

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



**News Flash** – The revised publication titled "Evaluation and Management Services Guide" (December 2010) is now available in downloadable format from the Medicare Learning Network® at [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/eval\\_mgmt\\_serv\\_guide-ICN006764.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/eval_mgmt_serv_guide-ICN006764.pdf) on the Centers for Medicare & Medicaid Services website. This guide is designed to provide education on medical record documentation and evaluation and management billing and coding considerations. The "1995 Documentation Guidelines for Evaluation and Management Services" and the "1997 Documentation Guidelines for Evaluation and Management Services" are included in this publication.

MLN Matters® Number: MM7307 **Revised**

Related Change Request (CR) #: 7307

Related CR Release Date: February 25, 2011

Effective Date: March 25, 2011

Related CR Transmittal #: R2166CP

Implementation Date: March 25, 2011

### **Clarification to CR No. 6686 - Outpatient Mental Health Treatment Limitation**

**Note:** This article was updated on August 7, 2012, to reflect current Web addresses. It was previously revised on March 10, 2011, to change the effective and implementation dates (above) to agree with the same dates in CR7307. All other information is the same.

### **Provider Types Affected**

This article is for physicians, providers, and suppliers submitting claims to Medicare contractors (Fiscal Intermediaries (FIs), carriers, and Part A/B Medicare Administrative Contractors (MACs)) for Medicare beneficiaries receiving Outpatient Mental Health services.

### **What You Need to Know**

With Change Request (CR) 7307, the Centers for Medicare & Medicaid Services (CMS) is amending one sentence in Section 210.1 D of the "Medicare Claims Processing Manual" to clarify policy regarding application of the outpatient mental

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health treatment limitation to ICD-9 diagnosis codes for Alzheimer's related disorders. This sentence was changed inadvertently in a prior manual update.

The amended sentence shows that Alzheimer's related disorders are identified by Medicare contractors under ICD-9 codes that are **within the 290-319 code range (290.XX or others as your Medicare contractor determines appropriate) or outside the 290-319 code range as determined appropriate by your contractor.**

## Background

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Section 210 of the Manual was revised initially under CR6686 (issued 10-3-09) to implement Section 102 of the Medicare Improvements and Patient Protection Act (MIPPA). The MIPPA legislation authorized a reduction in the coinsurance percentage that Medicare patients are required to pay for certain outpatient mental health treatment services. In addition to including the changed coinsurance percentages for 2010-2014, changes were made to clarify the diagnoses/services to which the limitation does and does not apply. For claims reported with a primary diagnosis of an Alzheimer's related disorder, Medicare contractors will look to the nature of the service rendered in determining whether it is subject to the limitation.

## Additional Information

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The official instruction, CR7307, issued to your FI, carrier, or A/B MAC regarding this change, may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2166CP.pdf> on the CMS website.

You may want to review the MLN Matters® article related to CR6686 (MM6686), which may be found at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6686.pdf> on the CMS website.

If you have any questions, please contact your FI, carrier or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

**News Flash - It's Not Too Late to Give and Get the Flu Vaccine.** Take advantage of each office visit and continue to protect your patients against the seasonal flu. Medicare will continue to pay for the seasonal flu vaccine and its administration for all Medicare beneficiaries through the entire flu season. The Centers for Disease Control and Prevention (CDC) recommends that patients, health care workers and caregivers be vaccinated against the seasonal flu. Protect your patients. **Protect your family. Protect yourself. Get Your Flu Vaccine - Not the Flu.**

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