



PBH Communication Bulletin FY 1112 UM 20 Changes in H Codes for Outpatient Services

Date: February 1, 2012
To: PBH Network Providers
From: Utilization Management
RE: Changes in H Codes for Outpatient Services

This communication will provide information on the changes regarding H-codes addressed in the November and December 2011 Medicaid Bulletins, as well as, DMH Implementation Updates #87 and 92.

As stated in the above referenced bulletins, the coverage of provisionally licensed providers delivering behavioral health services has been extended to June 30, 2012. These providers will continue to bill either the allowable CPT codes 'incident to' a physician or they may bill the appropriate H codes. Further changes to the limits on available H codes, starting January 1, 2012, were also outlined. In the December Medicaid Bulletin, it was also established that as of January 2012, H codes will no longer be billable for fully licensed behavioral health providers. PBH has reviewed these changes and made the following decisions.

- Licensed clinicians will no longer be allowed to bill for the following H codes **(H0001, H0004, H0004HR, H0004HS, H0004HQ, H0005, and H0031)**. Licensed providers should bill the appropriate CPT code for the service rendered and ensure they are using their rendering NPI number.
- Individual and Family Therapy (H0004, H0004HR, & H0004HS) – Can be billed up to 4 units (60 minutes) per date of service (DOS) as appropriate.
- Assessments (H0001 & H0031) – can be billed up to 8 units (120 minutes) as clinically appropriate.
- Group Therapy (H0004HQ & H0005) – can be billed up to 6 units (90 minutes) as clinically appropriate. There will be an exception made for DBT Group Therapy, which can be billed up to 10 units (150 minutes) as clinically appropriate.

The above outlined limit changes do not decrease any previously allowable PBH limits so providers should not see an adverse impact for these limits.