


PROVIDER BULLETIN

No. 13-06

Date: February 5, 2013

TO: Medicaid Behavioral Health Providers

FROM: Vivianne M. Chaumont, Director 
Division of Medicaid & Long-Term Care

BY: Lowell Sedlacek – Program Specialist
Division of Medicaid and Long-Term care

RE: Mental Health and Substance Use
January 1, 2013 CPT Code Changes
Update to Provider Bulletin 12-68 and 12-73

Please share this information with administrative, clinical, and billing staff.

Effective with the dates of service January 1, 2013, the American Medical Association (AMA) added new psychiatric CPT codes, deleted others and changed the descriptions of some existing codes.

This bulletin updates the information contained in Provider Bulletin 12-68 and 12-73. Specifically, CPT code 90792 (Psychiatric diagnostic evaluation with medical services) will be a covered code and will be reimbursed at the same rate as CPT code 90791. Additionally, APRNs and PAs may bill the evaluation and management codes currently covered for MDs. The rate for APRNs and PAs for the evaluation and management codes will be eighty five percent (85%) of the allowed rate for MDs under the Mental Health Fee Schedule.

Attached is an updated 2013 CPT Crosswalk Table that details the crosswalk of the 2012 CPT codes to the new 2013 CPT codes.

Please see the following 'Question and Answer' section for answers to most common questions/concerns. If you have further questions or concerns about this information, please contact Lowell Sedlacek at (402) 471-1920 or e-mail at Lowell.sedlacek@nebraska.gov.

Frequently Asked Questions and Answers

	Question	Answer
1	How will the current 90801 code (initial diagnostic interview) be cross-walked since the new 2013 CPT codes include both 90791 and 90792?	The 90801 code was cross-walked to both 90791 and 90792. Both codes will be reimbursed at the same rate.
2	Can providers bill for an Initial Diagnostic Evaluation 90791 or 90792 and an E/M code for pharmacological management on the same day?	No. CPT codes 90791 or 90792 may be reported once per day and not on the same day as an evaluation and management service performed by the same individual for the same patient.
3	How can we bill two services on the same day?	You can continue to bill for two separate services on the same day per current regulations. Please refer to the following DHHS website link to locate Provider Bulletins that provide NCCI edit information: http://dhhs.ne.gov/medicaid/Pages/med_pb_index.aspx
4	What changes have been made to the Evaluation and Management (E/M) reimbursement rates?	Refer to the most recent MH/SA fee schedule.
5	Who can bill for E/M codes and get reimbursed through Nebraska Medicaid?	An MD, DO, PA, & APRN can bill and be reimbursed for E/M codes.
6	How will current psychotherapy CPT codes with E/M services (i.e., 90805, 90807, 90809, 90817, 90819, and 90822) be crosswalked and reimbursed by Nebraska Medicaid?	The 2012 CPT codes were cross-walked to the appropriate 2013 CPT psychotherapy add-on code (i.e., 90805 & 90817 to 90833; 90807 & 90819 to 90836; 90809 & 90822 to 90838). Providers can bill using both the psychotherapy add-on code and E/M code. Providers will receive reimbursement for both CPT codes.
7	Will Outpatient Interactive Psychotherapy services be covered services by Nebraska Medicaid as a result of the 2013 CPT changes?	No. These services are not covered by Nebraska Medicaid.
8	How will the currently utilized crisis therapy codes 90804-ET, 90806-ET, and 90808-ET be affected by the 2013 CPT changes?	Since these codes were specific to Nebraska Medicaid these codes will no longer be utilized. Nebraska Medicaid will utilize the new 2013 CPT crisis psychotherapy codes of 90839 (psychotherapy for crisis, first 60 minutes) and 90840 (crisis code add-on for each additional 30 minutes). Nebraska Medicaid has established reimbursement rates for these new codes.
9	Will 90847 (family psychotherapy) and 90853 (group psychotherapy) and all corresponding modifiers (i.e., ET, U2 – U6, HA) continue to	Yes. These codes and all corresponding modifiers were not affected by the 2013 CPT update.

