

# Provider Manual

**St. John's Mercy Managed Behavioral Health**  
**1000 Des Peres Road, Suite 200**  
**St. Louis, MO 63131**  
*Phone: 314-729-4600 or 800-413-8008*  
*Fax: 314-729-4636*

# Table of Contents

Welcome Letter .....	3
Foreword .....	4
SJMMBH Mission Statement .....	5
Key Information .....	6
Pre-Certification .....	7
SJMMBH Quality Improvement Program .....	8
Access to Services .....	9
Provider Network Development and Coordination .....	10
Claims and Reimbursement .....	11
Claims Submission and Payment .....	12
Treatment Plan Helps .....	13
Frequently Asked Questions Regarding Treatment Plans .....	14
<b><i>Appendix</i></b>	
Treatment Plan Form .....	16
Chart Review Tool .....	17
SJMMBH CPT Codes .....	18
Claims Reprocessing Form.....	21

# **St John's Mercy Managed Behavioral Health**

1000 Des Peres Road, Suite 200

St. Louis, MO 63131

Phone: (314) 729-4600

Fax: (314) 729-4636

**Welcome to St John's Mercy Managed Behavioral Health** and thank you for your participation. Your professional health care skills together with that of other area health care providers are integral to the provision of quality and cost effective behavioral health care to our members.

The Provider Manual has been developed to assist you in the provision of care to St John's Mercy Managed Behavioral Health (SJMMBH) members. The manual contains key phone numbers for coverage or billing issues, instructions for prior authorization and certification, and essential policies and procedures. Our goal is to make SJMMBH friendly and administratively simple to our providers and our members.

Please do not hesitate to phone or fax me or our Provider Relations with suggestions, problems or questions concerning SJMMBH.

Thank you. We look forward to working with you and developing a mutually beneficial relationship.

Sincerely,

*Scott Frederick, Ph.D.*

Scott Frederick, Ph.D.

Director of Operations

St John's Mercy Managed Behavioral Health

## Foreword

The purpose of this Provider Manual is to share information about guidelines, policies and procedures for the administration of St John's Mercy Managed Behavioral Health's programs for covered members as they relate to the roles and responsibilities of participating providers. It contains key contacts with telephone numbers, provides information about the SJMMBH authorization and utilization management processes, and defines SJMMBH's claims processing policies.

The St John's Mercy Managed Behavioral Health information included is not intended to interfere with the patient/provider relationship or the provision of health care services.

This manual is subject to revision, modification, amendment and/or deletions in whole or in part, from time-to-time as may be appropriate in the practical administration of St John's Mercy Managed Behavioral Health. This is in accordance with the statutes, rules and regulations of the State of Missouri and in accordance with the agreements between St John's Mercy Managed Behavioral Health and the Health Plans SJMMBH services.

Please visit us at our new website for the latest updated information in the [St John's Mercy Managed Behavioral Health Provider Manual](#). Other information on the website includes:

- Treatment Plan form
- Claims address listing
- Links to good patient education information (you can download this in your office)
- SJMMBH Quality Improvement information

[www.sjmmbh.com](http://www.sjmmbh.com)

## St John's Mercy Managed Behavioral Health Mission Statement

St John's Mercy Managed Behavioral Health exists to assure that individuals in need of mental health assistance receive the proper care to aid them in functioning and fulfilling their life responsibilities. We meet our obligations with recognition and responsiveness to the high emotional and financial costs of mental health services to our clients, their families and employers. The assistance we provide will be thoughtful, professional and caring.

- *We provide efficient mental health services that address the specific needs of our clients as they relate to their functional abilities.*
- *We minimize the intrusion that such services create for clients, families and employers.*
- *We define mental health services to extend beyond direct therapy services by including community supports and resources.*
- *We serve our clients with respect for their confidentiality.*
- *We provide services in a caring, and compassionate manner.*
- *We treat fellow employees with respect and dignity.*
- *We recognize that our responsibility is to our clients who will come first in receiving our attention.*
- *We conduct ourselves according to the standards of our licensure, certifications and professional organizations.*
- *We honor the trust that is placed in us by our clients, their families and employers in every way.*
- *We strive to make every caller, visitor or client who comes to us feel genuinely cared for and attended.*

