

Network Notification – Humana Healthy Horizons in Louisiana

Notice date: <Insert notification date here>
To: Humana Healthy Horizons® in Louisiana provider network
From: Humana Healthy Horizons in Louisiana
Subject: Informational Bulletin 24-25: Expansion of Mental Health Professionals Update

The Centers for Medicare and Medicaid Services (CMS), approved Louisiana’s State Plan Amendment (SPA) to expand mental health professionals to include provisionally licensed professional counselors (PLPC), provisionally licensed marriage and family therapists (PLMFT), and licensed master social workers (LMSW). The Louisiana Department of Health with an effective date of August 1, 2024, via State Plan Amendment (SPA).

The rates listed for PLPCs, PLMFTs, and LMSWs have been added to the Specialized Behavioral Health Services (SBHS) fee schedule.

Allowable services are to be billed using appropriate Current Procedural Terminology (CPT) codes listed below. PLPCs, PLMFTs and LMSWs shall practice within the scope of practice of their respective Louisiana professional licensing board and shall be rendering providers only. Any claim billed independently by a PLPC, PLMFT or LMSW will be denied.

Code	Description	Age	Licensed MSW (Modifier U4)	Provisionally LPC/LMFT (Modifier UA)
90785	INTERACTIVE COMPLEXITY, ADD ON	0+	\$2.06	\$2.06
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	0+	\$65.03	\$65.03
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT PRESENT	0+	\$28.59	\$28.59

90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT PRESENT	0-20	\$40.25	\$40.25
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT PRESENT	21+	\$41.86	\$41.86
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT PRESENT	0-20	\$59.27	\$59.27
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT PRESENT	21+	\$46.04	\$46.04
90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES	0-20	\$74.16	\$74.16
90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES	21+	\$75.32	\$75.32
90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTE ADD ON	0-20	\$36.90	\$36.90
90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTE ADD ON	21+	\$30.13	\$30.13
90846	FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT	0+	\$37.57	\$37.57
90847	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT	0+	\$46.60	\$46.60
90853	GROUP PSYCHOTHERAPY	0+	\$13.23	\$13.23
96156	HEALTH BEHAVIOR ASSESSMENT/REASSESSMENT	0-20	\$7.86	\$7.86
96156	HEALTH BEHAVIOR ASSESSMENT/REASSESSMENT	21+	\$9.82	\$9.82
96158	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; FIRST 30 MINUTES	0-20	\$14.47	\$14.47
96158	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; FIRST 30 MINUTES	21+	\$18.10	\$18.10

96159	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	0-20	\$7.24	\$7.24
96159	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	21+	\$9.05	\$9.05
96164	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	0-20	\$3.47	\$3.47
96165	HEALTH BEHAVIOR INTERVENTION, GROUP, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	0-20	\$1.73	\$1.73
96164	HEALTH BEHAVIOR INTERVENTION, GROUP, FACE-TO-FACE; FIRST 30 MINUTES	21+	\$4.33	\$4.33
96165	HEALTH BEHAVIOR INTERVENTION, GROUP, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	21+	\$2.17	\$2.17
96167	HEALTH BEHAVIOR INTERVENTION, FAMILY WITH PATIENT PRESENT, FACE-TO-FACE; FIRST 30 MINUTES	0-20	\$14.22	\$14.22
96167	HEALTH BEHAVIOR INTERVENTION, FAMILY WITH PATIENT PRESENT, FACE-TO-FACE; FIRST 30 MINUTES	21+	\$17.76	\$17.76
96168	HEALTH BEHAVIOR INTERVENTION, FAMILY WITH PATIENT PRESENT, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	0-20	\$7.11	\$7.11
96168	HEALTH BEHAVIOR INTERVENTION, FAMILY WITH PATIENT PRESENT, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	21+	\$8.88	\$8.88

The Outpatient Therapy by Licensed Practitioners section of the Medicaid Behavioral Health Services Provider Manual will be updated to reflect policy and additional billing guidance associated with services provided by PLPCs, PLMFTs and LMSWs. Monitor Medicaid Provider Resources (<https://www.lamedicaid.com/provweb1/default.htm> for updated versions of the SBHS fee schedule and provider manual.

For dates of service on or after August 1, 2024, MCOs shall recycle any claims that were not paid in accordance with these changes within 15 days of implementing the system changes. MCOs shall also notify providers of their process and timeline for implementing the changes as well as their plan to recycle impacted claims.

Questions regarding managed care claims processing and prior authorization should be directed to the appropriate MCO.

Providers that are not currently in network with the MCOs should reach out directly to the MCOs for credentialing. Providers currently credentialed with MCOs are highly encouraged to contact MCOs with whom they are contracted to verify if any submission is required to avoid disruptions to services and reimbursement under this new policy.