

**BEHAVIORAL MEDICINE CODING AND BILLING GUIDE
DEVELOPED: FEBRUARY 2005**

This is a matrix of basic coding and billing information, arranged by payer, for coding and billing guidance. It should be used in conjunction with applicable payer manuals and policies, not on its own. In addition, as payers update their information, this tool must also be updated.

BILLING AND CODING MATRIX

Code	Description	DHS/UCare
90801	Psychiatric diagnostic interview examination	30 minute unit. One 2-hour session (4 units) per recipient per CY, unless extension requirements are met (pgs 16 & 17 of manual). No more than four diagnostic assessments/CY will be covered/recipient (to any provider). Prior to the completion of the diagnostic assessment, providers may bill for explanation of findings, psychological testing, and one psychotherapy session. If the diagnostic assessment does not result in a diagnosis of mental illness, the provider may receive payment for the diagnostic assessment, but will not receive payment for continuing mental health services.
90802	Interactive psychiatric diagnostic interview examination	30 minute unit. Authorization is required for 90802 when the threshold of 90801 has been used. 90802 is included in the thresholds of 90801.
90804	Indiv. psychotherapy, office/outpatient, 20-30 min.	26 hours per CY, cumulative. Authorization is required for more (see page 92 of manual). See DHS-1.
90805	Indiv. psychotherapy, office/outpt 20-30 min., w/E&M	Psychiatrist only; 26 hours per CY, cumulative. Authorization is required for more (see page 92 of manual). See DHS-1.
90806	Indiv. psychotherapy, office/outpt 45-50 min.	26 hours per CY, cumulative. Authorization is required for more (see page 92 of manual). See DHS-1.
90807	Indiv. psychotherapy, office/outpt 45-50 min., w/E&M	Psychiatrist only; 26 hours per CY, cumulative. Authorization is required for more (see page 92 of manual). See DHS-1.
90808	Indiv. psychotherapy, office/outpt 75-80 min.	26 hours per CY, cumulative. Authorization is required for more (see page 92 of manual).
90809	Indiv. psychotherapy, office/outpt 75-80 min., w/E&M	Psychiatrist only; 26 hours per CY, cumulative. Authorization is required for more (see page 92 of manual).
90810	Indiv. psychotherapy, interactive, office/outpt 20-30 min.	26 hours per CY, cumulative. Authorization is required for more (see page 92 of manual). See DHS-1.

Code	Description	DHS/UCare
90811	Indiv. psychotherapy, interactive, office/outpt 20-30 min., w/E&M	Psychiatrist only; 26 hours per CY, cumulative. Authorization is required for more (see page 92 of manual). See DHS-1.
90812	Indiv. psychotherapy, interactive, office/outpt, 45-50 min.	26 hours per CY, cumulative. Authorization is required for more (see page 92 of manual). See DHS-1.
90813	Indiv. psychotherapy, interactive, office/outpt, 45-50 min., w/E&M	Psychiatrist only; 26 hours per CY, cumulative. Authorization is required for more (see page 92 of manual). See DHS-1.
90814	Indiv. psychotherapy, interactive, office/outpt, 75-80 min.	26 hours per CY, cumulative. Authorization is required for more (see page 92 of manual). See DHS-1.
90815	Indiv. psychotherapy, interactive, office/outpt, 75-80 min., w/E&M	Psychiatrist only; 26 hours per CY, cumulative. Authorization is required for more (see page 92 of manual).
90846	Family psychotherapy (without patient present)	20 – 30 minute unit; length of session may be 1 hour or 1½ hours. 90846 must be used when the family member being treated is not present during the family therapy session. 90846 is subject to the same authorization requirements and limitations as those imposed on 90847. Use of this code does not result in an additional benefit level, but counts against the benefit level available for 90847.
90847	Family psychotherapy (with patient present)	20 – 30 minute unit; length of session may be 1 hour or 1½ hours. Authorization is required for 90847 in excess of 26 hours per CY.
90849	Multiple family group psychotherapy	20 – 30 minute unit; at least three but no more than five families. Length of the session may be 1 hour, 1½ hours, or 2 hours 40 units per CY. 1 session (up to 4 units) per week. 10 week maximum.
90853	Group psychotherapy (other than family)	20 – 30 minute unit. Two group sizes – including co-therapy – are covered (see pages 19 and 20 of manual). Length of the session may be 1 hour, 1½ hours, or 2 hours. Authorization is required when more than three hours of 90853 are provided in a five calendar day period or when more than 78 hours per CY have been reached.
90857	Interactive group psychotherapy	20 – 30 minute unit. Two group sizes – including co-therapy – are covered (see pages 19 and 20 of manual). Length of the session may be 1 hour, 1½ hours, or 2 hours. Authorization is required for 90857 when the threshold of 90853 has been used. 90857 is included in the threshold 90853.
M0064	Brief office visit for monitoring or changing drug prescriptions	1 per session. M0064 should be used for a brief office visit for the sole purpose of monitoring or changing prescriptions (such as simple dosage adjustment). Time spent is generally less than ten minutes. (Physicians, CNS-MH, or NP).
90862	Pharmacologic management w/minimal psychotherapy	One session equals 1 unit. 1 unit per 7 days. 52 units per CY. For non-psychotropic drug monitoring, use E&M codes. (Physicians, CNS-MH, or NP).