## Key Information

<b>SJMMBH Contacts</b>	<b>Phone Numbers</b>
<b>SJMMBH 24 Hour Helpline (Prior Authorization/Certification)</b>	(800) 413-8008 extension 1 OR (314) 729-4600 extension 1
<b>SJMMBH Provider Relations</b>	(314) 729-4600 extension 3
<b>SJMMBH Fax Number</b>	(314) 729-4636
<b>SJMMBH Business hours</b>	8:00 A.M. to 5 P.M. Monday – Friday (Company representatives are available 24-hours a day, seven days a week.)
<b>SJMMBH Employee Assistance Program</b>	(314) 729-4600 extension 2

For any Provider changes including address, phone, fax, e-mail, web site, etc.:  
Fax changes to: (314) 729-4636

or mail to:

St John's Mercy Managed Behavioral Health  
Attn: Provider Relations  
1000 Des Peres Road, Suite 200 C  
St. Louis, MO 63131

### Patient Safety

Providing safe treatment is a primary focus in health care today. Legible documentation in your medical records, coordinating care with the member's PCP and other mental health providers, and identifying a crisis plan with the client are all examples of activities that demonstrate a commitment to improving safe clinical practice.

## Pre-Certification of all Mental Health Services

*Pre-certification is based on goal directed care, and focused treatment objectives with an emphasis on improving specific functional impairments. It is a utilization management tool that ensures that members receive medically necessary, cost-effective health care and case management. Health professionals, hospitals and other providers are required to comply with the Pre-certification policies and procedures. Noncompliance may result in delay or denial of payment for services. Pre-certification is required for Health Plans serviced by St John's Mercy Managed Behavioral Health (SJMMBH).*

**To pre-certify services or to check on an authorization, contact:**

**(314) 729-4600 extension 1 or (800) 413-8008**

Pre-certification review includes:

- *Verification of the member's plan enrollment at the time of the request and on each date of service*
- *Verification that the requested service is a covered benefit*
- *Determination whether the requested service is medically necessary and appropriate*

### Provider Checklist

When providing services, the following chart depicts steps that should be taken:

Steps
<ul style="list-style-type: none"><li>• Verify eligibility *</li><li>• Verify member's identity, if unknown</li><li>• Verify Prior Authorization or Certification</li><li>• Secure Prior Authorization or Certification</li><li>• Collect appropriate co-payment</li><li>• Bill third party administrator</li></ul>

\*Check ID card and/or call Member Services Department.

Members initially call for services. All Plan members serviced by SJMMBH must have a current authorization in place. SJMMBH faxes authorizations to the provider offices. **If you do not have an authorization for the member and the member does not have an authorization number, call the above number prior to seeing the member to confirm (or obtain) the authorization number.**

After the member has been seen for the initial number of visits, you, the provider, must submit a treatment plan with measurable goals and identified progress to SJMMBH by fax, phone, or mail prior to seeing the patient. SJMMBH must receive the treatment plans at least 3 working days before the appointment for the treatment plan to be reviewed and additional visits authorized. If there must be an emergency appointment, please call (314) 729-4600 extension 1 or (800) 413-8008 to have that visit authorized.

## **Criteria**

St John's Mercy Managed Behavioral Health utilizes the McKesson InterQual Level of Care Behavioral Health Criteria, unless State regulations require otherwise. The SJMMBH Medical Directors and Care Managers apply community standards of practice as well as unique circumstances and clinical needs in all clinical care decisions. A copy of specific criteria used in UM decisions is available upon request.

## **Denials and Appeals**

If an adverse decision (a denial) is issued, the provider is given oral and written notification of the decision and the appeals procedures. The SJMMBH Health Plan partners have specific appeal procedures. Generally practitioners have 180 days to appeal a decision.

# SJMMBH Quality Improvement Program

St John's Mercy Managed Behavioral Health is a comprehensive managed mental health organization operated by St. John's Mercy Health Services. Managed care services including Utilization Management, Quality Improvement Provider Networks, and Administrative services are provided by SJMMBH staff, while direct clinical services are provided by the network of contract providers. Employee Assistance counseling is provided by both employed and contracted providers.

## **SJMMBH Program Structure**

St John's Mercy Managed Behavioral Health, integrating utilization management and quality improvement programs, provides continuous monitoring and evaluation of the quality of mental health care delivery resources. The SJMMBH program emphasizes responsiveness to members and providers. Unity hospitals and the affiliated networks of providers have a strong tradition of health care mission.

