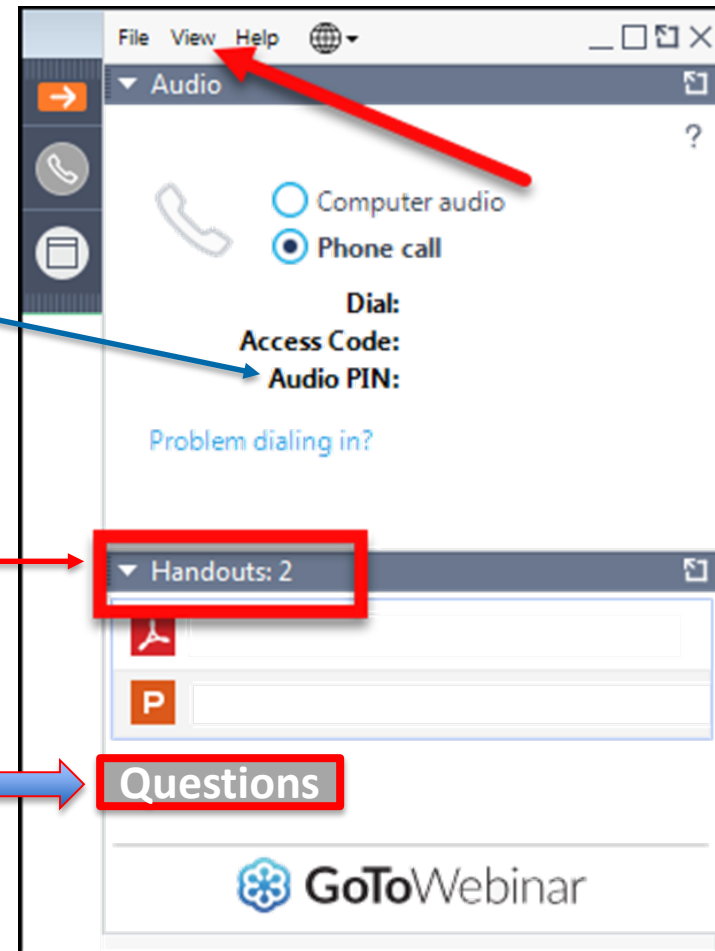


Welcome to the Mental Health Basics!

Right/left-side menu:

- Call in # with access code and audio pin
- Handouts – download
 - Webinar PDF/CEU
- Keep questions to previous/current slide
 - To “all panelists”
 - No scenarios please





Mental Health Basics – Part 1 of 2

Presented by Medicare Part B
Provider Outreach and Education (POE)
December 2018

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Acronyms

ACRONYM	DESCRIPTION
CCI	Correct Coding Initiative
CFR	Code of Federal Regulation
E/M	Evaluation & Management
IOM	Internet Only Manual
LCD	Local Coverage Determination
MPFS	Medicare Physician Fee Schedule
NPI	National Provider Identifier
NPES	National NPI Enumeration System
PECOS	Provider Enrollment Chain & Owner System
POS	Place of Service

<https://www.cms.gov/apps/acronyms/>

Agenda

- Mental Health Overview
 - Provider Eligibility
- Instructions and Billing:
 - Psychiatric Evaluations/Testing
 - Psychotherapy & E/M
- Behavioral Health Integration (BHI) & Collaborative Care Model (CoCM)
- Other Covered/Noncovered Services
- Resources

Note: Register for Part 2 on December 11th

Includes: ABN, HBAI, Incident To, Documentation, Post Pay Review & Telehealth – No Questions Today

Objective

- To discuss treatment modalities for mental, psychoneurotic and personality disorders
- Services available and who are eligible under the Medicare Mental Health rules

Please
Note

Part B Webinar Questions

- Welcome to listen; no questions please
 - If represent Part A, FQHC, RHC or not from Noridian provider state?
 - Questions to your MAC jurisdiction
- Part A (JE/JF) have their own mental health webinar presentations

Thank you for your understanding....



