2013 CPT Code Changes for OMH-Licensed Clinics – Replacement Codes, New Codes, and Unchanged Codes

2013 Crosswalk of deleted Current Procedural Terminology (CPT) codes to the new 2013 CPT codes. CPT codes that have NOT changed begin on page 6 of this document.							
Deleted Code	**2013 Code**	**2013 Ambulatory Patient Group (APG) Weight**	**OMH Title**	**Abbreviated OMH Part 599 Guidance Definition (for more info see Part 599 guidance document)**	**Abbreviated Rules for billing Medicaid Fee for Service (FFS) and Medicaid Managed Care (for more info see Part 599 guidance document)**	**Minimum Durations**	**Eligible for physician add-on (i.e., AF – psychiatrist AG – physician SA – psych nurse practitioner**
90801	90791	1.0344	Initial Assessment	Initial assessment is a face-to-face interaction between a clinician and recipient and/or collaterals to determine the appropriateness of the recipient for admission to a clinic, the appropriate mental health diagnosis, and the development of a treatment plan for such recipient.	This service may be provided to the client and/or collateral. Sessions less than 45 minutes will not be reimbursed by Medicaid. Rounding is not permitted.	45 minutes	Yes
Not applicable NA – This is not a replace-ment code but a new code for use in an OMH licensed clinic.	90792	1.0344	Initial Assessment with medical services	Initial assessment is a face-to-face interaction between a clinician and recipient and/or collaterals to determine the appropriateness of the recipient for admission to a clinic, the appropriate mental health diagnosis, and the development of a treatment plan for such recipient. **New:** Medical services include biopsychosocial and medical assessment, including history, mental status, other physical exam elements as indicated and recommendations.	This service must be provided by a physician or Psychiatric Nurse Practitioner (NPP). This code may not be claimed on the same day as an Evaluation and Management (E&M) code. This service may be provided to the client and/or collateral. Sessions less than 45 minutes will not be reimbursed by Medicaid. Rounding is not permitted.	45 minutes	Yes

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90804	90832	.6206	Psychotherapy – Individual 30 minutes minimum	Brief Individual Psychotherapy	Service requires documented face-to-face contact with the recipient of at least 30 minutes. Sessions less than 30 minutes will not be reimbursed by Medicaid. Rounding is not permitted. The recipient must be present for the entire session.	30 minutes	Yes
90806	90834	.8275	Psychotherapy – Individual 45 minutes minimum	Extended Individual Psychotherapy Service	Service requires documented face-to-face contact with the recipient of at least 45 minutes. Rounding is not permitted. For school-based services, the duration of Extended Individual Psychotherapy may be that of the school period provided the school period is at least 40 minutes (requires use of U5 modifier). The recipient must be present for the entire session.	45 minutes	Yes

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90805	Office E&M Code (Range of codes: 99201-99205, 99212-99215) **AND** add-on code below	Range of diagnosis-based weights (see last page of document)	Psychiatric Assessment - 30 minutes minimum	An interview with an adult or child or his or her family member or other collateral, performed by a psychiatrist or nurse practitioner in psychiatry, or physician assistant with specialized training approved by the Office. A psychiatric assessment may occur at any time during the course of treatment, for the purposes of diagnosis, treatment planning, medication therapy, and/or consideration of general health issues	Service requires documented face-to-face contact with the recipient or collateral of at least 30 minutes. Sessions less than 30 minutes will not be reimbursed by Medicaid. Rounding is not permitted. To be reimbursed properly for a 30 minute Psychiatric Assessment, the clinic must report an office E&M code (based on complexity) on one claim line **AND** 90833 on the second claim line. Note: 90833 is not considered a separate service, it will not be discounted by 10%.	30 minutes	No
	90833	.3322					

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90807	Office E&M Code (Range of codes: 99201-99205, 99212-99215) **AND** add-on code below	Range of diagnosis-based weights (see last page of document)	Psychiatric Assessment - 45 minutes minimum	An interview with an adult or child or his or her family member or other collateral, performed by a psychiatrist or nurse practitioner in psychiatry, or physician assistant with specialized training approved by the Office. A psychiatric assessment may occur at any time during the course of treatment, for the purposes of diagnosis, treatment planning, medication therapy, and/or consideration of general health issues	Service requires documented face-to-face contact with the recipient or collateral of at least 45 minutes. Sessions less than 45 minutes must be claimed as a 30-minute Psych Assessment. Sessions less than 30 minutes will not be reimbursed by Medicaid. Rounding is not permitted. To be reimbursed properly for a 45 minute Psychiatric Assessment, the clinic must report an office E&M code (based on complexity) on one claim line **AND** 90836 on the second claim line. Note: 90836 is not considered a separate service, it will not be discounted by 10%.	45 minutes	No
	90836	.5390					