The St John's Mercy Managed Behavioral Health Quality Improvement Plan has been designed to provide a formal process for continuously and systematically monitoring, evaluating and improving the delivery and administration of the services it provides.

Quality Improvement activities are carried out by clinically qualified health care staff. The SJMMBH Medical Directors are involved in advising, implementing, and reviewing of operational and clinical quality improvement data and activities. The UM/QI staff and manager report directly to the Director of Operations, a Ph.D. level clinician with extensive background in managed behavioral health care services.

The SJMMBH Clinical Oversight Committee oversees SJMMBH clinical, service, and operational activities.

The governing body is responsible for the development, approval, implementation and enforcement of administrative, operational, personnel and patient care policies, procedures, and related documents for the operation of behavioral health care services. Other SJMMBH Committees involved in Quality Improvement include the Provider Advisory, Credentialing and Administrative Review Committees.

St John's Mercy Managed Behavioral Health annually adopts and reviews Clinical Guidelines. Clinical Studies, Satisfaction surveys, and monitoring of utilization, service, and clinical indicators are ongoing activities. Clinical outcomes and results of the studies as well as information about the SJMMBH QI Program are available to you upon request.

We encourage providers to participate in our quality improvement activities. If you have an interest in participating in one of the SJMMBH Quality Committees, please contact the SJMMBH Director or the UM/QI Manager.

## Access to Services

SJMMBH reviews availability and accessibility of services to enable the network to fulfill its mission. SJMMBH has a network of more than 800 individual practitioners and 30 facility and agency providers to meet the diverse needs in the continuum of behavioral health care.

Members are able to access mental health services 24 hours a day. Qualified mental health professionals answer the phone within 30 seconds. Telephone response abandonment rate does not exceed 5%. Calls are answered by registered psychiatric nurses, master level clinicians, or other mental health professionals trained in triage and experienced in behavioral health care with a minimum of 5 years clinical experience.

SJMMBH considers access to a broad and diverse panel of behavioral health professionals central to the delivery of quality mental health care and services. Following are the SJMMBH access standards:

<b>Emergent-Life Threatening</b>	<b>Immediate</b>
<b>Emergent Non Life Threatening</b>	<b>Within 6 hours</b>
<b>Urgent Care</b>	<b>Appointment within 24 hours</b>
<b>Routine Care</b>	<b>Appointment within 10 business days</b>
<b>Routine w/out Symptoms</b>	<b>Appointment within 30 calendar days</b>

SJMMBH complies with State required access and availability standards. SJMMBH works with delegating Health Plans to determine growth areas for service, and to develop quality behavioral health networks for members in those areas.

## **Provider Partnership**

SJMMBH publishes a provider newsletter regularly to update the network on developments and activities. The SJMMBH Provider Handbook is issued at the time of credentialing for new providers. The Handbook is updated annually.

St John's Mercy Managed Behavioral Health has a website where the latest information is posted about St John's Mercy Managed Behavioral Health, our Quality Improvement activities, and links to national health care information. We invite you to visit us often at:

**[www.sjmmbh.com](http://www.sjmmbh.com)**

## **Provider Network Development and Coordination**

### **St John's Mercy Managed Behavioral Health Network**

St John's Mercy Managed Behavioral Health's panel of participating physicians, hospitals and other health care providers is carefully developed to include only those participating health care professionals who meet the Plan's credentialing criteria, and who are approved for participation by the Credentialing Committee.

Each participating provider is required, by contract, to comply with SJMMBH guidelines for services requiring Prior Authorization or Certification, and cooperation with St John's Mercy Managed Behavioral Health Quality Improvement activities.

The St John's Mercy Managed Behavioral Health Provider Panel is limited to providers who agree to participate and comply with provisions detailed in this provider information handbook and their specific provider contract.

### **Credentialing Committee**

Contracted licensed health professionals are required to be credentialed by SJMMBH. Providers are responsible for completion of the Credentialing Form and for providing all supplemental documentation requested. The credentialing process may include a site visit. After careful review, the Credentialing Committee recommends to the Unity Health Services Board of Directors approval of the providers for participation in the SJMMBH provider panel.

