

# SAMHSA-HRSA Center for Integrated Health Solutions

*Making Integrated Care Work*



## Financing integrated Healthcare in Nebraska As of: 8/17/11

CPT Code	Diagnostic Code	Federally Qualified Health Centers (FQHC)						
		Medicare		State Medicaid				
		Paid?	Credentials	Paid?	Code	Credentials	Comments	
E & M Codes	99201-99205 New Pt	May be used only with physical health diagnosis	Yes	MD, PA, ANP	Yes	T1015 -CH 0521 - AD	MD, PA, ANP	
	99211-99215 Est. Pt				Yes	T1015 -CH 0521 - AD		
			Yes					
Health and Behavior (HABI)	96150 Assessment	Services are secondary to a physical health diagnosis	Yes	Non-physician mental health practitioners	No			
	96151 Reassessment		Yes		Psychologist only at this time; excludes CSW	No		
	96152 Individual Int.		Yes			No		
	96153 Group Int.		Yes			No		
	96154 Family + Patient		Yes			No		
	96155 Family w/o Pt		No			No		
Telemedicine	90801- Assess/ Psych.Eval		Yes	-Physician -Nurse Practitioner -Physician Assistant -Clinical Nurse Specialist -Clinical psychologist* -Clinical social worker*  *Cannot bill for psychotherapy services that include medical evaluation and management services under Medicare. May not bill or receive payment for: 90805, 90807, and 90809.		Yes		MD, ARNP, PA, MH Providers, Ancillary Services/Therapists
	90802		No		Yes			
	90804 -09		Yes		Yes			
	90810-90819		No		Yes			
	90821-90824		No		Yes			
	90826-90829		No		Yes			
	90853		No		Yes			
	90862 Med Mgmt		Yes		Yes			
	Z0300	No			Yes			
	99201 - 99205 New Pt		Yes		Yes			
	99211 -99215 Est. Pt.		Yes		Yes			
	99221-99233		No		Yes			
	99241-99245		No <sup>1</sup>		Yes			
	99251 -99255		No		Yes			
	F-U Inpt Consul - limited		Yes		Yes			
F-U Inpt Consul - intermediate		Yes	Yes					
F-U Inpt - Complex		Yes	Yes					
Initial 30 min		Yes	Yes					
Initial 50 min		Yes	Yes					
Initial 70 min		Yes	Yes					

<sup>1</sup> Medicare Manual Update, Publication 100-04 notes that CPT 99241-99245 has been discontinued effective 1/1/10. These codes are to be replaced by CPT 99201-99215. Likewise, CPT 99251-99255 has been replaced by G0425-G0427.

	Facility Fee		Yes		Yes			
<b>Substance Abuse Codes</b>	90804 – 90815		Yes	Physicians and non-physicians such as clinical social worker, & clinical psychologists licensed by the state	No			
	90847,90853, 90857		Yes		No			
	AOD Assess		Yes		No			
	BH Screening		Yes		No			
	BH Counseling		Yes		No			
	AOD Group		Yes		No			
	IOP Services		No		No			
<b>Mental Health</b>	90801 -90815	Used with BH Diagnosis Codes	Yes	Physicians and non-physicians, such as clinical social workers & clinical psychologists licensed by the state	Yes		LMSW/LMHP	
	90847, 90853, 90857,90772, 90862,90865, 90887, 96101		Yes		Yes			
	BH Coun&Ther		Yes		Yes			
	MH Assess		Yes		Yes			
	Crisis Stab.		No <sup>2</sup>		Yes			
						Yes		
<b>Case Mgmt</b>			No		No			
<b>Two Services in One Day</b>			No		Yes	One medical Provider and one, non-medical behavioral health provider	LMSW/LMHP/PhD Psychologist and a medical doctor (non-psychiatrist), ANP or PA	

<sup>2</sup> No separate billing code for crisis stabilization services, however, Medicare does permit a psychiatrist to bill for extended appointments under other CPT codes.

