

**2013 CPT® Codes Changes
Background and Frequently Asked Questions
for Pennsylvania HealthChoices providers**

BACKGROUND

The American Medical Association (AMA) issued major changes to behavioral health CPT® codes for dates of service on and after January 1, 2013, impacting both payors and providers. This affects all provider types (psychiatrists, psychologists, clinical social workers, etc.) that provide CPT professional services in all states.

KEY POINTS

- The changes are effective January 1, 2013.
- Several commonly used psychiatric and behavioral health therapy CPT codes have been deleted or modified. Changes include:
 - Coding changes will affect 908xx series therapy codes including the replacement of 90862, and will include allowing the 99213 code for psychiatrists, advanced practice nurses and physician assistants. Psychotherapy and Evaluation and Management (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, which are services performed in addition to a primary service or procedure (and never as a stand-alone service).
- The new CPT codes are mandatory; non-compliance is a HIPAA violation.
- The switch to the new codes is based on the date of service, not the date the claim was submitted. For dates of service prior to January 1, providers can bill with the old codes and the claim will pay.
- The AMA does not allow for a transition period. Providers must bill with new CPT codes on January 1 for dates of service on or after January 1 or the claim will deny. This includes electronic claims.
- Code changes impact all provider types, not just psychiatrists.

FREQUENTLY ASKED QUESTIONS

QUESTION:	ANSWER:
Why have the CPT codes changed?	Changes to CPT code sets are made by AMA under contract with the Centers for Medicare and Medicaid Services (CMS) on an annual basis; decisions made this year will have a significant impact on psychiatry and psychotherapy services.
Who is affected by these CPT code changes?	Code changes affect all provider types (psychiatrists, psychologists, clinical social workers, etc.) that provide CPT professional services in all states.
When do these CPT code changes go into effect?	The AMA and CMS do not allow for a transition period. Providers must bill with new CPT codes for dates of service on or after January 1 or the claim will deny. This includes electronic claims. Magellan will continue to accept old codes on electronic or paper claim forms for dates of service prior to January 1, 2013, submitted on or after January 1, 2013. Any claim submitted for dates of service on or after January 1, 2013 that includes the old CPT codes will be denied.
Will I be able to begin using the new codes prior to January 1, 2013?	No. Claims for services rendered prior to January 1, 2013, should be submitted using the old codes. Use of new codes for services rendered prior to January 1 will result in claims denials.

QUESTION:	ANSWER:
If I submit a claim with the new CPT codes and I receive a denial or rejection, will the denial or rejection code give me a clear reason of why my claim denied or rejected?	The denial message due to an invalid CPT code is as follows: The procedure code billed on this claim is invalid. Please submit this date of service with a valid procedure code. If there is information that documents that the claim should be processed as originally submitted, please submit that information for consideration as outlined in the appeal section of this notice. A copy of our guideline will be provided free of charge upon request.
Have my rates changed?	Magellan has mapped the rate amounts from current codes to the new codes based on the time spent and complexity of the service so that in almost all situations identical amounts will be paid for the same service. See Attachment A - Magellan CPT Code crosswalk. However, there may be changes in how a service now represented by the new CPT codes is billed, which could impact the amount the provider is paid for a particular service.
When can I expect to receive a copy of my revised Magellan reimbursement schedule(s)?	The Attachment A-Magellan CPT Code crosswalk serves as notice of the new rates for the new codes. Magellan has begun updating our current fee schedules and, after January 1, 2013, you may view the revised schedules online.
Will I have to recontract with Magellan?	No, the amendment you received amends your current Magellan agreement.
There are deleted codes listed in Attachment A – Magellan CPT Code Crosswalk that are not listed on my reimbursement schedule(s). Does this mean that these codes are now included in my reimbursement schedule(s)?	No. Codes on reimbursement schedules may vary by state or account. There may be codes on the crosswalk for which you are not contracted. The presence of them on the Attachment A does not add them to your current contract. Nothing in the Attachment A –Magellan CPT Code Crosswalk should be construed as altering your currently contracted services.
Am I required to accept the new codes?	Use of CPT codes is required by the Transaction Rule of the Health Insurance Portability and Accountability Act (HIPAA). Compliance with the new coding system is a requirement. These changes are reflected in the amendment to your contract and all reimbursement schedules that you currently hold with Magellan. As these changes are federally mandated, they are not negotiable. Any concerns or objections to these new codes must be submitted in writing within 33 days of the date of this letter to: Magellan Behavioral Health, Inc. Attn: CPT Code Changes; MO14 14100 Magellan Plaza Maryland Heights MO, 63043
Please re-confirm the allowable practitioner level for each CPT code and modifier combination.	For licensed outpatient clinics (MH and D&A), there are no changes to the practitioner level requirements that are permitted by the regulations. For PA HealthChoices, the practitioner level that can provide CPT codes 90792 and 99213 are distinguished by the modifiers, which are not changing.
Can a psychiatrist and/or clinical social worker bill for services on the same day as an E/M Code performed by another MD?	The MD could provide E/M services, say a 99213 and the LCSW could provide therapy on the same day with 90832, 90834 or 90837 .
Can non-medical disciplines (e.g., Clinical Psychologists, Clinical Social Workers, master’s level therapists, etc.) bill 90792 ? Can they bill E/M codes?	Non-medical disciplines may bill only 90791 for initial evaluation. They may bill 90832, 90834 and 90837, 90853 for psychotherapy. They cannot bill most E/M codes.

