What You Need to Know about the 2013 CPT® Psychotherapy Codes
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Benjamin Disraeli

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Message from the Executive Director

October 2012

If you have seen the material the American Psychological Association (APA) Practice Organization has been sending to members, you are already aware that new CPT® codes for psychotherapy take effect on January 1, 2013. Given their importance, the APA Practice Organization (APAPO) is devoting this special issue of our Good Practice magazine entirely to help inform and prepare our members for using these codes. We hope you will find this publication useful as a reference guide.

Revisions to the family of psychotherapy codes resulted from a lengthy and confidential process in which psychology has been actively engaged. Throughout 2011, our profession, along with psychiatry, child and adolescent psychiatry, social work and nursing, participated in a CPT coding workgroup to review the current psychotherapy codes and recommend changes.

During 2012, we have been integrally involved in the process of establishing “work values” for the new codes that ultimately will be reflected in reimbursement rates. I would like to thank our many members who participated in the survey process to determine work values. See page 7 of the question-and-answer article for additional details about our participation in the code review and work value process.

In November, the Centers for Medicare and Medicaid Services is expected to announce the final Medicare fee schedule for 2013 indicating payment rates for psychotherapy services effective January 1. We will share that information with members as soon as it becomes available.

Considering that we do not yet know details about reimbursement, I want to emphasize the importance of members visiting our Practice Central website for continuous information and updates about the psychotherapy codes. The “2013 Psychotherapy Codes for Psychologists” section is found at apapracticecentral.org/codes. Also check for up-to-date information in our biweekly PracticeUpdate e-newsletter.

If you still have questions after reviewing the material in this publication and on our website, please email us at praccodes@apa.org or call our Practitioner Helpline toll-free, 800-374-2723.

You help others. We are here to help you.

Sincerely,

Katherine C. Nordal, PhD
Executive Director, APA Practice Organization

P.S. Among our many educational activities related to the new codes, we are planning webinars for members. The webinar schedule will be announced in our PracticeUpdate e-newsletter and at apapracticecentral.org/codes.

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Good Practice is the recipient of a Platinum Award, the highest honor, from the Association of Marketing and Communications Professionals.
The 2013 Psychotherapy Codes: An Overview for Psychologists

Beginning January 1, 2013, all mental health professionals must use new CPT® code numbers for psychotherapy when billing clients and filing health insurance claims with all third-party payers, including Medicare, Medicaid and all private health insurance carriers. Information about Medicare payment rates associated with the new codes is expected to be released in November when the Centers for Medicare and Medicaid Services (CMS) announces the final Medicare fee schedule for 2013. We will inform members as soon as we know about new Medicare payment rates.

Importantly, the coding changes in store for 2013 involve only the psychotherapy family of codes – the codes found in the Psychiatry section of the 2013 CPT manual. There are no changes to other codes that psychologists use, such as testing or health and behavior codes.

Revisions to the family of psychotherapy codes for 2013 resulted from the Five Year Review, the process by which CMS periodically reviews all codes. For more than two years, the American Psychological Association (APA) and the APA Practice Organization (APAPO) have represented the psychology practitioner community in code updating and valuation activities overseen by the American Medical Association (AMA). Unfortunately, we have been unable to report on much of the ongoing work because of strict AMA confidentiality requirements. (See the final question-and-answer on page 9 for additional general information about psychology’s involvement.)

Basic Changes

As of Jan. 1, 2013, many diagnostic and therapeutic services will have new code numbers, and most of the codes now used for these services will be eliminated.

Yet the fundamental services underlying the codes will not change. 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.

