



September 9, 2019

RE: Treatment planning code 90885 U4

Behavioral Health Providers,

Outpatient Behavioral Health Providers need to use CPT code **90885 U4** to bill Empower for **Treatment Planning**. 90885 U4 covers psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes. This code pays \$57.60 per unit for Provider Types 01, 19, 26, 58 and 95. The daily maximum allowed is 2 units and the annual benefit is 4 units without an extension of benefits, in a calendar year.

- If providers have submitted claims for treatment planning from 3/1/19 to present, using S0220, and the 1 unit that paid did not cover the service provided they are expected to submit a “Corrected” claim using the updated code – 90885 U4 and appropriate number of units.
- Providers may bill this service from 3/1/19 to present.

If you have questions about this information, please contact Provider Services at 855-429-1028 or email [EmpowerHealthcarePR@empowerhcs.com](mailto:EmpowerHealthcarePR@empowerhcs.com).

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
90885, U4	90885: Treatment Plan
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Treatment Plan is a plan developed in cooperation with the beneficiary (or parent or guardian if under 18) to deliver specific mental health services to restore, improve, or stabilize the beneficiary's mental health condition. The Plan must be based on individualized service needs as identified in the completed Mental Health Diagnosis, independent assessment, and independent care plan. The Plan must include goals for the medically necessary treatment of identified problems, symptoms and mental health conditions. The Plan must identify individuals or treatment teams responsible for treatment, specific treatment modalities prescribed for the beneficiary, and time limitations for services. The plan must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the	<ul style="list-style-type: none"> <li>• Date of Service (date plan is developed)</li> <li>• Start and stop times for development of plan</li> <li>• Place of service</li> <li>• Diagnosis</li> <li>• Beneficiary's strengths and needs</li> <li>• Treatment goal(s) developed in cooperation with and as stated by beneficiary that are related specifically to the beneficiary's strengths and needs</li> <li>• Measurable objectives</li> <li>• Treatment modalities — The specific services that will be used to meet the measurable objectives</li> <li>• Projected schedule for service delivery, including amount, scope, and duration</li> <li>• Credentials of staff who will be providing the services</li> </ul>



beneficiary and demonstrate cultural competence.	<ul style="list-style-type: none"> <li>• Discharge criteria</li> <li>• Signature/credentials of staff drafting the document and primary staff who will be delivering or supervising the delivery of the specific services/ date of signature(s)</li> <li>• Beneficiary's signature (or signature of parent, guardian, or custodian of beneficiaries under the age of 18)/ date of signature</li> <li>• Physician's signature indicating medical necessity/date of signature</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
<p>This service may be billed when the beneficiary is determined to be eligible for services. Revisions to the Treatment Plan for Adult Behavioral Health Services for Community Independence must occur at least annually, in conjunction with the results from the Independent Assessment. Reimbursement for Treatment Plan revisions more frequently than once per year is not allowed unless there is a documented clinical change in circumstance of the beneficiary or if a beneficiary is re-assessed by the Independent Assessment vendor which results in a change of Tier. It is the responsibility of the primary mental health professional to insure that all individuals working with the client have a clear understanding and work toward the goals and objectives stated on the treatment plan.</p>	30 minutes	DAILY MAXIMUM OF UNITS THAT MAY BE BILLED: 2 YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested): 4
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
All	Must be reviewed annually	
ALLOWED MODE(S) OF DELIVERY	TIER	
Face-to-face	Rehabilitative	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
<ul style="list-style-type: none"> <li>• Independently Licensed Clinicians - Master's/Doctoral</li> <li>• Non-independently Licensed Clinicians – Master's/Doctoral</li> <li>• Advanced Practice Nurse</li> <li>• Physician</li> </ul>	03, 04, 11, 12, 14, 33, 49, 50, 53, 57, 71, 72	