

North Carolina Medicaid Special Bulletin

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**Attention:
Behavioral Health
Providers**

Behavioral Health CPT© Code Changes for Psychotherapy and Psychodiagnostic Interviewing; Addition of Outpatient Crisis Services

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Behavioral Health CPT® Code Changes for Psychotherapy and Psychodiagnostic Interviewing; Addition of Outpatient Crisis Service

In accordance with major revisions to the AMA Current Procedural Terminology (CPT © Codes) for 2013, North Carolina Medicaid (NC DMA) is currently updating policies for psychotherapy and psychiatric medication management.

The codes listed in Table 1 will no longer be covered or reimbursable as of January 1, 2013, by NC Medicaid or LME-MCOs. Claims using the 2012 CPT codes for dates of service on or prior to December 31, 2012, will still be processed. **NC DMA is currently updating Clinical Coverage Policy 8C (CCP 8C) to include these changes.**

Table 1. Deleted Codes

Code	Description	Code	Description
90801	Clinical Intake	90862	Pharmacologic Management
90802	Interactive Evaluation	90857	Interactive Group Psychotherapy
90804	Individual Therapy, 20-30 min., outpatient	90816	Individual Therapy, 20-30 minutes, inpatient
90805	Individual Therapy, 20-30 min. with medical evaluation/management (E/M), outpatient	90817	Individual Therapy, 20-30 minutes with E/M, inpatient
90806	Individual Therapy, 45-50 min., outpatient	90818	Individual Therapy, 45-50 minutes, inpatient
90807	Individual Therapy, 45-50 min. with E/M, outpatient	90819	Individual Therapy, 45-50 minutes with E/M, inpatient
90808	Individual Therapy, 75-80 min., outpatient	90821	Individual Therapy, 75-80 minutes, inpatient
90809	Individual Therapy, 75-80 min. with E/M, outpatient	90822	Individual Therapy, 75-80 minutes with E/M, inpatient
90810	Interactive Therapy 20-30 minutes, outpatient	90823	Interactive Therapy 20-30 minutes, inpatient
90811	Interactive Therapy 20-30 minutes with E/M, outpatient	90824	Interactive Therapy 20-30 minutes with E/M, inpatient
90812	Interactive Therapy 45-50 minutes, outpatient	90826	Interactive Therapy 45-50 minutes, inpatient
90813	Interactive Therapy 45-50 minutes with E/M, outpatient	90827	Interactive Therapy 45-50 minutes with E/M, inpatient
90814	Interactive Therapy 75-80 minutes, outpatient	90828	Interactive Therapy 75-80 minutes
90815	Interactive Therapy 75-80 minutes with E/M, outpatient	90829	Interactive Therapy 75-80 minutes with E/M, inpatient

New Codes

New CPT© Codes were developed to replace the deleted codes, and one crisis code with 30-minute add-on was added. The following changes are important to note:

- There are no longer distinct codes for **outpatient or inpatient psychotherapy**. Choice of psychotherapy codes is based solely on time spent with the enrollee, not on the place of service (although separate non-CPT place of service [POS] codes are still required for billing).
- Rather than have distinct codes for “Interactive Psychotherapy”, an add-on code (90785) was added for “**Interactive Complexity**” to be applied to most of the individual or group therapy or psychiatric interviewing codes (90791, 90792, 90833-90838, and 90853). The crisis therapy, family therapy, testing, and psychoanalysis codes are not to be billed with the Interactive Complexity add-on.
- Psychiatric coding guidelines were revised to require the use of Medical Evaluation and Management (E/M) codes as *separate and distinct services* from psychotherapy services for **Medical/Medication Management**.
- **Psychiatric Interviewing** codes replace 90801/90802 with new requirements (e.g., re-assessments are permitted, not reported with psychotherapy or with crisis codes).
- As long as the “patient” is **present for some** of the therapy session, treatment may include face-to-face time with family members (focus of treatment must still be the actual “patient”).
- An entirely new code was added for **Outpatient Crisis Services** (90839) with a time-based add-on code (90840).

