The 2013 Psychotherapy Codes: An Overview for Psychologists

Beginning Jan. 1, 2013, all mental health professionals must use new CPT® code numbers for psychotherapy when billing clients and filing health insurance claims with third-party payers, including Medicare, Medicaid and private health insurance carriers. Information about Medicare payment rates associated with the new codes is expected to be released in November when the Centers for Medicare and Medicaid Services (CMS) announces the final Medicare fee schedule for 2013. We will inform members as soon as we know about new Medicare payment rates.

Importantly, the coding changes in store for 2013 involve only the psychotherapy family of codes — the codes found in the Psychiatry section of the 2013 CPT® manual. There are no changes to other codes that psychologists use, such as testing or health and behavior codes.

Revisions to the family of psychotherapy codes for 2013 resulted from the Five Year Review, the process by which CMS periodically reviews all codes. For more than two years, the American Psychological Association (APA) and the APA Practice Organization (APAPO) have represented the psychology practitioner community in code updating and valuation activities overseen by the American Medical Association (AMA). Unfortunately, we have been unable to report on much of the ongoing work because of strict AMA confidentiality requirements. (An updated list of question-and-answers is available (/practice/update/2012/09-27/psychotherapy-codes) in the billing and coding section.)

Basic Changes

As of Jan. 1, 2013, many diagnostic and therapeutic services will have new code numbers, and most of the codes now used for these services will be eliminated.
Yet the fundamental services underlying the codes will not change. All mental health professionals including psychologists, psychiatrists, nurses and social workers delivering psychotherapy services will use the same applicable codes for psychotherapy, though psychiatry will change how they bill for medical services.

Descriptions of the three new psychotherapy codes in the 2013 CPT manual are associated with specific times rather than the current time ranges that apply to these services (noted below in parentheses):

- New Code 90832: Psychotherapy, 30 minutes with patient and/or family member (not 20-30 minutes)
- New Code 90834: Psychotherapy, 45 minutes with patient and/or family member (not 45-50 minutes)
- New Code 90837: Psychotherapy, 60 minutes with patient and/or family member (not 75-80 minutes)

Although the time for each code is specific, the coding manual allows for some flexibility. When reporting a psychotherapy service, the provider may choose the code closest to the actual time of the session. See the question-and-answer article (/practice/update/2012/09-27/psychotherapy-codes) for additional details.

A couple of additional highlights related to psychotherapy codes for 2013 include:

- Outpatient and inpatient psychotherapy codes will be replaced by a single set of codes to be used for both settings.
- The code numbers and descriptions for psychoanalysis, family psychotherapy (with and without the patient), multifamily group psychotherapy and group psychotherapy will not change in 2013.

Add-on Codes

There will be new “add-on” codes for specific services that can be provided only in combination with other diagnostic evaluation, psychotherapy and group psychotherapy services. Add-on codes identify an additional part of the treatment
above and beyond the principal service. Both the principal service code and add-on code should be listed on the billing form. The codes for interactive psychotherapy are being eliminated and replaced with an add-on code to capture “interactive complexity.”

Interactive complexity, new add-on code 90785, refers to factors that complicate the delivery of a mental health procedure. Complicating factors include, for example, difficult communication with acrimonious family members and engagement of verbally undeveloped children. These factors are typically found with patients who:

- Have others legally responsible for their care, such as minors or adults with guardians
- Request others such as family members or interpreters to be involved during the visit, or
- Require the involvement of third parties such as schools or probation officers

Code 90785 may be reported with codes for diagnostic evaluation, psychotherapy and group psychotherapy. At least one of several circumstances identified in the CPT manual that complicate the delivery of care must pertain in order for providers to bill the interactive complexity code as an add-on to the principal psychiatric procedure.

Pharmacologic Management

Of particular interest to prescribing psychologists, a new add-on code 90863 will be used for pharmacologic management, including prescription and review of medication, when performed with psychotherapy services. A psychologist providing a psychotherapy service with medication management should report the 90863 add-on code along with the applicable new psychotherapy code identified above.

Prescribing health care professionals who provide evaluation and management (E/M) services as well as psychotherapy will also have the following options, depending on the type of service delivered. They will report an E/M code along with a
psychotherapy add-on code if both E/M and psychotherapy are provided, or they will simply report an E/M code if only E/M is provided.

New Crisis Codes

There is a new principal code for a crisis psychotherapy session requiring urgent assessment and history of the crisis state, mental status exam and disposition. A new add-on code applies to crisis psychotherapy sessions lasting longer than 60 minutes.

In order for the new crisis codes to apply, the presenting problem must typically be life threatening or complex and require immediate attention to a patient in high distress. Code 90839 will be billed for the first 60 minutes of psychotherapy for a patient in crisis, and add-on code 90840 will be billed for each additional 30 minutes of psychotherapy for crisis. For more information related to billing the crisis codes, consult the 2013 CPT® manual. Copies of the manual can be ordered from the American Medical Association online (https://catalog.ama-assn.org/Catalog/home.jsp) or by calling toll-free, (800) 621-8335.

We will continually update members of the APA Practice Organization about implementation and use of these new codes. Look for the fall 2012 issue of Good Practice magazine for more information about these codes.

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IS RELEVANT

MAY NEED AN UPDATE

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