

# Medical Coverage Policies

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## Behavioral Health Services

EFFECTIVE DATE	08/01/2004	LAST UPDATED	12/19/2009
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**Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

**Note:** This reimbursement policy was written to document criteria and bundling rules. Medical criteria for Behavioral Health Services used are maintained and administered by the delegated Behavioral Health Care Manager.

### Description:

#### Rhode Island General Law regarding Mental Illness Coverage:

*Mental illness coverage ( 27-38.2-1): This policy provides for the coverage of medically necessary services for the treatment of chemical dependency.*

**27-38.2-1 Mental illness coverage:** *Every health care insurer that delivers or issues for delivery or renews in this state a contract, plan, or policy except contracts providing supplemental coverage to Medicare or other governmental programs, shall provide coverage for the medical treatment of mental illness and substance abuse under the same terms and conditions as that coverage is provided for other illnesses and diseases. Insurance coverage offered pursuant to this statute must include the same durational limits, amount limits, deductibles, and co-insurance factors for mental illness as for other illnesses and diseases.*

*27-38.2-4 Limitations of coverage: (a) The health care benefits outlined in this chapter apply only to services delivered within the state of Rhode Island; provided, that all health insurers shall be required to provide coverage for those benefits mandated by this chapter outside of the state of Rhode Island where it can be established through a pre-authorization process that the required services are not available in the state of Rhode Island from a provider in the health insurer's network.*

*(b) For the purposes of this chapter, outpatient services, with the exception of outpatient medication visits, shall be provided for up to thirty (30) visits in any calendar year; outpatient services for substance abuse treatment shall be provided for up to thirty (30) hours in any calendar year; community residential care services for substance abuse treatment shall be provided for up to thirty (30) days in any calendar year; and detoxification benefits shall be provided for up to five (5) detoxification occurrences or thirty (30) days in any calendar year, whichever comes first.*

### 1. Behavioral Health Services:

**Behavioral health services** are the evaluation, management, and treatment of a patient's mental, emotional, or chemical dependency problem.

Behavioral health services may be rendered in a provider's office, patient's **home (some restrictions apply)**, inpatient or partial hospital, and intermediate care service settings.

### 2. Behavioral Health Problem:

A **behavioral health problem** is defined as any mental, emotional, or chemical dependency/substance abuse disorder that is listed in the most recent revised publication or the most updated volume of either the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, or the International Classification of Disease Manual published by the World Health Organization, and that disorder substantially limits the life activities of the person with the illness.

Chemical dependency/substance abuse disorders do not include tobacco and caffeine.

Behavioral health problems **do not** include:

- Mental retardation
- Learning disorders
- Motor skills disorders
- Communication disorders
- Mental disorders classified as V codes

**Note:** Claims filed for non-covered diagnosis will deny as "non-covered service for condition reported."

### **3. Behavioral Health Providers:**

The following behavioral health providers are eligible for reimbursement: (Please see the attached provider grid for applicable code and place of service combinations)

1. Psychiatrist (specialty codes 026, 027)
2. Licensed individual clinical social worker (specialty code 042, or modifier AJ)
3. Clinical nurse specialist (CNS) (specialty code 045) Psychologist (specialty code 062, or modifier AH) Mental health counselor (specialty code 077) (Provider not recognized for Medicare)
4. Marriage/family therapist (specialty code 078) (Provider not recognized for Medicare)
5. Clinic or providers with an unknown specialty code(s) (070 or 099) may utilize the modifiers AJ or AH to report the rendering behavioral health clinicians specialty
6. Substance abuse professional (specialty code 094) (substance abuse benefit only)(Provider not recognized for Medicare)
7. Substance abuse treatment facility (specialty code 107) (facility based services only)
8. Nurse Practitioner-Behavioral Health (specialty code 131)
9. Physician Assistant-Behavioral Health (specialty code 139)

Claims filed by participating providers who are other than the above specialty codes will be denied as "provider not authorized for service."

