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Psychiatry and Psychology Services Town Hall

6/12/2024

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Today's Presenters

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- Alison Hamilton
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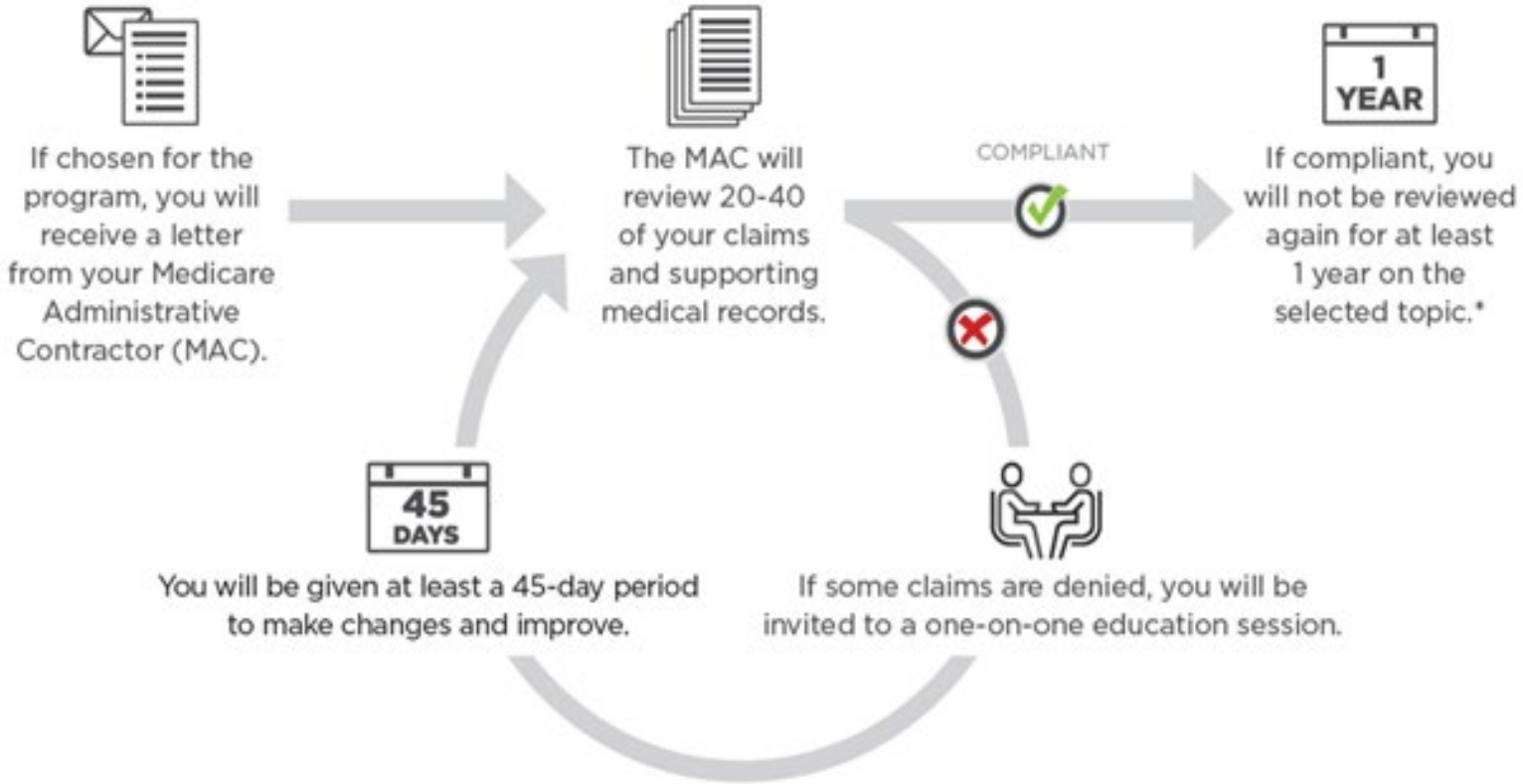
- Amanda Elmore

Agenda

- Targeted Probe and Educate
- Psychotherapy Definitions
- Coverage Criteria
- Documentation Requirements
- Incident To Provision
- Review Findings
- Regulatory Guidelines and Resources
- Questions

Targeted Probe and Educate

Overview of the TPE process



Psychotherapy Definitions

What is Psychotherapy?

