PerformCARE®
8040 Carlson Road
Harrisburg, PA 17112

Updated Only for Logo and Branding

Provider Notice

To: **PerformCare Network Providers**

From: **Sheryl M. Swanson, MBA, Project Manager**

Date: **December 21, 2012**

Subject: **AD12 112 2013 CPT Code Update IMPLEMENTATION**

As you are aware, the American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS) have announced that effective January 1, 2013 there will be significant changes to the Current Procedural Terminology (CPT) codes for many frequently used psychiatry and psychotherapy services.

After a great deal of assessment and feedback from Providers, **PerformCare has determined that it is in our collective best interest to move forward with implementation of the coding changes for services delivered with dates of service on or after January 1. 2013.** Most providers in the PerformCare network are engaged with other payers who are transitioning to the new code sets as required. Thus, failure of PerformCare to do so provides significant complication to those providers. As HIPAA covered entities, both PerformCare and Providers have a collective responsibility to use the defined code sets.

The PerformCare fee schedule will be officially revised and released in early 2013. The fees associated with the new codes will be the same as the fees associated with the crosswalk to the old codes as reflected on Table 1. Similarly, modifiers currently in use will remain with one exception (U4) described in further detail below.

COMMON OUTPATIENT CODES THAT STAY THE SAME:
90846 (Family therapy without the Individual present)
90847 (Family therapy with the Individual present)
90853 (Group Therapy)
These codes are unaffected.

RETIRED CODES CLOSED AS OF JANUARY 1, 2013:
Therapy codes **90801 to 90829** and medication management code **90862** are no longer active after January 1, 2013. See Table 1 below to identify how the closed codes crosswalk to new coding.

EVALUATION AND MANAGEMENT CODES
Evaluation and Management (E/M) Codes are to be used by prescribing Providers (MD/DO, CRNP and PA) only. Most nursing interventions should continue to be reported as they are now using H0034. Please see attachment 2 for basic definitions of the E/M Codes. It is extremely important that providers pay careful attention to both the minimum face-to-face time requirements and the documentation requirements required of all E/M codes. All E/M codes are driven by complexity of a patient's history, examination and medical decision making. It is of critical importance that providers understand how to choose the proper E/M Code as it is not solely based on the length of an interaction.

Providers must familiarize themselves with E/M codes and understand the general billing and documentation requirements of E/M codes. Please see the Evaluation and Management Services Guide published by CMS which is located at this link https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network MLN/MLNProducts/downloads/eval_mgmt_serv_guide-ICN006764.pdf. This guide will be helpful in understanding how and when to use E/M coding. For quality and compliance reviews of E/M documentation, PerformCare will follow these CMS guidelines.

PSYCHIATRIC DIAGNOSTIC PROCEDURE (EVALUATION) CODES (NEW)
Effective for dates of service on or after January 1, 2013, the Initial Evaluation codes will become 90791 and 90792. For billing to PerformCare, the 90792 will be for evaluations provided by a prescribing practitioner (Physician, Nurse Practitioner, and Physician Assistant). The 90791 will be the code used for initial evaluations by Psychologists, Social Workers (LCSW/LSW), Licensed Professional Counselors, and other Masters Level clinicians who previously used 90801 as the base code for this purpose.

INDIVIDUAL PSYCHOTHERAPY CODES (NEW)
According to the new coding, all individual psychotherapy will be captured through one of three new primary codes. Unlike the existing codes the new code descriptions in the 2013 CPT manual will list specific times (for example, 45 minutes) rather than a time range (45-50 minutes). However, time ranges will still apply as outlined below. The three new individual psychotherapy codes for 2013 are:

- 90832 Psychotherapy, 30 minutes with patient and/or family member (16-37 minutes)
- 90834 Psychotherapy, 45 minutes with patient and/or family member (38-52 minutes)
- 90837 Psychotherapy, 60 minutes with patient and/or family member (53 or more minutes)

For quality and compliance reviews, PerformCare will follow the time range guidelines indicated above and outlined in AMA and CMS publications.

ADD-ON CODES (NEW)
Add-on codes identify procedures that can only be billed in addition to a primary procedure. They only apply to services or procedures performed by the same health care professional.

As add-on codes that can only be used with an E/M code, prescribing practitioners who prescribe psychotherapy in addition to E/M would use one of the following 3 codes:

- 90833 Psychotherapy, 30 minutes with patient and/or family member with E/M service (16-37 minutes)

- 90836 Psychotherapy, 45 minutes with patient and/or family member with E/M service (38-52 minutes)
- 90838 Psychotherapy, 60 minutes with patient and/or family member with E/M service (53 or more minutes)

While a separate note is not necessarily required, it is highly recommended. The documentation must clearly delineate the time and interventions. As with all PA Medicaid treatment notes, clear clock start and stop times must be included. Time associated with activities required as part of the E/M service is not included in the time used for reporting the psychotherapy service.

