



C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF HEALTH & WELFARE

PAUL J. LEARY - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-5747
FAX: (208) 364-1811

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To: Mental Health Clinics, Psychosocial Rehabilitation (PSR) Agencies, Developmental Disabilities Agencies (DDA), and School-Based Services Providers

From: Paul J. Leary, Administrator

Subject: 2013 Current Procedural Terminology (CPT) Code Changes

Medicaid is changing several CPT codes used for reporting and billing psychiatric services effective January 1, 2013. These changes are in accordance with the 2013 CPT code sets as published by the American Medical Association (AMA). Since the AMA announced these changes a few weeks ago Medicaid has been working to determine the best approach for making the least amount of impact on the provider network while still adhering to the mandatory changes.

The AMA has made significant changes to the psychiatric section of the 2013 CPT code set to better align the codes to clinical psychiatric practice. The revised mental health service codes detailed in the chart below must be used to bill for the listed Medicaid-reimbursable services. The 2013 CPT codes will be effective for dates of service on and after January 1, 2013. Claims submitted for dates of service prior to January 1, 2013, must use the 2012 CPT codes. Claims for dates of service beginning January 1, 2013 that use the 2012 codes identified in this notice will be denied.

The changes in reimbursement rates for physician services have been made in accordance with Idaho Medicaid's approved reimbursement methodology. In accordance with Idaho code 56-265, Medicaid pays non-primary care services at 90 percent of the Medicare rate.

Since 2003, Congress has annually overridden the Sustainable Growth Rate (SGR) payment reductions, but they have not yet done so for 2013 Medicare rates. If Congress does not take action by the end of December 2012, the SGR payment rate will apply to all Medicare services effective January 1, 2013. If Congress takes action to remove the SGR payment cut (estimated at 26.5 percent), the Medicaid fee schedule for these services will be updated to 90 percent of the approved Medicare rates. SGR update information can be monitored at www.cbo.gov/publication/43502.

Mental Health Clinic and PSR Agency Codes – Non Physician			
Current 2012 Code	New 2013 Code	Description	1/1/2013 Rate
90801	90791	Psychiatric Diagnostic Evaluation; used for diagnostic assessment or reassessment, if required, and does not include psychotherapeutic services. 90791 may be reported with interactive complexity services when appropriate; report with add-on code 90785. Psychotherapy services, including for crisis, may not be reported on the same day. (1 unit = 15 minutes)	\$17.33 per unit
90802	90791 (also bill 90785)	Psychiatric Diagnostic evaluation with interactive complexity services; does not include psychotherapeutic services. Report 90791 with interactive complexity services using add-on code 90785. (Do not report in conjunction with 99201-99215). Psychotherapy services, including for crisis, may not be reported on the same day. (1 unit = 15 minutes)	\$18.40 per unit
NA	90785	Interactive Complexity Use only in conjunction with 90791, 90802, 90832, 90834, 90837.	\$2.97
90804	90832	Psychotherapy, 30 minutes with patient and /or family member; do not report psychotherapy of less than 16 minutes duration. <i>(This procedure was previously defined as 20 to 30 minute session. 90832 is appropriate to use when the session runs from 16 to 37 minutes).</i>	\$40.39
90806	90834	Psychotherapy, 45 minutes with patient and /or family member. <i>(This procedure was previously defined as 45 to 50 minute session. 90834 is appropriate to use when the session runs from 38 to 52 minutes).</i>	\$60.60
90808	90837	Psychotherapy, 60 minutes with patient and /or family member. <i>(This procedure was previously defined as 75 to 80 minute session. 90837 is appropriate to use when the session runs 53 minutes or more).</i>	\$82.77

90862	H0034	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy.	\$50.22 per encounter
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ATTENTION PSR AGENCIES:

All services provided by a PSR agency must be billed with the U8 modifier in addition to the correct procedure code. The U8 modifier is being implemented to help ensure accurate payment.

Physician Codes for Services Provided Through Mental Health Clinics and PSR Agencies				
Current 2012 Code	New 2013 Code	Description	Current Rate	1/1/2013 Rate With SGR Cut
90801 U1	90791 U1	Psychiatric Diagnostic Evaluation (by Physician); used for diagnostic assessment or reassessment, if required, and does not include psychotherapeutic services. 90791 may be reported with interactive complexity services when appropriate; report with add-on code 90785. Psychotherapy services, including for crisis, may not be reported on the same day. (1 unit = 15 minutes)	\$33.56 per unit	\$23.47 per unit
90802 U1	90791 U1 (also bill 90785)	Psychiatric Diagnostic evaluation with interactive complexity services; does not include psychotherapeutic services. Report 90791 with interactive complexity services using add-on code 90785. (Do not report in conjunction with 99201-99215). Psychotherapy services, including for crisis, may not be reported on the same day. (1 unit = 15 minutes)	\$36.44 per unit	\$23.47 per unit
NA	90792	Psychiatric Diagnostic evaluation with medical services; may be reported with interactive complexity services when appropriate. If so, report with add-on code 90785 with evaluation code 90792. (Do not report in conjunction with 99201-99215). Psychotherapy services, including for crisis, may not be reported on the same day.	New code	\$78.50
NA	90785	Interactive Complexity Use only in conjunction with 90791, 90802, 90832, 90834, 90837.	New code	\$2.97

