



# **Optum Behavioral Health New Hampshire Network Billing Manual Addendum**

**Applies to Commercial claims for members ages 21 and younger**

**Updated Aug. 28, 2025**

# New Hampshire Network Billing Manual

The Optum Behavioral Health [National Network Manual](#) serves as a general guide for network (contracted) providers for all lines of business managed by Optum. However, certain sections may vary due to state-specific laws. This addendum is not intended to replace the primary network manual. Instead, it provides additional guidance by outlining procedures and requirements that are unique to the State of New Hampshire.

---

## Community Mental Health Centers in New Hampshire

[Applies to Commercial claims for members ages 21 and younger](#)

**Network (Contracted) Providers:** Please review the following information to help ensure the behavioral health care provided to New Hampshire members – and the claims submitted for those services – follow state guidelines.

This guidance follows the requirements outlined in the New Hampshire Insurance Department Bulletin [INS 24-016-AB](#). It outlines which providers can render and bill specific behavioral health services and the applicable billing codes for services that are:

- Rendered in a Community Mental Health Center (CMHC)
- To New Hampshire residents ages 21 and younger who are covered by a Commercial health plan

**Out-of-Network (Non-Contracted) Providers:** 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.

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

## Billing Guidance

The services/billing codes listed on pages 2-5 are the only codes eligible for reimbursement, as outlined in the state bulletin. This guidance does not apply to services rendered to New Hampshire members covered by a Medicare Advantage plan, Medicaid (UnitedHealthcare Community Plan) or Individual and Family Plan (Exchange). As you review who can provide each service, these are definitions of the abbreviations you'll see:

- |   |  |
|---|--|
| • MD = Physician  | degree   |
| • PA = Physician Assistants                             | • MS = Qualified providers with a master's degree  |
| • APRN = Advanced Practice Registered Nurse             | • Clinical Staff = Staff who are under the direction of a physician or other qualified health professional |
| • Psy.D. = Qualified providers with a doctorate level 8 |  |

Codes referenced in the table below are the CPT codes covered by Optum. Please refer to your fee schedule for contracted reimbursement rates.

CPT Code	Description	Who Can Provide Services			
		MD/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	
S9484	Crisis intervention mental health services, per hour	X	X	X	
S9485	Crisis intervention mental health services, per diem	X	X	X	
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			

CPT Code	Description	Who Can Provide Services			
		MD/PA/ APRN	Psy.D.	MS	Clinical Staff
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	
<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	

CPT Code	Description	Who Can Provide Services			
		MD/PA/ APRN	Psy.D.	MS	Clinical Staff
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
Parent and Youth Peer Support Services					
90849	Multiple-family group Psychotherapy	X	X	X	
90853	Group psychotherapy	X	X	X	
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	

CPT Code	Description	Who Can Provide Services			
		MD/PA/ APRN	Psy.D.	MS	Clinical Staff
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	

**\* When billing with a HCPCS code, you 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.**

# Behavioral Health Integration Program

Applies to Commercial claims for members ages 21 and younger

As a behavioral health provider working with New Hampshire members, you'll likely bill services under the state's Behavioral Health Integration program.

The Behavioral Health Integration and Collaborative Care programs are often confused for the other, since both aim to improve whole-person care. However, Behavioral Health Integration is led by teams in a mental health setting, whereas Collaborative Care is led by teams in the primary care setting. To help you submit accurate claims

Please review the following information to help ensure you understand the differences between each program, and so that you can submit accurate Behavioral Health Integration claims for fully insured commercial plan members ages 21 and younger.

This guidance follows the requirements outlined in the New Hampshire Insurance Department Bulletin [INS 24-016-AB](#). It outlines which providers can render and bill specific behavioral health services and the applicable billing codes for services that are:

## Comparing the Care Models

Behavioral Health Integration Care	Collaborative Care
<ul style="list-style-type: none"><li>Starts in and is led by teams in the <b>behavioral care setting</b></li><li>Integrates mental health, substance use and behavioral health services into those primary care or other medical settings</li><li>Focuses on non-preventative behavioral health issues and systematic care management</li><li>Is billed under <b>behavioral care</b></li></ul>	<ul style="list-style-type: none"><li>Starts in and is led by teams in the <b>primary care setting</b></li><li>Primary care teams manage a variety of medical care and consult with behavioral health providers as needed</li><li>Is billed under the <b>patient's medical benefits</b></li></ul>

## Billing Guidance

Behavioral Health Integration has different billing guidance and codes than collaborative care models. This includes those specific to services provided to members covered by Commercial plans, as well as specific Behavioral Health Integration services that are billed under a Collaborative Care model. Behavioral Health Integration services delivered by a behavioral health provider must be billed by the treating practitioner using the proper billing code(s).

Billable services	Proper billing code	Who can bill for it
General Behavioral Health Integration services	99484	Most often billed by psychiatrists
	G0323 (Medicare only)	PhD and certified social workers
	G0511 (Medicare only)	Federally Qualified Health Centers or Rural Health Clinics
Interprofessional phone and electronic health record consultations	99446-99449	Optum prescribers only.
	99451-99452	See Optum <a href="#">Consultation Services Reimbursement Policy</a> .
Non-billable services	Proper billing code	Who can bill for it
Behavioral Health Integration codes under the Psychiatric Collaborative Care model	99482	Optum Behavioral Health doesn't contract or reimburse these codes.  These codes should only be billed by the treating medical provider (mostly primary care providers), who then pays the psychiatric consultants and behavioral care managers through contract or direct hire.
	99483	
	99494	
	G2214	
	G0512	

## Resources

- [Behavioral Health Integration Services Guidance](#): This CMS document provides more information, billing codes, roles and key terms specific to general Behavioral Health Integration services and Collaborative Care models, including those Behavioral Health Integration services billed under the psychiatric Collaborative Care model.
- [American Psychological Association Billing Guidance](#)