

# IMPORTANT PROVIDER NOTICE

## *Connect to Care Program Benefit Expansion* **Effective July 1, 2021**

Effective with dates of service on or after July 1, 2021, Connect to Care members will be eligible for the following benefits at in-network providers:

- Outpatient Mental Health Services - Mild to Moderate Category
- Outpatient Substance Use Disorder Services

The benefit expansion will include the following services outlined below:

Mental Health (Mild to Moderate)		
CPT Code	Description	Frequency Limits
96132	Neuropsychological testing evaluation services; first hour	One per year
96133	Neuropsychological testing evaluation services; each additional hour	Two per year
96136	Psychological or neuropsychological test administration and scoring, two or more tests; first 30 minutes	One per year
96137	Psychological or neuropsychological test administration and scoring, two or more tests; each additional 30 minutes	Nine per year
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests; first 30 minutes	One per year
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests; each additional 30 minutes	Nine per year
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform with automated results only	One per year
96105	Assessment of aphasia, per hour	Two episodes per year ( $\leq 3$ hours each); all hours for each episode must be billed on the last day of service
96110	Developmental screening, per standardized instrument	Two per year
96112	Developmental test administration; first hour	One per year
96113	Development test administration; each additional 30 minutes	One per year
96116	Neurobehavioral status exam; first hour	One per year
96121	Neurobehavioral status exam; each additional hour	One per year
96130	Psychological testing evaluation services; first hour	One per year
96131	Psychological testing evaluation services; each additional hour	Two per year
90832	Psychotherapy; 30 minutes with patient	N/A
90837	Psychotherapy; 60 minutes with patient	N/A
90839	Psychotherapy for crises; first 60 minutes	N/A
90840	Psychotherapy for crises; each additional 30 minutes	N/A
90846	Family Psychotherapy (without patient present); 50 minutes	Must have two family members present; 50 minutes max
90847	Family Psychotherapy (with patient present); 50 minutes	Must have two family members present; 110 minutes max
90849	Multiple-family group therapy	N/A
90853	Group Psychotherapy (other than of a multiple-family group)	N/A
99354	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour	110 minutes max

<b>Limits</b>
<b>Six (6) visits per enrollment period</b> (any approved combination of individual, family, and/or group therapy or evaluations)
<b>NOTE:</b> No authorization required when diagnosed with a mental health disorder defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM) resulting in mild to moderate distress or impairment of mental, emotional, or behavioral functioning.
<b>Approved Provider Types</b>
Psychologist, Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), Marriage and Family Therapist (MFT), Marriage and Family Therapist (MFT), Medical Doctor (MD), Nurse Practitioner (NP), Physician Assistant (PA), Doctor of Osteopathic Medicine (DO)
Associate MFT (under the direct supervision of a licensed mental health professional), Associate Professional Clinical Counselor (under the direct supervision of a licensed mental health professional), Associate Clinical Social Worker (under the direct supervision of a licensed mental health professional), Psychology Assistant (under the direct supervision of a licensed mental health professional) <b>NOTE:</b> Billing provider on claim form must be supervising provider's NPI with associate/assistant's name listed under "additional claims information"; must be rendered by an In-Network provider (including clinics) in an outpatient setting.

<b>Outpatient Substance Use Disorder (SUD) Services</b>	
<b>CPT Code</b>	<b>Description</b>
H0004	Individual Counseling
H0005	Group Counseling
<b>Limits</b>	
<b>Six (6) visits per enrollment period</b> (any combination of approved individual and/or group treatment or screenings)	
<b>NOTE:</b> Includes alcohol misuse screenings and behavioral health counseling interventions for alcohol misuse.	
<b>Approved Provider Types</b>	
Psychologist, Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), Marriage and Family Therapist (MFT), Marriage and Family Therapist (MFT), Certified Drug and Alcohol Counselor, Medical Doctor (MD), Nurse Practitioner (NP), Physician Assistant (PA), Doctor of Osteopathic Medicine (DO)	
<b>NOTE:</b> Billing provider on claim form must be supervising provider's NPI with associate/assistant's name listed under "additional claims information". Must be rendered by an In-Network provider (including clinics) in an outpatient setting.	

**Questions?** Please Contact Advanced Medical Management (AMM), CMSP's third party administrator at:  
**(877) 589-6807**