

2013 CPT® Code Changes Provider Frequently Asked Questions

This FAQ document will continue to be reviewed and updated frequently in order to provide the most current and pertinent information.

Q: What is changing?

- A.** Annually, in October, the American Medical Association defines and releases a new set of Current Procedural Terminology (CPT) codes. **This new code set takes effect on January 1, 2013.** Mental health and substance abuse treatment providers use these CPT codes when submitting claims for services.

This year's code set has several changes that dramatically impact provider billing as many codes were either deleted or modified. Key changes include:

- *Removal of psychotherapy/medical management combination service codes from the psychiatry section (90805,90807)*
 - *Evaluation and Management (or E&M) is a category of medical services. This is not a new category of codes for CPT, though many medical providers in behavioral health used codes from the psychiatry section of the CPT book instead of the E&M section. Since the combination codes for psychotherapy and medical management in the Psychiatry section have been deleted, behavioral health medical services will have to be coded using E&M codes.*
- *Deletion of pharmacologic management code (90862)*
- *Psychotherapy and E&M services are distinguished from each other (time spent on E&M services is not counted towards psychotherapeutic services, and separate codes can be used in combination with one another)*
- *Inclusion of add on codes for psychiatry, which are services performed in addition to a primary service or procedure (and never as a stand-alone service)*
- *Addition of code 90785 for interactive complexity*
- *Addition of psychotherapy for crisis, first 60 minutes (90839)*

Q: Who is impacted by the CPT code changes?

- A.** All provider disciplines are impacted. This includes psychiatrists, psychologists, social workers, licensed professional counselors, licensed marriage and family counselors and all other behavioral health providers that use CPT codes.

Q: When does ValueOptions® plan to begin accepting the new code set?

- A.** ValueOptions will begin accepting the new CPT codes for 2013 dates of service beginning on 1/1/2013.

Q: Are you planning to accept the new CPT codes before the compliance date?

A. No. ValueOptions will not accept the new codes prior to the official date established by AMA. All 2012 dates of service must be submitted with the 2012 code set regardless of when they are billed.

Q: Has ValueOptions established a crosswalk and what source did you use for creating your crosswalk?

A. ValueOptions has created a crosswalk that is similar to the National Council crosswalk. The ValueOptions commercial crosswalk can be found within the 2013 CPT Code Changes PowerPoint Presentation on our [provider news page](#).

Please contact the [network specific website](#) or designated provider relations representative for each network specific contract to find out the details of their particular crosswalk.

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

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

In 2013, you will receive updated fee schedules with the new codes and your rates for behavioral health services. In general, the crosswalk and rate methodology is designed to approximate, in the aggregate, the amount to what the provider received in 2012.

Q: What should I do if I have questions about my rate reimbursement in 2013?

A. Prescribers should have received a separate communication about 2013 rates specific to E&M codes and psychotherapy add-on codes. This communication should answer questions related to 2013 reimbursement rates. Providers with 2013 rate questions can email 2013cptcoding@valueoptions.com or call our Provider Services Line at **800-397-1630 option 1**, 8 am – 5 pm ET, Monday through Friday.

Q: What if you are a provider with multiple contracts with ValueOptions and/or their partners (i.e. – ValueOptions Maryland, ValueOptions Arkansas etc.)?

A. 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 timeline and specific 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 etc.

Q: Did the CPT Code for psychological testing change (96101-96103)?

A. No. There is no impact to the psychological testing CPT codes.

Q: Will ABA codes be changing?

A. No. ABA CPT Codes will remain the same.

Q: Will modifiers be changing in 2013?

A. No.

Q: Will there be medical necessity criteria for the crisis codes 90839 & 90840?

A. ValueOptions will monitor the use of the crisis codes via claims data. If members receive multiple crisis visits, providers will be contacted to provide supporting documentation. These members will be considered for intensive case management services.

Q: Which codes will require authorization and which will not?

A. For accounts that are impacted by Federal Mental Health Parity regulations, the current outlier management process will apply. For business not impacted by Federal Mental Health Parity, pass through, registration or treatment reviews will continue to be required.

Providers billing E&M codes and add-on therapy codes should expect to receive requests for copies of records/notes that support E&M documentation requirements and therapy.

Q: What do providers do when authorizations span 2012 and 2013?

A. For open authorizations from 2012 that will span into 2013 with termed CPT codes, authorizations will be modified based on the 2013 CPT code set. Authorizations will be reviewed and split for both dates and units to allow for claims payment in both 2012 and 2013 with the appropriate coding.

