

Provider Manual

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

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Welcome to 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 Mercy Managed Behavioral Health (MMBH) 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 MMBH 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 MMBH.

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

Sincerely,

Scott Frederick, Ph.D.

Scott Frederick, Ph.D.

Executive Director of Mercy Managed Behavioral Health

Foreword

The purpose of this Provider Manual is to share information about guidelines, policies and procedures for the administration of 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 MMBH authorization and utilization management processes, and defines MMBH's claims processing policies.

The 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 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 Mercy Managed Behavioral Health and the Health Plans MMBH services.

Mercy Managed Behavioral Health Mission Statement

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

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

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

**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. Individual Providers and Facilities are required to comply with the pre-certification policies and procedures. Noncompliance may result in delay or denial of payment for services. Our partner Health Plans have different pre-certification requirements for routine office visits with place of service 11. Pre-certification is required for all facility based care and some outpatient behavioral health services. Please contact us to verify pre-certification requirements prior to seeing the member

**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 depicts steps that should be taken:

- Verify Member's current Health Plan coverage
- Verify eligibility*
- Verify member's identity, if unknown
- Secure Prior Authorization or Certification
- Verify that Prior Authorization is done (Member must have pre-cert number if service requires pre-cert)
- Bill third party administrator

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

Members or providers initially call for services. MMBH faxes authorizations to the provider offices. **Please verify prior to seeing the member if authorization is needed by contacting us at the above number.** If pre-certification is required for office visits, 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 MMBH by fax, phone, or mail prior to seeing the patient. MMBH 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

Mercy Managed Behavioral Health utilizes the McKesson InterQual Level of Care Behavioral Health Criteria, unless State regulations require otherwise. The MMBH 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 MMBH Health Plan partners have specific appeal procedures. Submitting an appeal as soon as possible is important for the claim and service to be considered.

MMBH Quality Improvement Program

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

MMBH Program Structure

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 MMBH program emphasizes responsiveness to members and providers. Network hospitals and the affiliated networks of providers have a strong tradition of health care mission.

The 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 MMBH 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, and the Chief Medical Director, a Board Certified Psychiatric Physician.

The MMBH Clinical Oversight Committee oversees MMBH 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 MMBH Committees involved in Quality Improvement include the Provider Advisory, Credentialing and Administrative Review Committees.

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 MMBH QI Program is 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 MMBH Quality Committees, please contact the MMBH Director or the UM/QI Manager.

Access to Services

Mercy Managed Behavioral Health has a network of more than 1000 individual, group and facility providers to serve the diverse needs of our membership through the continuum of behavioral health care. We annually review access and availability of the network providers to ensure that our members can obtain the care they need in a timely manner.

Members are able to access our call center 24 hours/7 days/week. 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 professionals trained in triage and experienced in behavioral health care.

MMBH 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 MMBH access standards:

Emergent-Life Threatening
Emergent Non Life Threatening
Urgent Care
Routine Care
Routine w/out Symptoms

Immediate
Within 6 hours
Appointment within 24 hours
Appointment within 10 business days
Appointment within 30 calendar days

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

Treatment Compliance

Hedis studies (nationally benchmarked quality indicators) repeatedly show the lack of compliance with treatment for patients with behavioral health disorders. This is particularly true around medication initiation and long term compliance. It is imperative that you, as a provider, include in your treatment planning and patient therapy, education about the importance of treatment compliance.

Provider Partnership

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

Provider Network Development and Coordination

Mercy Managed Behavioral Health Network

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 MMBH guidelines for services requiring Prior Authorization or Certification, and cooperation with Mercy Managed Behavioral Health Quality Improvement activities.

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

Credentialing Committee

Contracted licensed health professionals are required to be credentialed by MMBH. 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 Mercy Clinical Oversight Committee approval of the providers for participation in the MMBH provider panel. MMBH Credentialing Policies and Procedures are available upon request.