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Mental Health Overview & Providers – Eligible/Non Eligible

Mental Health Overview > Instructions and Billing > BHI & CoCM>
Covered/NonCovered Services> Resources

General Coverage Guidelines

- Medicare Part B provides benefits for psychiatric services medically necessary for the diagnosis/treatment of illness/injury
 - Sign(s), symptom(s) or patient complaint necessitating the service
 - Ongoing assessment and family member involvement
 - Possible intervention of psychotherapeutic adjustments

Coverage Overview

- Screenings (Depression, Substance Abuse)
- Psychiatric diagnostic evaluations/interviews
- Psychotherapy (individual/group)
- Psychoanalysis
- Pharmacologic management
- Psychological testing
- Hypnotherapy and other codes

Eligible Billing Providers

- Physician/Psychiatrist (MD, PhD, PsyD)
- Psychologist (IPP, CP)
- Non Physician Practitioner (NPP)
 - Nurse Practitioner (NP)
 - Physician Assistant (PA)
 - Clinical Nurse Specialist (CNS)
- Licensed Clinical Social Worker (LCSW)
- *Keep PECOS & NPPES updated with current contact and mailing information*

Psychiatrist/MD

Specialties 01, 08, 11, 16, 38

- May be Ph.D or Psy.D
- Extensive psychotherapy focus
- Treating emotional/mental suffering with behavioral intervention
- Perform or supervise diagnostic psychological/neuropsychological tests

Independent Psychologist (IPP) Specialty 62

- Psychologist who bills independently (CR 8812)
 - Not a clinical psychologist (spec 68)
- Claim assignment **not** required
 - Unless patient dual-enrolled Medicare/Medicaid
- Need ordering physician's NPI in Item 17B
- Limited to POS 11 (office)
- Allowed to perform evaluation testing/assessment & psychological testing
 - Reimbursed other Psychotherapy
 - Noncovered E/M & Medication Management

Clinical Psychologist (CP) Specialty 68

- CP holds psychology doctoral degree
 - Claim assignment required
- E/M component codes not covered
- Performed most settings (common office)
 - Commonly in physician's office
- Bill under own NPI
 - May work “incident to” or independently
 - May provide direct supervision

Eligible NPP Providers ²

- NP-PA-CNM-CNS reimburse 85% MPFS
 - Assignment required; perform in most settings
 - May work “incident to” MD or supervise others
 - Prescribe medication if state licensure allows
- Mental health provider qualifications
 - Working within state’s scope of practice
 - State licensed or certified

Licensed Clinical Social Worker (LCSW) Specialty 80

- Medicare recognizes Licensed Clinical Social Workers as (LCSW)
- No enrollment of Masters of Social Work (MSWs) without license or work experience
- May work either “incident to” or bill NPI direct (75%)
- <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c04.pdf>
- Cannot supervise others
- Claim assignment required
- Covered POS:
 - Office, home or outpatient
- **Non-Covered** Part B POS
 - Hospital inpatient
 - Community Mental Health Center (CMHC)
 - Skilled Nursing Facility (SNF)

LCSW 2

Covered Part B:

- G0507 (psych care management)
- 90791 (psych diagnostic evaluation)
- 90832/90834/90837 (psychotherapy without E/M)
- 90839-90840 (crisis psychotherapy)
- 90845-90847 (psychoanalysis and family psych)
- 90853 (group psych) and 90880 (hypnotherapy)
- Telehealth codes (without E/M)
- 96130 (psychological testing)



Non-Covered Part B:

- E/M & Medication Management
- Hospital or SNF inpatient (slide 16)
- IOM 100-02, Chapter 15, Section 170

Non Eligible Practitioners*

- Medicare does not pay for services by
 - Certified Mental Health Counselor (CMHC)
 - Christian Science Practitioner (CSP)
 - Doctor of Naturopathy (DNP)
 - Doctor of Pharmacy (DP)
 - Drug & Alcohol Counselor (licensed/certified)
 - Homeopathic Physician (MHD)
 - Licensed Acupuncturist (LAC)
 - Licensed Professional Counselor (LPC)
 - Marriage & Family Therapist (MFT)

*Not an all exclusive list

Counselor/Family Therapist/RN

- Registered Nurses, professional counselors and family therapists for outpatient behavioral health may **not** enroll/bill direct with Medicare per SE 0816
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se0816.pdf>

Counselor/Family Therapist/RN ²

- May treat beneficiary under “incident to”
 - **If** state scope of license allows
 - Licensed Practicing Counselors (LPCs), Certified Alcohol & Drug Counselors (CADDC) or Registered Nurses (RNs) outpatient services
- Only CNS, CP, DO, MD, NP or PA may supervise above
 - Bill with supervising NPI and document

Pharmacist Management Non Covered

Never covered:

- Medication Therapy Management Service(s) provided by pharmacist, face-to-face with patient (assessment/intervention)
 - **99605** (Initial 15 minutes; new patient)
 - **99606** (initial 15 minutes; established)
 - **99607** (each additional 15 minutes)
- Per NonCovered Policy, under Group 3
 - Patient Liable for Payment
- Not considered under “incident to”

Unlicensed Psychological Assistants

- If psychological assistant not licensed by state, **not** permitted to provide incident to services of clinical psychologist
- IOM 100-02, Chapter 15, Section 60.2:
 - NPPs, licensed by State under various programs, may assist in place of physician

