

New Psychotherapy Billing Codes for 2013:

Fundamental Services Underlying New Codes Will Not Change

Starting January 1, all mental health providers must use new CPT® code numbers for psychotherapy when billing insurance carriers, including Medicare. The fundamental services underlying these new codes will not change. This transition is a result of the Centers for Medicare and Medicaid Services (CMS) Five-Year Review of the psychotherapy codes conducted by the American Medical Association (AMA).

The APA Practice Organization (APAPO) has represented the psychology practitioner community in the process for more than two years, but has been unable to report on much of the ongoing work because of strict confidentiality requirements. As information is made available to the public, we will assist practitioners in understanding and making the transition to the new codes. The 2013 Medicare reimbursement rates for these new codes will be released in early November.

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.

The changes are minimal. For example, the most frequently billed service by psychologists, 90806 (45-50 minute psychotherapy), will become 90834 (45 minute psychotherapy). Use of a particular psychotherapy code and reimbursement for that service will not differ depending on whether the service is provided by a physician or a psychologist. The code numbers and descriptions for psychoanalysis, family psychotherapy (with and without the patient), multi-family group psychotherapy, and group psychotherapy will not change in 2013.

Some specific key code changes include:

- (1) Outpatient and inpatient psychotherapy codes will be replaced by a single set of codes that can be used in both settings.
- (2) The new psychotherapy codes will have specified times rather than ranges:
 - 30 minutes, not 20-30 minutes
 - 45 minutes, not 45-50 minutes
 - 60 minutes, not 75-80 minutes
- (3) The single psychiatric diagnostic evaluation code will be replaced by two codes: one for a diagnostic evaluation and the other for a diagnostic evaluation with medical services.

The APA Practice Organization will provide members with extensive information and resources in the next three months to help you prepare for using the new codes on January 1. Meanwhile, call the Practitioner Helpline tollfree at 1-800-374-2723 or e-mail Government Relations staff with your questions. Information about Medicare payment rates associated with the new codes is expected to be released in early November when CMS publishes the final Medicare fee schedule for 2013. We will inform members as soon as we know more about new Medicare payment rates.

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