

## Major Changes to CPT Codes for Psychiatry and Psychotherapy in 2013

September 2012

Effective January 1, 2013, there will be significant changes to Current Procedural Terminology (CPT) codes for psychiatry and psychotherapy services. The CPT code set is defined by the American Medical Association (AMA) and describes 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. Changes to CPT code sets are made by AMA on an annual basis, but decisions made this year will have a much higher-than-usual impact on psychiatry and psychotherapy services.

## Significant Changes to the 2013 Psychiatry CPT Code Set

Several commonly used psychiatric CPT codes 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)
- 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

The scope of these changes is not yet fully known – AMA's revisions are just the first step in a longer implementation process (see chart below). While insurers, including Medicare and Medicaid, cannot use codes that were outright deleted by AMA, they can still make pricing and coverage decisions within the remaining (and new or modified) codes. Whatever changes are ultimately adopted by payers, they are likely to have a large impact on health care agencies' workflow, billing processes, and practice management systems.

## **CPT Code Change and Adoption Process**

Step 1: AMA adopted changes to CPT codes (additions, deletions, modifications) in September 2012. Step 2: Insurers make decisions about which codes to continue to pay for and establish pricing. They cannot continue to use CPT codes that have been deleted by AMA.

**NOTE:** Many Medicaid agencies have coverage and reimbursement policies that tie back to Medicare coverage decisions made by CMS.

Step 2a: CMS publishes rule about 2013 pricing for Medicare, usually in November.

Step 2b: State Medicaid agencies decide which codes to keep and adjust pricing.

Step 3: Insurers and providers make changes to billing systems, contracts, and work flow, as needed, for services provided after 1/1/2013

Source: National Council for Community Behavioral Healthcare