### **4. Chemical Dependency/Substance Abuse:**

**Chemical Dependency/substance abuse** is the chronic abuse of alcohol or other drugs characterized by impaired functioning, debilitating physical condition, the inability to keep from or reduce consuming the substance, or the need for daily use of the chemical in order to function. The term "chemical" includes alcohol and addictive drugs, but not caffeine or tobacco. Methadone clinics and treatments are not covered.

#### **Chemical Dependency Benefit:**

The chemical dependency benefit is coverage for the treatment for a chemical dependency problem provided in a licensed substance abuse facility. Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement/Rlte Care contract for applicable behavioral health benefits/coverage.

### **5. Treatment for Behavioral Health/Chemical Dependency:**

#### **A. Inpatient Hospitalization**

Inpatient hospitalization is provided for a patient whose behavioral health/chemical dependency condition is such that it requires admission to a hospital or other inpatient health care facility.

#### **1. Residential Programs:**

Mental Health Residential Treatment Programs are covered for BlueCHIP for Rlte Care adolescents for behavioral health only. Refer to Rlte Care contract for specific benefits/coverage; and are non-covered for all other products.

## 2. Substance Abuse Residential Treatment Programs:

The provider must be licensed under the laws of the State of Rhode Island or by the state in which the facility is located as a hospital, a chemical dependency treatment facility, or a community residential facility for chemical dependency treatment; and the provider must sign an agreement to provide covered chemical dependency services.

### Reimbursement/Bundling:

Psychiatrists (specialty code 026, 027) will be reimbursed for:

- CPT codes 90801, 90802 or an appropriate initial hospital care code for evaluation and management services of services to patients admitted to psychiatric beds; and
- CPT code 90816 through 90829 (or appropriate E&M code) for inpatient care in a psychiatric or medical bed
- Only psychiatrists (specialty codes 026, 027), clinical nurse specialist (CNS) (specialty code 045), nurse practitioners-behavioral health (specialty code 131), and physician assistants-behavioral health (specialty code 139) may provide a psychiatric evaluation consultation (90801, 90802) when a patient is in a **medical bed**.
- **Psychologists** (specialty code 62 or modifier AH) will be reimbursed for the following services in a **medical bed only**:
  1. Consultation/evaluation of a patient includes examination of the patient and exchange of information with the primary physician and other informants such as nurses or family members, and preparation of a report. These consultations services by a psychologist are limited to an initial evaluation (90801, 90802) and do not involve psychiatric treatment; or
  2. Follow-up services under inpatient psychiatric codes (90816, 90818, 90821, 90823, 90826, 90828 and behavioral assessment/intervention codes (96150 through 96155).

**Note:** Psychologists are not approved for any other services in a medical bed or psychiatric bed and all services will deny included in the hospital per diem rate.

**Prior authorization guidelines** for inpatient hospitalization for behavioral health conditions:

1. BlueCHiP for Medicare and BlueCHiP for RlTe Care members: required
2. All other products: please check the member certificate for verification of preauthorization requirements.
3. while not requiring preauthorization, it is recommended that notification to the managed behavioral health organization is made as soon as is reasonably possible.

### Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement/RlTe Care contract for applicable behavioral health benefits/coverage.

## **B. Intermediate Care Services**

Intermediate care services consist of partial hospitalization/day treatment programs (PHP), intensive outpatient programs (IOP), adult intensive services (AIS), child and family intensive services (CFIT) and child and adolescent intensive treatment services (CAITS) for BlueCHiP for RlTe Care members. They provide both transitional and stand-alone treatment for patients meeting medical necessity criteria for the level of care. Intermediate care services provide substantial clinical support for patients who are either in transition from a higher level of care or at risk for admission to a higher level of care.

All intermediate care services are bundled services which means payment for the program itself includes all professional and facility services performed when a member is enrolled in a program.