Descriptions of the three new psychotherapy codes in the 2013 CPT manual are associated with specific times rather than the current time ranges that apply to these services (noted below in parentheses):

- **New Code 90832**: Psychotherapy, 30 minutes with patient and/or family member (not 20-30 minutes)
- **New Code 90834**: Psychotherapy, 45 minutes with patient and/or family member (not 45-50 minutes)
- **New Code 90837**: Psychotherapy, 60 minutes with patient and/or family member (not 75-80 minutes)

Although the time for each code is specific, the coding manual allows for some flexibility. When reporting a psychotherapy service, the provider may choose the code closest to the actual time of the session. (See the question-and-answer article on page 7 for additional details.)
A couple of additional highlights related to psychotherapy codes for 2013 include:

- Outpatient and inpatient psychotherapy codes will be replaced by a single set of codes to be used for both settings. (See the crosswalk code list on page 12.)
- 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.

**Add-on Codes**

There will be new “add-on” codes for specific services that can be provided only in combination with other diagnostic evaluation, psychotherapy and group psychotherapy services. Add-on codes identify an additional part of the treatment above and beyond the principal service. Both the principal service code and add-on code should be listed on the billing form.

The codes for interactive psychotherapy are being eliminated and replaced with an add-on code to capture “interactive complexity.”

Interactive complexity, new add-on code 90785, refers to factors that complicate the delivery of a mental health procedure. Complicating factors include, for example, difficult communication with acrimonious family members and engagement of verbally undeveloped children. These factors are typically found with patients who:

- Have others legally responsible for their care, such as minors or adults with guardians
- Request others such as family members or interpreters to be involved during the visit, or
- Require the involvement of third parties such as schools or probation officers

Code 90785 may be reported with codes for diagnostic evaluation, psychotherapy and group psychotherapy. At least one of several circumstances identified in the CPT manual that complicate the delivery of care must pertain in order for providers to bill the interactive complexity code as an add-on to the principal mental health procedure.

**Pharmacologic management**

Of particular interest to prescribing psychologists, a new add-on code 90863 will be used for pharmacologic management, including prescription and review of medication, when performed with psychotherapy services. A psychologist providing a psychotherapy service with medication management should report the 90863 add-on code along with the applicable new psychotherapy code identified on page 3.

Prescribing health care professionals who provide evaluation and management (E/M) services as well as psychotherapy will also have the following options, depending on the type of service delivered: Report an E/M code along with a psychotherapy add-on code if both E/M and psychotherapy are provided, or simply report an E/M code if only E/M is provided.

**New crisis codes**

There is a new principal code for a crisis psychotherapy session requiring urgent assessment and history of the crisis state, mental status exam and disposition. A new add-on code applies to crisis psychotherapy sessions lasting longer than 60 minutes.

In order for the new crisis codes to apply, the presenting problem must typically be life threatening or complex and require immediate attention to a patient in high distress.

Code 90839 will be billed for the first 60 minutes of psychotherapy for a patient in crisis, and add-on code 90840 will be billed for each additional 30 minutes of psychotherapy for crisis.

For more information related to billing the crisis and other codes, consult the 2013 CPT manual. Copies of the manual can be ordered from the American Medical Association online at https://catalog.ama-assn.org/Catalog/home.jsp or by calling toll-free, 800-621-8335.

The remainder of this special issue of Good Practice contains additional information and guidance about the new psychotherapy codes for 2013. We will continually update members of the APA Practice Organization about implementation and use of these new codes.
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<table>
<thead>
<tr>
<th>Main Street Psychologists</th>
<th>Total Fees: $250</th>
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</thead>
<tbody>
<tr>
<td>Total Volume: $10,000</td>
<td></td>
</tr>
<tr>
<td>Effective rate: $250/$10,000 = 2.5%</td>
<td></td>
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</tbody>
</table>

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Questions & Answers

Answers to Psychologists’ Questions about the New Psychotherapy Codes

Review this question-and-answer guide to help you prepare for psychotherapy coding in 2013.

This article provides answers to questions from APA Practice Organization members about the new psychotherapy codes that take effect on January 1, 2013.

When do I use the new psychotherapy codes?

