

New Psychiatric Services Procedure Codes for 2013 HCPCS Now Available

Information posted December 21, 2012

The 2013 Healthcare Common Procedure Coding System (HCPCS) additions, changes, and deletions for psychiatric services will be effective for dates of service on or after January 1, 2013, and are now available.

All new, revised, and discontinued 2013 HCPCS procedure codes will be effective for dates of service on or after January 1, 2013. The 2013 HCPCS discontinued procedure codes will no longer be reimbursed after December 31, 2012. Providers must contact the appropriate copyright holder to obtain procedure code descriptions.

Important: Texas Medicaid will follow the American Psychiatric Association coding crosswalk for 2012 Common Procedural Terminology (CPT) procedure codes to 2013 CPT procedure codes with a few exceptions as noted in the table below. Providers must use the comparable procedure codes that replace the discontinued codes that are currently used for rendered services.

New and Deleted Procedure Codes

The following psychiatric services procedure codes will be discontinued and replaced as indicated:

Category	2012 Procedure Codes	2013 Procedure Codes
Diagnostic	90801	90791, 90792
	90802	90791, 90792
Psychotherapy	90804, 90816	90832
	90806, 90818	90834
	90808, 90821	90837
Psychotherapy (interactive)	90810, 90823	90832
	90812, 90826	90834
	90814, 90828	90837
Psychotherapy with evaluation and management (E/M)	90805, 90807, 90809, 90817, 90819, 90822	E/M procedure code based on key components plus psychotherapy add-on code 90833, 90836, or 90838 (time-based)
Psychotherapy with E/M (interactive)	90811, 90813, 90815, 90824, 90827, 90829	E/M procedure code plus psychotherapy add-on code 90833, 90836, or 90838

Category	2012 Procedure Codes	2013 Procedure Codes
Crisis psychotherapy	None	90839 and 90840 are non-covered procedure codes. This service is included in the appropriate therapy procedure code and is not reimbursed separately.
Family psychotherapy	90846, 90847, 90849	No changes
Group psychotherapy	90853	90853
Interactive group psychotherapy	90857	90853
Pharmacologic management	90862	E/M procedure code

Interactive complexity add-on procedure code 90875 will be informational only and not reimbursed separately from the appropriate psychotherapy procedures code.

Reminder: *New patient visits are limited to one every three years, per client, per provider. A new patient is one who has not received within the past three years any professional services from the physician or from another physician of the same specialty who belongs to the same group practice.*

Texas Medicaid Benefit Changes

The following Texas Medicaid benefit changes support the 2013 HCPCS and CPT updates and will be effective for dates of service on or after January 1, 2013.

Inpatient Behavioral Health

Added									
90791	90792	90832	90833	90834	90836	90837	90838		
Discontinued									
90801	90802	90816	90817	90818	90819	90821	90822	90823	90824
90826	90827	90828	90829	90857	90862				

Limitations for added procedure codes: Providers may refer to the current *Texas Medicaid Provider Procedures Manual, Behavioral Health, Rehabilitation, and Case Management Services Handbook*: for more information.

The descriptions of the following procedure codes have been revised:

Procedure Codes									
99201	99202	99203	99204	99205	99211	99212	99213	99214	99215
99217	99218	99219	99220	99221	99222	99223	99224	99225	99226
99231	99232	99233	99234	99235	99236	99241	99242	99243	99244
99245	99251	99252	99253	99254	99255	99281	99282	99283	99284
99285	99304	99305	99306	99307	99308	99309	99310	99318	99324
99325	99326	99327	99328	99334	99335	99336	99337	99341	99342

Procedure Codes								
99343	99344	99345	99347	99348	99349	99350	99360	99464

Providers may refer to the current *Texas Medicaid Provider Procedures Manual, Behavioral Health, Rehabilitation, and Case Management Services Handbook*, for more information.

Outpatient Behavioral Health Services

Added									
90791	90792	90832	90833	90834	90836	90837	90838		
Discontinued									
90801	90802	90804	90805	90806	90807	90808	90809	90810	90811
90812	90813	90814	90815	90857	90862				

Limitations for added procedure codes: Providers may refer to the current *Texas Medicaid Provider Procedures Manual, Behavioral Health, Rehabilitation, and Case Management Services Handbook* for more information.

