



P R O V I D E R B U L L E T I N

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To: All Children's Health Insurance Program and Mental Health Providers

Subject: Coverage of Mental Health Codes for Children's Health Insurance Program

Overview

Effective January 1, 2010, for dates of service on or after January 1, 2010, the Indiana Health Coverage Programs (IHCP) will reimburse for mental health services, including Psychiatric Residential Treatment Facility (PRTF) and Medicaid Rehabilitation Option (MRO) services under Children's Health Insurance Plan (CHIP, or Package C). This change comes as a result of *Senate Enrolled Act 102*.

Prior authorization (PA) is required for any codes currently requiring PA for fee-for-service beneficiaries. Providers may submit claims for services that have been rendered on or after January 1, 2010.

Table 1 shows codes for covered services rendered and billed under CHIP. The same limits and restrictions that apply to these codes under Medicaid apply to these codes covered under CHIP (Package C).

Table 1 – Codes for Covered Services under CHIP

Code/Modifier	Description	Coverage for CHIP Effective January 1, 2010
H0004 HW	<i>Behavioral health counseling and therapy</i>	Covered
H0004 HW HQ	<i>Behavioral health counseling and therapy, group setting</i>	Covered
H0004 HW HR	<i>Behavioral health counseling and therapy, family/couple with client</i>	Covered
H0004 HW HS	<i>Behavioral health counseling and therapy, family/couple without the client present</i>	Covered
H0031 HW	<i>Mental health assessment, by nonphysician</i>	Covered
H0033 HW	<i>Oral medication administration, direct observation</i>	Covered
H0035 HW	<i>Mental health partial hospitalization, treatment, less than 24 hours</i>	Covered
H0040 HW	<i>Assertive community treatment program, per diem</i>	Covered

Code/Modifier	Description	Coverage for CHIP Effective January 1, 2010
H2011 HW	<i>Crisis intervention service, per 15 minutes</i>	Covered
H2014 HW	<i>Skills training and development, per 15 minutes</i>	Covered
T1016 HW	<i>Case Management, each 15 minutes</i>	Covered
T1016 HW TG	<i>Case management, Second Case Manager</i>	Covered
97535	<i>Self-care/home management training</i>	Covered
97537	<i>Community/work reintegration training</i>	Covered
T2048	<i>Behavioral health; long-term care residential (non acute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem</i>	Covered
T2048 U1	<i>Behavioral health; long-term care residential (non acute care in a residential treatment program where stay is typically longer than 30 days); medical leave days are limited to four. (PRTF)</i>	Covered
T2048 U2	<i>Behavioral health; long-term care residential (non acute care in a residential treatment program where stay is typically longer than 30 days); therapeutic leave days are limited to fourteen. (PRTF)</i>	Covered
90801	<i>Psychiatric diagnostic interview examination</i>	Covered
90802	<i>Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication</i>	Covered
90804	<i>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</i>	Covered
90805	<i>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</i>	Covered
90806	<i>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</i>	Covered
90807	<i>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</i>	Covered
90808	<i>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</i>	Covered

Code/Modifier	Description	Coverage for CHIP Effective January 1, 2010
90809	<i>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</i>	Covered
90810	<i>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</i>	Covered
90811	<i>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</i>	Covered
90812	<i>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</i>	Covered
90813	<i>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</i>	Covered
90814	<i>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</i>	Covered
90815	<i>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</i>	Covered
90816	<i>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</i>	Covered
90817	<i>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 management services</i>	Covered

Code/Modifier	Description	Coverage for CHIP Effective January 1, 2010
90818	<i>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</i>	Covered
90819	<i>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 management</i>	Covered
90821	<i>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</i>	Covered
90822	<i>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 management</i>	Covered
90823	<i>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 face-to-face with the patient</i>	Covered
90824	<i>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 face-to-face with the patient, with medical evaluation and management</i>	Covered
90826	<i>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 face-to-face with the patient</i>	Covered
90827	<i>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 face-to-face with the patient with medical evaluation and management services</i>	Covered
90828	<i>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 face-to-face with the</i>	Covered

Code/Modifier	Description	Coverage for CHIP Effective January 1, 2010
	<i>patient</i>	
90829	<i>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 face-to-face with the patient, with medical evaluation and management services</i>	Covered
90845	<i>Psychoanalysis</i>	Covered
90846	<i>Family psychotherapy (without the patient present)</i>	Covered
90847	<i>Family psychotherapy (conjoint psychotherapy) (with patient present)</i>	Covered
90849	<i>Multi-family group psychotherapy</i>	Covered
90853	<i>Group psychotherapy (other than of a multi-family group)</i>	Covered
90857	<i>Interactive group psychotherapy</i>	Covered
90862	<i>Pharmacological management, including prescription, use, and review of medication with no more than minimal medical psychotherapy</i>	Covered
90870	<i>Electroconvulsive therapy (includes necessary monitoring)</i>	Covered
90899	<i>Unlisted psychiatric service or procedure</i>	Covered
96101	<i>Psychological testing (includes psycho diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report</i>	Covered
96105	<i>Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour</i>	Covered
96110	<i>Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report</i>	Covered
96111	<i>Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report</i>	Covered
96116	<i>Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report</i>	Covered

Code/Modifier	Description	Coverage for CHIP Effective January 1, 2010
96118	<i>Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report</i>	Covered
96150	<i>Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psycho physiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment</i>	Covered
96151	<i>Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psycho physiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment</i>	Covered
96152	<i>Health and behavior intervention, each 15 minutes face-to-face; individual</i>	Covered
96153	<i>Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)</i>	Covered
96154	<i>Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)</i>	Covered
96155	<i>Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)</i>	Covered

Contact Information

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