	Question	Answer
	be utilized by Nebraska Medicaid	
10	Will the new 2013 CPT codes require pre-authorization?	No. If an Outpatient Psychotherapy CPT code was changed as a result of the 2013 CPT crosswalk then pre-authorization from Magellan of Nebraska is not required after January 1, 2013. However, if a CPT code did not change and those services currently require pre-authorization then those services continue to require pre-authorization after January 1, 2013.
11	After January 1, 2013 what CPT codes are to be utilized to bill 90862 (pharmacologic management) services?	90862 will no longer be a valid CPT code. As a result service providers are to utilize the appropriate E/M code for the service rendered.
12	As a result of the 2013 CPT crosswalk did the E/M codes that physicians can bill for change?	No, the billable E/M codes for physician services did not change.
13	If modifiers were required for 2012 CPT code's place of service (e.g., day treatment - U3) will these modifiers still be required for the 2013 crosswalk codes?	Yes, continue to use the same modifiers that were associated with the 2012 CPT codes.
14	Our facility provides IOP and OP services, so we have two Medicaid provider #'s. With the claims/codes (90832, 90834, 90837) not requiring authorizations any longer, should they be billed with our IOP provider # or our straight Medicaid provider # ?	No change has occurred on the billing provider numbers. IOP services will continue to be billed on the IOP provider number and OP services should continue to be billed on the Medicaid provider number.
15	Can I submit the new CPT codes that don't require an authorization with existing codes that do require an authorization, all on the same claim?	Yes.
16	I am a LIMHP and wondering how the changes pertain to H0002, H0031 HO and H0002-52.	No changes were made to these codes as a result of the 2013 CPT crosswalk.
17	When billing a 2 hour 'crisis' session with new code 90839, would the add-on code 90840 be used for each additional 30 minutes? Also, rather than listing the 90840 on 2 separate lines, can we bill the 90840 on 1 line with 2 units?	When billing a crisis session you would use 90839 for the first 60 minutes and for each additional 30 minutes 90840 would be billed separate lines, not as two units.

	Question	Answer
18	When billing services on Form CMS 1500 that have different authorization #'s can all the services be billed on the same form?	No. When billing for services that have different authorization numbers you are required to bill the services on a different CMS 1500 form using the appropriate authorization number.
19	Where on your website can we find the definition of service for the EM codes?	The E/M CPT code service definitions and all other current CPT codes can be found in the 2013 edition of Current Procedural Terminology, published by the American Medical Association.
20	Can a crisis therapy session be added onto an E/M code and if so does there need to be a therapy treatment plan?	Both services can be billed but only if both services are provided. Yes, a therapy treatment plan is required.
21	Will Nebraska Medicaid cover 99238 and 99239 Hospital Discharge E&M codes or codes 99201 - 99205?	These services were not listed on the 2012 MH/SA fee schedule and it is not the intent of the 2013 CPT crosswalk to add new codes or services.
22	What are the timeframes for the psychotherapy codes 90832, 90834, and 90837?	The 2013 edition of Current Procedural Terminology, published by the American Medical Association lists 90832 – 30 min; 90834 – 45 min; 90837 – 60 min. In addition, the range of times for each of these codes are listed as follows: 90832 – 16-37minutes; 90834 – 38-52minutes; 90837 – 53-more minutes.
23	I'm not sure I understand the +90833, +90836 and +90838 psychotherapy add-on codes. Our therapists normally do a 50 minute therapy. So we would bill a 90834 but then can we do some type of add-on billing for the additional 5 minutes?	No. The 90833, 90836, & 90838 CPT codes can only be billed by a MD, DO, PA, or APRN. All other therapists will need to provide services per the timeframes associated with the 90832, 90834, & 90837 psychotherapy codes.
24	Does Nebraska Medicaid follow the AMA descriptions for psychotherapy codes 90832 - 90838?	Nebraska Medicaid recognizes the definitions outlined in AMA's 2013 edition of Current Procedural Terminology, which indicates that these psychotherapy times are face-to-face services with the patient and/or family member and the patient must be present for all or some of the service. However, Nebraska Medicaid's expectation continues to be that the patient remains the central focus of treatment and must be present.
25	Can the 2013 CPT psychotherapy codes be utilized for billing in different places of service (e.g., hospital, outpatient, etc.)?	Yes. The psychotherapy codes have been simplified. There are now just three timed psychotherapy codes that are to be used in different places of service when psychotherapy is the only service provided (90832, 90834, & 90837), as well as three timed add-on psychotherapy codes when psychotherapy is provided along with an E/M service (90833, 90836, & 90838).
26	Does Nebraska Medicaid recognize the 90849 code (multiple-family group psychotherapy)?	No. These services are not covered by Nebraska Medicaid.

	Question	Answer
27	Will there be a cap on the number of individual psychotherapy sessions conducted since these will no longer require authorizations?	All services provided to clients must always meet established "Medical Necessity" guidelines. Retrospective clinical reviews will continue to be conducted to ensure that provided services meet Medical Necessity guidelines.
28	Is the MC83 form still required?	Yes. NAC 471-000-96 which outlines the requirements of Form MC-83 "Mental Health/Substance Abuse Treatment Planning Document for Outpatient Services" remains in effect.
29	Is there a CPT code that would cover medication management services without the patient being present	No. Medication management services continue to require that the patient be present.

