

2013 CPT Code Changes – FAQ's

Question 1: Why are codes changing?

Answer: The American Medical Association (AMA), the organization that defines and develops changes to CPT codes, issued these changes to be effective on January 1, 2013. Payers such as MHN are required to use the most current CPT code structure.

Question 2: What are the main changes that will impact me as a behavioral health practitioner?

Answer:

The main changes impacting non-prescribers include:

- 90801 has been eliminated and replaced by codes that distinguish between those evaluations done by prescribers vs. non-prescribers.
- Individual psychotherapy codes have been changed to capture psychotherapy in all settings. There are now three timed codes for 30, 45 and 60 minute individual psychotherapy sessions. (Note that commonly used service codes for family psychotherapy [90846/90847] and group psychotherapy [90853] are not changing.)
- A new code for Interactive Complexity (90785) has been created and is to be “added on” for such cases
- New codes for psychotherapy for patients in crisis have been added.

The main changes impacting prescribers (Psychiatrists and Nurse Practitioners) include:

- 90862 has been eliminated and replaced with the appropriate Evaluation and Management (E/M) codes.
- 90801 has been eliminated and replaced by codes that distinguish between those evaluations with medical services done by prescribers vs. those evaluations without medical services done by non-prescribers.
- Psychotherapy codes have been changed to capture psychotherapy in all settings. There are now three timed codes for 30, 45 and 60 minute sessions.
- When psychotherapy is done in the same encounter as an E/M service, there are timed “add on” codes for psychotherapy. 90805 and 90807 (Combination psychotherapy and medication management codes) have been eliminated.
- A new code for Interactive Complexity (90785) has been created and is to be “added on” for such cases.
- New codes for psychotherapy for patients in crisis have been added.

Question 3: What commonly billed codes have not changed?

90846 Family psychotherapy w/out patient present
90847 Family psychotherapy w/ patient present
90853 Group psychotherapy
96101 Psychological testing

All E/M codes

Question 4: Am I required to use these codes after January 1st, or can I choose to continue to use the prior set of codes (i.e.: 90801, 90806, etc)?

Answer: All practitioners are required to bill with the new coding set for services provided on or after January 1, 2013. Any service provided prior to January 1, 2013 can be billed using the prior coding set.

Question 5: If I bill with prior codes (i.e.: 90801, 90806, etc) for dates of services on or after January 1, 2013, will my claims be paid?

Answer: All claims for dates of service on or after January 1, 2013 that are billed with the prior codes will be contested and not paid. Providers will be asked to re-bill using the new coding set.

Question 6: If I bill with the 2013 codes for services delivered PRIOR to January 1, 2013, will my claims be paid?

Answer: All claims for dates of service PRIOR to January 1, 2013 and billed with the 2013 codes will be contested and not paid. Providers will be asked to re-bill using the prior coding set for 2012 dates of service.

Question 7: What are E/M codes and do I have to use them?

Andrew: Evaluation and Management (E/M) codes are used for medical services that involve patient evaluation and management of care. The level of these services and corresponding code is defined by the complexity of the case. E/M codes have been part of the CPT coding set since 1992, and these codes are not currently changing.

For behavioral health, the use of these codes mainly applies to prescribing practitioners (such as Psychiatrists and Nurse Practitioners). Non-prescribers will not typically bill with E/M codes, other than for a few types of on-site consults.

For services provided on or after January 1, 2013, all Physicians and Nurse Practitioners must use E/M codes when billing for medical management. CPT code 90862 will not be accepted. In addition, practitioners must use E/M codes in combination with the appropriate "add on" code when billing for a patient visit that involves both medication management and psychotherapy. CPT codes 90805 or 90807 will not be accepted going forward.

Question 8: What are "add on" codes?

Answer: Five new "add on" codes are part of the new 2013 coding set. "Add on" codes are to be billed with the stand-alone psychotherapy codes or with E/M codes. "Add on" codes include the following:



- +90875 – Interactive Complexity
- +90840 – Psychotherapy for crisis-each additional 30 minutes
- +90833 – 30 minute Psychotherapy
- +90836 – 40 minute Psychotherapy
- +90838 – 60 minute Psychotherapy

Question 9: Have my contracted rates changed?

