



Date: 9/14/2021

To: Network Providers

From: Beacon Health Options

Subject: Cover Medicaid Services for Simply and CHA Medicaid, Expanded Benefits, and In Lieu of Services

As a valued provider for Beacon Health Options (Beacon), we are sharing this notice to advise you of covered services list for Simply and CHA Medicaid as well as Expanded Benefits, and In Lieu of Services.

If you have additional questions about this communication, Please contact your Provider Relations Team at Miami_Partners@BeaconHealthOptions.com or Beacon's National Provider Service Line at 1-800-397-1630 from 8:00am – 8:00 pm, ET.

Beacon sincerely appreciates your collaboration and partnership, as a network provider in ensuring the highest quality of care is delivered to members you serve.

Table 1 – Simply and CHA Medicaid Listing of Covered Procedure Codes for BH Services

SVC CODE	MOD 1	Telehealth MOD	Audio ONLY MOD	Code Description	Auth Required
H2000	HP	GT	CR	Psychiatric evaluation by a physician	N
H2000	HO	GT	CR	Psychiatric evaluation by a non-physician	N
H2010	HO	GT	CR	Brief behavioral health status exam	N
H2000		GT		Psychiatric review of records	N
H0031	HO	GT	CR	In-depth assessment, new patient, mental health	N
H0031	TS	GT	CR	In-depth assessment, established patient, mental health	N
H0001	HO	GT	CR	In-depth assessment, new patient, substance abuse	N
H0001	TS	GT	CR	In-depth assessment, established patient, substance abuse	N
H0031	HN	GT	CR	Bio-psychosocial Evaluation, mental health	N
H0001	HN	GT	CR	Bio-psychosocial evaluation, substance abuse	N
H0032				Treatment plan development, new and established patient, mental health	N
T1007				Treatment plan development, new and established patient, substance abuse	N
H0032	TS			Treatment plan review, mental health	N
T1007	TS			Treatment plan review, substance abuse	N
T1015		GT	CR	Medication management	N
T1023	HE	GT	CR	Behavioral health medical screening, mental health	N
T1023	HF	GT	CR	Behavioral health medical screening, substance abuse	N
H0046		GT	CR	Behavioral health-related medical services: verbal interaction, mental health	N
H0047		GT	CR	Behavioral health-related medical services: verbal interaction, substance abuse	N
T1015	HE	GT	CR	Behavioral health-related medical services: medical procedures, mental health	N
T1015	HF	GT	CR	Behavioral health-related medical services: medical procedures, substance abuse	N
H0048				Behavioral health-related medical services: alcohol and other drug screening specimen	N
H0020		GT	CR	Medication-assisted treatment services	N
H2017		GT	CR	Psychosocial rehabilitation services	Y
H2030				Clubhouse services	N
H2010	HE	GT	CR	Brief individual medical psychotherapy, mental health	N
H2010	HF	GT	CR	Brief individual medical psychotherapy, substance abuse	N
H2010	HQ	GT	CR	Brief group medical therapy	N
H2019	HR	GT	CR	Individual and family therapy	N
H2019	HQ			Group therapy	N
H2019	HO	GT		Therapeutic behavioral on-site services, therapy	Y
H2019	HN	GT		Therapeutic behavioral on-site services, behavior management	Y
H2019	HM	GT		Therapeutic behavioral on-site services, therapeutic support	Y
H2012				Behavioral health day services, mental health	N
H2012	HF			Behavioral health day services, substance abuse	N
T1017		GT	CR	Targeted Case Management for Adults (18 years or older)	Y
T1017	HA	GT	CR	Targeted Case Management for Children (birth through age 17)	Y
T1017	HK	GT	CR	Intensive Team Targeted Case Management for Adults (18 years or older)	Y
H0031	HA	GT	CR	Comprehensive Behavioral Health Assessment	N
H2020	HA			Behavioral Health Overlay Services	N
99441			CR	State of Emergency - Telephone Communications - Existing Patients	N
99442			CR	State of Emergency - Telephone Communications - Existing Patients	N



