UnitedHealthcare Community Plan, per the Texas Health and Human Services Commission, prefers the Medical Home Model of care that recognizes that you, as the primary care physician (PCP), may be the first to recognize a member’s mental health or substance use disorder.

This toolkit includes resources to help you assess behavioral health during a wellness exam. When behavioral health services are required for our members, UnitedHealthcare Community Plan contracts with Optum to provide these services. Formerly called United Behavioral Health, Optum provides behavioral health care programs including integrated behavioral and medical programs, depression management, employee assistance, work/life management, disability support and pharmacy management programs.

Behavioral health services are delivered in the most appropriate, least restrictive environment and include outpatient services, intensive outpatient services, partial hospitalization and hospitalization. Texas has specific criteria for substance use disorders.

For information regarding covered benefits for mental health and substance use disorders, please see the Provider Administrative Manual at UHCCommunityPlan.com, contact your physician advocate or call customer service at 888-887-9003.
Adult members of STAR, STAR+PLUS and CHIP Health Plans

Adult preventive services are provided per the U.S. Preventive Services Task Force recommendations with grades A or B\(^1\), which you can view at [http://www.ahrq.gov/professionals/clinicians/providers/guidelines-recommendations/guide/index.html](http://www.ahrq.gov/professionals/clinicians/providers/guidelines-recommendations/guide/index.html). The following recommendations are not reimbursed separately but must be provided, when applicable, as part of the routine preventive exam\(^2\):

- Counseling to prevent tobacco use and tobacco-caused disease
- Behavioral counseling in primary care to promote healthy diet
- Behavioral interventions to promote breast feeding
- Screening, counseling and interventions for obesity
- Screening and behavioral counseling interventions to reduce alcohol misuse
- Screening for depression

\(^1\) Texas Medicaid Provider Procedures Manual February 2013: Medical and Nursing Specialists, Physicians and Physician Assistants Handbook. 9.2.60.1.2 Preventive Care Visits www.tmhp.com/TMHP_File_Library/Provider_Manuals/TMPPM/2013/Feb2013_TMPPM.pdf.

\(^2\) A neurobehavioral examination (procedure code 96116) is a covered benefit only when a medical or psychiatric diagnosis establishes the need for a detailed evaluation of neurological impairment. Neurobehavioral testing is not medically necessary if a clinical interview alone would provide all the necessary diagnostic information.

Child and Adolescent Members

Mental and behavioral health screenings are required for STAR and STAR+PLUS members and recommended for CHIP members through age 20. A THSteps-enrolled provider is required to perform these assessments during THSteps checkups. For information about conducting these screenings, see the THSteps online educational module, “Mental Health Screening,” at [txhealthsteps.com\(^3\)](http://txhealthsteps.com).

Screening

Some Screening Tools (scoring methodologies are included in the screening tools themselves):

1. Substance Abuse (Project Cork website):

2. Depression (Pfizer Patient Health Questionnaire, aka PHQ-9):
   [http://www.phqscreeners.com](http://www.phqscreeners.com)

3. Children with Special Health Care needs Screener:

4. Generalized Anxiety Disorder – 7 Question Screener:

5. Single-Item Alcohol Screening Questionnaire:

\(^3\) The [Texas Health Steps Provider Training](https://www.thsteps.com/training) includes the Behavioral Health: Screening and Intervention module and Adolescent Health Screening, Teen Consent and Confidentiality and Identifying and Treating Children and Young People with High-Risk Behaviors module. These are mandatory for THSteps enrolled providers and available to any interested providers.
For members ages 13 through 20.

Private Interview

The American College of Preventive Medicine (ACPM) suggests you consider the following during adolescent wellness exams:

- When a teen is accompanied to the clinic by a parent or guardian, counsel the teen alone to encourage the teen to share health problems or concerns.
- Ensure privacy for adolescents during preventive care visits. The visit must be private and confidential for you to provide counseling.
- Private visits are two to three times more likely to include counseling for risk behaviors, especially for sexual activity, emotional health and relationships.
- Be willing to treat minors who come into the office without a parent.
- Refer minors to a pharmacy where their confidentiality will be respected and the pharmacist will call the clinician rather than the parents with questions.

