

Behavioral Health CPT Code Changes Effective 1/1/2013

Requirements and needed configuration for your CATT software – Release: 12/14/2012

Overview:

In September of this year the AMA (American Medical Association) announced a series of changes to some of the most common CPT codes used in Behavioral Health agencies. There are several of these codes that are being retired and replaced with either new codes or a series of new codes. This document is designed to summarize these changes and document the requirements and configuration necessary to make the change over to the new coding schema for dates of services on and after January 1st, 2013.

CPT Codes Affected (Note: There are other codes affected that are not known to be used by the CATT user base. For more information on these codes please see the full explanation of all psychiatric codes at www.psychiatry.org):

Current Desc.	Current CPT Code	New Desc.	New CPT Code	Interactive Complexity	New MITS/MACSYS HCPC Code
Diagnostic Interview Examination	90801	Diagnostic Evaluation (No Medical)	90791	When Appropriate	Use existing
		Diagnostic Evaluation (Medical)	90792		90792
Individual Psychotherapy (20-30 minutes)	90804, 90816	Psychotherapy 30 minutes (16-37 minutes)	90832	When Appropriate	Use existing
Individual Psychotherapy (45-50 minutes)	90806, 90818	Psychotherapy 45 minutes (38-52 minutes)	90834	When Appropriate	Use existing
Individual Psychotherapy (75-80 minutes)	90808, 90821	Psychotherapy 60 minutes (53+ minutes)	90837	When Appropriate	Use existing
Family Psychotherapy	90846, 90847, 90849	Family Psychotherapy	90846, 90847, 90849	No	Use existing
Group Psychotherapy	90853	Group Psychotherapy	90853	When Appropriate	Use existing
Pharmacological Management	90862	Office Visit – Initial (30 minutes)	99203	No	90863

Pharmacological Management	90862	Office Visit – Initial (45 minutes)	99204	No	90863
		Office Visit – Initial (60 minutes)	99205		
		Office Visit – Established (5 minutes)	99211		
		Office Visit – Established (10 minutes)	99212		
		Office Visit – Established (15 minutes)	99213		
		Office Visit – Established (25 minutes)	99214		
		Office Visit – Established (40 minutes)	99215		

There is also an additional CPT code that is new to the Behavioral Health industry that will be coming online as of 1/1/13; 90785 Interactive Complexity. The Interactive Complexity code is an add-on code to be used with Behavioral Health Services (where applicable) to denote barriers to communication that would add complexity in delivering the service. No configuration will be necessary to add this CPT code to the system as it will be automated from both our clinical and service entry front ends.

Preparation:

There are a total of 16 E&M (Evaluation and Monitoring) codes that replace the current pharmacological management service. However, evaluation has shown that most if not all agencies will only require a subset of these codes and not all 16. As such, to prepare for the necessary configuration we recommend beginning by reviewing the full list of available E&M codes and determine which codes will be used by your agency.

CATT Configuration (Prior to upgrade installation):

An update will be required to your CATT software before your system will be capable of billing the new 2013 CPT codes. However, there are several areas of configuration that can be completed prior to the installation of this update.

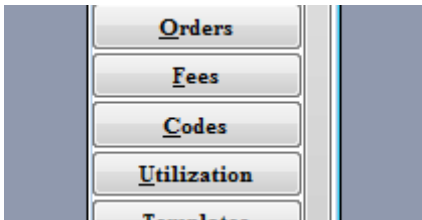
Service Labels List:

The key to separating the new CPT codes that take effect on 1/1/13 and the current codes will be the use of two new service label tables for your ANSI-837 files and CPT codes used for billing commercial insurance and Medicare.