### **Provider's Voluntary Termination of Participation or Practice Closure**

Providers may voluntarily terminate their participation in SJMMBH by providing at least sixty (60) days notice in writing to SJMMBH and to the affected members, as per contract. Termination will include ending participation in all programs. However, the provider will remain responsible for medically indicated health care services to members until the member has secured another provider. See your individual provider contract for more information.

## Compliance

By signing your provider agreement, you agree to cooperate with SJMMBH's utilization management process, quality management program and all other policies and procedures. In addition, you must comply with all applicable federal, state, and local regulations and standards of professional ethics.

## Communication with Primary Care Physician

The National Committee on Quality Assurance (NCQA) has identified coordination of care between mental health providers and primary care physicians (PCP's) as an indicator of quality. Your communication with the member's PCP is extremely important in treating the patient safely and effectively. The SJMMBH treatment plan (see appendix) is designed as a tool for you to use in communicating with the PCP. SJMMBH will measure compliance with this important activity through scheduled treatment record reviews.

# Claims and Reimbursement

## General Policies

While SJMMBH makes every effort to verify member eligibility during the authorization process, continued verification is your responsibility. In addition, please note that authorizations are made contingent on the member having valid benefits.

Payment for authorized services is defined by the reimbursement fee schedule. Other than co-payments and/or coinsurance, you may neither collect any monies from the member, nor bill this member for any balance resulting from a difference between your billed rate and SJMMBH's reimbursement. Remember that it is your responsibility to collect all co-payments and/or coinsurance from members. Co-payment information is on the member's insurance card.

All claims for behavioral health services should be submitted on either a standard 1500 form (professional) or UB-92 forms (facilities). **Claims must have the SJMMBH authorization number in Box 23 on the CMS 1500 or in Box 63 on the UB-92.** Claims are paid according to the applicable fee schedule at the time of service. To be accepted, service claims must match pre-authorization reports that detail:

1. Authorization Number
2. Plan Name
3. Patient Name, address, gender, date of birth and ID number
4. Date and place of service
5. Authorized Service Level
6. Authorized Service Range Date
7. Authorized Provider Name, address and telephone number
8. Provider Tax Identification Number and NPI Number
9. Provider Signature

10. ICD-9 Diagnostic Codes and CPT Codes\* or Revenue Codes consistent with the pre-authorization and approved fee schedule.

\* See appendix for the SJMMBH approved CPT codes. These codes must be used for correct payment of claims.

## Claims Submission and Payment

\*\*Send claims directly to the third party administrator. Addresses and accounts are listed in the table below, as well as Provider Relations phone numbers for claims status questions.

PLAN	ADDRESS	CLAIM STATUS/ PROVIDER RELATIONS
Mercy Health Plans Premier Plus (Medicare) Arkansas Texas	Premier Benefits Attn: SJMMBH PO Box 4568 Springfield, MO 65808	(314) 214-8137 or (800) 596-4315 <i>Benefit Verification:</i> (314) 214-8020
Carpenters' Health & Welfare Trust Fund	Carpenters' Health and Welfare P.O. Box 42031 Hazelwood, MO 63042	(314) 644-4802
IBEW Local 309 Collinsville, Illinois	IBEW Local 309 Health & Welfare Fund 2000 A Mall Street Collinsville, IL 62234	(618) 344-2002
District #9 IA of M & AW Welfare Trust (Machinists)	District #9 IA of M & AW Welfare Trust Attn: SJMMBH 12365 St Charles Rock Road Bridgeton, MO 63044	(314) 739-6442
HealthLink for St. John's Employees	Right Choice Benefit Administrators 11250 Weber Hill Rd., Ste. 230 St. Louis, MO 63127	(314) 821-3957, Ext. 3030
LHI (Labor Health Institute)	LHI PO Box 7121 London, KY 40742	(800) 775-3540

## SJMMBH Treatment Plan Information

### Treatment Plan Helps

The SJMMBH Treatment Plan form is a tool to be utilized by the therapist with the patient to document current symptoms and identify goals and interventions that will return the member to a higher level of functioning. SJMMBH care managers encourage collaboration and involvement with the therapist and client when there are questions or challenging cases.

- Mental health benefits through health plans are designed to provide short-term, solution focused therapy for members.
- Treatment must be medically necessary based on current symptoms the member is experiencing.
- Treatment goals need to be specific to the current symptoms.
- Interventions need to be specific with a time frame attainable within the benefit plan.
- Current diagnosis should be documented including Axis V.
- While not necessary that therapists list medications, since medication compliance is an issue with many clients, documentation of medications indicates addressing of those issues.

