



To: Organizational Behavioral Health Providers

Date: June 30, 2016

Subject: Billing of Same-Day Services

Summary: Organizational Behavioral Health Providers are permitted to bill certain multiple same-day services, as outlined below. Providers should review the below billing guidelines and apply these guidelines, as appropriate, to help ensure timely and accurate payment of these same-day services.

Scenario #1:

- A member is seen on the same day for a medical Evaluation and Management (99201-99215) and a Psychotherapy Service (90832, 90834, 90837, and 90839).
 - These two services are *performed by two different providers* in the same organizational group practice on the same date of service.

Correct Billing:

- Services may be billed on a single claim or multiple claims provided the appropriate modifier is appended to the Evaluation and Management (E&M) code.
- The E&M code modifier must indicate a “*Significant, separately identifiable evaluation and management service.*”
- This modifier must be billed in addition to any other modifier(s) required for the rendered services.

Scenario #2:

- A member is seen on the same day for a Behavioral Health Assessment (90791) or Psychiatric Evaluation (90792) and a Psychotherapy Service (90832, 90834, 90837, and 90839).
 - These two services are *performed by two different providers* in the same organizational group practice on the same date of service.

Correct Billing:

- Services may be billed on a single claim or multiple claims provided the appropriate modifier is appended to the Psychotherapy code.
- The Psychotherapy modifier must indicate a “*Distinct procedural service.*”
- This modifier must be billed in addition to any other modifier(s) required for the rendered services.

Scenario #3:

- A member is seen on the same day for Group Psychotherapy (90853) and Individual Psychotherapy (90832, 90834, 90837, and 90839).
 - These two services are *performed by two different providers* in the same organizational group practice on the same date of service.

Correct Billing:

- Services may be billed on a single claim or multiple claims provided the appropriate modifier is appended to one of the Psychotherapy codes.

- The Psychotherapy service modifier must indicate a “*Distinct procedural service.*”
- This modifier must be billed in addition to any other modifier(s) required for the rendered services.

Scenario #4:

- A member is seen on the same day for Community Psychiatric Supportive Treatment (H0036) or Psychosocial Rehabilitation (H2017) and a Psychotherapy Service (90832, 90834, 90837, and 90839).
 - These two services are *performed by two different providers* in the same organizational group practice on the same date of service.

Correct Billing:

- Services may be billed on a single claim or multiple claims. No additional modifier is required to distinguish the services provided on the same day.
- Any other modifier(s) required for the rendered services should be submitted with the claim.

Questions:

Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana’s Provider Services department at 1-888-922-0007 or your Provider Network Management Account Executive.