

# Provider Update

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## Important Update Regarding Behavioral Health CPT Codes and Pre-Certification Rules

**Summary of change:** Effective for dates of service on and after 1/1/2014, Amerigroup is updating the Amerigroup Georgia CSB Services Behavioral Health Fee Schedule for outpatient behavioral health clinic services

### What is the impact of this change?

Effective for dates of service on and after 1/1/2014, Amerigroup Community Care of Georgia is updating the **Amerigroup Georgia CSB Services Behavioral Health Fee Schedule** to the codes published in **Table 1**. **Table 2** demonstrates the list of acceptable modifiers for the **Amerigroup CSB Behavioral Health Schedule Fee**.

All codes and modifiers contained in **Tables 1 and 2** must be used in accordance with standard billing guidelines. Providers must use HIPAA compliant billing codes when billing or submitting encounter data. This applies to both electronic and paper claims. Amerigroup reserves the right to use code editing software to determine which service is considered part of, incidental to, or inclusive of the primary procedure. Any code billed that is not specifically listed in **Table 1** will be denied as non-covered and not eligible for reimbursement.

### Pre-Certification Guidelines

A **'Yes'** in the "2014 Pre-certification requirement" column denotes that a given procedure code requires precertification.

### **How do I request precertification?**

Request precertification by:

- Logging in to our provider self-service site at [providers.amerigroup.com](http://providers.amerigroup.com) and selecting Precertification from the Tools menu
- Calling us at 1-800-454-3730
- Faxing your request to 1-888-240-4609

Check the status of your request by logging back into provider self-service or calling Provider Services.

### What if I need assistance?

If you have questions, please contact your local Provider Relations representative or call Provider Services at [1-800-454-3730].



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**Table 1: 2014 Amerigroup CSB Behavioral Health Schedule**

CPT Code	Description	2014 Pre-certification Requirements	Daily Unit Max Limit	Unit Increment (1 Unit Equivalent)
90791U2*	Psychiatric Diagnostic Evaluation (No Medical Services)	No	1	1 Encounter
90791U3*	Psychiatric Diagnostic Evaluation (No Medical Services)	No	1	1 Encounter
90792U1*	Psychiatric Diagnostic Evaluation with Medical Services	No	1	1 Encounter
90792U2*	Psychiatric Diagnostic Evaluation with Medical Services	No	1	1 Encounter
90832U2	Psychotherapy, 30 Minutes	No	1	1 Encounter
90832U3	Psychotherapy, 30 Minutes	No	1	1 Encounter
90832U4	Psychotherapy, 30 Minutes	No	1	1 Encounter
90833U1*	Ind Psychotherapy w E&M (+30)	No	1	1 Encounter
90833U2*	Ind Psychotherapy w E&M (+30)	No	1	1 Encounter
90834U2	Psychotherapy, 45 Minutes	No	1	1 Encounter
90834U3	Psychotherapy, 45 Minutes	No	1	1 Encounter
90834U4	Psychotherapy, 45 Minutes	No	1	1 Encounter
90836U1*	Ind Psychotherapy w E&M (+45)	No	1	1 Encounter
90836U2*	Ind Psychotherapy w E&M (+45)	No	1	1 Encounter
90837U2	Psychotherapy, 60 Minutes	No	1	1 Encounter
90837U3	Psychotherapy, 60 Minutes	No	1	1 Encounter
90837U4	Psychotherapy, 60 Minutes	No	1	1 Encounter
90839U1	Crisis Intervention, 60 Minutes	No	1	1 Encounter
90839U2	Crisis Intervention, 60 Minutes	No	1	1 Encounter
90839U3	Crisis Intervention, 60 Minutes	No	1	1 Encounter
90840U1	Psychotherapy for crisis, each additional 30 minutes	No	4	30 Minutes
90840U2	Psychotherapy for crisis, each additional 30 minutes	No	4	30 Minutes
90840U3	Psychotherapy for crisis, each additional 30 minutes	No	4	30 Minutes
90846U2	Family Psychotherapy without the patient present	No	1	1 Encounter
90846U3	Family Psychotherapy without the patient present	No	1	1 Encounter
90846U4	Family Psychotherapy without the patient present	No	1	1 Encounter
90847U2	Conjoint Family Psychotherapy with the patient present	No	1	1 Encounter
90847U3	Conjoint Family Psychotherapy with the patient present	No	1	1 Encounter
90847U4	Conjoint Family Psychotherapy with the patient present	No	1	1 Encounter

