

Payment Policy 136 Therapeutic Behavioral Health Services (H2019/H2020)

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Passport by Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In the event of a conflict, federal and state guidelines, as applicable, as well as the member's benefit plan document supersede the information in this policy. Additionally, to the extent there are any conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval.

Policy Overview

A provider may render therapeutic rehabilitation program services for adults with serious mental illnesses and children with serious emotional disabilities to restore the recipient to the best possible functional level. Programs should be planned for the lowering of social, personal, and daily living skill-related limitations as well as the restoration of these skills. Services shall be provided in accordance with applicable Kentucky Statutes and regulations.

- H2019 – Therapeutic Rehabilitation Program (TRP), Per 15 Minute Unit
 - Time-based TRP services delivered as part of a structured rehabilitation model
 - Limited to a maximum of 12 units per day, per individual
 - Intended for members requiring rehabilitative interventions beyond routine outpatient care
- H2020 – Therapeutic Rehabilitation Program (TRP), Per Diem
 - High intensity TRP services exceeding three (3) hours per day
 - Per Diem billing encompasses all rehabilitative activities delivered during the service day
 - Intended for members requiring rehabilitative interventions beyond routine outpatient care

TRP services (H2019/H2020) require documentation supporting:

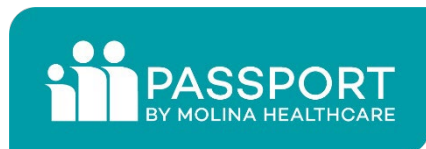
- Severe Mental Illness (SMI) for adults, or
- Serious Emotional Disturbance (SED) for children/adolescents

Diagnosis must be consistent with DSM criteria and documented in the medical record and medical necessity must demonstrate:

- Significant functional impairment impacting major life activities
- Need for structured, rehabilitative behavioral health services
- Alignment between service intensity and the member's clinical presentation
- Primary mental health diagnosis or a co-occurring disorder.

Routine outpatient therapy, support only services, or non-rehabilitative activities do not meet TRP medical necessity standards.

Covered TRP services must meet all applicable requirements in 907 KAR Chapter 15, including 907 KAR 15:005 and 907 KAR 15:020, and any related DMS guidance and clinical criteria.



Reimbursement Guidelines

Passport will reimburse claims for H2019 and H2020 when (1) the service is medically necessary in accordance with 907 KAR 3:130, (2) has received prior authorization as required by the Passport and permitted by DMS, and (3) the claim contains the diagnosis documenting the severe mental illness or severe emotional disability.

H2019 (if unit is equal to 12 units) or H2020 are not separately reimbursable when billed on the same date of service as the following services for the same member:

Psychotherapy/Outpatient Therapy Services

- 90832, 90833, 90834, 90836, 90837, 90838
- 90839, 90840
- 90845, 90846, 90847, 90849
- 90853
- 90870, 90875, 90876
- H0004

Higher Level or Per Diem Behavioral Health Services

- Intensive Outpatient Program (H0015)
- Partial Hospitalization (H0035)
- Any per diem behavioral health code (i.e. H0011, H2034, H2036, S9480)

If TRP (H2019/H2020) and CCSS (H2015) are submitted for the same member and date of service:

- Passport will reimburse only one service type for that date, typically the service that:
 - Best reflects the primary modality and intensity delivered (e.g., per diem TRP vs. time-limited community support), and
 - Is supported by clinical documentation and prior authorization (if applicable).
- The second, duplicative service line will be denied.
- TRP and CCSS may not be “split” between different providers on the same date to circumvent same day restrictions.




Therapeutic Rehabilitation Program services (H2019/H2020) are not separately reimbursable when billed for the same member and same date of service as Peer Support Services (H0038) when services overlap in time, intensity, or functional purpose. The duplicative service line will be denied.

Same day billing restrictions apply regardless of rendering provider, certification type, or service location. Services may not be split across providers on the same date of service to avoid same day billing limitations.

The codes identified in this policy are provided as examples only and are not an all-inclusive list. Any behavioral health service that represents a duplicative, overlapping, or subsumed level of care relative to TRP may be denied when billed on the same member and same date of service, regardless of whether the code is specifically listed in this policy.

