IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201253 DECEMBER 18, 2012

Coverage and billing information – psychiatric procedure codes from the 2013 HCPCS code updates

The Indiana Health Coverage Programs (IHCP) reviewed the 2013 annual Healthcare Common Procedure Coding System (HCPCS) code updates and announced coverage and billing guidelines to providers in BT201252, dated December 18, 2012. This bulletin serves as notice of policy and billing criteria for the psychiatric procedure codes included in that update.

Table 1 in this bulletin shows a list of the new Current Procedural Terminology (CPT®[1]) psychiatric procedure codes in the 2013 annual HCPCS update, including:

- Procedure code
- Description
- Program coverage determination
- Policy and billing criteria

Providers may bill the covered codes for dates of service on or after January 1, 2013. The standard global billing procedures and edits apply when using the new codes.

Table 2 in this bulletin shows a list of deleted psychiatric procedure codes and their descriptions from the 2013 annual HCPCS update. Providers may no longer bill for these deleted procedure codes for dates of service on or after January 1, 2013.

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The following billing guidelines for psychotherapy services are taken from *Chapter 8: Billing Instructions* of the *IHCP Provider Manual*, available via the Manuals page on indianamedicaid.com. The guidelines are included here for your reference and convenience.

Psychotherapy services per *Chapter 8* of the *IHCP Provider Manual*

As stated in *405 IAC 5-20-8*, the IHCP also allows direct reimbursement for outpatient mental health services provided by licensed physicians, psychiatric hospitals, psychiatric wings of acute care hospitals, outpatient mental health facilities, and psychologists endorsed as health services providers in psychology (HSPP). Outpatient mental health services rendered by or under supervision of a physician or HSPP are subject to the limitations in *405 IAC 5-25* and are also subject to the following limitations.

Subject to prior authorization (PA) by the Office of Medicaid Policy and Planning (OMPP) or its designee, the IHCP reimburses physician- or HSPP-directed outpatient mental health services for group, family, and individual psychotherapy when services are provided by one of the following midlevel practitioners:

- Advanced practice nurse under *IC 25-23-1-1(b)(3)*, who is a licensed, registered nurse with a master's degree in nursing, with a major in psychiatric or mental health nursing from an accredited school of nursing
- Licensed psychologist
- Licensed independent practice school psychologist
- Licensed clinical social worker (LCSW)
- Licensed marriage and family therapist (LMFT)
- Licensed mental health counselor (LMHC)
- A person holding a master's degree in social work, marital and family therapy, or mental health counseling

These midlevel practitioners may not be separately enrolled as individual providers to receive direct reimbursement. Midlevel practitioners can be employed by an outpatient mental health facility, clinic, or physician or HSPP enrolled in the IHCP. The IHCP reimburses for covered services rendered. The employer or supervising psychiatrist bills for the services. The IHCP reimburses for services provided by midlevel practitioners in an outpatient mental health facility when an HSPP supervises services. Midlevel practitioners who render services must bill using the rendering National Provider Identifier (NPI) of the supervising practitioner and the billing NPI of the outpatient mental health clinic or facility. An HSPP may certify the diagnosis or supervise the plan of treatment.

Outpatient mental health

The physician or HSPP is responsible for certifying the diagnosis and supervising the plan of treatment, described in *405 IAC 5-20-8(3)(a)(b)*. The physician or HSPP must be available for emergencies and must see the patient or review the information obtained by the midlevel practitioner within seven days of the intake process. The physician or HSPP must again see the patient or review the documentation to certify the treatment plan and specific treatment modalities

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at intervals not to exceed 90 days during a course of treatment. The physician must document all reviews in writing. A cosignature is not sufficient.

The IHCP requires written evidence of physician or HSPP involvement, and personal evaluation to document the member's acute medical needs. If practicing independently, a physician or an HSPP must order therapy in writing.

The IHCP requires PA for mental health services provided in an outpatient or office setting that exceed 20 units per member, per provider, per rolling 12-month period. Providers must attach to the PA form a current plan of treatment and progress notes explaining the necessity and effectiveness of therapy, and make the plan available for audit purposes, according to *405 IAC 5-20-8(4)*.

