



Alternative Billing Concepts (ABC) Codes Sunset

Effective January 1, 2010

What is the ABC code sunset project?

This project ends the use of ABC procedure codes to report behavioral health services.

- ABC codes are used to report services that are rendered on or before the last day of 2009.
- National standard codes must be used to report services rendered on or after the first day of 2010.

Where can I find more information?

- Refer to the **ABC Code Sunset Packets** on the Alaska Medical Assistance website at www.medicaidalaska.com
 - Located under **Providers → Updates**
 - Packets include:
 - Cover letter
 - Frequently Asked Questions (FAQs)
 - Crosswalks from the ABC codes to national standard codes
 - Prior Authorization instructions and forms

Why is this change being implemented now?

- To comply with the Health Insurance Portability & Accountability Act's Administrative Simplification and Electronic Data Interface standards
- Implementing this change at the beginning of a calendar year minimizes problems providers have encountered with:
 - Programming billing systems to national standards
 - Billing other insurance companies (third party liability carriers)
 - Tracking each recipient's service usage within program service limits
 - Managing prior authorization requests to exceed program service limits

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Which provider types are affected?

- **Outpatient Behavioral Health Service Providers**
 - **Community Mental Health Clinics (CMHC)**
 - Child/Adult mental health clinic and rehabilitative services
 - **Mental Health Physician Clinics (MHPC)**
 - Child/Adult mental health clinic services
 - **Substance Abuse (SA) Rehabilitative Services**
 - Child/Adult substance abuse treatment services

What are the impacts?

- Changes include:
 - The procedure codes used to report services on claims submissions and Prior Authorization (PA) requests
 - The time increment associated with the procedure/procedure code
 - The addition and deletion of procedure code modifiers

Source of Replacement Procedure Codes

Replacement codes were chosen from comparable services included within the national coding systems:

- American Medical Association Current Procedural Terminology (CPT)
- Healthcare Common Procedure Coding System (HCPCS)

For complete definitions and guidelines for behavioral health services, refer to your billing manual, the American Medical Association's Common Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) manual.

Complete services descriptions are also available at <http://www.hipaa.samhsa.gov/hipaacodes2.htm>

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Procedure Code Changes

- For CMHC & MHPC providers:
 - **Added** codes 90806 and 90812 for individual psychotherapy
 - **Added** U7 modifier for the following family and group psychotherapy codes:
 - 90847
 - 90849
 - 90853
 - **Changed** codes for psychological testing:
 - CDBAQ → 96101 with and without U6 modifier
 - CDBAS → 96118 with and without U6 modifier

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Procedure Code Changes

- For CMHC providers:
 - **Changed** codes for family-involvement training, social skills assistance, coping skills development, and psychological testing:

CDABF	→	H2014 with HR modifier
CDAEP	→	H2014 with no modifier
CDAKQ	→	H2014 with HQ modifier
CDACM	→	H2017 with no modifier
CDBAP	→	H2000 with U6 modifier

Procedure Code Changes

- For Substance Abuse Therapy providers:
 - **Changed** code for substance abuse individual counseling:

CDADK → H2035 with and without U6 modifier

Procedure Code Crosswalks

The procedure code crosswalks document the correlation between ABC codes and the replacement national codes.

- ABC codes on the LEFT side (procedure codes used to report services that are rendered on or before the last day of 2009)

CORRELATE TO ONE OR MORE

- National standard codes on the RIGHT side (procedure codes used to report services rendered on or after the first day of 2010)

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Where can I find the procedure code crosswalks?

- They are located on the Alaska Medical Assistance website under **Providers → Updates** and are titled as follows:
 - 12/11/2009 [Community Mental Health Clinics ABC Sunset Code Packet](#)
 - 12/16/2009 [Mental Health Physician Clinic ABC Sunset Code Packet](#)
 - 12/11/2009 [Substance Abuse ABC Sunset Code Packet](#)
- The crosswalks replace the applicable procedure code tables in Section I of the Behavioral Health and Mental Health Physician Clinic billing manuals for affected provider types as follows:
 - Tables I-4 and I-5 for Community Mental Health Clinics
 - Table I-7 for Substance Abuse
 - Tables I-4 and I-5 for Mental Health Physician Clinics

Is there a “one-to-one” correlation between each ABC code and the replacement national code?

- Not always. Please double-check the code and description columns of the crosswalks to determine the accurate code for use when filing your claim.
- In addition, some new national codes require the use of modifiers to describe the services.

Which modifiers were deleted?

- Effective with January 1, 2010, dates of service, modifiers used to indicate the servicing provider's credentials will not be recognized by Alaska Medical Assistance.
 - 1M = Licensed medical doctor
 - 1H = Licensed advanced nurse practitioner
 - HO = Master's degree
 - HP = Doctoral degree

Which modifiers were added?