Provider's Voluntary Termination of Participation or Practice Closure

Providers may voluntarily terminate their participation in MMBH by providing at least sixty (60) days notice in writing to MMBH 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 MMBH'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 MMBH treatment plan (see appendix) is designed as a tool for you to use in communicating with the PCP. MMBH will measure compliance with this important activity through scheduled treatment record reviews.

Claims and Reimbursement

General Policies

While MMBH 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 MMBH's reimbursement rate. Co-payment information is generally on the member's insurance card. It is always your prerogative to contact the insurance company for detailed information about deductibles, co-payments, etc.

All claims for behavioral health services should be submitted on either a standard 1500 form (professional) or UB-04 forms (facilities). **Claims must have the MMBH authorization number in Box 23 on the CMS 1500 or in Box 63 on the UB-04.** 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-10 Diagnostic Codes and CPT Codes* or Revenue Codes consistent with the pre-authorization and approved fee schedule.

*** See attachment for the MMBH approved CPT codes. These codes must be used for correct payment of claims**

Claims Submission and Payment

List of Accounts managed by Mercy Managed Behavioral Health - **effective 7/1/17**

****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 Electronic Claims Address	CLAIM STATUS/ PROVIDER RELATIONS
Carpenters' Health & Welfare Trust Fund	Meritain Health PO Box 853921 Richardson, TX 75085-3921 Web MD/Emdeon, #41124 or McKesson/Relay Health 1761	(314) 644-4802 ext. 1000 or toll free (877) 232-3863 ext. 1000

Essence Healthcare	Essence Healthcare PO Box 12488 St. Louis, MO 63132 <i>Emdeon #20818, Gateway #57082 SSI Payer ID & Sub ID 99999-0648</i>	(314) 209-2700 or (866) 597-9560 Option 5, then Option 2				
IBEW Local 309 Collinsville, Illinois	Meritain Health PO Box 853921 Richardson, TX 75085-3921 <i>WEBMD/Emdeon #41124, Mckesson/Relay Health #1761</i>	(618) 344-2002				
IBEW Local No. 1 Health and Welfare	IBEW Local 1 Health & Welfare Fund PO Box 6088 St. Louis, MO 63139 <i>Relay Health #44602 Trizetto / Office Ally / Practice Insight #44602</i>	(314) 752-2330 or (877) 281-2430				
LHN (Labor Health Network)	Meritain Health PO Box 853921 Richardson, TX 75085-3921 <i>WEBMD/Emdeon #41124, Mckesson/Relay Health #1761</i>	(866) 209-3063				
Mercy Co-Workers	<table border="1"><tr><td>MO ONLY:</td><td>Outside of MO:</td></tr><tr><td>Anthem PO Box 105187 Atlanta, GA 30348</td><td>File claims with the local Blue Cross and Blue Shield Plan in the state where services were provided.</td></tr></table> <i>Electronic Claim Submission: www.anthem.com/edi</i>	MO ONLY:	Outside of MO:	Anthem PO Box 105187 Atlanta, GA 30348	File claims with the local Blue Cross and Blue Shield Plan in the state where services were provided.	(888) 571-9054
MO ONLY:	Outside of MO:					
Anthem PO Box 105187 Atlanta, GA 30348	File claims with the local Blue Cross and Blue Shield Plan in the state where services were provided.					
Coventry Health Care of KS Coventry Arkansas Medicare Advantra Total Care HMO <i>(Policy # - EL 1286)</i>	Coventry Health Care P.O. Box 7370 London, KY 40742 <i>Emdeon, #25133</i>	(800) 727-9712				
Coventry Health Care of KS Commercial (Springfield/Arkansas) Coventry Medicare Advantage Plus SWMO HMO/POS and Coventry Medicare Advantage SWMO HMO <i>(Policy # - EL 1290)</i>	Coventry Health Care P.O. Box 7109 London, KY 40742 <i>Emdeon, #25133</i>	(800) 969-3343				
QuikTrip Corporation	Mercy Benefit Administrators (MBA) PO Box 211197 Eagan, MN 55121 <i>Electronic Payor ID #43185</i>	(918) 615-7972				

MMBH Treatment Plan Information

Treatment Plan Helps

The MMBH 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. MMBH 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.

