



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111
www.mass.gov/dma

MASSHEALTH
TRANSMITTAL LETTER MHC-35
October 2003

TO: Mental Health Centers Participating in MassHealth

FROM: Beth Waldman, Acting Commissioner *Beth Waldman*

RE: *Mental Health Center Manual* (Revised Regulations, Service Codes, and Descriptions)

This letter transmits revisions to the mental health center program regulations at 130 CMR 429.000, and to the service codes and descriptions in Subchapter 6. These revisions are effective for dates of service on or after October 16, 2003.

Mental Health Center Regulations

Effective October 16, 2003, the revised regulations reflect the implementation and use of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Revised Service Codes and Descriptions (Subchapter 6)

Effective for **dates of service** on or after October 16, 2003, the service codes and/or descriptions for certain mental health center services have changed. The Centers for Medicare and Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) for 2003. New national service codes have been added, and MassHealth local codes have been removed from Subchapter 6 of the *Mental Health Center Manual*.

Please see the attached revised Subchapter 6 for complete information on applicable mental health center service codes. Providers may use the attached table as a reference to crosswalk from the obsolete MassHealth local service codes to the new national service codes.

Claims Submission

For dates of service before October 16, 2003, providers are expected to use the local codes regardless of when the claim is submitted. However, for dates of service on or after October 16, 2003, providers must bill using the new national service codes from the revised Subchapter 6.

Consolidation of Procedure Codes

Providers will note that the number of service codes available for psychological and neuropsychological testing has been decreased to two. The Division expects that upon utilization review, the majority of psychological testing billed under the new national code of 96100 would be found to have been completed in the following timeframes.

Vocational Interest Evaluation	1 hour
Educational Achievement Testing	1 hour
Intelligence Testing	1-2 hours
Personality Evaluation	2-4 hours
Assessment of Brain Damage	2-4 hours
Intellectual and Personality Evaluation	3-6 hours

How to Obtain a Mental Health Center Services Fee Schedule with the New Service Codes

Providers who want to obtain a fee schedule with the new service codes may purchase Division of Health Care Finance and Policy (DHCFP) regulations from either the Massachusetts State Bookstore or from DHCFP (see addresses and telephone numbers below). Providers must contact them first to find out the price of the publication. DHCFP also has the regulations on disk and on their Web site. The regulation title is 114.3 CMR 6.00: Rates of Payment for Mental Health Services Provided in Community Health Centers and Mental Health Centers.

Massachusetts State Bookstore
State House, Room 116
Boston, MA 02133
Telephone: 617-727-2834
www.mass.gov/sec/spr

Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3100
www.mass.gov/dhcfp

Web Site Access and Questions

This transmittal letter and the revised regulations are available on the Division's Web site at www.mass.gov/dma.

If you have any questions, please call MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Mental Health Center Manual

