

Provider Billing Communication

Community Service Boards (CSB) or CORE 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.

Commonly Used Modifiers

- GT = Via interactive audio and video telecommunication systems
- U1 = Practitioner Level 1
- U2 = Practitioner Level 2
- U3 = Practitioner Level 3
- U4 = Practitioner Level 4
- HQ = Group Setting
- HR = Family/Couple with Client Present
- HS = Family/Couple without Client Present
- HT = Multi-Disciplinary Team

Place of Service Code

- 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 1, 2013

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

- Removal of 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

- Modifiers U1-U4 must be billed in the first modifier position in order for proper reimbursement to be generated based on license type.
- Modifiers U6 and U7 are not allowed; appropriate Place of Service code must be used

| Modifier | Practitioner Type | License Type |
|----------|-------------------|--|
| U1 | Level 1: | Physician, Psychiatrist |
| U2 | Level 2: | Psychologist, Physician's Assistant, Nurse Practitioner, Clinical Nurse Specialist, Pharmacist |
| U3 | Level 3: | Registered Nurse, Licensed Dietician, Licensed Professional Counselor (LPC), Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT) |
| U4 | Level 4: | Licensed Practical Nurse (LPN), Licensed Associate Professional Counselor (LAPC), Licensed Master's Social Worker (LMSW), Licensed Associate Marriage and Family Therapist (LAMFT), Certified/Registered Addictions Counselors (e.g. CAC-I/II, CADC, CCADC, GCADC, MAC), Certified Peer Specialists, Trained Paraprofessionals and Certified Psychosocial Rehabilitation Professionals (CPRP) with Bachelor's degrees or higher in the social sciences/helping professions |
| | Level 5: | Trained Paraprofessionals, Certified/Registered Addiction Counselors (CAC-I, RADT), Certified Peer Specialists, Certified Psychosocial Rehabilitation Professionals, and Qualified Medication Aides with at least a high school diploma/equivalent |

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 | | | |
| 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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