

2013 CPT CODE CHANGES


for NYS OMH Licensed Clinics

New York State Office of Mental Health
December 13, 2012

Background

- New Psychiatric CPT codes published by AMA
 - Compliance mandatory under federal law
 - Codes effective January 1, 2013
- NYS requested a federal delay in implementation for Medicaid and Medicare until at least April, 2013
 - Waiver was denied
- Billing rules for the new 2013 codes for Medicaid effective date of service January 1, 2013
 - Fee-for-service claims
 - Managed Care encounter claims

January 1, 2013 implementation date

- OMH is updating the clinic projection tools and the sample clinic encounter form with the new codes. All will be posted on the OMH clinic webpage.
- If provider billing systems are not ready on 1/1/13 there are 2 options:
 - Hold claims (for up to 90 days) or
 - Submit claims through ePaces
 - <https://www.emedny.org/selfhelp/index.aspx> 

2013 Summary of Changes

- 6 CPT coding changes
 - Initial Assessment
 - Psychotropic Medication Treatment
 - Psychotherapy (30 & 45 minute)
 - Straight code conversion
 - Psychiatric Assessment (30 & 45 minute)

Initial Assessment

- Initial Assessment code 90801 is eliminated
- Two new codes for Initial Assessment
 - Without medical services – New code 90791
 - With medical services – New code 90792
 - Medical services include biopsychosocial and medical assessment, including history, mental status, other physical exam elements as indicated and recommendations
 - If medical services are not performed with the initial assessment, the doctor/NPP should use the initial assessment code 90791

Initial Assessment

- Initial assessment is a face-to-face interaction between a clinician and recipient and/or collaterals
- Time Requirements
 - 90791 minimum of 45minutes
 - 90792 minimum of 45 Minutes
 - Time rounding is not permitted
- No more than three initial assessment services will be reimbursed during an episode of service.

Initial Assessment

- 90792 may only be used by psychiatrists, physicians or psychiatric nurse practitioners (NPP) who perform an initial assessment with medical services
- 90792 may not be claimed on the same day as an E&M code
- Doctor/NPP modifier (i.e., AF, AG, SA) must be added to the claim (for both 90791 or 90792) in order to receive the additional physician reimbursement add-on

Psychotropic Medication Treatment

- Office E&M code OR 90863 – Replacing 90862
 - When using either option it is required that the doctor or NPP spend at least 15 minutes with the recipient regardless of the code selected.
 - The LOE modifier (U4) is not available for use with E&M codes.
 - **Note:** 90863 can be coded on the clinic claim even if it is the only service provided on a day; this is different than what is stated in the AMA manual where it is called an add-on service

Psychotherapy – Individual (30 m

- 90832 replacing 90804
- Eligible for Physician Add-on
- Service requires documented face-to-face contact with the recipient of at least 30 minutes
- The recipient must be present for the entire session
- Sessions less than 30 minutes will not be reimbursed by Medicaid
- Rounding is not permitted

Psychotherapy – Individual (45 m

- 90834 replacing 90806
- Eligible for Physician Add-on
- Service requires documented face-to-face contact with the recipient of at least 45 minutes
- The recipient must be present for the entire session
- For school-based services, the duration of Extended Individual Psychotherapy may be that of the school period provided the school period is at least 40 minutes (requires use of U5 modifier)
- Rounding is not permitted

Psychiatric Assessment (30 & 45 min.)

- Combination of Office E&M code AND Psychotherapy code 90833 (30 min) or 90836 (45 min) - Replacing 90805 and 90807
 - The clinic must code the appropriate office E&M code on one claim line and psychotherapy code on the second claim line.
 - 90833
 - 90836
 - Psychotherapy code chosen is based on time duration
 - LOE modifier (U4) must be placed on the 90833/90836 claim line.
- 90833/90836 are only used in OMH clinics for Psychiatric Assessment.
 - 90833 and 90836 are not considered to be a separate service from the E&M code.
 - They are not subject to the 10% discount for 2nd service in a day

Psychiatric Assessment (30 & 45 min.)

- A psychiatric assessment may occur at any time during the course of treatment
- No Physician Add-on
- Service requires documented face-to-face contact with the recipient or collateral of at least 30 minutes
- Sessions less than 30 minutes will not be reimbursed by Medicaid.
- Rounding is not permitted.

Psychiatric Assessment (30 & 45 min.)

