

PROVIDER BULLETIN

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TO: Medicaid Behavioral Health Providers

FROM: Vivianne M. Chaumont, Director 
Division of Medicaid & Long-Term Care

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RE: Behavioral Health Evaluation & Management (E/M) Services in a Nursing Facility or Psychiatric Residential Treatment Center.

Please share this information with administrative, clinical, and billing staff.

As a result of the 2013 CPT code changes, the pharmacological management CPT code 90862 was made obsolete. Providers may now bill Evaluation & Management (E/M) codes for these services. The E/M CPT service codes are specific to place of service (e.g., outpatient, inpatient, nursing facilities, etc.).

Medicaid will provide coverage and reimbursement for E/M services in a nursing facility or psychiatric residential treatment center for the following E/M CPT codes: 99307, 99308, 99309, and 99310. The following criterion is applicable to the provision of these services:

1. Mental health E/M services are provided by a Medicaid enrolled behavioral health provider practicing within their scope of practice.
2. An initial diagnostic interview is a prerequisite to E/M services being provided.
3. The individual's Primary Care Physician (PCP) must prescribe the behavioral health E/M services. Services rendered without a PCP order are subject to a pre and post payment review and payment maybe denied.
4. Mental health E/M services must be provided only to those individuals having a psychiatric diagnosis as outlined in 471 NAC 20-001.14.
5. Prior authorization is required when billing for E/M services for managed care clients. Fee-for-Service clients do not require prior authorizations.

For managed care claims with dates of service January 1, 2013 through August 31, 2013, prior authorization and retro-authorization for E/M CPT codes 99307, 99308, 99309, & 99310 can be obtained by contacting Magellan at 1-800-424-0333. Effective September 1, 2013 Magellan will not require authorizations for these CPT codes.

The table below details Medicaid's approved E/M CPT codes for visits in a nursing facility or psychiatric residential treatment center, established reimbursement rates, and identification of each CPT code's component requirements.

E/M CPT Code	Rate	Component Requirements
99307	MD/DO \$29.82	Two of the three following components are required: <ul style="list-style-type: none"> • Problem-focused interval history • Problem-focused examination • Medical decision making that is straightforward
	PA/APRN \$25.35	Presenting problem(s): Patient usually stable, recovering, or improving. Typical Time: 10 minutes
99308	MD/DO \$47.21	Two of the three following components are required: <ul style="list-style-type: none"> • Expanded problem-focused interval history • Expanded problem-focused examination • Medical decision making of low complexity
	PA/APRN \$40.13	Presenting problem(s): Patient usually responding inadequately to therapy or has developed a minor complication. Typical Time: 15 minutes
99309	MD/DO \$64.61	Two of the three following components are required: <ul style="list-style-type: none"> • Detailed interval history • Detailed examination • Medical decision making of moderate complexity
	PA/APRN \$54.92	Presenting problem(s): Patient usually has developed a significant complication or a significant new problem. Typical Time: 25 minutes
99310	MD/DO \$86.83	Two of the three following components are required: <ul style="list-style-type: none"> • Comprehensive interval history • Comprehensive examination • Medical decision making of high complexity
	PA/APRN \$73.81	Presenting problem(s): Patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typical Time: 35 minutes

If you have further questions or concerns about this information, please contact Lowell Sedlacek at (402) 471-1920 or e-mail at Lowell.sedlacek@nebraska.gov