Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

Outpatient Behavioral Health & Substance Use Disorder

Applies to:

Commercial Products

☐ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☐ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan
☐ Tufts Health One Care – A dual-eligible product

Senior Products

☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☒ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

The following payment policy applies to Tufts Health Plan contracting behavioral health and substance use disorder providers who render professional outpatient services. For information on inpatient and intermediate BH/SUD services, refer to the Inpatient and Intermediate BH/SUD Facility Payment Policy.

Note: Audit and disclaimer information is located at the end of this document.

Tufts Health Plan covers medically necessary behavioral health and substance use disorder (BH/SUD) services rendered in an outpatient office or home setting, in accordance with the member's benefit.

Opioid Treatment Program Requirements
In accordance with CMS § 410.67, opioid treatment programs (OTPs) may provide opioid use disorder services (OUDs) when they meet all of the following criteria:

1. Be enrolled in the Medicare program
2. Have in effect a certification by the Substance Abuse and Mental Health Services Administration (SAMHSA) for the opioid treatment program
3. Be accredited by an accrediting body approved by the SAMHSA
4. Have in effect a provider agreement under 42 CFR 489.

Refer to the CMS Opioid Treatment Program for more information.

Prerequisites

Applicable Point32Health referral, notification, and authorization policies may apply. Refer to the appropriate sections within the Provider Manuals for more information.

Tufts Medicare Preferred HMO and Tufts Health Plan SCO members may need a referral from their PCP. The PCP should be contacted directly by the BH provider with any questions.

Note: A PCP referral is not required for BH services rendered in SNFs (POS 31) or nursing facilities (POS 32).

Tufts Health Plan SCO
Certain intermediate, diversionary, and emergency services require notification to the Behavioral Health Department. Refer to the applicable Medical Necessity Guidelines for specific services and procedure codes. Refer to the Billing Instructions for additional information.

General Benefit Information

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider portal or by contacting Provider Services.

Psychopharmacology Visits
Visits are covered as medical services after the initial medical evaluation. These visits do not count against a member's BH benefit; however, cost share may apply for Tufts Medicare Preferred HMO members only.

Psychological and Neuropsychological Testing
Testing is covered as a medical service and is not considered part of a member's BH benefit.

Billing Instructions

Unless otherwise stated, Tufts Health Plan follows industry standard coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

Use of labs not participating in the member's applicable network(s) may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Point32Health may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

Use the appropriate modifier to identify when services are provided by clinicians recognized by MassHealth but not recognized by Medicare. For clinicians recognized by Medicare, follow CMS modifier rules.

Coding for Substance Use Disorders

- Claims for SUD follow-up visits must include the appropriate SUD diagnosis code (e.g., Z79.891, long-term current use of opiate analgesic)
- Append "1" as the last digit of the SUD diagnosis code if the condition is in remission

Ancillary providers may bill the procedure code(s) contained in the tables below, in accordance with the applicable financial exhibits of their provider agreements.

Procedure Codes for All Clinicians

Code	Description
90791	Psychiatric diagnostic evaluation (no medical services)
90785	Interactive complexity (add on code)
90832	Psychotherapy, 30 minutes with patient
90834	Psychotherapy, 45 minutes with patient
90837	Psychotherapy, 60 minutes with patient
90839	Psychotherapy for crisis, first 60 minutes
90840	Psychotherapy for crisis, each additional 30 minutes (add on code)
90846	Family psychotherapy (without patient present), face-to-face office visit
90847	Family psychotherapy (with patient present), face-to-face office visit
90853	Group psychotherapy, face-to-face office visit

Psychological and Neuropsychological Testing

Code	Description
96116	Neuropsychological status exam by physician or psychologist, time with member, interpreting test results and report preparation
96121	Neuropsychological status exam; each additional hour (list separately in addition to code for primary procedure)
96130*	Psychological testing evaluation; first hour
96131*	Psychological testing evaluation; each additional hour (list separately in addition to code for primary procedure)
96132*	Neuropsychological testing evaluation; first hour

Code	Description
96133*	Neuropsychological testing evaluation; each additional hour (list separately in addition to code for primary procedure)
96136	Psychological or neuropsychological test administration and scoring by physician; 2+ tests, any method, first 30 minutes
96137	Psychological or neuropsychological test administration and scoring; each additional 30 minutes (list separately in addition to code for primary procedure)
96138	Psychological or neuropsychological test administration and scoring by technician, 2+ tests, any method; first 30 minutes
96139	Psychological or neuropsychological test administration and scoring by technician; each additional 30 minutes (list separately in addition to code for primary procedure
96146	Psychological or neuropsychological test administration, with single automated instrument via electronic platform, automated result only

*In accordance with American Psychological Association (APA) guidelines, psychological testing evaluations (96130-96131) and neuropsychological testing evaluations (96132-96133) should not be billed together in the same episode of care. When a provider can administer/interpret standardized tests that can be used in both psychological and neuropsychological testing evaluations, choose only the code that represents the predominant service being provided.