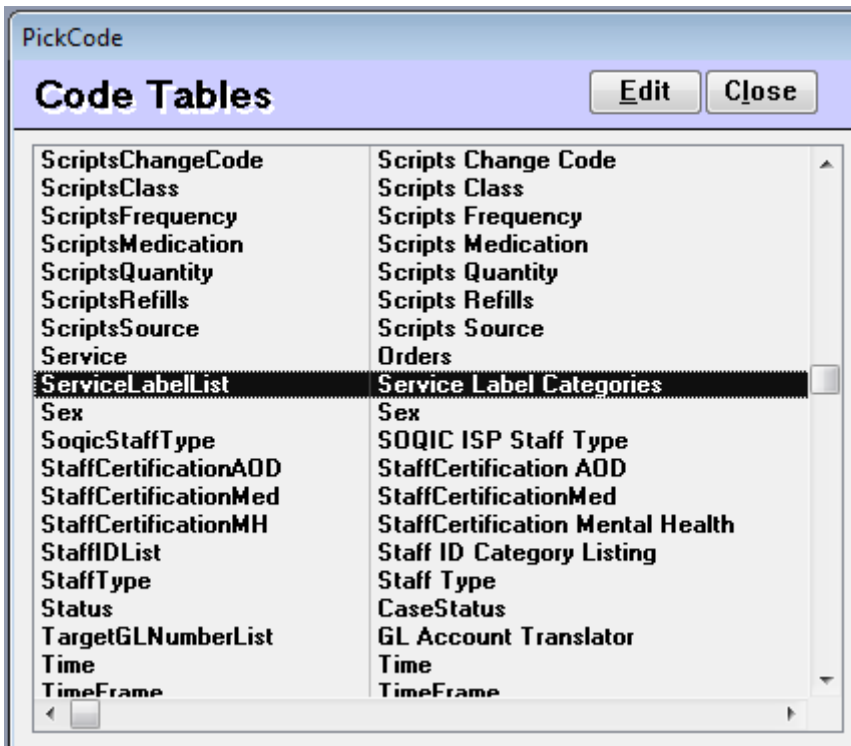
Begin by opening the Configuration Menu by clicking the Config button on the Utility Menu.



With the Config Menu open, open the Codes menu by clicking the Codes button



From the Codes menu open the Service Labels List by either selecting the entry and clicking Edit or by double clicking the entry.



Add two new entries titled CPT2013 and MACSIS-Ansi2013 as shown below. NOTE: It is critically important that the entries are added spelled exactly as shown above and below. Additional spaces or characters will cause errors in CATT's billing processes (case sensitivity is not important).

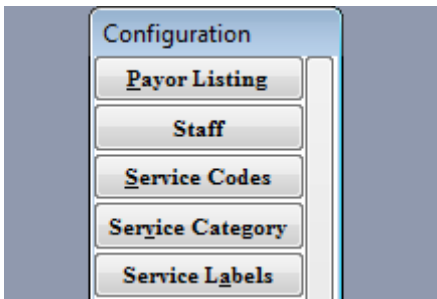
	CodeTable	Description
	ARDescription	
	CPT	
	MACSIS-Ansi	
	UtilizationFactor	
	CPT2013	
▶	MACSIS-ANSI2013	
*		

When finished, close the Service Labels List as well as the Codes listing. If at this point you are not going to continue with the configuration be sure to close and publish the Config Menu.

Service Codes:

New service codes will need to be created for all new E&M codes that the agency will use. It may also be necessary to create new service codes for Diagnostic Assessment if your agency performs Diagnostic assessment both with and without medical services.

Begin by opening the Config menu if not already open. Then click the Service Codes button.



With the Service Codes listing open scroll to the bottom of the screen and enter all new necessary services.

Code	Description	ServiceCategory	Program	Episode Activity	Properties
*					

IMPORTANT: After entering ALL new service codes it will be necessary to click the Update Srv Labels button in the top right-hand corner of the Service Codes screen.

After clicking the Update Srv Labels button be sure to go into the detail area of each added service code and complete the detail options for each newly added code.

During this process it is possible to complete the Service Labels from the Service Labels tab. However, we recommend completing the Service Labels from their own screen which will be covered in the next section.

For complete information on adding Service Codes please see Chapter 15 of the Operational Guide. Also note that if your agency runs Program Driven Desktop it will be necessary to allocate the newly added services codes to their appropriate programs. If you are not continuing with the configuration from this point be sure to close and publish the Config Menu.

Service Labels:

Service Labels is the part of the CATT system that will house the new CPT codes and HCPC procedure codes. The needed Service Label tables were created in the first step listed in this document so that at this point all that is needed is to add the new codes.

CPT2013: The addition of codes to this table is no different than the configuration of codes in the CPT table. Begin by hitting AutoFill. This will add a blank record for each service in the Service Codes listing.



In the column on the right enter the appropriate CPT code for each service. The matrix at the beginning of this document should serve as a guide to the newly created codes. For all other

codes use the existing code and format found in the corresponding original Service Label table (Example: Partial Hospitalization would maintain the exact same configuration found in the CPT and MACSI-Ansi tables respectively).

