

MEDICARE CPT CODES TO CHANGE IN JANUARY

In a much awaited announcement, new Current Procedural Codes (CPT codes) for Medicare were announced in the Federal Register November 2. These will affect all claims after January 1, 2013.

CPT codes will be changing for many medical procedures. For psychotherapy some of the main changes are as follows: 90801, "psychiatric diagnostic evaluation", will not be recognized. Instead, an initial consultation must be billed as either 90791, for "psychiatric diagnostic evaluation with no medical services", or 90792, for "psychiatric diagnostic evaluation with medical services".

90806, "outpatient psychotherapy 45-50 minutes", will be replaced by 90834, "psychotherapy, 45 minutes".

In addition to the new numbers, a new concept of "add-on codes" has been introduced which will allow an additional billable 30 minutes for "interactive complexity". For example, a 45 minute psychotherapy session could be billed as 90834, with an additional 30 minutes billed as 90785. 90785 is the "interactive complexity add-on".

To view a Crosswalk of old and new CPT codes provided by the American Psychiatric Association go to

<http://www.cphs.org/pdf/CPTCodes/cpt2013crosswalktonewcodestable.pdf>

NASW will be providing a Webinar to all NASW members on this subject January 17, 2013. Look for announcement of details soon.

"Preparing your Organization for 2013 CPT Code Changes", a free webinar offered by the National Council for Community Behavioral Health Care, will take place December 3, 1-3:00 PM. You can register for this at

http://www.thenationalcouncil.org/cs/cpt_codes

These changes have been introduced by CMS but are likely to become the standard for commercial insurance as well. However the insurance companies have not been involved in the process and have yet to announce how they will implement the new CPT codes. Expect to hear from them shortly. **We recommend that you investigate what each plan requires, just as we recommend at the start of each year that you confirm what is covered under a patient's benefits.**

Reimbursement levels for the new CPT codes are provisional. They have been proposed to Centers for Medicare and Medicaid Services by the American Medical Association Relative Value Update Committee and could be revised based on feedback

during the public comment period which began November 2 with publication of the new CPT codes in the Federal Register.

We recommend that for all Medicare patients you start using the new CPT codes January 1. However there may be a transitional period before claims with the old codes are rejected. We will continue to inform you about new developments as we learn of them.

Please note that this is a separate issue from the replacement of DSM codes by ICD-10 codes, which will be required by Medicare in October 2014.

Helen T. Hoffman, LCSW, Chair, Vendorship and Managed Care Committee

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