For questions about this Provider Bulletin, please contact Lowell Sedlacek at (402) 471-1920 or e-mail at Lowell.sedlacek@nebraska.gov

2013 CPT Code Crosswalk
Nebraska Medicaid Fee Schedule for Managed Care MH/SA Services

					Physician	Psychologist, Provisional Psychologist, Special PhD, PhD Candidate			Licensed Independent Mental Health Practitioner / Licensed Mental Health Practitioner / Provisional Licensed Mental Health Practitioner / Registered Nurse / Licensed Alcohol & Drug Counselor						Physicians Assistant / Nurse Practitioner	
					MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
	OLD	MOD	NEW	MOD	MD/DO	PHD	PPHD/SPHD	PHDC	LIMHP	LMHP	PLMHP	LDAC	RN	PLDAC	PA	APRN
PDE	90801		90791		\$ 128.13	\$ 99.48	\$ 86.09								\$ 120.29	\$ 120.29
	90801	GT	90791	GT	\$ 128.13	\$ 99.48	\$ 86.09								\$ 120.29	\$ 120.29
	90801		90792		\$ 128.13	\$ 99.48	\$ 86.09								\$ 120.29	\$ 120.29
	90801	GT	90792	GT	\$ 128.13	\$ 99.48	\$ 86.09								\$ 120.29	\$ 120.29
IND PSYCHOTHERAPY	90804		90832		\$ 65.09	\$ 54.21	\$ 51.50	\$ 51.50	\$ 45.56	\$ 45.56	\$ 43.28	\$ 45.56	\$ 45.56		\$ 52.12	\$ 52.12
	90805		90833		\$ 58.23										\$ 40.65	\$ 40.65
	90817		90833		\$ 58.23										\$ 41.07	\$ 41.07
	90805	GT	90833	GT	\$ 58.23										\$ 41.07	\$ 41.07
	90806		90834		\$ 101.09	\$ 84.19	\$ 79.98	\$ 79.98	\$ 69.69	\$ 69.69	\$ 66.20	\$ 69.69	\$ 69.69		\$ 80.94	\$ 80.94
	90807		90836		\$ 108.49										\$ 70.85	\$ 70.85
	90819		90836		\$ 108.49										\$ 70.85	\$ 70.85
	90808		90837		\$ 150.74	\$ 125.54	\$ 119.26	\$ 119.26	\$ 105.52	\$ 105.52	\$ 100.24	\$ 105.52	\$ 105.52		\$ 120.70	\$ 120.70
90809		90838		\$ 119.88										\$ 96.06	\$ 96.06	
90822		90838		\$ 119.88										\$ 96.06	\$ 96.06	
PRFC	90804	U2	90832	U2	\$ 65.09	\$ 54.21	\$ 51.50	\$ 43.28	\$ 45.56	\$ 45.56	\$ 43.28	\$ 45.56			\$ 52.12	\$ 52.12
	90806	U2	90834	U2	\$ 101.09	\$ 84.19	\$ 79.98	\$ 66.21	\$ 69.69	\$ 69.69	\$ 66.21	\$ 69.69			\$ 80.94	\$ 80.94
	90808	U2	90837	U2	\$ 150.74	\$ 125.54	\$ 119.26	\$ 100.24	\$ 105.52	\$ 105.52	\$ 100.24	\$ 105.52			\$ 120.70	\$ 120.70
DAY TX	90804	U3	90832	U3	\$ 65.09	\$ 54.21	\$ 51.50	\$ 43.28	\$ 45.56	\$ 45.56	\$ 43.28	\$ 45.56			\$ 52.12	\$ 52.12
	90806	U3	90834	U3	\$ 101.09	\$ 84.19	\$ 79.98	\$ 66.21	\$ 69.69	\$ 69.69	\$ 66.21	\$ 69.69			\$ 80.94	\$ 80.94
	90808	U3	90837	U3	\$ 150.74	\$ 125.54	\$ 119.26	\$ 100.24	\$ 105.52	\$ 105.52	\$ 100.24	\$ 105.52			\$ 120.70	\$ 120.70
HOSP IOP	90804	U4	90832	U4	\$ 65.09	\$ 54.21	\$ 51.50	\$ 43.28	\$ 45.56	\$ 45.56	\$ 43.28	\$ 45.56			\$ 52.12	\$ 52.12
	90805	U4	90833	U4	\$ 57.64										\$ 40.65	\$ 40.65
	90806	U4	90834	U4	\$ 101.09	\$ 84.19	\$ 79.98	\$ 66.21	\$ 69.69	\$ 69.69	\$ 66.21	\$ 69.69			\$ 80.94	\$ 80.94
	90807	U4	90836	U4	\$ 108.14										\$ 70.85	\$ 70.85
	90808	U4	90837	U4	\$ 150.74	\$ 125.54	\$ 119.26	\$ 100.24	\$ 105.52	\$ 105.52	\$ 100.24	\$ 105.52			\$ 120.70	\$ 120.70
90809	U4	90838	U4	\$ 109.39										\$ 96.06	\$ 96.06	
HOME IOP	90804	U5	90832	U5	\$ 65.09	\$ 54.21	\$ 51.50	\$ 43.28	\$ 45.56	\$ 45.56	\$ 43.28	\$ 45.56			\$ 52.12	\$ 52.12
	90805	U5	90833	U5	\$ 57.64										\$ 40.65	\$ 40.65
	90806	U5	90834	U5	\$ 101.09	\$ 84.19	\$ 79.98	\$ 66.21	\$ 69.69	\$ 69.69	\$ 66.21	\$ 69.69			\$ 80.94	\$ 80.94
	90807	U5	90836	U5	\$ 108.14										\$ 70.85	\$ 70.85
	90808	U5	90837	U5	\$ 150.74	\$ 125.54	\$ 119.26	\$ 100.24	\$ 105.52	\$ 105.52	\$ 100.24	\$ 105.52			\$ 120.70	\$ 120.70
90809	U5	90838	U5	\$ 109.39										\$ 96.06	\$ 96.06	