<p>90804 UA</p>	<p>90832 UA</p>	<p>Psychotherapy, 30 minutes with patient and /or family member, by Physician; do not report psychotherapy of less than 16 minutes duration. (This procedure was previously defined as 20 to 30 minute session. 90832 UA is appropriate to use when the session runs from 16 to 37 minutes).</p>	<p>\$58.05</p>	<p>\$39.13</p>
<p>90805</p>	<p>90833</p>	<p>Psychotherapy, 30 minutes with patient and /or family member, when performed by a primary care provider with an evaluation and management service. Use in conjunction with 99201 thru 99215. (This procedure was previously defined as 20 to 30 minute session. 90833 is appropriate to use when the session runs from 16 to 37 minutes).</p>	<p>\$66.11</p>	<p>\$26.20 (pays in addition to E&M reimbursement)</p>
<p>90806 UA</p>	<p>90834 UA</p>	<p>Psychotherapy, 45 minutes with patient and /or family member; by Physician. <i>(This procedure was previously defined as 45 to 50 minute session. 90834 UA is appropriate to use when the session runs from 38 to 52 minutes).</i></p>	<p>\$78.26</p>	<p>\$50.91</p>
<p>90807</p>	<p>90836</p>	<p>Psychotherapy, 45 minutes with patient and /or family member, when performed by a primary care provider with an evaluation and management service. Use in conjunction with 99201 thru 99215. <i>(This procedure was previously defined as 45 to 50 minute session. 90836 is appropriate to use when the session runs from 38 to 52 minutes).</i></p>	<p>\$91.76</p>	<p>\$42.57 (pays in addition to E&M reimbursement)</p>
<p>90809</p>	<p>90838</p>	<p>Psychotherapy, 60 minutes with patient and /or family member, when performed by a primary care provider with an evaluation and management service. Use in conjunction with 99201 thru 99215. <i>(This procedure was previously defined as 75 to 80 minute session. 90838 is appropriate to use when the session runs 53 minutes or more).</i></p>	<p>\$129.02</p>	<p>\$68.53 (pays in addition to E&M reimbursement)</p>
<p>90862</p>	<p>H0034</p>	<p>Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy.</p>	<p>\$50.22</p>	<p>\$50.22 per encounter</p>

Developmental Disability Codes				
Current 2012 Code	New 2013 Code	Description	Current Rate	1/1/2013 Rate with SGR Cut
90801	96111	Developmental testing (includes assessment of motor, language, social, adaptive and/or cognitive function by standardized development instruments) with interpretation and report. <i>(This service was previously called Psychiatric Diagnostic Interview and Exam)</i>	\$17.33 per unit (15 min)	\$50.23 per encounter
90862	H0034	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy.	\$50.22 per encounter	\$50.22 per encounter

School-Based Service Codes				
Current Code	New Code	Description	Current Rate	1/1/2013 Rate with SGR Cut
90801	96111	Developmental testing (includes assessment of motor, language, social, adaptive and/or cognitive function by standardized development instruments) with interpretation and report. <i>(This service was previously called Comprehensive Diagnostic Interview and Exam by School District)</i>	\$17.33 per unit (15 min)	\$50.23 per encounter

Services that were identified in 2012 by codes 90810, 90810 UA, 90812, 90812 UA, 90814, 90814 UA and 90857, are still Medicaid benefits and are represented by new codes in the table above.

Procedural code rules, guidelines, and the CPT code set can be found in the 2013 CPT codebook published by the AMA. Online information is available at <http://www.ama-assn.org>.

If you have questions about these changes, please contact the Office of Mental Health and Substance Abuse at (208) 364-1844. For questions about Developmental Disability or School-Based Services codes, please contact the Bureau of Developmental Disabilities Services at (208) 287-1169. For questions about rates, please contact the Bureau of Financial Operations at (208) 287-1162.

Thank you for participating as a Medicaid provider.

PJL/ksl