### 1. Partial Hospitalization, Day Treatment:

These programs are defined as structured and medically supervised day, evening, and/or night treatment programs. Program services are provided at least five (5) hours per day and for at least five

(5) days per week. The services are of essentially the same nature and intensity (including medical and nursing services) as would be provided in a hospital except that the patient is in the program less than twenty-four (24) hours per day. The patient is not considered a resident at the program. The range of services offered is designed to address a mental and/or substance related disorder through an individualized treatment plan provided by a coordinated multidisciplinary treatment team. Services included, but are not limited to: initial and ongoing assessments, individual therapy, family therapy, group therapy, medication evaluation, medication management, care management, crisis and emergency services, coordination with collateral contacts, etc.

## **2. Intensive Outpatient Program (I.O.P.):**

An intensive outpatient program generally consists of individual and group therapy with medication management three (3) hours per day, normally three (3) days per week. This service provides substantial clinical support for patients who are either in transition from a higher level of care or at risk for admission to a higher level of care. Services included, but are not limited to: initial and ongoing assessments, individual therapy, family therapy, group therapy, medication evaluation, medication management, care management, crisis and emergency services, coordination with collateral contacts, etc.

## **3. Adult Intensive Services (AIS), Child and Family Intensive Services (CFIT), Child and Adolescent Intensive Treatment Services (CAITS) for BlueCHiP for Rlte Care members.**

Please refer to the Adult Intensive Services and/or Child and Family Intensive Services and/or Child and Adolescent Intensive Treatment Services (CAITS) for BlueCHiP for Rlte Care Members policies for information regarding these services.

### **Prior authorization guidelines for Intermediate Care Services:**

- BlueCHiP for Medicare and BlueCHiP for Rlte Care members: required.
- For all other products: Please check the member certificate for verification of preauthorization requirements. It is recommended that notification to the managed behavioral health organization is made as soon as is reasonably possible.

### **Coverage:**

Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement/Rlte Care contract for applicable behavioral health benefits/coverage.

## **C. Outpatient Office-based or Clinic Services:**

### **1. Evaluation and Management Services**

Evaluation and management (E/M) services refer to visits and consultations furnished by physicians. Providers should select a CPT code that best represents the level of E/M service performed.

#### **Reimbursement:**

Evaluation and management services (CPT codes 99201 through 99499) should not be reported separately by the same provider, when reporting codes 90805, 90807, 90809, 90811, 90813, 90815, 90817, 90819, 90822, 90824, 90827 or 90829 for the same date of service as evaluation and management services is considered inclusive in these CPT codes.

#### **a) Psychiatric Diagnostic or Evaluation Interview Examination**

(All denials are not separately reimbursed for participating providers):

#### **Reimbursement:**

1. (Same provider: Limit to 1 evaluation (CPT code 90801, or 90802) during the same course of treatment. (A course of treatment is defined by a 180 day break in service. Additional evaluation

by the same provider (not provider group), rendered within 180 days, will be denied as "1 evaluation allowed per course of treatment"). If the subsequent claim filed by a provider group is performed by a provider with a different NPI, then the claim may be manually adjusted to pay.

2. **Psychotherapy** CPT codes 90804 through 90815) rendered on the same date as an evaluation (CPT code 90801, 90802) performed by the same provider/same date of service will deny as not separately reimbursable.
3. Psychotherapy services (CPT codes 90804 through 90815) rendered on the same date of service, as evaluation and management services (CPT codes 99201-99499) will deny as not separately reimbursable.
4. Evaluation and management services CPT codes 99201-99499 should not be reported separately by the same provider when reporting codes 90805, 90807, 90809, 90811, 90813, 90815, 90817, 90819, 90822, 90824, 90827, or 90829.

#### **Coverage:**

Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement/RIte Care contract for applicable behavioral health benefits/coverage.

#### **D. Psychotherapy**

**Psychotherapy** is the treatment for behavioral disturbances in which the clinician establishes a professional contract with the patient and, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development.

The codes for reporting psychotherapy are divided into two broad categories: interactive psychotherapy; and insight oriented, behavior modifying and/or supportive psychotherapy.

