



**STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES**


Med-QUEST Division
Health Care Services Branch
P. O. Box 700190
Kapolei, Hawaii 96709-0190

March 8, 2013

MEMORANDUM

MEMO NO.
ACS M13-02

TO: Behavioral Health Providers

FROM: Kenneth S. Fink, MD, MGA, MPH 
Med-QUEST Division Administrator

SUBJECT: CHANGES TO PSYCHOTHERAPY CODES FOR FEE-FOR-SERVICE (FFS)
REIMBURSEMENT EFFECTIVE JANUARY 1, 2013

The Med-QUEST Division (MQD) is sending this memo upon learning that providers may not be fully aware of the American Medical Association (AMA) update to the Current Procedural Terminology (CPT) codes for psychotherapy effective January 1, 2013. Attached is a chart that describes a crosswalk to former and revised reimbursement codes for psychotherapy services. In addition, included is an attachment on guidelines for use of Interactive Complexity code. Utilize these AMA revised psychotherapy codes for FFS Medicaid beneficiaries for services provided January 1, 2013 or later.

Xerox, the MQD fiscal intermediary, will deny all claims submitted using the former CPT codes that are billed for FFS beneficiaries. Please resubmit these claims using the revised codes.

Thank you for all of the services that you provide to our Medicaid beneficiaries. Please contact the Provider Hotline at 808-692-8099 should you have any questions.

Attachments

c: QUEST/QExA Health plans
Community Care Services (CCS)

Psychotherapy Codes – Effective January 1, 2013

The 2013 Current Procedural Terminology (CPT) replaces several of the former CPT codes for behavioral health services. Some of these new CPT codes allow the provider to use the interactive complexity code (90785) in addition to specific psychiatry codes for individuals that have specific communication factors that complicate the delivery of primary psychiatric procedures such as having a third party (i.e., parent or legal guardian) involved in their psychiatric care. Attachment A describes additional requirements for using interactive complexity code (90785). In addition, the 2013 CPT revised the definition of several psychotherapy codes to allow either a psychiatrist or advanced practice registered nurse (APRN) to separately report evaluation and management (E&M) services performed on the same day as psychotherapy. The 2012 CPT codes listed in the column “Former CPT Code” are the most commonly used psychotherapy codes. Inpatient Hospital, Partial Hospital or Residential Care Facility codes 90816-90822 and Interactive Psychotherapy codes 90823-90829 have been deleted from the 2013 CPT and should be crosswalked to 2013 codes. Please note that the therapy time of 2013 codes differs from the time in the 2012 CPT.

Qualified mental health providers are licensed behavioral health providers (psychiatrist, psychologist, APRN behavioral health, clinical social worker, mental health counselor, and marriage family therapist).

Former CPT Code	CPT Code	New Description	Rate	Comments
N/A	90785	Interactive complexity	\$4.77	<ul style="list-style-type: none"> List separately in addition to the specific codes listed below
90801	90791	Psychiatric diagnostic evaluation	\$104.43	<ul style="list-style-type: none"> May add 90785; Cannot code with E&M; Same rate for psychiatrist and psychologist; Residents okay; No telemedicine.
N/A	90792	Psychiatric diagnostic evaluation with medical services	\$104.43	Same as 90791
90804 20-30 min	90832	Psychotherapy, 30 min with patient and/or family member	\$46.62	<ul style="list-style-type: none"> May add 90785; Cannot code with E&M; Same rate for psychiatrist and psychologist; Other qualified mental health providers at 75% of rate; Residents okay; Telemedicine okay.