The descriptions of the following procedure codes have been revised:

Procedure Codes									
99201	99202	99203	99204	99205	99211	99212	99213	99214	99215
99217	99218	99219	99220	99221	99222	99223	99224	99225	99226
99231	99232	99233	99234	99235	99236	99241	99242	99243	99244
99245	99251	99252	99253	99254	99255	99281	99282	99283	99284
99285	99304	99305	99306	99307	99308	99309	99310	99318	99324
99325	99326	99327	99328	99334	99335	99336	99337	99341	99342
99343	99344	99345	99347	99348	99349	99350	99360	99464	

Providers may refer to the current *Texas Medicaid Provider Procedures Manual, Behavioral Health, Rehabilitation, and Case Management Services Handbook* for more information.

Screening Brief Intervention and Referral to Treatment (SBIRT)

Added									
90791	90792	90832	90833	90834	90836	90837	90838		
Discontinued									
90801	90802	90804	90805	90806	90807	90808	90809	90810	90811
90812	90813	90814	90815	90857	90862				

Limitations for added procedure codes: Providers may refer to the current *Texas Medicaid Provider Procedures Manual, Behavioral Health, Rehabilitation, and Case Management Services Handbook* for more information.

CSHCN Services Program Benefit Changes

The following Children with Special Health Care Needs (CSHCN) Services Program benefit changes have been made to support the 2013 HCPCS and CPT updates and will be effective for dates of service on or after January 1, 2013.

Behavioral Health Services

Added									
90791	90792	90832	90833	90834	90836	90837	90838		
Discontinued									
90801	90802	90804	90805	90806	90807	90808	90809	90810	90811
90812	90813	90814	90815	90816	90817	90818	90819	90821	90822
90823	90824	90826	90827	90828	90829	90857	90862		

Limitations for added procedure codes: Providers may refer to the current *CSHCN Services Program Provider Manual*, for more information.

Providers may refer to the current *CSHCN Services Program Provider Manual*, section 29.2.6, "Procedure Codes Included in the 12-Hour System Limitation," for more information.

Reimbursement Rates

Effective for dates of service on or after January 1, 2013, Texas Medicaid and the CSHCN Services Program will implement initial reimbursement rates for some psychiatric services HCPCS procedure codes.

The table that begins on the following page shows the reimbursement rates will be effective for dates of service on or after January 1, 2013:

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.

