

Frequently Asked Questions: 2013 Behavioral Health Code Changes and the Mental Health Parity Law

The American Medical Association (AMA) has made significant changes to the Current Procedural Terminology CPT[®] codes for 2013 psychiatric and behavioral health services. All behavioral health practitioners – including psychiatrists, psychologists, nurse practitioners and clinical social workers – must use the 2013 CPT codes when billing for mental health services provided on or after January 1, 2013. This document addresses some of the most commonly asked questions about the 2013 CPT code updates and provides information on the policies of the 1199SEIU National Benefit Fund for Health and Human Service Employees, the 1199SEIU Greater New York Benefit Fund, and the 1199SEIU National Benefit Fund for Home Care Employees (collectively, the 1199SEIU Funds) as a result of the mental health parity law.

2013 CPT Code Updates for Psychiatry/Behavioral Health Services

Why have the CPT codes for behavioral health services changed?

The AMA makes changes to the CPT codes on an annual basis, as approved by the Centers for Medicare & Medicaid Services (CMS).

What are the coding changes?

A number of the CPT codes used by behavioral health practitioners have been replaced by new codes. Several new CPT codes have also been added. Existing medical Evaluation and Management (E/M) Service codes should be used by providers who are eligible to provide E/M services.

What are the 2013 Behavioral Health replacement codes?

2013 Code	Brief Description	Replaces 2012 CPT Code	Key Points
90791	Psychiatric diagnostic evaluation with no medical services	90801, 90802	All eligible providers may use this code.
90792	Psychiatric diagnostic evaluation with medical services	90801, 90802	By physician and nurse practitioner
90785	Interactive complexity	<i>This is a new code</i>	Refer to CPT codebook for details. List separately in addition to the primary procedure code. All eligible provider types may use this add-on code.
90832	Psychotherapy, 30 minutes	90804, 90810, 90816, 90823	Time-based codes without regard to inpatient or outpatient
90834	Psychotherapy, 45 minutes	90806, 90807, 90812,	

		90818, 90826	setting. All eligible providers may use these codes.
90837	Psychotherapy, 60 minutes	90808, 90814, 90821, 90828	

When do the CPT code changes go into effect?

The AMA and CMS do not allow a transition period for code changes. Providers must bill with new CPT codes for dates of service on or after January 1, 2013 or the claim will be denied.

Which codes should I use to document and bill services rendered prior to January 1, 2013?

Any services provided on or before December 31, 2012 should be billed with 2012 CPT codes.

How long can I bill for services rendered in 2012 with the old code?

The Funds will continue to accept claims with 2012 CPT codes for services provided on or before December 31, 2012, and the one-year timely filing limit will apply.

Will my level of reimbursement change as a result of the new CPT codes?

The Funds have maintained your current level of reimbursement for new codes such as 90791, 90832, 90834 and 90837. We have mapped the rate amounts from the 2012 codes based on the time spent and the complexity of the service. In most cases, you will find that you are reimbursed a comparable amount under the new codes.

Who is affected by the CPT code changes?

Code changes affect all provider types that render services using the CPT codes including psychiatrists, psychologists, nurse practitioners and clinical social workers.

What are the code changes with regard to psychotherapy services?

Individual psychotherapy codes 90804 through 90829 were replaced by new psychotherapy codes that can be used to bill for services with the patient and/or with family member(s) present. The codes are for both outpatient and inpatient settings. The three new codes and designated time ranges are as follows:

90832 (30 min) for 16 – 37 minutes of psychotherapy

90834 (45 min) for 38 – 52 minutes of psychotherapy

90837 (60 min) for 53 minutes or more of psychotherapy

How were the codes for psychotherapy with medical evaluation and management services modified in 2013?

Codes 90805, 90809, 90813, 90817, 90819, 90822 and 90827 were deleted. For dates of service on or after January 1, 2013, behavioral health providers may bill for psychotherapy services using the following three add-on CPT codes when performed with the appropriate evaluation and management (E/M) service. The code combination should support significant and separately identifiable services. The E/M CPT code should reflect the time spent on E/M services and the add-on psychotherapy CPT codes designate psychotherapy time, as follows:

90833 (30 min) for 16 – 37 minutes of psychotherapy

90836 (45 min) for 38 – 52 minutes of psychotherapy

90838 (60 min) for 53 minutes or more of psychotherapy

Please note: Evaluation and Management (E/M) Service codes are limited to those providers eligible to use E/M codes.

Time associated with activities used to meet criteria for the E/M service – including time spent on an initial examination, review of medical history and medical decision-making is not billed as psychotherapy service time.

What are the changes relating to interactive complexity services?

In addition to the major expansion of its definition, as of January 1, 2013, this service is billed with the add-on code 90785 rather than using a separate, specific code set. This service may be billed in conjunction with codes for psychiatric diagnostic evaluation, psychotherapy and psychotherapy when performed with an evaluation and management service.

Please refer to the CPT codebook for more information.

How do I bill for the new add-on codes?

Add-on codes are to be reflected as a separate claim row on your CMS 1500, UB04 or electronic claim submission. Be sure to include all required elements on the claim row that reflects the add-on code. Add-on codes may not be billed without a primary related CPT code.

What code should be billed for medication management?

Code 90862 has been eliminated as of December 31, 2012. On or after January 1, 2013, a psychiatrist or nurse practitioner should use the appropriate evaluation and management (E/M) service code when he or she provides pharmacologic management.

Can the new code 90863 for pharmacologic management be used?

No. Currently, Louisiana and New Mexico are the only states where this code applies.

If code 90863 is submitted on a claim, it will be denied with the following message: *The Service Code Submitted Is Invalid for this Regional Area.*

Where can I find more information about the 2013 Behavioral Health CPT Code changes?

For additional information about the code changes, please refer to the:

- Psychiatry section of the AMA's manual on Current Procedural Terminology (CPT)
- AMA website at www.ama-assn.org
- The American Psychiatric Association's website at www.psychiatry.org

Mental Health Parity Changes

What impact does the Mental Health Parity Act have on service limitations and co-payment requirements for members of the 1199SEIU National Benefit Fund for Health and Human Service Employees, the 1199SEIU Greater New York Benefit Fund and the 1199SEIU National Benefit Fund for Home Care Employees (collectively, the 1199SEIU Funds)?

Benefit plans for our Funds are structured differently; therefore, the elimination of mental health co-payments and visit limits was implemented for 1199SEIU Home Care Benefit Fund members* as of January 1, 2012 and for 1199SEIU National Benefit Fund members as of January 1, 2013. Co-payments and annual outpatient visit limits remain in effect for members of the 1199SEIU Greater New York Benefit Fund until January 1, 2014. Please check your patient's health benefits identification card for co-payment information.

All inpatient behavioral health stays still require prior authorization and there remains a 30-day limit on Inpatient Behavioral Health Rehabilitation.

** While there is no mental health visit copayment for Home Care Members, copayments may apply for other services.*

If I require additional information regarding these topics, who may I contact at the Funds?

For additional information regarding the Mental Health Parity Act, or an updated fee schedule, please:

- Call the Provider Services Call Center at (646) 473-7160
- Email the Provider Relations Department at Providers@1199Funds.org

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