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CPT Code	Description	2014 Pre-certification Requirements	Daily Unit Max Limit	Unit Increment (1 Unit Equivalent)
90853U2	Group Psychotherapy other than of a multiple family group	No	1	1 Encounter
90853U3	Group Psychotherapy other than of a multiple family group	No	1	1 Encounter
90853U4	Group Psychotherapy other than of a multiple family group	No	1	1 Encounter
96101U2	Psychological Testing	Yes (Notification Required for 1 <sup>st</sup> 5 Hours)	5	1 Hour
96102U2	Psychological Testing	Yes (Notification Required for 1 <sup>st</sup> 5 Hours)	5	1 Hour
96102U3	Psychological Testing	Yes (Notification Required for 1 <sup>st</sup> 5 Hours)	5	1 Hour
96150U2	Ambulatory Detoxification Initial Assessment	Yes	32	15 Minutes
96150U3	Ambulatory Detoxification Initial Assessment	Yes	32	15 Minutes
96150U4	Ambulatory Detoxification Initial Assessment	Yes	32	15 Minutes
96151U2	Ambulatory Detoxification Re-Assessment	Yes	32	15 Minutes
96151U3	Ambulatory Detoxification Re-Assessment	Yes	32	15 Minutes
96151U4	Ambulatory Detoxification Re-Assessment	Yes	32	15 Minutes
96372U2 (PA/CNP/CNS)	Therapeutic, prophylactic or diagnostic injection	No	1	1 Encounter
96372U3 (RN)	Therapeutic, prophylactic or diagnostic injection	No	1	1 Encounter
96372U4 (LPN)	Therapeutic, prophylactic or diagnostic injection	No	1	1 Encounter
99201U1*	E&M New Patient - 10 Minutes	No	1	1 Encounter
99201U2*	E&M New Patient - 10 Minutes	No	1	1 Encounter
99202U1*	E&M New Patient - 20 Minutes	No	1	1 Encounter
99202U2*	E&M New Patient - 20 Minutes	No	1	1 Encounter
99203U1*	E&M New Patient - 30 Minutes	No	1	1 Encounter
99203U2*	E&M New Patient - 30 Minutes	No	1	1 Encounter
99204U1*	E&M New Patient - 45 Minutes	No	1	1 Encounter
99204U2*	E&M New Patient - 45 Minutes	No	1	1 Encounter
99205U1*	E&M New Patient - 60 Minutes	No	1	1 Encounter
99205U2*	E&M New Patient - 60 Minutes	No	1	1 Encounter
99211U1*	E&M Established Patient - 5 Minutes	No	1	1 Encounter
99211U2*	E&M Established Patient - 5 Minutes	No	1	1 Encounter
99212U1*	E&M Established Patient - 10 Minutes	No	1	1 Encounter
99212U2*	E&M Established Patient - 10 Minutes	No	1	1 Encounter
99213U1*	E&M Established Patient - 15 Minutes	No	1	1 Encounter



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CPT Code	Description	2014 Pre-certification Requirements	Daily Unit Max Limit	Unit Increment (1 Unit Equivalent)
99213U2*	E&M Established Patient - 15 Minutes	No	1	1 Encounter
99214U1*	E&M Established Patient - 25 Minutes	No	1	1 Encounter
99214U2*	E&M Established Patient - 25 Minutes	No	1	1 Encounter
99215U1*	E&M Established Patient - 40 Minutes	No	1	1 Encounter
99215U2*	E&M Established Patient - 40 Minutes	No	1	1 Encounter
H0004HQHRU2	Family Skills Training	Yes	12	15 Minutes
H0004HQHRU3	Group Skills Training	Yes	12	15 Minutes
H0004HQHRU4	Group Skills Training	Yes	12	15 Minutes
H0004HQHRU5	Group Skills Training	Yes	12	15 Minutes
H0004HQHSU2	Group Skills Training	Yes	12	15 Minutes
H0004HQHSU3	Group Skills Training	Yes	12	15 Minutes
H0004HQHSU4	Group Skills Training	Yes	12	15 Minutes
H0004HQHSU5	Group Skills Training	Yes	12	15 Minutes
H0004HQU2	Group Skills Training	Yes	12	15 Minutes
H0004HQU3	Group Skills Training	Yes	12	15 Minutes
H0004HQU4	Group Skills Training	Yes	12	15 Minutes
H0004HQU5	Group Skills Training	Yes	12	15 Minutes
H0004HRU2	Family Skills Training	Yes	12	15 Minutes
H0004HRU3	Family Skills Training	Yes	12	15 Minutes
H0004HRU4	Family Skills Training	Yes	12	15 Minutes
H0004HRU5	Family Skills Training	Yes	12	15 Minutes
H0004HSU2	Family Skills Training	Yes	12	15 Minutes
H0004HSU3	Family Skills Training	Yes	12	15 Minutes
H0004HSU4	Family Skills Training	Yes	12	15 Minutes
H0004HSU5	Family Skills Training	Yes	12	15 Minutes
H0012TF	Alcohol and/or drug services; Sub-acute Detoxification (Residential Addiction Program Outpatient)	Yes	1	1 Encounter
H0012TG	Alcohol and/or drug services; Sub-acute Detoxification (Residential Addiction Program Outpatient)	Yes	1	1 Encounter
H0013	Alcohol and/or drug services; Acute Detoxification (Residential Addiction Program Outpatient)	Yes	1	1 Encounter
H0014U2	Alcohol and/or drug services, Ambulatory Detoxification	Yes	32	15 Minutes
H0014U3	Alcohol and/or drug services, Ambulatory Detoxification	Yes	32	15 Minutes
H0014U4	Alcohol and/or drug services, Ambulatory Detoxification	Yes	32	15 Minutes
H0015U2	Alcohol and/or drug svcs; intensive outpatient	Yes	32	15 Minutes
H0015U3	Alcohol and/or drug svcs; intensive outpatient	Yes	32	15 Minutes
H0015U4	Alcohol and/or drug svcs; intensive outpatient	Yes	32	15 Minutes

