

Psychiatric Care Defined

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| Policy ID: | HHO-DE-MP-1046 |
| Approved By: | Highmark Health Options – Market Leadership |
| Provider Notice Date: | |
| Original Effective Date: | N/A |
| Annual Approval Date: | 09/2022 |
| Last Revision Date: | 09/20/2021 |
| Products: | Medicaid |
| Application: | All participating hospitals and providers |
| Page Number(s): | 1 of 4 |

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary psychiatric care.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

Psychiatrist – A medical doctor (an M.D. or D.O.) who specializes in mental health, including substance use disorders. They are qualified to assess both the mental and physical aspects of psychological problems.

PROCEDURES

1. When a visit is reported for both a psychiatric and a nonpsychiatric diagnosis and the description of service does not specify that psychiatric treatment was provided, the service should be processed as medical care.

In determining whether a particular service furnished to a patient with Alzheimer's disease or Tourette Syndrome is subject to psychiatric reimbursement guidelines, the nature of the service must be considered. Typically, treatment of patients with Alzheimer's disease or Tourette syndrome will represent medical management of the individual's condition (e.g., treatment with medication), and should not be considered psychiatric treatment. However, where treatment is primarily psychotherapy, it should be considered psychiatric treatment.

Note: Claims for psychological testing/central nervous system testing (96125, 96130, 96131, 96132, 96133, 96136, 96137, and 96146) should be processed as a medical benefit or a psychiatric benefit, based on the patient's diagnosis (i.e., medical diagnosis or psychiatric diagnosis), regardless of the specialty (e.g., psychiatrist, psychologist) of the provider reporting the service.

2. Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

3. Place of Service

Experimental/investigational (E/I) services are not covered regardless of place of service.

CODING REQUIREMENTS

| CPT codes | Description |
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| 90785 | Interactive Complexity (list separately in addition to the code for primary procedure). |
| 90791 | Psychiatric diagnostic evaluation. |
| 90792 | Psychiatric diagnostic evaluation with medical services. |
| 90832 | Psychotherapy, 30 minutes with patient. |
| 90833 | Psychotherapy, 30 minutes with patient when performed with an evaluation and management services (list separately in addition to the code for primary procedure(s)). |
| 90834 | Psychotherapy, 45 minutes with patient. |
| 90836 | Psychotherapy, 45 minutes with patient when performed with an evaluation and management services (list separately in addition to the code for primary procedure(s)). |
| 90837 | Psychotherapy, 60 minutes with patient. |
| 90838 | Psychotherapy, 60 minutes with patient when performed with an evaluation and management services (list separately in addition to the code for primary procedure(s)). |
| 90839 | Psychotherapy for crisis; first 60 minutes. |
| 90840 | Psychotherapy for crisis; each additional 30 minutes (list separately in addition to code for primary service). |
| 90845 | Psychoanalysis. |
| 90846 | Family psychotherapy (without the patient present), 50 minutes. |

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| 90847 | Family psychotherapy (conjoint psychotherapy with the patient present), 50 minutes. |
| 90849 | Multiple-family group psychotherapy. |
| 90853 | Group psychotherapy (other than of a multiple-family group). |
| 90863 | Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (list separately in addition to the code for primary procedure). |
| 90865 | Narcosynthesis for psychiatric diagnostic and therapeutic purposes (e.g., sodium amobarbital (amytal) interview). |
| 90870 | Electroconvulsive therapy (includes necessary monitoring). |
| 90885 | Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes. |
| 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. |
| 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. |
| 96125 | Standardized cognitive performance testing (e.g., Ross information processing assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report. |
| 96130 | Psychological testing evaluation services by physician or other qualified health care professional, 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 | Psychological testing evaluation services by physician or other qualified health care professional, 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; each additional hour (List separately in addition to code for primary procedure). |
| 96132 | Neuropsychological testing evaluation services by physician or other qualified health care professional, 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 | Neuropsychological testing evaluation services by physician or other qualified health care professional, 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; each additional hour (list separately in addition to code for primary procedure). |
| 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. |

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| 96137 | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes (List separately in addition to code for primary procedure). |
| 96146 | Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only. |
| 97151 | Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time, face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan. |

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

Note the following post-payment applications within the body of the bulletin. These services will pay on initial processing and are subject to retrospective review.

In determining whether a particular service furnished to a patient with Alzheimer's disease or Tourette Syndrome is subject to psychiatric reimbursement guidelines, the nature of the service must be considered. Typically, treatment of patients with Alzheimer's disease or Tourette Syndrome will represent medical management of the patient's condition (e.g., treatment with medication), and should not be considered psychiatric treatment. However, where treatment is primarily psychotherapy, it should be considered psychiatric treatment.

The preceding guidelines on Tourette Syndrome may or may not process correctly based on medical vs. mental treatment. Retrospective review may be required.

PROCESSING GUIDELINES

Claims for psychiatric/psychological visits and consultations should be processed under the appropriate medical visit or consultation code with the appropriate psychiatric modifier.

References

Beckers T, Koekkek B, Hutshemakeers G, Teimens B. Potential predictive factors for successful referral from specialist mental-health services to less intensive treatment: A concept mapping study. PLoS ONE. 2018;13(6):e0199668.

Lund C, Broke-Sumner C, Baron E, et al. Social determinants of mental disorders and the Sustainable Development Goals: A systematic review of reviews. Lancet Psychiatry. 2018;5:357-69.

POLICY UPDATE HISTORY

| <Date> | <Event> |
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