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## MEDICAID INFORMATION RELEASE MA13-01 - Replaces MA12-22

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

**From:**  Paul J. Leary, Administrator

**Subject:** **Updated - Final 2013 Current Procedural Terminology (CPT) Code Changes  
with Medicare's Rate Revisions**

Medicaid previously released Information Release MA12-22 that provided information about the 2013 changes to CPT codes and rates. Since that release, Congress has overridden the Sustainable Growth Rate (SGR) payment reduction. This updated release contains the 2013 CPT code and rate changes for psychiatric services provided by Idaho Medicaid-enrolled mental health clinics, PSR service agencies, developmental disability agencies and school-based service providers.

The 2013 CPT codes are 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 or the claim will be denied. Additionally, claims for dates of service beginning January 1, 2013, that use the old 2012 codes revised in this notice will be denied. The revised codes detailed in the charts below are sorted by specific provider types in order to appropriately bill for the listed Medicaid-reimbursable services. For the types of providers listed on this release, only the procedure codes and rates that have been affected by the 2013 changes are included in this information release.

The slight reduction in reimbursement rates for physician services indicated on this information release reflect the new 2013 Medicare rates. Idaho Medicaid must follow our approved reimbursement methodology in accordance with Idaho code 56-265 which requires Medicaid to pay for non-primary care services at 90 percent of the Medicare rate.

**Specifically for PSR agency providers**, effective January 1, 2013, all services provided by a PSR agency must be billed with a **U8 modifier** in addition to the correct procedure code. This modifier is being implemented to help ensure accurate payments for services. PSR service claims submitted for dates of service on or after January 1, 2013, without the required modifier will be denied.

**Note:** Shaded boxes in the “2013 Rate” column in the tables below indicate a new rate or rate change

<b>Mental Health Clinic and PSR Agency Codes – Non Physician</b>			
<b>2012 Code</b>	<b>New 2013 Code</b>	<b>Description</b>	<b>2013 Rate</b>
90801	90791	<p><b>Psychiatric Diagnostic Evaluation</b></p> <ul style="list-style-type: none"> <li>Used for diagnostic assessment or reassessment and does not include psychotherapeutic services.</li> <li>90791 may be reported with interactive complexity services add-on code 90785 when appropriate.</li> <li>Psychotherapy services, including for crisis, may not be reported on the same day.</li> <li>1 unit = 15 minutes.</li> </ul>	\$17.33 per unit
90802	90791 (also bill 90785)	<p><b>Psychiatric Diagnostic Evaluation with Interactive Complexity Services</b></p> <ul style="list-style-type: none"> <li>Used for diagnostic assessment or reassessment and does not include psychotherapeutic services.</li> <li>Report with interactive complexity services with add-on code 90785.</li> <li>Psychotherapy services, including for crisis, may not be reported on the same day.</li> <li>1 unit = 15 minutes.</li> </ul>	\$17.33 per unit
NA	90785	<p><b>Interactive Complexity</b></p> <ul style="list-style-type: none"> <li>Used when specific communication factors complicate the delivery of the psychiatric procedure to the participant i.e. need for adaptive equipment</li> <li>Use only in conjunction with primary procedure codes 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, and 90853.</li> <li>Bill as “1” time use in conjunction with primary service</li> </ul>	\$4.10 (new rate)
90804	90832	<p><b>Psychotherapy</b></p> <ul style="list-style-type: none"> <li>30 minutes with participant and /or family member.</li> <li>Do not report psychotherapy of less than 16 minutes duration.</li> </ul> <p><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></p>	\$40.39
90806	90834	<p><b>Psychotherapy</b></p> <ul style="list-style-type: none"> <li>45 minutes with participant and /or family member.</li> </ul> <p><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></p>	\$60.60
90808	90837	<p><b>Psychotherapy</b></p> <ul style="list-style-type: none"> <li>60 minutes with participant and /or family member.</li> </ul> <p><i>This procedure was previously defined as 75 to 80 minute session. 90837 is appropriate to use when the session runs 53 minutes or longer.</i></p>	\$82.77
90862	H0034	<p><b>Pharmacologic Management</b></p> <ul style="list-style-type: none"> <li>Includes prescription, use, and review of medication with no more than minimal medical psychotherapy.</li> </ul>	\$50.22 per encounter

