



November 14, 2012

Dear Mental Health Physician Clinic Provider:

RE: Guidance Document: Procedure Code Set Changes for 2013

This letter serves to provide guidance and direction related to the 2013 updates to national procedure code sets, such as the *Current Procedural Terminology (CPT)*, that affect psychiatric services. Because services must be reported and billed using current national codes, the department is required to make all system and billing changes to conform to these updates. Some of the codes used to bill for Mental Health Physician Clinic Medicaid services are ending on December 31, 2012. However, Alaska regulations define covered behavioral health services. Therefore, although the allowed services remain the same, some services must be billed to Alaska Medicaid with new procedure codes as indicated below.

Code Set Changes for Covered Services

There are four covered services that are impacted by the 2013 CPT procedure code changes. Specifically, the following four services will be reported with different procedure codes for dates of service in 2012 and 2013.

Service	Code/s Ending 12/31/2012	Code Effective 1/1/2013
Psychiatric Assessment	90801	90791
	90802	
Psychotherapy, Individual (30 minutes)	90804	90832
	90810	
Psychotherapy, Individual (60 minutes)	90806	90837
	90812	
Pharmacologic Management	90862	H2010

The complete updated list of ALL covered services includes both 2012 codes (with end date of 12/31/2012) and 2013 codes (with effective date of 1/1/2013) for affected services and is available on the DBH website at the following link under the heading "Medicaid Related"
<http://dhss.alaska.gov/dbh/Pages/Resources/Regulations.aspx>

Service Authorization Form Changes and Transition

A replacement Service Authorization request form has been developed that includes the above code set changes. This replacement form is identified as “Effective 7/1/2012 – 2013 CPT Replacement” in the box located in the top right corner of the form. Providers are encouraged to use the replacement form as soon as possible and discard all older versions of the form. It is understood that some Service Authorization requests have already been initiated and are in the process of being completed and/or submitted using the existing form (identified as “Effective 7/1/2012” in the box at the top right corner of the form). The department will accept and process these requests using this older version of the form *as long as no service with a new CPT code is planned to be rendered on or after 1/1/2013*.

Providers may notice that pharmacologic management is no longer included on the replacement Service Authorization request form. Providers may exceed the regulatory service limits for this service without authorization as long as the clinical record is documented with the necessity for more frequent monitoring.

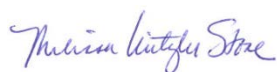
Completed Service Authorization requests that already have approved authorization records within the MMIS will require update if the period of time approved extends to 2013 and includes any service represented by a new CPT code. To identify these records that may require update, DBH plans to produce reports of affected Service Authorization records for each affected provider agency. This report will assist providers to identify existing approved Service Authorization records that may require the provider to request an update to the existing Service Authorization records using the revised form.

The replacement Service Authorization request form is available on the fiscal agent’s website <http://medicaidalaska.com/providers/forms.shtml>

If you have any questions regarding the information provided in this Guidance Document, please contact Kelly Hause (269-3947) concerning code set changes or Lisa Brown (269-2051) concerning Service Authorization updates.

Thank you for your continued service to Alaska and Alaskan’s in need.

Sincerely,



Melissa Witzler Stone
Director