

## PROVIDER BULLETIN

Volume 32 Number 33

<http://www.dss.mo.gov/mhd>

February 17, 2010

### PSYCHOLOGY/COUNSELING PROGRAM BULLETIN

PHYSICIAN (PSYCHIATRIST), PSYCHIATRIC CLINICAL NURSE SPECIALISTS (PCNS),  
AND PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS (PMHNP)

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#### CONTENTS

- PHARMACOLOGICAL MANAGEMENT (CPT CODE 90862)
- EVALUATION AND MANAGEMENT PROCEDURE CODES

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#### PHARMACOLOGICAL MANAGEMENT (CPT CODE 90862)

##### Evaluation and Management Procedure Codes

Beginning with the date of this bulletin, in order to claim Pharmacological Management, CPT code 90862, a minimum of 15 minutes face-to-face time must be spent with the patient. The maximum number of units per patient is 1 unit per day and the maximum number of units that a provider may bill for multiple patients is limited to 4 per hour. A provider will not be paid for more than 4 patients per hour for pharmacological management.

Physician Bulletin Volume 31, Number 54, dated February 24, 2009 outlined the documentation requirements and definition of Pharmacological Management, CPT 90862 as follows:

##### **Pharmacological Management – CPT 90862**

Pharmacological management refers to the in-depth management of psychopharmacological agents, which are medications with the potential for serious side effects. Psychopharmacological management represents a skilled aspect of care for a patient who has been determined to have a mental illness. Pharmacological management is intended for use for patients who are being managed primarily by psychotropic medications or electroconvulsive therapy (ECT, procedure code 90870). Pharmacological

management must be provided during a face-to-face visit with the patient and any psychotherapy must be less than 20 minutes.

The focus of a pharmacological management visit is the use of medication for relief of the patient's signs and symptoms of mental illness. When the patient continues to experience signs and symptoms of mental illness necessitating discussion beyond minimal psychotherapy in a given day, the focus of the service is broader and is considered psychotherapy rather than pharmacological management.

### **Documentation Requirements – Pharmacological Management**

All documentation must support that the service was reasonable and medically necessary for the billed diagnosis.

The treating provider must document the medical necessity of the chosen treatment and list the diagnosis code that most accurately describes the condition of the patient that necessitated the need for the pharmacological management on the claim and in the patient's medical record. The medical record should be clear and concise, documenting the reason for the pharmacological management treatment and the outcomes. A check-off list is not accepted as sole documentation.

Documentation of medical necessity for pharmacological management (procedure code 90862) must address all of the following information in the patient's medical record in legible format:

- Date and time
- Diagnosis – update at least annually
- Interim Medication history
- Current symptoms and problems that include any physical symptoms
- Problems, reactions, and side effects, if any, to medications and/or ECT
- Current Mental Status Exam
- Any medication modifications
- The reasons for medication adjustments/changes or continuation
- Desired therapeutic drug levels, if applicable
- Current laboratory values, if applicable
- Anticipated physical and behavioral outcome(s)

Effective for dates of service on or after July 1, 2007, MO HealthNet requires providers to follow Medicare's Physician NCCI guidelines. Providers can find the current Physician NCCI edits and the current Mutually Exclusive Code (MEC) edits on the CMS Web site at:

<http://www.cms.hhs.gov/NationalCorrectCodInitEd/NCCIEP/list.asp> As part of the NCCI editing, procedure code 90862 will be denied as part of any E/M service when billed on

the same date of service by the same provider. If the predominant activity during the office visit is psychotherapy, then the specific psychotherapy procedure code should be billed. Procedure code 90862 will be denied as part of any psychotherapy service when billed for the same date of service by the same provider.

MO HealthNet has developed a sample template for use in documenting Pharmacological Management (90862) and Diagnostic Assessment (90801). The templates are available online at <http://www.dss.mo.gov/mhd/cs/psych/pages/templates.htm>. Providers may use the template if they wish but the specific template is not required. Utilizing the attached template will assist in ensuring all required elements are addressed.

## **EVALUATION AND MANAGEMENT PROCEDURE CODES**

### **Evaluation and Management Procedure Codes with Psychotherapy Component (908 series)**

Procedure codes 90805, 90807, 90811, 90813, 90817, 90819, 90824 and 90827 are covered through the Psychology/Counseling Program when performed by a psychiatrist, psychiatric clinical nurse specialist or a psychiatric mental health nurse practitioner. These procedures are subject to the guidelines and limitations contained in the Psychology/Counseling Program Manual and subsequent Psychotherapy Bulletins.

### **Evaluation and Management Procedure Codes (99000 series)**

The evaluation and management codes that are contained in the 99000 series are not considered Psychology/Counseling services and therefore fall under the Physician Program. Reimbursement for these codes is subject to the guidelines and limitation contained in the Physician Program Manual and Physician Bulletins.

**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

**MO HealthNet Managed Care:** The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

**Provider Communications Hotline 573-751-2896**