



Provider Notice

Billing Psychiatric Diagnostic Evaluations, Assessments and VICAP: Acceptable diagnosis code changes

There are only certain diagnosis codes that Magellan allows for claim submissions. Beginning September 1, 2015, and up until the system transitions to ICD10 in October 2015, providers must follow the guidelines provided below when billing for services:

- Allowable diagnoses:
ICD-9 diagnosis codes within the range 290-319 may be used for:
 - Psychiatric Diagnostic Evaluations (90791 and 90792); and
 - assessments, crisis intervention and VICAP (H0031, H0032 [all modifiers], H0036 and 90889)
- Diagnosis code 799.9 may be used when billing for the codes listed above
- Diagnosis code 799.9 will be accepted when billing for mental health case management (H0023) and treatment foster care (T1016) when the member age is under seven.

Exclusions:

- DSM V codes are not allowed

This process will be in effect until the conversion to ICD-10 beginning October 1, 2015. Claims billed on and after September 1, 2015 billed with diagnosis codes outside of the guidance referenced will be denied for invalid diagnosis code for the service being billed.

If you have questions about this requirement for these services related to the above information please contact Magellan at 1-800-424-4046.

You may also email Magellan at VAProviderQuestions@magellanhealth.com

www.MagellanHealth.com/provider