

Bulletin



October 1, 2009

Mental and/or chemical health court-ordered evaluations

Blue Cross and Blue Shield of Minnesota and Blue Plus pay participating providers for the clinical evaluation ordered by a court only if the purpose of the evaluation is to determine the need or the necessity for behavioral health services. Guidelines for court-ordered evaluations are found in Chapter 11, Behavioral Health section, of the online Blue Cross Provider Policy and Procedure Manual.

Claim submission guidelines

Blue Cross recognizes that certain court-ordered evaluations may be lengthy and wants to ensure equitable reimbursement to providers for these types of evaluations, but the claim submission must be HIPAA-compliant, including the restriction of units based on the code narrative. Behavioral health assessments/evaluations are reported under code 90801. Only one unit of service may be submitted regardless of the time spent with the patient. To alert Blue Cross that this is a court-ordered evaluation, an H9 modifier must be appended to 90801. Prior authorization is not required; however, the court order for the evaluation **must** be on file in the patient's medical record.

Use the following information to submit claims for court-ordered evaluations:

HCPCS code	90801
HCPCS modifier	H9 (court ordered)
Unit	One unit (regardless of time spent)
Diagnosis code	Appropriate ICD-9-CM mental or chemical health diagnosis

Coverage of follow-up care will depend on individual member benefits.

Coding requirements reminder

All coding and reimbursement is subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (e.g., HCPCS, CPT, ICD-9-CM), only valid codes for the date of service may be submitted or accepted.

Questions?

If you have questions about this bulletin, please contact provider service at **(651) 662-5200** or **1-800-262-0820**.