Code	Description	DHS/UCare
90875	Individual psychophysiological therapy incorporating biofeedback, 20-30 min.	1 per session.
90876	Individual psychophysiological therapy incorporating biofeedback, 45-50 min.	1 per session.
90880	Hypnotherapy	Psychotherapeutic treatment through hypnosis, induced by a mental health professional trained in hypnotherapy should be billed as a component of individual psychotherapy.
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	Adult benefit: 15-minute unit; children: no reference. Authorization is required for more than 10 hours/month or 72 hours/CY.
90885	Psychiatric evaluation of hospital records	No reference.
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	Limited to 4 hours per CY. No more than 1 hour may be billed for a date, unless special criteria are met (see page 21 of manual). Not covered for the purpose of providing clinical direction to employees or others or to share information at regularly scheduled interagency coordination of care meetings.
90889	Preparation of report of patient's psychiatric status	No specific reference; presumed to be non-covered.
90899	Unlisted psychiatric service or procedure	Submit time and narrative.
96100	Psychological testing, per hour	Hourly. Max 8 hours per CY. Psychological testing must be conducted by a licensed psychologist with competence in psychological testing, as reported to the Board of Psychology. Administration and scoring of the test may be provided under clinical supervision of a licensed psychologist, by a psychometrist, psychological assistant, or as part of a computer assisted psychological testing program. The licensed psychologist must conduct the face-to-face interview, interpret the test results, and sign the report that is then placed in the recipient's record. For tests scored by machine or computer, report the time it would take to score the test manually. Note: For MMPIs that are computer scored and interpreted, a face-to-face interview is required and the psychologist must document his/her opinion as to the validity of the test results.
96150	Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment	See CPT description. MH/CD diagnosis is NOT primary. Bill the health and behavior assessment codes when a physician requests information concerning the recipient's psychological status or for follow-up services, but the consultation does not constitute a full mental health diagnostic assessment.

Code	Description	DHS/UCare
96151	Health and behavior assessment; each 15 minutes face-to-face with the patient; re-assessment	See 96150.
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual	See 96150.
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)	See 96150.
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)	See 96150.
96155	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)	No reference.
H0034	(Adult) Medication education – 15 minute unit	Must be eligible provider (see pages 24-34 of manual). Must be eligible provider (see pages 24-34 of manual). Provided by a physician, RN, PA, or pharmacist. Authorization is required for more than 26 hrs/CY of H0034 and 26 hrs/CY of H0034-HQ (group session).
H0046	Mental health provider travel time – 1 minute unit	See benefit charts in manual.
H2014-UA	(Child) Skills training and development, individual	Must be eligible provider (see pages 52 and 53 of manual). 15 minute unit; child must be present throughout training.
H2014-UA HQ	(Child) Skills training and development, group	Must be eligible provider (see pages 52 and 53 of manual). 15 minute unit; child must be present throughout training.
H2014-UA HR	(Child) Skills training and development, family	Must be eligible provider (see pages 52 and 53 of manual). 15 minute unit; child must be present throughout training.
H2017	(Adult) Basic living and social skills – 15 minute unit, individual	Must be eligible provider (see pages 24-34 of manual). Authorization is required for more than 260 hrs/180 days or 300 hrs/CY combined total of H2017, H2017-HM (rehab worker), and H2017 HQ (group session).
E&Ms	Evaluation & Management	Limited to physicians (though we interpret this to include CNS services too). See pages 18, 85 and 86 of manual. Use 99211 to bill for medication management by an RN.

