

Changes to CPT Codes Subject to OMH Government Rates (APGs) Effective Jan 1, 2013

NYS DOH – Managed Care Policy and Planning Meeting
December 12, 2012

CPT Codes Subject to Government Rates Statute

(page 1 – changes from 2012 are in yellow)

2012 HCPCS/CPT (and modifier code where applicable)	2013 HCPCS/CPT (including replacement codes)	2012 and 2013 CPT Procedure - OMH Regulatory Name	Jan 2013 APG Weight	Article 31 (OMH) Clinics	Article 28 (DOH) Clinics - Without OMH License
90801	90791	Initial Assessment Diagnostic & Treatment Plan	1.0344	X	X
NA	90792	Initial Assessment Diagnostic & Treatment Plan, with medical	1.0344	X	X
90804	90832	Psychotherapy - Indiv 30 mins	0.6206	X	X
90805	90833 + E&M	Psychiatric Assessment - 30 mins	0.3322 + E&M	X	X
90806	90834	Psychotherapy - Indiv 45 mins	0.8275	X	X
90807	90836 + E&M	Psychiatric Assessment - 45-50 mins	0.5390 + E&M	X	X
90846	90846	Psychotherapy - Family 30 mins	0.6206	X	X
90847	90847	Psychotherapy - Family & Client 1 hr	1.2413	X	X
90849	90849	Psychotherapy - Family Group 1hr	0.3207	X	X
90853	90853	Psychotherapy - Group 1 hr	0.3207	X	X
90853U5 *	90853U5	OMH School Based Satellite (Art 31) / School Based Health Clinic (Art 28) - Group <1 hr; U5 modifier required	0.2245	X	Managed Care Carve Out
90862	90863 or E&M	Psychotropic Medication Treatment	.6620 or E&M	X	
90882	90882	Complex Care Management - 15 mins (max of 1 unit)	0.2896	X	
96101	96101	Psychological Testing - Various	1.6551	X	
96110	96110	Developmental Testing - limited	0.8275	X	

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(page 2 – no changes from 2012 on this page)

2012 HCPCS/CPT (and modifier code where applicable)	2013 HCPCS/CPT (including replacement codes)	2012 and 2013 CPT Procedure - OMH Regulatory Name	Jan 2013 APG Weight	Article 31 (OMH) Clinics	Article 28 (DOH) Clinics - Without OMH License
96111	96111	Developmental Testing - extended	1.2413	X	
96116	96116	Psychological Testing - Neurobehavioral	1.6551	X	
96118	96118	Psychological Testing - Various	1.6551	X	
99401	99401	Health Monitoring - 15 mins	0.2500	X	
99402	99402	Health Monitoring - 30 mins	0.3103	X	
99403	99403	Health Monitoring - 45 mins	0.4482	X	
99404	99404	Health Monitoring - 60 mins	0.5862	X	
99406	99406	Smoking Cessation Treatment - 3-10 mins; requires Dx code 305.1	0.1267	X	
99407	99407	Smoking Cessation Treatment - >10 mins; requires Dx code 305.1	0.1267	X	
99407HQ *	99407HQ *	Smoking Cessation Treatment (Group) - >10 mins; requires Dx code 305.1 and HQ modifier	0.0634	X	
99411	99411	Health Monitoring Group - 30 mins	0.1379	X	
99412	99412	Health Monitoring Group - 60 mins	0.2414	X	
H2010	H2010	Injectable Med Admin with Monit & Edu	0.4138	X	
H2011	H2011	Crisis Intervention - per 15 min (max of 6 units)	0.4000	X	
S9484	S9484	Crisis Intervention - per hour (max of 1 unit)	2.4136	X	
S9485	S9485	Crisis Intervention - per diem	5.7927	X	

E&M Codes Add a New Complication

- 90805 has been replaced by 90833 AND an E&M code.
 - 90805 formerly represented psychotherapy with evaluation and management (or a “psych assessment” under OMH policy).
 - Beginning Jan 1, the provider will bill for both 90833 and an E&M code and the plan payments will be required to equal FFS payments for both codes.
- The APG service intensity weight for 90833 is lower than that of 90805 by the value of the average mental health medical visit APG.
 - New code 90833 weight = 0.3322
 - Old code 90805 weight = 1.0344 (difference = .7022)
- A similar situation exists with 90807 and its replacement code 90836.

Medicaid Managed Care Reimbursement for Psychotropic Medication Management

- CPT code 90862 (psychotropic medication management, with minimal psychotherapy) has been deleted effective January 1, 2013.
- For Medicaid managed care government rates (APG) reimbursement , 90862 has effectively been replaced by 90863 (i.e., for purposes of NYS Medicaid 90863 is “psychotropic medication management” and does NOT require accompanying psychotherapy.)
 - For FFS reimbursement, OMH is allowing its providers to use either an E&M code for psych med mgt (15 minute minimum) or 90863.
- Plans are required to pay APG rates for code 90863. Plans are NOT required to pay APG rates for stand-alone E&M codes. Per the previous slide, plans ARE required to pay APG rates for E&Ms grouped with 90833 or 90836.
 - NOTE: This policy is still under discussion and could change, in which case further information will be forthcoming.
- If psychotherapy (e.g., 90832 or 90834) is also provided with 90863 the additional psych therapy code would be added to the claim as a second procedure.

Reimbursement of Coding Combinations for 90833, 90836, and 90863 Under OMH Government Rates in Medicaid Managed Care

Code A	Code B	Payment Rule
90833	E&M	Pay both 90833 and E&M (viz., 99213) using APGs.
90833	None	Do not pay 90833. Improper coding, E&M required with 90833.
90836	E&M	Pay both 90836 and E&M using APGs.
90836	None	Do not pay 90836. Improper coding, E&M required with 90806.
90863	None	Pay 90863 using APGs.
E&M	None	Pay usual plan payment for E&M, mirroring of FFS (APGs) is not required.
90863	90832	Pay both codes using APGs.
90863	90834	Pay both codes using APGs.