The following providers may perform services listed in DMA CCP 8C using the revised CPT Codes as indicated on the following pages:

- Physician/Psychiatrist
- Physician Assistants (billing ‘incident to’ a Physician)
- Certified Psychiatric Nurse Practitioner (NP)
- Licensed Psychologist (LP)
- Licensed Psychological Associate (LPA)
- Licensed Professional Counselor (LPC)
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage and Family Therapist (LMFT)
- Certified/Licensed Clinical Addictions Specialist (LCAS)
- Certified Clinical Supervisor (CCS)
- Certified Clinical Nurse Specialist (CNS)
- Associate Licensed Professionals (billing ‘incident to’ a Physician using the SC modifier)

The new codes are to be used for all psychotherapy, psychiatric diagnostic evaluation, and outpatient crisis services covered in CCP 8C and occurring as of January 1, 2013. As with the 2012 CPT codes replaced by the 2013 CPT codes, these services will be managed by LME-MCOs as they become active under the 1915 b/c waiver. Please note that services for children ages 0-2 and services for NC HealthChoice beneficiaries will continue to be covered by the DMA utilization management contractor (Value Options).

Behavioral Health (BH) visit limits and Prior Authorization rules found in CCP 8C remain in effect. Note that the number of unmanaged visits allowed may be increased by local LME-MCOs with permission from DMA

A brief summary of the new codes can be found in **Table 2**.

Table 2. New Codes

Code	Description	Psychiatrist / MD	Psych NP	LP/ LPA/ LPC / LCSW/ LMFT/ LCAS/ CCS/ CNA	Associate- Licensed Professionals (incident-to)	Prior Authorization (PA) / Unmanaged Visit Limits
90785+	Interactive Complexity Add-On	X	X	X	X *SC Modifier	PA and visit limits do not apply; "add-on" to other codes (90791, 90792, 90832-90838, 90853) that do have PA and visit limits
90791	Psychiatric diagnostic evaluation	X	X	X	X *59, SC Modifier	BH visit limits/PA requirements in CCP 8C
90792	Psychiatric diagnostic evaluation with medical services	X	X			BH visit limits/PA requirements in CCP 8C
90832	Psychotherapy, 16-37 minutes	X	X	X	X *SC Modifier	BH visit limits/PA requirements in CCP 8C
90833+	Psychotherapy, 16-37 minutes with E/M service, listed separately	X				BH visit limits/PA requirements in CCP 8C; code must be used with E/M code
90834	Psychotherapy, 38-52 minutes	X	X	X	X *SC Modifier	BH visit limits/PA requirements in CCP 8C
90836+	Psychotherapy, 38-52 minutes with E/M service, listed separately	X				BH visit limits/PA requirements in CCP 8C; code must be used with E/M code
90837	Psychotherapy, 53+ minutes	X	X	X		BH visit limits/PA requirements in CCP 8C
90838+	Psychotherapy, 53+ minutes with E/M service, listed separately	X				BH visit limits/PA requirements in CCP 8C; code must be used with E/M code
90839	Psychotherapy for Crisis, 30-74 minutes	X	X	X		Two per calendar year per attending provider, no PA required; see new policy 8C
90840+	Psychotherapy for Crisis, Each additional 30-minutes beyond initial 74min, up to two add-ons per 90839	X	X	X		Must be used with 90839; two add-ons per 90839 event; see new policy 8C
E/M Codes: 99201- 99255; 99304- 99337; 99341- 99350	Physicians select the appropriate E/M codes based on history, exam, and medical decisions, not on time if using psychotherapy add-on.	X				E/M Visit limit is separate; DMA established adult limit is 22, does not count toward BH limits; Limit does not apply to diagnoses listed here: http://www.ncdhhs.gov/dma/provider/VisitLimitDiagnosesList.pdf