HCPCS - PSYCHIATRIC SERVICES

Type of Service (TOS)*	Procedure Code	Provider Type/Specialty	Age Range	Current		Current Medicaid Fee	Current Medicaid Fee	1-1-13		1-1-13 Medicaid Fee	1-1-13 Adjusted Medicaid Fee
				Current Medicaid RVU**	Medicaid Conversion Factor			Medicaid RVU**	Medicaid Conversion Factor		
1	90785	3, 10,16, 18, 19, 20, 21, 22, 31, 40/51, 97	0-999							Informational Item	Informational Item
1	90791	3, 10, 19, 20, 21, 22, 31, 97	0-20							\$119.82	\$119.82
1	90791	3, 10, 19, 20, 21, 22, 31, 97	21-999							\$113.91	\$113.91
1	90792	3, 10, 19, 20, 21, 22,	0-20							\$119.82	\$119.82
1	90792	3, 10, 19, 20, 21, 22,	21-999							\$113.91	\$113.91
1	90801	All Provider Types	0-20	4.26	\$28.640	\$122.01	\$119.57			Not a Benefit	Not a Benefit
1	90801	All Provider Types	21-999	4.26	\$27.276	\$116.20	\$113.88			Not a Benefit	Not a Benefit
1	90802	All Provider Types	0-20	4.58	\$27.640	\$131.17	\$128.55			Not a Benefit	Not a Benefit
1	90802	All Provider Types	21-999	4.58	\$27.276	\$124.92	\$122.42			Not a Benefit	Not a Benefit
1	90804	All Provider Types	0-20	1.77	\$28.640	\$50.69	\$49.68			Not a Benefit	Not a Benefit
1	90804	All Provider Types	0-20	1.77	\$28.640	\$35.48	\$34.77			Not a Benefit	Not a Benefit
1	90804	All Provider Types	21-999	1.77	\$27.276	\$48.28	\$47.31			Not a Benefit	Not a Benefit
1	90804	All Provider Types	21-999	1.77	\$27.276	\$33.80	\$33.12			Not a Benefit	Not a Benefit
1	90805	All Provider Types	0-20	1.99	\$28.640	\$56.99	\$55.85			Not a Benefit	Not a Benefit
1	90805	All Provider Types	21-999	1.99	\$27.276	\$54.28	\$53.19			Not a Benefit	Not a Benefit
1	90806	All Provider Types	0-20	2.44	\$28.640	\$69.88	\$68.48			Not a Benefit	Not a Benefit
1	90806	All Provider Types	0-20	2.44	\$28.640	\$48.92	\$47.94			Not a Benefit	Not a Benefit
1	90806	All Provider Types	21-999	2.44	\$27.276	\$66.55	\$65.22			Not a Benefit	Not a Benefit
1	90806	All Provider Types	21-999	2.44	\$27.276	\$46.59	\$45.66			Not a Benefit	Not a Benefit
1	90807	All Provider Types	0-20	2.80	\$28.640	\$80.19	\$78.59			Not a Benefit	Not a Benefit
1	90807	All Provider Types	21-999	2.80	\$27.276	\$76.37	\$74.84			Not a Benefit	Not a Benefit
1	90808	All Provider Types	0-20	3.59	\$28.640	\$102.82	\$100.76			Not a Benefit	Not a Benefit
1	90808	All Provider Types	0-20	3.59	\$28.640	\$71.97	\$70.53			Not a Benefit	Not a Benefit
1	90808	All Provider Types	21-999	3.59	\$27.276	\$97.92	\$95.96			Not a Benefit	Not a Benefit
1	90808	All Provider Types	21-999	3.59	\$27.276	\$68.54	\$67.17			Not a Benefit	Not a Benefit
1	90809	All Provider Types	0-20	3.95	\$28.640	\$113.13	\$110.87			Not a Benefit	Not a Benefit
1	90809	All Provider Types	21-999	3.95	\$27.276	\$107.74	\$105.59			Not a Benefit	Not a Benefit
1	90810	All Provider Types	0-20	1.87	\$28.640	\$53.56	\$52.49			Not a Benefit	Not a Benefit
1	90810	All Provider Types	21-999	1.87	\$27.276	\$51.01	\$49.99			Not a Benefit	Not a Benefit
1	90811	All Provider Types	0-20	2.22	\$28.640	\$63.58	\$62.31			Not a Benefit	Not a Benefit
1	90811	All Provider Types	21-999	2.22	\$27.276	\$60.55	\$59.34			Not a Benefit	Not a Benefit
1	90812	All Provider Types	0-20	2.66	\$28.640	\$76.18	\$74.66			Not a Benefit	Not a Benefit
1	90812	All Provider Types	21-999	2.66	\$27.276	\$72.55	\$71.10			Not a Benefit	Not a Benefit
1	90813	All Provider Types	0-20	3.02	\$28.640	\$86.49	\$84.76			Not a Benefit	Not a Benefit
1	90813	All Provider Types	21-999	3.02	\$27.276	\$82.37	\$80.72			Not a Benefit	Not a Benefit
1	90814	All Provider Types	0-20	3.87	\$28.640	\$110.84	\$108.62			Not a Benefit	Not a Benefit
1	90814	All Provider Types	21-999	3.87	\$27.276	\$105.56	\$103.45			Not a Benefit	Not a Benefit
1	90815	All Provider Types	0-20	4.18	\$28.640	\$119.72	\$117.33			Not a Benefit	Not a Benefit
1	90815	All Provider Types	21-999	4.18	\$27.276	\$114.01	\$111.73			Not a Benefit	Not a Benefit

