

**Payment Policies for Healthcare Services
 Provided to Injured Workers and Crime Victims**

Chapter 17: Mental Health Services

Effective July 1, 2019



Link: Look for possible **updates and corrections** to these payment policies at:

www.lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/2019/



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Definitions

- ▶ **Bundled codes:** Are procedure codes that are not separately payable because they are accounted for and included in the payment of other procedure codes and services.



Link: For the legal definition of **Bundled codes**, see [WAC 296-20-01002](#).



Payment policy: All mental health services

▶ Who the policies in this chapter apply to

The mental health services payment policies in this chapter apply to workers covered by the State Fund and self-insured employers.

The policies in this chapter don't apply to crime victims.



Links: For more information on **mental health services** for State Fund and self-insured claims, see [WAC 296-21-270](#) and [WAC 296-14-300](#). (Also, see Authorization and Reporting Requirements for Mental Health Specialists, below.)

For information about mental health services' policies for the Crime Victims' Compensation Program, see:

www.Lni.wa.gov/ClaimsIns/CrimeVictims/ProvResources/ and [WAC 296-31](#).

▶ Who can be an attending provider and who can't

Can be attending provider: Psychiatrists and psychiatric ARNPs

A psychiatrist or psychiatric ARNP can be a worker's attending provider only when:

- The insurer has accepted a psychiatric condition, *and*
- It is the only condition being treated.

A psychiatrist or psychiatric ARNP may certify a worker's time loss from work if:

- A psychiatric condition has been allowed, *and*
- The psychiatric condition is the only condition still being treated.

A psychiatrist may also rate mental health permanent partial disability.

A psychiatric ARNP can't rate permanent partial disability.

Can't be attending provider: Psychologists

Psychologists can't be attending providers and can't certify time loss from work or rate permanent partial disability.



Link: For more information on who can be an attending provider, see [WAC 296-20-01002](#).

▶ Payment rates for specific provider types

Licensed clinical psychologists and psychiatrists

Licensed clinical psychologists and psychiatrists are paid at the same rate when performing the same service.

Psychiatric ARNPs

Psychiatric ARNPs are paid at **100%** of the values listed in L&I's Professional Services Fee Schedule.



Link: The fee schedule is available at: <http://www.lni.wa.gov/apps/FeeSchedules/>.

Social workers and other master's level counselors

Mental health evaluation and treatment services provided by social workers and other master's level counselors aren't covered even when delivered under the direct supervision of a clinical psychologist or a psychiatrist.

▶ Who must perform these services to qualify for payment

Authorized mental health services must be performed by a:

- Psychiatrist (MD or DO), *or*
- Psychiatric Advanced Registered Nurse Practitioner (ARNP), *or*
- Licensed clinical PhD or PsyD psychologist.

Psychological testing

Staff supervised by a psychiatrist, psychiatric ARNPs, or licensed clinical psychologist may administer psychological testing; however, the psychiatrist, or licensed clinical psychologist must:

- Interpret the results, *and*
- Prepare the reports.

▶ Services that aren't covered

These services (CPT® billing codes) aren't covered:

- 90845,
- 90846,
- 90849,
- 90863.

Psychologists can't bill the E/M codes for office visits.

Treatment of chronic migraine or chronic tension-type headache with transcranial magnetic stimulation isn't a covered benefit.



Link: The coverage decision for Chronic Migraine or Chronic Tension-type Headache is available at:

<http://www.lni.wa.gov/ClaimsIns/Providers/TreatingPatients/ByCondition/CovMedDev/SpecCovDec/ChronicMigraineTension.asp>

▶ Payment limits

These services (CPT® billing codes) are **bundled** and aren't payable separately:

- 90885,
- 90887,
- 90889.



Note: See definition of **Bundled** in Definitions at the beginning of this chapter.

Psychiatrists and psychiatric ARNPs may only bill the E/M codes for office visits on the same day psychotherapy is provided if it's medically necessary to provide an E/M service for a condition other than that for which psychotherapy has been authorized.



Note: The provider must submit documentation of the event and request a review before payment can be made.



