

MACSIS Communication

CPT Code

Changes Effective January 1, 2013

Sent: December 6, 2012

Background:

The American Medical Association (AMA) has announced significant changes to the coding and billing of psychiatric services that will be implemented for services provided on and after January 1, 2013 through the annual Current Procedural Terminology (CPT) code updating process. The most significant change we have identified is the elimination of codes 90801 (used by CMHCs for diagnostic assessments by a physician) and 90862 (used by CMHCs for pharmacologic management). These two codes will no longer be available for services provided on and after January 1, 2013. 90801 is being replaced with two new codes, 90791 (psychiatric diagnostic evaluation) and 90792 (psychiatric diagnostic evaluation with medical services), while 90862 is being “transitioned” to the Evaluation and Management (E&M) codes.

Transitioning Ohio’s CMHCs from single service codes to multiple service codes for these services by January 1, 2013 will not occur due to the complexity of the change. Instead, both codes will be exchanged on a “one to one” basis per the following table:

| Mental Health Service | Code for DOS prior to January 1, 2013 | Code for DOS on and after January 1, 2013 |
|--------------------------------------|--|--|
| Diagnostic Assessment by a Physician | 90801 | 90792 |
| Pharmacologic Management | 90862 | 90863 |

Board Action Required:

Terminate PROCPs for 90801 and 90862 effective 12/31/2012 and enter new PROCPs for 90792 and 90863 effective 01/01/2013 based upon non-Medicaid contract terms.

Provider Action Required:

Update billing practices to implement the coding change for these MH services provided on and after January 1, 2013.