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**Overview**

Harmony Behavioral Health's primary goal is to ensure that the most medically and clinically appropriate service is provided to members in the right location for the right length of time. Harmony Behavioral Health strives to conduct timely clinical utilization reviews in order to authorize benefit coverage for member's care. Utilization management activities touch all patients receiving care across the continuum of services: inpatient hospitalization, partial hospital program, residential treatment center, intensive outpatient program, outpatient psychiatric medical management, individual psychotherapy, group psychotherapy, home and school-based services, case management and any other covered outpatient mental health service. Covered services vary depending on the health plan.

**Focus on  
Recovery and  
Resiliency**

Harmony Behavioral Health supports services that promote the philosophy that individuals should be encouraged to believe that they can recover from their mental illness. Through a service delivery system that is member and family-focused, individuals can have hope that they can recover and lead productive and fulfilling lives. Similarly, the highest quality of treatment services promote and foster a hopeful sense of resiliency in children, adolescents and adults that they possess the coping resources to face the stressors of life and rebound successfully.

**Prior  
Authorization**

All inpatient and outpatient behavioral health services require prior authorization, except in an emergency. The treating provider is responsible for obtaining authorization from Harmony Behavioral Health for all routine and urgent services for members. Authorization may be obtained by telephone or via the Harmony Behavioral Health Web site. An initial authorization for services allows the member to be registered in the clinical services system. Routine services, such as individual therapy, medication management, etc., do not require submission of documentation. Ongoing services and certain Medicaid enhanced services (i.e., Therapeutic Onsite Services (TBOS), psychosocial rehabilitation, and psychological testing) require pre-authorization and the submission of documentation to support the medical and clinical need for services.

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**Medicaid  
Outpatient  
Medicaid  
Services**

Harmony Behavioral Health (HBH) shall authorize Medicaid outpatient services based on the provider furnishing sufficient evidence that the services requested:

- are necessary to protect life, prevent significant illness or significant disability, or alleviate severe pain
- are individualized, specific, consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs
- are consistent with generally accepted professional medical standards and are not experimental or investigational in nature
- reflect the level of services that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available
- are furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider
- are supported in the patient's medical record that includes: a date of service, start and end times, the setting, specific problems, behavior or skill deficits addressed, the specific services/intervention utilized, updates regarding progress towards treatment plan goals, and a legible signature and credentials of the provider

The following activities are not covered under the community behavioral health services program: travel time (excluding targeted case management), services paid for by another funding source, and escorting a member to and from a service site. In addition, services will not be authorized that represent a duplication of another provider's service.

**Outpatient  
Guidelines**

Outpatient behavioral health services can reasonably be expected to improve the member's condition or prevent

further regression. Outpatient behavioral health services must be medically necessary and rendered or recommended by a physician, psychiatrist or other licensed professional and include a written treatment plan. Services are initiated through the following procedures:

- Primary care physicians, providers, members, and family members may contact Harmony Behavioral Health to request services. If a member contacts us directly, an intake coordinator, under the supervision of a licensed Behavioral Case Manager, will conduct an initial interview to gather basic demographic data. Following the interview, a referral will be made to a provider who best meets the member's needs in terms of behavioral health specialty and geographical location. All members will receive a choice of providers in their geographical area and may elect to change their provider if desired.
- In routine cases, the member will be given a choice of several participating providers, and then be asked to select and call the participating provider of his/her choice to schedule an appointment. The provider will be sent an authorization letter on the next business day. In lieu of individual authorization letters, high volume providers may elect to receive a faxed listing of all the authorization numbers issued for a specific time frame.
- Generally, for initial services, Harmony Behavioral Health authorizes as follows: for a private practitioner, an initial evaluation and 6-10 outpatient psychotherapy sessions and, if indicated, psychiatric medication management visits at the time of the initial referral. For a community mental health center or other traditional Medicaid provider, 10-20 hourly equivalent units of service involving HCPCS procedure codes.
- The typical authorization time frame is from four to six months and up to one year, depending on the specific needs of the member.

- Routine appointments for members who present with minimal risk shall be offered within seven calendar days (a routine appointment is defined as a scheduled service provided to a member whose clinical status is indicative of someone requiring routine behavioral health services).
- In cases requiring urgent care, a licensed Behavioral Case Manager will contact the provider to discuss the referral and arrange a timely appointment within 24 hours.
- In the event of an emergency, the member is instructed to go to the nearest emergency room or crisis stabilization unit for care and services.

