

Quick Points



December 20, 2011

Minnesota Health Care Programs – Billing requirements for explanation of findings (90887)

“Explanation of findings” means the explanation of a client's diagnostic assessment, psychological testing, treatment program and consultation with culturally informed mental health consultants as required under Minnesota Rules parts 9520.0900 to 9520.0926, or other accumulated data and recommendations to the client, client's family, primary caregiver, or other responsible persons.

The purpose of explanation of findings is to discuss with the patient, patient's family and/or other caregivers, the results of the diagnostic assessment, psychological tests and other accumulated data and make recommendations in regard to the recipient's treatment plan.

When submitting a claim for this service (CPT 90887) for a Minnesota Health Care Programs member to Blue Plus, you must include a narrative indicating there was an individual in addition to the physician and patient present at the time of this service. Effective for claims received January 1, 2012 and after if a narrative is not included on the claim, it will be assumed there was not another individual present, and the claim will be denied.

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 (for example, HCPCS, CPT, ICD-9-CM), only valid codes for the date of service may be submitted or accepted.

Questions?

If you have any questions, please contact provider services at **(651) 662- 5200** or **1-800-262-0820**.