Pages 4-7, 4-8, 4-21 through 4-24, 6-1, and 6-2

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Mental Health Center Manual

Pages 4-7, 4-8, and 4-21 through 4-24 — transmitted by Transmittal Letter MHC-32

Pages 6-1 through 6-4 — transmitted by Transmittal Letter MHC-33

**Mental Health Center Provider
 Service Code Crosswalk**
Effective October 16, 2003

Obsolete Code	Obsolete Service Code Description	New Code	New Service Code Description	Additional Description and/or Unit
X5531	Individual psychotherapy, insight-oriented, behavior modifying, and/or supportive; approximately 20 to 30 minutes face to face with the patient (by professional staff member as defined in 130 CMR 429.424) (nursing facility setting)	90816	Individual psychotherapy, insight-oriented, behavior-modifying, and/or supportive, in an inpatient hospital, partial hospital, or residential care setting, approximately 20-30 minutes face-to-face with the patient	By professional staff member as defined in 130 CMR 429.424, one-unit maximum per session
X5532	Individual psychotherapy, insight-oriented, behavior-modifying, and/or supportive, approximately 45 to 50 minutes face to face with the patient (by professional staff member as defined in 130 CMR 429.424 (maximum of 60 minutes, includes 10 minutes of recording data) (nursing facility setting)	90818	Individual psychotherapy, insight-oriented, behavior-modifying and/or supportive, in an inpatient hospital, partial hospital, or residential-care setting, approximately 45-50 minutes face-to-face with the patient	By professional staff member as defined in 130 CMR 429.424, one-unit maximum per session
X5533	Family psychotherapy (conjoint psychotherapy) (with patient present) (by professional staff member as defined in 130 CMR 429.424) (each 30-minute unit; three units maximum per session) (nursing facility setting)	90847	Family psychotherapy (conjoint psychotherapy) (with patient present)	By professional staff member as defined in 130 CMR 429.424, each 30-minute unit, three units maximum per session; includes residential care setting
X5534	Multiple-family group psychotherapy (with patient present) (by professional staff member as defined in 130 CMR 429.424) (each 30-minute unit; three units maximum per session) (nursing facility setting)	90849	Multiple-family group psychotherapy	With patient present; by professional staff member as defined in 130 CMR 429.424, each 30-minute unit, three units maximum per session; includes residential-care setting
X5535	Group psychotherapy (other than of a multiple-family group) (by professional staff member as defined in 130 CMR 429.424) (for one participant for each 30-minute unit; 10 participants maximum per session; three units maximum per session) (nursing facility setting)	90853	Group psychotherapy (other than of a multiple-family group)	By professional staff member as defined in 130 CMR 429.424, for one participant for each 30-minute unit, 10 participants maximum per session, three units maximum per session, includes residential care setting,
X5536	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions (each 30-minute unit; two units maximum per session) (nursing home setting)	90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	In an office, outpatient facility, or residential care setting, each 30-minute unit, two units maximum per session, includes residential care setting
X5538	Emergency service (each 30-minute unit; four units maximum per date of service) (nursing home setting)	H2011	Crisis intervention service, per 15 minutes	In an office, outpatient facility, or residential care setting, eight units maximum per date of service, includes residential-care setting
X5539	Emergency service (in an office or outpatient facility) each 30-minute unit; four units maximum per date of service)	H2011	Crisis intervention service, per 15 minutes	In an office, outpatient facility, or residential care setting, eight units maximum per date of service, includes residential-care setting
X5540	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient (each 30-minute unit; two units maximum per session) (nursing home setting)	90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	In an office, outpatient facility, or residential care setting, each 30-minute unit, two units maximum per session

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Obsolete Code	Obsolete Service Code Description	New Code	New Service Code Description	Additional Description and/or Unit
X5541	Psychiatric diagnostic interview examination, including history, mental status, or disposition (may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies, in certain circumstances, other informants will be seen in lieu of the patient) (each 30-minute unit; two units maximum per session) (nursing home setting)	90801	Psychiatric diagnostic interview examination	In an office, outpatient facility or residential care setting, each 30-minute unit, two units maximum per session, maximum four hours per member
X5542	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy (each 10-minute unit) (nursing facility setting)	90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	In an office outpatient facility, or residential-care setting, each 10-minute unit
X9160	Vocational-interest evaluation (normally including, but not limited to, the Strong Campbell Interest Inventory or the Kuder Preference Record)	96100	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI) with interpretation and report, per hour	The Division expects that upon utilization review, the majority of psychological testing billed under the new national code of 96100 would be found to have been completed within the following timeframes: Vocational Interest Evaluation 1 hour Educational Achievement Testing 1 hour Intelligence Testing 1-2 hours Personality Evaluation 2-4 hours Assessment of Brain Damage 2-4 hours Intellectual & Personality Evaluation 3-6 hours
X9161	Educational-achievement testing (normally including, but not limited to, the Jastak Wide Range or Peabody Individual Achievement Tests)	96100	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI) with interpretation and report, per hour	The Division expects that upon utilization review, the majority of psychological testing billed under the new national code of 96100 would be found to have been completed within the following timeframes: Vocational Interest Evaluation 1 hour Educational Achievement Testing 1 hour Intelligence Testing 1-2 hours Personality Evaluation 2-4 hours Assessment of Brain Damage 2-4 hours Intellectual & Personality Evaluation 3-6 hours