One aspect of the CPT2013 table that is carried over from the original CPT table is the “mask” used to automate the time based codes for Individual Therapy. The format of the mask will remain the same. However, as the denoted time frames have changed slightly it may be necessary to adjust these time frames from how your system is currently configured. In the following example we will examine the difference between the current time formats and the time formats for the new 2013 CPT codes.

Current format for Individual Therapy = 90806:.25-.5;90804:1.25-1.5;90808:

2013 format for Individual Therapy = 90837:.26-.62;90832:.63-.87;90834:

MACSIS-Ansi2013: The addition of codes to this table is no different than the configuration of codes in the MACSIS-Ansi table. Begin by hitting AutoFill. This will add a blank record for each service in the Service Codes listing.



In the column on the right enter the appropriate HCPC code for each service. The matrix at the beginning of this document should serve as a guide to the newly created codes. For all other codes use the existing code and format found in the corresponding original Service Label table (Example: Partial Hospitalization would maintain the exact same configuration found in the CPT and MACSI-Ansi tables respectively).

As with the original HCPC codes in the MACSIS-Ansi table each HCPC code must be accompanied by a mask for the four modifier positions necessary for billing Medicaid and MACSIS. For the

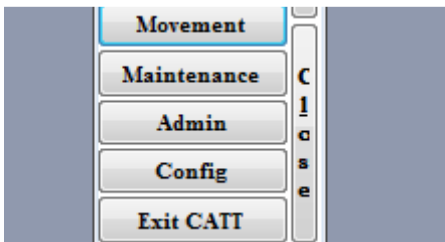
newly created E&M codes it is recommended to use the same mask as was used for the current Pharmacological Management service. This would also apply to Diagnostic Assessment if new service codes were created. All other codes should remain the same from the MACSIS-Ansi table.

When finished close the Service Labels screen. If you will not be proceeding with the configuration be sure to close and publish the Config menu.

Fee Tables:

As the other aspects of CATT's configuration that have been covered to this point are not governed by date, fee tables will be used to maintain billing rules for services before and after the 1/1/13 cut off point. As such it will be necessary to initialize a new fee schedule with an effective date of 1/1/13. NOTE: Fee Schedules are Clinic specific so it will be necessary to repeat the following steps for each clinic within your CATT software.

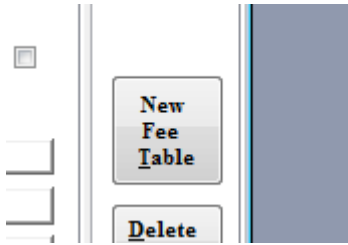
Begin by opening the Admin screen by clicking the Admin button on the Utility Menu.



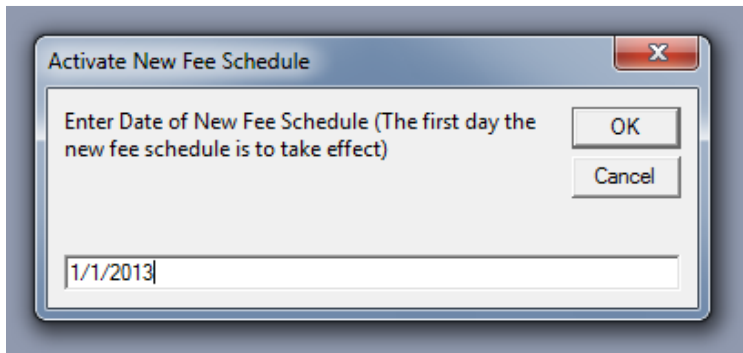
With the Admin screen open proceed to the Clinics tab.

The screenshot shows the 'Admin Control' window with a menu bar containing License, Misc, DMS Configuration, and Catt Rx. Below the menu bar are buttons for Edit and Close. A sub-menu is open showing options like Control, Log, Diagnostics, Date Periods, Data Links, Transactions, Calculated Variables, HL7 Interface, Service Calc, Dunn Notes, and Clinics. The 'Clinics' tab is selected, showing a form for 'Clinic Info' with fields for Clinic ID, Brief Name, Full Name, Street1, Street2, City/State/Zip, Phone/Fax, Tax ID, Catt Rx, Group ID, MITS ID, and GL. There are also 'New Fee Table' and 'Delete Clinic' buttons on the right. At the bottom, it shows 'Record: 2 of 3'.