Office Staff

Please be sure your office staff understands the state’s laws on informed consent and confidentiality. They can start by reviewing Advocates for Youth for best practices on confidentiality, cultural sensitivity and teen perspective.

Treatment without Parental Consent

The Department of Social and Health Services’ (DSHS) Adolescent Health – A Guide for Professionals offers guidelines on health and health-related legal issues affecting adolescents. In addition, THSteps online provider training offers adolescent health courses that address screening, identifying and treating high risk behaviors, consent and confidentiality. Minors can consent to treatment by a physician or a dentist when the minor is:

- On active duty with armed services
- 16 or older and residing apart from parents or managing conservator or guardian and managing his or her own financial affairs
- Unmarried and pregnant and consenting to treatment related to pregnancy other than abortion
- Unmarried and a parent with custody of their child
- Consenting to diagnosis or treatment of an infectious, contagious or communicable disease that is reportable to the DSHS
- Consenting to examination or treatment for chemical addiction, dependency or any other condition directly related to chemical use
- Consenting to counseling for suicide prevention, chemical addiction or dependency, or for sexual, physical or emotional abuse

If a teen member needs transportation to your office or the pharmacy, call customer service at 888-887-9003 to arrange a ride.
Eligibility

HBAI services are for Medicaid clients who are 20 years of age and younger and have an underlying physical illness or injury, or a documented indication that a biopsychosocial factor may be significantly affecting the treatment, or medical management of an illness or injury. HBAI services may be a benefit when the client meets all of the following criteria:

- The client has an underlying physical illness or injury,
- There are documented indications that biopsychosocial factors may be significantly affecting the treatment or medical management of an illness or an injury,
- The client is alert, oriented, and, depending on the client’s age, has the capacity to understand and to respond meaningfully during the in-person evaluation,
- The client has a documented need for psychological evaluation or intervention to successfully manage his/ her physical illness, and activities of daily living,
- The assessment is not duplicative of other provider assessments.

HBAI services are provided by a licensed practitioner of the healing arts (LPHA) who is co-located in the same office or building complex as the client’s primary care provider (PCP).

Services

These services are designed to identify and address the psychological, behavioral, emotional, cognitive and social factors important to prevention, treatment or management of physical health symptoms. HBAI is an adjunct to other services, and is to be used as a non-intensive means to identify specific needs, and as appropriate, the client should be referred for those additional services that would meet the client’s biopsychosocial needs.

The HBAI benefit includes a health and behavior assessment (procedure code 96150) and reassessment (procedure code 96151) which could consist of a clinical interview, observation, monitoring, or questionnaires to assess the impact of psychological, behavioral, emotional, cognitive and social factors on a client’s physical health problem.

The HBAI benefit also includes treatment services which could consist of cognitive, behavioral, social, or psychophysiological interventions designed to ameliorate specific disease related problems. HBAI intervention services can be provided to an individual client (procedure code 96152); a client as part of a group (procedure code 96153); a client with the family present (procedure code 96154); or the family without the client present (procedure code 96155).

Note: For purposes of this policy, family is defined as a responsible adult. This is an adult individual who has agreed to accept the responsibility for providing food, shelter, clothing, education, nurturing, and supervision for the client. Responsible adults include, but are not limited to, biological parents, adoptive parents, foster parents, guardians, court-appointed managing conservators, and other family members by birth or marriage.
HBAI services may be reimbursed to the following provider types in the office and outpatient hospital setting:

- Physician Assistant (PA)
- Nurse Practitioner/Clinical Nurse Specialist (NP/CNS)
- Licensed Professional Counselor/Licensed Marriage Family Therapist (LPC/LMFT)
- Comprehensive Care Program (CCP) Social Worker
- Physician (D.O.)
- Physician (M.D.)
- Physician Group (D.O.s Only)
- Physician Group (M.D.s Only and Multispecialty)
- Psychologist
- Psychology Group
- Licensed Clinical Social Worker (LCSW)
- Federally Qualified Health Centers (FQHC)
- Rural Health Clinic (RHC) – Freestanding/Independent
- Rural Health Clinic (RHC) – Hospital Based

Note: If provided, HBAI services will be included in the encounter rate for Rural Health Clinics and Federally Qualified Health Centers and will not be reimbursed separately.

