

PROVIDER BULLETIN

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TO: Nebraska Medicaid Behavioral Health Providers

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

BY: Cynthia Brammeier, Unit Manager
Division of Medicaid & Long-Term Care

RE: Reimbursement for Select Behavioral Health Therapy CPT Codes

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

Effective September 15, 2013 Nebraska Medicaid & Long-Term Care will implement a reduction in pricing for four behavioral health therapy CPT (Current Procedural Terminology) codes. The amended fee schedules will be posted at:

http://dhhs.ne.gov/medicaid/Pages/med_practitioner_fee_schedule.aspx.

On January 1, 2013, Nebraska Medicaid implemented the American Medical Association (AMA) new psychiatric CPT code changes. For complete information regarding all CPT codes and descriptions, refer to the 2013 edition of Current Procedural Terminology, published by the American Medical Association. These CPT changes were mandated by the Centers for Medicare and Medicaid Services (CMS); and providers and insurers are required to use these new CPT codes to identify the services they provide. Time specifications were changed to be consistent with CPT convention.

Nebraska Medicaid worked with behavioral health stakeholders to solicit input for the 2013 CPT code changes. Frequently Asked Questions and Answers were posted in January, 2013 from the discussions with the stakeholders. The implementation of these codes was to remain cost neutral to Nebraska Medicaid.

Currently, we are finding a substantial increase in utilization for therapy codes, based on analysis for the first six months of 2013. These changes have exceeded budget neutrality, and are being adjusted accordingly.

Pursuant to 471 NAC 20.002.11B and 32-002.11B, the Department may adjust the allowable amount when the Medicaid Division determines that the current allowable amount is not appropriate for the service provided. In analyzing pricing for these codes, Medicare rates were evaluated, as well as regional Medicaid state pricing for the same codes. These are reductions

from current pricing; however, they are higher than the Medicare and neighboring states for the same services.

Effective September 15, 2013, pricing for physicians will be based on 120% of the Medicare rate for these CPT Codes. The remaining provider type rates will be based on the percentage of the MD/DO rate currently in effect. This change will better align the actual time spent with clients with the CPT codes, and bring the usage back into a cost neutral basis for Nebraska Medicaid.

As an example: In reporting, choose the code closest to the actual time (i.e. 38-52 minutes for 90834 or 90836, and 53 or more minutes for 90837 and 90838). Previously, the 45 minute code was used for all sessions that lasted from 35 minutes to 65 minutes. Under the new code structure, the therapy code 90834 is used for therapy sessions lasting from 38-52 minutes, removing the time period of 50-65 minutes. It should be recognized that the specific times expressed in the visit code descriptors are averages and, therefore, represent a range of times that may be higher or lower depending on actual clinical circumstances.

Provider type	90834	90836	90837	90838
	45 Min.	45 Min. + E&M	60 Min.	60 Min + E&M
MD/DO	\$ 93.22	\$ 77.93	\$ 136.55	\$ 125.76
PA/APRN	\$ 74.64	\$ 50.89	\$ 109.34	\$ 100.77
RN / LIMHP/ LMHP/LDAC	\$ 64.27		\$ 95.58	
PLMHP/ PHD Cand.	\$ 61.06		\$ 90.81	
Provisional Psychiatrist/ S PhD	\$ 73.75		\$ 108.03	
PhD.	\$ 77.63		\$ 113.72	

If you have further questions or concerns about this information, please contact Cynthia Brammeier, at DHHS.MedicaidMHSU@nebraska.gov .