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Psychiatric Evaluations/Testing

Mental Health Overview > **Instructions and Billing** > BHI &
CoCM > Covered/NonCovered Services > Resources

Psychiatry at a Glance

CPT	DESCRIPTION
90785	Interactive complex; add on only
90791/90792	Psych diagnostic evaluation with or without medical E/M
90832-90838	Psychotherapy alone or with E/M
90839/90840	Psych crisis; timed
90853	Group psychotherapy
96105-96146	Psychological/Neuro Testing



Psychiatric Diagnostic Evaluation (PDE) 90791

- Psych diagnostic evaluation without medical issue
 - Chief complaint, biopsychosocial assessment (includes history, mental status), initial treatment plan, lab/diagnostic test result, medication, initial diagnosis)
 - Time log documentation (intervention, strategies, etc.)
- Document referral source
 - Patient may self-refer
- After assessment, if no mental illness present?
 - Bill diagnosis Z00.8 (encounter-other general exam)

PDE 90791 ²

- Report once per day
 - **Not** same day as E/M
 - Performed by same individual for same patient
- May report more than once/year
 - For separate diagnostic evaluation
- Eligible providers include MD, NP, PA, CNM, CNS, CRNA, CP, CSW and RD
- Place of services approved:
 - Most settings including home (12)
 - Common = office (11) and outpatient (19/22)

PDE with E/M - 90792

- Psychiatric diagnostic evaluation (PDE) with medical services; add medical assessment
 - Includes description from 90791
- Bill new patient E/M or 90792; not both
 - Split/share do not apply (only in hospital)
 - Incident To not allowed 90791/90792
- Interactive complexity add on code (90785) may be billed with 90791 or 90792



Psychological/Neuropsychological Testing 96105 - 96146

- Intellectual ability, personality, emotionality, psychopathology, psych diagnostic assess
 - Includes F2F with patient, administration, scoring, test prep, interpretation, report with hourly billing
 - **2018 codes replaced** were 96101 - 96120
- Direct billing by MD, psychologist or NPP
 - If NPP incident to, under general supervision
- Never covered by students or trainees
 - May observe while provider tests
- Time spent interpreting/reporting results included in CPT code allowable



Psychological/Neuropsychological Testing 96105 – 96146 ₂

- Administered by MD/other Qualified Health Professional (QHP), Technician or Computer
 - Includes Wechsler Memory Scales, Halstead-Reitan Neuro Battery, Wisconsin Card Sorting
 - May be billed together same day (check CCI)
- Medical record needs specific tests performed, mental illness symptoms, # of hours testing, scoring & test results interp
- 2019 codes - next 3 slides

CPT	DESCRIPTION
96105	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 & report/hour
96110	Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory, and/ or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour
96113	Each additional 30 minutes (List separately in addition to primary)
96125	Standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour of a QHP's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report

CPT	DESCRIPTION
96127	Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument
96130	Psychological testing evaluation services by physician or other QHP, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
96131	Each additional hour (List separately in addition to code for primary procedure)
96132	Neuropsychological testing evaluation services by physician or other QHP, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
96133	Each additional hour (List separately in addition to code for primary procedure)

CPT	DESCRIPTION
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes
96137	Each additional 30 minutes (List separately in addition to code for primary procedure)
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
96139	Each additional 30 minutes (List separately in addition to code for primary procedure)
96146	Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only



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Psychotherapy & Evaluation and Management (E/M)

Mental Health Overview > **Instructions and Billing** > BHI &
CoCM> Covered/NonCovered Services> Resources

Changes - Overview

- Focus on the patient (90832 – 90838)
 - Patient presence required for all/majority of service; instead of “only some of the service”
- CPT removed “and/or family member” from descriptions
 - “Informant” replaces “family member”
- “Time Rule” defined for time-based codes

Psychotherapy 90832 – 90838 ²

- To report psychotherapy and E/M same day, both must be significant/separately identifiable
 - Must meet E/M key components of history, exam and medical decision-making from CPT
 - Office/Inpatient/Outpatient POS covered
- Time Span Table:

CPT	Time Range
90832 / 90833 (30 mins.)	16 – 37 minutes
90834 / 90836 (45 mins.)	38 – 52 minutes
90837 / 90838 (60 mins.)	53 – 68 minutes

Psychotherapy 90832 – 90838

- Psychotherapy; timed visits
 - Patient required present most of the service
- Sessions less than 16 minutes
 - Cannot report psychotherapy
- MLN Special Edition (SE)1407
 - *Psychiatry and Psychotherapy Services*
 - Clearly document actual time spent
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1407.pdf>