All outpatient triage, referral and authorizations are made under the direction of the Director of Clinical Services, the Manager of Outpatient Services, and the Harmony Behavioral Health Medical Director.

**Outpatient  
Medical  
Necessity  
Criteria**

As the least intensive and restrictive level of care, psychotherapy, medication therapy and other outpatient services are most appropriate when the following guidelines are met:

- when the patient displays symptoms consistent with the presence of a diagnosable DSM-IV disorder (or its equivalent in ICD-9-CM) with an Axis V (Global Assessment of Functioning) rating in the mild impairment range or below, with a GAF score of 70 or less
- when outpatient treatment is likely to result in a demonstrable improvement in the member's symptoms, condition or illness relative to his/her diagnosis and without such treatment, it is likely that the member's symptoms subsequently will require a more intensive level of care
- when the treatment plan is appropriate for the member's illness or condition, represents a preferred practice of care, and is consistent with

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prevailing treatment standards given the member's illness or condition

- when the treatment plan is focused on the member's current, measurable symptoms and behaviors reflective of the member's biologic, psychological and social impairment

**Additional  
Criteria for  
Medicaid  
Services**

Harmony Behavioral Health endorses a best practice of providing enhanced outpatient services for Medicaid enrollees who have more serious behavioral health problems. Such patients may have been identified as Seriously and Persistently Mentally Ill (SPMI) for adults or Severely Emotionally Disturbed (SED) for children or are members who are at risk of needing more intensive residential or inpatient services. Such individuals typically have a history of psychiatric inpatient admissions and are assessed to function at an impaired level based on a GAF/CGAS of approximately 50 or below.

**Enhanced  
Medicaid  
Services**

Enhanced services include Day Treatment, Psychosocial Rehabilitation Services, Therapeutic Behavioral Onsite Services (TBOS), Psychological Testing and Targeted Case Management. Therapeutic Behavioral Onsite Services (TBOS) and Psychosocial Rehabilitative Services.

These enhanced Medicaid services require a specific preauthorization prior to treatment being provided. Providers are required to submit the Enhanced Services Request form (see Forms section). This form requires supporting documentation from the clinical record or the Enhanced Services Request Supplement (see Forms section) indicating the need for these services.

The Enhanced Services Request form may be faxed to Harmony Behavioral Health at 866-517-5835 (preferred) OR mailed to:

Harmony Behavioral Health  
Attn: Enhanced Service Request  
P.O. Box 25858  
Tampa, FL 33622-5858

The Enhanced Service Request will be reviewed and responded to within five business days of receipt. If additional, clarifying clinical information is requested, processing may be delayed. If the provider fails to forward requested documentation to support the Enhanced Service Request within a reasonable period, it may result in an administrative denial of services.

Enhanced services are authorized for a specified frequency and duration that is patient-specific and can range from one month to one year. Providers are expected to adhere to these guidelines unless there are clinically significant changes that require provision of more intensive services. Providing services in excess of authorized guidelines may result in denial of services.

## **Exclusions**

These services are authorized to promote the member's recovery and overall quality of life as well as to reduce the frequency of crises, need for acute services and otherwise allow the member to reach a baseline level of satisfactory functioning. These services are considered medically and clinically necessary when the member's treatment plan, clinical progress notes or other documentation reflect:

- that enhanced services need to be provided and these services have been approved by a psychiatrist or other licensed professional
- a current update of the member's clinical status with a recently updated treatment plan
- **specific** and **measurable** goals related to symptom reduction, behavior change, cognitive functioning, self-care, work or school performance, and/or social functioning
- **specific** criteria and **measurable** indicators to identify when services will be reduced, when enhanced services will be completed, and when the member's episode of treatment is concluded
- an alternative treatment approach if the specific enhanced services are not effective

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- The specific progress to date achieved by the member:
    - long-standing, pervasive, maladaptive traits and/or behaviors that do not have or have not demonstrated the potential to be improved significantly within a reasonable period of time (approximately six months)
    - treatment of a medical disorder that will not improve over time
    - educational attainment, personal growth, and/or self-improvement
    - the convenience and comfort of the member and/or his/her family
    - avoiding incarceration
    - failure to involve family in treatment

**Medicaid  
Outpatient  
Procedure  
Codes,  
Criteria and  
Authorizations**

Outpatient behavioral health services represented by CPT codes as well as Medicaid community mental health and targeted case management services and their corresponding HCPCS codes will be authorized by Harmony Behavioral Health. CPT codes are authorized for all HBH providers, but HCPCS procedure codes are limited to qualifying community mental health center providers. All services authorized will be based on the most currently knowledge base in the treatment of mental health and substance abuse disorders and corresponding evidence-based guidelines. These services are as follows:

**Psychiatric  
Diagnostic  
Interview/  
Evaluation:****90801  
H2000 HP**

This is a comprehensive evaluation by a psychiatrist of the enrollee's clinical status including presenting problems; history of present illness; previous psychiatric, physical and medication history; relevant personal and family history; personal strengths and assets; and a mental status examination. A maximum of two (2) H2000 HP's are reimbursable per year.