This policy applies to all contracted providers and locations for a given member.

Audit and Recovery Process:

-  **Review:** Claims will be meticulously examined against Passport by Molina Healthcare's standards.
-  **Discrepancy Identification:** Any inconsistencies or errors identified will be documented.
-  **Recovery:** Overpayments due to inaccuracies will be recovered either by offsetting from future payments or through



direct refund requests.

- ✚ **Appeals:** Providers reserve the right to contest any claim adjustments or denials. Details of the appeal process will accompany the notification.

Policy Monitoring, Review, and Updates:

- ✚ The policy will undergo annual reviews or as required, ensuring its alignment with industry best practices, regulatory mandates, and Passport by Molina Healthcare's operational necessities. Any updates will be promptly communicated to providers.

Supplemental Information

Please note, Passport has followed and enforced these guidelines, in accordance with applicable regulations, since inception on January 1, 2021. For this specific policy, the publication date is merely the date the policy was formally memorialized.

Definitions

Term	Definition
CMS	The Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children’s Health Insurance Program (CHIP), and health insurance portability standards.
CCSS	Comprehensive Community Support Services
DSM	Diagnostic and Statistical Manual of Mental Disorder

Documentation History

Type	Date	Action
Effective Date	9/10/2023	New Policy
Revised Date	03/16/2026	<p>Added H2019 (if unit is equal to 12 units) or H2020 are not reimbursable on the same day as any Psychotherapy/Outpatient Therapy Service codes: 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853 90870, 90875, 90876 & H0004 under Reimbursement Guidelines.</p> <p>Added Higher Level or Per Diem Behavioral Health Services under Reimbursement Guidelines.</p> <p>Added verbiage not reimbursable on the same day as Comprehensive Community Support Services (CCSS) or Peer Support Services (PSS) under Reimbursement Guidelines.</p> <p>Added TRP and CCSS may not be “split” between different providers on the same date to circumvent same day restrictions under Reimbursement Guidelines.</p>

Coding

CODING DISCLAIMER. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted

codes and codes that are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Passport by Molina Healthcare adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry-standard coding practices for all submissions. When improper billing and coding are not followed, Passport by Molina Healthcare has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Passport reserves the right to revise this policy as needed.

References

1. Kentucky Medicaid

- A. 907 KAR 001:044. Coverage provisions and requirements regarding community health center behavioral health services
Link: Title 907 Chapter 001 Regulation 044 • Kentucky Administrative Regulations • Legislative Research Commission
- B. 907 KAR 003:130. Medical necessity and clinically appropriate determination basis
Link: Title 907 Chapter 003 Regulation 130 • Kentucky Administrative Regulations • Legislative Research Commission
- C. 907 KAR 015:005. Definitions for 907 KAR Chapter 15.
Link: Title 907 Chapter 015 Regulation 005 • Kentucky Administrative Regulations • Legislative Research Commission
- D. 907 KAR 015:010. Coverage provisions and requirements regarding behavioral health services provided by individual approved behavioral health practitioners, behavioral health provider groups, and behavioral health multi-specialty groups.
Link: Title 907 Chapter 015 Regulation 010 • Kentucky Administrative Regulations • Legislative Research Commission
- E. 907 KAR 015:020. Coverage provisions and requirements regarding services provided by behavioral health services organizations for mental health treatment.
Link: Title 907 Chapter 015 Regulation 020 • Kentucky Administrative Regulations • Legislative Research Commission
- F. 907 KAR 015:022. Coverage provisions and requirements regarding behavioral health service organizations for substance use disorder treatment and co-occurring disorders services.
Link: Title 907 Chapter 015 Regulation 022 • Kentucky Administrative Regulations • Legislative Research Commission
- G. 907 KAR 015:080. Coverage provisions and requirements regarding chemical dependency treatment center services.
Link: Title 907 Chapter 015 Regulation 080 • Kentucky Administrative Regulations • Legislative Research Commission
- H. Definitions for KRS 200.501 to 200.509
Link: Title 907 Chapter 015 Regulation 080 • Kentucky Administrative Regulations • Legislative Research Commission



Related Policies

Policy Name
Comprehensive Community Support Services (CCSS) (H2015) Billing Policy