**Mental Health Center Provider
 Service Code Crosswalk**
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Obsolete Code	Obsolete Service Code Description	New Code	New Service Code Description	Additional Description and/or Unit
X9162	Intelligence testing only (including either the Wechsler Intelligence Scales or the Stanford Binet Intelligence Scale, which must be individually administered)	96100	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI) with interpretation and report, per hour	The Division expects that upon utilization review, the majority of psychological testing billed under the new national code of 96100 would be found to have been completed within the following timeframes: Vocational Interest Evaluation 1 hour Educational Achievement Testing 1 hour Intelligence Testing 1-2 hours Personality Evaluation 2-4 hours Assessment of Brain Damage 2-4 hours Intellectual & Personality Evaluation 3-6 hours
X9163	Personality evaluation (including at least: two or more of the following types of tests or their age-appropriate equivalents: Rorschach, TAT Thematic Apperception Test, TED Tasks of Emotional Development, MMPI Minnesota Multiphasic Personality Inventory; and one or more types of tests from the following group, normally including, but not limited to, figure drawing, Bender Gestalt or word association)	96100	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI) with interpretation and report, per hour	The Division expects that upon utilization review, the majority of psychological testing billed under the new national code of 96100 would be found to have been completed within the following timeframes: Vocational Interest Evaluation 1 hour Educational Achievement Testing 1 hour Intelligence Testing 1-2 hours Personality Evaluation 2-4 hours Assessment of Brain Damage 2-4 hours Intellectual & Personality Evaluation 3-6 hours
X9164	Intellectual and personality evaluation (including, but not limited to, the tests listed under Service Codes X9162 and X9163)	96100	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI) with interpretation and report, per hour	The Division expects that upon utilization review, the majority of psychological testing billed under the new national code of 96100 would be found to have been completed within the following timeframes: Vocational Interest Evaluation 1 hour Educational Achievement Testing 1 hour Intelligence Testing 1-2 hours Personality Evaluation 2-4 hours Assessment of Brain Damage 2-4 hours Intellectual & Personality Evaluation 3-6 hours

**Mental Health Center Provider
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Obsolete Code	Obsolete Service Code Description	New Code	New Service Code Description	Additional Description and/or Unit
X9165	Assessment of brain damage (normally including, but not limited to, the Wechsler Intelligence Scales and standardized tests of memory such as the Wechsler Memory Scales and the Benton Visual Retention Test)	96100	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI) with interpretation and report, per hour	The Division expects that upon utilization review, the majority of psychological testing billed under the new national code of 96100 would be found to have been completed within the following timeframes: Vocational Interest Evaluation 1 hour Educational Achievement Testing 1 hour Intelligence Testing 1-2 hours Personality Evaluation 2-4 hours Assessment of Brain Damage 2-4 hours Intellectual & Personality Evaluation 3-6 hours
X9166	Neuropsychological examination (assessment of brain damage including the Halstead-Reitan or Luria-Nebraska Neuropsychological Battery or other battery of comparable scope or intensity)	96117	Neuropsychological testing battery (e.g., Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour	X9166
X9197	Unlisted service (including such services as abbreviated or "quick" intelligence tests or a separately administered Rorschach test)	96100	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI) with interpretation and report, per hour	The Division expects that upon utilization review, the majority of psychological testing billed under the new national code of 96100 would be found to have been completed within the following timeframes: Vocational Interest Evaluation 1 hour Educational Achievement Testing 1 hour Intelligence Testing 1-2 hours Personality Evaluation 2-4 hours Assessment of Brain Damage 2-4 hours Intellectual & Personality Evaluation 3-6 hours

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(B) Administrative Operations. Payment by the Division for a mental health service includes payment for administrative operations and for all aspects of service delivery not explicitly included in 130 CMR 429.000, such as, but not limited to:

- (1) patient registration;
- (2) telephone contacts with members or other parties;
- (3) supervision or consultation with another staff member;
- (4) information and referral; and
- (5) recordkeeping.