**Authorized:** in the initial visit with a new Provider or after an enrollee has been inactive in treatment for at least six (6) months.

**Not Authorized:** not considered medically reasonable and necessary when the enrollee has an established diagnosis of organic brain disorder (dementia) unless there has been an acute or marked mental status change requiring a psychiatric evaluation to rule out additional psychiatric or neurological processes that may be treatable.

**Psychiatric  
Diagnostic  
Interview/  
Evaluation:**

**H2000 HO**

This is a comprehensive evaluation by an ARNP of the enrollee's clinical status including presenting problems; history of present illness; previous psychiatric, physical and medication history; relevant personal and family history; personal strengths and assets; and a mental status examination. A maximum of two (2) H2000 HOs are reimbursable per year.

**Authorized:** in the initial visit with a new Provider or after an enrollee has been inactive in treatment for at least six months.

**Not Authorized:** not considered medically reasonable and necessary when the enrollee has an established diagnosis of organic brain disorder (dementia) unless there has been an acute or marked mental status change requiring a psychiatric evaluation to rule out additional psychiatric or neurological processes that may be treatable.

**In-Depth  
Assessment of  
New or  
Established  
Enrollee:**

**H0031 HO  
H0031 TS**

This is a comprehensive assessment conducted by a non-physician (minimum master's degree) of the enrollee's clinical status including a thorough history, current clinical functioning, and an integrated treatment summary that includes the enrollee's desired goals and treatment services.

**Authorized:** one time per year for only complex cases that are high risk, high users of services or for qualifying Serious and Persistent Mentally Ill (SPMI) or Severe Emotionally Disturbed (SED) enrollees. In the initial visit with a new Provider or after an enrollee has been inactive in treatment for at least 6 months.

**Not Authorized:** not considered medically reasonable and necessary when the enrollee has an established diagnosis of organic brain disorder (dementia) unless there has been an acute or marked mental status change requiring a psychiatric evaluation to rule out additional psychiatric or neurological processes that may be treatable.

**Bio-  
Psychosocial  
Evaluation:**

**H0031 HN**

This is an assessment of the biological, psychological and social factors that underlie or contribute to the enrollee's need for services. This service is provided by a closely supervised staff person with a minimum of a Bachelor's Degree and includes a brief mental status, clinical impressions and treatment recommendations.

**Authorized:** one time per state fiscal year for a new enrollee or an enrollee who has been inactive in treatment for at least 6 months.

**Not Authorized:** if in-depth assessment already has been or is in the process of being conducted; and primarily conducted in conjunction with a psychiatric evaluation.

**Medical/  
Psychiatric  
Service:**

**90805**

This is individual therapy of approximately 20-30 minutes focusing on insight, behavior modification or supportive approaches with medical evaluation and medical management services.

**Authorized:** when service is provided by a psychiatrist or ARNP and when enrollee requires brief psychotherapy and enrollee currently is not receiving psychotherapy from the same or another Provider.

**Individual/  
Family  
Therapy:**

**90806**

This is individual or family therapy of approximately 45 - 50 minutes focusing on insight, behavior modification or supportive approaches provided by a mental health professional.

**Authorized:** when enrollee's clinical presentation includes a level of insight and motivation to indicate that individual therapy can reduce his/her presenting symptoms.

**Not Authorized:** when enrollee has shown poor motivation for individual therapy with multiple no show and late cancellations of appointments or the enrollee's diagnosis is consistent with an Axis II disorder where psychotherapy is not considered an evidence-based practice. Not typically authorized in conjunction with enrollee receiving other therapeutic behavioral services on an ongoing basis.

**H2019 HR**

This is individual or family therapy focusing on insight, behavior modification or supportive approaches provided by a licensed mental health professional, master's degree practitioner or a paraprofessional under the close supervision of a licensed professional. This service is authorized in increments of 15 minutes, although services usually are provided for 30 minutes or longer up to 104 quarter hours per year.