# Provider Update

CPT Code	Description	2014 Pre-certification Requirements	Daily Unit Max Limit	Unit Increment (1 Unit Equivalent)
H0018U2	Crisis Stabilization Unit (CSU) Services	Yes	1	1 Encounter
H0020U2 (PA/CNP/CNS)	Alcohol and/or drug services, methadone administration and/or service	Yes	1	1 Encounter
H0020U3 (RN)	Alcohol and/or drug services, methadone administration and/or service	Yes	1	1 Encounter
H0020U4 (LPN)	Alcohol and/or drug services, methadone administration and/or service	Yes	1	1 Encounter
H0031U2	Mental Health Assessment by a non-physician	No	8	15 Minutes
H0031U3	Mental Health Assessment by a non-physician	No	8	15 Minutes
H0031U4	Mental Health Assessment by a non-physician	No	8	15 Minutes
H0032U2	Mental Health Service Plan Development by a non-physician	No	8	15 Minutes
H0032U3	Mental Health Service Plan Development by a non-physician	No	8	15 Minutes
H0032U4	Mental Health Service Plan Development by a non-physician	No	8	15 Minutes
H0036U3	Intensive Family Intervention	Yes	16	15 Minutes
H0036U4	Intensive Family Intervention	Yes	16	15 Minutes
H0036U5	Intensive Family Intervention	Yes	16	15 Minutes
H0036U3U7	Intensive Family Intervention	Yes	16	15 Minutes
H0036U4U7	Intensive Family Intervention	Yes	16	15 Minutes
H0036U5U7	Intensive Family Intervention	Yes	16	15 Minutes
H0039HQU3	Assertive Community Treatment	Yes	30	15 Minutes
H0039HQU4	Assertive Community Treatment	Yes	30	15 Minutes
H0039HQU5	Assertive Community Treatment	Yes	30	15 Minutes
H0039HT	Assertive Community Treatment	Yes	30	15 Minutes
H0039TNU3	Community Support Team	Yes	30	15 Minutes
H0039TNU4	Community Support Team	Yes	30	15 Minutes
H0039TNU5	Community Support Team	Yes	30	15 Minutes
H0039U1*	Assertive Community Treatment	Yes	30	15 Minutes
H0039U2*	Assertive Community Treatment	Yes	30	15 Minutes
H0039U3	Assertive Community Treatment	Yes	30	15 Minutes
H0039U4	Assertive Community Treatment	Yes	30	15 Minutes
H0039U5	Assertive Community Treatment	Yes	30	15 Minutes
H0039TNU3U7	Community Support Team	Yes	30	15 Minutes
H0039TNU4U7	Community Support Team	Yes	30	15 Minutes
H0039TNU5U7	Community Support Team	Yes	30	15 Minutes
H0039U1U7	Assertive Community Treatment	Yes	30	15 Minutes
H0039U2U7	Assertive Community Treatment	Yes	30	15 Minutes
H0039U3U7	Assertive Community Treatment	Yes	30	15 Minutes
H0039U4U7	Assertive Community Treatment	Yes	30	15 Minutes
H0039U5U7	Assertive Community Treatment	Yes	30	15 Minutes