Prolonged Services 99354-99357

- Longer than 68 minutes?
 - Use 99354-99357 with 90837 only
 - Physicians only may report
- LCSW/Psychologist not allowed to provide prolonged services (cannot perform E/M)
 - For rare cases, may bill 90899 (unlisted psychiatric service)
 - No payment guarantee

Crisis Psychotherapy 90839 - 90840

- Urgent assessment, mobilization of resources to defuse crisis/restore safety, implementing interventions to minimize potential for psych trauma
 - Life threatening requiring immediate attention
- **90839**
 - Psychotherapy for crisis; first 60 minutes
- **90840**
 - Add on code; each additional 30 minutes
- Either physician or QHP eligible to provide
- Do not report with other psychotherapy codes or psychiatric services – check CCI; billed once per day
 - <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/NCCI-Coding-Edits.html>
- E/M billed separate if criteria met
 - Includes new or established patient

Family Therapy

90846, 90847, 90849

- Family counseling services covered only where primary purpose is treatment of patient's condition
- **90846** (Restricted-Special Instructions apply)
 - Family psychotherapy without patient present
 - 50 minutes - no less than 26 minutes (midpoint)
- **90847** (Restricted)
 - Family psychotherapy, conjoint with patient present; 50 minutes
- **90849** (Restricted)
 - Multiple-family group psychotherapy by physician directed to effects of patient's condition on the family
 - Generally not covered and denies; must appeal
- https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part1.pdf
 - Section 70.1 Consultations with Beneficiary's Family

Group Psychotherapy 90853

- Interpersonal interactions, support, etc., with several patients; typically 45-60 mins.
 - Led by authorized person per state statute
 - May bill add on code 90785 with 90853
 - Only 1/day allowed per MUE rules
- Does not include recreational activities, play, eating together, art or music therapy, excursions, sensory stimulation, socialization, motion therapy, etc.
 - Session limit = 10 patients

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Behavioral Health Integration (BHI) & Collaborative Care Model (CoCM)

Mental Health Overview > Instructions and Billing > **BHI & CoCM** > Covered/NonCovered Services > Resources

BHI & CoCM Overview

- Monthly BHI billing that facilitates/coordinates behavioral treatment and continues relationship with designated mental health team
- CoCM supports primary care team
 - Initial patient assessment includes treatment plan, pharmacology and other strategies
- May perform general “incident to
- Need advanced patient consent
 - To consult with relevant psychiatric specialist
 - Document either verbal/written permission
- Bill **either** BHI or CoCM monthly - no overlap
 - POS = Outpatient (19) or (22)

Behavioral Health Integration (BHI)

- Behavioral Health Care Manager must have specialized training/formal education
 - E.g., social work, nursing, psychology
- Initial assessment
 - Initiating visit (if required, separately billed)
 - Administration of applicable validated rating scale(s)
- Systematic assessment and monitoring
 - Using applicable validated clinical rating scales
- Facilitation/coordination of behavioral treatment
- Continuous relationship with team/patient
- Does not require face-to-face by clinical staff

Care Team

- **Treating (Billing) Practitioner** – Physician and/or NPP; typically primary care or specialty (*e.g., cardiology*)
- **Behavioral Health Care Manager** – Formal education/specialized training in behavioral health (*includes social work, nursing or psychology*), under billing practitioner
- **Psychiatric Consultant** – Trained in psychiatry & qualified to prescribe full medication range
- **Clinical Staff** – Collaborative, integrated relationship with rest of care team & beneficiary
- **Beneficiary** – Considered member of care team

Psychiatric Care Management

- **99483**
 - Comprehensive assessment and care planning for patients with cognitive impairment (e.g., dementia); 20 mins.
 - Billed once per 180 days per provider
- Recognizes Qualified Health Professional (QHP) assessing/creating care plan work
 - Behavioral Health Care Manager (BHCM) under general supervision
- Cannot report with other F2F services
 - E/M, Advanced Care Plan (ACP), Psych Evaluations

BHI Psychiatric Care Management

2

- **99484**
 - General Behavioral Health Integration (BHI) care management services for behavioral conditions; per calendar month
 - At least 20 minutes of clinical staff time, directed by physician/other QHP
- All QHP eligible under discipline range may treat (*e.g., nursing, psychology and social work*)
- Time/effort **cannot** duplicate/count towards other monthly codes for CCM/TCM
- CCI excerpt shows cannot bill in same month:
 - 99492 99484 20180101 * 0

Collaborative Care Management (CoCM)

