New 2013 Psychiatric Service Codes • The Journey Through RUC & CPT

January 2013 - New CPT® CODES take effect

- **New Code Family** - Psychiatric & Psychotherapy services.
- Replaces current codes (created in 1998).
- Current codes no longer accepted in bills.

- **New Reimbursement Rates**
  Medicare • Medicaid • Private Payers/Health Insurers
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**Timeline • Psychiatric Service Codes**

**1998** • RUC values the 24 CMS codes for Psychotherapy Services.

**2008** • Societies begin discussions.

**2009** • Request to participate in RUC Five-Year Review.

**2010** • RUC reviews *current* CPT codes, refers to CPT.

**2011** • CPT Workgroup develops proposals for new codes.

**2012 • Feb:** CPT Editorial Panel approves new codes.

  • *April:* Second RUC review of *new* CPT codes.

  • *Sept:* 2013 CPT Codebook published.

  • *Nov:* Medicare sets reimbursement for 2013.

**2013 • Jan:** New codes & reimbursement rates take effect.
2008

- American Psychiatric Association began informal discussions with mental health societies at RUC meetings.
- Psychiatric/mental health codes reimbursed at lower values than evaluation & management (E/M) codes, despite:
  - Fewer inpatient psychiatric facilities
  - More community care
  - Patients, medications & health care more complex
- Upcoming RUC 5-Year Review – could propose new values.
- ANA quickly pulled in APNA to participate in the discussions.
What is the RUC?

RUC = RVS Update Committee

Recommends values for services by health professionals, for Medicare “Resource-Based Relative Value Scale.”

Established, supported by American Medical Association (AMA). Meets 3 times/year. RUC process, committees are unique.

Voting members mostly physicians. CMS participates.

RUC Health Care Professionals Advisory Committee (HCPAC)

Non-physicians group. Reviews & votes on RUC proposals for services by non-physicians.

HCPAC co-chair has vote on full RUC.

ANA represents nursing with voting seat on HCPAC & RUC Practice Expense Subcommittee (Bryan Sims, DNP).

How does the RUC process work?

Relative Value Unit (RVU) = Total of:

1. RVW/“Physician work”– Work by physician, APRN, etc.
2. “Practice Expense”– Clinical staff time, supplies & equipment
3. Professional Liability Expense

Societies present relative value proposals

- RUC surveys go to members.
- Response data goes into RUC formulas.
- One survey & “Summary of Recommendation” for each code.
- Present recommendations in person to RUC or HCPAC.
Challenges for RUC Survey Process

Standard RUC Survey: One per code. Changes by approval of RUC Research Committee. Societies develop “reference service list” of comparable services & “clinical vignette.” Survey sample random, professionals who perform these types of services.

Short Timeline: Two-three months to conduct survey, analyze data & prepare summary of recommendations. No time to learn process; consultants, full-time RUC staff are the norm.

Consensus Approach: Societies surveying the same code must work together to develop one proposal representing the consensus.

How are recommendations considered by the RUC?

RUC votes – or HCPAC, for non-physician services.

- Strict scrutiny, established process.
- Compelling evidence: Required for increased value. Changes in technology or patients, flawed methodology for current values, etc.
- Relativity analysis: Values & times between different services.
- Budget neutrality: Increased RVUs for one service lead to decrease in final payment for all other services.
- RUC must approve all values. Problems lead to “facilitation.”
- RUC presents recommendations & supporting rationale to CMS.
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**First RUC Review - 2010**

December 2009 • Letter to CMS requesting participating in next RUC 5-Year Review. Signed by: APA, AACAP, American Association for Geriatric Psychiatry, ANA & APNA.

September 2010 • RUC Meeting for first review of current codes.
- 6 societies (APA, AACAP, APAPA, NASW, ANA & APNA) worked together to develop joint value proposals, per RUC rules.
- ANA & APNA worked in close partnership.
- APRNs received RUC questionnaires on 6 of the 16 codes surveyed (90804, 90806, 90808, 90810, 90812, 90814).
- Mary Moller & Eileen Carlson helped present RUC proposal.

