


To: All Providers Participating in Nebraska Medicaid Program
From: Jeremy Brunssen, Interim Director 
Date: April 10, 2020
Re: Telehealth Services - Behavioral Health

Nebraska Medicaid is temporarily modifying certain policies to enable delivery of remote care through telehealth. These services may be billed retrospective to March 1, 2020. These changes are to facilitate access for patients experiencing COVID-19 symptoms and to limit close contact for routine care, particularly for individuals at higher risk of severe illness

Nebraska Medicaid behavioral health codes are included as part of the temporary expansion of telehealth services as a result of the COVID-19 public health emergency. Telehealth services include audio and visual contact and where appropriate may be provided by telephone.

Providers must ensure services can safely and effectively be delivered via telehealth. All treatments or services submitted for reimbursement must be delivered in accordance with existing service definitions. All treatments and services are expected to be rendered in a clinically appropriate manner and be directly related to the beneficiary’s treatment needs or treatment plan. Providers are expected to document the rationale for delivery of treatment or services through telehealth in addition to existing documentation requirements. It is expected providers have mitigation plans in place and provide active and ongoing assessment on their ability to meet patients’ most immediate and critical treatment needs. Include the GT modifier when billing for services provided through telehealth or telephone.

The following information includes behavioral health codes that can be provided by telehealth with an additional indicator as to whether the service can also be provided through telephone if the client does not have access to audio and visual technology. Community support services may be provided by telephone if appropriate.

Nebraska Medicaid is working closely with local, state, and federal partners to monitor the unfolding situation regarding the COVID-19 emergency. Additional information regarding Nebraska Medicaid policies about COVID-19 will be shared through future Provider Bulletins.

Procedure codes and modifiers to have access to audio visual (GT modifier added)	Modifier	Description	Procedure codes and modifiers to have access to telephone service Y= yes N- No
90791		Initial Diagnostic Interview	Y
H0031	HO	Initial Diagnostic LIMHP (providing service to NON MC recipients only)	Y
90792		Initial Diagnostic Interview (with med services)	Y
90832		Individual psychotherapy - 30 min.	Y

Procedure codes and modifiers to have access to audio visual (GT modifier added)	Modifier	Description	Procedure codes and modifiers to have access to telephone service Y= yes N- No
90832	HF	Individual psychotherapy - 30 min. substance use disorder	Y
90832	U3/HF	Individual psychotherapy - 30 min. (Day Treatment)	Y
90832	U4/HF	Individual psychotherapy -30 min. (IOP-Facility)	Y
90832	U5/HF	Individual psychotherapy - 30 min. (IOP- Home based)	Y
90832	U6/HF	Individual psychotherapy - 30 min. (THGH)	Y
90833		Individual psychotherapy - 30 min. + E/M code	Y
90833	U4	Individual psychotherapy - 30 min. (IOP-Facility) + E/M code	Y
90833	U5	Individual psychotherapy - 30 min. (IOP- Home based) + E/M code	Y
90834		Individual psychotherapy - 45 min.	Y
90834	HF	Individual psychotherapy - 45 min. substance use disorder	Y
90834	U3/HF	Individual psychotherapy - 45 min. (Day Treatment)	Y
90834	U4/HF	Individual psychotherapy -45 min. (IOP-Facility)	Y
90834	U5/HF	Individual psychotherapy - 45 min. (IOP- Home based)	Y
90834	U6/HF	Individual psychotherapy - 45 min. (THGH)	Y
90836		Individual psychotherapy - 45 min. + E/M code	Y
90836	U4	Individual psychotherapy - 45 min. (IOP-Facility) + E/M code	Y
90836	U5	Individual psychotherapy - 45 min. (IOP- Home based) + E/M code	Y
90837		Individual psychotherapy - 60 min.	Y
90837	HF	Individual psychotherapy - 60 min. substance use disorder	Y
90837	U3/HF	Individual psychotherapy 60min. Day Treatment	Y
90837	U4/HF	Individual psychotherapy 60 min. IOP- Facility	Y
90837	U5/HF	Individual psychotherapy 60 min. IOP- Home based	Y
90837	U6/HF	Individual psychotherapy 60 min. (THGH)	Y
90838		Individual psychotherapy 60 min. + E/M code	Y

Procedure codes and modifiers to have access to audio visual (GT modifier added)	Modifier	Description	Procedure codes and modifiers to have access to telephone service Y= yes N- No
90838	U4	Individual psychotherapy 60 min. (IOP-Facility) + E/M code	Y
90838	U5	Individual psychotherapy 60 min. (IOP- Home based) + E/M code	Y
90839		Individual psychotherapy - Crisis (1st hour)	Y
90840		Individual psychotherapy - Crisis (additional 30 min./ added to 90839)	Y
90846		Family psychotherapy (w/o client present) - office	Y
90846	HF	Family psychotherapy (w/o client present) - office. substance use disorder	Y
90846	U3/HF	Family psychotherapy (w/o client present) - Day Treatment	N
90846	U4/HF	Family psychotherapy (w/o client present) - IOP - Facility based	N
90846	U5/HF	Family psychotherapy (w/o client present) - IOP - Home based	Y
90846	HA/HF	Family psychotherapy (w/0 client present) Home based	Y
90846	U6/HF	Family psychotherapy (w/o client present) - (THGH)	N
90847		Family psychotherapy (with client present)	Y
90847	HF	Family psychotherapy (with client present). substance use disorder	Y
90847	ET/HF	Family psychotherapy (with client present) - Crisis	Y
90847	HA/HF	Family psychotherapy (with client present) - Home based	Y
90847	U3/HF	Family psychotherapy (with client present) - Day Treatment	N
90847	U4/HF	Family psychotherapy (with client present) - IOP - Facility based	N
90847	U5/HF	Family psychotherapy (with client present) - IOP - Home based	Y
90847	U6/HF	Family psychotherapy (with client present) - (THGH)	N
90847	U8	Child-Parent Psychotherapy (CPP)	Y
90853		Group psychotherapy	Y
90853	HF	Group psychotherapy	Y
90853	U3/HF	Group psychotherapy Day Treatment	N
90853	U4/HF	Group psychotherapy IOP - Facility based	N