**Please refer to the member certificate for specific visit limitations.**

#### **Reimbursement/Bundling:**

1. **Psychotherapy services** by the same provider/same date of service (CPT codes 90804 through 90815) rendered on the same date as an evaluation (CPT code 90801 or 90802) will deny as not separately reimbursed.
2. **Individual therapy** (CPT codes 90804-90815) is separately reimbursed when rendered on the same day, with same provider, same patient when family/group psychotherapy services are performed (codes 90846-90857), i.e., individual and group OR group and family OR family and individual allowed same date.
3. **Group therapy** (CPT code 90853) is considered separately reimbursed when performed alone, or in combination with family therapy (CPT codes 90846, 90847, 90849), or individual therapy (90804 through 90815) (Limited to 2 codes/date of service/provider.)

#### **Coverage:**

Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement/RIte Care contract for applicable behavioral health benefits/coverage.

#### **E. Medication Visit**

Medication visit is an office or clinic visit performed by a psychiatrist or clinical nurse specialist to verify/discuss the patients response to prescribed medications. Medication visits do not include psychotherapy.

**\*Note:** Medication visits in the outpatient setting do not draw down from the member's outpatient behavioral health benefit/number of visits. The member is responsible for the applicable medical specialist office visit co-pays or coinsurance.

#### **Reimbursement/Bundling:**

Medication visits (CPT code 90862):

- rendered in the inpatient setting are considered not separately reimbursed as they are inclusive in inpatient services.
- rendered in the outpatient setting are separately reimbursed only when performed by a psychiatrist (026), or clinical nurse specialist (CNS) (045), psych neuro (027), nurse practitioner behavioral health (131), or physician assistant behavioral health (139)

Are not separately reimbursed:

1. when rendered on the same date of service, by the same provider as an evaluation (CPT code 90801), or psychotherapy service (CPT codes 90804 - 90815);
2. when rendered on the same date of service as medication visit (CPT code 90862), by a different provider; and
3. when performed in conjunction with behavioral health services (90801-90829) when rendered by a psychiatrist

#### **F. Electroconvulsive Therapy (This is a MEDICAL benefit, not behavioral health)**

**Electroconvulsive therapy (ECT)** is a procedure in which electric currents are passed through the brain, deliberately triggering a brief seizure. This seems to cause changes in brain chemistry that can alleviate symptoms of certain mental illnesses. ECT may be performed in the inpatient or outpatient setting.

##### **Reimbursement:**

Electroconvulsive therapy (ECT) services are covered when performed by a psychiatrist/MD. (This is considered a medical, not behavioral health, procedure.)

##### **Coverage:**

Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement/Rlite Care contract for applicable medical health benefits/coverage.

#### **G. Hospital Consults and Subsequent Hospital Care**

##### **Reimbursement/Bundling:**

**The following services are not separately reimbursed:**

- Consultation/evaluation of a patient includes examination of a patient and exchange of information with the primary physician and other informants such as nurses or family members, and preparation of a report. These consultation services (99251 through 99263) are limited to initial or follow-up evaluation and do not involve psychiatric treatment or initial evaluation (90801); or
- Subsequent hospital care services can be billed under subsequent hospital care codes 99231-99233; or
- Medication evaluation services under code (90862) or inpatient hospital codes (90816 through 90829); or
- Health and behavioral assessment/intervention codes (96150 through 96155).

Clinical nurse specialists (specialty code 045), nurse practitioners-behavioral health (specialty code 131), and physician assistants-behavioral health (specialty code 139) can bill for the following services in **medical beds** only:

- An initial evaluation (90801- 90802); or
- Subsequent hospital care services can be billed under subsequent hospital care codes 99231 through 99233; or
- Subsequent nursing facility services (99307-99310); or
- Medication evaluation services under code (90862) or inpatient hospital codes (90816 through 90822); or
- Health and behavioral assessment/intervention codes (96150 through 96155).