- Psychotherapy is defined as the treatment for mental illness and behavioral disturbances in which the physician or other qualified health care professional through definitive therapeutic communication attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior and encourage personality growth and development.
  - Insight oriented
  - Behavior modifying
  - Supportive and/or
  - Interactive psychotherapy
- The duration of a course of psychotherapy must be individualized for each patient. The services must be performed by persons authorized by their state to render psychotherapy services.

What is Not Billable as Psychotherapy?

- Teaching grooming skills
- Monitoring activities of daily living (ADL)
- Recreational therapy including dance, art, play
- Social interaction

Coverage Criteria

CPT Codes

90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT
90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT
90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)

Individualized Treatment Plan

The plan must state the

- **Type:** specific psychotherapy (e.g., individual, group)
- **Amount:** planned length of session (e.g., 30 minutes, 45 minutes, 60 minutes)
- **Frequency:** planned interval of session (e.g., weekly, monthly)
- **Duration** of the services to be furnished: timespan the individualized treatment plan will be in effect or due for an update

Indicate the

- Diagnoses
- Anticipated goals

Reasonable Expectation of Improvement

- Services must be for the purpose of diagnostic study or reasonably be expected to improve the patient's condition. The treatment must, at a minimum, be designed to reduce or control the patient's psychiatric symptoms so as to prevent relapse or hospitalization **and** improve or maintain the patient's level of functioning.
- When stability can be maintained without further treatment or with less intensive treatment, the psychological services are no longer medically necessary

Frequency and Duration of Services

- There are no specific limits on the length of time that services may be covered. There are many factors that affect the outcome of treatment; among them are the nature of the illness, prior history, the goals of treatment, and the patient's response. As long as the evidence shows that the patient continues to show improvement in accordance with his/her individualized treatment plan, and the frequency of services is within accepted norms of medical practice, coverage may be continued.
- When a patient reaches a point in his/her treatment where further improvement does not appear to be indicated and there is no reasonable expectation of improvement, the outpatient psychiatric services are no longer considered reasonable or medically necessary.

Group Psychotherapy

- Description
  - Psychotherapy administered in a group setting, involving no more than 12 participants, facilitated by a trained therapist simultaneously providing therapy to these multiple patients. The group therapy session typically lasts 45 to 60 minutes. Personal and group dynamics are discussed and explored in a therapeutic setting allowing emotional catharsis, instruction, insight, and support.

Documentation Requirements

Documentation Requirements

- Name of beneficiary and date of service
- Type of service (individual, group, family, interactive, etc.)
- Time element, where duration of the face-to-face contact is the determining factor for coding the service rendered
- Modalities and frequency of treatment furnished
- A clinical note for each encounter, where in the aggregate, summarizes the following items: diagnosis, symptoms, functional status, focused mental status examination, treatment plan, prognosis, and progress to date. Elements such as treatment plans, functional status and prognostic assessment are expected to be documented, updated and available for review, but do not need to be delineated for each individual date of service.
- Identity and professional credentials of the person performing service

Documentation Requirements

- For psychotherapy services that include a medical evaluation and management component, documentation of the medical evaluation or management component of the treatment, including prescriptions, monitoring of medication effects, co-morbid medical conditions evaluated, and results of clinical tests
- When outpatient psychiatric services are provided at a high frequency or long duration, the plan of treatment, progress notes, and condition of the patient should justify the intensity of the services rendered

