

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 426	Date: December 31, 2008
	Change Request 6208

SUBJECT: Adjustment for Medicare Mental Health Services

I. SUMMARY OF CHANGES: The Medicare payment amount is increased by 5 percent for specific "Psychiatry" CPT codes.

New / Revised Material

Effective Date: July 1, 2008

Implementation Date: February 2, 2009

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 426	Date: December 31, 2008	Change Request: 6208
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SUBJECT: Adjustment for Medicare Mental Health Services

Effective Date: July 1, 2008

Implementation Date: February 2, 2008

I. GENERAL INFORMATION

A. Background: Section 138 of the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 increased the Medicare payment amount that it makes to providers and suppliers of services for specified “Psychiatry” CPT codes by 5 percent, effective July 1, 2008 until December 31, 2009.

B. Policy: This MIPPA provision defines “specified services” as CPT procedure codes consisting of psychiatric therapeutic procedures furnished in the office or other outpatient facility settings or in inpatient hospital, partial hospital, or residential care facility settings under the subcategories of services that are insight oriented, behavior modifying, or supportive psychotherapy or, interactive psychotherapy. Accordingly, the “Psychiatry” CPT codes that represent “specified services” are as follows:

Office or Other Outpatient Facility

(Insight Oriented, Behavior Modifying and/or Supportive Psychotherapy)

1. 90804
2. 90805
3. 90806
4. 90807
5. 90808
6. 90809

(Interactive Psychotherapy)

1. 90810
2. 90811
3. 90812
4. 90813
5. 90814
6. 90815

Inpatient Hospital, Partial Hospital or Residential Care Facility

(Insight Oriented, Behavior Modifying and/or Supportive Psychotherapy)

1. 90816
2. 90817
3. 90818
4. 90819
5. 90821
6. 90822

(Interactive Psychotherapy)

1. 90823
2. 90824
3. 90826
4. 90827
5. 90828
6. 90829

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)								
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers			
						F I S S	M C S	V M S	C W F	
6208.1	Contractors shall link the mental health CPT codes listed under Section I.B. Policy of this CR to the increased payment amount for these specific codes that contractors already loaded from the RV3D file under the 2008 Medicare Physician Fee Schedule.	X		X	X		X			

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)								
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers			
						F I S S	M C S	V M S	C W F	
6208.2	<p>A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p>	X		X	X		X			

IV. SUPPORTING INFORMATION

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

V. CONTACTS

Pre-Implementation Contact(s): Regina Walker-Wren at (410) 786-9160 or Regina.Walker@cms.hhs.gov.

Post-Implementation Contact(s): Your appropriate Regional Office.

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs) and Carriers:*

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For *Medicare Administrative Contractors (MACs):*

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.