99443			CR	State of Emergency - Telephone Communications - Existing Patients	N
99441	CG		CR	State of Emergency - Telephone Communications - New Patients	N
99442	CG		CR	State of Emergency - Telephone Communications - New Patients	N
99443	CG		CR	State of Emergency - Telephone Communications - New Patients	N

Table 2 - Simply and CHA Medicaid Listing of Covered Procedure Codes for Expanded Benefits

SVC CODE	MOD 1	Code Description	Auth Required
H2000	HP	Psychiatric evaluation by a physician	Y
H2000	HO	Psychiatric evaluation by a non-physician	Y
H2010	HO	Brief behavioral health status exam	Y
H2000		Psychiatric review of records	Y
H0031	HO	In-depth assessment, new patient, mental health	Y
H0031	TS	In-depth assessment, established patient, mental health	Y
H0001	HO	In-depth assessment, new patient, substance abuse	Y
H0001	TS	In-depth assessment, established patient, substance abuse	Y
H0031	HN	Bio-psychosocial Evaluation, mental health	Y
H0001	HN	Bio-psychosocial evaluation, substance abuse	Y
H2019		Psychological testing	Y
T1007		Treatment plan development, new and established patient, substance abuse	Y
H0031		Limited functional assessment, mental health	Y
H0001		Limited functional assessment, substance abuse	Y
H0032		Treatment plan development, new and established patient, mental health	Y
T1007		Treatment plan development, new and established patient, substance abuse	Y
H0032	TS	Treatment plan review, mental health	Y
T1007	TS	Treatment plan review, substance abuse	Y
H2012		Behavioral health day services, mental health	N
H2012	HF	Behavioral health day services, substance abuse	N
T1023	HF	Behavioral health medical screening, substance abuse	Y
T1023	HE	Behavioral health medical screening, mental health	Y
H0048		Behavioral health-related medical services: alcohol and other drug screening specimen	Y
T1015	HF	Behavioral health-related medical services: medical procedures, substance abuse	N
H0046		Behavioral health-related medical services: verbal interaction, mental health	Y
H0047		Behavioral health-related medical services: verbal interaction, substance abuse	Y
H0015		Intensive outpatient services with therapy and treatment to help with alcohol and/or drug related issues	Y
H2017		Psychosocial rehabilitation services	Y
G0176		Art therapy included as part of a care plan to help members with mental health issues	Y
H2019	HR	Individual and family therapy, brief individual psychotherapy, training, and educational services related to the care and treatment of member's disabling mental health problems per session (45 minutes or more) members 21 and older	Y



G0176		Activity therapy not for recreation related to the care and treatment of member's disabling mental health problems, per session (45 minutes or more)	Y
-------	--	--	---

Table 3 - Simply and CHA Medicaid Listing of Covered Procedure Codes for In Lieu of Services

SVC CODE	MOD 1	Code Description	Auth Required
S9475		Ambulatory Detoxification Services	Y
H0046	HK	Behavioral Health Services - Child Welfare	N
H2022		Community-Based Wraparound Services	Y
S9485		Crisis Stabilization Units (CSU)	Y
126		Detoxification or addictions receiving facilities	Y
S5102	HE	Drop-In Center	N
T1027		Family Training and Counseling For Child Development	N
T1023	HA	Infant Mental Health Pre and Post Testing	N
H0035		MH Partial Hospitalization, <24 Hours	Y
S9484		Mobile Crisis	N
H2011	HO	Mobile Crisis	N
912		Partial Hospitalization in a Hospital (PHP)	Y
H0015		SA Intensive Outpatient Program (IOP)	Y
H0018		SA Short-term Residential Treatment (SRT)	Y
H0038		Self-Help/Peer Services	N