Link: For additional information see: [Authorization and Reporting Requirements for Mental Health Specialists](#)

This document provides guidance for mental health specialists on the following:

1. Coverage of Mental Health Conditions
 - a. Conditions caused or aggravated by an industrial injury or occupational disease
 - b. Pre-existing or unrelated conditions delaying recovery
 - c. Services that mental health specialists provide
2. Authorization Requirements
 - a. Initial evaluation and treatment
 - b. Ongoing treatment
3. Reporting Requirements
 - a. Diagnosis of a mental health condition
 - b. Return to work considerations
 - c. Identification of barriers to recovery from an industrial injury
 - d. Documenting a treatment plan with special emphasis on functional recovery
 - e. Assessment of functional status during treatment
4. Billing Codes



Payment policy: Case management services

▶ Payment limits

Psychiatrists, psychiatric ARNPs, and clinical psychologists may only bill for case management services (telephone calls, team conferences, and secure e-mail) when mental health services are authorized.



Link: For more information about payment criteria and documentation requirements for these services, see the payment policy for Case management services in: [Chapter 10: Evaluation and Management](#).



Payment policy: Individual and group insight-oriented psychotherapy

▶ Prior authorization

Group psychotherapy

Group psychotherapy treatment is authorized on a case by case basis only.

If authorized, the worker may participate in group therapy as part of the individual treatment plan.

▶ Requirements for billing

Individual psychotherapy services

To report individual psychotherapy:

- Don't bill more than one unit per day, *and*
- Use the following timeframes for billing the psychotherapy codes:
 - 16-37 minutes for 90832 and 90833.
 - 38-52 minutes for 90834 and 90836.
 - 53 or more minutes for 90837 and 90838.



Note: Chart notes must document time spent performing psychotherapy.



Note: Coverage of these services is different for psychiatrists and psychiatric ARNPs than it is for clinical psychologists (see below).

Psychiatrists and psychiatric ARNPs

Psychotherapy performed with an E/M service may be billed by psychiatrists and psychiatric ARNPs when other services are conducted along with psychotherapy such as:

- Medical diagnostic evaluation, *or*
- Drug management, *or*
- Writing physician orders, *or*
- Interpreting laboratory or other medical tests.

Psychiatrists and psychiatric ARNPs may bill the following individual insight-oriented psychotherapy CPT® billing codes without an E/M service:

- **90832,**
- **90834,**
- **90837.**

Psychiatrists and psychiatric ARNPs may bill the following codes when performing an evaluation and management service on the same day:

- **90833,**
- **90836,**
- **90838.**

Psychiatrists and psychiatric ARNPs bill these codes in addition to the code for evaluation and management services.

Clinical psychologists

Clinical psychologists may bill only the individual insight-oriented psychotherapy codes without an E/M component 90832, 90834, and 90837. They can't bill psychotherapy codes 90833, 90836, or 90838 in conjunction with an E/M component because medical diagnostic evaluation, drug management, writing physician orders, and/or interpreting laboratory or other medical tests are outside the scope of a clinical psychologist's license in Washington.

Prolonged Services

Use the appropriate prolonged services code (99354, 99355, 99356, 99357) with 90837 for psychotherapy services of 90 minutes or longer, face to face with the patient, not performed with E/M service.

Group psychotherapy services

If group psychotherapy is authorized and performed on the same day as individual insight-oriented psychotherapy (with or without an E/M component), both services may be billed, as long as they meet the CPT® definitions.



Note: The insurer doesn't pay a group rate to providers who conduct psychotherapy exclusively for groups of workers.



Payment policy: Narcosynthesis and electroconvulsive therapy

▶ Prior authorization

Narcosynthesis and electroconvulsive therapy require prior authorization.

▶ Who must perform these services to qualify for payment

Authorized services are payable only to psychiatrists.

▶ Services that can be billed

Use CPT® codes **90865** (narcosynthesis) and **90870** (electroconvulsive therapy).



Link: More information about electroconvulsive therapy is available on line at:

[www.Lni.wa.gov/ClaimsIns/Providers/TreatingPatients/ByCondition/NonPharmTreatments.a
sp](http://www.Lni.wa.gov/ClaimsIns/Providers/TreatingPatients/ByCondition/NonPharmTreatments.aspx)



Payment policy: Neuropsychological testing

▶ What's included in neuropsychological testing

Test data includes:

- The injured worker's test results,
- Raw test data,
- Records,
- Written/computer-generated reports,
- Global scores or individual's scale scores,
- Test materials such as:
 - Test protocols,
 - Manuals,
 - Test items,
 - Scoring keys or algorithms,
 - Any other materials considered secure by the test developer or publisher.

