

Provider Billing Communication

Behavioral Health Providers

WellCare of Georgia will pay clean claims submitted to the health plan within six months of the provided service or discharge from an inpatient facility, unless otherwise required by laws or the Medicaid program.

Billing Guidelines

- Codes deleted from the previous editions of the CPT Manual are not reimbursable and should not be submitted.
- Codes deleted for the previous ICD-9-CM are not reimbursable and should not be submitted.
- Code to the highest level of specificity when reporting ICD-9-CM diagnostic codes.
- Codes for “Unlisted Procedures” which end in “99” are not accepted and should not be submitted.
- National Drug Code (NDC) number is required along with the injectable drug code on the claim form.
- Electronic data interchange (EDI) is the preferred method of claims submission. Always include provider NPI numbers and Taxonomy code on the claim.
- Follow the most current HIPAA Administration Simplification and WellCare Companion Guide transaction standards for EDI.
- Submit electronic claims through a clearinghouse used by WellCare or directly to WellCare as instructed in the WellCare Companion Guide.

Place of Service Code

A Place of Service Code identifies the location where a service takes place.

- Enter Place of Service code **11** (Office) when rendering service in a Physician Office on CMS 1500 claim form.
- Enter Place of Service code **50** (Federally Qualified Health Center [FQHC]) in Block 24B (Place of Service) on CMS 1500 claim form.
- Enter Place of Service code **72** (Rural Health Clinic [RHC]) in Block 24B (Place of Service) on CMS 1500 claim form.
- Enter Place of Service code **53** (Community Mental Health Center) when rendering service in a CSB or CORE facility location on CMS 1500 claim form. (IN-CLINIC) or
- Enter the appropriate Place of Service code where the service is rendered, for example, Home (**12**) or Inpatient hospital (**21**).

Changes Effective January 1st, 2013

Several commonly used psychiatric CPT codes have been deleted or modified. Changes include:

- Removal of the CPTs; 90801-90802, 90804-90808, 90805-90809, 90810-90815, 90816-90821, 90817-90822, 90823-90829, 90857 and 90862
- Psychotherapy and E&M services are distinguished from each other
- Inclusion of add on codes for psychiatry, which are services performed in addition to a primary service, and never as a stand-alone service
- Addition of code 90785 for interactive complexity
- New code for psychotherapy for a patient in crisis

Modifiers

- “GT” Modifier: Via interactive audio and video telecommunication system. All services provided from the distant site must be billed with the GT modifier.
- Please place the GT modifier in the first position for proper reimbursement.

Add-On Codes

- Appropriate “Add-On” codes should be used, when needed, to denote the services rendered
- Must be used in conjunction with another primary code
- Used when billing interactive psychotherapy
- Used when billing crisis therapy for each additional 30 minutes beyond the first hour

Evaluation and Management Codes

- Specifically start with a 99 (e.g. 99201)
- Doctors of Medicine (MDs), Doctors of Osteopathy (DOs), qualified Clinical Nurse Specialist (CNDs), Nurse Practitioners (NPs) and Physician Assistants (PAs) are the only ones allowed to bill an E&M and psychotherapy code for the same day of service.
- Code selection must be supported by work and medical necessity.

Disclosure of Coding Edits

WellCare utilizes Clinical Coding software to perform industry standard claim validity checks in accordance with all applicable rules and regulations which have been set forth by CMS (such as the National Correct Coding Initiative (NCCI) and the National Physician Fee Schedule Manuals), the American Medical Association (AMA) and Specialty Societies. WellCare uses the claim editing software to assist in determining proper coding for provider claim reimbursement. The review process includes sending batched claim files to the vendor where the vendor compares the claim components (e.g. service codes, place of service) to the payment policies adopted by WellCare after which, the vendor recommends that the incorrectly coded services receive the post-payment adjustment or denial. The outbound EOP contains the description explaining the edit applied to the claim line. The claim editing software programs may result in either a post-payment adjustment or a claim denial which states the reason for the denial or requests submission of medical records that relate to the claim for WellCare review. Providers may request reconsideration of any adjustment or denial by submitting a request for reconsideration to WellCare as long as it follows the dispute timely filing guidelines. A reduction in payment or a denial as a result of claims policies and/or processing procedures is not an indication that the service provided is a non-covered service. Multiple encounters with any health professional within the same group on the same day at a single location constitute a single visit for billing purposes. If separate reimbursement is warranted and a denial is received, the provider must submit medical records for payment reconsideration.

Crosswalk of 2012 CPT Codes to 2013 CPT Codes

2012			2013				
Service Description	CPT Code	2013 Status	Service Description	CPT Code	Report with interactive complexity (+90785)		
Diagnostic Procedures							
Psychiatric Diagnostic Interview Examination	90801	DELETED	Psychiatric Diagnostic Evaluation (No Medical Services)	90791	When appropriate		
			Psychiatric Diagnostic Evaluation with Medical Services	90792			
Interactive Diagnostic Interview Examination	90802	DELETED	Psychiatric Diagnostic Evaluation (No Medical Services)	90791	Yes		
			Psychiatric Diagnostic Evaluation with Medical Services	90792			
Psychotherapy							
Individual Psychotherapy, 20-30 min	90804, 90816	DELETED	Psychotherapy, 30 (16-37*) min	90832	When appropriate		
45-50 min	90806, 90818		45 (38-52*) min	90834			
75-80 min	90808, 90821		60 (53+*) min	90837			
Interactive individual Psychotherapy, 20-30 min	90810, 90823	DELETED	30 (16-37*) min	90832	Yes		
45-50 min	90812, 90826		45 (38-52*) min	90834			
75-80 min	90814, 90828		60 (53+*) min	90837			
Psychotherapy with E/M (there is no one-to-one correspondence)							
Individual Psychotherapy with E/M, 20-30 min	90805, 90817	DELETED	E/M Plus Psychotherapy Add-On	E/M code (selected using key components, not time) and one of: + 90833 30 (16-37*) min +90836 45 (38-52*) min +90838 60 (53+*) min	When appropriate		
45-50 min	90807, 90819						
75-80 min	90809, 90822						
Interactive Individual Psychotherapy with E/M, 20-30 min	90811, 90824	DELETED			E/M Plus Psychotherapy Add-On	E/M code (selected using key components, not time) and one of: + 90833 30 (16-37*) min +90836 45 (38-52*) min +90838 60 (53+*) min	Yes
45-50 min	90813, 90827						
75-80 min	90815, 90829						
Other Psychotherapy							
(None)			Psychotherapy for Crisis	90839, + 90840			No
Family Psychotherapy	90846, 90847, 90849	NO CHANGE	Family Psychotherapy	90846, 90847, 90849			No
Group Psychotherapy	90853	NO CHANGE	Group Psychotherapy	90853	When appropriate		
Interactive Group Psychotherapy	90857	DELETED			Yes		
Other Services							
Pharmacologic Management	90862	DELETED	E/M	E/M Code	No		

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