



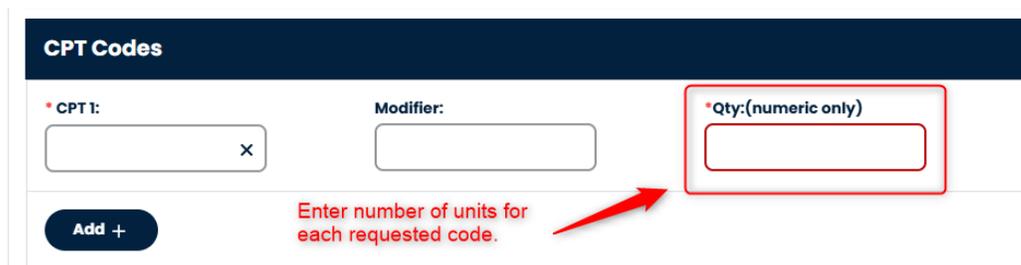
*We heal and inspire the human spirit.*

**To:** Behavioral Health Treatment Providers  
**From:** IEHP – BH  
**Date:** March 31, 2025  
**Subject:** Behavioral Health Treatment (BHT) Reminders

This is a reminder concerning the request for Behavioral Health Treatment (BHT) services.

**Treatment Plan Reminders:**

- BHT services require prior authorization.
- The BHT treatment plan must be revised and modified every six months including all new Member information.
- Assessments within the treatment plan must be completed and updated with relevant information, including but not limited to, assessment dates, scores, descriptions and assessment summaries.
- The IEHP BHT treatment plan template ([ABA BHT 6-Month and Exit Progress Report Template](#)) is mandatory and can be found on the provider website:
  - [www.providerservices.iehp.org](http://www.providerservices.iehp.org) > Forms > Resources for Providers > Forms > Behavioral Health > [ABA \(BHT\) 6-Month and Exit Progress Report Template \(Word\)](#)
- The CPT Codes section of the BH Referral Request Form in the Provider Portal has been updated and the quantity (Qty) field is now fillable to allow providers to indicate the number of units for each requested code.



- Ensure consistency in HCPC units in the request form and throughout the treatment plan to prevent discrepancies in requested units

The BHT Healthcare Common Procedure Coding System (HCPC) code quantity should be submitted in terms of units for a six (6) month period. You can use the following equations to convert treatment hours to number of units:

$$\# \text{ of hours per week} \times 4 \text{ units} \times 26 \text{ weeks} = \text{Qty}$$

or

$$\# \text{ of hours per month} \times 4 \text{ units} \times 6 \text{ months} = \text{Qty}$$

Codes and quantity are subject to review. IEHP may contact BHT Providers by phone to clarify any discrepancies in HCPC quantities. Please respond on the same day to prevent delays in processing authorizations.

The following codes will only be approved for the appropriate service as outlined in the Behavioral Health Agreement Provider Contract for BHT Providers. Please refer to Attachment B of your provider contract for codes and rates.

<b>Code</b>	<b>Service</b>	<b>Description</b>
<b>H0031</b>	Functional Behavior Assessment	Mental Health Assessment by Non-Physician, per 15 minutes
<b>H2019</b>	1:1 Direct Service	Therapeutic Behavioral Services, per 15 minutes
<b>H0032</b>	Program Supervision	Mental Health Service Plan Development by Non-Physician, per 15 minutes
<b>H0032-HO/HP</b>	Program Supervision	Mental Health Service Plan Development by Non-Physician, per 15 minutes
<b>H2014</b>	Social Skills	Skills Training and Development, per 15 minutes
<b>S5111</b>	Group Parent/Caregiver Training	Home Care Training, Family; Per Session
<b>Codes requested outside of service description will be denied and approved for the appropriate service code.</b>		

If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email [ProviderServices@iehp.org](mailto:ProviderServices@iehp.org)

All IEHP communications can be found at: [www.providerservices.iehp.org](http://www.providerservices.iehp.org) > News and Updates > Notices