

## National Coverage Provision

### Subject Name:

Clinical Psychologist Services

### Subject Number:

PSYCH-002

### Procedure Codes CPT or HCPCS:

90801, 90802, 90804-90824, 90826-90829, 90845-90849, 90853-90857, 90880, 96101, \*96102, \*96103, 96105, 96110, 96111, 96116, 96118, \*96119, \*96120, 96150-96154, 97532-97533.

### Limitations of Coverage:

- A. *To qualify as a Clinical Psychologist, CP, a practitioner must meet the following requirements:*
1. *Hold a doctoral degree in psychology;*
  2. *Be licensed or certified, on the basis of the doctoral degree in psychology, by the State in which he or she practices, at the independent practice level of psychology to furnish diagnostic, assessment, preventive, and therapeutic services directly to individuals.*
- B. *Qualified Clinical Psychologist Services Defined:*  
*Effective July 1, 1990, diagnostic and therapeutic services of CP's and services and supplies furnished incident to such services are covered as the services furnished by a physician or as incident to physician's services are covered. However, the CP must be legally authorized to perform the services under applicable licensure laws of the State in which they are furnished.*

In the hospital setting, clinical psychologists must personally perform the services rendered. "Incident to" criteria do not apply in this setting whether it is "incident to" the physician or "incident to" the clinical psychologist.

- C. *Types of Clinical Psychologist Services that May Be Covered.*  
*Clinical Psychologists may provide the following services:*
1. *Diagnostic and therapeutic services that the CP is legally authorized to perform in accordance with State law and/or regulations.*
  2. *Services and supplies furnished incident to a CP's services are covered if the requirements that apply to services incident to a physician's services, as described in Section 2050.1 of the Medicare Carriers manual (MCM) are met. These services must be:*
    - a. *Mental Health services that are commonly furnished in CP's offices;*
    - b. *An integral although incidental, part of professional services performed by the CP;*
    - c. *Performed under the direct personal supervision of the CP, i.e., the CP must be physically present and immediately available; and*
    - d. *Furnished without charge or included in the CP's bill.*
    - \*e *See PSYCH-013 for guidelines regarding billing incident to the services of a CP.*
- D. *Noncovered Services:*
1. *The services of CP's are not covered if they are otherwise excluded from Medicare Coverage even though a clinical psychologist is authorized by State law to perform them. For example, Section 1862 of the Act excludes from coverage services that are not*

*“reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member.”*

2. *Any therapeutic services that are billed by CP’s under CPT psychotherapy codes that include medical evaluation and management services are not covered. The following CPT codes are not covered: 90805, 90807, 90809, 90811, 90813, 90815, 90817, 90819, 90822, 90824, 90827, 90829.*
3. CPT code 96155 – health and behavior intervention, each 15 minutes, face to face; family (without the patient present) is not a Medicare covered service.

E. *Requirement for Consultation:*

*When applying for a Medicare provider number, a CP must submit to the carrier a signed Medicare provider/supplier enrollment form that indicates an agreement to the effect that, contingent upon the patient’s consent, he or she will attempt to consult with the patient’s attending or primary care physician in accordance with accepted professional ethical norms, taking into consideration patient confidentiality.*

1. *If the patient assents to the consultation, the CP must attempt to consult with the patient’s physician within a reasonable time after receiving the consent. If the CP’s attempts to consult directly with the physician are not successful, the CP must notify the physician within a reasonable time that he or she is furnishing services to the patient.*
2. *Additionally, the CP must document, in the patient’s medical record, the date the patient consented or declined consent to consultations, the date of consultation, or, if attempts to consult did not succeed, that date and manner of notification to the physician.*
3. *The only **exception** to the consultation requirements for Clinical Psychologist’s is in cases where the patient’s primary care or attending physician refers the patient to the clinical psychologist. Also, neither a CP nor a primary care or attending physician may bill Medicare or the patient for this required consultation.*

F. *Reimbursement*

*The allowed amount for the services of CP’s is determined on the basis of 100 % of the physician fee schedule amount for the service.*

G. *Outpatient Mental Health Services Limitation*

1. Regardless of the actual expenses a beneficiary incurs for treatment of mental, psychoneurotic, and personality disorders while the beneficiary is not an inpatient of a hospital at the time such expenses are incurred, the amount of those expenses that can be recognized for Part B deductible and payment purposes is limited to 68.75 percent of the Medicare allowed amount for those services. This limitation applies only to therapeutic services and to services performed to evaluate the progress of a course of treatment for a diagnosed condition

Key Points of CR 6686 Section 102 of MIPPA requires that the 62.5% outpatient mental health treatment limitation (effective since the inception of the Medicare program until December 31, 2009) will be reduced as follows:

- January 1, 2010 – December 31, 2011, the limitation percentage is 68.75% (of which Medicare pays 55% and the patient pays 45%);

- January 1, 2012 – December 31, 2012, the limitation percentage is 75% (of which Medicare pays 60% and the patient pays 40%);
- January 1, 2013 – December 31, 2013, the limitation percentage is 81.25% (of which Medicare pays 65% and the patient pays 35%); and,
- January 1, 2014 – onward, the limitation percentage is 100%, at which time Medicare pays 80% and the patient pays 20%.

For Rural Health Clinics and Federally Qualified Health Centers, the amount the patient pays may differ from the percentages shown above if the charges are not equal to the encounter rate for the clinic.

