2013 Psychiatry
CPT Changes

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2013 AAPCCA Board of Directors

Presentation should be given by a knowledgeable chapter member who is comfortable with the subject content
Why the Changes in Psychiatry Codes?

- To better capture the broader range of intensity and complexity of services provided
- To re-evaluate the value of this group of services. (RVU’s Relative Value Units)
- The current work required for Medication Management is better described by E/M
What are the Major Changes?

- New Psychiatric Diagnostic Evaluation codes
- New Interactive Complexity code
- New “Crisis Psychotherapy” codes
- New Psychotherapy codes for use in all settings
- Psychotherapy time includes the patient
Psychiatric Diagnostic Evaluation

- 90801 replaced with:
  - 90791 – with no medical services
  - 90792 – with medical services
    - New patient E&M codes may be used in lieu of 90792 (Psychologists may not bill E&M codes)

- **Interactive** Psychiatric Diagnostic Evaluation (PDE)
  
  Replaced with:
  - 90791 or 90792
  AND use interactive complexity code 90785

**TWO CODES will be billed for Interactive PDE**
Psychiatric Diagnostic Evaluation
(90791)

Documentation requirements:
- Chief Complaint (CC)
- History of present illness (HPI)
- Past psychiatric, medical, social and family history (PFSH)
- Mental status exam
- Order lab and/or diagnostic tests
- Treatment plan and/or recommendations
- Multi-axial diagnoses
Diagnostic Evaluation with Medical Services (CPT 90792)

Documentation requirements:

- Chief Complaint (CC)
- History of present illness (HPI)
- Past psychiatric, medical, social and family history (PFSH)
- Mental status exam
- Physical exam (if indicated)
- Medication management
- Order lab and/or diagnostic tests
- Treatment plan and/or recommendations
- Multi-axial diagnoses Mental status exam
New Interactive Complexity Code
(90785)

Can be used with:
- Diagnostic Evaluations (90791, 90792)
- Psychotherapy codes (90832-90838)
- Group psychotherapy (90853)

Interactive Psychotherapy = 2 Billing codes
  Psychotherapy + Interactive Complexity
Interactive Complexity (90785)

New CPT code for use in following situations:

• Use of play equipment/physical devices and/or interpreter
• The provider manages complex communication issues
• Caregiver emotions/behavior interference
• Disclosure of a sentinel event

90785 should not be billed solely for translation/interpretation services.
CRISIS PSYCHOTHERAPY

Psychotherapy services requires immediate attention by a physician for complex or life threatening situation

- **Based on time**
  - 90839 for the first 60 minutes (31+min)
  - 90840 for each additional 30 minutes
- Can count non face-to-face time spent working on the patient’s case in addition to face-to-face time
- Time does not have to be continuous
- 90839 can only be used once per day
Crisis Psychotherapy

Documentation requirements:
- The need for the urgent assessment
- History of crisis state
- Mental status exam
- Psychotherapy
- Mobilization of resources
- Time spent providing crisis care to the patient (both non- and face-to-face time)
Psychotherapy Only

90804-90808 (Outpatient) & 90816-90821 (Inpatient)
replaced with:
• 90832 = 30 min psychotherapy (16-37 min)
• 90834 = 45 min psychotherapy (38-52 min)
• 90837 = 60 min psychotherapy (53+ min)

For use in all settings
Time is with patient and/or family
Psychotherapy Only

Documentation requirements:
- Time spent face-to-face with patient and/or family
- Type of therapeutic intervention (e.g. interactive or behavioral)
- Summary of psychotherapy and assessment
- Diagnoses
Psychotherapy with Medication Management

90805-90809 Outpatient & 90817-90822 Inpatient replaced with:
E&M code 992XX for the Medication Management portion of the visit
  - Time may not be used when determining the proper E/M service for medication management when it is performed in conjunction with psychotherapy. It must be valued based on the elements of the E/M service.
  - E/M visit for medication management PLUS appropriate psychotherapy code
    - +90833 = 30 minute psychotherapy
    - +90836 = 45 minute psychotherapy
    - +90838 = 60 minute psychotherapy

  2 codes will be billed (992xx +90833)
Psychotherapy with Medication Management

- **Psychotherapy documentation requirements:**
  - Time spent face-to-face with patient **and/or** family
  - Type of therapeutic intervention (e.g. interactive or behavioral)
  - Summary of psychotherapy and assessment
  - Diagnoses

- **Medication management documentation requirements:**
  - Requirements for E/M Visit
    - Chief Complaint
    - History
    - Exam
    - Medical decision making
What is an E&M?!?!?

