ValueOptions®

2012-2013
Topics

- Background
- What is Changing?
- What is Staying the Same?
- CPT Code Crosswalk
- Utilization Management
- Provider Frequently Asked Questions
- Resources
- Contact Us
- Questions
Background: 2013 CPT Code Changes

- The new code set applies to all services provided on or after January 1, 2013.
- **All provider disciplines are impacted** (psychiatrists, psychologists, social workers, licensed professional counselors and all other behavioral health providers that use CPT codes).
- ValueOptions and all other third party insurers will need to clearly define codes for billing and payment practices utilizing the **2013 CPT code book**.
- It is expected that after January 1, 2013 providers must convert to using the new codes for billing dates of service on or after January 1, 2013.
- All dates of service prior to January 1, 2013 must be submitted with the 2012 code set regardless of when they are billed.
A medical numeric coding system maintained and copyrighted by the American Medical Association (AMA) used for billing purposes.

The numeric codes outline every task and service a healthcare provider can deliver such as medical, surgical and diagnostic services.

The American Medical Association defines and releases a new set of CPT codes on an annual basis.

The coding system supplies providers with an efficient claims processing system.
According to AMA:

- “The new codes will enhance reporting of innovative diagnostic tools that will promote medicine’s overarching goals of reducing disease burdens, improving health outcomes and reducing long-term care costs. Additional updates to the 2013 CPT code set reflect practice changes and technology improvements in neurologic testing and psychiatry.”
- AMA Press Release September 17, 2012
What is Staying the Same?

- Psycho-analysis Code:
  - 90845
- Family Therapy Code – Patient Not Present
  - 90846
- Family Therapy Code – Patient Present
  - 90847
- Multi-family Group Treatment Code:
  - 90849
- Group Therapy
  - 90853
What is Changing?

-Retired Codes as of 1/1/13:
  - Therapy – 90801 through 90829
  - Medication Management – 90862
  - Group Therapy – 90857

-Initial Evaluation Codes
  - Providers will now use:
    - 90791 - Initial Evaluation provided by a non-physician or a prescribing provider not providing medical management services
    - 90792 - Initial Evaluation with medical services provided by a physician
What is Changing?

- **Routine Therapy Codes (remain time-based)**
  - Providers will now use:
    - 90832 (30 minutes)
    - 90834 (45 minutes)
    - 90837 (60 minutes)

- **Crisis Management Codes**
  - 90839 (first 30 to 74 minutes)
  - +90840 (Each additional 30 minutes)

- **Medication Management Codes**
  - Providers will now use M0064 (an existing HCPCS code) for Medication Management. (90862)
What is Changing?

- Interactive Complexity
  - +90785
    - Add on code is used to identify when complexity is present.
    - Code can only be reported in conjunction with another code.
    - Codes can be reported with:
      - Diagnostic Evaluations (90791-90792)
      - Psychotherapy (90833-90838)
      - E&M codes when used in conjunction with psychotherapy services (99201-99255; 99304-99377; 99341-99350)
        - For those billing E&M codes and add-on therapy codes providers should expect to receive requests for copies of records/notes that support E&M documentation requirements and therapy.
      - Group Psychotherapy (90853)
ValueOptions Crosswalk
2013 CPT Code Changes
# Psychiatric Diagnostic Procedures

<table>
<thead>
<tr>
<th>2012 Code</th>
<th>Action Taken</th>
<th>2013 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>90801: Psychiatric diagnostic evaluation</td>
<td>Retired 12/31/2012</td>
<td>90791</td>
</tr>
<tr>
<td></td>
<td></td>
<td>90792 (prescribers only)</td>
</tr>
<tr>
<td>90802</td>
<td>Retired 12/31/2012</td>
<td>90791 or 90792</td>
</tr>
</tbody>
</table>
# Psychotherapy