Interactive Complexity Add-On code 90785

PerformCare will not use the U4 Modifier to denote "with Interpreter" for any of the new outpatient therapy codes or E/M Codes. Instead, providers will submit a claim with an add-on for a 90785 and be paid a flat additional payment for the interpreter contribution. Only the code set referenced is affected and U4 will remain active for other levels of care. During 2013, PerformCare will evaluate the use of 90785 and potentially retire the use of the U4 modifier for this purpose. It is important to note that PerformCare is strictly limiting the use of the 90785 to interpreter services only and not other situations that denote interactive complexity.

NEW CODES THAT WILL NOT IMMEDIATELY BE USED BY PerformCare

The following new codes will not be used by PerformCare at this time:
90839/90840 – Psychotherapy for crisis.
90863 – Pharmacologic management (add-on code)

DOCUMENTATION

Please remember that in all cases, providers are responsible to assure that documentation is comprehensive and that start and stop clock times should be recorded in the medical record for all services. For full descriptions of the new codes for therapy as well as documentation requirements, the revised CPT manual is available for purchase from the AMA and additional online retailers. **It is highly advisable that a CPT Manual for 2013 be purchased for training and reference.**

Providers will receive an updated rate schedule that reflects the updated coding and associated fees in the near future. This document will represent an amendment to the provider agreement to address the code changes. Please feel free to contact your Account Executive with any questions regarding this communication. **Providers that are unable to make the transition should contact their Account Executive and we will work with those providers on an individual basis.**

Attachments (3)

ATTACHMENT 1 (Table 1): Crosswalk 2012 to 2013 CPT Code Sets

2012 Deleted Codes (CLOSED AS OF 12/31/12)	PerformCare 2013 Code Use (Effective as of dates of service 1/1/13)	Potential Relevant Add-On Codes
90801: Psych Diag Eval	90791: Psych Diag Eval (no medical services) or 90792: Psych Diag Eval (with medical services)	90785 (interpreter only) n/a
90802: Interactive Psych Diag Eval	90791 or 90792	90785 (interpreter only)
90804: Ind. Psychotherapy, 20-30 min	90832: Psychotherapy, 30 minutes	n/a
90805: Ind. Psychotherapy with E/M, 20-30 min	Appropriate E/M Code	90833 (30 min therapy add-on)
90806: Ind. Psychotherapy, 45-50 min	90834: Psychotherapy, 45 minutes	n/a
90807: Ind. Psychotherapy with E/M, 45-50 min	Appropriate E/M Code	90836 (45 min therapy add-on)
90808: Ind. Psychotherapy, 75-80 min	90837: Psychotherapy, 60 minutes	n/a
90809: Ind. Psychotherapy with E/M, 75-80 min	Appropriate E/M Code	90838 (60 min therapy add-on)
90810: Interactive Psychotherapy, 20-30 min	90832: Psychotherapy, 30 minutes	90785 (interpreter only)
90811: Interactive Psychotherapy with E/M, 20-30 min	Appropriate E/M Code	90833 (30 min therapy add-on) 90785 (interpreter only)
90812: Interactive Psychotherapy, 45-50 min	90834: Psychotherapy, 45 minutes	90785 (interpreter only)
90813: Interactive Psychotherapy with E/M, 45-50 min	Appropriate E/M Code	90836 (45 min therapy add-on) 90785 (interpreter only)
90814: Interactive Psychotherapy, 75-80 min	90837: Psychotherapy, 60 minutes	90785 (interpreter only)
90815: Interactive Psychotherapy with E/M, 75-80 min	Appropriate E/M Code	90838 (60 min therapy add-on) 90785 (interpreter only)
90857: Interactive Group Psychotherapy	90853: Group Psychotherapy	90785 (interpreter only)
90862: Pharmacologic Mgmt	Appropriate E/M Code	90785 (interpreter only)

ATTACHMENT 2

Evaluation and Management Codes
(For Prescribing clinicians – Physician, Certified Registered Nurse Practitioner, Physician's Assistant)

PATIENT TYPE

For purposes of billing for E/M services, patients are identified as either new or established, depending on previous encounters with the provider.

A **new patient** is defined as an individual who has not received any professional services from the physician/non-physician practitioner (NPP) or another physician of the same specialty who belongs to the same group practice within the previous three years.

An **established patient** is an individual who has received professional services from the physician/NPP or another physician of the same specialty who belongs to the same group practice within the previous three years.

Codes for NEW Patients

99201 - Usually the presenting problem(s) are low to moderate severity. The provider typically spends 10 minutes face-to-face with the patient/family.
• A problem focused history;
• A problem focused examination;
• Straightforward medical decision making.