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					MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	
	OLD	MOD	NEW	MOD	MD/DO	PHD	PPHD/SPHD	PHDC	LIMHP	LMHP	PLMHP	LDAC	RN	PLDAC	PA	APRN	
THGH	90804	U6	90832	U6	\$ 65.09	\$ 54.21	\$ 51.50	\$ 43.28	\$ 45.56	\$ 45.56	\$ 43.28	\$ 45.56			\$ 52.12	\$ 52.12	
	90806	U6	90834	U6	\$ 101.09	\$ 84.19	\$ 79.98	\$ 66.21	\$ 69.69	\$ 69.69	\$ 66.21	\$ 69.69			\$ 80.94	\$ 80.94	
	90808	U6	90837	U6	\$ 150.74	\$ 125.54	\$ 119.26	\$ 100.24	\$ 105.52	\$ 105.52	\$ 100.24	\$ 105.52			\$ 120.70	\$ 120.70	
CRISIS	90804	ET	N/A														
	90806	ET	N/A														
	90808	ET	N/A														
	N/A		90839		\$ 121.78	\$ 101.42	\$ 96.35	\$ 96.35	\$ 82.59	\$ 84.62	\$ 80.39	\$ 84.62	\$ 84.62	\$ 80.39	\$ 97.51	\$ 97.51	
	N/A		90840		\$ 49.65	\$ 41.35	\$ 39.28	\$ 39.28	\$ 39.31	\$ 35.83	\$ 34.03	\$ 35.83	\$ 35.83	\$ 34.03	\$ 39.76	\$ 39.76	
ASA	90806	HF	90834	HF		\$ 84.19	\$ 79.98	\$ 79.98	\$ 69.69	\$ 69.69	\$ 66.21	\$ 69.69	\$ 69.69	\$ 66.21	\$ 80.94	\$ 80.94	
Pharmacological - In Patient	99211		99211		\$ 41.71										\$ 36.53	\$ 36.53	
	99212		99212		\$ 46.33										\$ 41.71	\$ 41.71	
	99221		99221		\$ 47.11										\$ 40.04	\$ 40.04	
	99222		99222		\$ 72.50										\$ 61.63	\$ 61.63	
	99223		99223		\$ 89.02										\$ 75.67	\$ 75.67	
	99231		99231		\$ 29.00										\$ 24.65	\$ 24.65	
	99232		99232		\$ 43.44										\$ 36.92	\$ 36.92	
	99233		99233		\$ 51.62										\$ 43.88	\$ 43.88	
	99251		99251		\$ 48.27										\$ 41.03	\$ 41.03	
	99252		99252		\$ 60.39										\$ 51.33	\$ 51.33	
	99253		99253		\$ 86.58										\$ 73.59	\$ 73.59	
	99254		99254		\$ 101.97										\$ 86.67	\$ 86.67	
99255		99255		\$ 115.40										\$ 98.09	\$ 98.09		
Pharmacological - Outpatient	99211		99211		\$ 41.71										\$ 36.53	\$ 36.53	
	99212		99212		\$ 46.33										\$ 39.38	\$ 39.38	
	99213		99213		\$ 61.49										\$ 52.27	\$ 52.27	
	99214		99214		\$ 84.40										\$ 71.74	\$ 71.74	
	99215		99215		\$ 84.45										\$ 71.78	\$ 71.78	
	99241		99241		\$ 45.49										\$ 38.67	\$ 38.67	
	99242		99242		\$ 52.71										\$ 44.80	\$ 44.80	
	99243		99243		\$ 85.81										\$ 72.94	\$ 72.94	
	99244		99244		\$ 94.69										\$ 80.49	\$ 80.49	
	99245		99245		\$ 94.69										\$ 80.49	\$ 80.49	