FREQUENTLY ASKED QUESTIONS
About the New CBHS Outpatient Mental Health Service Codes

1. **Does the INDTPY code replace all CPT 9-series and HCPCS H-series codes?**

INDTPY – Individual Psychotherapy replaces the CPT psychotherapy codes that are based on FTF time spent with the Client that are rendered by Licensed Practitioners of the Healing Arts (LPHA); and also, HCPCS H2015 codes that are used when Individual Therapy services are provided by MH Rehab Specialists or Unlicensed Clinicians. Following are the MH service codes that will be replaced by the one code for Individual therapy: 90832, 90834, 90837, 90838, H2015IT. Clinicians can check the “Interactive Complexity” add-on option when billing INDTPY. If a Licensed Clinician checks this option, service code 90785 will be billed on Insurance claims. SDMC is not billed and does not provide additional reimbursement for Interactive complexity add-on.

2. **For Family Therapy with Client Present, is that known as family therapy sessions? If so, the list states only "Licensed and Waivered Staff Only" can bill for this code. Who is considered "Waivered Staff"?**

Yes, 90847 – Family Therapy with the Client Present is the code used by Licensed and Waivered Clinicians for family therapy sessions. If the service is a training or education given to family members or other significant persons in a Client’s life, use the ICOLL – Individual Rehab Collateral service code. If training was to a multi-family group, use GCOLL – Group Rehab Collateral service code.

Unlicensed or MH Rehab Counselors will use service code, ICOLL when billing collateral service to an Individual Client and GCOLL for a group collateral session.

Waivered Clinicians are usually PsyD or PhD candidates who need supervised professional experience required to sit for a licensing exam. Contact the CBHS Compliance Office for information about Clinician Waivers or credentialing.

3. **Will Providers be able to use the current or “old” service Codes to bill services they have not yet entered in Avatar that were rendered back in April, 2015?**

Providers will have a brief transition period to enter Services using the “old” Codes. CBHS IT Staff will “unassign” the “old” Service Codes and at the same time, will assign the new Service Codes. This work is scheduled from July 1 to July 15, 2015. **Once the old codes are unassigned, they will no longer be available for Clinicians to use.**

**MH Providers are requested to enter all of their FY14-15 services by 7/30/15.** Services that are billed using the Batch Service Upload process must also meet this deadline otherwise, the file will be completely rejected. Please contact CBHS Billing
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or the Avatar Help Desk if your Program has unbilled services with dates before 7/1/2015 that cannot be entered into Avatar.

4. I’m a Psychiatrist and I rendered a Medication Support service to a Client at the Homeless Navigation Center. What Service Code do I bill and what Place of Service Code do I use?

Prescribers will use new Service Code H0034 to bill Medication Support to an Individual Client in a field or community setting. This code replaces H2010, H2010MT, and H2010GP codes that were previously used. By the way, this is also the code used by Prescribers when Medication Support service is rendered over the telephone.

The most appropriate Place of Service Code for the Homeless Navigation Center is ‘04’ – Homeless Shelter.

5. I was wondering why code 90792 is considered MHS and not Medication support. These services are provided by our Psychiatrists in evaluating clients for medication support. Is there a different code they should be using?

90792 = Psychiatric diagnostic evaluation with medical services. The CBHS Medical Director and Clinical Workgroup determined how Service Codes will crosswalk to SDMC Modes and Service Function Codes and to CPT or HCPCS codes. 90792 is an Assessment service (Mode 15, SFC 30), and not a Medication service (Mode 15, SFC 60). Psychiatrists would normally use the Evaluation and Management service codes when providing Medication support in an Outpatient Clinic setting (MH Clinic, Primary Care Clinic, or a Public Health Clinic).

6. What Service Code do I use now that M0064 – Brief Medication Visit is no longer available?

HCPCS code M0064 was discontinued as of 1/1/2015. Insurance and Medicare no longer accept this code. Service Code EEML1 – Existing Client Evaluation & Management Medication Support Level 1 should be used in its stead.

7. Are E&M codes further defined with specific durations of time based on FTF?

Evaluation and Management codes are primarily based on Level of Care; for example, Level 1 is used when the presenting problem is minimal and a straightforward medical decision is made, while a Level 4 E&M code is used when a comprehensive medical history, examination, and medical decision making of high complexity are required.
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The American Medical Association - CPT Code book explains that FTF (face-to-face) durations for E&M codes are averages (“…specific times expressed in the visit code descriptors are averages”). These are expressed as “typical” durations for time spent with the Client (i.e., Typically 25 minutes is spent for 99214 – E&M Level 4). We use these durations in MyAvatar/ Advanced Billing Rules. Clinicians will receive “warning” messages if the FTF durations entered are not within range for the E&M Level code used. For example, if 5 minutes FTF time was entered for EEML4 – Existing Client Eval & Mgmt, Level 4. EEML4 entered with service location code 11 - Office crosswalks to CPT code 99214.