SJMMBH recognizes the difficulty in addressing all patient needs through the benefit plan. We encourage therapists to utilize and document on the treatment plan the patient's participation in outside community support groups, education groups, etc.

In most benefit plans, marriage counseling, self improvement issues, gambling and legal issues are not covered.

SJMMBH encourages review of the treatment plan with the member and coordination of care by the therapist with the member's PCP and psychiatrist if patient is seeing one.

SJMMBH care managers are available Monday through Friday 8:00 AM to 5:30 PM, and welcome calls from therapists with questions, or wishing to collaborate when there is failure to progress in a case.

**Please fax treatment plans to SJMMBH at least 3 days prior to the member appointment @ 314-729-4636.**

### Quick Tips for Treatment Plans

- Initial and Subsequent Treatment Plan forms are the same.
- Release of information/PCP information may be documented somewhere else in the office and can be indicated. (The point is that a copy of the treatment plan or other information regarding key treatment medications or information is sent to the PCP for coordination of care.)
- Practitioner signs at the bottom of the treatment plan.
- Each treatment plan does not need to be signed by member. Indicate previously signed on file.
- Providers are requested to send in the Treatment plan at least 3 days before requested visit.

## Frequently Asked Questions Regarding Treatment Plans

### **What kind of counseling is covered by the health plans SJMMBH serves?**

*Most of the health plans provide a limited number of sessions for brief solution focused therapy based on a medical necessity. This model utilizing cognitive behavioral techniques has proven effective for many patients/clients. This therapeutic approach brings economy and focus to the treatment.*

### **Are there exceptions when selecting a counseling approach?**

*We consider and recognize that there are a variety of therapeutic approaches. Health Plans currently provide benefits for medically necessary treatment, and the brief therapy model provides care for the majority of members without costing them money in excess of the benefit limit.*

### **What are important points to remember when completing the treatment plans?**

*Remember to construct well-defined goals specific to current symptoms within a specified time frame. Capitalize on the member's strengths, resources and abilities. A treatment plan demonstrating client "assignments" between sessions, referrals to community resources, etc. indicates active patient involvement in his or her treatment..*

### **Should the member be aware of the treatment plan?**

*Yes, please review with your client. We find this facilitates the process and empowers the member.*

### **What should you do if the client needs additional visits?**

*Respond in writing with reasons and the expected length of treatment. The member should not be told to call and ask for more visits. It is your responsibility as the medical provider to provide the clinical information.*

### **Is it important for the provider to look at the authorization we send you?**

*Yes, by all means, we try to put notes or helpful information to facilitate treatment and communicate with you in the authorization.*

### **Can I fax the Treatment Plan and ask for it to be backdated?**

*We are sorry. In order for your claims to be processed and paid correctly, an authorization must be matched to the visits. The only exception to this are for up to the first two initial assessment visits per year for Commercial members, and the first four visits per year for MC+ members. Keep in mind that the first claims submitted will count toward these visits regardless of the dates of service. It is best if we receive your authorization request prior to your routine visits.*

*For emergency and urgent visits, please call us within 24 hours of the visit and we will accommodate your treatment plan by phone.*

