CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

Steven L. Beshear
Governor

275 E Main St, 6W-A
Phone: (502) 564-4321
Fax: (502) 564-0509
Frankfort, KY 40621
www.chfs.ky.gov

Audrey Tayse Haynes
Secretary

Lisa D. Lee
Commissioner

March 9, 2015

TO: Medicaid Providers
Behavioral Health Service Organization (03) – Provider Letter #A–2
Licensed Professional Art Therapist (62) – Provider Letter #A–1
Licensed Professional Art Therapist Group (629) – Provider Letter #A–1
Applied Behavior Analyst (63) – Provider Letter #A–1
Applied Behavior Analyst Group (639) – Provider Letter #A-1
Physician (64) – Provider Letter #A-377
Physician Group (659) – Provider Letter #A-34
Behavioral Health Multi-Specialty Group (66) – Provider Letter #A-2
Advanced Registered Nurse Practitioner (78) – Provider Letter #A–97
Advanced Registered Nurse Practitioner Group (789) – Provider Letter #A–2
Licensed Professional Clinical Counselor (81) – Provider Letter #A-2
Licensed Professional Clinical Counselor Group (819) – Provider Letter #A–2
Licensed Clinical Social Worker (82) – Provider Letter #A–8
Licensed Clinical Social Worker Group (829) – Provider Letter #A–2
Licensed Marriage and Family Therapist (83) – Provider Letter #A-2
Licensed Marriage and Family Therapist Group (839) – Provider Letter #A–2
Licensed Psychological Practitioner (84) – Provider Letter #A–2
Licensed Psychological Practitioner Group (849) – Provider Letter #A–2
Licensed Psychologist (89) – Provider Letter #A–8
Psychologist Group (899) – Provider Letter #A-2

RE: Collateral Therapy
National Correct Coding Initiative (NCCI) Edits
Targeted Case Management (TCM)

Dear Behavioral Health Providers:

Collateral Therapy

In accordance with 907 KAR 15:010, 907 KAR 15:015, 907 KAR 15:020E, and 907 KAR 15:025E, the Department for Medicaid Services (DMS) has established and loaded rates for

agencies who are providing Collateral Therapy (CPT 90887) services. These rates are outlined in the following table:

Code	Unit	Modifier	Outpatient (Non-Facility)	Inpatient (Facility)
90887	Event	AM (MD/DO)	$63.40	$55.20
90887	Event	AF (Psychiatrist)	$63.40	$55.20
90887	Event	SA (APRN)	$53.89	$46.92
90887	Event	AH (Clinical Psychologist)	$53.89	$46.92
90887	Event	HO (LPCC, LPAT, and LBA)		
90887	Event	AJ (LCSW)	$53.89	$46.92
90887	Event	U9 (LMFT)	$53.89	$46.92
90887	Event	U4 (LPCA, CSW, LPA,LPATA, LABA and MFTA)	$44.38	$38.64
90887	Event	U1 (PA)	$44.38	$38.64

If your agency has previously filed claims with DMS for this service and the claim paid $0.00, those claims are automatically being reprocessed and do not require resubmittal. If your agency submitted claims and they were denied due to reasons other than the rate not being on file, those reasons should be resolved prior to resubmittal.

NCCI Edit Process:

If your agency provides psychotherapy to a client and it exceeds 60 minutes, the current NCCI edits will not allow for multiple units of 90837 (Psychotherapy, 60 minutes with patient and/or family member) to be billed for the same client on the same date of service. To address this issue, DMS is allowing behavioral health providers to bill **99354** in addition to 90837 (60 minute unit) for the second hour of service. For the third hour of services, behavioral health providers may utilize code **99355** (30 minute unit) with a limit of two (2) units per client, per day. For example, if psychotherapy is provided for three (3) hours for a client, the provider may bill one (1) unit of 90837 (first hour), one unit of 99354 (second hour), and two (2) units of 99355 (third hour). Please be aware, 99355 cannot be reported without 99354.

