

Healthy Children and Youth (HCY) Screenings

Behavioral Health Provider Manual:

http://manuals.momed.com/collections/collection_psy/print.pdf.

Behavioral Health Provider Manual: Section 13.20.A

Developmental and Mental Health Partial Screens are billable by a provisionally licensed psychologist, psychologist, psychiatrist, psychiatric mental health practitioner (PMHNP), psychiatric clinical nurse specialist (PCNS), LCSW, LMSW, LPC, or PLPC. These screening codes do **not** use the AH, AJ, UD, or U8 modifiers. Instead the codes must have a **59 modifier** and if the child is referred on for further care a **UC modifier**. The diagnosis code Z00.129 is the only valid diagnosis code for a **partial** HCY screening.

99429 59

99429 59 UC

***Modifier “UC”** must be used if child was referred for further care as a result of the screening. Modifier “UC” must always appear as the last modifier.

Modifiers

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Claims must be submitted using the appropriate modifier(s). The specialty modifier is always required.

AH – Psychologist / Provisionally Licensed Psychologist

AJ – Licensed Clinical Social Worker / Licensed Master Social Worker

UD – Licensed Professional Counselor / Provisionally Licensed Professional Counselor

U8 – in home (12)

(The U8 modifier is not appropriate when billing 90853 regardless of POS)

CR – Catastrophe/Disaster Related

A modifier may be required to track services provided to patients identified as catastrophe/disaster victims in any part of the country. This modifier is used in addition to any other required modifiers. There is no additional reimbursement associated with use of this modifier.

With the implementation of **National Correct Coding Initiative (NCCI)**, multiple services rendered on the same date by the same performing provider require an additional modifier. A list of modifiers may be found at the fee schedule link on the MHD Web site.

Frequently Used Place of Service (POS) Codes

Behavioral Health Provider Manual: Section 13.24

03 – Public School	21 – Inpatient Hospital	51 – Inpatient Psychiatric Facility
04 – Homeless Shelter	22 – Outpatient Hospital	56 – Psych Residential Treatment
11 - Office	33 – Residential Treatment Center	61 – Comprehensive Inpatient Rehab Facility
12 – Participant Home	50 – FQHC	72 – Rural Health Clinic
14 – Group Home		99 – Other Unlisted Facility

PLACE OF SERVICE CODE

Place of service 99 **cannot** be used for therapy provided in a public setting. A public setting includes but is not limited to: a parked or moving vehicle, library, park, shopping center, restaurants, etc. **Providers must use the appropriate place of service code for the setting in which services are rendered.** If there is no place of service code that matches the setting, services may not be billed to MO HealthNet. Although there is a place of service 15 for mobile unit, MO HealthNet does **not** cover services provided in this setting.

Place of service 11 (office) is to be used for settings such as a Head Start. Centers for Medicare and Medicaid Services (CMS) have defined an **office** as a location where the health professional routinely provides services.

Place of service 04 (homeless shelter) should be used when services are provided in a setting such as a crisis center or Salvation Army housing. The CMS definition of a homeless shelter is a facility or location that provides temporary housing.

Travel time is not reimbursable and must not be included as part of the scheduled appointment time.

SCHOOL BASED SERVICES

Services provided on public school grounds or provided due to an **Individualized Education Plan (IEP)** are billed by the **school district using their National Provider Identifier number (NPI)** and the individual's NPI as the performing provider. Reimbursement is paid to the school district. IEP services are **exempt** from Managed Care but must be prior authorized by MHD based on the ME code. The only appropriate place of service for a **public school setting is 03.**

PROCEDURE CODES FOR LCSW AND LPC

The procedure codes listed below are the only behavioral health codes billable by an LCSW, LMSW, LPC, or PLPC. The appropriate **AJ** or **UD** must be used for **all** codes.

Procedure Code	Modifier	Maximum Quantity	Description
90791		6	Psychiatric diagnostic eval
90791	U8	6	Psychiatric diagnostic eval - home
90832		1	Individual therapy – 30 mins.
90832	U8	1	Individual therapy – home – 30 mins.
90834		1	Individual therapy – 45 mins.
90834	U8	1	Individual therapy – home – 45 mins.
90846		2	Family therapy without patient present
90846	U8	1	Family therapy without patient present - home
90847		1	Family therapy with patient present
90847	U8	1	Family therapy with patient present - home
90853		3	Group therapy (other than multi-family)
90839		6	Psychotherapy for Crisis – 60 mins.
90839	U8	6	Psychotherapy for Crisis – home – 60 mins.
99406**		1	Smoking behavior change 3-10 mins.
99407**		1	Smoking behavior change over 10 mins.

