



PROVIDER ALERT

Alert # 6 – 2005– April – 22– HCAL, HCYA, HCBerks, HCCH

Attention: Finance and Billing Departments

This Provider Alert is issued to provide you advance notice that Community Care will be making changes to the fee schedules for several provider types effective July 1, 2005. **Please forward this alert to your billing department so that they may make the appropriate changes in advance of implementation.**

We are making the changes outlined below in order to more accurately record and report these services both internally and to our various oversight entities. The implementation of these changes will not affect the outpatient registration process, but will require changes in claims submissions. For the designated procedure codes, please note that **any claim submitted without the appropriate modifier** will deny for dates of service July 1, 2005 and after.

Please pay particular attention to your respective provider type(s) as you make these changes.

Community Care's contracting staff will be issuing contract amendments during the month of May for an effective date of July 1, 2005. Please contact your Provider Relations Representative if you have any questions.

PROVIDER ALERT



SERVICE DESCRIPTION	Current Code	New Code Outpatient MH Provider Type 08-110	New Code Outpatient D&A Provider Type 08-184	New Code Physician Provider Type 31-339	New Code Psychologist Provider Type 19-190	New Code FQHC Provider Type 08-080
Psychiatric Examination & Evaluation of a Patient, by MD in facility	90801	90801-HE	90801-HF	90801-U1	NA	90801-SE
Behavioral Health (DA) Consultation-School Based	90804-TR	90804-TL	90804-TM	NA	NA	NA
Individual Psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, f/f with the patient	90804	90804-HE	90804-HF	90804-U1	90804-HP	90804-SE
Individual Psychotherapy-Urgent Care	90806-ET	90806-UB	90806-UC	NA	NA	90806-UD
For use by the outpatient/ambulatory team while the member is inpatient. For the purpose of engagement and support of the outpatient treatment. No more than 2 visits per hospitalization. Pre-certification is required.	90806-HF	90806-HK	90806-HH	NA	NA	NA
First appointment by clinician other than MD. Overall clinical evaluation with no MD involvement on that day.	90806-SC 90808-SC - (HCCH)	90806-U3	90806-U7	NA	90801-HP	90806-U4
Individual Psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, f/f with the patient	90806	90806-HE	90806-HF	90806-U1	90806-HP	90806-SE
Individual Psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, f/f with the patient	90808	90808-HE	90808-HF	90808-U1	90808-HP	90808-SE
Collateral Family Psychotherapy	90846	90846-HE	NA	90846-U1	90846-HP	90846-SE
Family Psychotherapy	90847	90847-HE	90847-HF	90847-U1	90847-HP	90847-SE
Group Psychotherapy – Minimum 2 and maximum 10 persons	90853	90853-HE	90853-HF	90853-U1	90853-HP	90853-SE