- Q: Where can providers find the Outpatient Treatment Request forms to request an authorization for 2012 and in 2013?**
- A.** The 2012 and 2013 Outpatient Review forms can be found on the Clinical Forms section of the ValueOptions website:
- <http://www.valueoptions.com/providers/Clinforms.htm>
- Q: Will ValueOptions have a transition plan in place for providers who are not ready to use the new code set by 1/1/2013?**
- A.** No. HIPAA laws require providers to use the new codes for 2013 dates of service beginning January 1, 2013. If a provider will not be ready to submit the new codes by 1/1/2013, please contact us via email at: 2013cptcoding@valueoptions.com.
- Q: Should 2012 dates of service be billed separately from 2013 dates of service?**
- A.** Yes. Claim lines should not span years. 2012 dates of service should be billed separately from 2013 dates of service.
- Q: How often will ValueOptions provide CPT code status updates and where can provider updates be found?**
- A.** ValueOptions will provide status updates to providers via the monthly provider newsletter and the 2013 CPT Code Changes FAQ document on a regular basis. Provider specific information will be posted on the Provider tab of valueoptions.com. Click on the CPT Code Changes link under the Spotlight section of the following web page:
<http://www.valueoptions.com/providers/Providers.htm>
- Q: Will you provide support during and after the CPT code changes?**
- A.** Yes. Please email 2013cptcoding@valueoptions.com or call our Provider Services Line at **800-397-1630 option 1**, 8 am – 5 pm ET, Monday through Friday if you have further questions.
- Q: How do providers purchase the CPT Coding Manual?**
- A.** AMA creates the CPT Coding Manual and purchasing information can be found at: https://catalog.ama-assn.org/Catalog/?_requestid=614184

Q: What should providers bill for Medication Management Services? Do we code as a 99213 or as a M0064 in place of a 90862?

A. Neither ValueOptions, nor any carrier, can tell a provider specifically how to code a service since the provider needs to make that determination based on their visit with the member and the services/interaction during that visit. That being said, the 2013 CPT Coding Manual states that physicians and other health care professionals (APN, PA) should use the E&M code and a therapy code when providing both services together in a session. If a visit is strictly a medication management visit, a provider may use M0064 as the definition directly crosswalks to the 90862 code and will reimburse at the same level. The appropriate E and M code alone may also be billed for this service if that definition more clearly defines the service you provided. Please refer to the 2013 CPT Coding Manual for guidance in using these codes.

Q: What is meant by “interactive complexity” psychotherapy?

A. The APA explains “interactive complexity” as an add-on code used when the patient encounter is made more complex by the need to involve people other than the patient (90785). This add-on can be used with initial evaluation codes (90791 and 90792), with the psychotherapy codes, with the non-family group psychotherapy code (90853), and with the E/M codes when they’re used in conjunction with psychotherapy services. The CPT manual includes a more detailed definition and specific guidelines as to what constitutes interactive complexity. The CPT code definition and guidelines should be understood before this add-on code is used. Documentation must clearly indicate exactly what that complexity was. An example would be if a patient encounter involves a third party such as a school counselor or language interpreter.

Q: Will add-on codes require precertification?

A. Add-on therapy codes will not specifically require precertification. All previous authorization requirement guidelines will continue with the new codes. If a service required an authorization in the past, it will require an authorization with the new codes. Please refer to the specific member’s benefits for those requirements.

Q: Will add-on codes have their own fees, or will they change the fee for the primary CPT codes when they are billed on the same claim?

A. There are a few new codes and add-on codes that will have a fee associated with them, specifically 90839, +90840, +90833, +90836 & +90838. The 2012 codes that the new codes will be crosswalked to for rate calculations is included on the ValueOptions’ [2013 CPT code crosswalk](#) and rate information regarding any codes that will have a new rate are also noted in the crosswalk.

Q: Can an add-on code, such as 90833 be billed in addition to 90792?

A. No. The same provider cannot bill for any add-on service to 90792. If it's a clinic and two different providers within the clinic (e.g. an MD and a MSW) perform the 2 services and bill on 2 separate claims we would pay those services.

Q: What are E/M Codes?

A. E and M stands for Evaluation and Management Services Codes. These are codes specific to medical management services used by Medical Providers such as MD/DO, APN and PAs.

Q: Are E/M codes only to be used by prescribers?

A. Yes.

Q: Please clarify the term 'prescribers'?

A. Prescribers would be individuals licensed to prescribe medications - MD, DO, APN and PA.

Q: Can E/M codes be billed alone?