**Authorized:** when enrollee's clinical presentation includes a level of insight and motivation to indicate that individual/family therapy can reduce his/her presenting symptoms; typically authorized for 30- to 45-minute sessions in 24 to 40 quarter hour units.

**Not Authorized:** when enrollee has shown poor motivation for individual/family therapy with multiple no show and late cancellations of appointments or the enrollee's diagnosis is consistent with an Axis II disorder where psychotherapy is not considered an evidence-based practice. Not typically authorized in conjunction with enrollee receiving other therapeutic behavioral services on an ongoing basis.

**Medical/  
Psychiatric  
Service:**

This is individual or family therapy of approximately 45-50 minutes focusing on insight, behavior modification or supportive approaches concurrent with medical evaluation and medical management services.

**90807**

**Authorized:** when enrollee's clinical presentation includes a level of insight and motivation to indicate that individual therapy can reduce their presenting symptoms.

**Not Authorized:** when enrollee has shown poor motivation for individual therapy with multiple no show and late

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cancellations of appointments or the enrollee's diagnosis is consistent with an Axis II disorder where psychotherapy is not considered an evidence-based practice. Not typically authorized in conjunction with enrollee receiving other therapeutic behavioral services on an ongoing basis or when enrollee is receiving psychotherapy services from another Provider; and when Provider is not a psychiatrist or ARNP.

**Group  
Psychotherapy  
Service:**

This is psychotherapy or counseling of approximately 60-75 minutes provided by a licensed professional in a group of three or more persons focusing on insight, support or behavior modification approaches.

**90853**

**Authorized:** when enrollee's clinical presentation includes a level of insight and motivation to indicate that group therapy can improve the enrollee's level of functioning; typically authorized for 60- to 75-minute sessions in 24 to 48 quarter hour units.

**Not Authorized:** when enrollee has shown poor motivation for psychotherapy with multiple no show and late cancellations of appointments and whose diagnosis is consistent with an Axis II disorder or treatment is not supported by evidence-based guidelines; typically not authorized with individual or family therapy.

**Group  
Psychotherapy  
Service:**

This is psychotherapy or counseling provided in a group of three (3) or more persons by a licensed professional or closely supervised paraprofessional focusing on insight, support or behavior modification approaches. This service is authorized in increments of 15 minutes, although usually for 45 minutes or longer.

**H2019 HQ**

**Authorized:** when enrollee's clinical presentation includes a level of insight and motivation to indicate that group therapy can improve the enrollee's level of functioning; typically authorized in 24 to 48 quarter hour units.

**Not Authorized:** when enrollee has shown poor motivation for psychotherapy with multiple no show and late cancellations of appointments and whose diagnosis is

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consistent with an Axis II disorder or treatment is not supported by evidence-based guidelines; typically not authorized with individual or family therapy.

**Medical/  
Psychiatric  
Service:**

This is the standard ongoing medical evaluation and medical management service of 15-20 minutes with minimal psychotherapy.

**90862  
T1015**

**Authorized:** for a psychiatrist, other physician or psychiatric ARNP to manage the medication treatment of the enrollee; typically authorized in blocks of six to nine units per year.

**Medical/  
Psychiatric  
Service:**

This is a comprehensive medication management service delivered by a psychiatrist, other physician or ARNP in a group format, medication management (“med check”) group. This service is authorized in 15 minute incremental units for no more than 40 quarter hour units per year.

**H2010 HQ**

**Authorized:** for a psychiatrist or ARNP to manage the medication treatment of the enrollee; authorized in blocks of 18-32 quarter hour units per year.

**Not Authorized:** if service requested in concert with 90862, H2010 HE or T1015 medical management service.

**Mental Health  
Day Treatment:**

Comprehensive community support services encompassing full range of outpatient modalities including psychiatric and psychotherapy services provided for two hours or more per day. The purpose of this service is to stabilize the enrollee mental status, promote recovery and to prevent more intensive levels of care. The service is provided under the close supervision of a licensed professional in groups of 10 members or fewer.

**H2012**

**Authorized:** as a step-down service following an enrollee crisis stabilization or to prevent de-compensation with high-risk enrollees; authorized in blocks of two to four hours per day for two to four days per week for one to three months.

**Not Authorized:** if service requested in concert with other therapeutic services already authorized and occurring on

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same date or, in some cases, requested for enrollees receiving other individual or group behavioral services.