- New modifiers, U6 and U7, have been designated for use and become effective on January 1, 2010.
- Although these are national modifiers, they have been reserved to be specified for unique purposes by each state Medicaid program, therefore they are meaningful and valid only when billing Alaska Medicaid.
- In Alaska, the state Medicaid program has designated these modifiers to indicate the time increment for services:
 - U6 = 15 minutes
 - U7 = 30 minutes
- Procedure Code Crosswalks indicate circumstances for reporting these modifiers

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State Unique Modifiers and TPL Billing

Third party liability (TPL) carriers do not recognize the modifiers U6 or U7.

- When preparing to bill a TPL carrier, contact the carrier to determine the following:
 - The time increment that the carrier associates with the unmodified procedure code.
 - What modifier, if any, should be used on claims submitted to them for processing.
- When preparing to bill Alaska Medicaid after the TPL carrier has processed the claim:
 - Report the appropriate U6 or U7 modifier as applicable on claims
 - Include the amount paid by the TPL payment on claim
 - Attach explanation of benefits provided by TPL carrier to the claim

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Other Procedure Code Modifiers

- National standard modifiers are accepted and recognized by Alaska Medical Assistance.
- Other modifiers that remain applicable to outpatient behavioral health services are HK, HR and HQ.
 - HK = Specialized mental health programs for high-risk populations
 - HR = Family/couple with client present
 - HQ = Group setting

Requests for Prior Authorization (PA)

- **Services rendered on or before December 31, 2009:** Use existing PA forms with ABC procedure codes located on the Alaska Medical Assistance website under **Providers → Forms → Other Forms** and titled as follows:
 - Community Mental Health Clinic PA form prior to 1/1/10 DOS
 - Mental Health Physician Clinic PA form prior to 1/1/10 DOS
 - Substance Abuse PA form prior to 1/1/10 DOS
- **Services rendered on or after January 1, 2010:** Use new PA forms with national standard procedure codes located on the Alaska Medical Assistance website under **Providers → Forms → Other Forms** and titled as follows:
 - Community Mental Health Clinic PA form Effective 1/1/10 DOS
 - Mental Health Physician Clinic PA form Effective 1/1/10 DOS
 - Substance Abuse PA form Effective 1/1/10 DOS

Advantages and Instructions New PA Request Forms

- The new Prior Authorization Request forms are templates that can be completed and saved on providers' computers using Microsoft Word. Providers can enter data and save the form for future use.
- Microsoft Word 2003 or newer must be used.
- Microsoft Word security should be set to "medium."
- Select "enable macros" when security box displays.

Questions and Answers

Question: Have the time increments associated with the services changed?

Answer: For a few services, the time increment for the national replacement code is different. Ensure that you bill the correct number of units to identify the quantity of services actually rendered. Note that the time increment associated with family and group psychotherapy coded using 90847, 90849 and/or 90853 without a procedure code modifier has changed. When these codes are billed without modifiers for services rendered on or before 12/31/2009, the unit of time is 30 minutes. However, the time increment associated with these unmodified codes as of January 1, 2010, will be one hour. Providers will need to pay special attention to ensure the appropriate codes and/or modifiers are billed, as well as the appropriate number of units of service when billing codes 90847, 90849, and 90853.

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Questions and Answers

Question: Is there a reason why code 90806 (Psychotherapy) is not shown on the new PA forms?

Answer: PA requests must be submitted using the lowest time unit increment code possible. Since 90806 is the 1 hour code for Psychotherapy, the PA request must be submitted using 90804, since that is the 30 minute code. Example: If the recipient was seen for 4 hours, you would request 8 units of 90804.

Questions and Answers

Question: For services which have separate procedure codes for ½ hour and 1 hour time increments, how should I bill for services rendered for 1½ hours?

For example: 1½ hours of Group Psychotherapy (90853) on one date of service.

Answer: Providers may bill either as a single service using one claim line or multiple services using multiple claim lines.

- One claim line with 3 units of 90853 with a U7 modifier, OR
- Two claim lines:
 - One claim line with 1 unit of service 90853 without any modifier AND
 - One claim line with 1 unit of service billed 90853 with U7 modifier

Questions and Answers

Question: Will TPL Avoidance for mental health rehabilitation services be continued for the new codes?

Answer: TPL editing will continue to be bypassed for all submitted mental health rehabilitation service claim lines. This will be the case whether the service is billed using ABC codes in calendar year 2009 or new national standard codes in calendar year 2010.

More Questions?

- Complete information is available on the Alaska Medical Assistance website at www.medicaidalaska.com
- If you still have unanswered questions, please contact the Enhanced Provider Support Specialist for Behavioral Health Services, Chandra Lewis, at ACS.
 - (907) 644-6800 in Anchorage
 - (800) 770-5650 (Toll-free in Alaska)

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