2. *The limitation does not apply to diagnostic services (e.g., psychiatric and psychological tests and interpretations and evaluation to diagnose the patient's illness).*

H. Assignment Requirement

*All claims for covered services rendered by CP's will be on assignment related basis:*

1. *The CP accepts assignment; or*
2. *The CP claims direct Medicare payment after the death of the beneficiary; or*
3. *The CP submits the claim under the indirect payment procedure.*

**Covered ICD-9 Codes:**

N/A

**Coding Guidelines:**

- A. Psychologists can bill the following CPT codes
  1. Diagnostic services: 90801, 90802, 96101, 96102, 96103, 96105, 96110, 96111, 96116, 96118, 96119, and 96120 (see PSYCH-014 Psychiatry and Psychological Services.)
  2. Therapeutic services: Psychologists can bill the following CPT codes:  
Office: 90804, 90806, 90808, 90810, 90812, 90814, 90845, 90846, 90847, 90849, 90853, 90857, 90880, 97532, 97533.  
Inpatient: 90816, 90818, 90821, 90823, 90826, 90828.
  3. Effective 01/01/2002, psychologists can bill the following CPT codes: 96150, 96151, 96152, 96153, and 96154. See LCD PSYCH-015 Health and Behavior Assessment/Intervention
  4. Do not bill for code 96155. CPT code 96155 is not a Medicare covered service.
- B. Codes with timeframes representing “approximately 75-80 minutes”: Services needing this much time would occur in very rare instances; it therefore would require documentation be submitted that supports the service provided.
- C. When employed by a provider, the physician or supplier who bills for the CP should use the same codes and bill using the CP's provider number.
- D. CP's can bill under their own provider number or as incident to as long as all "incident To" criteria for incident to are met.
- E. Services to hospital patients by a clinical psychologist can be billed directly. Services "incident to" the physician or CP are not covered in the hospital setting.

**Documentation Required:**

*Documentation supporting the medical necessity of the service, such as ICD-9 codes, must be submitted with each claim. Claims submitted without such evidence will be denied as being not medically necessary.*

**Reasons for Non-Coverage:**

Medical Necessity and Non-covered

**Sources of Information:**

CMS **100-02**, §160, Identical Letter CO 4/B2150; IL C04/B2150/CP.1; IL 11/21/95 C05/B2120, CO Memos 12/03/96 and 12/04/96; Final rule CMS-1502-FC, CMS-13215-F, CPT Codebook 2006

**Comments:**

*The CPT codes descriptors and two-digit modifiers used in this policy are copyright by the American Medical Association. All rights reserved.*

**Other Comments:**

This NCP replaces PSYCH 002 (WI/IL/MI LMRP).

**CAC Notes:**

N/A

**Dates****Wisconsin**

Effective Date: Existing policy; 12/15/1996; 01/01/1998; 07/01/2000  
 Published Date: Existing policy; Article 12/01/1995; Article 01/01/1997, 02/01/1997; Article 01/01/1998; Article 02/01/1998; 06/01/2000; Article 08/01/2000: 05/01/2002; Article 02/01/2003; Article 03/01/2006; Article 07/01/2006; \*12/01/2009, article;  
 Revision # & Date: \*01/01/2010, four, update to fee schedule information; 07/01/2006, thirteen, added ICD-9 codes 96102, 96103, 96119, and 96120, added reference to LCD PSYCH 014 and 015; 01/01/2006, twelve, added CPT code 96101, 96116 and 96118, ended 96100, 96115 and 96117; 0/01/2002, eleven (added codes 96150-96154); 05/01/2002-ten (NCP Quadstate); 06/16/2000, nine; 04/26/2000, eight, Tristate; 01/01/1998, seven (2 codes added); 01/01/1998, six; 12/15/1996, five; 12/01/1996, four; 08/10/1994, three; 08/31/1993, two; 07/09/1993, one

**Illinois**

Effective Date: Existing regulations, 07/01/2000  
 Published Date: 06/01/2000; Article 08/01/2000; 05/01/2002; Article 02/01/2003; Article 03/01/2006; Article 07/01/2006; \*12/01/2009, article;  
 Revision # & Date: \*01/01/2010, four, update to fee schedule information; 07/01/2006, five, added ICD-9 codes 96102, 96103, 96119, and 96120, added reference to LCD PSYCH 014 and 015; 01/01/2006, four, added CPT code 96101, 96116 and 96118, ended 96100, 96115 and 96117; 01/01/2002, three (added codes 96150-96154); 05/01/2002,two (NCP Quadstate); 06/16/2000, one

**Michigan**

Effective Date: Existing regulations, 07/01/2000  
 Published Date: 06/01/2000, Article 08/01/2000; 05/01/2002; Article 02/01/2003; Article 03/01/2006; Article 07/01/2006; \*12/01/2009, article;  
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**Minnesota**

Effective Date: Existing regulations, 07/01/2000  
Published Date: Article 02/01/2003; Article 03/01/2006; Article 07/01/2006; \*12/01/2009, article;  
Revision # & Date: \*01/01/2010, four, update to fee schedule information; 07/01/2006, three, added ICD-9 codes 96102, 96103, 96119, and 96120, added reference to LCD PSYCH 014 and 015; 01/01/2006, two, added CPT code 96101, 96116 and 96118, ended 96100, 96115 and 96117; 01/01/2002, one (added codes 96150-96154)