October 2010 **RUC Meeting**

What we can say – the RUC:
- Made no formal recommendations for the existing codes.
- Referred the codes to CPT for possible revision.
- Recommended considering separate codes for medical (MDs & APRNs) versus non-medical providers (Psychologists & Social Workers).

**RUC meetings are confidential.**
- Attendance by invitation/sponsorship. Must sign confidentiality agreement.
- Can’t discuss internal deliberations, statements or decisions.
The CPT Editorial Panel

Meets 3 times/year to approve new CPT codes & revisions. Publishes CPT Codebook, other resources, conferences & education. Established by AMA, but separate legal entity. Most voting members physicians, but also other professions:

- 2 HCPAC voting members, coders & insurers. CMS attends.
- CPT codes provider-neutral, do not address scope of practice.
- CPT recently added “and Qualified Healthcare Professional” to “physician” in most (non-surgical) codes for 2013 Codebook.
- Supports diverse participation in workgroups, code proposals.

ANA represents nursing profession at CPT HCPAC.  

- Voting HCPAC member (Julie Chicoine, JD, RN, CPC).
- Post official comments on CPT collaborative website.
- Participate in CPT workgroups for complex services, performed by multiple providers, relevant to nursing.
- Can sponsor “Coding Change Proposals” (CCPs).
- Serve as a resource on nursing issues for CPT staff.
- Support participation, orient representatives of other nursing organizations.
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**CPT Psychological & Psychiatric Services Workgroup**

- Workgroup chair & co-chair members of CPT Editorial Panel.
- Frequent discussions at CPT meetings & on conference calls.
- Numerous draft proposals for new & revised codes developed, discussed, debated & deliberated.
- Workgroup submitted formal proposals for CPT Editorial Panel to consider at February 2012 meeting.
February 2012 • CPT Approves New Codes

What’s New?


2. New add-on code (90785) for Interactive Complexity – replacing current Interactive Psychotherapy codes.

3. New Psychiatric Diagnostic Procedures codes without (90791) & with (90792) medical services.

4. New stand-alone/pure Psychotherapy codes for 30 minutes (90832), 45 minutes (90834), 60 minutes (90837).

5. For physicians & APRNs: New add-on codes for Psychotherapy with E/M services, of 30 minutes (+90833), 45 minutes (+90836), 60 minutes (+90838).

6. Psychotherapy for Crisis – first 60 minutes (90839); add-on for each additional 30 minutes (+90840).

7. Interactive group psychotherapy (90857) is gone.

8. Pharmacologic management, 90862, is gone. Only an add-on code (+90863) remains, for prescribing psychologists to use with stand-alone psychotherapy services.
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February 2012 • CPT Approves New Codes

What’s the Same?
1. Psychoanalysis code (90845).
2. Family psychotherapy codes: 90846 (without the patient present) & 90847 (conjoint with the patient present).
3. Group psychotherapy codes: 90849 (multi-family) & 90853 (other).
5. TMS codes - Therapeutic repetitive transcranial magnetic stimulation: 90867; 90868 (subsequent); 90869 (subsequent w/motor threshold re-determination).
6. ECT code- Electroconvulsive therapy (90870).

Second RUC Review of NEW Codes

RUC Survey
4 societies surveyed their members: APA, AACAP, ApA, NASW.
Did not survey: Crisis codes; Interactive Complexity add-on;
90863 add-on (pharmacologic management by prescribing psychologist). “Carrier priced.”
ANA & APNA
• Advised on APRN issues, methodology & recommendations.
• Submitted letters to RUC supporting survey results.
• Ready to comment from audience as needed.
Second RUC Review of NEW Codes
April 2012 RUC Meeting
APA/Dr. Jeremy Musher presented the proposal to the RUC.
• Dr. Cadena & I attended meeting, provided suggestions.
• Excellent presentation. Dr. Musher invited to present new codes at annual RUC/CPT Symposium.
• APA & AACAP welcomed input from ANA & APNA.
RUC approved RVUs & practice expenses for all codes presented.
RUC included these recommendations and the rationale in its letter to CMS after the meeting.