According to the 2015 CPT manual (pp. 31-32), the time range for 90837 is 53 or more minutes. The time range for 99354 is 30 -74 minutes, less than 30 minutes is not reportable. The time range associated with the first unit of 99355 is 75 – 104 minutes and the second unit of 99355 is for 105 minutes or more. Therefore, services lasting 1 hour and 30 minutes to 2 hours and 14 minutes may be reported as 90837 + 99354. Services lasting 2 hours and 15 minutes to 2 hours and 44 minutes may be reported as 90837 + 99354 + 99355 (1 unit). Psychotherapy services lasting 2 hours and 45 minutes or more may be reported as 90837 + 99354 + 99355 (2 units). DMS reminds providers that the services must be medically necessary and strongly encourages all providers to procure the services of a Certified Professional Coder to address and resolve coding issues within your agency. A copy of the NCCI edits and manual may be downloaded from:

https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html?redirect=/nationalcorrectcodinited/

DMS has established the following rates for the prolonged service codes:

Code	Modifier	Outpatient (Non-Facility)	Inpatient (Facility)
99354	AM (MD/DO)	$71.39	$66.95
99354	AF (Psychiatrist)	$71.39	$66.95
99354	SA (APRN)	$60.68	$56.90
99354	AH (Clinical Psychologist)	$60.68	$56.90
99354	HO (LPCC, LPAT, and LBA)	$57.11	$53.56
99354	AJ (LCSW)	$57.11	$53.56
99354	U9 (LMFT)	$57.11	$53.56
99354	U4 (CSW, LPCA, LPA, LPATA, LABA and MFTA)	$49.97	$46.86
99354	U1 (PA)	$49.97	$46.86
99355	AM (MD/DO)	$69.99	$65.95
99355	AF (Psychiatrist)	$69.99	$65.95
99355	SA (APRN)	$59.49	$56.06
99355	AH (Clinical Psychologist)	$59.49	$56.06
99355	HO (LPCC, LPAT, and LBA)	$55.99	$52.76
99355	AJ (LCSW)	$55.99	$52.76
99355	U9 (LMFT)	$55.99	$52.76
99355	U4 (CSW, LPCA, LPA, LPATA, LABA and MFTA)	$48.99	$46.16
99355	U1 (PA)	$48.99	$46.16

In response to conversations between DMS, providers and the Managed Care Organizations (MCOs) a process was developed to resolve claims previously submitted and denied due to NCCI edits. This agreed upon process requires all MCOs to have all related system changes implemented no later than April 1, 2015. Please consult with your MCO to determine the process it has implemented to address this issue.

Targeted Case Management

Your agency should discontinue the use of your old TCM provider numbers (Provider Type 27 and 28) and the procedure code T2022 effective immediately. DMS will discontinue these provider types and the T2022 procedure codes effective close of business on June 30, 2015. Should you have any questions or concerns regarding resubmittal of previously paid claims, please contact the appropriate MCO. Your agency should bill TCM services through your behavioral health provider number. All TCM services are limited to one (1) unit per member, per month. Below, please find the established rates and modifiers for TCM services provided through traditional Medicaid:

Procedure Code	Code Description	Modifier	Established Rate
T2023	Targeted Case Management – Individuals with Substance Use Disorder as defined in 907 KAR 15:040E, per month	HF	$334.00

T2023	Targeted Case Management – Individuals with co-occurring Severe Mental Illness (SMI), Severe Emotional Disability (SED) or Substance Use Disorders and Chronic or Complex Physical Health Issues as defined in 907 KAR 15:050E, per month	TG	$541.00
T2023	Targeted Case Management – Individuals with Severe Emotional Disability (SED) as defined in 907 KAR 15:060E, per month	UA	$334.00
T2023	Targeted Case Management – Individuals with Severe Mental Illness (SMI) as defined in 907 KAR 15:060E, per month		$334.00

When billing TCM services under the traditional Medicaid program, your agency will need to include the modifier identifying the target population (UA, HF or TC) first and the modifier identifying the rendering provider second. For example if a Certified Social Worker provided TCM services to a child with a Severe Emotional Disability (SED) then an agency may report T2023 UA (first modifier) U4 (second modifier).

Additionally, DMS would like to remind providers that 99 is no longer a valid Place of Service (POS) code. Any claims submitted with a POS of 99 will be denied.

DMS has received numerous inquiries regarding the provision of TCM to a client who is also receiving case management from one of the Medicaid Waiver Programs. The Centers for Medicare and Medicaid Services have determined this constitutes a duplication of service. If a client is actively participating in one of the Kentucky Medicaid Waiver Programs, TCM services shall not be provided in addition to waiver case management. If your agency has clients in the TCM and Kentucky Medicaid Waiver Programs, your agency should transition all case management duties to the waiver case manager no later than April 1, 2015.

Should you have any questions regarding this information, please email DMS at DMS.Issues@ky.gov.

Sincerely,

Lisa D. Lee, Commissioner

cc: Mary Begley, Commissioner, Department for Behavioral Health, Intellectual and Developmental Disabilities

LDL/KEH