MMBH 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.

MMBH 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.

MMBH 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 MMBH 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 MMBH 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.

TREATMENT REQUEST FORM

Please Forward to:

Mercy Managed Behavioral Health

1000 Des Peres Road, Suite 200 C

St. Louis, MO 63131

Phone: (314) 729-4600/800-413-8008

Fax: (314) 729-4636

Prior Authorization #: _____

Start Date: _____

Today's Date: _____

INSURANCE: Please check the account that applies

MHP/Coventry___ Carpenters___ LHI___ IBEW IL___ Machinists___ IBEW Local #1___

Patient Name _____

Patient ID _____

Practitioner Name _____

Address: _____

Date of Birth: _____

Member ID (If different) _____

Fax #: _____

Phone #: _____

RISK ASSESSMENT - Current Status

Suicide Ideation: ___ Present ___ Not Present Homicidal Ideation: ___ Present ___ Not Present Pregnant ___Y ___N

Substance Abuse: ___ Present ___ Not Present Domestic Violence: ___ Present ___ Not Present

FUNCTIONAL IMPAIRMENT SCALE: [To be completed by all Providers – MD's use for 90806/07 services only]

Rate level of severity as: 0=absent, 1=mild, 2=moderate, 3=severe

	Initial				Current				Goal			
Agitation	0	1	2	3	0	1	2	3	0	1	2	3
Hyperactivity	0	1	2	3	0	1	2	3	0	1	2	3
Sleep	0	1	2	3	0	1	2	3	0	1	2	3
Appetite	0	1	2	3	0	1	2	3	0	1	2	3
Mania	0	1	2	3	0	1	2	3	0	1	2	3
Depression	0	1	2	3	0	1	2	3	0	1	2	3
Anxiety	0	1	2	3	0	1	2	3	0	1	2	3
Obsessive Compulsive Disorder	0	1	2	3	0	1	2	3	0	1	2	3
Eating Patterns (binge, anorexia)	0	1	2	3	0	1	2	3	0	1	2	3
Psychotic Process	0	1	2	3	0	1	2	3	0	1	2	3
Cognitive Process	0	1	2	3	0	1	2	3	0	1	2	3
Psycho/Social Relationships	0	1	2	3	0	1	2	3	0	1	2	3

OTHER/COMMENTS:

CURRENT DIAGNOSIS

AXIS I _____

AXIS II _____

AXIS III _____

IV Psycho/Social Stressors ___ Mild ___ Mod ___ Severe

V GAF: _____ High Past Year _____ Current

REQUESTED # OF VISITS: _____

CURRENT MEDICATIONS

Name Dose Start Date MD prescribing (if not self)

HAVE YOU COORDINATED TREATMENT WITH PRIMARY CARE?

Yes _____ Patient Declines to Release _____ Patient does not have a PCP _____

I authorize the release of all information above including drug/alcohol treatment or use, AIDS/HIV or other communicable diseases, psychiatric treatment and/or test results to my PCP. I understand that I may revoke this authorization at any time, however, revocation will have no effect on any disclosures made before written revocation. My PCP is prohibited from making further disclosure of this information without my specific prior written consent.

PCP Name _____

Phone/Fax _____

Patient Signature / Date _____

☐ Sig. On File

Mercy Managed Behavioral Health

Medical Record Standards

The following medical documentation standards are based on NCQA Medical Record Standards and represent best practice documentation for behavioral health providers. These standards will be utilized for medical record reviews completed by Mercy Managed Mental Health staff for the purposes of credentialing, re-credentialing and or quality improvement activity.