'Incident-to' Billing and Associate Licensed Professionals

When billing the service code rendered by the associate level licensed professional, other than Licensed Psychological Associates, the NCCI modifier 59 should be appended to CPT codes 90791, 90846, 99408, or 99409. The SC modifier should also be used (as it is used currently) to indicate that the service was rendered by an associate level licensed professional billing 'incident to'. The use of these modifiers allows the system to recognize that the service was provided by a different attending provider. The other CPT codes (90832, 90834, 90847, and 90853) that associate level licensed professionals bill 'incident to,' cannot be overridden by appending modifiers, per federal guidelines. These codes can continue to be billed 'incident to' but need to be provided on a separate date of service to be considered for reimbursement. Alternatively, if medication management using E/M codes is provided on the same date of service, the psychotherapy add-on code (90833 or 90836) can be billed to indicate that medication management and individual therapy were rendered. As always, documentation in the record should clearly indicate who provided the service. Note that Licensed Psychological Associates may not bill 'incident to' and must instead enroll as NC Medicaid providers, billing under their own NPI.

Outpatient Behavioral Health Services by Psychiatric Nurse Practitioners and Physician Assistants

At this time, Psychiatric Nurse Practitioners can only bill therapy codes per the grid below. DMA is working on a policy revision for Nurse Practitioners that will include the use of E/M codes. At a minimum, Psychiatric Nurse Practitioners will be able to bill standard Office or Outpatient services (i.e. 99201-99203, 99211-99213). DMA is working diligently to make these necessary changes as soon as possible. Updates will be published in a separate Medicaid Bulletin as soon as they are available.

As a reminder, Physician Assistants should continue to bill 'incident to' a Physician when providing services in behavioral health practices. The 'incident to' billing guidance will be clarified in Clinical Coverage Policy 8C revisions. DMA will be working on direct enrollment and billing for Physician Assistants who practice in behavioral health settings. More information, including reimbursable CPT codes, will be published in a separate Medicaid bulletin.

E/M Prolonged Service Codes

Prolonged Service Codes (99354-99357) may not be used on the same day, by the same provider, for E/M services with psychotherapy add-on (90833, 90836, or 90838). However, for providers eligible to use E/M codes, up to 90 minutes of therapy may be billed using the 30-minute psychotherapy code (90832) plus one E/M Prolonged Service add-on (99354 or 99356 as appropriate).

Outpatient Crisis Services

In order to support crisis stabilization in outpatient settings and appropriate utilization of emergency services, DMA is covering the new CPT code for Psychotherapy for Crisis (90839) and the associated 30-minute add-on code (90840). The Interactive Complexity code (90785) cannot be added to this code. No other psychotherapy (90932-90838, 90845-90899) or diagnostic interviewing codes (90791-90792) may be billed on the same day as 90839.

Due to the nature of crisis services, a CCA is not required prior to Psychotherapy for Crisis services. It is expected that enrollees receiving this service will either already have a CCA from prior treatment or will have a CCA completed upon commencement of further services.

Psychotherapy for Crisis services is limited to two events per recipient per attending provider per calendar year without prior authorization. Up to two 30-minute add-on codes (90840) may be reported along with each Psychotherapy for Crisis code (90839). However the first 30-74 minutes apply to the 90839 code; the provider must reach 74 minutes before adding on 90840 for the next 30 minutes. MCOs may allow additional sessions without prior authorization with permission from DMA, but cannot restrict providers to fewer unmanaged visits.

More detailed guidance on the use of the crisis code will be published soon, in the next revision of CCP 8C. In the meantime, it is the billing provider's responsibility to follow the guidance on Psychotherapy for Crisis found in the 2013 CPT Manual.

Training and Education

All providers are encouraged to pursue training and education regarding the use and documentation requirements of the new codes. The requirements are found in the American Medical Association's 2013 CPT Manual. It is each billing provider's responsibility to read, understand, and ensure compliance with published 2013 CPT guidance and DMA policy for services billed to Medicaid and LME-MCOs. There is no substitute for reading the 2013 CPT manual. Providers may view the following webinar as additional training materials: <http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt.page>. Many of the state and national professional associations offer live and archived trainings on the new codes.

Fee Schedules

Updated Fee Schedules will be posted on DMA's website as soon as they are available.

DMA Behavioral Health Policy Section

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