



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth

MASSHEALTH
TRANSMITTAL LETTER MHC-36
January 2006

TO: Mental Health Centers Participating in MassHealth
FROM: Beth Waldman, Medicaid Director *BW*
RE: *Mental Health Center Manual* (Revised Service Codes and Descriptions)

This letter transmits revisions to the service codes and descriptions in the *Renal Dialysis Clinic Manual*. The Centers for Medicare and Medicaid Services (CMS) have revised the Healthcare Common Procedure Coding System (HCPCS) for 2006. The revised Subchapter 6 is effective for dates of service on or after January 1, 2006.

If you wish to obtain a fee schedule, you may purchase Division of Health Care Finance and Policy regulations from either the Massachusetts State Bookstore or directly from the Division of Health Care Finance and Policy (see addresses and telephone numbers below). You must contact them first to find out the price of the regulation. The Division of Health Care Finance and Policy also has the regulations available on disk and on their website. 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

Changes to Service Codes and Descriptions

Service Codes **96100** and **96117** have been deleted from the 2006 CPT. Effective January 1, 2006, providers must bill MassHealth using the replacement service codes below:

96101 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report

96118 Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report

Obsolete Appendix

This transmittal letter also removes Appendix D, which is obsolete.

MassHealth Web Site

This transmittal letter and attached pages are available on the MassHealth Web site at www.mass.gov/masshealth.

Questions

If you have questions about the information in this transmittal letter, please contact MassHealth Customer Service at 1-800-841-2900, email your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

NEW MATERIAL

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

Pages 6-1 and 6-2

OBSOLETE MATERIAL

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

Pages 6-1 and 6-2 — transmitted by Transmittal Letter MHC-35

Appendix D — transmitted by Transmittal Letter MHC-29

Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series MENTAL HEALTH CENTER MANUAL	SUBCHAPTER NUMBER AND TITLE 6 SERVICE CODES AND DESCRIPTIONS	PAGE 6-1
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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

96101 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report

96118 Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales, and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report

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.