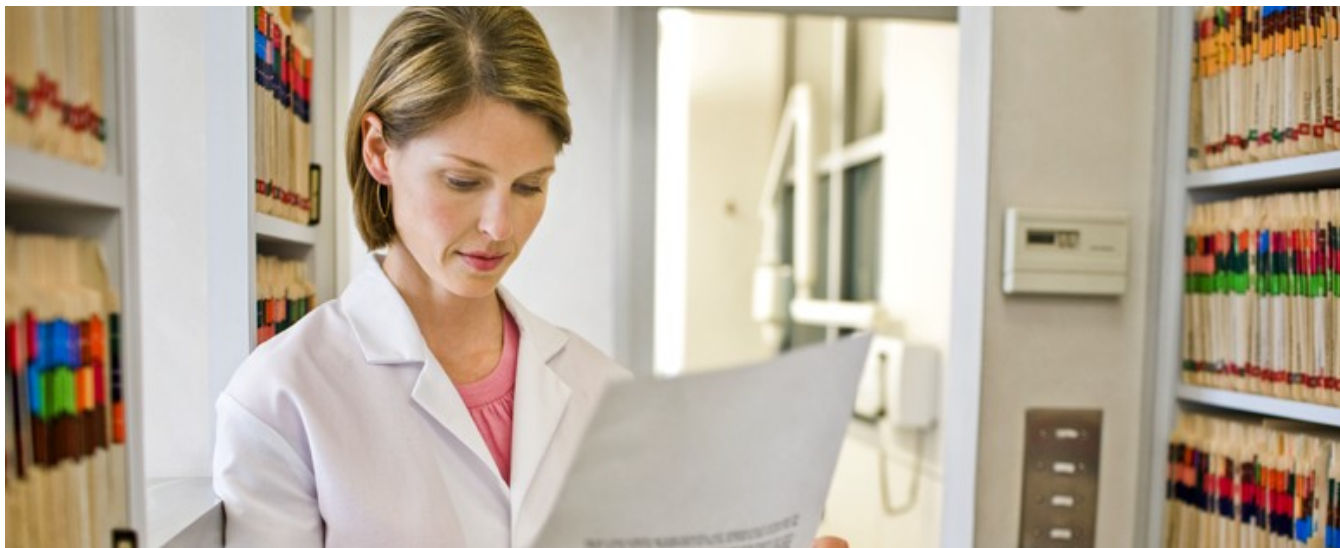


IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201157 NOVEMBER 29, 2011



Revised FFS billing requirements for therapy services in outpatient facilities

Effective January 1, 2012, the Indiana Health Coverage Programs (IHCP) will change Fee-for-Service (FFS) billing requirements for therapy services rendered in an outpatient facility and billed on the UB-04 claim form. For individual, group, or family counseling procedure codes listed in the table beginning on the following page, all FFS outpatient claims for dates of service on or after January 1, 2012, must be billed using revenue code 513 – *Clinic/Psychiatric*.

If the claim detail is billed with revenue code 513 and the corresponding procedure code is not listed in the table, the detail will be denied for edit 520 – *Invalid revenue code/procedure code combination*. If the claim detail is billed with revenue code 513 and no corresponding procedure code is present on the claim, the detail will be denied for edit 389 – *Revenue code requires a corresponding HCPCS/CPT 4 code*. As a general reminder, modifiers should be used on outpatient claims as appropriate; however, modifiers are used not to affect pricing, but to identify the level of service rendered.

For family and group therapy codes, the IHCP will reimburse the lesser of the billed amount or a statewide flat fee of \$20.40, per member, per session. The 5% reduction now in effect for provider type 01 – *Outpatient providers* with respect to these services will be applied to this rate at reimbursement. Individual therapy codes will be reimbursed the lesser of the billed amount or a statewide flat fee of \$40.80, per member, per session. **Note:** Providers should bill one unit per encounter/session/date of service.

For outpatient claims with dates of service on or after January 1, 2012, providers will no longer bill individual, group, or family therapy with revenue code 510 – *Clinic*. Providers that continue to bill revenue code 510 for outpatient individual, group, or family therapy will be subject to post-payment review by the IHCP Program Integrity Department.

This change does not apply to claims for members who are dually eligible. Providers must continue to bill Medicare for

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dually eligible members following Medicare claim submission policy, which may include revenue code 510. However, if using revenue code 513 when billing Medicare, providers must identify the service rendered to ensure that the claim detail will not be denied for one of the previously mentioned edits, and that the allowed amount is calculated appropriately.

This change applies to claims for Traditional Medicaid and *Care Select* members. However, for members enrolled in managed care, providers must contact the member's managed care entity (MCE) for guidelines on billing outpatient therapy services, including instructions regarding billing bridge appointments using revenue code 513.

Procedure codes that must be billed with revenue code 513 – Clinic/Psychiatric on FFS claims

Procedure Code	Description
90801	Psychiatric diagnostic interview and examination including history, mental status, or disposition
90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication
90804	Individual Psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face to face with patient
90805	Individual Psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face to face with patient; with medical evaluation and management services
90806	Individual Psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face to face with patient
90807	Individual Psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face to face with patient; with medical evaluation and management services
90808	Individual Psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face to face with patient
90809	Individual Psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face to face with patient; with medical evaluation and management services
90810	Individual psychotherapy, interactive using play equipment, physical devices, language interpreter, or other mechanisms of non verbal communication, in an office or outpatient facility approximately 20 to 30 minutes face to face with the patient
90811	Individual psychotherapy, interactive using play equipment, physical devices, language interpreter, or other mechanisms of non verbal communication, in an office or outpatient facility approximately 20 to 30 minutes face to face with the patient with medical evaluation and management services
90812	Individual psychotherapy, interactive using play equipment, physical devices, language interpreter, or other mechanisms of non verbal communication, in an office or outpatient facility approximately 45 to 50 minutes face to face with the patient
90813	Individual psychotherapy, interactive using play equipment, physical devices, language interpreter, or other mechanisms of non verbal communication, in an office or outpatient facility approximately 45 to 50 minutes face to face with the patient with medical evaluation and management services

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Procedure Code	Description
90814	Individual psychotherapy, interactive using play equipment, physical devices, language interpreter, or other mechanisms of non verbal communication, in an office or outpatient facility approximately 75 to 80 minutes face to face with the patient
90815	Individual psychotherapy, interactive using play equipment, physical devices, language interpreter, or other mechanisms of non verbal communication, in an office or outpatient facility approximately 75 to 80 minutes face to face with the patient with medical evaluation and management services
90816	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face to face with patient
90817	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face to face with patient with medical evaluation and management services
90818	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face to face with patient
90819	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face to face with patient with medical evaluation and management services
90821	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face to face with patient
90822	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face to face with patient with medical evaluation and management services
90823	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes
90824	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes with medical evaluation and management services
90826	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes
90827	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes with medical evaluation and management services
90828	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes

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Procedure Code	Description
90829	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes with medical evaluation and management services
90845	Medical psychoanalysis
90846	Family psychotherapy (without the patient present)
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)
90849	Multi-family group psychotherapy
90853	Group psychotherapy (other than of a multi-family group)
90857	Interactive group psychotherapy

QUESTIONS?

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