The IHCP does not cover the following services:

- Biofeedback
- Broken or missed appointments
- Day care
- Hypnosis
- Partial hospitalization, except as set out in *405 IAC 5-21.5*

For all outpatient services rendered, providers must identify and itemize services rendered on the *CMS-1500* claim form. The medical record documentation must identify the services and the length of time of each therapy session. Providers must make this information available for audit purposes. Providers should use the rendering NPI of the supervising practitioner (physician or HSPP) to bill psychiatric and clinical nurse specialist services. Providers must use these modifiers with the appropriate procedure code, which are as follows:

- AH – *Services provided by a clinical psychologist*
- AJ – *Services provided by a clinical social worker*
- HE in conjunction with SA – *Services provided by a nurse practitioner or clinical nurse specialist*
- HE – *Services provided by any other midlevel practitioner, as addressed in 405 IAC 5-20-8(10)*
- HW – *Funded by State mental health agency (Medicaid Rehabilitation Option services)*
- SA – *Nurse practitioner (NP) and clinical nurse specialist (CNS) in a nonmental health arena*

QUESTIONS?

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Table 1: New psychiatric procedure codes effective for dates of service on or after January 1, 2013

Procedure code	Description	Coverage	Policy and billing criteria
90785	Interactive complexity (list separately in addition to the code for primary procedure	Covered	Policy criteria: • Interactive complexity refers to specific communication factors that complicate the delivery of a psychiatric procedure. • Psychiatric procedures may be reported with interactive complexity when at least one of the following is present: o The need to manage maladaptive communication (related to, for example, high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates the delivery of care. o Caregivers' emotion or behavior that interferes with the caregivers' understanding and ability to help implement the treatment plan. o Evidence or disclosure of a sentinel event and mandated report to third party (for example, abuse or neglect with report to State agency), with initiation of discussion of the sentinel event or report with the member and other visit participants. o Use of play equipment, other physical devices, interpreter, or translator to communicate with the patient to overcome barriers to therapeutic or diagnostic interaction between the provider and a member who: - Is not fluent in the same language as the provider, or - Has not developed or has lost the expressive language communication skills to explain his or her symptoms and response to treatment; or the receptive communication skills to understand the provider if the provider uses typical language for communication in conjunction with the psychotherapy services. Billing criteria: • CPT code 90785 is an add-on code to a psychotherapy service and may not be billed as a stand-alone code. • May be billed in conjunction with the following procedure codes when appropriate: o Diagnostic evaluation codes: 90791 and 90792 o Psychotherapy codes: 90832, 90834, and 90837 o Psychotherapy when performed with an evaluation and management (E/M) service: CPT codes 90833, 90836, 90838, 99201-99255, 99304-99337, and 99341-99350 o Group psychotherapy: CPT code 90853 • May bill only one unit of service, per day, per member. • The amount of time spent by a physician or other qualified healthcare professional providing interactive complexity services should be

Procedure code	Description	Coverage	Policy and billing criteria
			reflected in the timed service code for psychotherapy (90832, 90834, or 90837) or the psychotherapy add-on code performed with an E/M service (90833, 90836, or 90838). • May not be billed in conjunction with: o Crisis psychotherapy procedure codes 90839 and 90840 o E/M service when no psychotherapy is performed.
90791	Psychiatric diagnostic evaluation	Covered	Policy criteria: • Psychiatric diagnostic evaluation procedure codes are used for diagnostic assessments or reassessments, if required, and do not include psychotherapeutic services. Billing criteria: • Billed by psychologists and midlevel practitioners, as defined in *405 IAC 5-20:* o Reimbursement is available for one unit of CPT code 90791 – *Psychiatric diagnostic evaluation* or 90792 – *Psychiatric diagnostic evaluation with medical services* per member, per provider, per rolling 12-month period. All additional units of psychiatric diagnostic evaluations require prior authorization, **except:** - Two units are allowed every rolling 12-month period when the member is separately evaluated by both the physician or HSPP and a midlevel practitioner. - The IHCP does not reimburse additional units when separate diagnostic evaluations are conducted with the member and other informants (that is, family members, guardian, and significant other). • May not be billed in conjunction with CPT codes 99201-99337, 99341-99350, 99366-99368, and 99401-99444. • CPT code 90785 may be billed in conjunction with CPT code 90791 when the diagnostic evaluation includes interactive complexity services. • May not be billed in conjunction with psychotherapy for crisis (90839 and 90840).
90792	Psychiatric diagnostic evaluation with medical services	Covered	Policy criteria: • CPT codes 90791 and 90792 are used for the diagnostic assessments or reassessments, if required, and do not include psychotherapeutic services. Billing criteria: • Psychiatrists, medical doctors (MDs), and other qualified healthcare professionals may bill using this procedure code. • Psychologists and midlevel practitioners, as defined in *405 IAC 5-20*, may not bill for CPT code 90792.

