

Psychiatric Consultations to Primary Care Providers

Policy Number: SC17P0064A3

Effective Date: May 1, 2018

Last Update: April 22, 2021

PAYMENT POLICY HISTORY

DATE	SUMMARY OF CHANGE
April 22, 2021	A review of the policy was completed. The policy was moved to a new format and as a result some information may have relocated or reformatted.
August 30, 2019	Information regarding comparison to the DHS MH Procedure CPT® or HCPCS Codes and Rates Chart and UCare fee schedules was removed from the document. The UCare Provider Manual contains information regarding how and when UCare updates fee schedules. A link to the UCare Provider Manual continues to be available within the document.
August 20, 2019	Annual policy update. All the internal links and the UCare logo were updated. No other updates were made to the document.
May 1, 2018	The Psychiatric Consultations to Primary Care Providers policy was published by UCare

APPLICABLE PRODUCTS

This policy applies to the products checked below:

UCARE PRODUCT	APPLIES TO
UCare MinnesotaCare	✓
UCare Minnesota Senior Care Plus (MSC+)	✓
UCare Prepaid Medical Assistance (PMAP)	✓
UCare Connect	✓
UCare Connect +Medicare (When MHCP is the primary payer)	✓
UCare Minnesota Senior Health Options (MSHO) (When MHCP is the primary payer)	✓
UCare Medicare Plans	
UCare EssentiaCare	
UCare Medicare M Health Fairview & North Memorial	
UCare Individual & Family Plans	
UCare Individual & Family Plans M Health Fairview	

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PAYMENT POLICY INSTRUCTIONS

A payment policy assists in determining provider reimbursement for specific covered services. To receive payment, the provider must be in a contractual relationship with UCare and provide services to a member enrolled in one of UCare’s products. This payment policy is intended to provide a foundation for system configuration, work instructions, call scripts, and provider communications. A payment policy describes the rules for payment, which include applicable fee schedules, additional payment rules by regulatory bodies, and contractual terms. This policy is a general guideline and may be superseded by specific provider contract language.

PAYMENT POLICY OVERVIEW

Outlined below are the billing and payment guidelines associated with Psychiatric Consultations to Primary Care Providers.

POLICY DEFINITIONS

TERM	NARRATIVE DESCRIPTION
Psychiatric Communication	Means communication between a consulting professional and a primary care provider for the purpose of medical management, behavioral health care and treatment of a patient. A psychologist, independent clinical social worker and marriage and family therapists may provide consultation about alternatives to medication, medication combined with psychosocial treatments and potential results of medication usage. The provider may conduct the consultation without the patient being present.
Physician Extender	Means an eligible provider furnishing services under the supervision of a physician. For purposes of this Policy, eligible providers are: <ul style="list-style-type: none"> • Physician Assistants or Advance Practice Registered Nurses who choose not to enroll with UCare: • Genetic counselors who are board certified by the American Board of Genetic Counseling (ABGC);

TERM	NARRATIVE DESCRIPTION
	<ul style="list-style-type: none"> • Registered nurses licensed under and within the scope of Minnesota statutes; • Licensed acupuncturist; or • Pharmacist <p>Eligible providers must be furnishing services in one of the following professional environments:</p> <ul style="list-style-type: none"> • Employed by a physician provider • Employed by the same provider organization that employs the physician • Supervised by a physician

ENROLLEE ELIGIBILITY CRITERIA

THIS SECTION OF THE POLICY PROVIDES INFORMATION THAT IS SPECIFIC TO THE UCARE MEMBER, INCLUDING INFORMATION ABOUT THE CRITERIA THE MEMBER MUST MEET IN ORDER FOR THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT

The member must be actively enrolled in a UCare product.

ELIGIBLE PROVIDERS OR FACILITIES

OUTLINED BELOW IS THE SPECIFIC CRITERIA A PROVIDER MUST MEET IN ORDER FOR THE SERVICE(S) IN THIS POLICY TO BE ELIGIBLE FOR PAYMENT. THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT

Provider

Providers Who Can Provide Psychiatric Consultations

The following providers can provide psychiatric consultation to primary care providers:

- Psychiatrist
- Licensed Psychologist (LP) (working within the scope of practice)
- Licensed Independent Clinical Social Worker (LICSW) (working within the scope of practice)

- Licensed Marriage and Family Therapist (LMFT) (working within the scope of practice)
- Psychiatric Nurse Practitioner (NP)
- Clinical Nurse Specialist (CNS)

Providers Who May Request a Psychiatric Consultation

The following Primary Care providers are eligible to request a psychiatric consultation:

- Certified nurse midwives
- Clinical nurse specialists
- Nurse practitioners
- Physician’s assistants
- Registered nurse acting as a physician extender in a physician-directed clinic
- Pediatricians
- Family practice physicians
- Psychiatrist
- Any other prescriber

EXCLUDED PROVIDER TYPES

OUTLINED BELOW IS INFORMATION REGARDING PROVIDERS WHO ARE NOT ELIGIBLE TO FURNISH THE SERVICE(S) LISTED IN THIS POLICY.

Not applicable.