- Psychiatric Collaborative Care Management (CoCM)
 - Billed monthly by primary care provider who employ behavioral health care manager (BHCM)
 - Primary care needs separate financial arrangement to reimburse psychiatrist and track patient in registry
- **99492** Initial psychiatric collaborative care management, with 70 minutes of BHCM time
- **99493** Subsequent with 60 minutes of BHCM time
- **+99494** Additional 30 minutes; initial or subsequent
- CR9844 effective January 2017

BHI Coding/Time Summary

Code	Behavioral Care Manager/Clinical Staff Threshold Time	Billing Practitioner Time
CoCM 1 st Month – 99492	70 mins. per month	30 mins.
CoCM Subsequent – 99493	60 mins. per month	26 mins.
CoCM Add on – 99494	Add'l 30 mins./month	13 mins.
General BHI – 99484	At least 20 mins./month	15 mins.
BHI Initiating Visit - (AWV, IPPE other E/M)	N/A	Usual work for code

BHI Fact Sheet



mln
FACT SHEET

PRINT-FRIENDLY VERSION

KNOWLEDGE + RESOURCES + TRAINING

BEHAVIORAL HEALTH INTEGRATION SERVICES

TARGET AUDIENCE

Medicare Fee-For-Service Program
(also known as Original Medicare)

Integrating behavioral health care with primary care ("behavioral health integration" or "BHI") is now widely considered an effective strategy for improving outcomes for the millions of Americans with mental or behavioral health conditions. As of January 1, 2017, Medicare makes separate payments to physicians and non-physician practitioners for BHI services they furnish to beneficiaries over a calendar month service period. Beginning January 1, 2018, these services will be reported using new CPT codes, listed below.

- MLN Fact Sheet – January 2018
- 8 pages



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Other Services – Covered and Noncovered

Mental Health Overview > Instructions and Billing > BHI & CoCM > **Covered/NonCovered Services** > Resources

Incarcerated Beneficiary

- Medicare does not pay when:
 - Beneficiary has no legal obligation to pay services
 - No other person or organization responsible for payment
- Verify ineligible periods through Noridian's Portal
- Incarceration includes:
 - Escaped from confinement
 - Under supervised release
 - On medical furlough
 - Required to reside in mental health facility
 - Required to reside in halfway house
 - Home detention
- MLN Article MM6880
 - Beneficiaries in State/Local Custody Under Penal Authority
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6880.pdf>

Incarceration Q/As

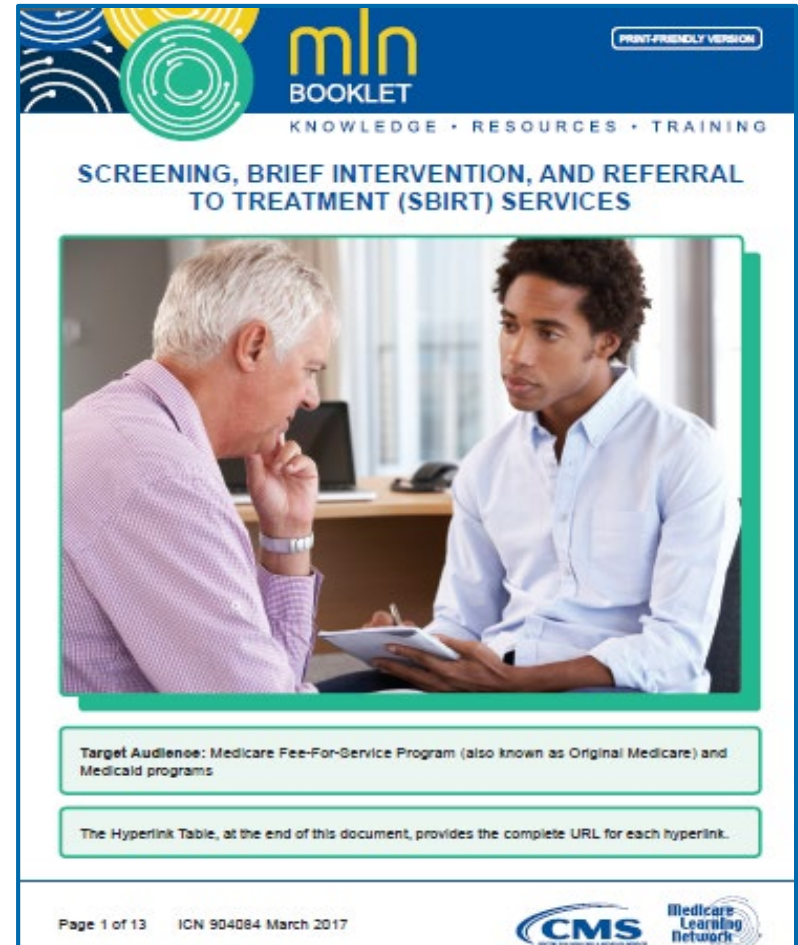
- When a Psychiatrist/Psychologist evaluates an emergency room (ER) patient, *possible 5150 hold*, how do we bill?
 - *Only psychiatrists (MDs) can bill E/M visits (99281-99285) or the evaluation codes (90791/90792). Psychologists would only bill psychiatric diagnostic evaluation testing/assessment code (90791), as 90792 has a built-in medical component.*
- If the patient is kept in “ER 5150 hold” over a span of 3 days (72-hour hold), which codes are used?
 - *After more than 48 hours of observation, patient needs to be either admitted (inpatient) or discharged. See the E/M CPTs.*
- Who maintains the beneficiary’s incarceration dates?
 - *Social Security Administration (SSA).*
- Who is responsible for payment to provider?
 - *State Department of Corrections.*
- Does the claim have a modifier to submit to Medicare?
 - *Yes, append QJ modifier when appropriate conditions met.*