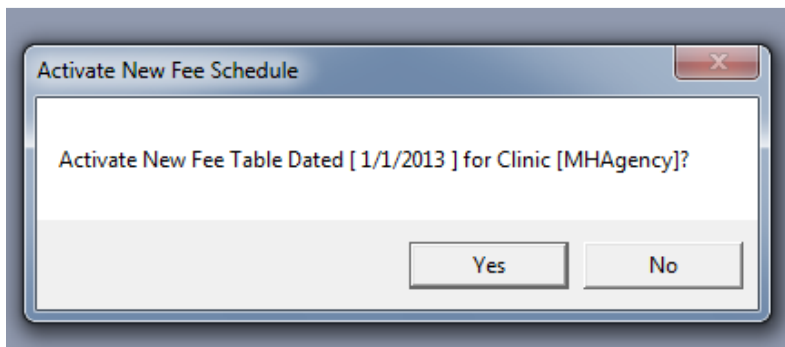
On the Clinics tab click the New Fee Table button



On clicking New Fee Table you will be prompted to enter the effective date of the new fee schedule. Be sure to set the effective date to 1/1/2013 as noted below.



Proceed by clicking OK. You will receive a confirmation prompt regarding adding the new fee table, be sure to click Yes.



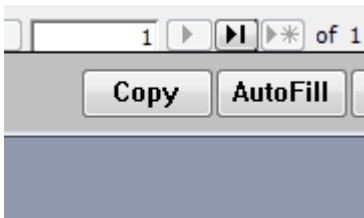
With the new fee schedule initialized continue by initializing any addition fee schedules for any other clinics. When finished close the Admin screen and open the Configuration Menu by clicking Config on the Utility Menu.



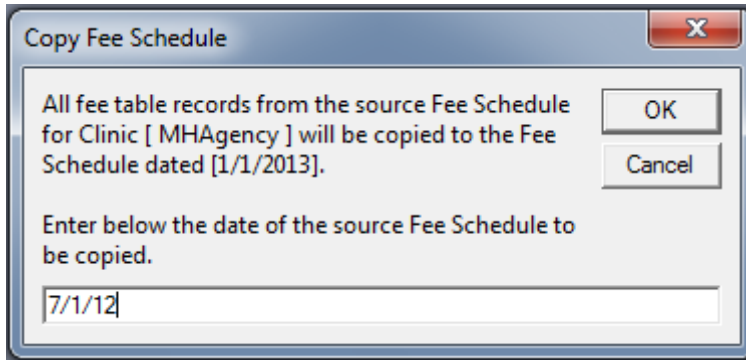
With the Config Menu open click the Fees button to open the Fee Tables screen. Select fee table 1, the appropriate Clinic, and dated fee schedule (NOTE: The system should have defaulted to the new fee schedule as it is the most recent date, but always double check to be sure).



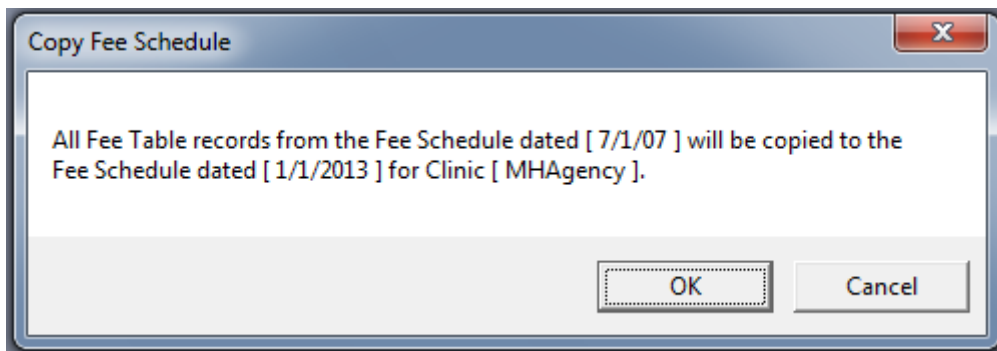
Presented with a blank fee table click the Copy button located at the bottom of the screen.



Clicking the Copy button will prompt for the date of the fee schedule that you would like to copy. It is our highest recommendation that you use the most recently dated schedule prior to 1/1/13.



After entering the desired date click the OK button. You will receive a confirmation message similar to the one below. Be sure to click OK.