Codes for Prescribing Clinicians (psychiatrists, nurse clinical specialists and BH clinics)

Code	Description
90792	Psychiatric diagnostic evaluation with medical services
90833	Psychotherapy, 30 minutes with patient with an E&M service
90836	Psychotherapy, 45 minutes with patient with an E&M service
90838	Psychotherapy, 60 minutes with patient with an E&M service
99202	New patient, office or outpatient visit, expanded problem-focused
99203	New patient, office or outpatient visit, low complexity
99204	New patient, office or outpatient visit, moderate complexity
99205	New patient, office or outpatient visit, high complexity
99211	Established patient, office or outpatient visit, 5 minutes
99212	Established patient, office or outpatient visit, 10 minutes
99213	Established patient, office or outpatient visit, low complexity
99214	Established patient, office or outpatient visit, moderate complexity
99215	Established patient, office or outpatient visit, high complexity
99304	Initial nursing facility care, per day, E&M, low severity, 25 minutes
99305	Initial nursing facility care, per day, E&M, moderate severity, 35 minutes
99306	Initial nursing facility care, per day, E&M, high severity, 45 minutes
99307	Subsequent nursing facility care, per day, E&M, 10 minutes
99308	Subsequent nursing facility care, per day, E&M, 15 minutes
99309	Subsequent nursing facility care, per day, E&M, 25 minutes
99310	Subsequent nursing facility care, per day, E&M, 35 minutes

Additional Procedure Codes (for Psychiatrists Only)

Code	Description
90849	Multiple-family group psychotherapy
90870	Electroconvulsive therapy
90882	Environmental intervention for E&M
90887	Consultation with family

Health and Behavior Assessment and Intervention
CPT codes 96156-96171 may be billed for services when the primary diagnosis is a medical condition. A referral from the member's primary care provider is required for Tufts Medicare Preferred HMO and Tufts Health Plan SCO members.

Note: E&M and psychological services codes should not be billed on the same day by the provider.

Methadone Maintenance

Code	Description
H0001	Alcohol and/or drug assessment
H0004	Behavioral health counseling and therapy, per 15 minutes
H0005	Alcohol and/or drug services; group counseling by a clinician
H0020	Alcohol and/or drug services; methadone administration and/or services (provision of the drug by a licensed program)

Telehealth Services for Opioid Treatments

Code	Description
G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month
G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month
G2088	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes; list separately in addition to code for primary procedure

Opioid Use Disorder Treatment Codes

Code	Description
G2067	MAT, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed
G2068	MAT, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed
G2069	MAT, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed
G2070	MAT, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed
G2071	MAT, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed
G2072	MAT, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed
G2073	MAT, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed
G2074	MAT, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing, if performed
G2075	MAT, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed
G2076	Intake activities, including initial medical examination; list separately in addition to code for primary procedure
G2077	Periodic assessment; list separately in addition to code for primary procedure
G2078	Take-home supply of methadone; up to 7 additional day supply; list separately in addition to code for primary procedure
G2079	Take-home supply of buprenorphine (oral); up to 7 additional day supply; List separately in addition to code for primary procedure
G2080	Each additional 30 minutes of counseling or group or individual therapy in a week of MAT; list separately in addition to code for primary procedure

Self-Administered Esketamine

Code	Description
G2082	Office or other outpatient visit for the E&M of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation
G2083	Office or other outpatient visit for the E&M of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes 2 hours post-administration observation

Recovery Support Services for Tufts Health Plan SCO members

Refer to the Behavioral Health Performance Specifications page for more information on each program.

Resource	Code	Description
Recovery Support Navigator	H2015-HF	Comprehensive community support services, per 15 minutes
Community Support Programs		
Community Support Program (CSP)	H2015	Comprehensive community support services, per 15 minutes (community support program)
Community Support Program for Individuals with Justice Involvement (CSP-JI)	H2016-HH *Secondary diagnosis code supporting medical necessity must be included*	Comprehensive community support program, per diem (integrated mental health/substance abuse program)
Community Support Program for Homeless Individuals (CSP-HI)	H2016-HK *Secondary diagnosis code:* Z59.00 Homelessness, unspecified Z59.01 Sheltered homelessness Z59.02 Unsheltered homelessness	Comprehensive community support services, per diem (specialized mental health programs for high-risk populations)
Community Support Program-Tenancy Preservation Program (CSP-TPP)	H2016-HE *Secondary diagnosis code:* Z59.811 (housing instability, housed)	Comprehensive community support services, per diem
Peer Recovery Coach	H2016-HM	Comprehensive community support services, per diem (recovery coach)

Behavioral Health Urgent Care Centers

Tufts Health Plan SCO

Effective for DOS beginning Sept. 1, 2025, behavioral health urgent care (BHUC) centers will be reimbursed for certain outpatient services using a bundled encounter rate per member per DOS. BHUCs must bill for the services in the table below using HCPCS code **H2013** (Psychiatric health facility service, per diem) and one of the following modifiers as appropriate:

- HA (Child/adolescent services)
- HB (Adult services)

Beginning Sept. 1, 2025, BHUCs should no longer submit modifier GJ to indicate the services noted below. Mental health centers that are **not** designated as BHUCs will no longer be able to bill modifier GJ to receive an enhanced rate for urgent care services.

