

# North Carolina Medicaid Special Bulletin



An Information Service of the  
Division of Medical Assistance

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**Attention:  
Psychiatric Nurse  
Practitioners**

## **Addition of Medical Evaluation and Management (E/M) Codes for Use by Psychiatric Nurse Practitioners**

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This bulletin is intended as an update to the previous January 2013 bulletin listing new CPT Codes. Effective January 2013, Psychiatric Nurse Practitioners and Nurse Practitioners enrolled as Psychiatric Nurse Practitioners per guidelines in Clinical Coverage Policy 8C, can bill Medical Evaluation and Management (E/M) codes and associated add-on codes as listed in the attached table. These updates will be added to DMA Clinical Coverage Policy (CCP) 8C.

Please remember:

- Psychiatric coding guidelines were revised to require the use of Medical Evaluation and Management (E/M) codes as *separate and distinct services* from psychotherapy services for **Medical/Medication Management**.
- These services will be managed by LME-MCOs as they become active under the 1915 b/c waiver. Please note that services for children ages 0-2 and services for NC Health Choice beneficiaries will continue to be covered by the DMA utilization management contractor (Value Options).
- Behavioral Health (BH) visit limits and Prior Authorization rules found in CCP 8C remain in effect. Note that the number of unmanaged visits allowed may be increased by local LME-MCOs with permission from DMA.

### **E/M Prolonged Service Codes**

Prolonged Service Codes (99354-99357) may not be used on the same day, by the same provider, for E/M services with psychotherapy add-on (90833, 90836, or 90838).

### **Training and Education**

All providers are encouraged to pursue training and education regarding the use and documentation requirements of the new codes. The requirements are found in the American Medical Association's 2013 CPT Manual. It is each billing provider's responsibility to read, understand, and ensure compliance with published 2013 CPT guidance and DMA policy for services billed to Medicaid and LME-MCOs. There is no substitute for reading the 2013 CPT manual. Providers may view the following webinar as additional training materials: <http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt.page>. Many of the state and national professional associations offer live and archived trainings on the new codes.

### **Fee Schedules**

The updated Fee Schedules has been posted on DMA's website at [www.ncdhhs.gov/dma/fee/mhfee/nurse\\_practitioner\\_011713.pdf](http://www.ncdhhs.gov/dma/fee/mhfee/nurse_practitioner_011713.pdf).

**Behavioral Health Policy Section**  
**DMA, 919-855-4290**

Table 1. New Codes – UPDATED

Code	Description	Psychiatric NP	Prior Authorization (PA) / Unmanaged Visit Limits
90785+	Interactive Complexity Add-On	X	PA and visit limits do not apply; "add-on" to other codes (90791, 90792, 90832-90838, 90853) that do have PA and visit limits
90791	Psychiatric diagnostic evaluation	X	BH visit limits/PA requirements in CCP 8C
90792	Psychiatric diagnostic evaluation with medical services	X	BH visit limits/PA requirements in CCP 8C
90832	Psychotherapy, 16-37 minutes	X	BH visit limits/PA requirements in CCP 8C
90833+	Psychotherapy, 16-37 minutes with E/M service, listed separately	X	BH visit limits/PA requirements in CCP 8C; code must be used with E/M code
90834	Psychotherapy, 38-52 minutes	X	BH visit limits/PA requirements in CCP 8C
90836+	Psychotherapy, 38-52 minutes with E/M service, listed separately	X	BH visit limits/PA requirements in CCP 8C; code must be used with E/M code
90837	Psychotherapy, 53+ minutes	X	BH visit limits/PA requirements in CCP 8C
90838+	Psychotherapy, 53+ minutes with E/M service, listed separately	X	BH visit limits/PA requirements in CCP 8C; code must be used with E/M code
90839	Psychotherapy for Crisis, 30-74 minutes	X	Two per calendar year per attending provider, no PA required; see new policy 8C
90840+	Psychotherapy for Crisis, Each additional 30-minutes beyond initial 74min, up to two add-ons per 90839	X	Must be used with 90839; two add-ons per 90839 event; see new policy 8C
<b>E/M Codes: 99201-99205; 99211-99215; 99217-99226; 99231-99237; 99239; 99241-99245; 99251-99255; 99307-99310; 99315-99318; 99324-99328; 99334-99337; 99341-99350; 99354-99357</b>	Physicians select the appropriate E/M codes based on history, exam, and medical decisions, <b>not on time</b> if using psychotherapy add-on.	X	<b>E/M Visit limit is separate; DMA established adult limit is 22, does not count toward BH limits; Limit does not apply to diagnoses listed here:</b> <a href="http://www.ncdhhs.gov/dma/provider/VisitLimitDiagnosesList.pdf">http://www.ncdhhs.gov/dma/provider/VisitLimitDiagnosesList.pdf</a>