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CPT Code	Description	2014 Pre-certification Requirements	Daily Unit Max Limit	Unit Increment (1 Unit Equivalent)
H2010U2 (PA/CNP/CNS)	Medication Administration	No	1	1 Encounter
H2010U3 (RN)	Medication Administration	No	1	1 Encounter
H2010U4 (LPN)	Medication Administration	No	1	1 Encounter
H2011U1	Crisis Intervention Services	No	16	15 Minutes
H2011U2	Crisis Intervention Services	No	16	15 Minutes
H2011U3	Crisis Intervention Services	No	16	15 Minutes
H2011U4	Crisis Intervention Services	No	16	15 Minutes
H2014HQHRU4	Family - Skills training and development	Yes	8	15 Minutes
H2014HQHRU5	Family - Skills training and development	Yes	8	15 Minutes
H2014HQHSU4	Family - Skills training and development	Yes	8	15 Minutes
H2014HQHSU5	Family - Skills training and development	Yes	8	15 Minutes
H2014HQU4	Family - Skills training and development	Yes	8	15 Minutes
H2014HQU5	Family - Skills training and development	Yes	8	15 Minutes
H2014HRU4	Family - Skills training and development	Yes	8	15 Minutes
H2014HRU5	Family - Skills training and development	Yes	8	15 Minutes
H2014HSU4	Family - Skills training and development	Yes	8	15 Minutes
H2014HSU5	Family - Skills training and development	Yes	8	15 Minutes
H2015HFU4	Community Support Services	Yes	24	15 Minutes
H2015HFU5	Community Support Services	Yes	24	15 Minutes
H2015U4	Community Support Services	Yes	24	15 Minutes
H2015U5	Community Support Services	Yes	24	15 Minutes
H2015UKU4	Community Support Services	Yes	24	15 Minutes
H2015UKU5	Community Support Services	Yes	24	15 Minutes
H2015HFU4U7	Community Support Services	Yes	24	15 Minutes
H2015HFU5U7	Community Support Services	Yes	24	15 Minutes
H2015U4U7	Community Support Services	Yes	24	15 Minutes
H2015U5U7	Community Support Services	Yes	24	15 Minutes
H2015UKU4U7	Community Support Services	Yes	24	15 Minutes
H2015UKU5U7	Community Support Services	Yes	24	15 Minutes
H2017HQU4	Psychosocial Rehabilitation Group	Yes	16	15 Minutes
H2017HQU5	Psychosocial Rehabilitation Group	Yes	16	15 Minutes
H2017U4	Psychosocial Rehabilitation	Yes	16	15 Minutes
H2017U5	Psychosocial Rehabilitation	Yes	16	15 Minutes
Q3014GT	TeleHealth Site Fee	No	16	15 Minutes
T1001U2	Nursing Assessment/ Evaluation	No	16	15 Minutes
T1001U3	Nursing Assessment/ Evaluation	No	16	15 Minutes
T1001U4	Nursing Assessment/ Evaluation	No	16	15 Minutes
T1002U2	RN Services	No	16	15 Minutes
T1002U3	RN Services	No	16	15 Minutes
T1003U4	LPN/LVN Services	No	16	15 Minutes



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\* **Indicates** that a service is able to be rendered via interactive audio and video telecommunication systems. Refer to modifier GT in **Table 2**.

**Table 2: Schedule of Acceptable Modifiers for the Amerigroup CSB Behavioral Health Schedule**

Modifier	Description
U1	<b>Level 1 Practitioner:</b> Physician, Psychiatrist
U2	<b>Level 2 Practitioner:</b> Psychologist, Physician's Assistant, Nurse Practitioner, Clinical Nurse Specialist, Pharmacist
U3	<b>Level 3 Practitioner:</b> Registered Nurse, Licensed Dietician, Licensed Professional Counselor (LPC), Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT)
U4	<b>Level 4 Practitioner:</b> Licensed Practical Nurse (LPN); Licensed Associate Professional Counselor (LAPC); Licensed Master's Social Worker (LMSW); Licensed Associate Marriage and Family Therapist (LAMFT); Certified/Registered Addictions Counselors, Certified Peer Specialists, Trained Paraprofessionals and Certified Psychosocial Rehabilitation Professionals (CPRP) with Bachelor's degrees or higher in the social sciences/helping professions
U5	<b>Level 5 Practitioner:</b> Trained Paraprofessionals, Certified/Registered Addiction Counselors (CAC-I, RADT), Certified Peer Specialists, Certified Psychosocial Rehabilitation Professionals, and Qualified Medication Aides with at least a high school diploma/equivalent
U7	Out of Clinic; If a service is provided out-of-clinic, then the U7 modifier must be appended to the CPT code in the sequence noted in <b>Table 1</b> . The U7 modifier may only be billed when the corresponding CPT code in <b>Table 1</b> allows for it
HQ	Group Setting
HR	Family/Couple with client present
HS	Family/Couple with without client present
HT	Multidisciplinary team
UK	Collateral Contact
HA	Child/Adolescent program
TN	Rural/outside providers customary service area
GT	Via interactive audio and video telecommunications systems. Informational modifier, no additional reimbursement allowed. Must be appended to the CPT code in the last position in a series of modifier combinations

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