QUESTION:	ANSWER:
Will the new codes need to be authorized?	If a new code was mapped from an old code that required authorization, the new code also will require authorization. The new crisis psychotherapy codes will require authorization. The new interactive complexity code will not require authorization. It has not yet been determined if the psychotherapy add-on code will require authorization.
How should I bill if an authorization is given for one of the deleted codes, but I provide the service after January 1, 2013? Do providers need to call in to get existing authorizations updated with new codes or will authorizations be automatically mapped?	Use the new codes for services rendered on or after January 1, 2013. No, providers will not need to call in to get existing authorizations updated with new codes.
Where can I find out more information about the new CPT codes?	The AMA administers CPT codes and owns the official descriptions; for more information about CPT codes, please consult the AMA website at: http://www.ama-assn.org/ama/pub/category/3113.html Providers can purchase a copy of the 2013 CPT code book from https://catalog.ama-assn.org/Catalog/home.jsp or 1-800-621-8335. Providers can also purchase a downloadable copy of 2013 CPT codes: https://catalog.ama-assn.org/Catalog/product/product_detail.jsp?productId=prod2040075 . Additional resources on the CPT code changes can be found by contacting your professional organization (e.g., the American Psychiatric Association, the American Psychological Association, the American Academy of Child and Adolescent Psychiatry, the National Association of Social Work, etc.).
What if I have additional questions regarding these CPT code changes?	Please check Magellan's dedicated CPT code page on MagellanHealth.com/provider under Getting Paid/HIPAA. This page includes articles with key timelines, webinars. This page will continue to be updated with additional information. If you have any questions about how these changes will affect administrative services with Magellan, call the Magellan Provider Services Line at 1-800-788-4005.
How long can I bill for services rendered in 2012 with the old code and still get paid?	Magellan will continue to accept old codes on electronic or paper claim forms for dates of service prior to January 1, 2013 submitted on or after January 1, 2013. Timely filing limits apply. Most Magellan provider contracts require claims to be submitted within 60 days of the provision of covered services.
If I can't get my billing system updated with the new codes by January 1, 2013, what should I do?	Magellan encourages all providers to work with their vendors to update billing systems with new codes. If you are unable to update your billing systems with the new codes (for services performed on or after January 1, 2013), providers should include the new codes on paper claims.
I still have questions, who can answer them?	Magellan Health Services wants to do all we can to help you negotiate these changes in the CPT codes. If you still have questions after reading this FAQ document and visiting the CPT Code page on the provider website under Getting Paid/HIPAA, please call the Magellan Provider Services Line at 1-800-788-4005.