

CPT Code Change Configuration

Release 7.3 included functionality to support the CPT code changes. This document explains how to configure and use the new functionality so your organization can document and bill visits according to the new regulations.

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INTRODUCTION

On September 17, 2012, the American Medical Association (AMA) made the 2013 Current Procedural Terminology (CPT®) code set public, providing details about the significant code changes for psychiatric visits. Effective January 1, 2013, the CPT codes you have been using for psychiatric diagnostic evaluation and interactive psychiatric diagnostic evaluation (90801, 90802), pharmacologic management (90862), and the majority of psychotherapy and interactive psychotherapy visits will be eliminated. In their place, you will use new principal codes and add-on codes when appropriate. There are also new billing rules to consider.

The *2012 to 2013 CPT Code Sets Crosswalk* published by the National Council for Community Behavioral Healthcare is an excellent summary of the code changes. The National Council has a [webpage](#) dedicated to the CPT codes changes that includes the crosswalk and other resources.

The purpose of this guide is to explain how to configure and use Credible to document and bill visits according to the new regulations. Updates to this guide will be provided as needed.

While we understand terminology varies, this guide uses the terminology provided in the documentation by the American Medical Association.

Configuring the CPT code change functionality in Credible involves the following steps:

1. Form updates
2. Visit type configuration
3. Billing Matrix updates
4. Custom red X configuration to support billing rules

Security Matrix settings required for configuration: FormBuilder, FormBuilderEdit, BillingConfig

Once you have configured your system to handle the CPT code changes, using the new functionality involves the following:

- Documenting interactive complexity when present – the visit automatically splits for billing purposes
- Calculating the appropriate E/M level for a visit and selecting it at sign and submit (you can also select/update the E/M level for a completed visit)
- Resolving visits that red X for approval based on the new billing rules

FORM UPDATES FOR INTERACTIVE COMPLEXITY AND E/M CALCULATIONS

Credible has created a CPT Code Change form with categories for interactive complexity and E/M calculations. Your agency can use the categories for reference purposes or copy them into the appropriate forms. The form is available in the Credible Library.

Interactive Complexity

Reporting interactive complexity when present via an add-on code (90785) is part of the CPT code changes. In Credible, this is accomplished by splitting the visit based on a form answer.

You can copy the interactive complexity category in the CPT Code Change form into the appropriate forms or add the category manually (refer to the 7.3 Configuration Notes for the steps to split a visit based on a form answer). For compliance purposes, the employee needs to document which communication factors were present when reporting interactive complexity.

If an employee answered Yes to the question Is Interactive Complexity Present?, the system splits the visit when it is signed and submitted, creating the secondary visit necessary to bill for interactive complexity.

Answer

Answer: Yes

External Code:

Order: 1

Has Notes: NO

Is Default: NO

Is Notification Trigger: NO

Split Visit When Checked: True

Long Text

Client Visit List:

1 to 25 of 1159 Not Approved Visit Type ID

ID	Approve	Client	Employee	Type	Program	CPT	CPT
32370	<input type="checkbox"/>	Doe, John	Smith	Diag Eval	MH Outpt	90785	
32369	<input type="checkbox"/>	Doe, John	Smith	Diag Eval	MH Outpt	90791	

Note that the visit can only split once so if the visit type is set to split or another Split Visit When Checked question is answered, the visit will only split the first time.

E/M Calculations

To help your staff select the correct E/M level for a visit, you can include a category in the appropriate forms that calculates the level based on the answers supplied. The answers also serve as the documentation for how an employee determined the E/M level.

With the new question format Numeric Dropdown, you can now incorporate the answer to a dropdown in a calculated field. And there is also a new Map Calculation to E/M Level setting – when set to True, the calculated value will be automatically supplied as the E/M value on the Sign & Submit page.

Question Details:

Field Calculation:

Map Calculation to E/M Level:

Using the Credible CPT Code Change Form

To copy *CPTCodeChngv2* to your domain and update it with the necessary calculations:

1. Log into the Credible Library and select the Forms tab.
2. Find form ID 1652 and copy it to your domain.
3. In your domain, locate *CPTCodeChngv2*, click new version > edit.
4. In the Interactive Complexity category, open the Yes answer for Is Interactive Complexity Present?, select all the Show/Hide questions (the selections were not retained when the form was copied), and save.
5. Update the New Patient Office and Established PT Office categories with the calculations listed below.

Question	Order	Field Calculation
Total Examination Selections	28	Q11+Q12+Q14+Q15+Q17+Q18+Q19+Q20+Q21+Q22+Q23+Q24+Q25+Q26+Q27
Problem Points Total	51	Q34+Q35+Q36+Q37+Q39
Data Points Total	52	Q39+Q40+Q41+Q42+Q43+Q44+Q45
Table of Risk Rating	53	Q47+Q48+Q49+Q50
History Type	61	Q5+0
Examination Type	62	Q29+0
Complexity of Medical Decision Making	63	Q54+0
Based on all of the above information, the following E/M level will be the default selection for you:	70	Q64+0 <i>Map Calculation to E/M Level = True</i>

6. When done, click build and activate.

To copy a category from *CPTCodeCngForm* into an existing form:

1. Select the category you want to copy and click the copy icon.
2. Edit the appropriate existing form and paste the category into a container. Build and activate the form.

VISIT TYPE CONFIGURATION

This section describes the visit types necessary to support the CPT code changes. The billing setup for the visit types is addressed in the next section.

E/M Visit Types

When the CPT code changes go into effect, you will need an E/M Pharmacologic Management visit type. If using E/M codes to report Diagnostic Evaluation with Medical, you may also need E/M New Patient and E/M Established Patient visit types.

1. Review your existing visit types to determine if changes or additions are needed to establish your E/M visit types.
2. For each E/M visit type, select the new *Use E/M Level* setting in Visit Type config. When selected, an E/M Level dropdown is available on the Sign & Submit page and when updating a completed visit.

Visit Type: Medication Mngmnt
 Description: Medication Mngmnt
 Label: Med Mngmnt

Exclude from Appointment Reminders:
 Associate eMAR:
 Use E/M Level:
 Deleted:

E/M with Psychotherapy Add-On

1. Add a new visit type for Psychotherapy Add-On, selecting the Form Group Only setting. This setting will prevent this visit type from being reported without an associated E/M code.
2. Create a form group that includes both an E/M visit type and the Psychotherapy add-on visit type. See [Form Groups \(Admin\)](#) in the help for more information.

Include Summary:
 Mobile Download:
 Form Group Only:
 Exclude from Appointment Reminders:

Psychotherapy for Crisis

If your organization provides psychotherapy for patients in crisis, add a new visit type for it.

BILLING MATRIX UPDATES

To support the CPT code changes and billing rules, you need to update the Billing Matrix as follows:

1. End date entries that use the soon-to-be deleted CPT codes
2. Add entries for the new codes and interactive complexity add-on code
3. Add entries for the different durations of the Psychotherapy Add-On visit type
4. Add entries to support the Psychotherapy for Crisis visit type

End Dating Matrix Entries & Creating Interactive Complexity Entries

For the most efficient use of your time, this section combines end dating the necessary Billing Matrix entries and creating new ones for Diagnostic Evaluation and Psychotherapy visits. The steps below assume 12/31/12 and 1/1/13 as the expiration and effective dates respectively. Verify these dates with your payers and adjust if necessary.

1. Billing tab > Billing Matrix.
2. Enter 90801 in the CPT code field and click Filter.
3. *For each entry returned in the search, do the following:*
 - a. Edit the entry, enter 12/31/2012 in the Expiration Date field, and save.
 - b. Edit the entry again, click Copy New Entry, change the CPT4 code to 90791 or 90792 as appropriate, enter 1/1/13 for the effective date, remove the expiration date, and save.
 - c. Edit the new entry you created in step b, click Copy New Entry, change the CPT4 code to 90785, and select Is Split Secondary. Optionally, you can add IC to end of the description to identify it as the interactive complexity entry.
 - d. Click Save Settings.

Billing Matrix:

Matrix ID	Description	CPT4	Other Code	Modifier	External Code	Visit Type	Program	Location	Recipient	Start Minutes	End Minutes	Effective Date	Expiration Date
edit 895	Diagnostic Evaluation	90791				Diagnostic Eval	MH Outpt.			0	1440	1/1/2013	
edit 896	Diagnostic Evaluation	90801				Diagnostic Eval	MH Outpt.			0	1440		12/31/2012
edit 874	Diagnostic Evaluation IC	90785				Diagnostic Eval	MH Outpt.			0	1440	1/1/2013	

4. Repeat steps 2 and 3 for Billing Matrix entries with CPT codes listed in the table below.

Current CPT Code	In step 3b, use this CPT code
90802	90791 or 90792 as appropriate
90804, 90810, 90816, 90823	90832
90806, 90812, 90818, 90826	90834
90808, 90814, 90821, 90828	90837
90857	90853

- Using 12/31/2012 as the expiration date, end date all Billing Matrix entries with the following CPT codes (Psychotherapy with E/M visits):

90805, 90807, 90809, 90811, 90813, 90815, 90817, 90819, 90822, 90824, 90827, 90829, 90862

Billing Matrix Entries for Each E/M Visit Type

Multiple Billing Matrix entries are needed for each visit type that you flagged to use E/M levels.

- Billing tab > Billing Matrix.
- Find the existing entries for CPT code 90862 (Pharmacologic Management). *For each one*, you need to create five entries using the CPT code/level combinations shown below.

Billing Matrix:

<input type="button" value="Filter"/>	Matrix ID: <input type="text"/>	-- Program --	Medication Mngmnt	-- Locat
<input type="button" value="Export"/>	CPT Code: <input type="text"/>	-- ALL Bill/NB --	-- Payer --	-- All Au

	Matrix ID	Description	CPT4	Other Code	Modifier	External Code	Visit Type	P
<input type="button" value="edit"/>	901	Med Management	99211	Level 1			Medication Mngmnt	
<input type="button" value="edit"/>	884	Med Management	99212	Level 2			Medication Mngmnt	
<input type="button" value="edit"/>	885	Med Management	99213	Level 3			Medication Mngmnt	
<input type="button" value="edit"/>	886	Med Management	99214	Level 4			Medication Mngmnt	
<input type="button" value="edit"/>	887	Med Management	99215	Level 5			Medication Mngmnt	

To simplify the process:

- Copy the first existing entry, enter 99211 as the CPT4 code, select Level 1 from the E/M Level dropdown, and enter 1/1/13 for the effective date.
 - Make sure Auto Approve (in the Misc section) is not selected and save.
 - Copy the new entry you just created and create the 99212/Level 2 entry.
 - Repeat for the other levels using the CPT4 and level combinations shown above.
- Repeat the above step for all visit types that will use E/M coding.

Billing Matrix Entries for Psychotherapy Add-On

Create three Billing Matrix entries for the Psychotherapy Add-On visit type with the following CPT code/duration combinations:

- CPT code 90833 – 30 (16-37) min
- CPT code 90836 – 45 (38-52) min
- CPT code 90838 – 60 (53+) min

Billing Matrix:

Matrix ID	Description	CPT4	Other Code	Modifier	External Code	Visit Type	Program	Location	Recipient	Start Minutes	End Minutes
edit 903	Psychotherapy Add-on 30 min	90839				Psychotherapy Add-On MH Outpt.				16	37
edit 904	Psychotherapy Add-on 45 min	90839				Psychotherapy Add-On MH Outpt.				38	52
edit 905	Psychotherapy Add-on 60+ min	90840				Psychotherapy Add-On MH Outpt.				53	1440

Billing Matrix Entries for Psychotherapy for Crisis

Add three Billing Matrix entries for the Psychotherapy for Crisis visit type using the following specifications:

- First entry: CPT code 90839, start minutes = 30, end minutes = 74, fixed units = 1
- Second entry: CPT code 90839, start minutes = 75, end minutes = 1440, fixed units = 1, payer-specific line for each applicable payer with Split Visit selected
- Third entry – *created via copy of second entry*: CPT code 90840, start minutes = 75, end minutes = 1440, Is Split Secondary = selected, fixed units = 0, first unit minutes = 74, unit minutes = 30, unit multiplier = 1

Billing Matrix:

Matrix ID	Description	CPT4	Other Code	Modifier	External Code	Visit Type	Program	Location	Recipient	Start Minutes	End Minutes
edit 898	Psychotherapy for Crisis	90839				PT for Crisis				30	74
edit 899	Psychotherapy for Crisis	90839				PT for Crisis				75	1440
edit 900	Psychotherapy for Crisis	90840				PT for Crisis				75	1440

CONFIGURING CUSTOM RED XS FOR NEW BILLING RULES

The CPT code changes for 2013 include the following billing rules:

- Diagnostic Evaluation (90791 and 90792)
 - Cannot be reported with E/M code on the same day by the same provider
 - Can only be reported once per day
 - Cannot be reported with psychotherapy service code on the same day
- Psychotherapy for Crisis (90839 and 90840) – Cannot be reported in addition to 90791 or 90792 (diagnostic visits), 90832 – 90838 (psychotherapy), and 90785 (interactive complexity)
- Telephone Visits (99441-99443)
 - Cannot bill for Telephone Visit if related to E/M face-to-face visit completed within the past 7 days
 - Telephone Visit resulting in E/M face-to-face visit within the following 24 hours, must be combined with the face-to-face visit
- Online Medical Review (99444) – Cannot be related to an E/M visit provided within the previous 7 days. An Online Medical Review is a non face-to-face E/M service to an established patient/patient/guardian/health care provider using Internet resources in response to a patient’s online inquiry.

When a Telephone Visit or Online Medical Review red Xs, manual review is required to determine if it is related to an associated E/M visit.

With new “associated matrix” settings in the Custom Red X function, you can configure a rule where a “primary” visit will red X when defined associated visits do or do not exist. (Note that this primary designation is different than the primary in a rolled visit.) For example, for the Online Medical Review rule, a visit with the 99444 code is the primary visit. The associated visit – an E/M visit – must not exist within the specified time frame. If it does exist, the primary visit will red X.

Associated Matrix Settings i

Associated Matrix Does Exist*: ▼

Time Span (Hours)*:

Primary Matrix Lines*: i

Associated Matrix Lines*: i

Must Precede Or Follow: ▼

Does Exist Same Day: ▼

Does Exist Same Employee: ▼

After configuring the custom red Xs, you designate which visits are primary and associated via the *matching Billing Matrix entries*. Once that is done, the selected entries can be viewed by hovering over the info icons for Primary Matrix Lines and Associated Matrix Lines in the custom red X.

To configure:

1. Billing tab > Custom Red X > Add a New Custom Red X Entry.
2. Enter a description that conveys the primary visit that will red X and the reason for the red X. (Required; when a visit red Xs, you can hover over the red X and view the description.) For example:

Custom Red X Config

Custom Red X Description:

3. Leave the default values in the Field Type and Field Name fields. These fields are not used unless other field criteria is used and field criteria is not necessary for the CPT code change billing rules.
4. Select For Approval.
5. Specify the conditions for the associated visit/matching matrix line and save the entry.
 - a. Associated Matrix Does Exist – select True if the associated visit has to be provided (must exist) for the primary visit to be billed; select False for the opposite scenario – the associated visit cannot be provided (must not exist) for the primary visit to be billed. You must select True or False for the primary visit/associated visit custom red X functionality to work.
 - b. Time Span (Hours) – enter the total hours the associated visit must or must not exist. You must enter a time span for the primary visit /associated visit custom red X functionality to work.
 - c. Must Precede Or Follow – specify whether the associated visit must precede or follow the primary visit. If the associated visit must be *within* a specified time frame in relation to the primary visit, use the default of N/A.
 - d. Does Exist Same Day – select True if the primary visit and associated visit have to be performed on the same day.
 - e. Does Exist Same Employee – select True if the primary visit and associated visit have to be performed by the same employee.
6. Edit the appropriate Billing Matrix entries, selecting the primary and/or associated custom red Xs as appropriate.

Billing Group: Sets the billing group for the visit. Overrides the billing group

Primary for Custom Red X:

- Diagnostic Eval: No Diagnostic Eval Same Day
- Diagnostic Eval: No E/M code same day/same provider
- Diagnostic Eval: No Psychotherapy Same Day
- Online Med Review: E/M occurred in last 7 days

Associated for Custom Red X:

- Diagnostic Eval: No Diagnostic Eval Same Day
- Diagnostic Eval: No E/M code same day/same provider
- Diagnostic Eval: No Psychotherapy Same Day
- Online Med Review: E/M occurred in last 7 days

Note: the configurations that follow are guidelines only and may need to be modified to meet billing requirements of your organization and payers.

Diagnostic Eval: No E/M Code Same Day/Same Provider

The Diagnostic Eval (90791 or 90792) will red X if an E/M code exists.

Associated Matrix Settings ⓘ

Associated Matrix Does Exist*:

Time Span (Hours)*:

Primary Matrix Lines*: ⓘ

Associated Matrix Lines*: ⓘ

Must Precede Or Follow:

Does Exist Same Day:

Does Exist Same Employee:

Primary matrix lines	Associated matrix lines	Correcting the red X
90791 and 90792	All E/M Billing Matrix entries	Determine which visit will not be billed and change it to a non-billable visit

Diagnostic Eval: No Diagnostic Eval Same Day

Both Diagnostic Evals will red X if performed on the same day.