Procedure code	Description	Coverage	Policy and billing criteria
			• Reimbursement is available for one unit of psychiatric diagnostic interview, CPT code 90791 or 90792, per member, per provider, per rolling 12-month period. Additional units of psychiatric diagnostic interviews require prior authorization. **Exception**: Two units are allowed every rolling 12-month period when the member is separately evaluated by **both** the physician **or** HSPP **and** a midlevel practitioner. • May be billed in conjunction with CPT code 90785 when the diagnostic evaluation includes interactive complexity services. • May not be billed in conjunction with crisis psychotherapy codes 90839 and 90840. • May not be billed in conjunction with E/M codes 99201-99337, 99341-99350, 99366-99368, and 99401-99444. • May bill only one unit of service for the member. The IHCP does not reimburse additional units when separate diagnostic evaluations are conducted with the member and other informants (that is, family members, guardian, and significant other). • This service is a diagnostic E/M service, such as a physical examination. All components of the E/M service must be fulfilled in order to bill. Providers may not bill this code when only lab draws have been performed in conjunction with the diagnostic evaluation.
90832	Psychotherapy, 30 minutes with patient and/or family member	Covered	Policy criteria: • Psychotherapy is the treatment of mental illness and behavioral disturbances. The physician or other qualified healthcare professional, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, or reverse or change maladaptive patterns of behavior. • Psychotherapy times are for face-to-face services with the member and family member. The member must be present for all or some of the service. Billing criteria: • Providers must bill using the appropriate psychotherapy procedure code closest to the actual time (that is, 16-37 minutes for 90832 and 90833, 38-52 minutes for 90834 and 90836, and 53 or more minutes for 90837 and 90838). • Do not use this code to report psychotherapy of less than 16 minutes in duration.
90833	Psychotherapy, 30 minutes with patient and/or family member, when performed with an evaluation and management service (list separately in	Covered	Policy criteria: • Some psychiatric members may receive a medical E/M service on the same day as psychotherapy service performed by the same physician or other qualified healthcare professional. To bill for both the E/M and psychotherapy service, the two services must be significant and separately identifiable. These services are billed using CPT codes 90833, 90836, and 90838. • For the purpose of reporting , the medical and psychotherapeutic components of the service may be separately identified as follows:

Procedure code	Description	Coverage	Policy and billing criteria
	addition to the code for primary procedure)		○ The type and level of E/M service are selected first based on key components of history, examination, and medical decision-making. ○ Time associated with activities used to meet the criteria for the E/M service is not included in the time used for reporting the psychotherapy service (that is, time spent on history, examination and medical decision-making when used for the E/M service is not psychotherapy time). Time may not be used as the basis of the E/M code selection, and prolonged services may not be reported when psychotherapy with E/M (CPT codes 90833, 90836, and 90838) is reported. ○ A separate diagnosis is not required for the reporting of E/M and psychotherapy on the same date of service. • CPT codes 90833, 90836, and 90838 for psychotherapy with medical evaluation and management are medical services. Therefore, the IHCP does not reimburse clinical social workers, clinical psychologists, or any other midlevel practitioners (excluding nurse practitioners and clinical nurse specialists) for these codes. Billing criteria: • CPT code 90833 is an add-on to an E/M service and may not be used as a stand-alone code. • CPT code 90833 may be billed in conjunction with E/M codes 99201-99255, 99304-99337, and 99341-99350.
90834	Psychotherapy, 45 minutes with patient and/or family member	Covered	Policy criteria: • Psychotherapy is the treatment of mental illness and behavioral disturbances. The physician or other qualified healthcare professional, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, or reverse or change maladaptive patterns of behavior. • Psychotherapy times are for face-to-face services with the member and/or family member. The member must be present for all or some of the service. Billing criteria: • Providers must bill using the appropriate psychotherapy procedure code closest to the actual time (that is, 16-37 minutes for 90832 and 90833, 38-52 minutes for 90834 and 90836, and 53 or more minutes for 90837 and 90838). • Do not use this code to report psychotherapy of less than 38 minutes in duration.
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an E/M service	Covered	Policy criteria: • CPT codes 90833, 90836, and 90838 for psychotherapy with medical E/M are medical services. Therefore, the IHCP does not reimburse clinical social workers, clinical psychologists, or any midlevel practitioners (excluding nurse practitioners and clinical nurse specialists) for these codes.

