

Contractor Comment: Thank you for attending the NHIC Mental Health Services Virtual Room /Teleconference on October 6, 2010. Below are the questions that needed clarification or further research. Please note that the questions may have been edited to allow for the greatest dissemination of information to the widest audience.

Q1. Under incident to, how often does the physician need to see the patient?

A1. CMS is silent on this issue. The patient's medical condition is the determining factor as to the frequency the supervising physician reflects his active participation and management of the course of treatment.

Q2. Does an ABN need to be signed each time a patient comes in? Does one have to be signed for a non covered service or non eligible provider?

A2. An ABN (CMS form R-131) needs to be signed on each encounter when you believe the service may be denied as not medically necessary. An ABN does not need to be provided for a statutorily non covered service or for a provider that is not recognized under the Medicare program. The ABN can be provided in these situations as a courtesy to the patient.

Q3. Can CPT 90862 be provided on the same day as individual therapy?

A3. The National Correct Coding Initiative (NCCI) Web site should be checked quarterly for code combinations.

http://www.cms.gov/NationalCorrectCodInitEd/01_overview.asp#TopOfPage

Q4. Does a group and individual therapy service on the same day require the 59 modifier?

A4. The NCCI Web site must be checked quarterly for code combinations. Remember, do not over utilize modifier 59. It is only used when a service is considered a component code or mutually exclusive of another service and that service meets the 59 modifier descriptor.

Q5. What publications address mental health services?

A5. The following CMS manuals address mental health services: Publication 100-1, Chapter 3 for National Coverage Determinations; Publication 100-2, Chapter 15 for policy; Publication 100-4, Chapter 12 for claims processing; and Publication 100-08, Chapter 15 for provider enrollment. <http://www.cms.gov/manuals/>

Q6. Are you planning any upcoming seminars for Mental Health? Who would we contact?

A6. We have no mental health seminars planned at this time. Our Web site has a form for requesting provider meetings of groups of 20 or more. It is located on the education page.

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Q7. What is the amount of time that must lapse between initial diagnostic interviews (CPT 90801)?

A7. This service may be covered once, at the outset of an illness or suspected illness. It may be utilized again for the same patient if a new episode of illness occurs after a hiatus or on admission or readmission to an inpatient status due to complications of the underlying condition. Refer to LCD L29834 on our Web site for detailed information.

Q8. Can a Clinical Social Worker (CSW) bill under a hospital tax ID?

A8. Services of a CSW are not covered by Medicare Part B when furnished to inpatients of a hospital, patients of a partial hospitalization program, or to inpatients of a skilled nursing facility (SNF) if the services furnished in the SNF are those that the SNF is required to furnish as a condition of participation with Medicare. We allow the CSW to provide services in the outpatient setting (POS 22). The individual CSW cannot bill directly, but must have her employer (facility) bill the Part B program for the services.

Q9. Can Clinical Social Workers and Clinical Psychologists work incident to? Can students or fellows work incident to?

A9. CSWs and CPs have the option to work independently or incident to. Medicare does not recognize students or fellows under the incident to provision.

Q10. What is the payment for a Clinical Psychologist? Are they paid the same in a hospital and nursing home setting?

A10. A CP is reimbursed the same rate as a physician as listed under the Physician Fee Schedule. The facility rate is applied to several services when provided in the hospital and **skilled** nursing home setting. The facility rate does not apply in the nursing home.

Q11. Can a psychologist use the health and behavior assessment/intervention codes in both an inpatient and outpatient setting?

A11. There is no restriction on the place of service. The facility rate is applied when these services are performed in the hospital setting.

Q12. Can you clarify payment in a nursing facility?

A12. The facility rate is applied to numerous services performed in a **skilled** nursing facility. The fee schedule posted on the Web site lists the CPT codes subject to the facility rate. The facility rate does not apply in the nursing home.

Q13. Does NCCI apply to all specialties?

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A13. Yes, the NCCI provision applies to all specialties. The services must be performed by the same rendering provider on the same date of service for NCCI to apply.

Q14. Where are the question and answers (Q & A's) posted?

A14. They are posted to our Web site within 30 days of the teleconference. Go to the Education tab and click on Teleconference Q & A's.

Q15. Can a clinician bill incident to a Psychologist?

A15. Yes, as long as the clinician is trained to render the service performed. All of the incident to criteria must be met.

Q16. Must a Clinical Psychologist consult with the patient's primary care physician (PCP)? What if the patient does not have a PCP?

A16. If the patient assents to the consultation, the CP must attempt to consult with the patient's attending or primary care physician within a reasonable time after receiving the consent. If the CP's attempts to consult directly with the physician are not successful, the CP must notify the physician within a reasonable time that he or she is furnishing services to the patient. Additionally, the CP must document, in the patient's medical record, the date the patient consented or declined consent to consultations, the date of consultation, or, if attempts to consult did not succeed, that date and manner of notification to the physician. If the patient does not have an attending or PCP, this must be documented as well. The only exception to the consultation requirement for CPs is in cases where the patient's primary care or attending physician refers the patient to the CP.

November 11, 2010