

## NCCI Edit Update for Psychotherapy Procedure Codes

**Note:** This article applies to claims submitted to TMHP for processing. For claims processed by a Medicaid managed care organization (MCO), providers must refer to the MCO for information about benefits, limitations, prior authorization, and reimbursement.

The Centers for Medicare & Medicaid Services (CMS) implemented National Correct Coding Initiative (NCCI) edits for some psychotherapy procedure codes on October 1, 2014, and has recently announced a change to those edits.

October 2014 NCCI procedure-to-procedure (PTP) edits for practitioner services included code pairs for procedure code 90847 as a column 1 code and procedure codes 90832, 90833, 90834, 90836, 90837, and 90838 as the related column 2 codes. As a result of comments received by CMS, CMS will allow providers to append an appropriate PTP-associated modifier to one of the procedure codes if the services were provided in different sessions on the same date of service. This change will be effective for claims processed on or after October 1, 2014.

For claims that are submitted with an individual psychotherapy procedure code and a family psychotherapy procedure code, providers may append modifier 59 to one of the psychotherapy procedure codes to indicate that a procedure or service was distinct or independent from other non-evaluation and management (E/M) services performed on the same day. Documentation that supports the provision of distinct or independent non-E/M services must be maintained in the client's medical record and made available to Texas Medicaid upon request.

On April 28, 2015, the NCCI edits for psychotherapy procedure codes 90832, 90833, 90834, 90836, 90837, 90838, and 90847 will be updated for claims processed by TMHP for Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program.

**Note:** Providers may refer to the Centers for Medicare & Medicaid Services (CMS) website at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/National-Correct-Coding-Initiative.html> for additional information about PTP-associated modifiers. A link to the CMS Medicaid NCCI website is also available on the [Code Updates – NCCI Compliance web page](#).

Claims processed by TMHP from April 1, 2015, through April 28, 2015 that are affected by this edit update will be reprocessed.

For claims processed by TMHP before April 1, 2015, providers may resubmit them with the appropriate modifier after the system updates are implemented on April 28, 2015. Providers may submit a new day claim if the date of service is within the 95-day timely filing deadline. If the claim is past the 95-day timely filing deadline, but is still within the 120-day appeal deadline, providers may appeal denials with the appropriate modifier or with documentation of different sessions.

To avoid unnecessary denials, providers may submit new claims with these psychotherapy procedure code combinations and appropriate modifier after April 28, 2015, as long as all filing deadlines are met.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.