



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 23 No. 03

January 2013

TO: Physicians, Psychologists, Independent Clinics, Federally Qualified Health Centers, Residential Treatment Centers, Dentists – **For Action**
Health Maintenance Organizations – **For Information Only**

SUBJECT: **2013 Changes in Billing Procedure Codes for Certain Behavioral Health and Dental Services**

EFFECTIVE: Claims with service dates on or after January 1, 2013

PURPOSE: To notify providers of behavioral health and dental services of anticipated changes in fee-for service billing procedures for certain behavioral health and dental services.

ACTION: The Centers for Medicare & Medicaid Services, in response to anticipated changes, involving, among others, the DSM and ICD-10, has recommended an unusually large number of CPT, CDT and HCPCS procedure code changes effective January 1, 2013. Because of the complexity involved with programming these procedure codes in the claims processing system, these codes will not be available for billing purposes on January 1, 2013. The Division is diligently working to incorporate the approved 2013 CPT, CDT and HCPCS procedure codes, and there will be notice posted on the State Fiscal Agent website, <https://www.njmmis.com>, when this process has been completed. **If timely filing is essential, it will be necessary to bill the existing 2012 procedure codes until these changes have been completed.**

For claims where updates to NJ FamilyCare/Medicaid fee-for-service maximum fee allowances completed by the Division result in reimbursement changes, providers may adjust these claims by reporting the updated procedure code as part of the adjustment claim record.

For your information, please find attached the anticipated changes to CPT, CDT and HCPCS procedure codes for behavioral health and dental services for calendar year 2013.

If there are any questions regarding this Newsletter, please contact Molina Medicaid Solutions Provider Services at 1-800-776-6334.

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE

**Deleted Behavioral Health CPT Procedure Codes For CY 2013
Previously Covered in CY 2012**

CPT	Description
90801	Psychiatric diagnostic interview examination physical devices, language interpreter, or other mechanisms of communication
90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;
90805	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;
90807	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90857	Interactive group psychotherapy
90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy

**New Behavioral Health CPT Procedure Codes
CY 2013**

CPT	Description			
90791	Psychiatric diagnostic evaluation			
90792	Psychiatric diagnostic evaluation with medical services			
90832	Psychotherapy, 30 minutes with patient and/or family member			
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service			
90834	Psychotherapy, 45 minutes with patient and/or family member			
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service			

New CDT Procedure Codes – CY 2013

D0190	Screening of a Patient
D1208	Topical application of fluoride – Note: CDT Codes D1203/D1204 which have been deleted)
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth
D2981	Inlay repair necessitated by restorative material failure
D2982	Onlay repair necessitated by restorative material failure
D2983	Veneer repair necessitated by restorative material failure
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in same graft site
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position same graft site
D6101	Debridement of peri-implant defect and surface cleaning of exposed implant surfaces, including flap entry and closure
D6102	Debridement and osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure
D6103	Bone graft for repair of periimplant defect – not including flap entry and closure or, when indicated, placement of a barrier membrane or biologic materials to aid in osseous regeneration
D6104	Bone graft at time of implant placement
D7952	Sinus augmentation via a vertical lift approach