You will use the 2013 psychotherapy codes for billing clients and filing health insurance claims with all third-party payers, including Medicare and all private health insurance carriers, for psychotherapy services provided on or after January 1, 2013. Psychologists will use the new codes for Medicaid reimbursement in states where the Medicaid program includes psychotherapy as a covered service and Medicaid reimburses psychologists as independent providers of psychological services.

Aside from psychotherapy, do other codes used by psychologists change in 2013?

No. The changes in store for 2013 involve only the psychotherapy family of codes – the codes found in the Psychiatry section of the 2013 CPT® manual. There are no changes to other codes that psychologists use, such as testing or health and behavior codes.

What are the new psychotherapy code numbers?

The codes most critical to psychologists who provide mental health services involve diagnostic and psychotherapeutic procedures. For individual psychotherapy, there will no longer be separate codes for outpatient and inpatient settings.

All individual psychotherapy will be captured through one of three new codes. Unlike the existing codes, the new code descriptions in the 2013 CPT manual will list specific times (for example, 45 minutes) rather than a time range (45-50 minutes). The three new codes for 2013 are:

90832 Psychotherapy, 30 minutes with patient and/or family member

90834 Psychotherapy, 45 minutes with patient and/or family member

90837 Psychotherapy, 60 minutes with patient and/or family member

The code now used for a psychiatric diagnostic interview, 90801, will be replaced by two separate codes. Psychologists will use new code 90791 for a diagnostic evaluation. Other qualified health care professionals will use 90792 for a diagnostic evaluation with medical services such as a physical examination.

See pages 11 and 12 for lists of the new psychotherapy code numbers for psychologists, including a crosswalk that compares the 2012 codes to the new codes that take effect on January 1, 2013.

What if a session is shorter or longer than the time specified in the code description?

According to the 2013 CPT manual, psychotherapy times are for face-to-face services with the patient and/or family member, with the patient present for some or all of the service. Although the time for each code is specific, the manual allows for some flexibility. When reporting a psychotherapy service, the provider may choose the code closest to the actual time of the session. The examples provided in the manual are 16-37 minutes for code 90832, 38-52 minutes for 90834 and 53 minutes or more for 90837.
Since there is no new code associated with psychotherapy sessions that may last longer than 60 minutes, such as exposure therapy, how do I bill for these longer services?

The new codes are not intended to limit the length of time you schedule for psychotherapy. Psychologists who conduct sessions that require more than 60 minutes may continue to do so and will bill using the new 90837 code effective January 1. Regardless of how long the session lasts, the psychologist’s reimbursement will be based on the payment amount ultimately associated with 90837.

Generally speaking, psychologists should check their insurance carrier’s website throughout the fall of 2012 and early in 2013 for new policies on coverage and billing for services related to the 2013 psychotherapy codes.

When will the 2013 Medicare payment rates for the psychotherapy codes be available?

The Centers for Medicare and Medicaid Services (CMS) is expected to announce the 2013 payment rates in November as part of the final Medicare fee schedule. The APA Practice Organization will share the information with members as soon as possible thereafter.

How will I know if private insurance carriers change psychotherapy payment rates for 2013?

Private insurance carriers likely will publish information on their website and/or send notices to providers during the fall of 2012 about 2013 payment rates. Timing will vary from one company to another, though we generally anticipate seeing private insurance schedules after CMS releases Medicare payment rates for 2013 in November. Check the carrier website periodically for payment information and updates.

Will I need new or updated contracts with managed care and other private insurance companies in light of payment changes for 2013?

Most provider contracts by managed care and other insurance companies discuss specific CPT codes only in the fee schedule – an appendix to the provider contract that is designed to be adjustable as rates change without necessitating a revision to the main body of the contract.

Therefore, there would be no particular need to update the main provider contract due to new CPT codes. As noted earlier, we expect these companies to issue new fee schedules late in 2012.

What happens if I bill using the old psychotherapy codes for services provided on Jan. 1, 2013 or later?

