



## **New Codes by HFS for Services Provided to Blue Cross Community Health Plan<sup>SM</sup> (BCCHP<sup>SM</sup>) Members**

*Posted October 16, 2018*

Blue Cross Blue Shield of Illinois (BCBSIL) has reviewed the recent behavioral health benefit coding changes announced by the Illinois Department of Healthcare and Family Services (HFS) and will be covering all new services as outlined by HFS. These services can only be offered by providers registered as either Community Mental Health Centers (CMHC) (provider type 036) or Behavioral Health Clinics (provider type 027) with HFS. Although the codes have changed, BCBSIL will continue to require benefit prior authorization for the following new codes and codes with modifiers:

- Community Support Team H2016 - **NEW CODE**
- Developmental Testing 96111TF - **NEW MODIFIER**
- Mental Health Intensive Outpatient - Adult Program S9480HB - **NEW MODIFIER**
- Psychosocial Rehabilitation - Individual H2017HM - **NEW MODIFIER**
- Psychosocial Rehabilitation - Group H2017HM - **NEW MODIFIER**

The code changes went into effect as of date of service Aug. 1, 2018. No changes to previously covered codes, which require benefit prior authorization, are occurring. These services will continue to require benefit prior authorization:

- Mental Health Intensive Outpatient - Child Program S9480
- Assertive Community Treatment - Individual H0039
- Assertive Community Treatment - Group H0039

**NOTE:** Effective Aug. 1, 2018, H2015HE, Community Support Residential, was discontinued as a billable code/modifier combination and should not be billed. Providers who are enrolled in Illinois Medicaid Program Advanced Cloud Technology (IMPACT) as a CMHC with an existing approved Specialty of Residential may bill Community Support using the modifiers designating MHP (HN) and High Risk MH Program (HK) when the service is delivered in a residential setting. This service will not require benefit prior authorization.

Please reference the table below for the current benefit prior authorization requirements.

<b>Service Description</b>	<b>New Code</b>	<b>Retired Code</b>	<b>Comments</b>	<b>Authorization Needed</b>
Community Support Team	H2016	H2015		Y
Mental Health Intensive Outpatient - Adult Program	S9480	S9480	New Modifier HB	Y
Mental Health Intensive Outpatient - Child Program	S9480	S9480		Y
Developmental Testing	96111	96111	New Modifier TF	Y
Assertive Community Treatment - Individual	H0039	H0039		Y
Assertive Community Treatment - Group	H0039	H0039		Y
Psychosocial Rehabilitation - Individual	H2017	H2017	New Modifier HM	Y

Psychosocial Rehabilitation - Group	H2017	H2017	New Modifier HM	Y
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**NOTE:** Benefit prior authorization will be waived for community mental health services for members referred to a mobile crisis response system for a minimum of 30 days following a crisis event. Providers should give notification to BCBSIL of initiation of services by contacting BCCHP Customer Service at 877-860-2837.

As a reminder, it is important to check member eligibility and benefits through Availity® or your preferred vendor web portal prior to every scheduled appointment. Eligibility and benefit quotes include membership status, coverage status and other important information, such as applicable copayment, coinsurance and deductible amounts. Checking eligibility and benefits also helps providers confirm benefit preauthorization requirements. Providers must also ask to see the member's ID card for current information and a photo ID to help guard against medical identity theft. When services may not be covered, members should be notified that they may be billed directly. Obtaining benefit preauthorization is not a substitute for checking member eligibility and benefits.

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This material is for informational purposes only and is not intended to be a definitive source for what codes should be used for any particular health care claim. Providers are instructed to submit claims using the most appropriate code based upon medical record documentation, coding guidelines and reference materials.