

Affected Programs: BadgerCare Plus Standard Plan, BadgerCare Plus Benchmark Plan, Medicaid

To: Advanced Practice Nurse Prescribers with Psychiatric Specialty, Federally Qualified Health Centers, Hospital Providers, Master's-Level Psychotherapists, Outpatient Mental Health Clinics, Psychiatrists, Psychologists, Qualified Treatment Trainees, HMOs and Other Managed Care Programs

2013 Procedure Code Changes for the Outpatient Mental Health Benefit

Effective for dates of service on and after January 1, 2013, ForwardHealth is adopting national changes to *Current Procedural Terminology* (CPT) procedure codes for services covered under the outpatient mental health benefit. These changes include the following:

- Adding new CPT procedure codes.
- Enddating discontinued CPT procedure codes.
- Submitting claims for psychotherapy services with an evaluation and management component.

Effective for dates of service (DOS) on and after January 1, 2013, ForwardHealth is adopting national changes to *Current Procedural Terminology* (CPT) procedure codes for services covered under the outpatient mental health benefit. These changes include the following:

- Adding new CPT procedure codes.
- Enddating discontinued CPT procedure codes.
- Submitting claims for psychotherapy services with an evaluation and management (E&M) component.

While CPT procedure codes are changing for certain outpatient mental health services, the policy and coverage of services provided under the outpatient mental health benefit, including place of service restrictions, reimbursement, telemedicine policy, and prior authorization (PA) requirements, are not changing.

Refer to the Attachment of this *ForwardHealth Update* for detailed information on 2013 CPT procedure code changes.

Billing Changes for Psychotherapy Services That Include a Medical Evaluation and Management Service

Effective for DOS on and after January 1, 2013, providers are required to submit claims using the appropriate medical E&M procedure code along with a time-allowed add-on CPT procedure code when providing a psychotherapy service that includes a medical E&M component. Previously, providers were required to submit claims using one procedure code for psychotherapy that included the E&M component.

Advanced Practice Nurse Prescribers Required to Be Separately Enrolled as a Nurse Practitioner to Provide Evaluation and Management Services

Advanced practice nurse prescribers (APNPs) with a psychiatric specialty and psychiatrists are the only mental health providers who can submit claims for psychotherapy services that include a medical E&M component. Additionally, APNPs with a psychiatric specialty are required to be separately enrolled in Medicaid as a nurse practitioner in order to be reimbursed for an E&M service.

Backdating of Wisconsin Medicaid enrollment to an effective date of January 1, 2013, may be allowable for some currently enrolled APNPs with a psychiatric specialty applying for nurse practitioner enrollment. A completed application for backdated enrollment must be received by April 1, 2013. A

unique taxonomy is required for each certification. Providers may contact Provider Services at (800) 947-9627 for questions or for more information on the enrollment process and requirements.

Pharmacologic Management

Current Procedural Terminology procedure code 90862 (pharmacologic management) has been discontinued. Providers should now use the appropriate E&M code for pharmacologic management. Advanced practice nurse prescribers with a psychiatric specialty who previously were reimbursed for pharmacologic management are required to be separately enrolled in Medicaid as a nurse practitioner to be reimbursed for an E&M service.

Interactive Complexity

For psychiatric procedures with interactive complexity, providers are required to use the appropriate psychiatric CPT procedure code along with the interactive complexity add-on code (90785). Interactive psychotherapy is defined as psychotherapy using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication. Providers should bill their usual and customary charge for interactive complexity. However, ForwardHealth does not reimburse an additional amount for interactive complexity; ForwardHealth will process claim details for interactive complexity (procedure code 90785) as an allowed detail with a zero dollar payment.

Criteria for Reporting Time for Psychotherapy Services

Per national coding guidelines, for new psychotherapy CPT procedure codes 90832-90838, providers should choose the code closest to the actual time spent providing the psychotherapy service. Refer to the following table for the psychotherapy CPT procedure code that appropriately matches the actual time spent providing the service.