**Clubhouse  
Service:****H2030**

This is a structured, community-based service provided in a group rehabilitation setting and designed to strengthen the enrollee's interpersonal, vocational and independent living skills and to promote self-sufficiency and overall recovery. The service, provided by Clubhouse programs contracted with DCF and operating consistent with ICC requirements, is delivered in 15 minute incremental units.

**Authorized:** when there is clinical evidence that an enrollee has a level of commitment to his/her recovery and is motivated for self-improvement; authorized in 20 - 40 hourly blocks covering a four (4) month period of time.

**Not Authorized:** if other therapeutic behavioral onsite or psychosocial rehabilitation services also are being routinely provided; if service is counter-indicated by evidenced-based guidelines; if service authorized to be provided by another Harmony Behavioral Health Provider.

**Limited  
Functional  
Assessment:****H0031**

This is a brief assessment of an adult's or a child's clinical status and current level of functioning using an approved tool (e.g., FARS, CFARS, or comparable and approved outcome measure) and conducted by a DCF-certified staff person.

**Authorized:** in blocks of three units over one year: at the outset of an episode of treatment, after six months in treatment, at discharge.

**Not Authorized:** if service authorized to be provided by another HBH Provider.

**Psychosocial  
Rehabilitation:****H2017**

Psychosocial Rehabilitation is a service that can be instrumental in a recovery-based treatment model. It includes activities that serve to restore a member's skills and abilities essential for independent living. Consistent with the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook, October 2004

Harmony Behavioral Health shall authorize Psychosocial Rehabilitation when the provider furnishes adequate documentation to support that:

- the member currently exhibits psychiatric, behavioral or cognitive symptoms, addictive behavior, or clinical conditions of sufficient severity to bring about significant impairment in day-to-day personal, social, pre-vocational and educational functioning, which is comparable to a GAF/CGAS score of 50 or below
- this service will assist the member in strengthening or regaining interpersonal skills, or developing additional environmental supports to further improve their ability to live independent and thrive in the community
- this service will assist the member in compensating for or eliminating their functional deficits, reducing interpersonal/environmental barriers, and restoring their social skills for independent living and effective life management
- improvements in functioning will be lost if the member is discharged from this program and thus ongoing psychosocial rehabilitation is necessary to sustain such improvements in functioning
- the member's treatment goals have not been met and this continued service is resulting in demonstrated improvement in the member's functioning
- services require a minimum of 15 minutes and are provided, at minimum, by a closely supervised behavioral health technician (who must be certified by 10/01/06) in a facility, home or other community setting

**Authorized:** as an alternative or addition to individual or group psychotherapy for an enrollee with identified deficits of daily living skills or social functioning documented in the individualized treatment plan. Medically necessary services can be authorized up to the Medicaid maximum of 1,920 units annually with the average authorization being made in four to six month blocks for 160-240 quarter hour units.

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**Not Authorized:** if enrollee concurrently is receiving other specialized services such as day treatment, group services, clubhouse or intensive on-site services or is counter-indicated by evidence-based guidelines.

**Development of Services and Treatment Plan:**

**H0032**

This is a detailed treatment plan for a new or established enrollee developed in coordination with the enrollee, the enrollee's family, the Provider and Harmony Behavioral Health. The treatment plan includes written specific, time-limited goals and measurable objectives and relates to the restoration and/or recovery of the enrollee's level of functioning. The treatment plan must be approved and signed by a physician and the enrollee, guardian or family enrollee unless approved exceptions to the signature requirements exist.

**Authorized:** one time for provider when enrollee begins treatment and for no more than two providers per year.

**Service Plan and Treatment Plan Review:**

**H0032 TS**

This is a formal review of the treatment plan with documented clinical update, findings and treatment plan changes as well as the signature of enrollee, family member or guardian.

**Authorized:** following a significant change in treatment or change in the enrollee's mental status, typically not more than two times per year.

**Not Authorized:** if the mental status of the enrollee is not supported by significant and measurable behavioral change; not routinely authorized quarterly.

**Clinic Visit/  
Other  
Behavioral  
Health Service:**

**H0046  
T1015 HE**

This is a brief, all-encompassing outpatient clinic or office visit related to monitoring the condition of the enrollee to include specimen collection, taking vital signs, administering injections, monitoring the enrollee's mental status or providing verbal support/feedback in a brief interaction of 15 minutes or more.

**Authorized:** when service is provided by a psychiatrist, other physician, ARNP or nursing technician as

predetermined in the treatment plan to monitor symptoms and side effects; may be authorized in an emergency or urgent situation in conjunction with the treatment plan. Service may be substituted for other authorized therapeutic services.

