



Interface EAP
Total Life Assistance

CPT Code Changes for 2013 Frequently Asked Questions

Last Updated 11/13/2012

1. Why are CPT codes changing?

CPT code changes occur every year. The Current Procedural Terminology, or CPT, code set is maintained by the American Medical Association and used to describe procedures and services by physicians and other health care professionals. CPT codes are used as the basis for billing third-party payers, and changes to these codes can affect insurers' coverage and pricing decisions. The CPT code set is updated every year to reflect changes in technology and procedures, but this year's changes will result in a higher-than-usual impact on behavioral health. The last time major changes were made to the Psychiatry section was in 1998.

2. What are some of the major changes between 2012 and 2013 for behavioral health?

Several commonly used CPT codes from the Psychiatry section have been deleted or modified.

Changes include:

- Removal of evaluation and management (E/M) plus psychotherapy codes from the psychiatry section (90805, 90807)
- Deletion of pharmacologic management (providers to use appropriate E/M code, except for providers who cannot use E/M codes)
- Psychotherapy and E/M services are distinguished from each other (time spent on E/M services is not counted towards psychotherapeutic services, and separate codes can be used in combination with one another)
- Inclusion of add on codes for psychiatry, which are services performed in addition to a primary service or procedure (and never as a stand-alone service)
- Addition of code 90785 for interactive complexity
- New code for psychotherapy for a patient in crisis

3. When will these changes take effect? Will there be any delay?

Under HIPAA, the new CPT code set will take effect on January 1, 2013. You should be in touch with your payers about their transition timeline.

4. Are these changes related to the ICD-10 changes?

No. ICD-10 codes are used to describe diagnoses. CPT codes are used to describe procedures. Changes to each code set are independent of each other.

Source: National Council for Community Behavioral Healthcare

*** Last Updated 11/13/2012. For additional questions, contact NinaM@thenationalcouncil.org.

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5. Where can we find rates for each of these codes?

Rates for individual services will be payer-specific. CPT codes describe individual services, and insurance and other payers independently set rates for those services.

Contracts with private payers usually have an appendix with a fee schedule. Some contracts are designed so the payer can change rates without amending a contract. If your contract is not designed in this way, it may require a contract amendment.

Payers may not have assigned rates yet, so it may be some time before learning what the rates will be for 2013.

On November 1, 2012, CMS published through regulation the relative value units (RVUs) for services for 2013 (except for crisis psychotherapy codes). This is the first step for establishing rates under Medicare. The psychiatry section of the published rule begins on page 531 of this document: <http://www.ofr.gov/OFRUpload/OFRData/2012-26900.PI.pdf>.

Organizations should be in touch with all payers about their implementation timelines, including their state Medicaid agency, Medicare Administrative Contractors (MACs), and other third-party payers.

6. What are “add-on codes”?

Add-on codes identify procedures that are carried out in addition to a primary procedure. They only apply to services or procedures performed by the same health care professional. Add-on codes should only be reported along with a primary procedure, and must never be reported alone as a stand-alone code.

Examples of add-on codes are:

- Add-on codes for psychotherapy: 90833 (30 min.), 90836 (45 min.), 90838 (60 min.)
- Add-on code for interactive complexity: 90785

An example for use of an add-on code:

Evaluation and Management service plus 30 minute psychotherapy session by a psychiatrist:

Code as: 99211 (or other appropriate level of E/M code) and 90833 (30 min psychotherapy add-on)

7. How do we submit add-on codes on claims? Do we include the + before the 5 digits?

The add-on code is a second line on the claim, and must be submitted along with the primary service that it is supplementing. Do not include a “+” sign; only use the 5-digit code.

8. What are Evaluation and Management (E/M) codes?

Evaluation and Management (or E/M) is a category of medical services. This is not a new category of codes for CPT, though many medical providers in behavioral health used codes from the psychiatry section of the CPT book instead of the E/M section. Since the E/M-related codes in the Psychiatry section have been deleted, behavioral health medical services will have to be coded using E/M codes. The Centers for Medicare and Medicaid Services developed a fact sheet on E/M codes:

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Evaluation_Management_Fact_Sheet_ICN905363.pdf

Using E/M codes has an impact on documentation and service requirements, and providers should be careful to learn about these before billing for them.

The National Council will be holding a webinar on E/M code selection and documentation on December 3, 2012. Registration is available [here](#). Slides and a recording of the presentation will be posted [here](#) (after December 3).

9. By using Evaluation and Management (E/M) codes, will psychiatrists have to take blood pressure and other physical health care measurements?

It depends on the level of code being billed. One commonly used set of guidelines on how to code and document different E/M levels is the Centers for Medicare and Medicaid Services' "[1997 Documentation Guidelines for Evaluation and Management Services](#)."

Regardless the psychiatrist does not have to take the measurements her/himself.

10. What is "Interactive Complexity"?

Interactive complexity is a new term in CPT for 2013. It refers to specific factors that complicate the delivery of a psychiatric procedure. The code book lists specific circumstances where this might apply, like needing to involve third parties like probation officers, interpreters, other legal guardians, etc. Interactive complexity is an add-on code and should not be reported as a standalone service; the code is 90785.

Interactive complexity can be used with:

- Initial evaluation codes (90791 and 90792)
- Psychotherapy codes
- Non-family group psychotherapy codes
- E/M codes when used in conjunction with psychotherapy services

See slides 73-79 of [CPT Code Changes for 2013](#) for additional information on interactive complexity.

