

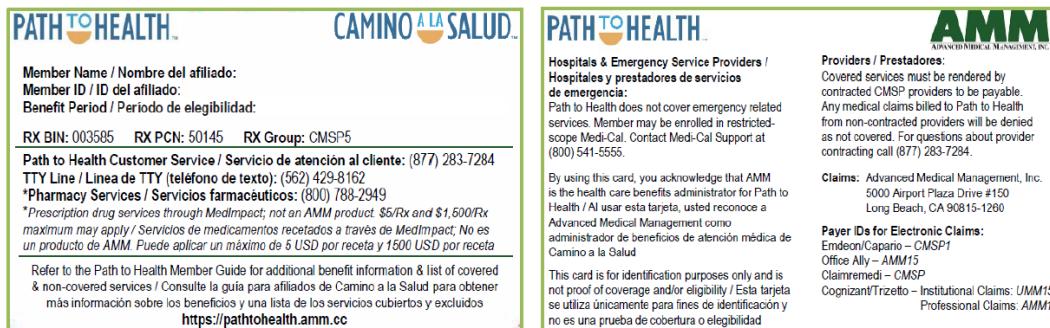
IMPORTANT PROVIDER NOTICE

Path to Health Program by CMSP Benefit Expansion Effective February 1, 2022

Path to Health was launched by the CMSP Governing Board in February of 2019 in an effort to expand access to primary care services to undocumented adults residing in CMSP's 35 counties. Patients enroll in the program through contracting community health centers.

Effective with dates of service on or after February 1, 2022, Path to Health members will be eligible to receive covered benefits from **ANY** contracted CMSP provider. Prior to February 1, 2022, Path to Health members were limited to services rendered at their assigned clinic organization.

The Path to Health ID Card has been redesigned to remove the assigned clinic organization. Members will receive the updated version of the ID Card (pictured below) in several weeks.



For additional information on eligibility requirements or detailed information on covered benefits, please refer to the *Path to Health Provider Operations Manual Version 3.0* available at <https://pathtohealth.amm.cc/Providers>.

Additionally, the Path to Health program has expanded health care coverage to include the following benefits through CMSP contracted providers:

- Outpatient Mental Health Services - Mild to Moderate Category
- Outpatient Substance Use Disorder Treatment Services
- Outpatient Physical Therapy

These additional benefits are limited to the following services outlined below:

Outpatient Mental Health (Mild to Moderate)		
CPT Code	Description	Frequency Limits
96132	Neuropsychological testing evaluation services; first hour	One per year
96133	Neuropsychological testing evaluation services; each additional hour	Two per year
96136	Psychological or neuropsychological test administration and scoring, two or more tests; first 30 minutes	One per year
96137	Psychological or neuropsychological test administration and scoring, two or more tests; each additional 30 minutes	Nine per year
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests; first 30 minutes	One per year
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests; each additional 30 minutes	Nine per year
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform with automated results only	One per year
96105	Assessment of aphasia, per hour	Two episodes per year (≤ 3 hours each); all hours for each episode must be billed on the last day of service

96110	Developmental screening, per standardized instrument	Two per year
96112	Developmental test administration; first hour	One per year
96113	Development test administration; each additional 30 minutes	One per year
96116	Neurobehavioral status exam; first hour	One per year
96121	Neurobehavioral status exam; each additional hour	One per year
96130	Psychological testing evaluation services; first hour	One per year
96131	Psychological testing evaluation services; each additional hour	Two per year
90832	Psychotherapy; 30 minutes with patient	N/A
90837	Psychotherapy; 60 minutes with patient	N/A
90839	Psychotherapy for crises; first 60 minutes	N/A
90840	Psychotherapy for crises; each additional 30 minutes	N/A
90846	Family Psychotherapy (without patient present); 50 minutes	Must have two family members present; 50 minutes max
90847	Family Psychotherapy (with patient present); 50 minutes	Must have two family members present; 110 minutes max
90849	Multiple-family group therapy	N/A
90853	Group Psychotherapy (other than of a multiple-family group)	N/A
99354	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour	110 minutes max

Limits

Six (6) visits per enrollment period (any approved combination of individual, family, and/or group therapy or evaluations)

NOTE: No authorization required when diagnosed with a mental health disorder defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM) resulting in mild to moderate distress or impairment of mental, emotional, or behavioral functioning.

Approved Provider Types

Psychologist, Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), Marriage and Family Therapist (MFT), Medical Doctor (MD), Nurse Practitioner (NP), Physician Assistant (PA), Doctor of Osteopathic Medicine (DO)

Associate MFT (under the direct supervision of a licensed mental health professional), Associate Professional Clinical Counselor (under the direct supervision of a licensed mental health professional), Associate Clinical Social Worker (under the direct supervision of a licensed mental health professional), Psychology Assistant (under the direct supervision of a licensed mental health professional) **NOTE:** Billing provider on claim form must be supervising provider's NPI with associate/assistant's name listed under "additional claims information"; must be rendered by an In-Network provider (including clinics) in an outpatient setting.

Outpatient Substance Use Disorder Treatment (SUDT) Services

CPT Code	Description
H0004	Individual Counseling
H0005	Group Counseling

Limits

Six (6) visits per enrollment period (any combination of approved individual and/or group treatment or screenings)

NOTE: Includes alcohol misuse screenings and behavioral health counseling interventions for alcohol misuse.

Approved Provider Types

Psychologist, Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), Marriage and Family Therapist (MFT), Certified Drug and Alcohol Counselor, Medical Doctor (MD), Nurse Practitioner (NP), Physician Assistant (PA), Doctor of Osteopathic Medicine (DO)

NOTE: Billing provider on claim form must be supervising provider's NPI with associate/assistant's name listed under "additional claims information". Must be rendered by an In-Network provider (including clinics) in an outpatient setting.

Outpatient Physical Therapy

CPT Code	Description
X3900	Single Modality to One Area – Initial 30 Minutes
X3902	Single Modality to One Area – Each Additional 15 Minutes
X3904	Single Procedure to One Area – Initial 30 Minutes
X3906	Single Procedure to One Area – Each Additional 15 Minutes

X3908	Treatment Including a Combination of Any Modalities and Procedures (One or More Areas) – Initial 30 Minutes
X3910	Treatment Including a Combination of Any Modalities and Procedures (One or More Areas) – Each Additional 15 Minutes
X3912	Hubbard Tank – Initial 30 Minutes
X3914	Hubbard Tank – Each Additional 15 Minutes
X3916	Hubbard Tank or Pool Therapy with Therapeutic Exercise – Initial 30 Minutes
X3918	Hubbard Tank or Pool Therapy with Therapeutic Exercise – Each Additional 15 Minutes
X3920	Any of the Tests and Measurements – Initial 30 Minutes, Plus Report
X3922	Any of the Tests and Measurements – Each Additional 15 Minutes, Plus Report
X3924	Physical Therapy Preliminary Evaluation Rehabilitation Center, SNF, ICF
Limits	
Physical Therapy services limited to 24 visits per benefit period . Physical Therapy services in excess of 24 visits within a member's benefit period will not be payable by Path to Health.	

Questions? Contact Path to Health Customer Service at:

(877) 283-PATH (7284)