**Not Authorized:** if service is on same date as another authorized screening or clinical service such as a 90805, 90806, H2019 HR, 90862 or T1015.

**Therapeutic Behavioral Onsite Service (TBOS):**

TBOS will be authorized per the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook, October 2004, when the provider furnishes adequate documentation to support that the member:

**H2019**

- has an ICD-9CM diagnosis of either: 294.8 , 294.9, 295-298.9, 300 through 305.9, 307.1, 307.23, 307.5 through 307.7, 308.0 through 312.4, 312.81 through 314.9
- is enrolled in a special education program for the seriously emotionally disturbed (SED) or the emotionally handicapped
- has scored a 60 or below on the Axis V Children's Global Assessment of Functioning Scale within the last six months
- is at risk for a more intensive, restrictive and costly behavioral health placement
- cannot improve with a less intensive service such as individual or family or group therapy
- is receiving individualized services that are not provided in a group format

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**Therapeutic  
Behavioral  
On-site Service  
(Therapy):****H2019 HO**

Professional, therapeutic service provided by a master's level clinician under the supervision of a licensed professional that includes teaching problem solving skills, behavior strategies, and normalization activities.

The primary objective is to engage a high risk child in their natural environment (home or school) in order to maintain the child in the home and to prevent reliance upon a more intensive, restrictive, and costly mental health placement. This service is indicated for children with a major psychiatric diagnosis who are enrolled in an SED special education program or SED-eligible and there is evidence that the child:

- cannot be served with a more traditional level of outpatient service
- is at risk for a more intensive level of care

Covered services include:

- comprehensive assessment of the enrollee to define, delineate, and evaluate treatment needs
- development, implementation, and monitoring of a behavioral management program
- individual and family counseling involving the enrollee, the enrollee's family, or other responsible persons.

**Authorized:** in blocks of 10-20 hours (40-80 quarter hour units) over a three to six month period when an enrollee is referred for services by school or other agency; enrollee's functioning has recently deteriorated and there is no other service option to accomplish the goals of treatment; authorized in 30-45 minute increments in conjunction with overall treatment plan and requires family involvement in this service or other modalities of outpatient treatment.

**Not Authorized:** if service is on same date as another authorized service such as a 90805, 90806, or H2017, H2019 HR, T1017 or overlay services; if ongoing services are not consistent with discharge plan and discharge criteria.

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**Therapeutic Behavioral Onsite Service (Behavior Management):**

Therapeutic services provided by a Certified Behavior Analyst or Associate Behavior Analyst (who must be certified by 4/01/06) under the supervision of a licensed professional in a school or home setting that includes teaching problem solving skills, behavior strategies, and normalization activities. Covered services include:

**H2019 HM**

- comprehensive assessment of the enrollee to define, delineate, and evaluate treatment needs
- development, implementation, and monitoring of a behavioral management program
- behavior modification involving the enrollee, the enrollee's family, or other responsible persons
- service is provided in 15 minute increments typically for 30 or 45 minute blocks.

**Authorized:** in blocks of 10-20 hours (40-80 quarter hour units) over a three to six month period when an enrollee is referred for services by school or other agency; enrollee's functioning has recently deteriorated and there is no other service option to accomplish the goals of treatment; authorized in 30-45 minute increments in conjunction with overall treatment plan and requires family involvement in this service or other modalities of outpatient treatment.

**Not Authorized:** if service is on same date as another authorized service such as a 90805, 90806, or H2017, H2019 HR, T1017 or overlay services; if ongoing services are not consistent with discharge plan and discharge criteria.

**Therapeutic Behavioral Onsite Service (Support):**

Therapeutic support services provided by a behavioral health technician or other paraprofessional under the supervision of a certified or licensed professional. The service is provided on a 1:1 basis in a school or home setting that includes teaching problem solving skills, behavior strategies, and normalization activities. Covered services include:

**H2019 HN**

- comprehensive assessment of the enrollee to define, delineate, and evaluate treatment needs

- development, implementation, and monitoring of a behavioral management program; and
- family counseling involving the enrollee, the enrollee's family, or other responsible persons. The service is provided in 15-minute increments.

**Authorized:** in blocks of 20 hours (80 quarter hour units) over six months in conjunction with H2019 services and enrollee's treatment plan; authorized in 30-45 minute increments in conjunction with overall treatment plan and requires family involvement in this service or other modalities of outpatient treatment.

