



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

Volume 26 Number 3

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

June 16, 2004

PSYCHOTHERAPY BULLETIN PHYSICIAN (PSYCHIATRIST), PSYCHOLOGIST, PCNS, LCSW, LPC, FQHC, RHC

CONTENTS

- PROCEDURE CODES 96100 and 96100AH
- DESCRIPTION CORRECTION
- PROCEDURE CODE LIMITATION
- INTERACTIVE AND INSIGHT ORIENTED PSYCHOTHERAPY

PROCEDURE CODES 96100 AND 96100AH

Procedure codes 96100U8 (U8 = home) and 96100AHU8 were inadvertently omitted during the HIPAA conversion process. Enrolled Medicaid provider, Physician (Psychiatrist), Psychologist, Psychiatric Clinical Nurse Specialist (PCNS), Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), Federally Qualified Health Care (FQHC), Rural Health Clinic (RHC) may use these codes effective November 1, 2003.

DESCRIPTION CORRECTION

There is an error in the description for procedure code 90846UDU8 on page 9 of the Psychotherapy Bulletin dated October 22, 2003. The correct description is: *Family psy tx w/o patient present*. Refer to Current Procedural Terminology (CPT) or Health Care Procedure Coding System (HCPCS) for full description of all procedure codes.

PROCEDURE CODE LIMITATION

The below chart identifies individual procedure code limitations on a single procedure code per unit/per provider. This chart replaces the chart listed in the Psychotherapy Bulletin volume 26, No. 1 dated October 22, 2003.

This chart does *not* indicate limitations of multiple procedure codes in the same grouping being completed on the same date of service. For instance on procedure code grouping; 90804, 90805, 90806 and 90807, each procedure has a limit of 1 unit per day and 5 units per month. Reference the combination billing section of the Psychotherapy Bulletin Volume 26, No.1 dated October 22, 2003 for multiple procedures being billed on the same date of service.

Procedure code with or without modifier	Limitations
90801	Six 30 minute units per rolling year
90802	Two 30 minute units per rolling year
96100	Four 1 hour units per rolling year
90804, 90805, 90806, 90807	One unit per day and 5 units per month
90846, 90847	Two 30 minute units per day and 10 units per month
90810, 90811, 90812, 90813	One unit per day and 5 units per month with progress notes attached to claim.
90816, 90817, 90818, 90819	One unit per day
90823, 90824, 90826, 90827	One unit per day allowed in place of service (POS) 21, 51, 61, 56 & 33.
90853	Three units per day and 15 units per month
90862	Not allowed in POS 12 or 99
90870	One unit per day, allowed in POS 21, 22, 23, 51, 61 & 56
90871	Three units per day allowed in POS 21, 22, 23, 51, 61 & 56
90885	One evaluation per stay, allowed in POS 21, 51, 61 & 56
S9484	Six hours per rolling year, more than six must attach progress notes and documentation of medical need with claim.

INTERACTIVE AND INSIGHT ORIENTED PSYCHOTHERAPY

Individual therapy procedure codes are divided into two categories; interactive psychotherapy and insight oriented, behavior modifying psychotherapy. Providers may bill an insight oriented and interactive psychotherapy code for the same child, on the same date of service, when warranted or medically necessary (90804 and 90810). The provider must document, in the record, the necessity of furnishing both procedures on the same date of service. The provider cannot bill both codes for the same or overlapping time frames. The interactive psychotherapy code must be submitted on paper with the documentation attached to the claim.

Provider Bulletins are available on the DMS Website at <http://www.dss.mo.gov/dms/pages/bulletins.htm>. Bulletins will remain on this site only until incorporated into the [provider manuals](#) as appropriate, then deleted.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Website at <http://dss.missouri.gov/dms/subscribe/MedNewsSubscribe.htm> to subscribe to the listserve to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 1-800-392-0938 and using Option One.

Provider Communications Hotline
800-392-0938 or 573-751-2896