Provider Notice

From: Magellan Healthcare
Subject: Clarification: CDA Billing Requirements for CPT code 90791

Overview

Magellan is issuing this communication to clarify billing requirements for Comprehensive Diagnostic Assessments (CDAs) and use of CPT® code 90791.

CPT code 90791 may be billed only when completing a new CDA. Billing for a CDA is limited to one CDA every six months per provider level within the same organization, such as physician, midlevel, licensed clinician or other applicable provider level.

What providers should know

A provider may use another provider's CDA if it was completed within the last six months. The provider is still required to complete an independent clinical assessment or interview to verify that the information is accurate and reflects the member's current needs.

If the existing CDA needs to be updated, the clinician should update the CDA through an addendum, rather than completing a new CDA and billing CPT code 90791.

For example, if an LCSW completes a CDA and another LCSW within the same practice sees the member within six months, the second provider should review the existing CDA and add an addendum, if needed. The second provider should bill the appropriate psychotherapy code based on the time and service provided, such as 90834 or 90837, rather than completing a new CDA and billing 90791.

Billing reminder

- CPT code 90791 may be billed only for a new CDA.
- CDAs are limited to one every six months per provider level within the same organization.
- An existing CDA completed within the last six months may be reviewed and updated through an addendum, if needed.
- If a CDA addendum is completed during a psychotherapy session, providers should bill the appropriate psychotherapy code based on the time and service provided.

Providers should continue to use the CDA and a functional assessment tool to guide individualized treatment planning.

Questions?

Please contact Magellan at IdahoProvider@MagellanHealth.com.