You will now have an exact copy of the fee schedule denoted in the copy procedure. At this point it will be necessary to add any newly created codes to their appropriate fee tables. For complete information on adding services to fee tables please see Chapter 16 of the Operational Guide. NOTE: In order for CATT to properly enforce the use of the newly added service code for only dates of service on and after 1/1/13 it is critically important to not add the new service codes to any older existing fee tables.

When finished adding the newly created codes to all applicable fee tables close the Fee screen. If you are not proceeding further with the configuration be sure to close and publish the Config menu.

CATT System Update:

In order for the different aspects of the configuration outlined above to work properly it will be necessary to have updates applied to your CATT software before these items can function properly. Your account manager will contact your agency to coordinate and complete these necessary updates. A brief synopsis of what is included with this update is included below:

- Revisions to the InsuranceBill, MITS ANSI-837, MACSIS ANSI-837, Medicare ANSI-837, and Insurance ANSI-837 (if applicable) to drive the use of the existing and newly added Service Label tables based on the 1/1/13 effective date (based on DOS).

- Revisions to the InsuranceBill, MITS ANSI-837, MACSIS ANSI-837, Medicare ANSI-837, and Insurance ANSI-837 (if applicable) to spawn the new non-billable claim line necessary to denote interactive complexity when a service is delivered under these circumstances.
- Addition of Interactive Complexity control (checkbox) to Episodes, Episodes Admin, Service Entry, Service Admin, Service Codes.
- Three tier edit checks for interactive complexity (Real-time Episodes error check, Episode Log Posting error check, Commit error check) to ensure interactive complexity is only being used on applicable services.

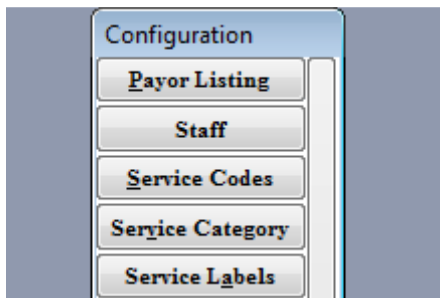
CATT Configuration (After the upgrade installation):

After the installation of this upgrade package a new control will be added to the detail section of Service Codes to allow each agency to define which service codes are applicable for the new interactive complexity add-on. No service in CATT will allow interactive complexity unless specifically marked to allow it.

To do so begin by opening the Configuration Menu by clicking the Config button located on the Utility Menu.



With the Config Menu open click the Service Codes button.



With the Service Codes listing open it will be necessary to denote the allowance of interactive complexity by clicking the View button next to the applicable service.



Clicking View will open the detail screen for that service. With the detail screen open proceed to the MACSIS/Alternate Format tab and check the Allow Interactive Complexity checkbox if you want to allow interactive complexity to be denoted on that service.

The screenshot shows a software window titled "Service Code Detail" with a "Close" button in the top right. The window has three tabs: "General", "ServiceLabels", and "MACSIS/Alternate Note Format". The "ServiceLabels" tab is selected. The main content area contains several fields and checkboxes:

- Modifier**: A dropdown menu showing "00".
- Modifier1**: A dropdown menu showing "HE".
- Modifier2**: A dropdown menu showing "99".
- Modifier3**: A dropdown menu showing "99".
- Modifier4**: A dropdown menu showing "99".
- Unit Basis**: A dropdown menu showing "15 min".
- Alternate Format**: A dropdown menu showing "SOQIC Individual Progress Note".
- No Diagnosis Required**: An unchecked checkbox.
- Allow Interactive Complexity**: An unchecked checkbox.

To clarify this option does not automate interactive complexity for the service – it simply makes it an available option. Leaving the option unchecked will not allow interactive complexity to be used on the service under any circumstances.

This completes the overview of all necessary configuration needed to meet the new CPT mandated effective 1/1/13. As always, if you have any questions or needs assistance/clarification of any of these configuration needs please contact your account manager.

Additional instructions for end users on how to denote interactive complexity on an Episode Log or at manual service entry, as well as how to edit this value after the fact will be distributed along with the upgrade to your CATT software.

IMPORTANT NOTE: As with any changes to your billing system it is required that after configuration that all aspects of data entry, editing of entered data, affected billing processes, and all billing output be thoroughly tested by the agency to ensure all changes meet with expected results. ProComp Software Consultants, Inc. bears no responsibility for loss of revenue through invalid billings, loss of staff time, etc. as a result of these changes/updates. Furthermore, any support (offsite or onsite) will be deemed billable under our standard support contract if said support is required as a result of these changes not being reviewed and tested by the customer agency.