# *Appendix*



# SJMMBH Chart Review Elements

On-Site Medical Record Review - OUT PATIENT TREATMENT

Provider: \_\_\_\_\_ Reviewer: \_\_\_\_\_  
 Review Date: \_\_\_\_\_

<i>Criteria</i>
1. All pages contain client name or ID number
2. Bibliographic/demographic data present.
3. Provider is identified on each entry with name, professional degree and relevant ID # if applicable.
4. All entries are dated.
5. The documentation is legible.
6. Relevant medical conditions are listed, prominently identified and revised.
7. Presenting problems with relevant psychological and social conditions affecting med and psych status are documented
8. Special status situations such as imminent risk of harm, suicidal ideation noted, documented, and revised
9. Medications prescribed, dosages and dates of initial prescriptions or refills documented.
10. Allergies and adverse reactions (or lack of known allergies) are documented in prominent location.
11. Appropriate information on past and current medical and psychiatric conditions and history of treatment.
12. Children and adolescents: Prenatal and perinatal events and developmental history must be in chart
13. History of tobacco, alcohol, prescription drug, and/or illicit drug abuse is documented (patients 12 years or older)
14. Mental status exam, including presenting problem, risk assessment, mood, affect, memory, and speech are documented.
<b>15. DSM-IV diagnosis, consistent w/history, presenting problems, and mental status is documented.</b>
16. Treatment plans consistent with diagnosis and include objective and measurable goals w/time frames.
17. Focus of treatment interventions is consistent with tx. Plan goals and objectives
<b>15. Informed consent for medication and patient understanding of treatment objectives is documented.</b>
16. Progress notes describe patient's strengths and weaknesses in achieving treatment goals.
<b>17. Appropriate referrals made for suicidal/homicidal/high risk situation.</b>
18. There is documentation of preventative services (support groups, wellness programs, lifestyle changes).
19. Documentation of coordination of care with PCP (tx note, tx plan sent, pt refusal).
20. Documentation of coordination of care with other MH provider (tx note, tx plan sent, pt refusal).
21. Treatment record includes dates of follow-up appts or discharge plan.
<b>Total Points Possible Per Record: 24</b>
<b>Point Score</b> (Total Points for each record X # of records)

## Professional CPT Codes

**Note:** Outpatient service codes must be submitted for services to receive reimbursement. CPT list is subject to modification. This listing is not intended to be all inclusive.

CPT Code	Description
90801	Psychiatric Diagnostic Interview Examination
90802	Interactive Psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication.
90804	Individual Psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility; 20-30 min.
90805	Individual Psychotherapy - With Medical Evaluation and Management Services; 20-30 min.
90806	Individual Psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility; 45-50 min.
90807	Individual Psychotherapy; - With Medical Evaluation and Management Services; 45-50 min
90808	Individual Psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility; 75-80 min.
90809	Individual Psychotherapy; - With Medical Evaluation and Management Services; 75-80 min
90810	Individual Psychotherapy, interactive, using play equipment, language interpreter, or other mechanisms of non-verbal communication in an office or outpatient facility; 20-30 min.
90811	Individual Interactive Psychotherapy; - With Medical Evaluation and Management Services; 20-30 min.
90812	Individual Psychotherapy, interactive, using play equipment, language interpreter, or other mechanisms of non-verbal communication in an office or outpatient facility; 45-50 min.
90813	Individual Interactive Psychotherapy; - With Medical Evaluation and Management Services; 45-50 min.
90814	Individual Psychotherapy, interactive, using play equipment, language interpreter, or other mechanisms of non-verbal communication in an office or outpatient facility; 75-80 min.
90815	Individual Interactive Psychotherapy; - With Medical Evaluation and Management Services; 75-80 min.
90816	Individual Psychotherapy, insight oriented, behavior modifying and/or supportive, in an intensive outpatient hospital, partial hospital or residential care setting; 20-30 min.
90817	Individual Psychotherapy - With medical evaluation and management services; 20-30 min.
90818	Individual Psychotherapy, insight oriented, behavior modifying and/or supportive, in an intensive outpatient hospital, partial hospital or residential care setting; 45-50 min.
90819	Individual Psychotherapy - With medical evaluation and management services; 45-50 min.
90821	Individual Psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting; 75-80 min.
90822	Individual Psychotherapy in Inpatient Hospital, Partial Hospital, or Residential Care Facility - With Medical Evaluation and Management Services; 75-80 min
90823	Individual Psychotherapy, interactive, language interpreter, or other mechanisms of non-verbal communication in an inpatient hospital, partial hospital, or residential care setting; 20-30 min.
90824	Individual Interactive Psychotherapy for Inpatient hospital, Partial hospital or Residential Care Setting - With Medical Evaluation and Management Services; 20-30 min.
CPT Code	Description

