



## 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

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.

H2020 is a per diem code which requires a minimum of 3 service hours per day and H2019 is a per unit code for up to 3 hours with a limit of 12 units per day per individual. A unit of service is equal to 15 minutes.

Passport reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.

### Reimbursement

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.

### Documentation History

Type	Date	Action
Effective Date	9/10/2023	New Policy
Revised Date		



**References**

- 1. Ky Medicaid
  - A. [Title 907 Chapter 15 Regulation 060 • Kentucky Administrative Regulations • Legislative Research Commission](#)
  - B. [Title 907 Chapter 15 Regulation 010 • Kentucky Administrative Regulations • Legislative Research Commission](#)
  - C. [Title 907 Chapter 15 Regulation 020 • Kentucky Administrative Regulations • Legislative Research Commission](#)
  - D. [Title 907 Chapter 1 Regulation 044 • Kentucky Administrative Regulations • Legislative Research Commission](#)
  - E. [Statute.aspx \(ky.gov\) Section 3](#)
  - F. <https://apps.legislature.ky.gov/law/kar/titles/907/003/130/>
  - G. <https://www.chfs.ky.gov/agencies/dms/DMSFeeRateSchedules/BHOutpatientFFS2021.pdf>

**Supplemental Information**

**Definitions**

Term	Definition