PROCEDURE CODES FOR PSYCHOLOGISTS

The procedure codes listed below are the only behavioral health codes billable by a provisional licensed psychologist, or psychologist. The **AH** modifier must be used on ***all*** codes.

Procedure Code	Modifier	Maximum Quantity	Description
90791		6	Psychiatric diagnostic eval
90791	U8	6	Psychiatric diagnostic eval - home
90832		1	Individual therapy – 30 mins.
90832	U8	1	Individual therapy – home – 30 mins.
90834		1	Individual therapy – 45 mins.
90834	U8	1	Individual therapy – home – 45 mins..
90846		2	Family therapy without patient present
90846	U8	2	Family therapy without patient present - home
90847		2	Family therapy with patient present
90847	U8	2	Family therapy with patient present - home
90853		3	Group therapy (other than multi-family)
90839		6	Psychotherapy for Crisis – 60 mins.
90839	U8	6	Psychotherapy for Crisis – home – 60 mins.
90880		1	Hypnotherapy
90885		1	Psychiatric eval of records-inpatient only
96101		4	Psychological test by professional
96101	U8	4	Psychological test by professional – home
96103		4	Psychological test by computer
96103	U8	4	Psychological test by computer-home
96105		1	Assessment of Aphasia
96111		1	Developmental testing
96116		1	Neurobehavioral status exam
99406**		1	Smoking behavior change 3-10 mins.
99407**		1	Smoking behavior change over 10 mins.

**PSYCHIATRISTS, PSYCHIATRIC CLINICAL NURSES, FQHC,
PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS
AND RHC**

Procedure Code	Modifier	Maximum Quantity	Description
90791		6	Psychiatric diagnostic evaluation
90791	U8	6	Psychiatric diagnostic evaluation - home
90792		6	Psychiatric diagnostic evaluation with medical services
90792	U8	6	Psychiatric diagnostic evaluation with medical services – home
90832*		1	Individual therapy – 30 mins.
90832*	U8	1	Individual therapy – home – 30 mins.
90834*		1	Individual therapy – 45mins.
90834*	U8	1	Individual therapy – home – 45 mins.
90846		2	Family therapy without patient present
90846	U8	2	Family therapy without patient present – home
90847		2	Family therapy with patient present
90847	U8	2	Family therapy with patient present – home
90853		3	Group therapy (other than multi-family)
90839		6	Psychotherapy for Crisis – 60 mins.
90839	U8	6	Psychotherapy for Crisis – home – 60 mins.
90865		1	Narcosynthesis
90870		1	Electroconvulsive therapy
90880		1	Hypnotherapy
90885		1	Psychiatric evaluation of records – inpatient only
96101		4	Psychological test by professional
96101	U8	4	Psychological test by professional – home
96103		4	Psychological test by computer
96103	U8	4	Psychological test by computer - home
96105		1	Assessment of Aphasia
96111		1	Developmental testing
96116		1	Neurobehavioral status exam
99406**		1	Smoking behavior change 3-10 mins.
99407**		1	Smoking behavior change over 10 mins.

When **multiple services** are rendered on the **same day** by the **same performing provider an NCCI modifier is required** on the **second service**. The NCCI modifier is in addition to the specialty modifier and, when appropriate, the U8 modifier. Providers should reference the **Fee Schedule** link on the MHD Web site for a list of NCCI modifiers and use the appropriate modifier for billing.

- * Psychiatrists and/or nurses should utilize **either** the appropriate Evaluation and Management (E & M) code **or** the appropriate psychotherapy code listed above. The billing of a combination of Psychotherapy and E & M code will not be allowed. Please refer to the fee schedule for E & M reimbursement amounts.
- ** MO HealthNet will cover two (2) quit attempts of up to 12 weeks of intervention per lifetime, including behavioral and pharmacologic interventions.
- **PHARMACOLOGIC MANAGEMENT:** MHD will allow the utilization of the appropriate E & M code when pharmacologic management is provided. Providers will have to include all components associated with the appropriate E & M code including documentation that supports the service.

Providers must use the appropriate procedure code when billing for testing, 96101 or 96103.

Psychological Testing may NOT be performed by an LCSW, LMSW, PLPC or LPC.

Psychological Testing administered by a technician (96102) is NOT a covered service.

Neuropsychological Testing (96118, 96119, and 96120) are NOT covered services.