Effective Jan. 1, psychologists should assume that their Medicare carrier will reject any claims containing codes that have been deleted from CPT and that these claims will require re-filing. We expect that private managed care and other insurance companies are also likely to reject claims filed using the 2012 psychotherapy codes.

Whom do I contact if I have problems with Medicare billing and reimbursement?

Start by getting in touch with the relevant Medicare Administrative Contractor (MAC) for your area. Contact information about MACs can be found at cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/downloads/contact_list.pdf. Keep in mind that some of the MACs are changing by the end of 2012.

If you are unable to get what you need from your MAC, contact the regional office of CMS. Information about CMS regional offices is available online at cms.gov/center/freedom-of-information-act/regional-contacts.html.

Where do I find a list of all 2013 CPT codes that psychologists use?

The CPT manual for 2013, published by the American Medical Association (AMA), contains all codes used by psychologists and other health care professionals, along with details about the use of individual codes. This includes testing and health and behavior (H & B) assessment.
and intervention codes, which do not change for 2013. Copies of the 2013 manual can be ordered online from the AMA at https://catalog.ama-assn.org/Catalog/home.jsp or by calling toll-free, 800-621-8335.

This special issue of Good Practice contains lists (see pages 11 and 12) of the 2013 psychotherapy codes for psychologists, and a crosswalk that helps you compare the 2012 codes to the new psychotherapy codes that take effect Jan. 1.

What was psychology's role in the psychotherapy codes review process?

Revisions to the family of psychotherapy codes for 2013 resulted from the Five Year Review, the process by which the Centers for Medicare and Medicaid Services (CMS) periodically reviews all codes.

Throughout 2011, psychology, along with psychiatry, child and adolescent psychiatry, social work and nursing, participated in a CPT coding workgroup to review the current psychotherapy codes and recommend changes. Psychology's representatives fought continuously to protect the profession's interests throughout the year-long code review process. Psychology was represented in the coding process both by its advisors to the CPT coding workgroup and its representation on the CPT Health Care Professionals Advisory Committee.

The multi-specialty workgroup was involved in evaluating the definitions of services under the existing psychotherapy family of codes and recommending work relative value units (RVUs) for the new codes. The APA Practice Organization conducted a member survey early in 2012 as part of the process of determining recommended RVUs for the new psychotherapy codes. Other associations involved in the workgroup also surveyed their members.

The workgroup then brought its suggested work values to the Relative Value Update Committee (RUC), which in turn made recommendations for new code work values to CMS. The work values that CMS adopts for the new codes will be applied to a formula used by the agency to determine Medicare reimbursement rates for psychotherapy services beginning in 2013.

APA was actively involved in the RUC process both through the multi-specialty workgroup and its representation on the RUC's Health Care Professionals Advisory Committee.

All participants in the CPT and RUC processes must sign strict confidentiality agreements required by the AMA to guard against premature release of information about coding and payment changes. Payment information will be made public when CMS announces how Medicare will value the new psychotherapy codes in its final rule on the 2013 Medicare fee schedule, expected in November.

PLEASE NOTE: This question-and-answer set was prepared based on information available early in October 2012 and is subject to change as we learn more about the 2013 psychotherapy codes and their implementation. The APA Practice Organization will continue to keep members apprised of related developments. Visit apapracticecentral.org/codes and check our biweekly PracticeUpdate e-newsletter.

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The Psychologist Locator
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New Code Lists for Psychologists

Cut or tear out the lists on the following pages and keep them handy for future reference.

The following two pages of this magazine contain lists of the new 2013 psychotherapy CPT® codes for psychologists. The table on the following page lists only the psychotherapy codes that take effect January 1, while the table on page 12 provides a crosswalk between the current (2012) psychotherapy codes and the corresponding new codes to be used in 2013.

The lists are intended to familiarize you with specific psychotherapy coding changes and will be helpful for updating your billing and claims processing systems. While there are many new code numbers in the list of psychotherapy codes on the following pages, an asterisk has been placed next to the psychotherapy code numbers that do not change in 2013.