Documentation Requirements

- For psychotherapy services, there should be documentation of the patient's capacity to participate in and benefit from psychotherapy, especially if the patient is in any way cognitively impaired. The medical record should document the target symptoms, goals of therapy and methods of monitoring outcome. There should be documentation in the medical record of how the treatment is expected to improve the health status or function of the patient.
- The medical record must indicate the time spent in the psychotherapy encounter and the therapeutic maneuvers, such as behavior modification, supportive or interpretive interactions that were applied to produce a therapeutic change. Behavior modification is not a separate service but is an adjunctive measure in psychotherapy. Additionally, a periodic summary of goals, progress toward goals, and an updated treatment plan must be included in the medical record. Prolonged periods of psychotherapy must be well-supported in the medical record describing the necessity for ongoing treatment.

Documentation Requirements

- **Group therapy session** notes must be prepared within a reasonable time period after the rendering of professional services consistent with accepted practice, and can be organized according to the general session note guidelines for individual therapy or the clinician may elect to use the following group note format
    - One portion of the note that is common to all patients, documenting date, length of time for the session, along with key issues presented. Names of the patients in the group should not appear in this group note
    - A second portion of the note, for each patient's record, commenting on that particular patient's participation in the group process and any significant changes in patient status. As outlined in HIPAA regulations referenced above, the note should exclude sensitive content of the patients' conversation
- Must include the number of participants, as Medicare limits group therapy to 12 individuals per session

Incident To Provision

Incident To Provision

- Physicians and specifically CPs, NPs, CNSs, CNMs, and PAs can bill for these integral, although incidental, services and supplies provided by auxiliary personnel as if they furnished the services themselves and, are paid for these services as if they furnished them personally, if all the incident to requirements are met. However, there's no payment under the Medicare PFS to physicians or NPPs for incident to services in an institutional setting (hospital or SNF)
  - Services and supplies are integral to the patient's normal treatment course and the physician or other listed NPP personally furnished an initial service to which the auxiliary personnel's services are incidental. The physician or NPP must remain actively involved in treating the patient.
  - The auxiliary personnel provide services and supplies without charge (included in the physician's or other listed NPP's bill)
  - Services and supplies are an expense to the physician or other listed NPP
  - Services and supplies are commonly offered in the physician's or other listed NPP's office or clinic
  - Typically, the incident to regulations require the physician or other listed NPP to furnish direct supervision; they're present in the office suite and immediately available if needed

Incident To Provision

- We offer an exception to the direct supervision requirement for incident to behavioral health services provided by auxiliary personnel. That is, incident to behavioral health services can be provided under the general supervision of a physician or an NPP, instead of direct supervision. Under general supervision, the physician or NPP may be contacted by phone if necessary, as the physician's or NPP's presence isn't required during a procedure.
- We don't define behavioral health services by HCPCS codes; however, we generally understand a behavioral health service to be any service a provider furnishes for the diagnosis, evaluation, or treatment of a mental health disorder, including an SUD
- Physicians, NPPs, and practitioners can also serve as auxiliary personnel and provide services and supplies incident to the personal professional services of another physician or NPP. Appropriate payment can be made to the other supervising physician or NPP in this case if you meet all the incident to requirements
- 42 CFR 410.26 and 42 CFR 410.27 have more information