The Medication Management will now be billed using an E&M code

• What do you need to document?
• How do you code it?
E&M: History

- **Chief Complaint (CC)**: why is the patient being seen? (e.g. follow-up on depression, new onset anxiety)
- **History of present illness (HPI)**: describes the symptom(s) (e.g. onset, occurrence rate, inciting event, medications and/or therapies, severity, other associated symptoms)
- **Review of systems (ROS)**: inventory of body systems to further define the chief complaint (i.e. constitutional, musculoskeletal, psych)
- **Past medical, Family, and Social history (PFSH)**
E&M: Exam

**Organ systems**
- Constitutional
- Musculoskeletal
- Psychiatric

**Constitutional**
- Measurement of 3 vital signs
- General appearance of patient

**Musculoskeletal**
- Muscle strength and tone
- Gait and station

**Psychiatric**
- Speech
- Thought process
- Associations
- Thought content
- Judgment and insight
- Orientation
- Memory
- Attention span and concentration
- Language
- Fund of knowledge
- Mood and affect
E&M: Medical Decision Making

- **Diagnoses**: the quantity of new or established health issues being addressed at this visit and whether they are stable, resolved or worsening
- **Data**: the information reviewed or ordered (i.e. labs, chart review, gathering additional history from other than the patient, etc)
- **Risk**: the status of the patient at the time of the visit and the riskiness of the recommended treatment plan or intervention (i.e. acute vs. chronic, drugs intensive monitoring, etc).
Billing E&M Services by Time without Psychotherapy

Outpatient or Office Setting:
If more than 50% of a visit is spent counseling the patient, time may be used to determine the level of E&M service billed. Only the attending’s time (not medical student or resident’s time) spent face-to-face with the patient may be counted.

_Timestatement_
I spent *** minutes with the patient. Greater than 50% of the time was spent counseling the patient regarding ***.

Inpatient Setting:
If more than 50% of the attending’s floor time is spent in counseling or coordination of care, time may be used to determine the level of E&M service billed. Only the attending’s floor time (not medical student or resident’s time) spent on the patient’s case may be counted.

_ipcounselingpt_
I spent *** minutes in the care of this patient. Greater than 50% of the time was spent counseling and coordination of care, including ***.
Evaluation & Management Codes

- **New Outpatient Visit** (99201-99205): patient has not received care by your group in the last 3 years.
- **Established Outpatient Visit** (99211-99215): patient has received care by your group in the last 3 years.
- **Initial Hospital Visit** (99221-99223): used for the first visit with the patient even if the patient has been seen previously by your group.
- **Subsequent Hospital Visit** (99231-99233): for each subsequent hospital visit.
- **Emergency Room Visit** (99281-99285): used when a patient is seen in the ED and not admitted to the hospital. Used even if the patient has been seen previously by your group.
Example #1

- 45 minutes of psychotherapy with Medication Management:
  - Appropriate E/M code (992XX)
  - 90836 45-minute psychotherapy

2 codes will be reported
Example #2

- 60 minute interactive psychotherapy with medication management:
  - Appropriate E/M code (992XX)
  - 90838  60 minutes psychotherapy
  - 90785  Interactive complexity

*All 3 codes will be reported*
Time statement for Medication Mgmt

Current documentation NO Time statement: “I saw the patient to review the status of her depression and anxiety and discuss medication compliance.”

New documentation with a time statement: “I saw the patient for XX minutes. Greater than 50% was spent counseling the patient regarding her depression and anxiety. We discussed ways she could improve compliancy of medication intake.”

(.timestatement)

**When <15 minutes of psychotherapy is performed in conjunction with med management, bill the entire visit using the E&M codes and bill it based on time.**
Medication Management = Code?

I saw the patient to review the status of her depression and anxiety and discuss medication compliance. Since last visit she has been doing "pretty good". She has kept a schedule of her daily activities mostly done with her mother. Days have gone by "quickly" for her. She is taking 500 mg Depakote a day. Sleep has improved. Her relationship with mother has been very good.

Without the use of a time statement, the documentation supports a 99212 because there isn’t any documentation of medical decision making.

With a time statement of total time ** of which greater than 50% was spent counseling the patient regarding**, the documentation could support a 99212, 99213 or 99214 depending on the amount of time spent.
Time statement for Psychotherapy w/ Medication Management

- Old time statement:
  Start time: 0900
  End time: 0950

New time statement:
“I spent *** min providing psychotherapy exclusive of medication management.

.PSYCHTIMEWITHEM

*A minimum of 16 min of Psychotherapy must be provided in order to bill 90833.
Questions?

The information contained in this presentation is current as of 6/1/2013.

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Questions on the content can be sent to localchapters@aapc.com