Depression Screening

- **G0444** - Annual depression screening; up to 15 mins (11 months elapsed between screenings)
 - Includes patient form completion, recording by medical assistant and physician discussion with patient
- Coinsurance and deductibles waived
- MD (including psychiatrist) & psychologist eligible only
- Covered primary care setting under POS:
 - 11 (Office), 19 or 22 (Outpatient hospital)
 - 71 (State or local public health clinic)
- Not covered same day as initial AWW/IPPE
- Screening for Depression Booklet – CR 7637
<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7637.pdf>

Screening, Brief Intervention, Referral to Treatment (SBIRT)

- Identifies, reduces & prevents problematic substance use disorders with early intervention
 - March 2017 (current)
- **G0396** (alcohol/other substance abuse assessment/ intervention 15-30 mins.)
- **G0397** (additional 30 mins)
- http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/SBIRT_Factsheet_ICN904084.pdf



Interactive Complexity +90785

- For this add on code, patient typically would
 - Request other family members to become involved with care (e.g. family members bickering)
 - May involve third party (i.e. parole/probation officer, child welfare agency or school staff)
 - Notes separated on same documentation
- Interpreter, guardian or language translator
 - No benefit for payment; not Medicare providers
 - Check your state level
 - <https://med.noridianmedicare.com/web/jfb/topics/claim-submission/misc-services-and-charges>

Interactive Complexity +90785 ²

- May bill in addition to CPTs (90791/90792, 90832-90834, 90837-90838, 90853)
- If no psychotherapy, do not add to E/Ms
 - 99201-99239, 99304-99337 or 99341-99350
- Cannot bill with 90839-90840 (crisis psychotherapy)
- Do NOT bill with zero amounts
 - If billing, must use the fee schedule as guide
- If medical necessity not met, append GY

Pharmacologic Management

- E/M visits/psychotherapy include pharmacological management allowance
- Follow E/M 1995/1997 guidelines
 - Noridian’s Browse by Specialty “Evaluation and Management (E/M)”
- Billed by physician, NP or PA whose scope of licensure allows to prescribe medication
 - Not within scope of license (LCSW, CP)
- 90863 not recognized in Medicare
 - Bill drug HCPCS J code and administration

Psychoanalysis 90845

- Investigative techniques to gain insight into unconscious conflicts and motivations
- Not to be confused with psychotherapy
- Not time related, billed only once daily
- CNS/NP not eligible for payment

Narcosynthesis 90865

- Restricted to physicians only (MD/DO)
- Narcosynthesis used for sedative/tranquilizer drug administration (usually IV)
 - Relax patient and remove inhibitions for discussion in fully conscious state
 - Medical record documents medical necessity (i.e., patient had difficulty verbalizing about psychiatric problems without drug aid)
 - Record documents specific pharmacological agent, dosage administered and whether technique effective or non-effective

Services Not Covered

- Grooming skills/recreation/excursions
- Environmental intervention (90882)
- Geriatric day care programs
- Report preparation
- Explanation of results/data
- Meals and transportation
- Marriage/pastoral counseling
- Monitoring activities of daily living (ADL)
- Phone calls
 - Not considered Telehealth

Diagnoses Not Covered

- Psychotherapy diagnoses not covered
 - F72, F73 and F79
- If cognitive defect severe enough to prevent benefit from psychotherapy
 - Severe and profound mental retardation
 - Dementia/Alzheimers

rTMS for Severe Depression

CPT	DESCRIPTION
90867	THERAPEUTIC REPETITIVE <u>TRANSCRANIAL MAGNETIC STIMULATION (TMS)</u> TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT
90868	TMS TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION
90869	TMS TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY/MANAGEMENT