HCPCS - PSYCHIATRIC SERVICES

Type of Service (TOS)*	Procedure Code	Provider Type/Specialty	Age Range	Current		Current		1-1-13		1-1-13	
				Current Medicaid RVU**	Medicaid Conversion Factor	Current Medicaid Fee	Current Medicaid Fee	1-1-13 Medicaid RVU**	1-1-13 Medicaid Conversion Factor	1-1-13 Medicaid Fee	1-1-13 Adjusted Medicaid Fee
1	90816	All Provider Types	0-20	1.61	\$28.640	\$46.11	\$45.19			Not a Benefit	Not a Benefit
1	90816	All Provider Types	21-999	1.61	\$27.276	\$43.91	\$43.03			Not a Benefit	Not a Benefit
1	90817	All Provider Types	0-20	1.84	\$28.640	\$52.70	\$51.65			Not a Benefit	Not a Benefit
1	90817	All Provider Types	21-999	1.84	\$27.276	\$50.19	\$49.19			Not a Benefit	Not a Benefit
1	90818	All Provider Types	0-20	2.40	\$28.640	\$68.74	\$67.37			Not a Benefit	Not a Benefit
1	90818	All Provider Types	21-999	2.40	\$27.276	\$65.46	\$64.15			Not a Benefit	Not a Benefit
1	90819	All Provider Types	0-20	2.63	\$28.640	\$75.32	\$73.81			Not a Benefit	Not a Benefit
1	90819	All Provider Types	21-999	2.63	\$27.276	\$71.74	\$70.31			Not a Benefit	Not a Benefit
1	90821	All Provider Types	0-20	3.55	\$28.640	\$101.67	\$99.64			Not a Benefit	Not a Benefit
1	90821	All Provider Types	21-999	3.55	\$27.276	\$96.83	\$94.89			Not a Benefit	Not a Benefit
1	90822	All Provider Types	0-20	3.79	\$28.640	\$108.55	\$106.38			Not a Benefit	Not a Benefit
1	90822	All Provider Types	21-999	3.79	\$27.276	\$103.38	\$101.31			Not a Benefit	Not a Benefit
1	90823	All Provider Types	0-20	1.74	\$28.640	\$49.83	\$48.83			Not a Benefit	Not a Benefit
1	90823	All Provider Types	21-999	1.74	\$27.276	\$47.46	\$46.51			Not a Benefit	Not a Benefit
1	90824	All Provider Types	0-20	1.97	\$28.640	\$56.42	\$55.29			Not a Benefit	Not a Benefit
1	90824	All Provider Types	21-999	1.97	\$27.276	\$53.73	\$52.66			Not a Benefit	Not a Benefit
1	90826	All Provider Types	0-20	2.54	\$28.640	\$72.75	\$71.30			Not a Benefit	Not a Benefit
1	90826	All Provider Types	21-999	2.54	\$27.276	\$69.28	\$67.89			Not a Benefit	Not a Benefit
1	90827	All Provider Types	0-20	2.76	\$28.640	\$79.05	\$77.47			Not a Benefit	Not a Benefit
1	90827	All Provider Types	21-999	2.76	\$27.276	\$75.28	\$73.77			Not a Benefit	Not a Benefit
1	90828	All Provider Types	0-20	3.68	\$28.640	\$105.40	\$103.29			Not a Benefit	Not a Benefit
1	90828	All Provider Types	21-999	3.68	\$27.276	\$100.38	\$98.37			Not a Benefit	Not a Benefit
1	90829	All Provider Types	0-20	3.92	\$28.640	\$112.27	\$110.02			Not a Benefit	Not a Benefit
1	90829	All Provider Types	21-999	3.92	\$27.276	\$106.92	\$104.78			Not a Benefit	Not a Benefit
1	90832	3, 10, 19, 20, 21, 22, 31, 97	0-20			Not a Benefit	Not a Benefit			\$49.39	\$49.39
1	90832	16, 18, 40/51	0-20			Not a Benefit	Not a Benefit			\$34.57	\$34.57
1	90832	3, 10, 19, 20, 21, 22, 31, 97	21-999			Not a Benefit	Not a Benefit			\$44.66	\$44.66
1	90832	16, 18, 40/51	21-999			Not a Benefit	Not a Benefit			\$31.26	\$31.26
1	90833	3, 10, 19, 20, 21, 22	0-20			Not a Benefit	Not a Benefit			\$18.68	\$18.68
1	90833	3, 10, 19, 20, 21, 22	21-999			Not a Benefit	Not a Benefit			\$19.29	\$19.29
1	90834	3, 10, 19, 20, 21, 22, 31, 97	0-20			Not a Benefit	Not a Benefit			\$68.49	\$68.49
1	90834	16, 18, 40/51	0-20			Not a Benefit	Not a Benefit			\$47.94	\$47.94
1	90834	3, 10, 19, 20, 21, 22, 31, 97	21-999			Not a Benefit	Not a Benefit			\$65.08	\$65.08
1	90834	16, 18, 40/51	21-999			Not a Benefit	Not a Benefit			\$45.56	\$45.56
1	90836	3, 10, 19, 20, 21, 22	0-20			Not a Benefit	Not a Benefit			\$41.77	\$41.77
1	90836	3, 10, 19, 20, 21, 22	21-999			Not a Benefit	Not a Benefit			\$40.01	\$40.01
1	90837	3, 10, 19, 20, 21, 22, 31, 97	0-20			Not a Benefit	Not a Benefit			\$100.78	\$100.78

