



MISSOURI
DIVISION OF MEDICAL SERVICES

Psychotherapy Bulletin:
PHYSICIAN (PSYCHIATRIST),
PSYCHOLOGIST, PCNS, LCSW, LPC,
FQHC, RHC

Due to budget constraints, paper copies of bulletins will no longer be distributed by DMS. Bulletins are now available only at the DMS Website.
Bulletins will remain on this site only until incorporated into the provider manuals as appropriate, then deleted.

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SERVICES FURNISHED BY A PSYCHOLOGIST

The Division of Medical Services (DMS) has added coverage of psychological services for adults.

Medicaid enrolled psychologist may bill on a fee-for-service basis for covered services for any dates of service on or after October 17, 2002 when furnished to a Medicaid or MC+ eligible adult not enrolled in a MC+ managed care health plan on the date of the service.

Psychology services furnished to an adult on or after October 17, 2002 may be billed as follows:

- Use TOS M for claims submitted using the codes listed in Section 19 of the Psychology/Counseling manual.

Psychologist Services in an FQHC, Provider Based RHC or CMHC Setting

Services furnished by a psychologist employed by and working in an FQHC, a provider based RHC, or CMHC setting are currently billed for an adult by the center/clinic using TOS 1 with an "AH" modifier. Services by a psychologist for a child in those settings are currently billed using TOS 1 and the YG modifier. Services for Place of Service (POS) "home" currently require a W4 modifier.

Providers are to continue billing covered services in the same manner.

HIPAA

The Division of Medical Services (DMS) must act in accordance with the Health Insurance Portability and Accountability Act (HIPAA) as mandated by the Secretary of Health and Human Services (HHS) and implement federal coding standards no later than October 16, 2003.

The Health Care Financing Administration Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) coding changes scheduled to take effect July 7, 2003 for psychiatric services have been suspended. The DMS is re-examining the codes to determine if there is a way to lessen the impact to the provider community as the agency seeks to become compliant with national coding standards.

Psychotherapy bulletin volume 25, number 1 dated June 12, 2003 has been rescinded. Coding changes scheduled to take effect July 7, 2003 have been suspended. Providers are advised to continue using HCPCS and CPT codes in effect prior to issuance of the June 12, 2003 bulletin.

PSYCHOTHERAPY PROPOSED RULE

On June 16, 2003 a proposed rule was published in the *Missouri Register*. The comment period for that rule ends July 16, 2003. The Division of Medical Services is interested in your written comments. Please send written comments to Office of the Director, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109.

MC+ MANAGED CARE

The information contained in this bulletin applies to coverage by the MC+ Fee-for-Service and Medicaid Fee-for-Service programs. The MC+ Fee-for-Service and Medicaid Fee-for-Service programs also provide coverage for those services carved out of the MC+ Managed Care benefit for MC+ Managed Care enrollees. Questions regarding services included in the MC+ Managed Care benefit should be directed to the enrollee's MC+ Managed Care health plan. Please check the patient's eligibility status prior to delivering a service.

Provider Communications
(800) 392-0938
or
(573) 751-2896