H2013 should be billed in conjunction with at least one of the following (zero-pay) procedure codes to indicate the service(s) provided.

Code	Description
90791	Psychiatric diagnostic evaluation
90791-HA	Psychiatric diagnostic evaluation performed with a CANS (Children and Adolescent Needs and Strengths)
90792	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy, 30 minutes with patient
+90833	Psychotherapy, 30 minutes with patient when performed with an E&M 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 E&M service (List separately in addition to the code for primary procedure.)
90837	Psychotherapy, 60 minutes with patient
90846	Family psychotherapy (without the patient present), 50 minutes
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
90849	Multiple-family group psychotherapy (per person per session not to exceed 10 clients)
90853	Group psychotherapy (other than of a multiple-family group) (per person per session not to exceed 12 clients)
90853-EP	Group psychotherapy (other than of a multiple-family group) (per person not to exceed 12 clients) (preventive behavioral health session)
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
S9480	Intensive outpatient psychiatric services, per diem
99202–99205	New patient, office or outpatient visit
99211–99215	Established patient, office or outpatient visit
+99417	Prolonged outpatient E&M service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes (List separately in addition to the code of the outpatient E&M service.)
H0046 (excl. H0046-HE)	Mental health services, not otherwise specified (Collateral Contact)
H0032	Mental health service plan development by a nonphysician (Bridge consultation inpatient/outpatient)
H2020	Therapeutic behavioral services, per diem (Dialectical Behavior Therapy)
99402	Preventative Medicine Counseling, 30 minutes (Psychological Testing)
99404	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)

The following services are excluded from the encounter bundle rate and are reimbursed separately:

- Psychological assessment
- Neurological assessment
- Comprehensive community support services
- Certified peer specialist services
- Peer recovery coach services
- Recovery support navigator services
- Structured outpatient addiction program (SOAP)
- Enhanced structured outpatient addiction program (E-SOAP)
- Intensive Outpatient Program (IOP)

Compensation/Reimbursement Information

Providers are compensated according to the applicable contracted rates and applicable fee schedules.

Facility Fee Reduction
BH providers who perform services in a hospital may be subject to a facility fee reduction. This reduction is consistent with Medicare's site of service differentiation built into Medicare fees and parallels the facility fee reduction Tufts Health Plan applies to medical office visits in these settings. Refer to the provider's current contract for details regarding outpatient compensation provisions.

Vagus Nerve Stimulation
Tufts Health Plan does not routinely compensate neurostimulator procedures (insertion, replacement, revision, removal, or analysis) if billed with a diagnosis of depressive disorders.

Related Policies and Resources

Payment Policies

- Inpatient and Intermediate/Diversionary Behavioral Health and Substance Use Disorder

Other Resources

- Behavioral Health Performance Specifications
- Prior Authorization Resources

Publication History

- July 2026: Clarified billing guidelines for psychological and neuropsychological testing evaluation codes
- June 2026: Annual policy review; updated general billing information to include language for non-contracted labs; added CPT 99510; administrative edits
- September 2025: Added billing guidance for BHUCs, effective for DOS beginning Sept. 1, 2025
- May 2025: Annual policy review; administrative updates
- June 2024: Annual policy review; administrative updates
- August 2023: Annual policy review; added billing requirements and resources for Community Support Services for Tufts Health Plan SCO members, effective for DOS on or after April 1, 2023; administrative updates
- February 2023: Annual code updates
- June 2022: Updated title of Peer Recovery Coach Medical Necessity Guidelines; removed notification requirement for Peer Recovery Coach services for Tufts Health Plan SCO members
- December 2020: Added notification requirements and billing instructions for CSP-CHI for Tufts Health Plan SCO members, effective for dates of service on or after January 1, 2021
- June 2020: Added existing coding guidance for SUD claims
- February 2020: Replaced CPT codes 96151-96155 with 96156-96171 effective January 1, 2020; added certification requirements for OTPs; added OUD treatment and self-administered esketamine codes, effective for dates of service on or after January 1, 2020;
- November 2019: updated number of billable days with initial notification for Recovery Coaches and Recovery Support Navigators, effective for dates of service on or after September 4, 2019
- March 2019: Added outpatient behavioral health telemedicine services coverage information per the MassHealth Managed Care Entity Bulletin 10 as of January 1, 2019; updated psychological and neuropsychological testing CPT codes effective January 1, 2019
- January 2019: Added additional SUD resources for Tufts Health Plan SCO members, effective for dates of service on or after January 1, 2019

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.