



## **NOTIFICATION--CPT CODING CHANGES**

### **OASAS Certified Part 822 Clinic, Outpatient Rehabilitation, and Opioid Treatment Providers**

OASAS has received notification that the American Medical Association (AMA) is making significant changes to psychiatric CPT codes effective January 1, 2013. During our conversations with federal CMS concerning the impact of Hurricane Sandy, New York State discussed the implementation of the new codes. CMS advised that providers that were impacted by the storm and as a result are unable to begin using the new codes on January 1, 2013 have the following options available to them:

1. hold claims until they are able to submit with proper coding and where they can establish problems in cash flow as a result of such a hold, they can request an advance or accelerated payment from the Medicare contractor (NGS); or
2. submit paper claims utilizing the new codes for the period January 1, 2013 through April 1, 2013.

Some of the CPT codes that are being eliminated are codes that OASAS selected for use with Ambulatory Patient Groups (APGs). Below is information that provides a crosswalk from currently selected CPT codes that are being eliminated to CPT replacement codes.

In most instances for the CPT codes that are being eliminated, there is a one for one replacement code or a HCPCS code that may be used for billing the particular service. However, of special interest are Psychiatric Assessment-Brief (eliminated code 90805) and Psychiatric Assessment (eliminated code 90807). For these two codes, it is necessary to code an Office E&M code PLUS a CPT code. For Psychiatric Assessment-Brief (90805) the additional code is 90833 with an Office E&M code. For Psychiatric Assessment (90807) the additional code is 90836 with an Office E&M code.

The change in CPT codes does not change the requirements to provide the service and bill for the service in accordance with OASAS regulations and the rules and limitations as outlined in the Clinical and Billing Guidance manual.

The chart shown below illustrates the OASAS Service Category, the CPT code that is being deleted, the HCPCS code that is available for billing and the new/replacement 2013 CPT code. In most instances, there is a one for one match from the deleted CPT code to the 2013 replacement CPT code.

Questions regarding this matter should be sent to the APG mailbox at [APG@oasas.ny.gov](mailto:APG@oasas.ny.gov).

<b>OASAS Crosswalk of Deleted CPT Codes to New 2013 CPT Codes</b>				
<b>OASAS Service Category</b>	<b>Deleted CPT Code</b>	<b>Current HCPCS Code</b>	<b>New 2013 CPT Code</b>	<b>APG Weight</b>
Assessment Extended	90801	H0002	90791	1.0344
Individual Therapy-Brief	90804	G0396	90832	.6206
Psychiatric Assessment - Brief	90805	---	Office E&M Code (Range of Codes: 99201-99205, 99211-99215) <b>PLUS</b> Add-On Code 90833	Range of Diagnosis-Based Weights for the <b>E&amp;M PLUS</b> .3322 for 90833
Individual Therapy-Normative	90806	G0397	90834	.8275
Psychiatric Assessment	90807	---	Office E&M Code (Range of Codes: 99201-99205, 99211-99215) <b>PLUS</b> Add-On Code 90836	Range of Diagnosis-Based Weights for the <b>E&amp;M PLUS</b> .5390 for 90836
Med. Mgt. & Monit-Complex	90862	---	Office E&M Code (Range of Codes: 99201-99205, 99211-99215)	Range of Diagnosis-Based Weights
Note: The current service and billing rules remain as outlined in the Clinical and Billing Guidelines manual.				