Children's Mental Health Bureau

TA Questions and Answers for Montana Medicaid Outpatient Psychotherapy

Question 1: Does CPT code 90839 count towards the ten session limit?

Answer: No, CPT code 90839 does not count against the ten session limit.

Question 2: Are you grouping Licensed Clinical Social Worker LCSW in with Licensed Professional Counselor? PT58?

Answer: No Licensed Clinical Social Worker is PT 42.

Question 3: Did you say SED needs a psych evaluation every year?

Answer: SED needs to be determined annually. Typically, providers bill a Psychiatric Diagnostic Evaluation to assess and diagnosis youth to determine if youth meets SED criteria. Below is a CPT description and Mental Health Center licensing rule requirements for Psychiatric Diagnostic Evaluation without medical services (90791).

The evaluation or clinical intake assessment may include communicating with family or other sources, as well as reviewing and ordering non-medical diagnostic studies.

Below is ARM 37.106.1915 which describe the requirements around client assessments. These requirements are for mental health centers only and are not required for LCPC/LCSW's in private practice. They are meant as a guide.

37.106.1915 MENTAL HEALTH CENTER: CLIENT ASSESSMENTS

(1) Each mental health center shall complete a clinical intake assessment within 12 hours after admission for crisis stabilization program services and within three contacts, or 14 days from the first contact, whichever is later, for other services. Intake assessments must be conducted by a licensed mental health professional trained in clinical assessments and must include the following information in a narrative form to substantiate the client's diagnosis and provide sufficient detail to individualize treatment plan goals and objectives:

(a) presenting problem and history of problem;
(b) mental status;
(c) diagnostic impressions;
(d) initial treatment plan goals;
(e) risk factors to include suicidal or homicidal ideation;
(f) psychiatric history;
(g) substance use/abuse and history;
(h) current medication and medical history;
(i) financial resources and residential arrangements;
(j) education and/or work history; and
(k) legal history relevant to history of illness, including guardianships, civil commitments, criminal mental health commitments, and prior criminal background.

(2) Based on the client's clinical needs, each mental health center shall conduct additional assessments which may include, but are not limited to, physical, psychological, emotional, behavioral, psychosocial, recreational, vocational, psychiatric, and chemical dependency evaluations.

(3) Each mental health center shall maintain a current list of providers who accept referrals for assessments and services not provided by the center.

Question 4: CPT Code 90833 is psychotherapy done during an E/M. Does the add on code count toward the 10?

Answer: No, psychotherapy with an Evaluation/Management service is provided by a physician, psychiatrist, or mid-level does not count towards the limit.

Question 5: Could you clarify the "within 12 calendar months." Does that mean the reassessment must occur prior to the last time, what if it is a few days off?

Answer: Yes, the clinical intake or psychiatric diagnostic evaluation must be reassessed each year from the date of the last evaluation. Any date after 12 calendar months could be in violation of this rule. Most therapists assess every six months due to the rapid clinical changes and circumstances of youth and families and the SED criteria requires documentation substantiating the functional impairment occurred in the last 6 months. There is no annual limit on psychiatric diagnostic evaluations.

Question 6: Is interactive complexity on the case, not specifically with the youth in session?

Answer: Below is a description of interactive complexity provided by the AACAP which can be found at the following link.
https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/business_of_practice/cpt/2018_CPT_module_revised_March_2018.pdf

See bolded font for specific direction regarding this question.

Interactive Complexity

The Interactive Complexity add-on code (90875) describes 4 specific communication factors that complicate a psychiatric service thus requiring greater technical skill, mental effort and judgment, (i.e., greater work). Typically, these factors are present with third party involvement during the service/procedure (eg, minors with parents or guardians, adults with guardians, or patients who request that others be involved in their care during the visit).

Interactive complexity may be reported with: psychiatric diagnostic evaluation (90791, 90792), psychotherapy (90832, 90834, 90837), psychotherapy add-on services performed with an evaluation and management service (90833, 90836, 90838), and group psychotherapy (90853).
Add-on 90875 may not be reported with E/M Services alone, but rather only when an E/M service is combined with psychotherapy. This code MAY NOT be reported with family psychotherapy (90846, 90847, 90849) and psychotherapy for crisis (90839, 90840).

Interactive complexity may be reported with the above psychiatric procedures when at least one of the following communication factors is present:

1. The need to manage maladaptive communication (related to, eg, high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care.
2. Caregiver emotions or behavior that interfere with understanding or implementation of the treatment plan.
3. Evidence or disclosure of a sentinel event and mandated report to a third party (eg, abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants.
4. Use of play equipment or physical devices to overcome significant language barriers1.

When performed with psychotherapy, the interactive complexity component relates only to the increased work intensity of the psychotherapy service. It does not change the time for the psychotherapy service. If more time is required because of the interactive complexity, then a higher timed psychotherapy code may be reported.

Question 6: Can a LCPC bill for a psychiatric diagnostic billing code?

Answer: Yes, LCPC and LCSW are considered "other qualified health care professional" and may bill CPT code 90791.

Question 7: Can you please speak to an outpatient therapist attending a school meeting?

Answer: Outpatient therapists can attend IEP or treatment plan meetings, however, they are unable to bill for their time. See interactive complexity as the youth and family could meet this definition for billing the add on code.

Question 8: Is there a form for documenting SED or guidelines?

Answer: There is no form required to document SED, however the bureau is in the process of developing one and will publish as soon as complete.

Question 9: Who takes questions or feedback for family members or youth served by Medicaid mental health services?

Answer: CMHB has a Family Liaison on staff. Please see the CMHB contact slide for Family Liaison information.