Procedure codes and modifiers to have access to audio visual (GT modifier added)	Modifier	Description	Procedure codes and modifiers to have access to telephone service Y= yes N- No
90853	U6/HF	Group psychotherapy (THGH)	N
90832	U9	Functional family therapy 30 min	Y
90834	U9	Functional family therapy 45 min	Y
90837	U9	Functional family therapy 60 min	Y
90846	U9	Functional family therapy without client present	Y
90847	U9	Functional family therapy with client present	Y
90887		Conference regarding client treatment	Y
90887	HF	Conference regarding client treatment by substance use provider	Y
90887	U5/HF	In-home conf. regarding client treatment	Y
99211		Established patient Evaluation/Management - office or outpatient visit	Y
99212		Established patient Evaluation/Management - office or outpatient visit (focused)	Y
99213		Established patient Evaluation/Management - office or outpatient visit (low complexity)	Y
99214		Established patient Evaluation/Management - office or outpatient visit (moderate complexity)	Y
99215		Established patient Evaluation/Management - office or outpatient visit (high complexity)	Y
99241		Office Consultation outpatient (focused)	Y
99242		Office Consultation outpatient (expanded)	Y
99243		Office Consultation outpatient (detailed)	Y
99244		Office Consultation outpatient (comprehensive moderate complexity)	Y
99245		Office Consultation outpatient (comprehensive - high complexity)	Y
99307		Evaluation Management Nursing Facility 10 min.	Y
99308		Evaluation Management Nursing Facility 15 min.	Y
99309		Evaluation Management Nursing Facility 25 min.	Y
99310		Evaluation Management	Y
H1011		Family Assessment	Y
H0001		Substance Use Assessment	Y
H0001	52	Substance Use Assessment - Addendum	Y
H0031	AH	Annual Supervision Assessment by Psychologist	Y

Procedure codes and modifiers to have access to audio visual (GT modifier added)	Modifier	Description	Procedure codes and modifiers to have access to telephone service Y= yes N- No
H0031	52	Annual Supervision Assessment by LIMHP	Y
H0036		Community Treatment Aide (CTA) (Per 15 min.)	Y
H2033		Multi Systemic therapy / per 15 minutes	Y
H0040	52	Assertive Community Treatment Program (ACT) - (MRO) (per diem)	Y
H2015	HK	(Alternate) Assertive Community Treatment Program (ACT) - (MRO) (per diem	Y
H2014		Intensive Outpatient (IOP) - Direct Care Staff (Rate per 15 min.)	Y
H2027		Day Treatment - Direct Care Staff /per 15 min unit	Y
H2015	HE	Community Support Services - mental health (MRO) per 15 min	Y
H2000	SK	Risk assessment for youth who sexually harm (age 20 & under)	N
H2000	HA	Risk assessment for youth who sexually harm addendum (age 20 and under)	N
97151		Behavior identification assessment administered by Dr. or other health care professional, F2F, one patient, each 15 minute.	N
97152		Behavior identification supporting assessment administered by one tech under the direction of a Dr. or other qualified health care professional, F2F, one patient each 15 minute.	N
97153		Adaptive behavior treatment by protocol, administered by tech under the direction of a Dr. or other qualified healthcare professional, F2F, one member each 15	N
97154		Group adaptive behavior treatment by protocol, administered by Tech under the directions of a Dr. or other qualified healthcare professional, F2F with two or more patients, each 15 minutes	N
97155		Adaptive behavior treatment by protocol, administered by Dr or other qualified healthcare professional, which may include simultaneous direction of a tech, F2F one patient, each 15 minutes	N
97156		Family adaptive behavior treatment guidance, administered by Dr. or other qualified healthcare professional, (with or without patient present), F2F with guardian or caregiver each 15 minute	N

Procedure codes and modifiers to have access to audio visual (GT modifier added)	Modifier	Description	Procedure codes and modifiers to have access to telephone service Y= yes N- No
97158		Adaptive behavior treatment social skills group, administered by Dr. or other qualified healthcare professional F2F with Multiple patients. Each 15 minutes	N
H0038	HE	Peer Support Services for Mental Health Per 15 minute increments	Y
H0038	HF	Peer Support Services for Substance Use Disorder / 15 minute increments	Y
H0038	HE/HQ	Peer Support Services for Mental Health Per 15 minute increments	Y
H0038	HF/HQ	Peer Support Services for Substance Use Disorder / 15 minute increments	Y
H2015	HF	SUD level 1 Community - Support	Y
90847	U7	Parent Child Interaction Therapy (PCIT)	N
H2017		Day Rehabilitation Services - (MRO) - minimum 12 units -per 15 min	N
H2018		Day Rehabilitation Services - (MRO) - Full Day	N

Provider Bulletins, such as this one, are posted on the DHHS website at <http://dhhs.ne.gov/pages/Medicaid-Provider-Bulletins.aspx>. Please subscribe to the page to help you stay up to date about new Provider Bulletins.

DHHS has a dedicated COVID-19 web page at: <http://dhhs.ne.gov/pages/Coronavirus.aspx>

The CDC's dedicated page is available at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>