Procedure code	Description	Coverage	Policy and billing criteria
	(list separately in addition to the code for primary procedure)		Billing criteria: • CPT code 90836 is an add-on code to an E/M service and may not be used as a stand-alone code. • CPT code 90836 may be billed in conjunction with E/M codes 99201-99255, 99304-99337, and 99341-99350.
90837	Psychotherapy, 60 minutes with patient and/or family member	Covered	Policy criteria: • Psychotherapy is the treatment of mental illness and behavioral disturbances. The physician or other qualified healthcare professional, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, or reverse or change maladaptive patterns of behavior. • Psychotherapy times are for face-to-face services with the member and/or family member. The member must be present for all or some of the service. Billing criteria: • Providers must bill using the appropriate psychotherapy procedure code closest to the actual time (that is, 16-37 minutes for 90832 and 90833, 38-52 minutes for 90834 and 90836, and 53 or more minutes for 90837 and 90838). • Do not use this code to report psychotherapy of less than 53 minutes in duration.
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an E/M service (list separately in addition to the code for primary procedure)	Covered	Policy criteria: • CPT codes 90833, 90836, and 90838 for psychotherapy with medical E/M are medical services. Therefore, the IHCP does not reimburse clinical social workers, clinical psychologists, or any midlevel practitioners (excluding nurse practitioners and clinical nurse specialists) for these codes. Billing criteria: • CPT code 90838 is an add-on code to an E/M service and may not be used as a stand-alone code. • CPT code 90838 may be billed in conjunction with the following: o E/M Services: CPT codes 99201-99255, 99304-99337, and 99341-99350 o CPT code 90785 may be billed in conjunction with CPT code 90838 when psychotherapy includes interactive complexity services. o Use appropriate prolonged add-on service code (99354-99357) for psychotherapy services 68 minutes or longer.

Procedure code	Description	Coverage	Policy and billing criteria
90839	Psychotherapy for crisis; first 60 minutes	Covered	Policy criteria: • Psychotherapy for crisis is an urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. The presenting problem is typically life-threatening or complex and requires immediate attention to the member, who is in high distress. • During the time spent providing psychotherapy for the crisis state, the provider rendering the service must devote his or her full attention to the member and, therefore, cannot provide services to any other patient during the same time period. • The member must be present for all or some of the service. Billing criteria: • CPT codes 90839 and 90840 are used to report the total duration of time spent face-to-face with the member and/or family by the physician or other qualified healthcare professional providing psychotherapy for crisis, even if the time spent on that date is not continuous. • CPT code 90839 is used to report the first 30-74 minutes of psychotherapy for crisis. • One unit of service may be billed per day, even if the time spent by the physician or other healthcare professional is not continuous on that date. • Providers who spend less than 30 minutes total rendering psychotherapy of crisis must bill using CPT code 90832 or CPT code 90833 when provided with E/M services. • Psychotherapy of crisis may not be billed in conjunction with psychiatric diagnostic evaluation services (CPT codes 90791 or 90792). • Psychotherapy of crisis codes (90839 and 90840) may not be billed in addition to psychotherapy codes (90832-90838).
90840	Psychotherapy for crisis; each additional 30 minutes (list separately in addition to code for primary service)	Covered	Policy criteria: • Psychotherapy for crisis is an urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. The presenting problem is typically life-threatening or complex and requires immediate attention to the member, who is in high distress. • During the time spent providing psychotherapy for crisis state, the provider rendering service must devote his or her full attention to the member and, therefore, cannot provide services to any other

Procedure code	Description	Coverage	Policy and billing criteria
			patient during the same time period. • The member must be present for all or some of the service. Billing criteria: • CPT code 90840 is an add-on to psychotherapy for crisis service and may not be used as a stand-alone code. • CPT codes 90839 and 90840 are used to report the total duration of time spent face-to-face with the member and/or family by the physician or other qualified healthcare professional providing psychotherapy for crisis, even if the time spent on that date is not continuous. • CPT code 90840 is used to report additional 30-minute blocks of time beyond the first 74 minutes of psychotherapy for crisis. • Psychotherapy of crisis codes (90839, 90840) may not be billed in conjunction with psychiatric diagnostic evaluation services (CPT codes 90791 or 90792). • Psychotherapy of crisis codes (90839, 90840) may not be billed in addition to psychotherapy codes (90832-90838) or other psychiatric services, or CPT codes 90785-90899.
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (list separately in addition to the code for primary procedure)	Non-covered	Policy criteria: CPT code 90863 is a noncovered procedure code. • Psychiatrists, other physicians, and other qualified healthcare professionals should bill using the appropriate E/M procedure code. • This code was established for use by psychologists with prescriptive authority. The state of Indiana does not grant psychologists prescriptive authority.

Table 2: Psychiatric procedure codes no longer billable for dates of service on or after January 1, 2013 – Codes deleted effective December 31, 2012

Procedure code	Description
90801	Psychiatric diagnostic interview examination
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 the 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 the 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 the 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 the 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 the 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 the 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; w
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; w
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; w
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 the 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 the patient; with medical evaluation and manage
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 the patient;

Procedure code	Description
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 the patient; with medical evaluation and manage
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 the 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 the patient; with medical evaluation and manage
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 minut
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 minut
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 minut
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 minut
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 minut
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 minut
90857	Interactive group psychotherapy
90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy