



# County of San Bernardino Department of Behavioral Health

## Information Notice 12-05

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**Date** December 27, 2012

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**To** Department of Behavioral Health (DBH) Medical, Clinical and Paraprofessional Providers, including contract agency providers

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**From** CaSonya Thomas, MPA, CHC, Director 

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**Subject** Changes in Charge Data Invoice (CDI) Codes

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**Purpose** To notify providers of the new Current Procedural Terminology (CPT) codes that will reflect changes in the DBH CDI codes.

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**Background** The Centers for Medicare and Medicaid Services (CMS) in conjunction with the American Medical Association (AMA) confirmed updates to the CPT codes in August of this year. However, the codes were not finalized and published until late November which impacted timely notification. Changes made this year will **impact psychiatry services** and the new codes must be used for billing and documentation effective **January 1, 2013**.

**Note:** Providers credentialed by the DBH Access Unit should contact the Access Unit at 888-743-1478 for guidance and not refer to this Information Notice.

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**CPT Coding Changes** Medical necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT code. The volume of documentation should not be the primary influence upon which a specific level of service is billed. Therefore, carefully evaluate the services being provided as listed below and do not code based on funds or insurance status. Please review changes below and see next pages for coding guidance.

- Distinction has been made between a diagnostic interview evaluation with medical services completed by a physician (90792) and evaluation diagnostic interview evaluation completed by a non-physician (90791).

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## Information Notice 12-05, Continued

**CPT Coding Changes**  
(continued)

- Psychotherapy codes have been simplified and expanded to include time with both the client and/or family member: There are now just three timed codes to be used for psychotherapy in all settings (90832: 16 - 37 minutes; 90834: 38 -52 minutes; and 90837: 53+ minutes) instead of a distinction made by setting and whether evaluation & management (E/M) services were provided. The time for each psychotherapy code is now described as time spent with the client *and/or family member*, a change from the previous psychotherapy code times, which denoted only time spent face-to-face with the client.
- Evaluation and Management Services are office visits and consultations conducted by physicians. Clients are categorized as new or established patients and the services themselves are further classified into different levels of E/M codes based on the **nature of the work, type of service, place of service and client's status**. There are three key components in selecting the appropriate level of E/M services: history, examination and medical decision making. There are various levels of E/M services with the most complex visit receiving the higher level of E/M code.
- New crisis code has been added for psychotherapy services provided to clients typically in life threatening or complex situations which require immediate intervention (90839).
- Code 90862 has been eliminated, and psychiatrists will now use the appropriate E/M code when they do pharmacologic management for a client.

**Changes to Procedure Codes**

The following are the DBH procedure codes that will be phased out and the current codes to begin using January 1, 2013. Please note what codes will no longer be available for use and what new codes will be required. In some cases, codes may have new definitions or have been discontinued altogether:

Discontinued Code	Procedure Description
362	Medication, AB

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## Information Notice 12-05, Continued

**Changes to Procedure Codes**  
(continued)

The following codes have been used by DBH in the past, but the description of the codes have changed:

Current Code	Old Procedure Description	New Procedure Description
361	Medication, MHS	E/M, moderate complexity, <b>(new client)</b>
368	Medication, T4	E/M, moderate complexity, <b>(established client)</b>
369	Medication, AB, non-billable	E/M, high complexity, <b>(established client)</b>

The following code is new to DBH and may be used effective January 1, 2013:

New Code	Procedure Description
363	E/M, high complexity for <b>(new client)</b>
364	Diagnostic Interview Evaluation with Medical Services <b>Important Note: For non-DBH clinics and providers at this time, (DBH will not use this code in DBH operated sites).</b>
366	E/M, low to moderate complexity, <b>(established client)</b>

**Entry in DBH Billing System**

When selecting procedure codes for services, CPT codes will be linked in a crosswalk in the DBH billing system. Your role as a provider is to review the definitions for the new codes and select the appropriate CDI procedure code for the service rendered.

A revised CDI is attached to this Information Notice and additional instructions regarding coding will be provided in the near future. For more information on coding and billing, please refer to the Scope of Practice and Billing Guide located on the DBH intranet for DBH providers and DBH internet for contract providers

**Questions**

Questions regarding this notice may be directed to Quality Management at (909) 421-9456.