



Behavioral Health Billing Code Clarification

Sent: February 19, 2015

To: Passport Community-Based Behavioral Health Providers

Background:

Clarifications on appropriate time-based billing codes and modifiers to use for behavioral health services have been recently released by the Kentucky Department of Medicaid Services (DMS) and are effective April 1, 2015 for dates of service since August 1, 2014.

Psychotherapy Codes (with the patient and/or family member present): 90837/99354/99355

The CPT code 90837 Psychotherapy can no longer be billed for multiple units. This code may now only be billed for the first hour of service. If there are multiple units for this service on the same day for the same member, DMS has directed use of the following add-on codes for subsequent hours if medically necessary.

- one (1) unit of **90837** (first hour - 60 minutes),
- one (1) unit of **99354** (second hour - 60 minutes), and
- up to two (2) 30-minute units of **99355** (third hour).

Providers may bill up to a maximum of three (3) hours of individual, family, or group psychotherapy or any combination to a client per day if medically necessary.

Family Psychotherapy: 90846 (without the patient present) 90847 (with the patient present)

This service is limited to one (1) unit per member, per day. Add-on codes cannot be utilized with this service.

If this service is provided to the same member, on the same day as psychotherapy services, please bill for psychotherapy services only as the 90837 allows for psychotherapy with patient and/or family member.

Group Psychotherapy (other than of a multiple-family group): 90853

This service is limited to one (1) unit per member, per day. Add-on codes cannot be utilized with this service.

Please note, this service may be billed for services provided to the same member, same day as psychotherapy with separate time interval.



Intensive Outpatient Alcohol and/or Drug Services: H0015

Intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan) includes assessment, counseling, crisis intervention, and activity therapies or education. This service is limited to one (1) unit per member, per day. Add-on codes cannot be utilized with this service.

Intensive Outpatient Psychiatric Service, Per Diem: S9480

This service is limited to one (1) unit per member, per day. Add-on codes cannot be utilized with this service.

Collateral Therapy: 90887

Collateral Therapy includes interpretation or explanation of results of psychiatric or other medical examinations and procedures, other accumulated data to family or other responsible persons, or advising them how to assist the patient. This service is limited to one (1) hour unit per member, per day. Add-on codes cannot be utilized with this service.

Provider Action Needed:

Please use the above outlined time-based billing codes along with your provider-type modifier (see table below) as appropriate to your practice when filing claims. Passport will recover previous payments not in compliance with this new directive. You must rebill using the new guidelines in order to receive payment. Providers are encouraged to begin submitting corrected claims beginning April 1, 2015. When the corrected claim is processed, any payment difference between the previously paid claim and the corrected claim will be paid or recouped on the next scheduled payment after the corrected claim is processed. Please share this communication with other members of your staff.

Please plan to submit or resubmit any held, denied or corrected claims (even if paid) to ensure compliance with this National Correct Coding Initiative (NCCI).

Modifier	Provider Type
AM	MD/DO
AF	Psychiatrist
SA	APRN
AH	Clinical Psychologist
AJ	LCSW
HO	LPCC, LMFT, LPAT
U8	LPP
U4	CSW, LPCA, LPATA, MFTA, LPA
U1	PA
U9	Per Diem



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Questions:

If you have any questions about these billing codes and modifiers, please contact your behavioral health provider relations specialist.

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