

## Same Day Billing for Mental Health Services and Primary Care Services

ICN 908978 September 2013

**Please note:** The information in this publication applies only to the Medicare Fee-For-Service Program (also known as Original Medicare).

This publication provides the following information:

- Same day billing guidelines;
- National Correct Coding Initiative (NCCI); and
- Resources.

### Same Day Billing Guidelines

Integration of the following services is an approach to health care that can better address the needs of all individuals, including those with mental health and substance use conditions:

- Mental health care services (which under the Medicare Program includes treatment for substance abuse);
- Alcohol and/or substance (other than tobacco) abuse structured assessment, and intervention services (SBIRT services) billed under Healthcare Common Procedure Coding System (HCPCS) codes G0396 and G0397; and
- Primary health care services.

This is regardless of whether a patient is receiving care in a traditional primary care setting or a specialty mental or substance use health care setting.

Medicare Part B pays for reasonable and necessary integrated health care services when they are furnished on the same day, to the same patient, by the same professional or a different professional. This is regardless of whether the professionals are in the same or different locations.

The following are recognized as being eligible under Part B to provide diagnostic and/or therapeutic treatment for mental, psychoneurotic, and personality disorders as well as Medicare SBIRT services, to the extent permitted under State law:

- Physicians (medical doctors and doctors of osteopathy), particularly psychiatrists;
- Clinical psychologists;
- Clinical social workers;
- Clinical nurse specialists;
- Nurse practitioners;
- Physician assistants;
- Certified nurse-midwives; and
- Independently Practicing Psychologists.

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In general, Medicare-covered services are those services that are considered medically reasonable and necessary to the overall diagnosis or treatment of the patient's condition or to improve the functioning of a malformed body member. Services or supplies are considered medically necessary if they meet the standards of good medical practice and are:

- Proper and needed for the diagnosis or treatment of the patient's medical condition;
- Furnished for the diagnosis, direct care, and treatment of the patient's medical condition; and
- Not mainly for the convenience of the patient, provider, or supplier.

Services must also meet specific medical necessity criteria defined by National Coverage Determinations and Local Coverage Determinations. For more information about the Medicare coverage determination process, visit <http://www.cms.gov/Medicare/Coverage/DeterminationProcess/index.html> on the Centers for Medicare & Medicaid Services (CMS) website. For every service billed, you must indicate the specific sign, symptom, or patient complaint necessitating the service. Although furnishing a service or test may be considered good medical practice, Medicare generally prohibits payment for services without patient symptoms or complaints or specific documentation.

Medicare also pays for multiple mental health services furnished to the same patient on the same day. However, the Medicare Program prohibits inappropriate and/or duplicate payment for services furnished on the same day. In general, you should consult with your local Medicare Administrative Contractor (MAC) to determine if local or national policies may prevent you from billing for certain services on the same day. To find MAC contact information, refer to <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Provider-Compliance-Interactive-Map> on the CMS website.

### **National Correct Coding Initiative (NCCI)**

The NCCI was implemented to promote national correct coding methodologies and to provide national guidance on code pair edits that prevent certain services from being billed together on the same day. For more information about the NCCI, visit <http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html/nationalcorrectcodinited> and refer to the Medicare Learning Network® (MLN) publication titled "How to Use the National Correct Coding Initiative (NCCI) Tools" located at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/How-To-Use-NCCI-Tools.pdf> on the CMS website.

## Resources

Same day billing resources are provided below:

- MLN mental health and SBIRT publications – “Mental Health Services” located at [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Mental\\_Health\\_Services\\_ICN903195.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Mental_Health_Services_ICN903195.pdf) and “Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services” located at [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/SBIRT\\_Factsheet\\_ICN904084.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/SBIRT_Factsheet_ICN904084.pdf) on the CMS website;
- All available MLN products – The “Medicare Learning Network® Catalog of Products” located at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNCatalog.pdf> on the CMS website;
- Provider-specific Medicare information – MLN publication titled “MLN Guided Pathways to Medicare Resources Provider Specific Curriculum for Health Care Professionals, Suppliers, and Providers” booklet located at [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided\\_Pathways\\_Provider\\_Specific\\_Booklet.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf) on the CMS website; and
- Medicare information for patients – <http://www.medicare.gov> on the CMS website.

This fact sheet was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

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