



County of San Diego
HEALTH AND HUMAN SERVICES AGENCY

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QUALITY MANAGEMENT MEMO

December 12, 2012

To: System of Care Programs

From: BHS Quality Management Unit

Re: New Psychiatric CPT Codes Effective January 1, 2013

Dear SOC Partners,

Please read this important information along with the attached documents and share with all of your staff.

On January 1, 2013, new Psychiatric CPT Codes will become effective. These new codes will impact your billing and documentation practices. This memo is being provided to help guide you through these changes and provide you with helpful training information. It is important, if you have not already done so, to begin immediate planning for these changes. These changes will affect how you claim for services with third party/private insurance, Medicare, and Medi-Cal.

Summary of Changes:

1. For Service Codes 9, 10, 11, 30, 38, 39, 70 (Psychotherapy Indiv & Group, Interactive and Crisis Intervention), there are new CPT Codes. These new codes will replace the old codes in the billing set up in Anasazi. There will not be any new services codes in Anasazi, and you will continue to enter services as usual.
2. Service Code 22 - MEDS-PHARMACOLOGICAL MGMT will be inactivated and replaced with 5 New Medication Management Codes using the E&M (Evaluation & Management) Codes. The five E&M codes will be selected by specific criteria for the service provided. **AS OF JAN. 1, 2013, DO NOT USE SERVICE CODE 22.** This will have an impact on your doctors, nurse practitioners and physician assistants.

The other medication related codes remain the same and you will continue to enter services as usual.

3. Service Code 70 – Crisis Intervention has two new CPT Codes and is billable to Medicare. The new CPT code will be included in the billing set up in Anasazi. The service code remains the same, and you will continue to enter services as usual.

4. On January 1, 2013, all changes will be effective in Anasazi. For services provided on or after January 1, 2013, you will be expected to begin using the new medication management service codes.
5. We expect that there will be ongoing questions and perhaps a challenge or two along the way to making this transition, so please remain flexible and help to create a positive change management environment.

Claiming to Primary Pay Source

Your established practices of claiming for services first to a primary pay source will continue to be the standard. For Contracted programs, you will continue to claim for third/party insurance and Medicare using your own established practices outside of Anasazi. Once denial or payments are made by the primary payer, you will continue established practices of getting entered into Anasazi. County programs will continue with their already established practices.

Program Accountability

1. You are responsible for knowing the new CPT codes and all required documentation standards as of January 1, 2013.
2. You are responsible for training your staff on how to enter services and comply with all documentation standards.
3. You are responsible for monitoring your program staff to ensure that services are being claimed and documented correctly.
4. You are responsible for correcting errors in billing and documentation in a timely manner.

Training and Support to Programs

1. The OPTUM Helpdesk will be ready to assist you with questions.
2. The Mental Health Billing Unit will remain available to assist with billing issues.
3. The QM Unit will be conducting trainings for Program Managers in Jan. 2013 and available for consultation.
4. Please send your questions to QIMatters.hhsa@sdcounty.ca.gov

Please review all of the attached documents. The documents have been collected as resources to assist you with your planning, training and implementation plan.

Respectfully,



Steve Jones, LCSW
QM Program Manager
County of San Diego BHS