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HBAI services are limited to four 15-minute units (one hour) per day, any procedure, any provider. HBAI services are considered acute per rolling 180 days from the initiation of services and are limited as shown in the following table:

<table>
<thead>
<tr>
<th>Procedure Codes</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>96150</td>
<td>Limited to a maximum of four 15-minute units (one hour) per client, per rolling 180 days, any provider</td>
</tr>
<tr>
<td>96151</td>
<td>Limited to a maximum of four 15-minute units (one hour) per client, per rolling 180 days, any provider</td>
</tr>
<tr>
<td>96152, 96153, 96154, 96155</td>
<td>Limited to a maximum of sixteen 15-minute units (four hours), per client, per rolling 180 days, any provider</td>
</tr>
</tbody>
</table>

Note: A unit is defined as 15 minutes of in-person evaluation time. An in-person evaluation is defined as a patient evaluation conducted by a provider who is at the same physical location as the client.

Fee For Service (FFS) Benefits and Limitations

In FFS, HBAI services (procedure codes 96150, 96151, 96152, 96153, 96154 or 96155) will be a benefit when rendered by physician, NP, CNS, PA, LPC, LCSW, LMFT, CCP social worker, or psychologist provider in the office or outpatient hospital setting.

Note: For services that are rendered by physician, NP, CNS, or PA providers, claims must be submitted for the appropriate evaluation and management (E/M) procedure codes (99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, or 99215). A PCP may bill the HBAI procedure codes for an LPHA that is in the PCP's practice.
For re-assessment (procedure code 96151), providers must maintain documentation in the client’s medical record that details the change in the mental or medical status that warrants reassessment of the client’s capacity to understand and cooperate with the medical interventions that are necessary to the client’s health and well-being.

After the initial 180 days of HBAI services, the client may receive another episode of HBAI with the same medical diagnosis if there is a newly identified behavioral health issue. The client may have two episodes of HBAI per rolling year.

Clients must be referred for psychiatric or psychological counseling as soon as the need is identified. Providers cannot use all 16 units if the need for psychiatric or psychological intervention is identified earlier.

After the initial assessment (procedure code 96150), if the client’s PCP learns that the client is receiving psychiatric or psychological services from another health-care provider, the PCP should contact the health-care provider to determine whether the client is already receiving any HBAI services. If HBAI services are not being provided, the PCP may consider referring the client for a more appropriate level of psychiatric or psychological treatment.

The initial clinical interview, reassessment, psychophysiological monitoring, observation, and intervention do not include the following:

- Conversations about educating the family or caregivers outside of the in-person evaluation session
- Psychotherapy

Please note that the HBAI benefit is separate and apart from mental health rehab and targeted case management services that are implementing in managed care on September 1, 2014.

Prior Authorization

While HHSC will not require prior authorization in FFS for HBAI services, documentation to support the medical necessity of the service must be maintained in the client’s medical record. All documentation must include the amount of time spent in HBAI assessment or intervention and must be documented in the client’s medical record. All services are subject to retrospective review to ensure that the documentation in the client’s medical record supports the medical necessity of the services provided.

Additional information about the Medicaid benefit can be found in the following articles that were published on TMHP’s website:

- Health and Behavior Assessment and Intervention to be a Benefit of Texas Medicaid
- Update to “Health and Behavior Assessment and Intervention to be a Benefit of Texas Medicaid”
Physical diseases and chronic conditions often include or cause comorbid psychiatric conditions, such as depression, anxiety and mood or substance use disorders which is why a behavioral health specialist should be part of the treatment team for the following conditions.

- AIDS
- Alzheimer’s
- Cancer
- Cardiovascular diseases
- Dermatology
- Diabetes
- Epilepsy
- Gastrointestinal disorders
- Head injury and other accidents
- Parkinson’s disease
- Respiratory disease
- Stroke
- Thyroid diseases and conditions

You may make a single referral for comorbidities involving multiple mental health disorders or when combined with substance use disorder(s).