A. Yes they can be billed alone.

Q: Can E/M codes be added to 90832 and 90834?

A. No. E/M codes are specific to evaluation and management services. If therapy is done in addition to the E and M code, there are specific add on codes of 90833, 90836, and 90838 to meet that need.

Q: What is the process to submit for add-on therapy?

A. If add-on therapy is delivered, the add-on codes of 90833 (30 minute psychotherapy code), 90836 (45 minute add-on therapy), and 90838 (60 minute psychotherapy code) must be included on the same claim form referencing the associated E/M code. Claims will be denied if these add-on codes are billed without an E/M code, or billed on a separate claim from the E/M for the same date of service.

Q: What Revenue Codes will providers use when billing E/M codes on a UB04?

A. Revenue codes have not changed and when billing standard Outpatient services on the UB04 the same revenue codes as used in 2012 would apply.

Q: Where can providers find specific documentation requirements when utilizing E/M codes?

A. APA offers a list of E/M code resources under Additional Coding Resources located on the following page:

- <http://www.psych.org/practice/managing-a-practice/cpt-changes-2013/current-procedural-terminology-cpt-code-changes-for-2013>

CMS also includes information about E/M codes as well as documentation guidelines:

- https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/eval_mgmt_serv_guide-ICN006764.pdf

National Council also has a presentation called E/M 101: Preparing Your Organization for 2013 CPT Code Changes:

- <http://www.thenationalcouncil.org/galleries/policy-file/Presentation%20EM%20101%20for%2012-3-2012%20FINAL.pdf>

Q: Where can providers find additional information about the 2013 CPT Code changes?

A. Resources:

- American Academy of Child & Adolescent Psychiatry
 - http://www.aacap.org/cs/business_of_practice/reimbursement_for_practitioners
- American Psychiatric Association

- <http://www.psychiatry.org/practice>
- <http://www.psych.org/practice/managing-a-practice/cpt-changes-2013/current-procedural-terminology-cpt-code-changes-for-2013>
- <http://www.psych.org/practice/managing-a-practice/coding--reimbursement/changes-to-psychiatry-cpt-codes>
- http://www.cmhda.org/go/portals/0/cmhda%20files/committees/medical%20policy/1209_sept/cpt2013_coding_changes_table.pdf
- American Medical Association
 - <http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/cpt-changes-workshops.page>
 - Purchase the CPT® 2013 Professional Edition:
 - <https://catalog.ama-assn.org/Catalog/?requestid=614184>
- CMS Evaluation and Management Services Guide
 - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/eval_mgmt_serv_guide-ICN006764.pdf
- The National Council for Behavioral Health
 - <http://www.thenationalcouncil.org>
 - [Fact Sheet](#)
 - http://www.thenationalcouncil.org/cs/national_council_live/upcoming_webinars#CPT

DISCLAIMER: The above resource links are for informational purposes only. The referenced sites do not serve as or are in no way legal advice. ValueOptions is not responsible for the information available on any such websites or for provider's access to information through such website links.

Online Services – ProviderConnect®

Q. What online services does ValueOptions offer?

- A. ValueOptions has enhanced our on-line services to provide added convenience for our members and providers. The following services available are:
- **ProviderConnect** is an enhanced version of our online transaction services. It is a self-service tool available 24/7 that gives you access to the following features: single and multiple electronic claims submission, claims status review (for both paper and online submitted claims), Provider Summary Vouchers (PSVs), eligibility status, your provider practice profile, Health Alerts, and correspondence (which includes authorization letters). Find more information about ProviderConnect on www.ValueOptions.com.

General Claims Information

Q. Can I submit my claims electronically to ValueOptions?

A. Yes. CMS 1500 and UB92 electronic submissions are accepted according to guidelines contained in the ValueOptions EDI materials found on www.ValueOptions.com. If you are interested in electronic claim submission, please contact our ValueOptions EDI Helpdesk at 1-888-247-9311. We strongly encourage providers to submit claims electronically for the efficiencies gained by both providers and in claims processing.

Q. Does the ValueOptions electronic claims format work with other claims clearing houses?

A. Please contact our ValueOptions EDI Helpdesk at 1-888-247-9311. Please note: ValueOptions does not reimburse for provider expenses associated with electronic claims submission.

Q. Who do I contact to have a claim question/issue resolved?

A. Please visit us on-line via ProviderConnect at www.ValueOptions.com to check and review a claim status or call **1-888-247-9311**.