HCPCS - PSYCHIATRIC SERVICES

Type of Service (TOS)*	Procedure Code	Provider Type/Specialty	Age Range	Current		Current		1-1-13		1-1-13	
				Current Medicaid RVU**	Current Medicaid Conversion Factor	Current Medicaid Fee	Current Medicaid Fee	1-1-13 Medicaid RVU**	1-1-13 Medicaid Conversion Factor	1-1-13 Medicaid Fee	1-1-13 Adjusted Medicaid Fee
1	90837	16, 18, 40/51	0-20			Not a Benefit	Not a Benefit			\$70.55	\$70.55
1	90837	3, 10, 19, 20, 21, 22, 31, 97	21-999			Not a Benefit	Not a Benefit			\$95.93	\$95.93
1	90837	16, 18, 40/51	21-999			Not a Benefit	Not a Benefit			\$67.15	\$67.15
1	90838	3, 10, 19, 20, 21, 22	0-20			Not a Benefit	Not a Benefit			\$72.43	\$72.43
1	90838	3, 10, 19, 20, 21, 22	21-999			Not a Benefit	Not a Benefit			\$70.27	\$70.27
1	90853	3, 10, 19, 20, 21, 22, 31, 97	0-20	0.88	\$28.640	\$25.20	\$24.70	0.88	\$28.0672	\$24.70	\$24.70
1	90853	3, 10, 19, 20, 21, 22, 31, 97	21-999	0.88	\$27.276	\$24.00	\$23.52	0.88	\$26.7305	\$23.52	\$23.52
1	90853	16, 18, 40/51	0-20			\$17.64	\$17.29			\$17.29	\$17.29
1	90853	16, 18, 40/51	21-999			\$16.80	\$16.46			\$16.46	\$16.46
1	90857	All Provider Types	0-20	0.98	\$28.640	\$28.07	\$27.51			Not a Benefit	Not a Benefit
1	90857	All Provider Types	21-999	0.98	\$27.276	\$26.73	\$26.20			Not a Benefit	Not a Benefit
1	90862	All Provider Types	0-20	1.56	\$28.640	\$44.68	\$43.79			Not a Benefit	Not a Benefit
1	90862	All Provider Types	21-999	1.56	\$27.276	\$42.55	\$41.70			Not a Benefit	Not a Benefit

HCPCS - PSYCHIATRIC SERVICES

Type of Service (TOS)*	Procedure Code	Provider Type/Specialty	Age Range	Current Medicaid RVU**	Current Medicaid Conversion Factor	Current Medicaid Fee	Current Medicaid Fee	1-1-13 Medicaid RVU**	1-1-13 Medicaid Conversion Factor	1-1-13 Medicaid Fee	1-1-13 Adjusted Medicaid Fee
*Type of Service (TOS)											
1	Medical Services										
**RVU Relative Value Unit											
Provider Type/Provider Specialty											
3	County Indigent Health Care Program										
10	Advanced Practice Nurse										
16	Licensed Professional Counselor or Licensed Marriage and Family Therapist										
18	Comprehensive Care Program Social Worker										
19	Physician (D.O.)										
20	Physician (M.D.)										
21	Physician Group (D.O.)										
22	Physician Group (M.D.)										
31	Psychologist										
40/51	Licensed Clinical Social Worker (Licensed Master Social Worker)										
97	Psychology Group										
All Provider Types	All payable provider types for these procedure codes will be discontinued										