MODIFIERS, CPT, HCPCS, AND REVENUE CODES

General Information

The Current Procedural Terminology (CPT®) HCPCS, and Revenue codes listed in this policy are for reference purposes only. Including information in this policy does not imply that the service described by a code is a covered or non-covered health service. The inclusion of a code does not imply any right to reimbursement or guarantee of claim payment.

Modifiers

The modifiers listed below are not intended to be a comprehensive list of all modifiers. Instead, the modifiers that are listed are those that must be appended to the CPT® / HCPCS codes listed below. Based on the service(s) provided, and the circumstances surrounding those services it may, based on correct coding, be appropriate to append an additional modifier(s) to the CPT® / HCPCS code.

When a service requires multiple modifiers, the modifiers must be submitted in the order listed below. If it is necessary to add additional modifiers they should be added after the modifiers listed below.

MODIFIER(S)	NARRATIVE DESCRIPTION
AG	Primary Care Provider Receiving Psychiatric Consultation
AM	Consulting Psychiatrist to a Primary Care Provider
HE	Mental Health
U4	Service provided via non face-to-face contact
U7	Physician Extender

CPT and/or HCPCS Code(s)

CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
<i>Primary Care Provider Receiving Psychiatric Consultation</i>		
99499	HE, AG	Communication between a consulting professional and a primary care provider, for consultation or medical management; or behavioral health care and treatment of a patient.
<i>Consulting Psychiatric Provider</i>		
99499	HE, AM	Communication between a consulting professional and a primary care provider, for consultation or medical management; or behavioral health care and treatment of a patient.

CPT® is a registered trademark of the American Medical Association.

Revenue Codes

Not applicable.

PAYMENT INFORMATION

Payment Information

The grid below identifies whether the Master’s level provider reduction and/or 23.7% increase applies to service(s) associated with Psychiatric Consultations to Primary Care Providers.

CPT® or HCPCS CODES	MODIFIER	NARRATIVE DESCRIPTION	UNIT OF SERVICE	APPLY MASTER’S LEVEL REDUCTION	DOES 23.7% INCREASE APPLY?	PROVIDERS ELIGIBLE TO PERFORM SERVICE
99499	HE, AG	Communication between a consulting professional and a primary care provider, for consultation or medical management; or behavioral health care and treatment of a patient.	Per Session	No	No	<ul style="list-style-type: none"> Primary Care Provider
99499	HE, AM	Communication between a consulting professional and a primary care provider, for consultation or medical management; or behavioral health care and treatment of a patient.	Per Session	No	No	<ul style="list-style-type: none"> Psychiatrist NP CNS-MH LP

Additional information regarding UCare fee schedule updates can be found in the [UCare Provider Manual](#) (Section 9-18 Fee Schedule Updates).

BILLING REQUIREMENTS AND DIRECTIONS

Billing Guidelines

- Submit claims using the 837-P format or the electronic equivalent.
- The primary care provider and consulting professional may bill separately for this service.
- Primary care providers may bill an office visit and a consultation, when appropriate.
- Primary care providers and consulting professionals may bill services provided on the same day. The modifiers associated with the consultation services must be appended to the service provided.

- Append the -U4 modifier when services are not furnished face-to-face.
- When the primary care provider is a physician extender append the -U7 modifier.

PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION

Prior Authorization, Notification, and Threshold Requirements

UCare does update its' authorization, notification and threshold requirements from time-to-time. The most current prior authorization requirements can be found [here](#).

RELATED PAYMENT POLICY INFORMATION
OUTLINED BELOW ARE OTHER POLICIES THAT MAY RELATE TO THIS POLICY AND/OR MAY HAVE AN IMPACT ON THIS POLICY.

POLICY NUMBER	POLICY TITLE

UCare payment policies are updated from time to time. The most current UCare payment policies can be found [here](#).

SOURCE DOCUMENTS AND REGULATORY REFENCES
LISTED BELOW ARE LINKS TO CMS, MHCP, AND STATUTORY AND REGULATORY REFERENCES USED TO CREATE THIS POLICY

MHCP Provider Manual, Mental Health, [Psychiatric Consultations to Primary Care Providers](#)

[Minnesota Statute 256B.0625](#) subd., 48

DISCLAIMER

“Payment Policies assist in administering payment for UCare benefits under UCare’s health benefit Plans. Payment Policies are intended to serve only as a general reference resource regarding UCare’s administration of health benefits and are not intended to address all issues related to payment for health care services provided to UCare members. When submitting claims, all providers must first identify member eligibility, federal and state legislation or regulatory guidance regarding claims submission, UCare provider participation agreement contract terms, and the member-specific Evidence of Coverage (EOC) or other benefit document. In the event of a conflict, these sources supersede the Payment Policies. Payment Policies are provided for informational purposes and do not constitute coding or compliance advice. Providers are responsible for submission of accurate and compliant claims. In addition to Payment Policies, UCare also uses tools developed by third parties, such as the Current Procedural Terminology (CPT®*), InterQual guidelines, Centers for Medicare and Medicaid Services (CMS), the Minnesota Department of Human Services (DHS), or other coding guidelines, to assist in administering health benefits. References to CPT® or other sources in UCare Payment Policies are for definitional purposes only and do not imply any right to payment. Other UCare Policies and Coverage Determination Guidelines may also apply. UCare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary and to administer payments in a manner other than as described by UCare Payment Policies when necessitated by operational considerations.”