For a full list of the most recent guidelines, please go to UHCCommunityPlan.com. Select "Provider" then “TX” then "Clinical Practice Guidelines."

For more information, see Optum's Best Practice Guidelines for Behavioral Health at providerexpress.com and select "Clinical Resources."
Optum includes Mental Health Condition Centers located at the Clinical Resources tab at Liveandworkwell.com. These centers provide information and assessment tools for several mental health and substance abuse diagnoses, symptoms, treatment options, prevention and other resources in one, easy-to-access area. They are available for PCP utilization as preliminary instruments.

You will land on a section designated for providers. Note the “Welcome Clinicians.” Through this site, you can access some of the same clinical content, self-assessment tools and other resources Optum makes available to its enrollees, including the following:

- Assessments/screens (Select Quick Links Tools & Programs)
- Be Well: Health and well-being centers with resources which you may distribute to your patients covering topics such as Alzheimer’s disease, asthma, diabetes, obesity and traumatic brain injury.
- Search for contact information for an Optum provider contracted to assess and treat mental health and substance use disorders.
- RSS feed with frequently updated news articles covering the latest developments in health and well-being based on primary sources and interviews with medical and wellness researchers and experts.

Access this resource through the Optum provider website, providerexpress.com. Select Clinical Resources (tab on top) then Live and Work Well (LAWW) clinician center (from the vertical listing).

A Spanish site is available at www.mentesana-cuerposano.com.
We do not require authorization to in-network specialists and members may self-refer. It is the specialist’s responsibility to report back to you their findings, recommendations and treatments. Any necessary authorizations may be requested after the member’s visit with the specialist. You may also provide behavioral health treatment yourself if you are licensed to do so.

The following referral numbers and in-person assessments for acute and crisis situations are available 24-hours a day, seven days a week. All members who receive inpatient psychiatric services will be scheduled for an outpatient follow-up appointment prior to discharge. If a member misses an appointment, a behavioral health provider will contact them within 24 hours to re-schedule the appointment.

**Court-ordered admissions.**

Court-ordered inpatient admissions for members younger than 21 are not subject to admission and lengths of stay criteria. A court order is considered sufficient evidence of medical necessity and Optum is responsible for covering these services when provided under court order. This type of court order is not covered if the member is given the choice of court-ordered admission vs. incarceration.

Please note that modifier HZ, funded by Criminal Justice Agency, is not a covered benefit. These services will continue to be covered under the criminal justice system.

<table>
<thead>
<tr>
<th>Program</th>
<th>Phone</th>
</tr>
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<tbody>
<tr>
<td>CHIP</td>
<td>800-495-5660</td>
</tr>
<tr>
<td>STAR</td>
<td>888-872-4205</td>
</tr>
<tr>
<td>STAR+PLUS</td>
<td>866-302-3996</td>
</tr>
<tr>
<td>Dual Complete</td>
<td>866-302-3996</td>
</tr>
</tbody>
</table>
The following services are also available in addition to behavioral health covered benefit services.

**Mental Health Targeted Case Management**
Members with a serious and persistent mental illness or a serious emotional disturbance as defined in the DSM-IV-TR or later version, are able to gain access to needed medical, social, educational, developmental and other appropriate services.

To refer a member call a UnitedHealthcare Community Plan Service Coordinator at 800-349-0550.

**Mental Health Rehabilitative Services**
These services are for members with a serious and persistent mental illness or a serious emotional disturbance as defined in the DSM-IV-TR or later version, who require rehabilitative services as determined by either the Adult or the Child and Adolescent Needs and Strengths Assessment. Services include adult day program, medication training and support, crisis intervention and skills training and development.

To refer a member call a UnitedHealthcare Community Plan Service Coordinator at 800-349-0550.

**Mental Health Community Services**
For members who have difficulty keeping office appointments, behavioral health providers will meet with member in their home. This Value-added service is available for STAR and STAR+PLUS members ages 21 and older with a qualifying mental health diagnosis and escalating circumstances which may otherwise lead to hospitalization.

Members or representatives may self-refer by calling Optum at 800-496-5841.