99202 - Usually the presenting problem(s) are low to moderate severity. The provider typically spends 20 minutes face-to-face with the patient/family.
•An expanded problem focused history
•An expanded problem focused examination
•Straightforward medical decision-making

99203 – Usually the presenting problem(s) are of moderate severity. The provider typically spends 30 minutes face-to-face with the patient/family.
•A detailed history
•A detailed examination
•Medical decision making of low complexity

99204 – Usually the presenting problem(s) are of moderate severity. The provider typically spends 45 minutes face-to-face with the patient/family.
• A comprehensive history;
• A comprehensive examination;
• Medical decision making of moderate complexity.

99205 - Usually the presenting problem(s) are of high severity. The provider typically spends 60 minutes face-to-face with the patient/family.
• A comprehensive history;
• A comprehensive examination;
• Medical decision making of high complexity.

Codes for ESTABLISHED Patients
99211- Usually the presenting problem(s) are minimal. Typically 5 minutes are spent face-to-face with the patient/family. PerformCare is requiring that all E/M codes be directly provided by the prescribing practitioner. Nursing services should continue to use the existing H0034 and/or other relevant nursing codes.

99212 - Usually the presenting problem(s) are minor. The provider typically spends 10 minutes face-to-face with the patient/family.
•A problem-focused history
•A problem-focused examination
•Straightforward medical decision making

•**99213** – Usually the presenting problem(s) are of moderate severity. The provider typically spends 15 minutes face-to-face with the patient/family.
•An expanded problem-focused history
•An expanded problem-focused examination
•Medical decision making of low complexity

99214 – Usually the presenting problem(s) are of moderate to high severity. The provider typically spends 25 minutes face-to-face with the patient/family.
•A detailed history
•A detailed examination
•Medical decision making of moderate complexity

•**99215** – Usually the presenting problem(s) are of moderate to high severity. The provider typically spends 40 minutes face-to-face with the patient/family.
•A comprehensive history
•A comprehensive examination
•Medical decision making of high complexity

Medical Records must include rationale for level and complexity. Please see the Evaluation and Management Services Guide published by CMS which is located at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/eval_mgmt_serv_guide-ICN006764.pdf. This guide may be helpful in understanding how and when to use E/M coding. This document is over 80 pages long so you may wish to save an electronic version rather than print. For full descriptions of the new codes for therapy, the revised CPT manual is available for purchase from the AMA and additional online retailers.

ATTACHMENT 3 **Frequently Asked Questions**

What are the new psychotherapy codes effective for dates of service on or after 1/1/13?

The codes most commonly billed to PerformCare involve diagnostic and therapy procedures. For individual psychotherapy, there will no longer be separate codes for outpatient and inpatient settings. All individual psychotherapy will be captured through one of three new codes. Unlike the existing codes, the new code descriptions in the 2013 CPT manual will list specific times (for example, 45 minutes). However, there are recommended example time ranges that are published, and these will be followed by PerformCare. The three new codes for 2013 with acceptable time ranges are:

- 90832 Psychotherapy, 30 minutes with patient and/or family member (16-37 minutes)
- 90834 Psychotherapy, 45 minutes with patient and/or family member (38-52 minutes)
- 90837 Psychotherapy, 60 minutes with patient and/or family member (53 or more minutes)

The codes now used for a psychiatric diagnostic interview, 90801, will be replaced by two separate codes. Code 90791 will be used for a diagnostic evaluation, while 90792 will be used for a diagnostic evaluation that includes a medical service component. PerformCare is directing all prescribing practitioners currently billing 90801 (psychiatrist, CRNP, PA) to bill using 90792, and all non-prescribing practitioners currently billing 90801 to use 90791.

What are the PerformCare payment rates for the new codes?

The payment rates will be the same rates as those services that are being replaced. PerformCare will issue a revised rate schedule with the relevant new codes reflected in early 2013.

Why are CPT codes changing?

The AMA recommends CPT (Currently Procedural Terminology) code changes every year to CMS. However, this year's changes resulted in a greater than usual impact on behavioral health. The last time major changes were made to the Psychiatry section was in 1998.

When will these changes take effect? Did PerformCare consider a delay?

PerformCare carefully considered on-time implementation versus waiting for additional HealthChoices program clarification. However, under HIPAA and under our HealthChoices contracts with Counties, full compliance requires that the new CPT code set take effect on January 1, 2013. Since providers very clearly have to implement with commercial payers and Medicare as of January 1, 2013, it was determined that it was best to proceed with the set effective date. Please note that it is for dates of service on or after January 1, 2013. If the date of service occurred in 2012, the old codes must be used.

What are “add-on codes”?

Add on codes are codes that must be carried out and billed in addition to another primary procedure code. They only apply to services or procedures performed by the same health care professional. Add-on codes should only be reported along with a primary procedure, and must never be reported alone as a stand-alone code. PerformCare is implementing the 90785 add-on code for interactive complexity, but only for situation requiring interpreter services. PerformCare is implementing the therapy add-on codes for use by prescribing practitioners in addition to an E/M code. The add-on code is submitted as a second line on the claim and must be submitted along with the primary service that it is supplementing.