Time (Minutes)	Procedure Code(s)
16-37	90832, 90833 (30 minutes)
38-52	90834, 90836 (45 minutes)
53 or more	90837, 90838 (60 minutes)

ForwardHealth will not reimburse providers for psychotherapy services that are fewer than 16 minutes in duration.

Time associated with activities used to meet criteria for the E&M service is not included in the time reported as the psychotherapy service (i.e., time spent on history, examination and medical decision making when used for the E&M service is not psychotherapy time).

Prior Authorizations

New Requests for Prior Authorization

Providers are required to use the new CPT procedure codes for new PA requests for DOS on and after January 1, 2013.

Prior Authorizations Currently in Effect

Prior authorizations that were approved in 2012 with an expiration date in 2013 that include one or more discontinued CPT procedure codes will not be automatically amended by ForwardHealth to reflect the appropriate new procedure code. Providers with a PA have three options to receive reimbursement for services provided on and after January 1, 2013:

1. Provide services under the member's annual PA threshold. The PA threshold allows providers to provide psychotherapy services up to \$825 per member, per billing provider, per calendar year without PA.
2. Amend the PA to reflect the appropriate new procedure code. Prior authorization amendment requests will be approved in an expedited process and will not be subject to additional clinical review. To submit a PA amendment request, providers are required to do the following:
 - Submit the Prior Authorization Amendment Request form, F-11042 (07/12), to enddate those line items from the PA that include discontinued procedure codes, effective December 31, 2012.
 - Indicate on the Prior Authorization Amendment Request form the quantity of services approved under the PA that were already provided in 2012.

- On the Prior Authorization Amendment Request form, check the “Other” box in Element 10 and specify “2012-13 PA conversion” to expedite processing.
 - Submit an updated Prior Authorization Request Form (PA/RF), F-11018 (07/12), as an attachment with new line items for the appropriate new CPT procedure codes that correspond to the services from the enddated line items.
 - The original effective and expiration dates of the PA and total quantity of services approved will remain unchanged. Providers should submit PA amendment requests as soon as possible. For PAs with expiration dates between January 1, 2013, and March 1, 2013, providers are required to submit PA amendment requests by March 15, 2013.
3. Enddate the PA and submit a new PA request. Under this option, providers are required to do the following:
- Submit a Prior Authorization Amendment Request form to enddate the PA, effective December 31, 2012.
 - Submit a new PA request that includes the appropriate new CPT procedure codes, effective for January 1, 2013.
 - On the new PA/RF, indicate “2012-13 PA conversion” in the “Description of Service” field for paper submission or the “Additional Service Code Description” field for Portal submission. This will expedite processing and allow ForwardHealth to backdate the effective date of the PA request to January 1, 2013.

Claims Already Paid for Dates of Service on and After January 1, 2013

ForwardHealth paid some claims for new procedure codes for DOS on and after January 1, 2013, before providers were able to amend or enddate their PAs. In these cases, claims

were reimbursed under a member’s annual PA threshold. Providers who still wish to amend their PAs or enddate their PAs and submit new PAs may do so following the procedures outlined previously.

After ForwardHealth approves the amendment request or new PA request, the provider may adjust allowed claims for DOS on and after January 1, 2013, that originally processed under the member’s annual PA threshold. Adjusted claims will reprocess under the amended or new active PA instead of the member’s annual PA threshold. For more information on submitting claim adjustments, providers may refer to the Claims section of the Online Handbook at www.forwardhealth.wi.gov/.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS/HIV Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

P-1250

ATTACHMENT

Procedure Code Changes for the Outpatient Mental Health Benefit

Effective for Dates of Service on and After January 1, 2013

Initial Psychiatric Evaluation				
Discontinued Code	2013 Procedure Code	Description	2013 Add-On Procedure Code(s)	Description
90801	90791	Psychiatric diagnostic evaluation	90785 (when appropriate)	Interactive complexity ²
	90792 ¹	Psychiatric diagnostic evaluation with medical services		
90802	90791	Psychiatric diagnostic evaluation		
	90792	Psychiatric diagnostic evaluation with medical services		