429.409: Out-of-State Providers: Maximum Allowable Fees

Payment to a mental health center located out of state is in accordance with the applicable rate schedule of its state's medical assistance program or its equivalent and is always subject to the applicable conditions, exclusions, and limitations set forth in 130 CMR 429.000.

429.410: Nonreimbursable Services

(A) Nonmedical Services. The Division does not pay mental health centers for nonmedical services. These services include, but are not limited to, the following:

- (1) vocational rehabilitation services;
- (2) sheltered workshops (a program of vocational counseling and training in which participants receive paid work experience or other supervised employment);
- (3) educational services;
- (4) recreational services (play therapy, the use of play activities with a child in an identified treatment setting as an alternative to strictly verbal expression of conflicts and feelings, is not considered a recreational service and is reimbursable);
- (5) street worker services (information, referral, and advocacy to certain age populations; liaison with other agencies; role modeling; and community organization); and
- (6) life-enrichment services (ego-enhancing services such as workshops or educational courses provided to functioning persons).

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(B) Nonmedical Programs. The Division does not pay for diagnostic and treatment services that are provided as an integral part of a planned and comprehensive program that is organized to provide primarily nonmedical or other nonreimbursable services. Such programs include residential programs, day activity programs, drop-in centers, and educational programs.

(C) Research and Experimental Treatment. The Division does not pay for research or experimental treatment.

(D) Referrals. A provider to whom a member is referred must bill the Division directly, not through the mental health center. (See 130 CMR 429.411.)

429.411: Referrals

(A) All services provided by referral must be based on written agreements between the mental health center and the provider to whom a member is referred that ensure continuity of care, exchange of relevant health information, such as test results and records, and avoidance of service duplication. This agreement must also contain follow-up provisions to ensure that the referral process is completed successfully.

(B) The provider to whom a member is referred must bill the Division directly for all such referral services, not through the mental health center. In order to receive payment for referral services, the referral provider must be a participating provider in MassHealth on the date of service.

(130 CMR 429.412 through 429.420 Reserved)

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429.441: Service Limitations

(A) Length and Frequency of Sessions.

(1) The Division pays for diagnostic and treatment services only when a professional staff member, as defined by 130 CMR 429.424, personally provides these services to the member or the member's family, or personally consults with a professional outside of the center. The services must be provided to the member on an individual basis, and are not reimbursable if they are an aspect of service delivery, as defined in 130 CMR 429.408(C).

(2) The Division pays a center for:

- (a) a medication visit of brief duration (10 to 15 minutes);
- (b) a half-hour session only when it includes a minimum of 25 minutes of personal interaction with the member (with five minutes for recording data);
- (c) a one-hour session only when it includes a minimum of 50 minutes of personal interaction with the member (with 10 minutes for recording data); and
- (d) a session of longer duration only when it includes personal interaction with the member (with 15 minutes for recording data).

(3) The Division pays for only one session of a single type of service (except for diagnostics) provided to an individual member on one date of service. Return visits on the same date of service are not reimbursable.

(B) Diagnostic Services. Payment for diagnostic services provided to a member is limited to a maximum of four hours per member.

(C) Individual Therapy. Payment for individual therapy is limited to a maximum of one hour per member per session per day.

(D) Family Therapy.

- (1) Payment for family therapy is limited to a maximum of one and one-half hours per session per day.
- (2) Payment is also limited to one payment per family therapy visit, regardless of the number of staff or members who are present.
- (3) A clinic-licensed center must claim payment for couple therapy under the service code for family therapy.

(E) Case Consultation.