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90862 2 options regarding replace-ment codes.	Office E&M Code (Range of codes: 99201-99205, 99212-99215) **OR**	Range of diagnosis-based weights (see last page of document)	Psychotropic Medication Treatment	Monitoring and evaluating target symptom response, ordering and reviewing diagnostic studies, writing prescriptions and consumer education as appropriate.	If the clinic opts to use one of the office E&M codes, the code must be chosen based on complexity, not time. NYS Medicaid requires that the doctor or NPP spends a minimum of 15 minutes with the recipient regardless of the E&M code claimed. If the clinic opts to use 90863, there is also a minimum duration of 15 minutes. Rounding is not permitted with either code. Either billing option for Medication Treatment may be used when claiming other services (with the exception of Psychiatric Assessments and Initial Assessment with medical services) or claimed alone on a day.	15 minutes	No
	90863	.6620					

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2013 AMA Psychiatric CPT codes that will NOT be used in OMH-licensed Clinics	
AMA CPT Code	**AMA Title**
90785	Interactive complexity
90837	Psychotherapy, 60 minutes
90838	Psychotherapy, 60 minutes, when provided with an E&M code.

2013 AMA Psychiatric CPT codes that are under review for possible use in OMH-licensed clinics in the future	
AMA CPT Code	**AMA Title**
90839	Psychotherapy for crisis; first 60 minutes
90840	Psychotherapy for crisis; each additional 30 minutes (this code is listed separately in addition to 90839)

CPT CODES AND BILLING RULES THAT HAVE NOT CHANGED		
2013 Code (and current code)	**APG Weight**	**OMH Title – For definitions, billing rules and minimum durations see Part 599 guidance document**
H2011	.4000	Crisis Intervention - Brief
S9484	2.4136	Crisis Intervention – Complex
S9485	5.7927	Crisis Intervention – Per Diem
H2010	.4138	Injectable Medication Administration w/ Monitoring & Education.
96372	NA – professional claim form does not pay through APGs.	Injectable Psychotropic Medication Administration – injection only
90846	.6206	Psychotherapy - Family with or without the client
90847	1.2413	Psychotherapy Family & Client

2013 CPT Code Changes for OMH-Licensed Clinics – Replacement Codes, New Codes, and Unchanged Codes

CPT CODES AND BILLING RULES THAT HAVE NOT CHANGED		
2013 Code (and current code)	**APG Weight**	**OMH Title – For definitions, billing rules and minimum durations see Part 599 guidance document**
90849	.3207	Psychotherapy - Family Group
90853	.3207	Psychotherapy Group
Office E&M Code (Range of codes: 99201-99205, 99212-99215)	Range of diagnosis-based weights (see last page of document)	Psychiatric Consultation
96110	.8275	Developmental Testing – Limited
96111	1.2413	Developmental Testing – extended
96101	1.6551	Psychological Testing – Various
96116	1.6551	Psychological Testing – Neuro-behavioral
96118	1.6551	Psychological Testing - Various
90882	.2896	Complex Care Management
E&M Code Range of codes based on age: 99382-99387, 99392-99397	Range of diagnosis-based weights (see last page of document)	Health Physicals
99401	.2500	Health Monitoring
99402	.3103	Health Monitoring
99403	.4482	Health Monitoring
99404	.5862	Health Monitoring
99411	.1379	Health Monitoring – Group
99412	.2414	Health Monitoring - Group
99406	.1267	Smoking Cessation Treatment
99407	.1267	Smoking Cessation Treatment
99407-HQ	Approx $8.50 per client	Smoking Cessation Treatment Group
H0049	.2803	Alcohol and/or drug screening
H0050	.2803	Alcohol and/or drug screening

APG diagnosis-based weights for Physicals, Psychiatric Assessments and Consultations

Psychiatric Assessments (the Evaluation and Management code portion) and Psychiatric Consultations will be claimed using the same procedure codes. Physicals have different procedure codes categorized by age. The Medicaid APG and weight for these services are identical and dependent on the diagnosis of the individual. (These weights may change periodically.)

APG	APG Description	July 2012 Weight
820	Schizophrenia	.7953
821	Major Depressive Disorders & Other/Unspecified Psychoses	.7160
822	Disorders of Personality & Impulse Control	.7720
823	Bipolar Disorders	.6784
824	Depression Except Major Depressive Disorder	.6083
825	Adjustment Disorders & Neuroses Except Depressive Diagnoses	.7243
826	Acute Anxiety & Delirium States	.6110
827	Organic Mental Health Disturbances	.8078
829	Childhood Behavioral Disorders	.6846
830	Eating Disorders	.6835
831	Other Mental Health Disorders	.6434