11. What codes should be used for Pharmacologic Management?

The code 90862 for pharmacologic management has been deleted for 2013. Instead, providers are to use:

- E/M Codes (Physicians, Nurse Practitioners, and other health care professionals who may use E/M Codes)
- +90863 (Psychologists and other health care professionals with prescribing authority may not use E/M codes ; however can report as an add-on to psychotherapy services) (the only group are prescribing psychologists, and only two states that allow that)

12. What codes should be used for extended psychotherapy sessions (e.g. 80 or 120 minutes)?

The longest psychotherapy session code for 2013 is 60 minutes (90837). That can be used for any session longer than 53 minutes. Generally speaking, you should be in contact with carriers about any modifications to billing procedures for longer sessions. Depending on the individual payer's policy, modifier 22 for "increased procedural services" might be used.

13. Will they now accept the two new and separate intake codes from both the clinician and psychiatrist for the same client?

The evaluation codes 90791 and 90792 (with medical) can be reported by separate providers. Any

deviation would be a result of individual payer policy.

14. Must crisis services be provided face-to-face or can they be provided by telephone?

It is unlikely that payers will cover services provided over the phone.

15. Will they reimburse for an intake code if client was already seen and billed for intake within the past 3 years?

Yes, the 90791 and 90792 can be used subject to the payer's approval for an established patient. Limits to the use and reimbursement of these two codes must be determined with payer. For E/M, this would describe an established patient and the appropriate code would need to be reported.

16. Can psychiatrists bill "add-on" codes with their E/M codes if they are not the primary clinician providing the client's psychotherapy?

Psychiatrists can report add on codes such as psychotherapy with a primary E/M code. The work and documentation would need to support the reporting of the add-on code.

17. Where can I find additional resources?

The National Council is maintaining a website with resources for implementing these changes at: http://www.thenationalcouncil.org/cs/cpt_codes.

We strongly recommend that each organization purchase a copy of the AMA's CPT code book for 2013. The code book contains complete definitions of each code, along with instructions on how they can be used in combination with each other. Books can be purchased from the AMA at: www.amabookstore.com or (800) 621-8335.

18. How do we get a copy of the November 9th presentation, "CPT Code Changes for 2013: Impact on Behavioral Health"?

The presentation slides and audio are available on the National Council website. www.thenationalcouncil.org/cs/cpt_codes.

19. Who can we contact for more in depth consultation on use of E/M codes or the transition to 2013 CPT codes?

The National Council recommends contacting David Swann with MTM Services:

David R. Swann, MA, LCAS, CCS, LPC, NCC
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* * * Last Updated 11/13/2012. For additional questions, contact ninam@thenationalcouncil.org.

Crosswalk: 2012 to 2013 CPT Code Sets

Included below is a crosswalk of some of the major changes to the psychiatry section of the CPT code set. The National Council strongly encourages organizations to purchase their own copy of the 2013 CPT code book at: www.amabookstore.com or (800) 621-8335.

2012 Code	Action Taken	2013 Code		Report with Psychotherapy Add-On Code		Report with Code for Interactive Complexity (90785)
Diagnostic Procedures						
90801: psychiatric diagnostic evaluation	Deleted	90791: psychiatric diagnostic evaluation (no medical services)	+	n/a	+	When appropriate
		90792: psychiatric diagnostic evaluation with medical services (or E/M new patient codes)	+	n/a	+	When appropriate
90802: interactive psychiatric diagnostic evaluation	Deleted	90791 or 90792	+	n/a	+	90785
Psychotherapy						
90804: outpatient psychotherapy, 20-30 min.	Deleted	90832: psychotherapy, 30 minutes	+	n/a	+	When appropriate
90805: outpatient psychotherapy with E/M services, 20-30 min.	Deleted	Appropriate E/M code	+	90833: 30 min add-on	+	When appropriate
90806: outpatient psychotherapy, 45-50 min.	Deleted	90834: psychotherapy, 45 minutes	+	n/a	+	When appropriate
90807: outpatient psychotherapy with E/M services, 45-50 min.	Deleted	Appropriate E/M code	+	90836: 45 min add-on	+	When appropriate
90808: outpatient psychotherapy, 75-80 min.	Deleted	90837: psychotherapy, 60 minutes	+	n/a	+	When appropriate
90809: outpatient psychotherapy with E/M services, 75-80 min.	Deleted	Appropriate E/M code	+	90838: 60 min add-on	+	When appropriate
Interactive Psychotherapy						
90810: interactive psychotherapy, 20-30 min.	Deleted	90832: psychotherapy, 30 min.	+	n/a	+	90785
90811: interactive psychotherapy with E/M, 20-30 min.	Deleted	Appropriate E/M code	+	90833: 30 min add-on	+	90785
90812: interactive psychotherapy, 45-50 min.	Deleted	90834: psychotherapy, 45 min.	+	n/a	+	90785
90813: interactive psychotherapy with E/M, 45-50 min.	Deleted	Appropriate E/M code	+	90836: 45-min add-on	+	90785
90814: interactive psychotherapy, 75-80 min.	Deleted	90837: psychotherapy, 60 min.	+	n/a	+	90785
90815: interactive psychotherapy with E/M, 75-80 min.	Deleted	Appropriate E/M code	+	90838: 60 min add-on	+	90785
Other						
(None)	New code	90839: psychotherapy for crisis, first 60 minutes	+	90840: psychotherapy for crisis, each additional 30 min.		No
90857: interactive group psychotherapy	Deleted	90853: group psychotherapy (other than multiple-family group)	+	n/a	+	90785
90862: pharmacologic management	Deleted	Appropriate E/M code	+	Yes, according to psychotherapy time		No

Questions? Contact Nina Marshall at ninam@thenationalcouncil.org.