Community Mental Health Center Medicaid Billing Guidance – Second Edition

Unit billing

Anthem Blue Cross and Blue Shield Medicaid (Anthem) requires all coding and unit billing to be consistent with the code definition published in the current year CPT code manual and compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). As an example, CPT code 90832, by definition, is Psychotherapy, 30 minutes with patient and/or family member. To bill for a 30-minute session, the unit should equal one. The applicable fee schedule reimbursement will be reflective of the time unit by code definition.

The following codes on the Community Mental Health Center (CMHC) fee schedule(s) are impacted by the unit/reimbursement multiplier based on code definition:

CPT code (To be billed with appropriate license-level modifier, as applicable)	**Definition**	**Correct coding unit billing**	**Reimbursement multiplier** (allowable calculated by multiplying by 90832, 15 min. unit allowable on CMHC-specific fee schedule)	**Applicable modifiers**
90791	Psychiatric Diagnostic Evaluation	1	X 4	AF,AM,U3,SA,AH,AJ,U8,HO,U4,U1,U2,HN,U5
90792	Psychiatric Diagnostic Evaluation with Medical Services	1	X 4	AF,AM,U3,SA
90832	Psychotherapy, 30 minutes	1	X 2	AF,AM,U3,SA,AH,AJ,U8,HO,U4,U1,U2,HN,U5
90833*	Psychotherapy, 30 minutes with and E&M code	1	X 2	AF,AM,U3,SA,AH,AJ,U8,HO,U4,U1,U2,HN,U5
90834*	Psychotherapy, 45 minutes	1	X 3	AF,AM,U3,SA,AH,AJ,U8,HO,U4,U1,U2,HN,U5
90836*	Psychotherapy, 45 minutes with E&M code	1	X 3	AF,AM,U3,SA,AH,AJ,U8,HO,U4,U1,U2,HN,U5
90837*	Psychotherapy, 60 minutes	1	X 4	AF,AM,U3,SA,AH,AJ,U8,HO,U4,U1,U2,HN,U5

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CPT code (To be billed with appropriate license-level modifier, as applicable)	**Definition**	**Correct coding unit billing**	**Reimbursement multiplier** (allowable calculated by multiplying by 90832, 15 min. unit allowable on CMHC-specific fee schedule)	**Applicable modifiers**
90838*	Psychotherapy, 60 minutes with E&M code	1	X 4	AF,AM,U3,SA,AH,AJ,U8,HO,U4,U1,U2,HN,U5
96101	Psychological Testing, per hour	1	X 4	AH,U8
99213	Office/other outpatient visit for the E&M of an established patient	1	X 1	AF,AM,U3,SA

Sample Billing & Reimbursement:

- 90832 – AJ modifier – 1 unit billed for 30 minute session
- $30.00 (90832 15-minute allowable) x 2 = **$60.00 allowable**

Evaluation & management code billing

As outlined above, 99213 is the only evaluation and management (E&M) code present on the current Anthem CMHC fee schedule; however, CMHCs are eligible to bill E&M codes as applicable and according to code definition. The unit billing for all E&M codes should be equal to one. With the exception of 99213, the allowables for all other E&M codes are reflected on the current Anthem Physician Fee Schedule. Applicable modifiers should be billed with the E&M codes and mid-level fee reductions may apply.

Prolonged services – 99354 and 99355

The prolonged services codes, as defined by the CPT Code manual, should be used to bill for extended psychotherapy services beyond a one-hour session. As an example, for a three-hour psychotherapy session, the following codes can be billed to represent the accurate time units:

- 90837 – Psychotherapy, 60 minutes x 1 unit
- 99354 – Prolonged service in the office or other outpatient setting; first hour x 1 unit
- 99355 – Prolonged service, each additional 30 minutes x 2 units

Targeted case management

To be consistent with Anthem guidelines for targeted case management, please see the coding/modifier definitions below:

- Targeted Case Management for Individuals with Substance Use Disorders
  T2023
  Modifier: HF
- Targeted Case Management for Individuals with co-occurring or Complex Issues
  T2023
  Modifier: TG
- Targeted Case Management Services for Individuals with SED
  T2023
  Modifier: UA
- Targeted Case Management Services for Individuals with SMI
  T2023
  Modifier: No modifier