Important general points about the new codes include:

• The 2013 CPT codes make no distinction between inpatient and outpatient psychotherapy services, unlike the current psychotherapy codes.

• Another basic change to coding for psychotherapy services in 2013 involves the use of new “add-on” codes. These are codes used to capture designated services provided in addition to the principal psychotherapy service. Add-on codes may only be billed in conjunction with the principal psychotherapy service. The 2013 CPT manual contains additional details about the use of individual add-on codes.

• There are brand new codes for “psychotherapy for crisis.” See page 4 for additional details.

• The 2013 CPT manual contains additional new codes for use by other qualified health professionals, such as those eligible to use the evaluation and management (E/M) codes, some of which have changed for 2013. Examples: 90792, 90833, 90836, 90838

The CPT manual, owned by the American Medical Association (AMA), is available for purchase from AMA online at https://catalog.ama-assn.org/Catalog/home.jsp or by calling toll-free, 800-621-8335. Given the important changes for 2013, the APA Practice Organization encourages members who provide psychotherapy services to consider obtaining a copy of the new coding manual.

FOUR MORE WAYS TO LEARN ABOUT THE NEW PSYCHOTHERAPY CODES

• Visit the APA Practice Organization (APAPO) Practice Central website: apapracticecentral.org/codes

• Read our biweekly PracticeUpdate e-newsletter for APAPO members

• Call our toll-free Practitioner Helpline at 800-374-2723

• Email us at praccodes@apa.org
# 2013 Psychotherapy CPT® Codes for Psychologists

Effective January 1, 2013

## Diagnostic interview procedures

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90791</td>
<td>Psychiatric diagnostic evaluation</td>
</tr>
</tbody>
</table>

## Psychotherapy

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90832</td>
<td>Psychotherapy, 30 minutes with patient and/or family member</td>
</tr>
<tr>
<td>90834</td>
<td>Psychotherapy, 45 minutes with patient and/or family member</td>
</tr>
<tr>
<td>90837</td>
<td>Psychotherapy, 60 minutes with patient and/or family member</td>
</tr>
<tr>
<td>90845*</td>
<td>Psychoanalysis</td>
</tr>
<tr>
<td>90846*</td>
<td>Family psychotherapy without the patient present</td>
</tr>
<tr>
<td>90847*</td>
<td>Family psychotherapy, conjoint psychotherapy with the patient present</td>
</tr>
<tr>
<td>90849*</td>
<td>Multiple-family group psychotherapy</td>
</tr>
<tr>
<td>90853*</td>
<td>Group psychotherapy (other than of a multiple-family group)</td>
</tr>
</tbody>
</table>

## Interactive complexity add-on code

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90785</td>
<td>Add-on code to be used in conjunction with codes for primary service such as: psychiatric diagnostic evaluation (90791); psychotherapy (90832, 90834, 90837); and group psychotherapy (90853)</td>
</tr>
</tbody>
</table>

## Psychotherapy for crisis

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90839</td>
<td>Psychotherapy for crisis, first 60 minutes</td>
</tr>
<tr>
<td>90840</td>
<td>Add-on for each additional 30 minutes of psychotherapy for crisis, used in conjunction with code 90839</td>
</tr>
</tbody>
</table>

## Pharmacologic management add-on code

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90863</td>
<td>Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services; used only as add-on to primary psychotherapy code (90832, 90834, 90837)</td>
</tr>
</tbody>
</table>

* The codes shaded in orange are the same for 2012 and 2013.

Note: The CPT manual contains additional new codes for use by other qualified health care professionals, such as those eligible to use evaluation and management (E/M) codes. Examples: 90792, 90833, 90836, 90838.


The CPT® manual is available for purchase from the American Medical Association at https://catalog.ama-assn.org/Catalog/home.jsp, or by calling toll-free, 800-621-8335.

For complete information on the 2013 psychotherapy codes, visit apapracticecentral.org/codes.