SOURCES AND FOOTNOTES

DHS: MHCP Provider Manual – Chapter 16: Mental Health Services

DHS-1. Authorization is required for more than 26 hours (52 visits/units of 90804, 90805) or 90875 (when billed in two-unit increments) or 26 hours of 90806 or 90807, or 40 units of 90875 (when billed in two-unit increments) per CY. Note: 90875 (when billed as one unit) and 90804 or 90805 (combined) decrements from the total 26 hours per CY. There is not a separate benefit level for each code. Likewise, 90875 (when billed as two units) and 90806 or 90807 (combined) decrement from the total 26 hours per CY. There is not a separate benefit level for each code. Authorization is required for 90810 - 90814 when the thresholds of 90806 or 90807 have been used. These codes are included in the thresholds of 90806 or 90807. (The provider cannot bill both a 90806 and 90807 and 90810 - 90814. Choose one or the other.)

UCare Minnesota: UCare follows DHS guidelines.

COVERED PROVIDERS

DHS/MEDICAID

Mental health professionals who provide clinical services in the treatment of mental illness or emotional disturbance are eligible for MHCP enrollment as individual providers of mental health services if they meet one of the following standards:

- **Licensed Psychologist (LP)** - licensed under MS 148.88 to 148.98, who has stated to the Board of Psychology competencies in the diagnosis and treatment of mental illness.
- **Licensed Psychological Practitioner (LPP)** - licensed under MS 148.908 and granted a variance from supervision requirements by the Board of Psychology in accordance with MS 148.925, subd.7.
- **Licensed Independent Clinical Social Worker (LICSW)** - under MS 148B.21, subd. 6.
- **Psychiatrist** - a physician licensed under MS 147 and certified by the American Board of Psychiatry and Neurology or eligible for board certification in psychiatry.
- **Psychiatric Nursing (e.g. Clinical Nurse Specialist)** - a registered nurse who is licensed under MS 148.171 to 148.285 and
 - Certified as a clinical nurse specialist in psychiatric or mental health nursing or a nurse practitioner in adult or family psychiatric and mental health nursing, by a national nurse certification organization; or
 - Has a master's degree in nursing or one of the behavioral sciences or related fields from an accredited college or university or its equivalent, with at least 4,000 hours of postmaster's supervised experience in the delivery of clinical services in the treatment of mental illness.
- **Licensed Marriage and Family Therapist (LMFT)** - licensed under MS 148B.29 to 148B.39 with at least two years of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness.

Note: Only enrolled providers are eligible to be the pay-to-provider. Mental health services provided by non-enrollable individuals listed in this chapter must be billed as described, in the Fee-for-Service Billing Section, or as defined under specific covered services in the Billing Section in the service component section.

- **Non-enrollable Providers** - Individual providers who do not qualify as mental health professionals are not eligible to enroll as MHCP providers but are eligible to provide specific mental health services under clinical supervision of an enrolled MHCP professional. Mental health practitioners may provide only rehabilitative services, (i.e., day treatment, partial hospitalization, ARMHS, CTSS, and crisis response).
- **Mental Health Practitioners** - Mental health practitioners providing services for the treatment of mental illness, under clinical supervision of a mental health professional are not eligible for enrollment, but must be qualified in *at least one* of the following ways:
 - Obtained a bachelor's degree in one of the behavioral sciences or related fields from an accredited college or university *and*:
 - 2,000 hours of supervised experience in the delivery of clinical services in the treatment of mental illness or children with emotional disturbances; or
 - Is fluent in the non-English language of the ethnic group to which at least 50% of the practitioner's clients belong, completes 40 hours of training in the delivery of services to persons with mental illness or children with emotional disturbances, and receives clinical supervision from a mental health professional at least once a week until the requirement of 2,000 hours of supervised experience is met;
 - Completed 6,000 hours of supervised experience in the delivery of clinical services in the treatment of mental illness; or
 - Enrolled as a graduate student in one of the behavioral sciences/related fields formally assigned to the center for clinical training by an accredited college or university; or
 - Obtained a Master's or other graduate degree in one of the behavioral sciences or related fields from an accredited college or university.

Generally, only enrolled providers who meet the qualifications of a mental health professional are eligible to receive reimbursement for outpatient mental health services. However, select mental health practitioners, who meet specific criteria may receive reimbursement for limited outpatient services. See Outpatient Services section for additional information.