

Changes to behavioral health services in Federally Qualified Health Centers and rural health clinics

Summary of change

Healthy Blue updated the coverage of behavioral health (BH) services in Federally Qualified Health Centers (FQHCs) and rural health clinics (RHCs) for dates of service on or after April 1, 2021. These changes ensure that all BH services claims are submitted using the H2020 encounter code. In addition, the changes allow the billing of evaluation and management (E/M)-only codes by certain provider type (PT) and provider specialty (PS) combinations.

Why is this change necessary?

Scenario one

Billing PT 72, 79, 87, and 95 with rendering provider types 31/6A-6F, AK/8E, AH/8E, and 73/73 must render a BH-specific service as listed in the *Specialized Behavioral Health (SBH) Fee Schedule* in order to bill a BH encounter H2020.

For the following PT/PS combinations:

Provider type	Provider specialty
31	6A, 6B, 6C, 6D, 6E, 6F
AK	8E
AH	8E
73	73

- T1015 or D0999 cannot be billed. Encounters will deny with edit 210 (provider not eligible).
- If an E/M service detail line (procedure codes 90792 or 99202 through 99215) is submitted with an accepted H2020 and SBH procedure code line, the E/M service detail line **only** will deny.
- If there are no accepted SBH service detail lines, the encounter will deny with edit 136 (no eligible service).
- If there is not an accepted all-inclusive code H2020, the encounter will deny with edit 136 (no eligible service)

Scenario two

Billing PT 72, 79, 87, and 95 with rendering provider types 31/6A-6F, AK/8E, AH/8E, and 73/73 billing H2020 must also include an accepted SBH service detail line on the claim. E/M codes are not acceptable and shall be denied at the line level. E/M procedure codes are 90792 or 99202 through 99215. SBH services are identified in the *SBH Fee Schedule*.

Scenario three

Billing PT 72, 79, 87, and 95 with rendering provider types 20/26, 20/2W, 78/26, 93/26, 94/26, and 31/6G billing H2020 must include an accepted E/M detail line (procedure codes 99202 through 99215) **or** accepted SBH service detail line. SBH services are identified in the *SBH Fee Schedule*.

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For the following PT/PS combinations:

Provider type	Provider specialty
20	26, 2W
78	26
93	26
94	26
31	6G

- There must be an accepted H2020 line, and at least one of the following:
 - One accepted E/M detail line (procedure codes 99202 through 99215)
 - One accepted SBH service detail line
- If there are no accepted/paid detail lines with at least one E/M service detail line or at least one SBH service detail line, the encounter will deny with edit 136 (no eligible service).
- Both SBH and E/M codes may be reported and accepted on the encounter.
- If H2020 is not accepted, the encounter will deny with edit 136 (no eligible service)
- The above provider type/specialty combinations are the only BH providers allowed to be reimbursed for claims with an evaluation and management HCPCS code as the only detailed line.

What is the impact of this change?

Healthy Blue will update their claims processing systems to properly adjudicate BH claims in FQHCs and RHCs by November 1, 2021. For dates of service on or after April 1, 2021, Healthy Blue will recycle any claims that were not paid in accordance with these changes by November 15, 2021.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Experience associate or call Provider Services at **844-521-6942**.



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