Physician Codes for Services Provided Through Mental Health Clinics and PSR Agencies				
2012 Code	New 2013 Code	Description	2012 Rate	2013 Rate
90801 U1	90791 U1	<p><b>Psychiatric Diagnostic Evaluation by Physician</b></p> <ul style="list-style-type: none"> <li>Used for diagnostic assessment or reassessment and does not include psychotherapeutic services.</li> <li>90791 may be reported with interactive complexity services add-on code 90785 when appropriate.</li> <li>Psychotherapy services, including for crisis, may not be reported on the same day.</li> <li>1 unit = 15 minutes.</li> </ul>	\$33.56 per unit	\$32.34 per unit
90802 U1	90791 U1 (also bill 90785)	<p><b>Psychiatric Diagnostic Evaluation with Interactive Complexity Services</b></p> <ul style="list-style-type: none"> <li>Used for diagnostic assessment or reassessment and does not include psychotherapeutic services.</li> <li>Report with interactive complexity services using add-on code 90785.</li> <li>Do not report in conjunction with 99201-99215.</li> <li>Psychotherapy services, including for crisis, may not be reported on the same day.</li> <li>1 unit = 15 minutes.</li> </ul>	\$36.44 per unit	\$32.34 per unit
NA	90792	<p><b>Psychiatric Diagnostic Evaluation with Medical Services</b></p> <ul style="list-style-type: none"> <li>Used for diagnostic assessment or reassessment with medication or medical services (no psychotherapy)</li> <li>May be reported with interactive complexity services add-on code 90785 when appropriate.</li> <li>Do not report in conjunction with 99201-99215.</li> <li>Psychotherapy services, including for crisis, may not be reported on the same day.</li> </ul>	New code	\$108.55
90804 UA	90832 UA	<p><b>Psychotherapy by Physician</b></p> <ul style="list-style-type: none"> <li>30 minutes with participant and /or family member.</li> <li>Do not report psychotherapy of less than 16 minutes duration. <i>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.</i></li> </ul>	\$58.05	\$53.98
NA	90785	<p><b>Interactive Complexity</b></p> <ul style="list-style-type: none"> <li>Used when specific communication factors complicate the delivery of the psychiatric procedure to the participant i.e. need for adaptive equipment</li> <li>Use only in conjunction with primary procedure codes 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, and 90853.</li> <li>Bill as "1" time use in conjunction with primary service</li> </ul>	New code	\$4.10

Physician Codes for Services Provided Through Mental Health Clinics and PSR Agencies (cont.)				
2012 Code	New 2013 Code	Description	2012 Rate	2013 Rate
90805	90833	<p><b>Psychotherapy by Physician with an Evaluation and Management Service</b></p> <ul style="list-style-type: none"> <li>• 30 minutes with participant and /or family member.</li> <li>• Use in conjunction with 99201 thru 99215.</li> </ul> <p><i>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.</i></p>	\$66.11	\$36.23 (pays in addition to E&M reimbursement)
90806 UA	90834 UA	<p><b>Psychotherapy by Physician</b></p> <ul style="list-style-type: none"> <li>• 45 minutes with participant and /or family member.</li> </ul> <p><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>	\$78.26	\$70.39
90807	90836	<p><b>Psychotherapy by Physician with an Evaluation and Management Service</b></p> <ul style="list-style-type: none"> <li>• 45 minutes with participant and /or family member.</li> <li>• Use in conjunction with 99201 thru 99215.</li> </ul> <p><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>	\$91.76	\$58.86 (pays in addition to E&M reimbursement)
90808 UA	90837 UA	<p><b>Psychotherapy by Physician</b></p> <ul style="list-style-type: none"> <li>• 60 minutes with participant and/or family member.</li> </ul> <p><i>This procedure was previously defined as 75 to 80 minute session. 90837 is appropriate to use when the session runs 53 minutes or longer.</i></p>	\$115.34	\$103.19
90809	90838	<p><b>Psychotherapy by Physician with an Evaluation and Management Service</b></p> <ul style="list-style-type: none"> <li>• 60 minutes with participant and /or family member.</li> <li>• Use in conjunction with 99201 thru 99215.</li> </ul> <p><i>This procedure was previously defined as 75 to 80 minute session. 90838 is appropriate to use when the session runs 53 minutes or longer.</i></p>	\$129.02	\$95.02 (pays in addition to E&M reimbursement)
90862	H0034	<p><b>Pharmacologic Management</b></p> <ul style="list-style-type: none"> <li>• Includes prescription, use, and review of medication with no more than minimal medical psychotherapy.</li> </ul>	\$50.22	\$50.22 per encounter

Developmental Disability Codes				
2012 Code	New 2013 Code	Description	2012 Rate	2013 Rate
90801	96111	<p><b>Developmental Testing with Interpretation and Report</b></p> <ul style="list-style-type: none"> <li>Includes assessment of motor, language, social, adaptive and/or cognitive function by standardized development instruments.</li> </ul> <p><i>This service was previously called Psychiatric Diagnostic Interview and Exam.</i></p> <p><i>Note: Billing changed from a 15 minute unit to an encounter – bill as “1” regardless of length of time for the service</i></p>	\$17.33 per unit	\$50.23 per encounter
90862	H0034	<p><b>Pharmacologic Management</b></p> <ul style="list-style-type: none"> <li>Includes prescription, use, and review of medication with no more than minimal medical psychotherapy.</li> </ul>	\$50.22 per encounter	\$50.22 per encounter

School-Based Service Codes				
2012 Code	New 2013 Code	Description	2012 Rate	2013 Rate
90801	96111	<p><b>Developmental Testing with Interpretation and Report</b></p> <ul style="list-style-type: none"> <li>Includes assessment of motor, language, social, adaptive and/or cognitive function by standardized development instruments.</li> </ul> <p><i>This service was previously called Comprehensive Diagnostic Interview and Exam by School District.</i></p> <p><i>Note: Billing changed from 15 minute unit to an encounter – bill as “1” regardless of length of time for the service</i></p>	\$17.33 per unit	\$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/rs