2013 Medicare Physician Fee Schedule Final Rule
• Effective January 1, 2013.
• Medicare rates for new, revised & revalued CPT codes.
• CMS takes RUC recommendations into account.
• But CMS makes its own decisions.
• Decreased RVUs for most codes.
# New 2013 Psychiatric Service Codes • The Journey Through RUC & CPT

<table>
<thead>
<tr>
<th>CPT/HCPCS Code</th>
<th>Service</th>
<th>Work RVU-RUC (Current RVU)</th>
<th>Final RVU-CMS</th>
</tr>
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<tbody>
<tr>
<td>+90785 (add-on)</td>
<td>Interactive Complexity</td>
<td>Contractor Priced</td>
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<tr>
<td>90791</td>
<td>Diagnostic Evaluation</td>
<td>3.00</td>
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<td>Diagnostic Evaluation with medical services</td>
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<td>90832</td>
<td>Psychotherapy, 30 minutes</td>
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<td>+90833 (add-on)</td>
<td>Psychotherapy, 30 minutes with E/M service</td>
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<td>90834</td>
<td>Psychotherapy, 45 minutes</td>
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<td>+90836 (add-on)</td>
<td>Psychotherapy, 45 minutes With E/M service</td>
<td>1.90</td>
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<td>90837</td>
<td>Psychotherapy, 60 minutes</td>
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<tr>
<td>+90838 (add-on)</td>
<td>Psychotherapy, 60 minutes With E/M service</td>
<td>2.50</td>
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<td>90839</td>
<td>Psychotherapy for Crisis, 60 minutes</td>
<td>Contractor priced</td>
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<tr>
<td>+90840 (add-on)</td>
<td>Psychotherapy for Crisis, Each additional 30 minutes</td>
<td>Contractor priced</td>
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<tr>
<td>90845</td>
<td>Psychoanalysis</td>
<td>2.10 (1.79)</td>
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<td>90846</td>
<td>Family Psychotherapy, without patient present</td>
<td>2.40 (1.83)</td>
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<tr>
<td>90847</td>
<td>Family Psychotherapy, with patient present</td>
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<td>90853</td>
<td>Group Psychotherapy</td>
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<tr>
<td>+90863 (add-on)</td>
<td>Pharmacologic Management (with psychotherapy)</td>
<td>Contractor priced</td>
<td>&quot;Invalid&quot;</td>
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Some Final Notes

- Timed CPT codes begin at just over the halfway mark. A 31-minute session should be billed using the 60-minute code.
- CMS: “After the specialty societies have completed the survey process for all the codes in the new code set, we intend to review the values for all codes in the family again.”
- CMS’ “general approach was to maintain the current CPT code values” as they prefer “to value a family of codes together to ensure more accurate valuation and proper relativity.”
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Candy Land. Hasbro Inc., 2003

Resources for More Information

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<tr>
<th>CPT</th>
<th>2013 CPT® Codebook (American Medical Association)</th>
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<tbody>
<tr>
<td></td>
<td>CPT® Changes 2013: An Insider’s View (AMA)</td>
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<tr>
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<td>AMA Coding Online: amacodingonline.com</td>
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<td><a href="http://www.ama-assn.org/go/online-catalog">www.ama-assn.org/go/online-catalog</a> ▪ 1-800-621-8335</td>
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<tr>
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<td>Eileen Shannon Carlson, RN, JD</td>
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<td><a href="mailto:eileen.carlson@ana.org">eileen.carlson@ana.org</a></td>
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