Answer: In cases where we were able to directly match a prior code to the new code we applied the same rate. For example, your rate for the new 90834 will be the same as your prior contracted rate for 90806, your rate for the new 90791 will be the same as your prior contracted rate for 90801, etc.

In other cases that only pertain to prescribers and in which a change in billing methodology will be required (i.e., use of E/M codes in combination with therapy “add on” codes), the amount you are paid will now depend on the complexity of the case.

Attachment 1, CPT Code Set Update, outlines the methodology we applied to establishing rates for the new CPT code structure.

Question 10: What are my rates for the new CPT codes?

Answer: Please refer to your new Addendum M-1 of your contract amendment included in this mailing. Addendum M-1 includes what we expect will be the most commonly billed CPT codes under the new structure and your corresponding contracted rates. A complete set of your contracted rates can be viewed on our Provider Portal. Rates are only visible post login. Once you have logged in, you will see a link on the right hand side titled Fee Schedule.

See Attachment 2 for instructions on creating an account and viewing rates on MHN’s Provider Portal.

Question 11: I do not have a Provider Portal account. Do I need one to see my rates?

Answer: Yes, you will need to register and create an account. You will need the following information:

- Contracted TAX ID or Social Security Number
- MHN Provider Number or Date of birth
- Current active email address

Question 12: What is the reimbursement for 90785 Interactive Complexity?

Answer: 90785 Interactive Complexity is an “add on” code that can be used in combination with other service codes to indicate the use of non-verbal tools in overcoming communication barriers. Your current contracted rates with MHN for both



Interactive and Insight Oriented Therapy (for example, CPT codes 90804 and 90810 and codes 90806 and 90812) are identical. Under the new coding set, MHN is not reimbursing a differential for interactive complexity since there is no service level change. The reimbursement for code 90785 is \$0.

It is important to note that providers should bill the service code for interactive complexity when warranted in order to accurately document the complexity of services rendered.

Question 13: *This question pertains to MD and Nurse Practitioners only. Why are my therapy “add on” rates (i.e.; 90833, 90836 and 90838) not equal to the rates for therapy codes 90832, 90834 and 90837? The “add on” reimbursement rates are lower.*

Answer: Therapy “add on” codes are intended to be billed in combination with E/M codes. Therefore when you bill the “add on” codes in combination with an E/M code, the total rate of reimbursement for the service will be higher than the rate for the “add on” code. Whereas, CPT codes 90832, 90834 and 90837 are intended to be billed as stand-alone codes.

Question 14: *If I am billing with an “add on” code, do I submit the claims with a “+” sign preceding the “add on” code?*

Answer: No. When using an “add on” code, you do not need to submit the code with the “+” sign preceding the code. You are to just submit the code.

Question 15: *Is there a process for requesting a change in the rates as presented in my Addendum M-1?*

Answer: Yes, you may submit your request in writing to MHN Professional Relations at Professional.Relations@mhn.com. MHN’s Professional Relations staff will review your request and respond within 30 days.

Question 16: *Will I be required to obtain a prior authorization for any of the new codes?*

Answer: No. Prior authorization is not required for any managed care outpatient service other than psychological testing. EAP services however, still require pre-authorization. If you wish to clarify and confirm a member’s benefits, you can call the MHN Service Team any time at 1-800-227-1060.

Question 17: *Where can I obtain additional information regarding specific code changes for 2013?*

Answer: For more information about CPT codes, please consult the [AMA website](#). Providers can purchase a copy of the 2013 CPT code book from <https://catalog.ama-assn.org/Catalog/home.jsp> or 1-800-621-8335.

Question 18: *What if I have further questions about these codes and rates?*

CPT® is a registered trademark of the American Medical Association.



For questions pertaining to how to bill using the new code structure please refer to the AMA website for detailed instructions. For other questions, please email MHN Professional Relations at Professional.Relations@mhn.com.

Question 19: Do the CPT coding changes apply to TRICARE?

Answer: Yes. When submitting claims for TRICARE beneficiaries, all practitioners must bill with the new coding set for services provided on or after January 1, 2013. Services provided prior to January 1, 2013 must be billed using the prior coding set.

Question 20: How will my TRICARE contracted rates be impacted?

Answer: TRICARE Management Activity has not released the 2013 rates. When they become available they can be found at: www.tricare.mil.