



NETWORK *Notification*

Notice Date: August 18, 2023
To: Indiana Medicaid Providers
From: CareSource
Subject: Psychiatric Service Limit and Psychiatric Diagnostic Evaluations

Summary

CareSource offers a benefit for psychiatric services that include covered codes within the CPT range 90785-90899 and Psychiatric Diagnostic Evaluations for Hoosier Healthwise (HHW) and Healthy Indiana Plan (HIP) members. We would like to remind our behavioral health providers of the billing requirements for certain psychiatric codes in combination are subject to 20 units per member per provider per rolling 12-month period without a prior authorization.

Details on Codes and Units

For applicable codes, see the *Psychiatric Service Procedure Codes with 20-Unit table on Mental Health and Addiction Services Codes*, accessible from the Codes Sets page at in.gov/Medicaid/providers.

For additional units beyond this limit, providers must attach a current treatment plan and progress notes explaining the necessity and effectiveness of therapy to the prior authorization (PA) form. Also, this information should be retained for audit purposes.

In accordance with 405 IAC 5-20-8 (14), Indiana Health Coverage Program (IHCP) reimbursement is available without prior authorization for **one unit** of psychiatric diagnostic interview examinations per member, per provider, per rolling 12-month period, billed using one of the following CPT codes:

- 90791 – *Psychiatric diagnostic evaluation*
- 90792 – *Psychiatric diagnostic evaluation with medical services*

All additional units of psychiatric diagnostic evaluation require a prior authorization; with the exception that two units are allowed per rendering NPI per rolling 12-month period without a PA when the member is separately evaluated by **both** of the following (one unit must be provided by each):

- A physician or HSPP
- Another behavioral health practitioner identified in the Behavioral Health Practitioner Qualifications of the *Behavioral Health Services Mental Health and Addiction Treatment* Provider Reference Module located at in.gov/Medicaid/providers.

CPT codes 90791 and 90792 are used for diagnostic assessments or reassessments, if required. These codes may not be billed on the same day as an E/M service performed by the same individual for the same patient. CPT codes 90791 and 90792 do not include psychotherapeutic services.

Psychotherapy services, including for crisis, may not be billed on the same day as CPT codes 90791 and 90792.

Procedure code 90792 can be rendered only by a physician, HSPP, APRN, or physician assistant.

Facilities enrolled with the IHCP as acute care or psychiatric hospitals may be reimbursed for 90791 or 90792 when billing the service on an outpatient claim along with the revenue code 900 – *Behavioral Health Treatment/Services*.

Questions?

For any questions, please contact CareSource's Provider Services at **1-844-607-2831** Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET).

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OMPP Approved: 8/9/2023