- (1) The Division pays only for a case consultation that lasts at least 30 minutes and involves a personal meeting with a professional of another agency. Payment is limited to a maximum of one hour per session.
- (2) The Division pays for case consultation only when telephone contact, written communication, and other nonreimbursable forms of communication clearly will not suffice. Such circumstances must be documented in the member's record. Such circumstances are limited to situations in which both the center and the other party are actively involved in treatment or management programs with the member (or family members) and where a lack of face-to-face communication would impede a coordinated treatment program.
- (3) The Division does not pay a center for court testimony.

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(F) Family Consultation. The Division pays for consultation with the natural or foster parent or legal guardian of a member less than 21 years of age who lives with the child and is responsible for the child's care, and who is not an eligible member, when such consultation is integral to the treatment of the member.

(G) Group Therapy.

- (1) The Division pays only for a group therapy session that has a minimum duration of one and one-half hours and a maximum duration of two hours.
- (2) Payment is limited to one fee per group member with a maximum of 10 members per group regardless of the number of staff members present.
- (3) The Division does not pay for group therapy when it is performed as an integral part of a psychiatric day treatment program.

(H) Psychological Testing. The Division pays a center for psychological testing only when the following conditions are met.

- (1) A psychologist who meets the qualifications listed in 130 CMR 429.424(B) either personally administers the testing or personally supervises such testing during its administration by an unlicensed psychologist.
- (2) A battery of tests is performed. These tests must meet the following standards:
 - (a) the tests are published, valid, and in general use, as evidenced by their review in the current edition of the *Mental Measurement Yearbook* or by their conformity to the *Standards for Educational and Psychological Tests* of the American Psychological Association;
 - (b) unless clinically contraindicated due to hearing, physical, or visual impairment or linguistic challenges, a personality evaluation contains the findings of at least two of the following test types or their age-appropriate equivalents: Rorschach, TAT (Thematic Apperception Test), TED (Tasks of Emotional Development), or MMPI (Minnesota Multiphasic Personality Inventory), and one or more of the following test types: figure drawing, Bender Gestalt, or word association;
 - (c) unless clinically contraindicated due to hearing, physical, or visual impairment or linguistic challenges, intelligence testing includes either a full Wechsler or Stanford-Binet instrument; and
 - (d) unless clinically contraindicated due to hearing, physical, or visual impairment or linguistic challenges, assessment of brain damage must contain at least the findings of a Wechsler Intelligence Scale and tests of recent memory, visual-space perception, and other functions commonly associated with brain damage.
- (3) Except as explained below, the Division does not pay for:
 - (a) self-rating forms and other paper-and-pencil instruments, unless administered as part of a comprehensive battery of tests;
 - (b) group forms of intelligence tests; or

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(c) a repetition of any psychological test or tests provided by the mental health center or any independent psychologist to the same member within the preceding six months, unless accompanied by documentation demonstrating that the purpose of the repeated testing is to ascertain the following types of changes (submission of such documentation with the claim for payment is sufficient when the psychological test or tests are to be performed on the same member a second time within a six-month period):

- (i) following such special forms of treatment or intervention as electroshock therapy or psychiatric hospitalization (periodic testing to measure the member's response to psychotherapy is not reimbursable); or
- (ii) relating to suicidal, homicidal, toxic, traumatic, or neurological conditions.

(4) Testing of a member requested by responsible parties, such as but not limited to physicians, clinics, hospitals, schools, courts, group homes, or state agencies, must be documented in the member's record. Such documentation must include the referral source and the reason for the referral.

(I) Medication Visits. The Division does not pay for a medication visit as a separate service when it is performed as part of another treatment service (for example, a diagnostic assessment or individual or group therapy performed by a psychiatrist).

(J) Home Visits.

- (1) The Division pays for intermittent home visits.
- (2) Home visits are reimbursable on the same basis as comparable services provided at the center. Travel time to and from the member's home is not a reimbursable service.
- (3) A report of the home visit must be entered into the member's record.