**Note:** Clinical nurse specialists (specialty code 045), nurse practitioners-behavioral health (specialty code 131), and physician assistants-behavioral health (specialty code 139) are not approved for any other services in a medical bed and all other services will deny as they are included in the hospital per diem rate.

**Coverage:**

Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement/RIte Care contract for applicable behavioral health benefits/coverage.

**H. Other Services**

- Please refer to the Psychological Testing medical policy for information related to **Psychological Testing Services.**
- Please refer to the Health and Behavioral Assessment medical policy for information related to **Health and Behavioral Assessment.**
- Please refer to the **Adult Intensive Services and/or Child and Family Intensive Services policies** for information regarding these services.

**Coverage:**

Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement/RIte Care contract for applicable behavioral health benefits/coverage.

**I. Services Provided to Children Under the Age of 18:**

BCBSRI recognizes that the evaluation of children/adolescents often takes longer than adults and requires additional collateral contacts that further differentiate this population. Effective, for dates of service on or after April 1, 2007, BCBSRI allows providers to file with a modifier TU Special Payment Rate, Overtime for extended psychiatric diagnostic interview examination (CPT code 90801TU) and extended pharmacologic management (CPT code 90862TU) for children under the age of 18. Extended services are defined as psychiatric diagnostic interview/examinations (CPT code 90801) that extend longer than 75 minutes and pharmacologic management (CPT code 90862) services that are longer than 25 minutes to our members under 18 years of age. Please note the TU modifier should only be used when rendering extended services to children/adolescents that meet BCBSRI guidelines.

**Coverage:**

Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement/RIte Care contract for applicable behavioral health benefits/coverage.

**J. Services Covered for BlueCHIP for Medicare members ONLY and are not covered for all other members:**

1. Psychoanalysis (CPT code 90845);
2. Narcosynthesis for psychiatric diagnostic and therapeutic purposes (e.g., sodium amobarbital (Amytal) interview) (CPT code 90865);
3. Hypnotherapy (CPT code 90880)

**K. Non-covered Services:**

The following **services are not covered:**

- Individual psychophysiological therapy incorporating biofeedback training by any modality (CPT codes 90875, 90876)

**Medicare does not recognize the following specialties:**

1. Mental health counselor (specialty code 077)
2. Marriage/family therapist (specialty code 078)

3. Substance abuse professional (specialty code 094) (substance abuse benefit only)

Note: Claims filed for non-covered services will deny as non-covered service for contract.

The information below is for Commercial products; BlueCHIP for Rite Care, and BlueCHIP for Medicare may be different.

<b>Psychiatry/MD (026) Psychiatry Neuro (027)</b>	<b>Home</b>	<b>Office/ Outpatient</b>	<b>Inpatient Hospital (See section F for services allowed in a medical bed)</b>	<b>Skilled Nursing Facility</b>
90801, 90802	y	y	y	y
90804, 90806, 90808	y	y	n	n
90805, 90807, 90809	y	y	n	n
90810, 90812, 90814	y	y	n	n
90811, 90813, 90815	y	y	n	n
90816-90829	n	n	y	y
90846, 90847, 90849, 90853, 90857	y	y	n	n
90862	y	y	n	y
99201-99215	y	y	n	n
99217	n	n	n	n
99218-99220	n	n	n	n
99221-99233	n	n	y	n
99234-99236	n	n	n	n
99238-99239	n	n	y	n
99241-99245	y	y	n	n
99251-99255	n	n	y	y
99281-99285	n	n	n	n
99288	n	n	n	n
99291-99292	n	n	n	n
99301-99310	n	n	n	y
99315-99318	n	n	n	y
99324-99337	n	n	n	n
99339-99340	n	n	n	n
99341-99350	y	n	n	n
99366-99368	n	n	n	n
99374-99380	n	n	n	n
99401-99404	n	n	n	n
99406-99409	y	y	y	y
99411-99412	n	n	n	n



