



## New Hampshire 21 years and Younger

### Overview

Per New Hampshire Insurance Department Bulletin INS 24-016-AB, [mm.nh.gov/files/uploads/nhid/documents/bulletin-ins-24-016-ab.pdf](https://mm.nh.gov/files/uploads/nhid/documents/bulletin-ins-24-016-ab.pdf), the guidance below outlines the proper billing codes and code modifiers that New Hampshire Community Mental Health Centers (CMHC's) should use in billing for services that are reimbursable for commercial members aged 21 yrs and younger.

Please refer to the table below to identify eligible CMHC providers who can deliver and bill covered commercial services and the applicable codes.

If you have additional questions, please call the Customer Service number on the back of the member's ID card.

**Note:** All out-of-network (non-participating) providers must obtain prior authorization approval before providing behavioral health services. Prior authorization is not required when rendering emergency services.

### NH CMHC Billing Guidance - Codes with gray shading are not covered in Optum commercial plans

Code	Description	Who Can Provide*			
		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			

Code	Description	Who Can Provide*			
		Dr / PA / APRN	Psy.D.	MS	Clinical Staff
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				
<b>Residential Treatment Services</b>					
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				
<b>Structured Outpatient Programs</b>					
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				

Code	Description	Who Can Provide*			
		Dr / PA / APRN	Psy.D.	MS	Clinical Staff
S9480	Intensive outpatient psychiatric services, per diem				
T1027	Family training and counseling for child development, per 15 minutes				
<b>Care Coordination</b>					
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				
<b>Parent and Youth Peer Support Services</b>					
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				
<b>Partial Hospital-based, Nonresidential Treatment Programs</b>					
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	

Code	Description	Who Can Provide*			
		Dr / PA / APRN	Psy.D.	MS	Clinical Staff
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				
<b>Other</b>					
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				

\* (see below)

“Dr” refers to physicians,

“PA” refers to physician assistants,

“APRN” refers to advanced practice registered nurse

“Psy.D.” refers to qualified providers with a doctorate level 8 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