90826	Individual Psychotherapy, interactive, language interpreter, or other mechanisms of non-verbal communication in an inpatient hospital, partial hospital, or residential care setting; 45-50 min.
90827	Individual Interactive Psychotherapy for Inpatient hospital, Partial hospital or Residential Care Setting - With Medical Evaluation and Management Services; 45-50 min
90828	Individual Psychotherapy, interactive, language interpreter, or other mechanisms of non-verbal communication in an inpatient hospital, partial hospital, or residential care setting; 75-80 min.
90829	Individual Interactive Psychotherapy for Inpatient hospital, Partial hospital or Residential Care Setting - With Medical Evaluation and Management Services; 75-80 min.
90846	Family Psychotherapy - Without the Patient Present
90847	Family Psychotherapy - With Patient Present
90849	Multiple-Family Group Psychotherapy
90853	Group Psychotherapy (other than of a multiple-family group)
90857	Interactive Group Psychotherapy
90862	Pharmacologic Mgmt; including prescription, use, and review of medication with no more than minimal medical psychotherapy.
90870	Electroconvulsive Therapy (includes necessary monitoring). Single Seizures
90871	Electroconvulsive Therapy (includes necessary monitoring); Multiple Seizures, per day
90875	Individual Psychophysiological Therapy incorporating biofeedback training by modality, with Psychotherapy(eg, insight oriented, behavior modifying or supportive psychotherapy); 20-30 min.
90876	Individual Psychophysiological Therapy incorporating biofeedback training by modality, with Psychotherapy(eg, insight oriented, behavior modifying or supportive psychotherapy); 45-50 min.
96100	Psychological Testing
96115	Neurobehavioral Status Exam with interpretation and report, per hour
96117	Neuropsychological Testing Battery with interpretation and report, per hour
99202	Office or other outpatient visit for evaluation and management of a new patient; 20 min.
99203	Office or other outpatient visit for evaluation and management of a new patient; 30 min.
99204	Office or other outpatient visit for evaluation and management of a new patient; 45 min.
99205	Office or other outpatient visit for evaluation and management of a new patient; 60 min.
99213	Office or other outpatient visit for the evaluation and management of an established patient; 15 min.
99214	Office or other outpatient visit for the evaluation and management of an established patient; 25 min.
99215	Office or other outpatient visit for the evaluation and management of an established patient; 40 min.
99221	Initial Hospital Care for the evaluation and management of a patient; typically 30 min.
99222	Initial Hospital care for the evaluation and management of a patient; typically 50 min.
99231	Subsequent hospital care for the evaluation and management of a patient; pt. stable, recovering, or improving; 15 min.
99232	Subsequent hospital care for the evaluation and management of a patient; pt. not responding or minor complication; 25 min.
99233	Subsequent hospital care for the evaluation and management of a patient; pt. unstable; new problem; 35 min.
99238	Hospital discharge day management; 30 min. or less
99239	Hospital discharge day management; more than 30 min.
99241	Office Consultation for new or established patient; 15 min.
<b>CPT Code</b>	<b>Description</b>
99242	Office Consultation for new or established patient; 30 min.

99243	Office Consultation for new or established patient; 40 min.
99244	Office Consultation for new or established patient; 60 min.
99245	Office Consultation for new or established patient; 80 min.
99251	Subsequent Hospital care for the evaluation and management of a patient, pt. Unstable, new problem; 35 min.
99252	Initial Inpatient Consultation for a new or established patient, Expanded Problem; 40 min.
99253	Initial Inpatient Consultation for a new or established patient, Detailed History and/or exam, Low Complexity; 55 min.
99261	Follow-up Inpatient Consultation for an established patient; Problem Focused Interval Hx and Exam, Low Complexity; 10 min.
99262	Follow-up Inpatient Consultation for an established patient; Expanded Problem Focused Interval Hx and Exam, Moderate Complexity; 20 min.
99263	Follow-up Inpatient Consultation for an established patient, Detailed Interval Hx and Exam, High Complexity; 30 min.
99303	Evaluation and management of a new or established patient involving a nursing facility; 50 min.
99312	Subsequent Nursing Facility Care for the evaluation and management of a new or established patient; 25 min
99341	Home Visit for the evaluation and management of a new patient; 20 min.
99342	Home Visit for the evaluation and management of a new patient; 30 min.
99343	Home Visit for the evaluation and management of a new patient; 45 min.
99344	Home Visit for the evaluation and management of a new patient; 60 min.
99345	Home Visit for the evaluation and management of a new patient; 75 min.
99347	Home Visit for the evaluation and management of an established patient; 15 min.
99348	Home Visit for the evaluation and management of an established patient; 25 min.
99349	Home Visit for the evaluation and management of an established patient; 40 min.
99350	Home Visit for the evaluation and management of an established patient; 60 min.