



PROVIDER ALERT

NEW CPT CODE CHANGES FOR JANUARY 1, 2013

DECEMBER 14, 2013

Annually, in October, the American Medical Association defines and releases a new set of Current Procedural Terminology (CPT®) codes. This year's code set has several significant changes that dramatically impact mental health provider billing. **Effective January 1, 2013 this new code set should be used for billing services rendered on or after January 1, 2013.**

Key changes include:

- Removal of existing “evaluation and management plus psychotherapy” codes from the psychiatry section (90801, 90804—90809, 90816—90822)
- Deletion of pharmacologic management (90862)
- Psychotherapy and evaluation and management (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)
- New time-based psychotherapy codes for non-physicians/nurse practitioners
- 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)
- New code for psychotherapy for a patient in crisis (90839/90840) which requires prior authorization

For services rendered prior to January 1, 2013, the 2012 code set should continue to be used, regardless of when the services are billed.

The new coding system will use Evaluation and Management (E&M) codes (99211—99215) for established patients. Physicians and Nurse Practitioners should familiarize themselves with these codes so that they are able to determine which level of service (based on the three key components and three contributing factors) they are



providing to the consumer. In addition to the E&M codes, physicians and nurse practitioners will also see a new set of codes for psychotherapy services when provided in addition to the evaluation and management services (add-on codes). These new (add-on) codes are based on the additional amount of time a physician or nurse practitioner spends providing psychotherapy. For “new patients”, providers are to use the new 90791 or 90792 for psychiatric diagnostic evaluation (with or without medical services).

New codes have also been developed for outpatient psychotherapy services. These new codes will replace existing codes and are based on time spent with the consumer and/or the consumer’s family. This is a change from the previous coding structure. Entirely new codes have also been added for crisis services, these codes are not replacing any existing codes.

Below is a basic cross-walk of the 2012 CPT codes to the new 2013 CPT codes as designed by the American Psychiatric Association.

2012 Code	2013 Code(s)
Initial Psychiatric Evaluation	
90801 , psychiatric diagnostic evaluation	90791 , psychiatric diagnostic evaluation (no medical services)
	90792 , psychiatric diagnostic evaluation with medical services
	(E/M new patient codes may be used in lieu of 90792)
Outpatient Psychotherapy	
(Time is face-to-face with patient)	(Time is with patient and/or family)
90804 , outpatient psychotherapy 20-30 min.	90832 , psychotherapy, 30 min.
90805 , outpatient psychotherapy w/ E/M services 20-30 min.	Appropriate outpatient E/M code (not selected on basis of time), and +90833 , 30-minute psychotherapy add-on code when applicable
90806 , outpatient psychotherapy 45-50 min.	90834 , psychotherapy, 45 min.
90807 , outpatient psychotherapy w/ E/M services 45-50 min.	Appropriate outpatient E/M code (not selected on basis of time), and +90836 , 45-minute psychotherapy add-on code when applicable



90808 , outpatient psychotherapy 75-80 min.	90837 , psychotherapy, 60 min.
90809 , outpatient psychotherapy w/ E/M services 75-80 min.	Appropriate outpatient E/M code (not selected on basis of time), and +90838 , 60-minute psychotherapy add-on code
Other Psychotherapy Codes	
No existing code	90839 , psychotherapy for crisis, first 60 min. (requires separate pre-authorization)
No existing code	+90840 , crisis code add on for an additional 30 min. (requires separate pre-authorization)
Other Psychiatric Services or Procedures	
90862 , pharmacologic management	Appropriate E/M code

The Mental Hygiene Administration (MHA) has been working closely with Maryland Medicaid to develop new rates and service guidelines for ValueOptions to implement. Attached to this Alert is the new PMHS Rate Structure that will be effective for services rendered January 1, 2013 and later. Also attached is the new Combination of Service Rules grid based on the new coding. Both of these documents will be available on the ValueOptions Maryland web site. The ValueOptions Maryland Service Grid will also be updated on the ValueOptions Maryland web site. The web site is accessed via: <http://maryland.valueoptions.com/index.htm> . Go to Providers, then Provider Information (on the left hand side of the screen).

ValueOptions will be presenting three webinars during the week of December 17th, 2012 and in early January 2013 to do a basic review of these changes and answer any questions providers may have. A separate Provider Alert will be published announcing the dates and times.

We realize that these changes are significant to the Maryland Provider Community and we will continue to work closely with all impacted parties as we work toward implementation of the new coding structure.

Please email all questions and concerns to:
marylandproviderrelations@valueoptions.com