Incident To Provision

- For psychology services rendered under the "incident to" provision, the billing provider must first evaluate the patient personally and then initiate the course of treatment. The appropriately trained therapists may then render psychological services to the patient under the billing provider's general supervision.
- Only the types of practitioners listed below, when they are performing within their scope of clinical practice as authorized under state law, are qualified to perform the indicated diagnostic and/or therapeutic psychological services under the "incident to" provision.
- **Doctorate or Masters level Clinical Psychologist:** 90785, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 90849, 90853, 90880, 90899
- **Doctorate or Masters level Clinical Social Worker:** 90785, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 90849, 90853, 90899
- **Clinical Nurse Specialist (CNS):** 90785, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 90849, 90853, 90899
- **Nurse Practitioner (NP):** 90785, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 90849, 90853, 90899
- **Marriage and Family Therapist (MFT):** 90832, 90834, 90837, 90839, 90840, 90846, 90847, 90849, 90853, 90899, 96105, 96112, 96113, 96116, 96121, 96130, 96131, 96136, 96137, 96138, 96139, 96146, G0451
- **Mental Health Counselor (MHC):** 90832, 90834, 90837, 90839, 90840, 90846, 90847, 90849, 90853, 90899, 96105, 96112, 96113, 96116, 96121, 96130, 96131, 96136, 96137, 96138, 96139, 96146, G0451

Incident To Provision

- Individuals who are not licensed or otherwise authorized by state law to provide psychological services may not provide psychological services under the "incident to" provision. This level of professional credentialing is necessary to furnish appropriate medically necessary services under the "incident to" provision.
- Psychological services furnished to Medicare beneficiaries under the "incident to" provision by individuals other than those listed above are not covered. (Note: the standards for professional credentialing are higher for these services billed to Medicare Part B than for similar services performed by other mental health professionals not under the "incident to" provision and billed to Medicare Part A. Under the "incident to" provision, services are performed in the place of the billing provider. In order for services performed and billed under the "incident to" provision to be commensurate with the services performed by the billing provider, and therefore medically necessary, this higher standard of professional credentialing is necessary.)

Enrollment – Part B

- Medicare Requirements for Marriage and Family Therapists and Mental Health Counselors
- Effective 1/1/2024, Medicare added two new nonphysician specialties. To enroll with Medicare, all the requirements for the specialty must be met.
- Requirements
  - Marriage and Family Therapists **(MFT)** as defined in 42 CFR Section 410.53(a)(1)-(3)
  - Mental Health Counselors **(MHC)** as defined in 42 CFR Section 410.54(a)
- **If the qualifications for the state license does not meet all the Medicare requirements, additional documentation must be submitted with the application**
- Related Content
  - MLN Matters® *MM13311 Provider Enrollment Changes to the Medicare Program Integrity Manual*
  - CMS Internet-Only-Manual, Publication 100-08, *Medicare Program Integrity Manual*, Chapter 10.2.3.17 and 10.2.3.18

Review Findings and Trends Identified

Medical Review Trends Identified: Treatment Plan Denials

- Submit Treatment Plan(s) with documentation for every claim in response to an Additional Documentation Request (ADR)
- Submit Treatment Plan(s) to cover the date(s) of service being billed
- Treatment plans must include all required components