Outpatient Psychotherapy				
Discontinued Code	2013 Procedure Code	Description	2013 Add-On Procedure Code(s)	Description
90804	90832	Psychotherapy, 30 minutes with patient and/or family member	90785 (when appropriate)	Interactive complexity
90805	Appropriate E&M ³ code		90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service
90806	90834	Psychotherapy, 45 minutes with patient and/or family member	90785 (when appropriate)	Interactive complexity
90807	Appropriate E&M code		90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service

Outpatient Psychotherapy (Continued)				
Discontinued Code	2013 Procedure Code	Description	2013 Add-On Procedure Code(s)	Description
90808	90837	Psychotherapy, 60 minutes with patient and/or family member	90785 (when appropriate)	Interactive complexity
90809	Appropriate E&M code		90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service

Outpatient Interactive Psychotherapy				
Discontinued Code	2013 Procedure Code	Description	2013 Add-On Procedure Code(s)	Description
90810	90832	Psychotherapy, 30 minutes with patient and/or family member	90785	Interactive complexity
90811	Appropriate E&M code		90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service
			90785	Interactive complexity
90812	90834	Psychotherapy, 45 minutes with patient and/or family member	90785	Interactive complexity
90813	Appropriate E&M code		90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service
			90785	Interactive complexity
90814	90837	Psychotherapy, 60 minutes with patient and/or family member	90785	Interactive complexity

Outpatient Interactive Psychotherapy (Continued)

Discontinued Code	2013 Procedure Code	Description	2013 Add-On Procedure Code(s)	Description
90815	Appropriate E&M code		90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service
			90785	Interactive complexity

Inpatient Psychotherapy

Discontinued Code	2013 Procedure Code	Description	2013 Add-On Procedure Code(s)	Description
90816	90832	Psychotherapy, 30 minutes with patient and/or family member	90785 (when appropriate)	Interactive complexity
90817	Appropriate E&M code		90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service
90818	90834	Psychotherapy, 45 minutes with patient and/or family member	90785 (when appropriate)	Interactive complexity
90819	Appropriate E&M code		90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service
90821	90837	Psychotherapy, 60 minutes with patient and/or family member	90785 (when appropriate)	Interactive complexity
90822	Appropriate E&M code		90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service

Interactive Inpatient Psychotherapy				
Discontinued Code	2013 Procedure Code	Description	2013 Add-On Procedure Code(s)	Description
90823	90832	Psychotherapy, 30 minutes with patient and/or family member	90785	Interactive complexity
90824	Appropriate E&M code		90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service
			90785	Interactive complexity
90826	90834	Psychotherapy, 45 minutes with patient and/or family member	90785	Interactive complexity
90827	Appropriate E&M code		90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service
			90785	Interactive complexity
90828	90837	Psychotherapy, 60 minutes with patient and/or family member	90785	Interactive complexity
90829	Appropriate E&M code		90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service
			90785	Interactive complexity

Other Psychotherapy Codes				
Discontinued Code	2013 Procedure Code	Description	2013 Add-On Procedure Code(s)	Description
90857	90853	Group psychotherapy (other than of a multiple-family group)	90785	Interactive complexity
None	90839	Psychotherapy for crisis; first 60 minutes	90840 (as appropriate)	Psychotherapy for crisis; each additional 30 minutes

Other Psychiatric Services or Procedures				
Discontinued Code	2013 Procedure Code	Description	2013 Add-On Procedure Code(s)	Description
90862	Appropriate E&M code		None	

¹ Evaluation and management codes may be used in lieu of procedure code 90792.

² Interactive psychotherapy is defined as psychotherapy using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication.

³ Evaluation and management.