1. Each page in the treatment record contains the client name or ID number.
2. Client address, employer or school, home and work telephone numbers including emergency contacts, marital or legal status, appropriate consent forms and guardianship information if relevant is documented.
3. All entries include the responsible clinician's name, professional degree and relevant ID number if applicable.
4. All entries are dated.
5. The record is legible to someone other than the writer.
6. Relevant medical conditions and/or chronic disabilities are listed, prominently identified and revised or noted as not present.
7. A DSM-IV diagnosis is documented consistent with the presenting problems, history and mental status exam. Changes in diagnosis are documented with clear justification.
8. Mental status exam, including presenting problem, risk assessment, mood, affect memory and speech are documented.
9. Special status situations, when present, such as imminent risk of homicide/suicide/elopement or other harm are prominently noted, documented and revised in compliance with written protocols.
10. Each record indicates what medications are prescribed with dosages of each and the dates of the initial prescription and/or refills. Changes in prescriptions and medication education including potential side effects are noted.
11. Medication allergies, adverse reactions (or lack of known allergies) are noted in prominent place.
12. Medical and psychiatric history is documented including previous treatment dates, provider identification, therapeutic interventions and responses, sources of clinical data and relevant family information.
13. For children and adolescents, prenatal and perinatal events and developmental history (physical, social, intellectual and academic) must be documented.
14. Significant family psychiatric history, or lack of, is noted.
15. There is documentation of screening for domestic violence, abuse/neglect or other socio-economic factors.
16. Clients over the age of 12 years must have documentation of past and present use of cigarettes and alcohol, as well as illicit, prescribed, and over the counter drugs.
17. Treatment plans are consistent with diagnosis and include objective and measurable goals with time frames for goal attainment or problem resolution and may include preliminary discharge plan if applicable to client's condition.
18. The member is provided basic teaching/instructions regarding behavioral health condition.
19. Informed consent (education) for medication and diagnosis, and the patient's understanding of the treatment plan are documented.
20. Progress notes include changes in patient's behavioral health symptoms/behaviors.
21. Appropriate referrals are made for suicidal/homicidal and high risk situations.
22. Recommendations/referrals for preventative services (support groups, wellness, programs, lifestyle changes) are documented.
23. There is documentation of coordination of care with the primary care physician (PCP).
24. Continuity and coordination of care activities with other Mental Health providers or institutions is documented.
25. Dates of follow up appointments and/or discharge plan are documented.

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
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy, 30 minutes with patient and/or family member
90834	Psychotherapy, 45 minutes with patient and/or family member
90837	Psychotherapy, 60 minutes with patient and/or family member
90839	Psychotherapy for crisis; first 60 minutes
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)
90870	Electroconvulsive Therapy (includes necessary monitoring). Single Seizures
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.
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathy, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report (96101 is also used in those circumstances when additional time is necessary to integrate other sources of clinical data, including previously completed and reported technician- and computer-administered tests)
96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96103	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report

96118	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patients and time interpreting these test results and preparing the report (96118 is also used in those circumstances when additional time is necessary to integrate other sources of clinical data, including previously completed and reported technician- and computer-administered tests)
96119	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96150	Health and behavioral assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
96151	re-assessment
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual
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.
99211	Office or other outpatient visit for the evaluation and management of an established patient; 5 min.
99212	Office or other outpatient visit for the evaluation and management of an established patient; 10 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.
99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 70 minutes at the bedside and on the patient's hospital floor or unit.
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.
99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity.

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.
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.
99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 25 minutes at the bedside and on the patient's facility floor or unit.
99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 35 minutes at the bedside and on the patient's facility floor or unit.
99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 45 minutes at the bedside and on the patient's facility floor or unit.
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 10 minutes at the bedside and on the patient's facility floor or unit.
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 15 minutes at the bedside and on the patient's facility floor or unit.
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Physicians typically spend 25 minutes at the bedside and on the patient's facility floor or unit.

99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 35 minutes at the bedside and on the patient's facility floor or unit.
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.
+90785	When the diagnostic evaluation includes Interactive Complexity services
+90833	Allow psychiatrists to report psychotherapy with the full range of E/M codes
+90836	Allow psychiatrists to report psychotherapy with the full range of E/M codes
+90838	Allow psychiatrists to report psychotherapy with the full range of E/M codes
+90840	Each additional 30 minutes