Psychotherapy Services

Adjudication Rule

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Abstract

For Members

Billing Rules are the adjudication rules, which are in compliance with official CPT, ICD-CM and HAAD/CCSC coding guidelines.

A billing rule defines the minimum requirements to be met when a service is claimed for a Daman beneficiary in terms of frequency, duration etc. It explains the minimum required documentation to claim a service. It also defines the coverage of a service under a particular health insurance plan administered by Daman.

Psychotherapy is a general term referring to therapeutic interaction or treatment contracted between a trained professional and a client, patient, family, couple, or group. The problems addressed are psychological in nature and can vary in terms of their causes, influences, triggers, and potential resolutions.

This AR provides the following information regarding billing for psychotherapy services:

1. Plan wise coverage & non-coverage
2. Eligible professionals & corresponding services
3. Billing rules

Scope of the AR does not include Psychotherapy drugs.

For Medical Professionals

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Psychotherapy Services

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This AR provides the following information regarding billing for psychotherapy billing services:
1. Plan wise coverage & non-coverage
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Adjudication Policy

Eligibility / Coverage Criteria
Psychotherapy services are covered as per the policy terms and conditions of each health insurance plan administered by Daman.

Plan wise coverage

<table>
<thead>
<tr>
<th>Plan</th>
<th>Coverage</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thiqa</td>
<td>Covered 100 %</td>
<td>Outpatient psychiatric treatment (with pre-authorization in private network providers only)</td>
</tr>
<tr>
<td>Enhanced with Psychiatric benefit</td>
<td>Covered under Psychiatric benefit limit</td>
<td>Individual psychotherapy if provided by Psychiatrist</td>
</tr>
<tr>
<td>Enhanced with no Psychiatric benefit</td>
<td>Not covered</td>
<td>-</td>
</tr>
<tr>
<td>Aounak &amp; Reaaya</td>
<td>Covered 100 %</td>
<td>With pre-authorization only for In- and Outpatient</td>
</tr>
<tr>
<td>Basic</td>
<td>Not covered</td>
<td>-</td>
</tr>
<tr>
<td>Visitor’s Plan</td>
<td>Not covered</td>
<td>-</td>
</tr>
</tbody>
</table>

Requirements for Coverage
ICD and CPT codes must be coded to the highest level of specificity.

Non-Coverage
Daman’s coverage of Psychiatry services does not include the following:
- Teaching grooming skills
- Monitoring Activities of daily living, recreational therapy
- Dementia with cognitive defect unless patient’s cognitive level of functioning was sufficient to permit the patient to participate meaningfully in the treatment

Payment and Coding Rules
Please apply HAAD payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

1. Psychiatric Diagnostic or Evaluative Interview Procedures

The psychiatric diagnostic interview examination is performed primarily during the initial phases of treatment to establish a diagnosis and evaluation protocol for the patient.

Includes: 2
- History, mental status, and a disposition
- Communication with family or other sources
- Ordering and medical interpretation of laboratory or other medical diagnostic studies
- In certain circumstances other informants will be seen in instead of the patient.

Interactive psychiatric diagnostic interview examination is typically furnished for children or can be applied to the initial evaluation of adults with organ mental defects or who are catatonic or mute.

If a diagnostic interview examination is needed a second time, an E/M service can be reported instead of the psychiatric diagnostic interview examination subject to the policy terms and conditions

2. Psychiatric therapeutic procedures (Psychotherapy)

Billing Rules
CPT codes are divided into
- Office vs. Inpatient

<table>
<thead>
<tr>
<th>Code categories</th>
<th>Eligible payees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric Diagnostic or Evaluative Interview Procedures</td>
<td>Psychiatrist</td>
</tr>
<tr>
<td>Outpatient Psychotherapy Codes with evaluation and management</td>
<td>Psychiatrist</td>
</tr>
<tr>
<td>Inpatient Psychotherapy Codes with evaluation and management</td>
<td>Psychiatrist</td>
</tr>
<tr>
<td>Outpatient Psychotherapy Codes without evaluation and management</td>
<td>Psychiatrist</td>
</tr>
<tr>
<td>Inpatient Psychotherapy Codes without evaluation and management</td>
<td>Psychiatrist, Clinical Psychologist, and Clinical social workers</td>
</tr>
</tbody>
</table>
Psychotherapy Services

- Psychotherapy only services vs. psychotherapy services with evaluation and management
- Insight oriented or Interactive

Report E&M codes only if psychotherapy is not provided in this visit.¹

Psychotherapy with E&M includes medical diagnostic evaluation (evaluation of co-morbid medical conditions, drug interactions and physical examinations), drug management when indicated, physician orders, interpretation of laboratory or other medical diagnostic studies and observations.

