



**Louisiana Department of Health
Informational Bulletin 21-21
September 30, 2021**

Changes to Behavioral Health Services in Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC)

Changes to the coverage of behavioral health services in FQHCs and RHCs have been made for dates of service on or after April 1, 2021. These changes will ensure that **all** behavioral health 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.

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 behavioral health specific service as listed in the [Specialized Behavioral Health Fee Schedule](#) in order to bill a behavioral health 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 between 90792 or 99202 through 99215) is submitted with an accepted H2020 and specialized behavioral health (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 Specialized Behavioral Health 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 between 99202 thru 99215) OR accepted SBH service detail line. SBH services are identified in the Specialized Behavioral Health Fee Schedule.

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 accepted E/M detail line (procedure codes 99202 through 99215), or
 - at least 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 behavioral health providers allowed to be reimbursed for claims with an evaluation and management HCPCS code as the only detailed line.

Fee-for-service (FFS) provider manual updates were posted on September 24, 2021.

Questions regarding FFS claims processing should be directed to Gainwell Technologies Provider Services at (800) 473-2783 or (225) 924-5040.

Questions regarding managed care claims processing should be directed to the appropriate managed care organization (MCO).

Each MCO must update their claims processing systems to properly adjudicate behavioral health claims in FQHCs and RHCs within 30 days of the date of this informational bulletin.

For dates of service on or after April 1, 2021, MCOs shall recycle any claims that were not paid in accordance with these changes. MCOs shall also notify providers of their process and timeline for implementing the changes as well as their plan to recycle impacted claims.

Questions regarding this informational bulletin may be sent to Irma Gauthier at Irma.Gauthier2@la.gov.