Former CPT Code	CPT Code	New Description	Rate	Comments
90806 45-50 min	90834	Psychotherapy, 45min with patient and/or family member	\$75.00	Same as 90832
90808 75-80 min	90837	Psychotherapy, 60 min with patient and/or family member	\$110.09	Same as 90832
90805 20-30 min	90833	Psychotherapy, 30 min with patient and/or family member when performed with an E&M service	\$42.15	<ul style="list-style-type: none"> • May add 90785; • May code with E&M as long as added separately in addition to primary procedure code; • For psychiatrist; APRN paid at 75% • Residents okay; • Telemedicine okay.
90807 45-50 min	90836	Psychotherapy, 45 min with patient and/or family member when performed with an E&M service	\$68.43	Same as 90833
90809 75-80 min	90838	Psychotherapy, 60 min with patient and/or family member when performed with an E&M service	\$110.68	Same as 90833
90862	N/A	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services	N/A	Medication management services should be billed by a physician with an E&M code.
90845	90845	Psychoanalysis	\$65.82	<ul style="list-style-type: none"> • Cannot code with 90785; • Same rate for psychiatrist and psychologist; • Other qualified mental health providers at 75% of rate; • Residents okay; • Telemedicine okay.
90846	90846	Family psychotherapy (without patient present)	\$71.55	<ul style="list-style-type: none"> • Cannot code with 90785; • Cannot code with E&M; • Same rate for psychiatrist and psychologist; • Other qualified mental health providers at 75% of rate; • Residents okay; • No telemedicine.

Former CPT Code	CPT Code	New Description	Rate	Comments
90847	90847	Family psychotherapy (conjoint psychotherapy) (with patient present)	\$82.73	<ul style="list-style-type: none"> • Cannot code with 90785; • May code with E&M as long as added separately in addition to primary procedure code; • Same rate for psychiatrist and psychologist; • Other qualified mental health providers at 75% of rate; • Residents okay; • No telemedicine.
90849	90849	Multiple-family group psychotherapy	\$25.38	<ul style="list-style-type: none"> • Cannot code with 90785; • Cannot code with E&M; • Same rate for psychiatrist and psychologist; • Other qualified mental health providers at 75% of rate; • Residents okay; • No telemedicine.
90853	90853	Group psychotherapy	\$24.71	<ul style="list-style-type: none"> • May add 90785; • Group psychotherapy must include interactive complexity; • Same rate for psychiatrist and psychologist; • Other qualified mental health providers at 75% of rate; • Residents okay; • No telemedicine.

Attachment A

Interactive Complexity – Guidelines for use

Definition:	Interactive complexity is a code that is used to identify communication issues that make treatment of the individual more complicated when related to several psychotherapy procedures. The CPT add-on code for interactive complexity is 90785. Add-on codes may be reported in conjunction with several identified procedure codes. Add- on codes may not be used alone.
Individuals who this code may be used:	Those who have third parties, such as parents, guardians, other family members, interpreters, language translators, agencies, court officers, or schools involved in their psychiatric care. These factors are typically present with patients who: <ul style="list-style-type: none"> • Have other individuals legally responsible for their care, such as minors or adults with guardians, or • Request others to be involved in their care during the visit, such as adults accompanied by one or more participating family members or interpreter or language translator, or • Require the involvement of other their parties, such as child welfare agencies, parole or probation officers, or schools.
Use when at least one of the following is present:	<ol style="list-style-type: none"> 1. The need to manage maladaptive communication (related to e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care. 2. Caregiver emotions or behavior that interferes with the caregiver’s understanding and ability to assist in the implementation of the treatment plan. 3. Evidence or disclosure of a sentinel event and mandated report to third party (eg, abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants. 4. Use of play equipment, other physical devices, interpreter, or translator to communicate with the patient to overcome barriers to therapeutic or diagnostic interaction between the physician or other qualified health care professional (QHCP) and a patient who: <ul style="list-style-type: none"> ▪ Is not fluent in the same language as the physician or other QHCP, or ▪ Has not developed, or has lost, either the expressive language communication skills to explain his/her symptoms and response to treatment, or the receptive communication skills to understand the physician or other QHCP if he/she were to use typical language for communication.
Able to use with the following codes:	The following psychiatric “primary” procedure codes: <ul style="list-style-type: none"> • Psychiatric diagnostic evaluation, 90791, 90792. • Psychotherapy, 90832, 90834, 90837. • Psychotherapy add-on codes, 90833, 90836, 90838 WHEN reported with E/M. • Group psychotherapy , 90853
May not be used with the following codes:	<ul style="list-style-type: none"> • Psychotherapy for crisis (90839, 90840) • Evaluation and Management (E/M) alone. This code cannot be used if the E/M code is not reported in conjunction with a psychotherapy code. • Family psychotherapy (90846, 90847, 90849).
Unit code only:	Used as one (1) unit only. No time allotment is used with this code.

Guidelines are adapted from 2013 Current Procedural Terminology (CPT) coding from American Medical Association (AMA) Interactive Complexity section.