



# Mass General Brigham Health Plan - MA Medicaid Preventive Pediatric Care Services

## Summary

Effective 09/01/2021, Optum will cover up to **8 preventive BH sessions** without prior authorization. Members under age 21 are eligible for preventive behavioral health services if they have a positive behavioral health screen (or, in the case of an infant, a positive post-partum depression screening), even if they do not meet criteria for behavioral health diagnosis and therefore do not meet medical necessity criteria for behavioral health treatment.

Preventive behavioral health services must be recommended by a physician or other licensed practitioner practicing within their scope of licensure to recommend such services. To determine the member's needs, a provider must administer and document the results of an age-appropriate behavioral health screen using a tool from the list of MassHealth approved screeners in Appendix W of the MassHealth provider manual.

Link to MassHealth Managed Care Entity Bulletin 65: [MCE Bulletin 65](#)

### Outpatient Services

Managed care plans must cover preventive behavioral health services, using the following billing codes:

- Community- or school-based outpatient providers:
  - **90853** Group psychotherapy (other than multiple-family group)
- Primary care providers with embedded behavioral health clinician:
  - **90832** Psychotherapy with patient and/or family member
  - **90834** Psychotherapy with patient and/or family member
  - **90846** Family psychotherapy (conjoint psychotherapy) (without patient present)
  - **90847** Family psychotherapy (conjoint psychotherapy) (with patient present)
  - **90849** Multiple-family group psychotherapy
  - **90853** Group psychotherapy (other than multiple-family group)

All claims for preventive behavioral health services, regardless of provider type, must be submitted with modifier EP on the claim.

**Note:** Please do not use the EP modifier if you're including a Diagnosis code with a claim. The EP modifier, even when billed with a Diagnosis code, counts toward the 8 total annual Preventive sessions.

### Applies To

- Under age 21
- Enrolled in one of the following Allways Medicaid plans:
  - MH Standard Commonwealth
  - MF Family Assistance
  - MH Care Plus
- Positive Behavioral Health Screen
  - Infants qualify with positive post-partum depression (PPD) screening
- Require Outpatient (OP) services
  - Refer to CPT **Code list above**
- Diagnosis (Dx) **is not** required. A complete Z code is required
- Receive services from an In Network (INN) Provider

### Am I eligible for an appeal?

- Appeals are handled administratively. **Clinical Review is not in scope.**