

 Aetna Better Health of Kentucky 9900 Corporate Campus Drive Suite 100 Louisville, KY 40223	Date	August 1, 2023
	To	All Network Providers
	From	Provider Experience
	Subject	Behavioral Health Assessments Billing and Frequency– 90791, 90792, H0031, H0001
	Document number	Aetna-1527

Aetna Better Health of Kentucky Partners:

The below reflects a reminder of prior education reflective of DMS guidance that has been provided by Aetna Better Health of Kentucky regarding behavioral health assessment services (90791, 90792, H0031, H0001). Additional education reflective of DMS guidance regarding the frequency of assessment has also been included.

- The behavioral health assessment and referral process includes a variety of activities, including biopsychosocial information gathering that enables the practitioner to establish the presence or absence of a mental health disorder, substance use disorder, or co-occurring disorders.
- An assessment should also determine the individual’s readiness to change, identify strengths or problem areas that may affect the treatment process and include working to develop a plan of care.
- Performing any of the above noted assessment services should enable the practitioner to establish the presence of any type of disorder during the assessment process.

When a member presents for assessment, whether for a mental health or substance use issue, a comprehensive biopsychosocial assessment would identify the presence or absence of all disorders. The practitioner can then make the appropriate recommendations for course of treatment. Typically, an Alcohol and/or drug assessment would be performed when a member is entering into treatment specifically for a substance use issue.

- Aetna Better Health of Kentucky allows one assessment, service codes 90791, 90792, H0031, H0001, per day per member from the same provider.
- Multiple assessment codes should not be billed for the same member on the same day from the same provider. For example:
 - Code 90791 or 90792 should not be billed on the same day as code H0031 or H0001.
 - Code H0031 should not be billed on the same day with code H0001.
- Prior authorization is not required for behavioral health assessment services.

Frequency of Behavioral Health Assessments

Assessments/Reassessments, whether for Mental Health or Substance Use Disorder, should be performed at a minimum of annually. If a member has a significant change in status or condition, reassessment should be performed to denote the change and drive changes in the member’s treatment plan.

- The billing of an assessment code (H0031, H0001) at every session of psychotherapy is not appropriate.
- Significant historical information, treatment planning, establishing a therapeutic relationship, etc., should not change between every session of psychotherapy.

Providers may ask what billing code to utilize when administering screeners on an ongoing basis to measure progress towards treatment goals. For example, a provider may administer a standardized instrument at multiple

intervals throughout the care process and use feedback derived through these instruments to inform goals and objectives, monitor individual progress, and inform decisions related to care.

- Per DMS guidance, 96127 (Brief emotional/behavioral assessment, with scoring and documentation, per standardized instrument) would be the appropriate service code to utilize for such activity.

Questions?

Simply contact your Network Relations Manager. Our most current listing is attached, the listing can also be found on our website.

<<<insert Network Listing >>>