<table>
<thead>
<tr>
<th>2012 Code</th>
<th>Action Taken</th>
<th>2013 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>90804</td>
<td>Retired 12/31/2012</td>
<td>90832</td>
</tr>
<tr>
<td>90805</td>
<td>Retired 12/31/2012</td>
<td>+90833 (with appropriate E&amp;M code)</td>
</tr>
<tr>
<td>90806</td>
<td>Retired 12/31/2012</td>
<td>90834</td>
</tr>
<tr>
<td>90807</td>
<td>Retired 12/31/2012</td>
<td>+90836 (with appropriate E&amp;M code)</td>
</tr>
<tr>
<td>90808</td>
<td>Retired 12/31/2012</td>
<td>90837</td>
</tr>
<tr>
<td>90809</td>
<td>Retired 12/31/2012</td>
<td>+90838 (with appropriate E&amp;M code)</td>
</tr>
<tr>
<td>2012 Code</td>
<td>Action Taken</td>
<td>2013 Code</td>
</tr>
<tr>
<td>----------</td>
<td>----------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>90810</td>
<td>Retired 12/31/2012</td>
<td>90832</td>
</tr>
<tr>
<td>90811</td>
<td>Retired 12/31/2012</td>
<td>+90833 (with appropriate E&amp;M code)</td>
</tr>
<tr>
<td>90812</td>
<td>Retired 12/31/2012</td>
<td>90834</td>
</tr>
<tr>
<td>90813</td>
<td>Retired 12/31/2012</td>
<td>+90836 (with appropriate E&amp;M code)</td>
</tr>
<tr>
<td>90814</td>
<td>Retired 12/31/2012</td>
<td>90837</td>
</tr>
<tr>
<td>90815</td>
<td>Retired 12/31/2012</td>
<td>+90838 (with appropriate E&amp;M code)</td>
</tr>
<tr>
<td>2012 Code</td>
<td>Action Taken</td>
<td>2013 Code</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>None</td>
<td>New Code</td>
<td>90839 (crisis psychotherapy, 30 to 74 minutes)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>+90840 (crisis psychotherapy for each additional 30 minutes beyond 90839)</td>
</tr>
<tr>
<td>None</td>
<td>New Code</td>
<td>+90785 (billed with psychotherapy codes for interactive complexity)</td>
</tr>
<tr>
<td>90857</td>
<td>Retired 12/31/2012</td>
<td>90853</td>
</tr>
<tr>
<td>90862</td>
<td>Retired 12/31/2012</td>
<td>HCPCS M0064</td>
</tr>
</tbody>
</table>
Utilization Management

For accounts impacted by Federal Mental Health Parity:
- The current outlier management process will apply.
- Providers should check ProviderConnect to determine if a case has hit outlier status and a treatment review is necessary.

For accounts not impacted by Federal Mental Health parity:
- All codes including new codes will count toward any pass through sessions allowed.
- If registration or authorization was required in 2012 the same process will be required with the new codes.

To assure CMS documentation requirements are met, auditing of records may be completed for providers who:
- Bill E&M codes (99213,99214,99215)
- Use new add-on therapy codes (90833,90836,90838)
Frequently Asked Questions

- When does ValueOptions plan to begin accepting the new code set?
  - ValueOptions will begin to accept the new CPT codes for 2013 dates of service beginning January 1, 2013.

- What if you are a provider with multiple contracts with ValueOptions and/or their partners (i.e. – ValueOptions Maryland, ValueOptions Arkansas etc.)?
  - We are aware that many of our providers may hold multiple contracts with ValueOptions and/or our partners that may be “network-specific”. Each network specific client may have specific guidelines for the 2013 CPT code changes. Please contact the network specific website or designated provider relations representative for each contract to find out the details of their specific timeline and crosswalk.
  - Providers may also receive communication regarding the 2013 CPT code changes directly from one of our network specific clients and/or partners i.e. ValueOptions Maryland, ValueOptions Arkansas.
Frequently Asked Questions

• Will there be changes to my current contracted rates with ValueOptions?

  • Rates will be crosswalked in the same way billing codes are – for example 90791 will reimburse at the same rate as your 90801 rate.

  • Again, most of the 2012 CPT codes will be cross walked to the new 2013 CPT codes. The new codes will have new rates. For new codes, as indicated on the ValueOptions 2013 CPT Code Crosswalk, reimbursement will be based on 75% of the calculated payment based on the Relative Value Unit (RVU) for the code.

  • In 2013, you will receive updated fee schedules with the new codes and your rates for behavioral health services.
External Resources

- American Academy of Child & Adolescent Psychiatry

- American Psychiatric Association
  - [www.psychiatry.org/practice](http://www.psychiatry.org/practice)

- American Medical Association

- Purchase the CPT® 2013 Professional Edition:
  - [https://catalog.ama-assn.org/Catalog/?_requestid=614184](https://catalog.ama-assn.org/Catalog/?_requestid=614184)

- CMS Evaluation and Management Services Guide

- The National Council for Behavioral Health Fact Sheet
ValueOptions Resources

- The ValueOptions 2013 CPT Code Changes Webinars
  - [http://www.valueoptions.com/providers/Files/pdfs/Monthly_Provider_Webinar_Calendar.pdf](http://www.valueoptions.com/providers/Files/pdfs/Monthly_Provider_Webinar_Calendar.pdf)
- ValueOptions Spotlight Section:
  - [http://www.valueoptions.com/providers/Providers.htm](http://www.valueoptions.com/providers/Providers.htm)
- ValueOptions Network Specific Page:
  - [http://www.valueoptions.com/providers/Network.htm](http://www.valueoptions.com/providers/Network.htm)
Contact Us

- General 2013 CPT Code Questions:
  - 2013cptcoding@valueoptions.com

- Provider Services Line:
  - 800-397-1630, option 5
  - 8 am – 5 pm ET, Monday through Friday
Questions?