National Provider Identifier and taxonomy code

The appropriate National Provider Identifier (NPI) must be documented in the applicable fields on the CMS-1500 form:

- For licensed practitioners, the individual NPI should be entered into box 24J on the CMS-1500 form
- For non-licensed practitioners, the CMHC NPI should be entered into box 24J of the CMS-1500 form

In addition, the rendering and billing provider taxonomy code must be included on the claim and must match the taxonomy code associated with your Anthem identification number. If it is not listed or does not match the taxonomy associated with your Medicaid ID, the claim will be rejected. This applies to both paper and electronic claims.

CMHC License Level Modifiers

CMHCs billing for professional services provided by independently licensed or non-licensed practitioners must submit claims with the license-level modifier that represents the rendering provider's license level.

Degree/Licensure	HIPAA Modifier	Degree/Licensure	HIPAA Modifier
Psychiatrist	AF	Community Support Staff Member	UC
Advanced Registered Nurse Practitioner	SA	Psychiatric Resident	U3
Certified Social Worker (CSW)	U4	Peer Counselor	U7
Professional Equivalent	HN	Psychiatric Registered Nurse	U2
Licensed Professional Counselor Associate (LPCA)	U4	Licensed Clinical Social Worker	AJ
Certified Prevention Professional	HM	Registered Nurse AD, BSN or Diploma degree	TD
Certified Psychological Assoc.	U8	Physician	AM
Marriage and Family Therapist Associate (MFTA)	U4	Mental Health Associate	U5
Licensed Marriage & Family Therapist (LMFT)	HO	Physician Assistant	U1

Degree/Licensure	HIPAA Modifier	Degree/Licensure	HIPAA Modifier
Licensed Psychological Practitioner (LPP)	U8	Psychologist	AH
Certified Professional Counselor	HO	Certified Alcohol & Drug Counselor	U6
Certified Professional Art Therapist	HO	Registered Nurse with BS degree	TD
		Per diem	U9

CMS 1500 Claim Form – Field Requirements

1. Example**:** On the CMS 1500 form, insert the modifier in field 24d under "Modifier." CPT Code 90846, Modifier AH

   ITEM NUMBER 24D

   (Explain Unusual Circumstances)
   CPT/HCPCS | MODIFIER

   FIELD SPECIFICATION: This field allows for the entry of the following: six characters in the unshaded area of the CPT/HCPCS field and four sets of two characters in the Modifier area. This field accommodates the entry of up to four, two-digit modifiers. The specific procedure code(s) must be shown without a narrative description.

2. **ITEM NUMBER 24J**

   J.
   RENDERING
   PROVIDER ID. #

   - For licensed practitioner billing, enter the licensed practitioner's NPI number in the lower unshaded portion.
   - For non-licensed practitioner billing, enter the CMHC NPI number in the lower unshaded portion.

3. **ITEM NUMBER 17B**

   17a.
   17b. NPI

   - Enter the NPI of the referring, ordering or supervising provider listed in Item 17.

4. **ITEM NUMBER 31**

   31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS
   (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
   SIGNED DATE

   - Enter the name of the practitioner if billing for the licensed practitioner.
   - Enter the CMHC name if billing for the non-licensed practitioner.

5. **ITEM NUMBER 32A**

32. SERVICE FACILITY LOCATION INFORMATION
a. NPI b.

- Enter the NPI of the Service Facility Location where the services were provided.

6. **ITEM NUMBER 33A**

33. BILLING PROVIDER INFO & PH # ( )
a. NPI b.

- Enter the NPI of the provider's billing office location. This is a **required** field.

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12
SAMPLE

- Visit **www.nucc.org** to access the CMS 1500.

Provider action required

Claims not billed in accordance with these guidelines need to be corrected and resubmitted. Corrected claims must be noted as such to avoid a duplicate claim denial.

If you have questions about this communication, please contact Provider Services at **1-855-661-2028** or your local Provider Relations representative.