

December 17, 2012

Montana Health Care Programs Notice

**Physician, Mid-Level Practitioner, Outpatient Hospital, RHC,
FQHC, Public Health Clinic, Dentist, Dental Hygienist,
Licensed Psychologist, Licensed Clinical Social Worker, and
Licensed Professional Counselor**

American Medical Association Adopts New Psychiatric Diagnostic and Psychological Codes

Effective January 1, 2013, there will be changes to Current Procedural Terminology (CPT) codes for psychiatry and psychotherapy services. The CPT code set is defined by the American Medical Association (AMA) and describes procedures and services by physicians and other health care professionals.

Montana Medicaid is implementing these changes effective January 1, 2013.

Several commonly used psychiatric CPT codes have been deleted or modified. Changes include:

- Removal of evaluation and management (E&M) plus psychotherapy codes from the psychiatry section (codes 90805, 90807).
- Deletion of pharmacologic management (providers to use appropriate E&M code).
- Psychotherapy and E&M services are distinguished from each other (time spent on E&M services is not counted toward psychotherapeutic services, and separate codes can be used in combination with one another).
- Inclusion of add-on codes for psychiatry, which are services performed in addition to a primary service or procedure (and never as a stand-alone service).
- Addition of code 90785 for interactive complexity.
- New code for psychotherapy for a patient in crisis.

Administrative Rules of Montana states that employees of the Department may give general information on what codes are available for billing; however, the provider retains responsibility for selecting and submitting the proper code using the before-mentioned resources.

Please refer to the following resources for proper billing.

Coding Resources

Please note that the Department does not endorse the products of any particular publisher.

Resource	Description	Contact
CCI Policy and Edits Manual	This manual contains National Correct Coding Initiative (CCI) policy and edits, which are pairs of CPT or HCPCS Level II codes that are not separately payable except under certain circumstances. The edits are applied to services billed by the same provider for the same client on the same date of service.	National Technical Information Service (800) 363-2068 (703) 605-6060 www.ntis.gov/products/cci.aspx
CPT	<ul style="list-style-type: none"> • CPT codes and definitions • Updated each January 	CPT American Medical Association (800) 621-8335 www.amapress.com
CPT Assistant	<ul style="list-style-type: none"> • A newsletter on CPT coding issues American Medical Association 	(800) 621-8335 www.amapress.com
HCPCS Level II	<ul style="list-style-type: none"> • HCPCS Level II codes and definitions • Updated each January and throughout the year 	Available through various publishers and bookstores or from CMS at www.cms.gov/ .
ICD	<ul style="list-style-type: none"> • ICD diagnosis and procedure codes definitions • Updated each October 	Available through various publishers and bookstores.
Miscellaneous Resources	<ul style="list-style-type: none"> • Various newsletters and other coding resources. 	Ingenix (OptumInsight) (800) 464-3649 www.optumcoding.com Available through various publishers and editors.

The conversion factors referenced in Administrative Rules of Montana are not changing with the implementation of the new codes.

To calculate the fees effective January 1, 2013, please reference the CMS website (<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html>) for Relative Value Units.

Contact Information

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or (406) 442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Provider Information website at <http://medicaidprovider.hhs.mt.gov>.