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.

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.

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.