**Not Authorized:** if service is on same date as another authorized service such as a 90805, 90806, or H2017, H2019 HR, T1017 or overlay services; if ongoing services are not consistent with discharge plan and discharge criteria.

**Psychological Testing:****H2019**

Standardized testing conducted typically by a licensed psychologist that is conducted in conjunction with diagnostic evaluations of a psychiatrist or other physician is used in the development of an individualized treatment plan. Testing must be appropriate to the age, developmental level and functioning of the enrollee. Test results must include a written clinical summary that integrates all information with the enrollee's needs. This service is authorized in 15-minute increments.

**Authorized:** Typically two to four hours authorized when requested by a psychiatrist or other MD in conjunction at the outset of treatment with the development of an individualized treatment plan or updated plan; in conjunction with H2019 services consistent with the enrollee's treatment plan.

**Not Authorized:** if conducted more than one time per year or not supported by evidence-based guidelines.

**Targeted Case Management**

Harmony Behavioral Health emphasizes the need to provide targeted case management services to children and adults with significant mental illnesses as required in the Medicaid Mental Health Targeted Case Management Coverage and

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Limitations Handbook.

Case management services must be available to children who have a serious emotional disturbance as defined as: a child with a defined mental disorder; a level of functioning which requires two or more coordinated mental health services to be able to live in the community; and be at imminent risk of out of home mental health treatment placement.

Case management services are available for adults who:

- are awaiting admission to a long-term mental health institution or residential treatment facility
- have been discharged from a long-term mental health institution or residential treatment facility

Harmony Behavioral Health will provide targeted case management services in coordination with Providers and their ongoing outpatient services to enrollees. Evaluations and individual treatment plans will be developed jointly and cooperatively with Providers servicing adults and children who qualify for case management services.

**Children's  
Targeted Case  
Management:**

**T1017 HA**

This is a case management service that is provided in 15 minute increments by a certified targeted case manager for a child, 17 years old or younger, who qualifies for case management per the criteria of the Medicaid Mental Health Targeted Case Management Coverage and Limitations Handbook. Services may occur in the office, at home, school or other locations in the community.

**Authorized:** typically in blocks of 40-80 quarter hour units per four month period up to two hours per week for enrollees discharged from acute care and/or in conjunction with the enrollee's individualized treatment plan; to support monitoring or discharge planning for enrollee from state hospital.

**Not Authorized:** if enrollee's GAF is assessed at 60 or higher and not typically in conjunction with H2019 HO, HM or HN.

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**Adult Targeted Case Management:****T1017**

This is a case management service that is provided in 15 minute increments to enrollees 18 years old and older by a certified targeted case manager for an adult who qualifies for case management per the Medicaid Mental Health Targeted Case Management Coverage and Limitations Handbook. Services may occur in the office, home, work, community agency or other location in the community. This service also is important to monitor enrollees during admission to a state hospital and in aftercare planning.

**Authorized:** typically in blocks of 40-80 quarter hour units per four month period up to two hours per week for enrollees discharged from acute care and/or in conjunction with the enrollee's individualized treatment plan.

**Not Authorized:** if enrollee's GAF is assessed at 60 or higher or no longer supported by the enrollee's treatment plan in conjunction with other therapeutic services being provided.

**Intensive Targeted Case Management Services:****T1017 HK**

This is a case management service that is provided in 15 minute increments by a certified targeted case manager for an adult who qualifies (e.g., 3 or more CSU admits in past year) for intensive case management per the Medicaid Mental Health Targeted Case Management Coverage and Limitations Handbook. Services may occur in the office, home, work, community agency or other location in the community.

**Authorized:** In blocks of 80-160 units per four month period up to two to four hours per week in conjunction with the enrollee's individualized treatment plan; service indicated for enrollees with GAFs below 50 with recent hospitalizations and history of de-compensation.

**Not Authorized:** If enrollee's GAF is assessed at 50 or higher or service not medically indicated given evidenced-based guidelines.

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**Excluded Services**

Medicaid health plans currently are not approved to provide the benefits and services listed below. However, should the plan determine the need for or be advised of the need for these or other non-covered services, the plan shall refer the enrollee to the appropriate service provider.