The term **test data** also refers to:

- Raw and scaled scores,
- Patient responses to test questions or stimuli,
- Psychologists' notes and recordings concerning patient statements and behavior during an examination.



Note: The psychologist is responsible for releasing test data to the insurer.

▶ Services that can be billed

The following billing codes may be used when performing neuropsychological evaluation:

If the CPT® code is...	Then it may be billed :
90791 or 90792	Once every 6 months per patient per provider.
96130, 96131, 96136 or 96137	Up to a combined 4 hour maximum. In addition to CPT® codes 96138 and 96139 .
96138 or 96139	Per hour, up to a combined 12 hour maximum.



Note: Reviewing records and/or writing/submitting a report is included in these codes and can't be billed separately.



Payment policy: Pharmacological evaluation and management

▶ Who must perform these services to qualify for payment

Pharmacological evaluation is payable only to psychiatrists and psychiatric ARNPs with pre-authorization.

▶ Requirements for billing

Services conducted on the same day

When a pharmacological evaluation is conducted on the same day as psychotherapy, the psychiatrist or psychiatric ARNP:

- Can bill one of the add on psychotherapy codes **90833**, **90836**, or **90838** *and*
- Can bill a separate code for E/M services (CPT® codes **99201-99215**) at the same time.



Note: Also see Requirements for billing, above (in this same payment policy) as well as Requirements for billing under the payment policy for Individual and group insight-oriented psychotherapy earlier in this chapter.

Services not conducted on the same day

When a pharmacological evaluation is the only service conducted on a given day, the provider must bill the appropriate E/M code.



Payment policy: Mental health consultations and evaluations



Links: For more information on consultations and consultation requirements, see [WAC 296-20-045](#) and [WAC 296-20-051](#).

▶ Prior authorization

Prior authorization is required for all mental health care referrals. This requirement includes referrals for mental health consultations and evaluations.

▶ Services that can be billed

When an authorized referral is made to a psychiatrist or psychiatric ARNP, they may bill either the:

- Psychiatric diagnostic evaluation code **90791**, *or*
- Psychiatric diagnostic evaluation with medical services code **90792**.

When an authorized referral is made to a clinical psychologist for an evaluation, they may bill only CPT® code **90791** (Psychiatric diagnostic evaluation).

Telehealth psychology services are covered. For more information see link below.



Links: For more information, see the payment policy for Teleconsultation and other telehealth services in: [Chapter 10 Evaluation and Management \(E/M\) Services](#).

▶ Payment limits

CPT® codes **90791 or 90792** are limited to one occurrence every six months, per patient, per provider.



Links: Related topics

If you're looking for more information about...	Then go here:
Administrative rules for attending providers	Washington Administrative Code (WAC) 296-20-01002: http://apps.leg.wa.gov/wac/default.aspx?cite=296-20-01002
Administrative rules for consultations and consultation requirements	WAC 296-20-045: http://apps.leg.wa.gov/wac/default.aspx?cite=296-20-045 WAC 296-20-051: http://apps.leg.wa.gov/wac/default.aspx?cite=296-20-051
Administrative rules for mental health services	WAC 296-21-270: http://apps.leg.wa.gov/wac/default.aspx?cite=296-21-270 WAC 296-14-300: http://app.leg.wa.gov/wac/default.aspx?cite=296-14-300
Authorization and Reporting Requirements for Mental Health Specialists	L&I's website: http://www.Lni.wa.gov/ClaimsIns/Files/OMD/20160615MHSpecialistsAuthorizationandReportingRequirements.pdf
Becoming an L&I provider	L&I's website: www.Lni.wa.gov/ClaimsIns/Providers/Becoming/
Billing instructions and forms	Chapter 2: Information for All Providers
Fee schedules for all healthcare facility services (including ASCs)	L&I's website: http://www.lni.wa.gov/apps/FeeSchedules/
Mental health services website	L&I's website: www.Lni.wa.gov/mentalhealth
Payment policies for case management services	Chapter 10: Evaluation and Management (E/M) Services
Payment policies for teleconsultations and other telehealth services	Chapter 10: Evaluation and Management (E/M) Services

If you're looking for more information about...	Then go here:
Mental health services payment policies for crime victims	L&I's website: www.Lni.wa.gov/ClaimsIns/CrimeVictims/ProvResources/ WAC 296-31: http://apps.leg.wa.gov/wac/default.aspx?cite=296-31

► **Need more help?** Call L&I's Provider Hotline at **1-800-848-0811**