99420	n	n	n	n
99441-99443	n	n	n	n
<b>Psychologist (062); Social Worker (042)</b>	<b>Home</b>	<b>Office/Outpatient</b>	<b>Inpatient Hospital (See section F for services allowed in a medical bed)</b>	<b>Skilled Nursing Facility</b>
90801, 90802	y	y	n	y
90804, 90806, 90808	y	y	n	y
90805, 90807, 90809	n	n	n	n
90810, 90812, 90814	y	y	n	y
90811, 90813, 90815	n	n	n	n
90816-90829	n	n	n	n
90846, 90847, 90849, 90853, 90857	y	y	n	n
90862	n	n	n	n
99201-99215	n	n	n	n
99217	n	n	n	n
99218-99220	n	n	n	n
99221-99233	n	n	n	n
99234-99236	n	n	n	n
99238-99239	n	n	n	n
99241-99245	n	n	n	n
99251-99255	n	n	n	n
99281-99285	n	n	n	n
99288	n	n	n	n
99291-99292	n	n	n	n
99301-99310	n	n	n	n
99315-99318	n	n	n	n
99324-99337	n	n	n	n
99339-99340	n	n	n	n
99341-99350	n	n	n	n
99366-99368	n	n	n	n
99374-99380	n	n	n	n
99401-99404	n	n	n	n
99406-99409	n	n	n	n
99411-99412	n	n	n	n
99420	n	n	n	n
99441-99443	n	n	n	n
<b>Clinical Nurse Specialist (045);</b>			<b>Inpatient Hospital</b>	

<b>Nurse Practitioner Behavioral Health (131); Physician Assistant Behavioral Health (139)</b>	<b>Home</b>	<b>Office/Outpatient</b>	<b>(See section F for services allowed in a medical bed)</b>	<b>Skilled Nursing Facility</b>
90801, 90802	y	y	y	y
90804, 90806, 90808	y	y	n	n
90805, 90807, 90809	y	y	n	n
90810, 90812, 90814	y	y	n	n
90811, 90813, 90815	y	y	n	n
90816-90829	n	n	y	y
90846, 90847, 90849, 90853, 90857	y	y	n	n
90862	y	y	n	y
99201-99215	y	y	n	n
99217	n	n	n	n
99218-99220	n	n	n	n
99221-99223	n	n	n	n
99231-99233	n	n	y	n
99234-99236	n	n	n	n
99238-99239	n	n	n	n
99241-99245	n	n	n	n
99251-99255	n	n	n	y
99281-99285	n	n	n	n
99288	n	n	n	n
99291-99292	n	n	n	n
99301-99306	n	n	n	n
99307-99310	n	n	n	y
99315-99318	n	n	n	n
99324-99337	n	n	n	n
99339-99340	n	n	n	n
99341-99350	n	n	n	n
99366-99368	n	n	n	n
99374-99380	n	n	n	n
99401-99404	n	n	n	n
99406-99409	y	y	y	y
99411-99412	n	n	n	n
99420	n	n	n	n
99441-99443	n	n	n	n
<b>Marriage/Family Therapist (078); Mental Health Counselor (077)</b>	<b>Home</b>	<b>Office/Outpatient</b>	<b>Inpatient Hospital (See section</b>	<b>Skilled Nursing</b>

(Medicare does not recognize these specialties)			F for services allowed in a medical bed)	Facility
90801, 90802	y	y	n	y
90804, 90806, 90808	y	y	n	y
90805, 90807, 90809	n	n	n	n
90810, 90812, 90814	y	y	n	y
90811, 90813, 90815	n	n	n	n
90816-90829	n	n	n	n
90846, 90847, 90849, 90853, 90857	y	y	n	n
90862	n	n	n	n
99201-99215	n	n	n	n
99217	n	n	n	n
99218-99220	n	n	n	n
99221-99233	n	n	n	n
99234-99236	n	n	n	n
99238-99239	n	n	n	n
99241-99245	n	n	n	n
99251-99255	n	n	n	n
99281-99285	n	n	n	n
99288	n	n	n	n
99291-99292	n	n	n	n
99301-99310	n	n	n	n
99315-99318	n	n	n	n
99324-99337	n	n	n	n
99339-99340	n	n	n	n
99341-99350	n	n	n	n
99366-99368	n	n	n	n
99374-99380	n	n	n	n
99401-99404	n	n	n	n
99406-99409	n	n	n	n
99411-99412	n	n	n	n
99420	n	n	n	n
99441-99443	n	n	n	n
<b>Psychologist (062); Social Worker (042)</b>	<b>Home</b>	<b>Office/Outpatient</b>	<b>Inpatient Hospital  (See section F for services allowed in a medical bed)</b>	<b>Skilled Nursing Facility</b>