Note: If the patient receives psychotherapy and drug management at the same visit; bill a code which combines both psychotherapy and E/M.

3. Psychoanalysis: ⁴

The medical record must document the indications for psychoanalysis, description of the transference and techniques used. The physician using this technique must be trained and credentialed in its use. It is not time-related, but the code may be billed once for each daily session regardless of the time involved.

4. Family /Group Psychotherapy: ⁵

Daman covers family psychotherapy for Thiqa plan when the emphasis during the psychotherapeutic sessions is on the patient’s care.

Family psychotherapy coding may be separately reported for each patient in the family group; however, it should not be reported for each family member.

These codes are not time-based and should be reported per session. The patient is not required to be present at all the family psychotherapy sessions. However, when the patient is present for family psychotherapy, reported the CPT code with patient.

5. Other Psychiatric Services or Procedures
   a. Pharmacologic management ⁵

   Used when the patient is being treated with psychotropic medication. In each encounter, interval history & mental status examination, response to medication & review of side effects need to be reported. Psychotherapy provided during these sessions is supportive and minimal. If psychotherapy provided is more than minimal report psychotherapy code with evaluation and management services instead of code pharmacologic management. Although it is not mandatory to have a prescription, the patient must be on a psychotropic medication. This is not a time based code.

   b. Hypnotherapy: is general exclusion and not covered for plans administered by Daman except Thiqa (Only if medically prescribed).

Medically Unlikely Edit (MUE) ⁷

Please refer mandatory tariff on Shafafiya.org for medically unlikely edits (MUEs), which is the maximum frequency of a CPT code to be billed in single encounter.

Adjudication Examples

Example 1

Question: Following claim is reported for a patient holding a Thiqa card from a public provider. How do we adjudicate this claim?

<table>
<thead>
<tr>
<th>ICD -9-CM</th>
<th>E/M</th>
<th>Psychotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simple type schizophrenia, unspecified state 295.00</td>
<td>Office/ outpatient E &amp; M of established patient 99214</td>
<td>Individual psychotherapy 90804</td>
</tr>
</tbody>
</table>

Answer: The claim may be denied. Use a bundled code

Example 2

Question: Following claim is reported for a patient holding a Thiqa card from a public provider.

<table>
<thead>
<tr>
<th>ICD -9-CM</th>
<th>Psychotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>DELUSIONAL DISORDER 297.1</td>
<td>Individual psychotherapy 90806</td>
</tr>
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</table>

Answer: Daman will accept this claim.

Denial codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Code description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRCE -002</td>
<td>Payment is included in the allowance for another service</td>
</tr>
<tr>
<td>CODE-010</td>
<td>Activity-diagnosis inconsistent with clinician specialty</td>
</tr>
<tr>
<td>MNEC-003</td>
<td>Service is not clinically indicated based on good clinical practice</td>
</tr>
<tr>
<td>MNEC-004</td>
<td>Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities</td>
</tr>
<tr>
<td>PRCE-010</td>
<td>Use bundled code</td>
</tr>
<tr>
<td>DUPL-002</td>
<td>Payment already made for same/similar service within set time frame</td>
</tr>
<tr>
<td>CLAI-012</td>
<td>Submission not compliant with contractual agreement</td>
</tr>
<tr>
<td>AUTH-001</td>
<td>Prior authorization required</td>
</tr>
</tbody>
</table>
Psychotherapy Services

NCOV- 001 Diagnosis(es) is (are) not covered
NCOV -003 Service(s) is (are) not covered

Appendices

A. References

1. CPT Assistant, March 2010 Page: 6-8, 11 Categories
2. CPT Assistant, November 1997 Page: 37 Categories
3. CPT book 2011
4. CPT Assistant, February 2006 Page: 15 Categories: Coding Consultation)
5. CPT Assistant, March 2010 Page: 6-8, 11 Categories
6. Coding manual, HAAD CCSC
7. HAAD CLAIMS & ADJUDICATION RULES V2012

B. Revision History

<table>
<thead>
<tr>
<th>Date</th>
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<tr>
<td>01-03-13</td>
<td>N.A</td>
</tr>
<tr>
<td>15-07-14</td>
<td>1. V 1.1</td>
</tr>
<tr>
<td></td>
<td>2. Disclaimer updated as per system requirements</td>
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