(K) Multiple Therapies. The Division pays for more than one mode of therapy used for a member during one week only if clinically justified; that is, when any single approach has been shown to be necessary but insufficient. The need for additional modes of treatment must be documented in the member's record.

(L) Emergency Services. The Division pays for crisis intervention as defined in 130 CMR 429.402 subject to the following limitations.

- (1) The Division pays for no more than two hours of emergency services per member on a single date of service.
- (2) The Division pays only for face-to-face contacts; telephone contact is not a reimbursable service.
- (3) The need for crisis intervention must be fully documented in the member's record for each date of emergency services.

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(M) Outreach Services Provided in Nursing Facilities.

(1) The Division pays a center for diagnostic and treatment services provided to a member residing in a nursing facility under the following circumstances and conditions:

- (a) the nursing facility specifically requests treatment, and the member's record at the nursing facility documents this request;
- (b) the treatment provided does not duplicate services that should be provided in the nursing facility; and
- (c) such services are generally available through the center to members not residing in that nursing facility.

(2) The following conditions must be met:

- (a) the member's record at the parent center must contain all of the information listed in 130 CMR 429.436;
- (b) the member's record at the nursing facility must contain information pertaining to diagnostic and treatment services including, but not limited to, medication, treatment plan, progress notes on services, case review, and utilization review; and
- (c) the member must function at a sufficient level to benefit from treatment as established by a clinical evaluation and by accepted standards of practice.

REGULATORY AUTHORITY

130 CMR 429.000: M.G.L. c. 118E, ss. 7 and 12.

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601 Service Codes and Descriptions

Service

Code Service Description

Individual Therapy

- 90804 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient (by professional staff member as defined in 130 CMR 429.424)
- 90806 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient (by professional staff member as defined in 130 CMR 429.424)
- 90816 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital, or residential care setting, approximately 20 to 30 minutes face-to-face with the patient (by professional staff member as defined in 130 CMR 429.424) (one-unit maximum per session)
- 90818 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital, or residential care setting, approximately 45 to 50 minutes face-to-face with the patient (by professional staff member as defined in 130 CMR 429.424) (one-unit maximum per session)

Couple/Family Therapy

- 90847 Family psychotherapy (conjoint psychotherapy) (with patient present) (by professional staff member as defined in 130 CMR 429.424) (each 30-minute unit; three units maximum per session) (includes residential care setting)
- 90849 Multiple-family group psychotherapy (with patient present) (by professional staff member as defined in 130 CMR 429.424) (each 30-minute unit; three units maximum per session) (includes residential care setting)

Group Therapy

- 90853 Group psychotherapy (other than of a multiple-family group) (by professional staff member as defined in 130 CMR 429.424) (for one participant for each 30-minute unit; 10 participants maximum per session; three units maximum per session) (includes residential care setting)

Case Consultation

- 90882 Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions (in an office, outpatient facility, or residential care setting) (each 30-minute unit; two units maximum per session) (includes residential care setting)

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601 Service Codes and Descriptions (cont.)

Service

Code Service Description

Family Consultation

90887 Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient (in an office, outpatient facility, or residential care setting) (each 30-minute unit; two units maximum per session)

Diagnostic Services

90801 Psychiatric diagnostic interview examination (in an office, outpatient facility, or residential care setting) (each 30-minute unit; two units maximum per session, maximum four hours per member)

Medication Visit

90862 Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy (in an office, outpatient facility, or residential care setting) (each 10 minute unit)

Emergency Service

H2011 Crisis intervention services, per 15 minutes (in an office, outpatient facility, or residential care setting) (eight units maximum per date of service) (includes residential-care setting)

Psychological Testing

96100 Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI) with interpretation and report, per hour

96117 Neuropsychological testing battery (e.g., Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour

This publication contains codes that are copyrighted by the American Medical Association. Certain terms used in the service descriptions for HCPCS codes are defined in the Current Procedural Terminology (CPT) code book.