90801, 90802	y	y	n	y
90804, 90806, 90808	y	y	n	y
90805, 90807, 90809	n	n	n	n
90810, 90812, 90814	y	y	n	y
90811, 90813, 90815	n	n	n	n
90816-90829	n	n	n	n
90846, 90847, 90849, 90853, 90857	y	y	n	n
90862	n	n	n	n
99201-99215	n	n	n	n
99217	n	n	n	n
99218-99220	n	n	n	n
99221-99233	n	n	n	n
99234-99236	n	n	n	n
99238-99239	n	n	n	n
99241-99245	n	n	n	n
99251-99255	n	n	n	n
99281-99285	n	n	n	n
99288	n	n	n	n
99291-99292	n	n	n	n
99301-99310	n	n	n	n
99315-99318	n	n	n	n
99324-99337	n	n	n	n
99339-99340	n	n	n	n
99341-99350	n	n	n	n
99366-99368	n	n	n	n
99374-99380	n	n	n	n
99401-99404	n	n	n	n
99406-99409	n	n	n	n
99411-99412	n	n	n	n
99420	n	n	n	n
99441-99443	n	n	n	n
<b>Substance Abuse (094)  (Medicare does not recognize this specialty)</b>	<b>Home</b>	<b>Office/ Outpatient</b>	<b>Inpatient Hospital  (See section F for services allowed in a medical bed)</b>	<b>Skilled Nursing Facility</b>
90801, 90802	y	y	n	y
90804, 90806, 90808	y	y	n	y
90805, 90807, 90809	n	n	n	n
90810, 90812, 90814	y	y	n	y

90811, 90813, 90815	n	n	n	n
90816-90829	n	n	n	n
90846, 90847, 90849, 90853, 90857	n	y	n	n
90862	n	n	n	n
99201-99215	n	n	n	n
99217	n	n	n	n
99218-99220	n	n	n	n
99221-99233	n	n	n	n
99234-99236	n	n	n	n
99238-99239	n	n	n	n
99241-99245	n	n	n	n
99251-99255	n	n	n	n
99281-99285	n	n	n	n
99288	n	n	n	n
99291-99292	n	n	n	n
99301-99310	n	n	n	n
99315-99318	n	n	n	n
99324-99337	n	n	n	n
99339-99340	n	n	n	n
99341-99350	n	n	n	n
99366-99368	n	n	n	n
99374-99380	n	n	n	n
99401-99404	n	n	n	n
99406-99409	n	n	n	n
99411-99412	n	n	n	n
99420	n	n	n	n
99441-99443	n	n	n	n

**Inpatient Codes**-The following codes are included in the per diem rate(s) for inpatient hospital, partial hospital, or residential care setting:

**90816, 90817, 90818, 90819, 90821, 90822, 90823, 90824, 90826, 90827, 90828, 90829**

**Non-covered codes**-The following codes are non-covered:

**90845, 90857, 90865, 90875, 90876, 90880**

**The following codes are not reimbursable services:**

**90882, 90885, 90887, 90889**

**The following code will suspend for review:**

**90899**

**Also known as:**

Not applicable

**Related topics:**

Adult Intensive Services (AIS)  
Biofeedback  
Child and Family Intensive Treatment (CFIT)  
Psychological Testing  
Substance Abuse

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