Associated Matrix Settings ⓘ

Associated Matrix Does Exist*:

Time Span (Hours)*:

Primary Matrix Lines*: ⓘ

Associated Matrix Lines*: ⓘ

Must Precede Or Follow:

Does Exist Same Day:

Does Exist Same Employee:

Primary matrix lines	Associated matrix lines	Correcting the red X
90791 and 90792	90791 and 90792	Determine which visit will not be billed and change it to a non-billable visit

Diagnostic Eval: No Psychotherapy Same Day

The Diagnostic Eval will red X if a psychotherapy visit is performed on the same day. With the custom red X below, *Psychotherapy: No Diagnostic Eval on Same Day*, the psychotherapy visit will red X as well.

Associated Matrix Settings ⓘ

Associated Matrix Does Exist*:

Time Span (Hours)*:

Primary Matrix Lines*: ⓘ

Associated Matrix Lines*: ⓘ

Must Precede Or Follow:

Does Exist Same Day:

Does Exist Same Employee:

Primary matrix lines	Associated matrix lines	Correcting the red X
90791 and 90792	90832, 90834, 90837, 90839 and 90840	Update the psychotherapy visit to a non-billable visit. If using E/M codes for Diagnostic Evals (90792), determine if the psychotherapy visit can be updated to a psychotherapy add-on (the psychotherapy add-on code may be reported with an E/M visit).

Psychotherapy: No Diagnostic Eval Same Day

This custom red X includes psychotherapy codes *and* psychotherapy for crisis.

The psychotherapy visit will red X if a Diagnostic Eval is performed on the same day. With the custom red X above, *Diagnostic Eval: No Psychotherapy Same Day*, the Diagnostic Eval will red X as well.

Associated Matrix Settings ⓘ

Associated Matrix Does Exist*:

Time Span (Hours)*:

Primary Matrix Lines*: ⓘ

Associated Matrix Lines*: ⓘ

Must Precede Or Follow:

Does Exist Same Day:

Does Exist Same Employee:

Primary matrix lines	Associated matrix lines	Correcting the red X
All psychotherapy CPT codes	90791 and 90792	Update the psychotherapy visit to a non-billable visit. If using E/M codes for Diagnostic Evals (90792), determine if the psychotherapy visit can be updated to a psychotherapy add-on (the psychotherapy add-on code may be reported with an E/M visit).

Psychotherapy: No Psychotherapy for Crisis Same Day

The psychotherapy visit will red X if a psychotherapy for crisis is performed on the same day.

Associated Matrix Settings ⓘ

Associated Matrix Does Exist*:

Time Span (Hours)*:

Primary Matrix Lines*: ⓘ

Associated Matrix Lines*: ⓘ

Must Precede Or Follow:

Does Exist Same Day:

Does Exist Same Employee:

Primary matrix lines	Associated matrix lines	Correcting the red X
All psychotherapy CPT codes	Psychotherapy for Crisis CPT codes (90839 and 90840)	Change the psychotherapy visit to a non-billable visit

Telephone Visit: No Billable Phone Within 7 Days of E/M Visit

The telephone visit will red X if an E/M visit is performed within the past 7 days.

Associated Matrix Settings ⓘ

Associated Matrix Does Exist*:

Time Span (Hours)*:

Primary Matrix Lines*: ⓘ

Associated Matrix Lines*: ⓘ

Must Precede Or Follow:

Does Exist Same Day:

Does Exist Same Employee:

Primary matrix lines	Associated matrix lines	Correcting the red X
All telephone visits (99441, 99442, and 99443)	All E/M Billing Matrix entries	If Telephone Visit is related to associated E/M visit, change it to a non-billable visit

Telephone Visit: Preceding E/M 24 Hours

The telephone visit will red X if an E/M visit is completed in the next 24 hours.

Associated Matrix Settings ⓘ

Associated Matrix Does Exist*:

Time Span (Hours)*:

Primary Matrix Lines*: ⓘ

Associated Matrix Lines*: ⓘ

Must Precede Or Follow:

Does Exist Same Day:

Does Exist Same Employee:

Primary matrix lines	Associated matrix lines	Correcting the red X
All telephone visits (99441, 99442, and 99443)	All E/M Billing Matrix entries	If Telephone Visit is related to associated E/M visit, change it to a non-billable visit

Online Med Review: E/M Occurred in Last 7 days

The online med review will red X if an E/M visit is present within the past 7 days.

Associated Matrix Settings ⓘ

Associated Matrix Does Exist*:

Time Span (Hours)*:

Primary Matrix Lines*: ⓘ

Associated Matrix Lines*: ⓘ

Must Precede Or Follow:

Does Exist Same Day:

Does Exist Same Employee:

Primary matrix lines	Associated matrix lines	Correcting the red X
99444	All E/M Billing Matrix entries	If Online Medical Review visit is related to associated E/M visit, change it to a non-billable visit