CPT Code	Diagnostic Code	Community Mental Health Centers (CMHC)					
		Medicare		State Medicaid			
		Paid?	Credentials	Paid?	Code	Credentials	Comments
E & M Codes	99201-99205 New Pt	Used only with physical health diagnosis					
	99211-99215 Est. Pt						
Health and Behavior (HABI)	96150 Assessment	Services are secondary to a physical health diagnosis	No	Non-physician mental health practitioners	Yes	H0031	Ph.D., LIMHP, LMHP, PLMHP, RN
	96151 Reassessment		No		No		
	96152 Individual Int.		Psychologist only at this time; excludes CSW	No	No		
	96153 Group Int.			No	No		
	96154 Family + Patient			No	No		
	96155 Family w/o Pt			No	No		
Telemedicine	90801- Assess/ Psych.Eval		Yes	-Physician -Nurse Practitioner -Physician Assistant -Clinical Nurse Specialist -Clinical psychologist* -Clinical social worker*  *Cannot bill for psychotherapy services that include medical evaluation and management services under Medicare. May not bill or receive payment for: 90805, 90807, and 90809.  Note: When a CMHC serves as an originating site, the originating site facility fee does not count toward the number of services used to determine payment for partial hospitalization services.	Yes		MD, PA, APRN, Psychologist, Provisional Psychologist
	90804 -09		Yes		Yes		90805, 90807, 90809 by MD, PA, APRN only 90804, 90806, 90808 by MD, PA, APRN, Psychologist, Provisional Psychologist, LIMHP,LMHP,PLMHP,RN, LADC
	90862 Med Mgmt		Yes		Yes		MD, PA, APRN
	99201 – 99205 New Pt		Yes		No		
	99211 -99215 Est. Pt.		Yes		Yes		99211 by MD, PA, APRN 99212-99215by MD only
	99241-99245		No		Yes		MD
	99251 -99255		No		Yes		MD
	F-U Inpt Consul - limited		Yes				
	F-U Inpt Consul – intermediate		Yes				
	F-U Inpt - Complex		Yes				
	Initial 30 min		Yes				
	Initial 50 min		Yes				
	Initial 70 min		Yes				
Facility Fee		Yes					
Substance Abuse Codes	90804 – 90815		Yes	Physicians and non-physicians such as clinical social worker, & clinical psychologists licensed by the state	No		Codes Available for MH
	90847,90853, 90857		Yes		No		Codes Available for MH
	AOD Assess		Yes		Yes	H0001	MD*, PA, APRN, Psychologist, Provisional Psychologist, LIMHP,LMHP,PLMHP,RN*, LADC
	BH Screening		Yes		Yes	H0002	MD, PA, APRN, Psychologist, Provisional Psychologist, LIMHP,LMHP,PLMHP,RN,

							LADC*	
	BH Counseling		Yes		No			
	AOD Group		Yes		Yes	H0005	Ph.D., PA, APRN, LIMHP, LMHP, PLMHP, RN, LADC, PLADC	
	IOP Services		No		Yes	H0015	Provided in a Facility setting only	
Mental Health	90801 -90819		Yes	Physicians, CSW's, clinical nurse practitioners, clinical nurse specialists, and psychologists licensed by States	Yes	90801		
					No	90802		
					No	90803		
					Yes	90804-		
						90809		
					No	90810-		
						90816		
					Yes	90817		
					No	90818		
					Yes	90819		
	90821 -90824		Yes		No	90821		
					Yes	90822		
					No	90823		
					No	90824		
	90826 -90829		Yes		No			
	98045,90847, 90853,90857, 90865,96101		Yes		No	98045		
					No	90847		
					Yes	90853		
					No	90857		
					No	90865		
					Yes	96101		
Case Mgmt								

\*Providers with this level of training will not be reimbursed for the provision of this service by the managed care organization.

Sources

<http://www.hhs.state.ne.us/reg/appx/471-000-64.pdf>

**Telehealth Services:** Medicaid policy regarding telehealth services is covered in 471 NAC 1-006. To bill for a telehealth service, use the standard CPT/HCPCS procedure code for the service (e.g., office visit, consultation) with procedure code modifier GT. To bill for telehealth transmission costs, use procedure code T1014 and enter the number of minutes of transmission as the units of service. When billing for outpatient services or for supervising practitioner services at the higher levels of care, each day the service is provided via telehealth must be listed on a separate line. For these days, there should also be a separate line billed for the telehealth transmission cost. There is no additional reimbursement for the telehealth transmission charges for these levels of care, but Nebraska Medicaid must track and analyze the use of telehealth services. Bill community-based (non-hospital) services on Form CMS-1500 and hospital-based services on Form CMS-1450. Supervising practitioners bill on Form CMS-1500.