



TO: Hospitals, Psychiatric Hospitals
RE: RCC Crosswalk to New Psychiatric Procedure Codes for 2013

The purpose of this bulletin is to provide guidance to outpatient hospital providers concerning the new psychiatric procedure codes recently introduced in the 2013 Common Procedural Terminology (CPT) manual. Effective January 1, 2013 CPT introduced significant changes to the codes used for psychiatric diagnostic evaluations, pharmacologic management with no more than minimal psychotherapy, the individual psychotherapy codes and the interactive psychotherapy services. The Connecticut Medical Assistance Program (CMAP) has adopted these coding changes for those providers that are required to bill on the CMS 1500 claim. Provider Bulletins 2012-69, 2012-70 and 2012-72 were issued to these providers.

Hospital providers do not submit claims for CMAP services on the CMS 1500 form and at this time are not required to submit claims using CPT codes for behavioral health services. However, several hospitals have asked that the Department issue guidance concerning how to crosswalk these new CPT codes to the Revenue Center Codes used by hospitals.

The Department has added the following CPT codes to its fee schedules effective January 1, 2013:

- 90785 Interactive complexity add-on code
- 90791 and 90792 (Diagnostic evaluation)
- 90832, 90834 and 90837 (Psychotherapy)
- 90833, 90836 and 90838 (Psychotherapy add-on code to be used in conjunction with an Evaluation and Management service)

Note: The Department has not added the new crisis psychotherapy codes 90839 or 90840 at this time.

Revenue Center Code 900 (Psychiatric Services-General)

For CMAP services, RCC 900 has been designated for use only for the 'comprehensive mental health evaluation' (see PB 97-09). That outdated terminology refers to what we would now describe as the psychiatric or substance abuse diagnostic evaluation. RCC 900 corresponds to CPT codes 90791 or 90792.

Revenue Center Code 905 (Intensive Outpatient Service-Psychiatric) and 906 (Intensive Outpatient Service-Chemical Dependency)

Intensive outpatient program (IOP) services are submitted as a bundled all-inclusive code for the day but the components of the program may include a variety of individual, group or family therapies, medication management, and rehabilitative or psycho-

educational services that are integrated into an intensive, coordinated and structured clinical program lasting at least three (3) hours per day. For CMAP billing, the entire day is billed using the bundled codes S9480 or H0015 for mental health or substance dependence IOP, respectively. For CMAP claims, whenever the client is enrolled in such a program, the hospital should bill RCC 905 or 906, once per day, depending whether the predominant focus of the program is mental health or chemical dependence.

Revenue Center Code 907 (Extended Day Treatment)

Extended Day Treatment (EDT) services are submitted as a bundled, all-inclusive charge for the day using RCC 907 but the components of the program may include a variety of individual, group or family therapies, and rehabilitative services integrated into a structured therapeutic program lasting at least three (3) hours per day. For CMAP billing, the entire day is billed using HCPC H2012. For CMAP claims, whenever the client is enrolled in such a program, the hospital should bill RCC 907, once per day. Hospitals must be licensed to provide EDT by the Department of Children and Families and may not bill using this code unless they have this licensure.

Revenue Center Code 913 (Partial Hospital Program)

Partial hospital program (PHP) services are submitted as a bundled, all-inclusive charge for the day using RCC 913 but the components of the program may include a variety of individual, group or family therapies, medication management, and rehabilitative or psycho-educational services that are integrated into a comprehensive, intensive, coordinated and structured clinical program lasting at least four (4) hours per day. For CMAP claims whenever the client is enrolled in such a program, the hospital should bill RCC 913, once per day.

Revenue Center Code 914 (Individual Therapy)

RCC 914 corresponds to the three new psychotherapy codes (90832, 90834 and 90837) or the three new psychotherapy add-on codes which must be billed with an E&M code (90833, 90836 or 90838). That is, RCC 914 should be billed for all outpatient individual psychotherapy services that are provided either with or without E&M services except when those individual therapy services are provided as a component of a

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PHP, IOP or EDT program. Components of PHP, IOP or EDT programs cannot be billed separately. In addition to the new codes, RCC 914 should continue to be used to report CPT codes 90845, 90865 and 90880.

Revenue Center Code 915 (Group Therapy)

RCC 915 corresponds to CPT code 90853 which is not part of a PHP or IOP.

Revenue Center Code 916 (Family Therapy)

RCC 916 corresponds to CPT codes 90846, 90847 or 90849 which are not part of a PHP or IOP.

Revenue Center Code 919 (Other- Medication Management)

For CMAP services, RCC 919 has been designated for use only for medication management (see PB 2012-01). It is billed when (a) a medication management service is the only psychiatric service that is provided by the hospital to the patient on that date of service. Specifically, when the only service provided by the physician or APRN is HCPC M0064 or a CPT code in the range 99201-99215 which is billed for psychiatric purposes, the hospital bills code 919; or (b) when a medication management service is performed by the physician/APRN on the same day that a psychotherapy service such as individual, group or family therapy is performed by a non-medical clinician the hospital can bill for both 919 and the other therapy. Note that if a physician or APRN provides both a medical service and an individual psychotherapy service on the same day, the hospital can only bill for the individual psychotherapy service (RCC 914), not both (RCC 914 and RCC 919). Similarly, if a medication service is provided to a person who is enrolled in a PHP or IOP, the hospital can only bill for the PHP or IOP.

Revenue Center Codes 901 (Electroshock Treatment) and 918 (Testing)

The revisions to the psychiatric CPT coding for January 1, 2013 have resulted in no changes in how RCCs 901 or 918 are crosswalked to CPT codes.

- RCC 901 corresponds to CPT 90870
- RCC 918 corresponds to CPTs 96101, 96110, 96111 and 96118

Interactive Complexity Add-on Code

CPT code 90785 is an *add-on* code that denotes interactive complexity of a primary service. When 90785 is identified, hospitals should only bill for the primary RCC and the primary procedure. Add-on codes cannot be billed separately

Summary Chart

RCC	Description	CPT or HCPC	Comment
900	Diagnostic evaluation	90791, 90792	Once upon completion of the evaluation
901	Electroshock Treatment	90870	
905	IOP-Mental health	S9480	Do not bill components
906	IOP-Chemical Dependence	H0015	Do not bill components
907	Extended Day Treatment	H2012	Do not bill components. DCF license required
913	Partial Hospital	H2013	Do not bill components
914	Individual Therapy	90832-90838, 90845, 90865, 90880	Not billable when a component of IOP, PHP or EDT.
915	Group Therapy	90853	Not billable when a component of IOP, PHP or EDT
916	Family Therapy	90846, 90847, 90849	Not billable when a component of IOP, PHP or EDT
918	Psychiatric Testing	96101, 96110, 96111, 96118	
919	Medication Management	99201-99215, M0064	Not billed the same day as PHP, IOP or other services performed by MD or APRN such as 90833, 90836 or 90838