- An E&M should be coded alone (without the 90833 or 90836 add-on) if the psychiatrist/NPP provides straight medical evaluation and management without psychotherapy.
 - OMH defines psychotherapy as “any type of interpersonal counseling and/or care coordination including but not limited to evidence based treatments that has as its aims support and/or assistance through engaging in a focused discussion about patients’ problems and possible solutions”
- Regardless of which E&M code is used, the minimum 30 minute OMH regulatory requirement for this service must be met before Medicaid reimbursement may be requested.
- The language other than English modifier (U4) is not available.

2013 AMA Psychiatric CPT Codes

2013 AMA Psychiatric CPT codes that are under review for possible use in OMH-licensed clinics in the future

AMA CPT Code	AMA Title
90839	Psychotherapy for crisis; first 60 minutes
90840	Psychotherapy for crisis; each additional 30 minutes (this code is listed separately in addition to 90839)

2013 AMA Psychiatric CPT codes that will NOT be used in OMH-licensed Clinics

AMA CPT Code	AMA Title
90785	Interactive complexity
90837	Psychotherapy, 60 minutes
90838	Psychotherapy, 60 minutes, when provided with an E&M code.

CPT Codes and Billing Rules That Have Not Changed

2013 Code (and current code)	APG Weight	OMH Title – For definitions, billing rules and minimum durations see Part 599 guidance document
H2011	.4000	Crisis Intervention - Brief
S9484	2.4136	Crisis Intervention – Complex
S9485	5.7927	Crisis Intervention – Per Diem
H2010	.4138	Injectable Medication Administration w/ Monitoring & Education.
96372	NA – professional claim form does not pay through APGs.	Injectable Psychotropic Medication Administration – injection only
90846	.6206	Psychotherapy - Family with or without the client
90847	1.2413	Psychotherapy Family & Client
90849	.3207	Psychotherapy - Family Group
90853	.3207	Psychotherapy Group
Office E&M Code (Range of codes: 99201-99205, 99212-99215)	Range of diagnosis-based weights (see last page of document)	Psychiatric Consultation
96110	.8275	Developmental Testing – Limited
96111	1.2413	Developmental Testing – extended
96101	1.6551	Psychological Testing – Various
96116	1.6551	Psychological Testing – Neuro-behavioral
96118	1.6551	Psychological Testing - Various
90882	.2896	Complex Care Management
E&M Code Range of codes based on age: 99382-99387, 99392-99397	Range of diagnosis-based weights (see last page of document)	Health Physicals

CPT Codes and Billing Rules That Have Not Changed (Continued)

2013 Code (and current code)	APG Weight	OMH Title – For definitions, billing rules and minimum durations see Part 599 guidance document
99401	.2500	Health Monitoring
99402	.3103	Health Monitoring
99403	.4482	Health Monitoring
99404	.5862	Health Monitoring
99411	.1379	Health Monitoring – Group
99412	.2414	Health Monitoring - Group
99406	.1267	Smoking Cessation Treatment
99407	.1267	Smoking Cessation Treatment
99407-HQ	Approx \$8.50 per client	Smoking Cessation Treatment Group
H0049	.2803	Alcohol and/or drug screening
H0050	.2803	Alcohol and/or drug screening

APG Diagnosis-Based Weights For Physicals, Psychiatric Assessments and Consultations

APG	APG Description	July 2012 Weight
820	Schizophrenia	.7953
821	Major Depressive Disorders & Other/Unspecified Psychoses	.7160
822	Disorders of Personality & Impulse Control	.7720
823	Bipolar Disorders	.6784
824	Depression Except Major Depressive Disorder	.6083
825	Adjustment Disorders & Neuroses Except Depressive Diagnoses	.7243
826	Acute Anxiety & Delirium States	.6110
827	Organic Mental Health Disturbances	.8078
829	Childhood Behavioral Disorders	.6846
830	Eating Disorders	.6835
831	Other Mental Health Disorders	.6434

Reminder

- In order for OMH-licensed clinics to receive Medicaid fee-for-service and Medicaid Managed Care reimbursement, most services provided require a minimum of 30 minutes
 - Exceptions
 - Injection-only (no time duration)
 - Crisis Intervention – Brief (15 minute minimum)
 - Psychotropic Medication Treatment (15 minute minimum)
- The individual must be present the entire time when providing an individual psychotherapy service (90832/90834)
 - The family/collateral may be present for the session.
 - There are family/collateral codes available.
 - **Note:** This is different than what is stated in the AMA manual

Questions?

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 - http://www.omh.ny.gov/omhweb/clinic_restructuring/
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