


PROVIDER BULLETIN

No. 07-29

April 1, 2008

TO: Psychologist Supervising Practitioners

FROM: Vivianne M. Chaumont, Director 
Division of Medicaid and Long Term Care
Department of Health and Human Services

BY: Roxie Cillessen, Unit Manager
Behavioral Health, Pharmacy and Ancillary Services

RE: Procedure Code Change for the Annual Assessment by Psychologists

Please share this information with administrative, clinical, and billing staff

Medicaid requires a face-to-face annual assessment for clients whose treatment episode extends beyond one year.

Medicaid approved procedure codes for billing the psychologist's annual assessment have been 99211-99215 or 99241-99245. The rate for those codes varied according to the complexity of the service.

We have been informed by the Centers for Medicare and Medicaid that psychologists should not use the "99" codes. Effective with Date of Service (DOS) May 1, 2008, the code for the annual face-to-face assessment of the client completed by a psychologist will be H0031 AH "Mental Health Assessment, by Licensed Psychologist" with a rate of \$77.57. The 99211-99215 and 99241-99245 codes will not be accepted on claims for DOS May 1, 2008 forward for the annual assessment.

Please note: 90801 is the Initial Psychiatric Diagnostic Interview and should not be used for annual assessments.

If you have questions about this provider bulletin you may contact Bonnie Brown at (402) 471-1611 or bonnie.brown@dhhs/ne/gov.