- Specialized Therapeutic Foster Care (Chapter 2, Section 3 of the Community Behavioral Health Services Coverage and Limitations Handbook, 2004)
- Behavioral Health Overlay Services in Juvenile Justice Settings (Chapter 2, Section 4 of the Community Behavioral Health Services Coverage and Limitations Handbook, 2004)
- Therapeutic Group Care Services (Chapter 2, Section 6 of the Community Behavioral Health Services Coverage and Limitations Handbook, 2004)
- Behavioral Health Overlay Services (Chapter 2, Section 7 of the Community Behavioral Health Services Coverage and Limitations Handbook, 2004)
- Community Substance Abuse Services as described in the Community Behavioral Health Services Coverage and Limitations Handbook, 2004, except as required by section 10.8.8.1 of this contract.

**Medicare and Healthy Kids**

Outpatient behavioral health services represented by CPT codes will be authorized by Harmony Behavioral Health when medically necessary. CPT codes are authorized for all HBH providers. All services authorized will be based on the most current knowledge base in the treatment of mental health and substance abuse disorders and corresponding evidence-based guidelines. These services are as follows:

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**Outpatient  
Procedure  
Codes, Criteria  
and  
Authorizations****Psychiatric  
Diagnostic  
Interview/  
Evaluation:**

This is a comprehensive evaluation by a psychiatrist of the enrollee's clinical status including presenting problems; history of present illness; previous psychiatric, physical and medication history; relevant personal and family history; personal strengths and assets; and a mental status examination.

**90801**

**Authorized:** in the initial visit with a new Provider or after an enrollee has been inactive in treatment for at least six months.

**Not Authorized:** not considered medically reasonable and necessary when the enrollee has an established diagnosis of organic brain disorder (dementia) unless there has been an acute or marked mental status change requiring a psychiatric evaluation to rule out additional psychiatric or neurological processes that may be treatable.

**Medical/  
Psychiatric  
Service:**

This is individual therapy of approximately 20-30 minutes focusing on insight, behavior modification or supportive approaches with medical evaluation and medical management services.

**90805**

**Authorized:** when service is provided by a psychiatrist or ARNP and when enrollee requires brief psychotherapy and enrollee currently is not receiving psychotherapy from the same or another Provider.

**Individual/  
Family  
Therapy:**

This is individual or family therapy of approximately 45-50 minutes focusing on insight, behavior modification or supportive approaches provided by a mental health professional.

**90806**

**Authorized:** when enrollee's clinical presentation includes

a level of insight and motivation to indicate that individual therapy can reduce his/her presenting symptoms.

**Not Authorized:** when enrollee has shown poor motivation for individual therapy with multiple no show and late cancellations of appointments or the enrollee's diagnosis is consistent with an Axis II disorder where psychotherapy is not considered an evidence-based practice. Not typically authorized in conjunction with enrollee receiving other therapeutic behavioral services on an ongoing basis.

**Medical/  
Psychiatric  
Service:**

This is individual or family therapy of approximately 45-50 minutes focusing on insight, behavior modification or supportive approaches concurrent with medical evaluation and medical management services.

**90807**

**Authorized:** when enrollee's clinical presentation includes a level of insight and motivation to indicate that individual therapy can reduce their presenting symptoms.

**Not Authorized:** when enrollee has shown poor motivation for individual therapy with multiple no show and late cancellations of appointments or the enrollee's diagnosis is consistent with an Axis II disorder where psychotherapy is not considered an evidence-based practice. Not typically authorized in conjunction with enrollee receiving other therapeutic behavioral services on an ongoing basis or when enrollee is receiving psychotherapy services from another Provider; and when Provider is not a psychiatrist or ARNP.

**Group  
Psychotherapy  
Service:**

This is psychotherapy or counseling of approximately 60-75 minutes provided by a licensed professional in a group of three or more persons focusing on insight, support or behavior modification approaches.

**90853**

**Authorized:** when enrollee's clinical presentation includes a level of insight and motivation to indicate that group therapy can improve the enrollee's level of functioning; typically authorized for 60- to 75-minute sessions in 24 to 48 quarter hour units.

**Not Authorized:** when enrollee has shown poor motivation for psychotherapy with multiple no show and late cancellations of appointments and whose diagnosis is consistent with an Axis II disorder or treatment is not supported by evidence-based guidelines; typically not authorized with individual or family therapy.

**Medical/  
Psychiatric  
Service:**

This is the standard ongoing medical evaluation and medical management service of 15-20 minutes with minimal psychotherapy.

**90862**

**Authorized:** for a psychiatrist, other physician or psychiatric ARNP to manage the medication treatment of the enrollee; typically authorized in blocks of six to nine units per year.

**Excluded  
Services**

Medicare health plans currently are not approved to provide intensive outpatient services.