For additional questions, email us at praccodes@apa.org.

American Psychological Association Practice Organization
Practitioner Helpline: 800-374-2723 TDD/TTY: 202-336-6123
Crosswalk of 2012 Psychotherapy CPT® Codes to 2013 Codes
Effective January 1, 2013

<table>
<thead>
<tr>
<th>2012 Code</th>
<th>2013 Code(s)</th>
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</thead>
<tbody>
<tr>
<td><strong>Diagnostic interview procedures</strong></td>
<td></td>
</tr>
<tr>
<td>90801, Psychiatric diagnostic interview examination</td>
<td>90791, Psychiatric diagnostic evaluation</td>
</tr>
<tr>
<td><strong>Psychotherapy</strong></td>
<td></td>
</tr>
<tr>
<td>90804, outpatient psychotherapy 20-30 min</td>
<td>90832, Psychotherapy, 30 minutes with patient and/or family member</td>
</tr>
<tr>
<td>90816, inpatient psychotherapy 20-30 min</td>
<td></td>
</tr>
<tr>
<td>90806, outpatient psychotherapy 45-50 min</td>
<td>90834, Psychotherapy, 45 minutes with patient and/or family member</td>
</tr>
<tr>
<td>90818, inpatient psychotherapy 45-50 min</td>
<td></td>
</tr>
<tr>
<td>90808, outpatient psychotherapy 75-80 min</td>
<td>90837, Psychotherapy, 60 minutes with patient and/or family member</td>
</tr>
<tr>
<td>90821, inpatient psychotherapy 75-80 min</td>
<td></td>
</tr>
<tr>
<td>90845,* Psychoanalysis</td>
<td>90845, Psychoanalysis</td>
</tr>
<tr>
<td>90846,* Family psychotherapy without the patient present</td>
<td>90846, Family psychotherapy without the patient present</td>
</tr>
<tr>
<td>90847,* Family psychotherapy, conjoint psychotherapy with the patient present</td>
<td>90847, Family psychotherapy, conjoint psychotherapy with the patient present</td>
</tr>
<tr>
<td>90849,* Multiple-family group psychotherapy</td>
<td>90849, Multiple-family group psychotherapy</td>
</tr>
<tr>
<td>90853,* Group psychotherapy (other than of a multiple-family group)</td>
<td>90853, Group psychotherapy (other than of a multiple-family group)</td>
</tr>
<tr>
<td><strong>Codes for interactive services</strong></td>
<td></td>
</tr>
<tr>
<td>90802, Interactive psychiatric diagnostic evaluation</td>
<td>90791, plus interactive add-on code (90785)</td>
</tr>
<tr>
<td>All current interactive psychotherapy services (90810 – 90815, 90823 – 90829)</td>
<td>90785, Add-on code to be used in conjunction with appropriate psychotherapy code based on length of the session</td>
</tr>
<tr>
<td>90857, Interactive group psychotherapy</td>
<td>90853, plus interactive add-on code (90785)</td>
</tr>
<tr>
<td><strong>Pharmacologic management add-on code</strong></td>
<td></td>
</tr>
<tr>
<td>90862, Pharmacologic management, including prescription, use and review of medication with no more than minimal medical psychotherapy</td>
<td>90863, Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services; used only as add-on to principal psychotherapy code (90832, 90834, 90837)</td>
</tr>
</tbody>
</table>

* The codes shaded in orange are the same for 2012 and 2013.

Note: The CPT manual contains additional new codes for use by other qualified health care professionals, such as those eligible to use evaluation and management (E/M) codes. Examples: 90792, 90833, 90836, 90838.


For complete information on the 2013 psychotherapy codes, visit [apapracticecentral.org/codes](http://apapracticecentral.org/codes). For additional questions, email us at [praccodes@apa.org](mailto:praccodes@apa.org).

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STEP 3: Preview, Edit
STEP 4: Launch Site