



## CPT® Code Changes for 2023 Services - FAQ

**Please Note:** The following information applies to Commercial and Medicare ONLY. Medicaid is out of scope at this time. Rates are generally set by each individual state and further information is pending state reviews at a later date.

The AMA and CMS have released the 2023 [Current Procedural Terminology \(CPT®\)](#) and Healthcare Common Procedure Coding System (HCPCS) code set, which includes new, changed and deleted codes. All changes take effect January 1, 2023. Any deleted codes will no longer be covered and deny as of January 1, 2023.

(Note: for more specific and detailed information on the use of these codes, refer to 2023 CPT code books which are available for purchase through online vendors).

### **Q1: What should a practice or provider do to prepare for CPT code changes?**

A1: All providers should become familiar with the new codes so you know when and how to use them. Be sure you coordinate with your billing support or vendors, including your billing software vendor or Electronic Data Interchange (EDI) clearinghouse, to make sure they are ready.

### **Q2: Can I still submit claims using the deleted CPT codes for services provided on or after January 1, 2023?**

A2: No. Providers will not be able to submit claims using the deleted CPT codes for services with a date of service of January 1, 2023, or after.

### **Q3: Do I apply the new 2023 codes on or after January 1, 2023, for unbilled dates of service in 2022?**

A3: No. You should continue to use the 2022 codes for all claims for dates of service through December 31, 2022. For dates of service on or after January 1, 2023, use the new 2023 codes. **It is the date of service that determines which codes to use, not the date of claim submission.**

### **Q4: Do these codes require authorization?**

A4: No. Providers do not need authorization for these new codes.

### **Q5: Do these changes affect my Fee Schedule with Optum?**

A5: For specific information on amendments and fee schedule changes, please refer to your participating provider agreement with United Behavioral Health, operating under the brand Optum.

### **Q6: How do I bill using the new codes?**

A6:

- Provider Express – our online secure transaction feature is ready to receive 2023 CPT codes on January 1, 2023, for dates of service on and after January 1, 2023
- EDI Clearinghouse/Vendors – talk directly with your clearinghouse and software vendor regarding system readiness

- Paper claims – use the Centers for Medicare and Medicaid (CMS) Form 1500 claim form

**Q7: What provider types can bill the new codes?**

A7: Behavioral health providers who are properly licensed and qualified by law and acting within the scope of their licensure.

**Q8: Are there any restrictions on billing any of the Behavior Management Services (BMS) codes?**

A8: All codes billed with appropriate diagnosis code by the appropriate provider type. Follow appropriate billing and coding rules. NOTE: 99418 prolonged code must be billed with another base E&M code.

**Q9: Where can I find more information on the changes?**

A9: Refer to the links above as well as the 2023 CPT code book and CMS Final Rule summary. The AMA released their 2023 CPT code book on September 9, 2022. [AMA Press release](#). Resources for purchasing are readily available online and in bookstores. See also: [MM12982 - Medicare Physician Fee Schedule Final Rule Summary: CY 2023 \(cms.gov\)](#).

**Q10: Are there new Medicare codes?**

A10: Yes. There are 5 new Medicare codes: 96202, 96203, G0316, G0317, G0318. The new G codes need to be billed with the corresponding E/M codes and do not require preauthorization.

**Q11: Are G codes available for commercial use?**

A11: No. G codes are for Medicare use ONLY.