professional, each additional 30 minutes per month				X
99484	Care management services for behavioral health conditions by clinical staff under the direction of a physician or other qualified health professional, at least 20 minutes per month				X
G0506	Comprehensive assessment of and care planning for patients requiring chronic care management services				
H0006	Alcohol and/or drug services; case management				
H0023	Behavioral health outreach service				
H0034	Medication training and support, per 15 minutes				
H2010	Comprehensive medication services, per 15 minutes				
	Parent and Youth Peer Support Services				
90849	Multiple-family group psychotherapy	X	X	X	
90853	Group psychotherapy	X	X	X	
H0038	Self-help/peer services, per 15 minutes				
H2019	Therapeutic behavioral services, per 15 minutes				
T1027	Family training and counseling for child development, per 15 minutes				
	Partial Hospital-based, Nonresidential Treatment Programs				
99221	Initial hospital care, per day typically 30 minutes	X			
99222	Initial hospital care, per day typically 50 minutes	X			
99223	Initial hospital care, per day typically 70 minutes	X			
99231	Subsequent hospital care, per day, typically 15 minutes	X			

99232	Subsequent hospital care, per day, typically 25 minutes	X			
99233	Subsequent hospital care, per day, typically 35 minutes	X			
90832	Psychotherapy, 30 minutes with patient	X	X	X	
90833	Psychotherapy when performed with evaluation and management service, 30 minutes with patient	X	X	X	
90834	Psychotherapy, 45 minutes with patient	X	X	X	
90836	Psychotherapy when performed with evaluation and management service, 45 minutes with patient	X	X	X	
90837	Psychotherapy, 60 minutes with patient	X	X	X	
90838	Psychotherapy when performed with evaluation and management service, 60 minutes with patient	X	X	X	
90846	Family psychotherapy (without patient present), 50 minutes	X	X	X	
90847	Family psychotherapy (with patient present), 50 minutes	X	X	X	
H0004	Behavioral Health Counseling and Therapy, per 15 minutes				
H0035	Mental health partial hospitalization, treatment, less than 24 hours				
S0201	Partial hospitalization services, less than 24 hours, per diem				
H2001	Rehabilitation program, per 1/2 day				
H2019	Therapeutic behavioral services, per 15 minutes				
	Other				
H0046	Mental Health Services, not otherwise specified				
H0045	Respite care services, not in the home, per diem				
H2015	Comprehensive community support services, per 15 minutes				
H2022	Community-based wrap-around services, per diem				
S9125	Respite Care, in home, per diem				
S9482	Family stabilization services, per 15 minutes				
T1027	Family training and counseling for child development, per 15 minutes				

How to Use the Above Chart:

This chart is being offered for reference purposes only. It is not intended to cover every possible billing code that may apply, but instead seeks to identify common codes associated with the category of services.

* The "Who Can Bill" column is specific to CPT (the codes that start with a number). "Dr/PA/APRN" refers to physicians, physician assistants, and advanced practice registered nurse. "Psy.D." refers to qualified providers with a doctorate level

education. "MS" refers to qualified providers with a master's degree level of education. "Clinical Staff" means clinical staff under the direction of a physician or other qualified health professional. For HCPCS codes (those codes starting with a letter), the use of the code is not limited to certain providers so the boxes have been shaded. A HCPCS code may need to include a modifier identifying the type of provider rendering the service, care setting, or other relevant information as reimbursement may vary based on the modifiers used.

Questions about this bulletin should be directed to Leigh Curtis, Health Insurance Reform Coordinator at the New Hampshire Insurance Department, at Leigh.E.Curtis@ins.nh.gov.