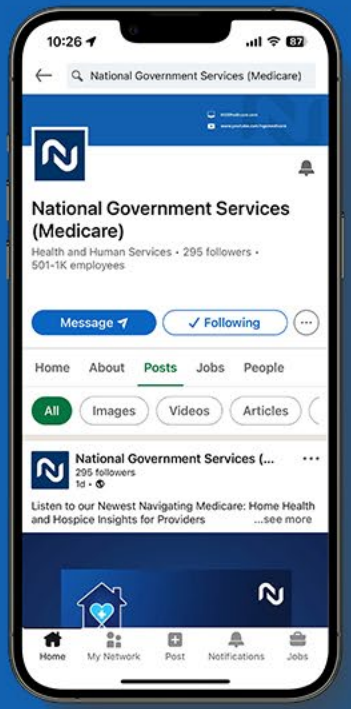
Regulations and Resources

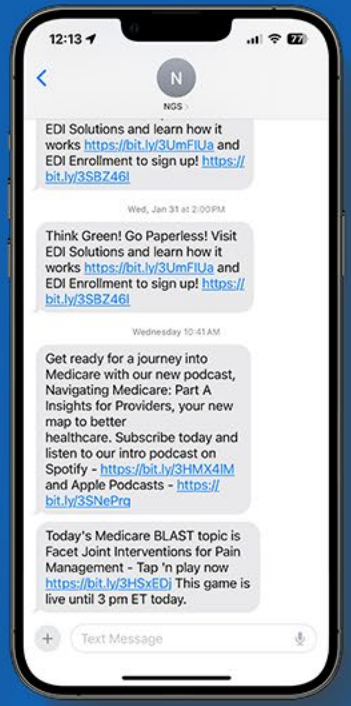
Psychotherapy Regulations

- CMS IOM Publication 100-08, *Medicare Program Integrity Manual*, Chapter 3
- CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 6, Section 70.1
- Local Coverage Determination (LCD): Psychiatry and Psychology Services (L33632)
- Local Coverage Article: Billing and Coding: Psychiatry and Psychology Services (A56937)
- Local Coverage Article: Psychological Services Coverage under the Incident to Provision for Physicians and Non-physicians – Medical Policy Article (A52825)

Questions?

Thank you!





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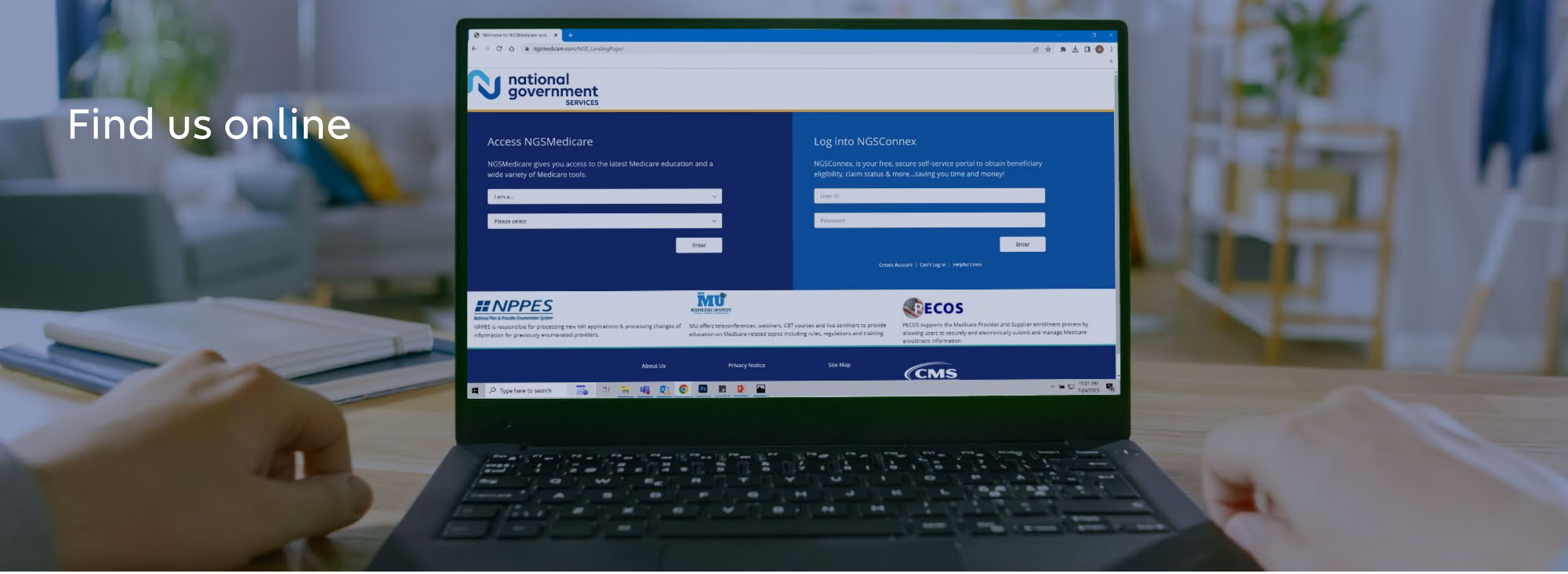

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