

SoonerCare Provider Reimbursement Notice

OKC Metro Area (405) 522-6205 / Statewide Toll-Free (800) 522-0114

Outpatient Behavioral Health Agency Providers Billing Updates and Clarifications

OHCA PRN 2009-08

January 8, 2009

The Oklahoma Health Care Authority will make the following changes for prior authorizations issued for dates of service on or after **March 1, 2009**:

I. Modifications to Billing Codes for Psychotherapy/Counseling and Therapy

In our continuing effort for unification of rates and billing codes and additional flexibility for providers using time based codes, we are replacing all of the current psychotherapy rates assigned to Current Procedural Terminology (CPT) codes with Healthcare Common Procedure Coding System (HCPCS) codes. These changes will allow for these codes to become interchangeable on your prior authorizations through APS Healthcare, Inc., as well as to be billed in 15 minute increments versus the confusing previous timeframes. The CPT codes listed below will no longer be prior authorized after **February 28, 2009** for all State Operated and Private outpatient behavioral health agencies, including ODMHSAS contracted Community Mental Health Centers and facilities and organizations certified to provide substance abuse treatment services:

Table I

CPT Code (s)	Description	Unit Length	RVU	Current Rate	End Date
90804	Individual Psychotherapy	20-30 min	1.54	43.71	02/28/09
90806	Individual Psychotherapy	45-50 min	2.25	63.95	02/28/09
90808	Individual Psychotherapy	75-80 min	3.34	94.85	02/28/09
90810	Individual Psychotherapy, Interactive	20-30 min	1.64	46.66	02/28/09
90812	Individual Psychotherapy, Interactive	45-50 min	2.43	68.98	02/28/09
90814	Individual Psychotherapy, Interactive	75-80 min	3.51	99.64	02/28/09
90846	Family Psychotherapy, w/o patient present	Session	2.20	62.41	02/28/09
90847	Family Psychotherapy, w/ patient present	Session	2.69	76.56	02/28/09
90853	Group Therapy, Adult (18 and over)	Session	.76	21.50	02/28/09
90853	Group Therapy, Child	Session	.84	23.85	02/28/09

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Please make the necessary system changes in order to request and bill the following HCPCS codes provided below:

Table II

HCPC Code(s)	Mod	Description	Billing Unit	RVU	Rate	Eff. Date
H0004		Counseling and Therapy, Individual	15 min	.68	17.25	03/01/09
H0004	HR HS	Counseling and Therapy, Family (with and w/o patient present)	15 min	.68	17.25	03/01/09
H0004	HQ	Counseling and Therapy, Group, age 18 and over	15 min	.19	5.33	03/01/09
H0004	HQ	Counseling and Therapy, Group – age less than 18	15 min	.21	5.86	03/01/09

Since there are no Medicare assigned rates and relative value units (RVUs) for the HCPCS codes, the rates for individual and family therapy are based on 75 percent of the [2008 Medicare Fee Schedule](#) for CPT 90808. This is the payment level for licensed non-physician practitioners. The RVUs for individual and family therapy are assigned based on the current RVU for a 45-50 minute session. The RVUs for group therapy are assigned based on the current RVUs for the CPT codes for group therapy.

II. General Billing Guidelines/Clarification

The purpose of this section is to provide current billing guidelines and expectations based on the new coding changes. A provider can only bill for his/her time spent in providing the actual service. The provider may not bill any time associated with note taking and/or medical record upkeep. The provider may only bill the time spent in **face-to-face direct** contact.

Current Prior Authorizations – Agencies will bill out their current PAs as authorized, there is no need for requesting a modification to the new HCPCS codes.

Partial Billing – Partial billing is not allowed. When only one service is provided in a day, providers should not bill for services performed for less than 8 minutes. For any single timed CPT code in the same day measured in 15 minute units, providers bill a single 15-minute unit for treatment greater than or equal to 8 minutes through and including 22 minutes. If the duration of a single procedure in a day is greater than or equal to 23 minutes through and including 37 minutes, then 2 units should be billed. Time intervals for 1 through 8 units are as follows:

<u>Units</u>	<u>Number of Minutes</u>
1 unit:	greater than or equal to 8 minutes up to 22 minutes
2 units:	greater than or equal to 23 minutes up to 37 minutes
3 units:	greater than or equal to 38 minutes up to 52 minutes
4 units:	greater than or equal to 53 minutes up to 67 minutes
5 units:	greater than or equal to 68 minutes up to 82 minutes

- 6 units: greater than or equal to 83 minutes up to 97 minutes
- 7 units: greater than or equal to 98 minutes up to 112 minutes
- 8 units: greater than or equal to 113 minutes up to 128 minutes

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Provider claims that are consistently billed for 8 minutes or less will be highlighted for review.

- III. **Psychosocial Rehabilitation (PSR) (which includes T1012 Skills Development)**
 The billing codes T1012 and T1012-HQ for AOD skills development will no longer be prior authorized after **February 28, 2009**. Beginning with prior authorizations issued for dates of service on or after **March 1, 2009**, the billing codes for AOD Skills development will be procedure codes H2017 and H2017 HQ.

The PSR rates and the relative value units for all providers will not change at this time. We are still in the process of reviewing the issues related to day treatment programs for this service such as psychiatric supervision, productivity, payer mix and the budgetary impact of rate changes for these services.

Table III

Code	Mod1	Mod2	Age Group	Description	Current Rate	RVU
H2017			Under 18	PSR, Individual	\$10.64	.68
H2017			18 and over	PSR, Individual	\$10.14	.68
H2017		HF	18 and over	PSR, Individual, DMHSAS contracted Agency	\$10.14	.68
H2017	HQ		Under 18	PSR, Group , private	\$ 4.02	.21
H2017	HQ		18 and over	PSR, Group, CMHC	\$ 4.22	.19
H2017	HQ	HF	18 and over	PSR, Group, DMHSAS contracted Agency	\$ 4.22	.19
H2017	HQ		18 and over	PSR, Group, private	\$ 2.82	.19

As a reminder, the following services that may be a part of a PSR day program/group treatment are not SoonerCare compensable:

- *Primarily recreation oriented activities and non-medically supervised activities such as meals or snack time preparation, tours or trips to community activities;*
- *Social or educational services that do not have therapeutic outcomes related to the SoonerCare member's medical condition;*
- *Prevention or education programs provided to the community*
- *Less intensive services such as "clubhouse" or social programs.*

Please share this information immediately with staff responsible for these activities.

If you have any questions or require additional information about this please phone Kelly Botten, Finance Unit at (405) – 522-7108 or email at Kelly.botten@okhca.org; or

Erin Meyer, Behavioral Health Unit at (405) 522-7772 or email at Erin.Meyer@okhca.org

Thank you for your continued service to Oklahoma's *SoonerCare* members.