- Noridian> Policies> LCD> Active policies
 - JE (L37086) & JF (L37088) effective 5/14/18
 - ICD-10 allow F32.2 or F33.2
 - Pricing under C Status (contractor priced)

Electroconvulsive Therapy 90870

- Rarely used psychiatric treatment with use of electronic stimulations; includes necessary monitoring (ECT)
 - By treatment team of psychiatrist, anesthesiologist, nurse or PA
 - **Not** considered same as TMS
- Used to treat severe depression
- Priced in MPFS
- Code located in CPT under
 - Other Psychiatric Services/Procedures

Hypnotherapy 90880

- Medicare may consider if treatment is reasonable/necessary of medical condition or psychological in stand-alone session
- Not covered
 - Psychosomatic conditions
 - Ordinary muscle tension condition
 - Weight loss not covered for Medicare
- Cannot bill with psychotherapy same DOS
 - Watch CCI edits

Bundled – 90885, 90887, 90889

- Per LCD Policy – NonCovered Services
- Can **not bill separately** to patient or Medicare
 - 90885 Evaluation of hospital records, reports, tests
 - 90887 Explanations to family, employers, etc.
 - 90889 Report preparation for courts, agencies, etc.
- Medicare does not cover separately for report preparation, interp or data results explanations
 - No separate billing allowed to provide test results to parents of a minor

90899 Unlisted Psychotherapy

- Psychotherapy sessions
 - 90899 (unlisted psychiatric service/procedure)
 - Item 19 = narrative description/comment field
- When Noridian requests documentation
 - Send copy of patient's medical record documenting face-to-face time spent with patient
 - Medical necessity for extended time or unusual circumstances

96040 Genetics Counseling

- **96040** (Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family)
- Not separately billable to Medicare
- Considered Status B (bundled)

Medically Unlikely Edits (MUEs)

- MUE limits with MUE Adjustment Indicator (MAI) of 2 or 3 rationale
 - <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html>
- 2019 MUEs just published!
- Next slide contains other Mental Health MUEs (not all inclusive)
 - For other codes still current in 2019

Other Mental Health MUEs

CPT	#	Line/DOS Edit	Rationale
90785	3	3 Date of Service Edit: Clinical	Clinical: CMS Workgroup
90791	1	3 Date of Service Edit: Clinical	Code Descriptor/Instruction
90792	1	3 Date of Service Edit: Clinical	Code Descriptor/Instruction
90832	2	3 Date of Service Edit: Clinical	Clinical: CMS Workgroup
90833	2	3 Date of Service Edit: Clinical	Clinical: CMS Workgroup
90834	2	3 Date of Service Edit: Clinical	Clinical: CMS Workgroup
90836	2	3 Date of Service Edit: Clinical	Clinical: CMS Workgroup
90837	2	3 Date of Service Edit: Clinical	Clinical: CMS Workgroup
90838	2	3 Date of Service Edit: Clinical	Clinical: CMS Workgroup
90839	1	2 Date of Service Edit: Policy	Code Descriptor/Instruction
90845	1	2 Date of Service Edit: Policy	CMS Policy
90853	2	3 Date of Service Edit: Clinical	CMS Policy

noridian

Healthcare Solutions

Resources

Mental Health Overview > Instructions and Billing > BHI & CoCM > Covered/NonCovered Services > **Resources**

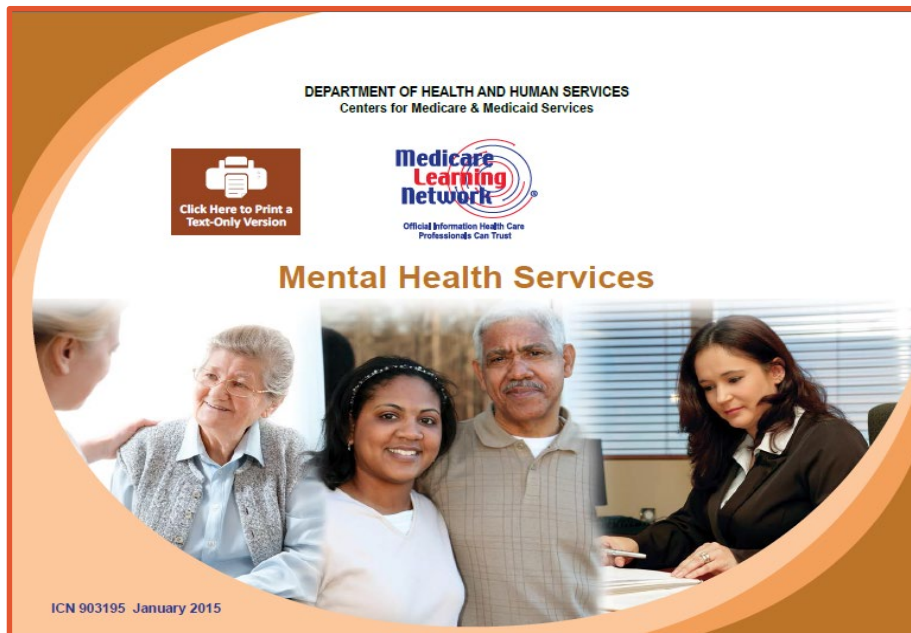
IOM Resources

- <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html>
 - 100-02, Chapter 15, Section 60 & 80
 - 100-04, Chapter 12, Section 150
 - 100-08, Chapter 15, Section 15

CMS Mental Health Booklet

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Mental-Health-Services-Booklet-ICN903195.pdf>

- 19-page informative booklet from CMS MLN
- January 2015
 - Current December 2018
- Contains:
 - Specialty overview (PA, CNS, Psychologist, etc..)
 - Inpatient/Outpatient psychiatric hospital services



CDC Mental Health Website

<https://www.cdc.gov/mentalhealth/>

Mental health is an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.



LEARN ABOUT MENTAL HEALTH



DATA AND PUBLICATIONS



TOOLS AND RESOURCES

Treatment Locator

MentalHealth.gov

Find information about mental health services and resources in your area. You can search by state or zip code.

Go

Get this widget →



MENTAL HEALTH QUIZ



ABOUT US



Psychiatry and Psychotherapy

- CMS Provider Minute: Psychiatry and Psychotherapy video at https://youtu.be/UiV7_Q2Dwqw
 - Proper payment
 - Add-on code use for same day E/M and psychotherapy services
 - 3 factors needed for sufficient documentation

Like What We're Doing?

- Let us know what you like and what we can improve on



- Jurisdiction E:

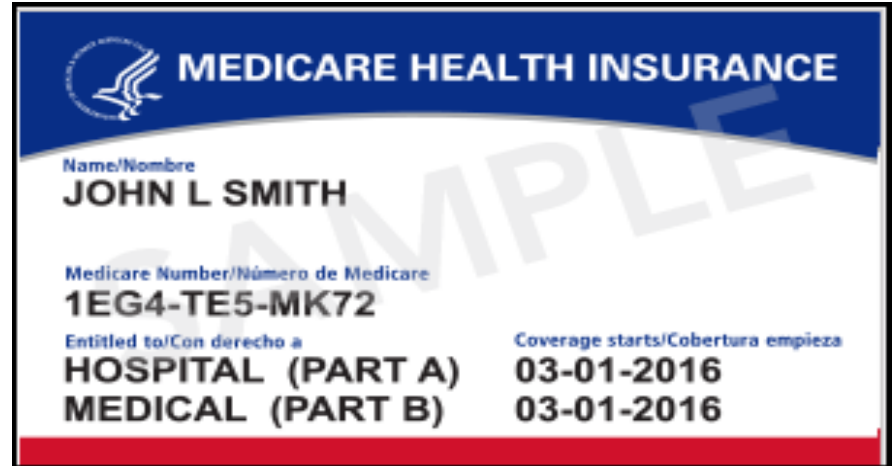
<https://survey.foreseeresults.com/survey/display?cid=wtsU0tp0khBZxIUgcpcMxA==&sid=link-noridian-je>

- Jurisdiction F:

<https://survey.foreseeresults.com/survey/display?cid=wtsU0tp0khBZxIUgcpcMxA==&sid=link-noridian-jf>

Medicare Card Project

- New **Medicare Beneficiary Identifier (MBI) Card**
 - Replacing Health Insurance Claim Number (HICN)
- Noridian system allows billing with MBI
 - Accepts either MBI/HICN until Dec. 31, 2019



- Card not received? Have patient create account in [MyMedicare.gov](https://www.mymedicare.gov)
- Call 1-800-Medicare where identity verified, address checked, etc.



Thank you!

Continuing Education Unit (CEU)

- Keep questions to slides provided
 - Questions may be answered in Part 2
- CEU posted in web menu for download
 - Will email to registered person in a few days
 - Earn 1.5 CEUs
 - No password or index number needed for AAPC
- Sign up for upcoming Noridian webinars
 - Education & Outreach; Schedule of Events
- Take short survey
 - Pops up after closing out of webinar