Changes to CPT Psychiatry and Behavioral Health Codes in 2013

New codes for initial diagnostic interviews: prior distinction was for interactive interview. 2013 has two codes, one with Evaluation and Management services and one without.

CPT and CMS agree: more than one of these may be required for an assessment.

New psychotherapy codes used for all locations. One set for only psychotherapy. One set for use on the same day as an E/M service, an add on code.

Time for therapy now follows CPT rules of meeting half of the threshold time in the code requirement.

Medication management deleted. Psychiatrists will use E/M codes to report that service. A medication management code in the book is intended for Psychologists in two states who prescribe medications, but has a status indicator of Invalid in the Medicare Fee Schedule.

New crisis management codes (selected by time),which are carrier priced.

New add-on code for interactivity.

Psychiatric Diagnostic Procedures

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 2012 | | 2013 | | Work RVUs | Total facility RVUs | Total non-facility RVUs |
| 90801 | Psychiatric diagnostic interview examination | 90791 | Psychiatric Diagnostic Evaluation | 2.8 | 4.43 | 3.44 |
| 90802 | Interactive psychiatric diagnostic interview | 90792 | Psychiatric Diagnostic Evaluation with medical services | 2.96 | 3.55 | 3.65 |

Per CPT: Psychiatric diagnostic evaluation is an integrated biopsychosocial assessment including history, mental status and recommendations. The evaluation may include communication with family or other sources and review and ordering of diagnostic studies. Psychiatric diagnostic evaluation with medical evaluation includes the above and other physical exam elements as indicated, prescriptions and review and ordering of laboratory or other diagnostic studies.

* CPT notes that this evaluation may be reported more than once for a patient when separate diagnostic evaluations are conducted with the patient and other informants. If with family member/informant, report services as if provided to the patient.
* 90791 and 90792 may be reported once per day.
* 90791 and 90792 may not be reported on the same day as an E/M service by the same physician.

Will Medicaid and other commercial insurers allow more than one psychiatric diagnostic evaluation for a patient? In the past, most denied a second psychiatric diagnostic interview examination unless one year had passed.

Medicare said this:

Regarding coding and payment for these CPT codes, we note that CPT prefatory language for these new psychiatric diagnosis codes allows for reporting of these codes more than once when an informant is ““seen in lieu of the patient.”” Medicare only pays for services provided to diagnose or treat a Medicare beneficiary. Obtaining information from relatives or close associates is appropriate in some circumstances, but should not substitute entirely for an evaluation of the patient. Therefore, we believe that CPT codes 90791 and 90792 may be used for diagnosis through a relative or close associate providing direct care for the patient when the focus of the service is gathering additional information about the beneficiary, and cannot substitute for an evaluation of the beneficiary. We are concerned that multiple diagnostic evaluations with family members should not replace a detailed evaluation of the beneficiary, and we intend to monitor the frequency of billing for diagnostic evaluations per patient.

**+90785 Interactive complexity** may be added to 90791 and 90792

More on that code later

That is, for Medicare a second psychiatric diagnostic evaluation may be performed on a separate day if medically necessary. CMS will watch frequency.

New Psychotherapy Codes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2013 | | Work RVUs | Total facility RVUs | Total non-facility RVUs |
| 90832 | Psychotherapy, 30 minutes with patient and/or family member | 1.25 | 1.44 | 1.84 |
| 90834 | Psychotherapy, 45 minutes with patient and/or family member | 1.79 | 2.16 | 2.37 |
| 90837 | Psychotherapy, 60 minutes with patient and/or family member | 2.83 | 3.26 | 3.47 |
|  |  |  |  |  |
| 2013 | | Work RVUs | Total facility RVUs | Total non-facility RVUs |
| +90833 | Psychotherapy, 30 minutes with patient and/or family when performed with an evaluation and management service | 0.98 | 1.21 | 1.22 |
| +90836 | Psychotherapy, 45 minutes with patient and/or family when performed with an evaluation and management service | 1.6 | 1.98 | 1.98 |
| +90838 | Psychotherapy, 60 minutes with patient and/or family when performed with an evaluation and management service | 2.56 | 3.18 | 3.19 |

Psychotherapy times are face-to-face times with the patient and/or family member. The patient must be present for all or part of the session.

If the patient is not present, use family psychotherapy without the patient present 90846

|  |  |  |
| --- | --- | --- |
| 2013 | | Time of session |
| 90832 | Psychotherapy, 30 minutes with patient and/or family member | 16-37 minutes |
| 90834 | Psychotherapy, 45 minutes with patient and/or family member | 38-52 minutes |
| 90837 | Psychotherapy, 60 minutes with patient and/or family member | 53 minutes or more |
| +90833 | Psychotherapy, 30 minutes with patient and/or family when performed with an evaluation and management service | 16-37 minutes |
| +90836 | Psychotherapy, 45 minutes with patient and/or family when performed with an evaluation and management service | 38-52 minutes |
| +90838 | Psychotherapy, 60 minutes with patient and/or family when performed with an evaluation and management service | 53 minutes or more |

90833, 90836, 90838 are add-on codes to an Evaluation and Management service

(see pages—9-14)

Crisis Codes—New for 2013

90839 Psychotherapy for crisis; first 60 minutes

+90840 each additional 30 minutes

These codes may not be reported with the psychiatric diagnostic evaluation codes (90791, 90792) or with psychotherapy codes (90832—90838) or other psychiatric services (90750—90899)

Carrier priced: no RVUs established.

Per CPT:

* An urgent assessment and history of a crisis state, a mental status exam, and a disposition.

The treatment includes:

* Psychotherapy, mobilization of resources to diffuse the crisis and restore safety
* Implementation of psychotherapeutic interventions to minimize the potential for psychological trauma

The presenting problem is typically life threatening or complex and requires immediate attention to a patient in high distress.

Use these codes to report the total duration of face-to-face time with the patient and/or family, even if not continuous. Must be devoting full attention, not caring for other patients in time counted. The patient must be present for all or some of the service.

Add on code for interactive complexity

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+90785 Interactive complexity (list separately in addition to the code for the primary procedure)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Work RVUs | Total facility RVUs | Total non-facility RVUs |
| 90785 | Interactive complexity | 0.11 | 0.14 | 0.14 |

May be added in addition to:

90791, 90792 Diagnostic psychiatric evaluation

90832—90838 Psychotherapy, with or without E/M service

90853 Group psychotherapy

**Per CPT,** +90785 refers to “specific communication factors that complicate the delivery of a psychiatric procedure. Common factors include more difficult communication with discordant or emotional family members and engagement of young and verbally undeveloped or impaired patients.”

Patient:

* May have other individual legally responsible for care
* May request others to be involved to interpret or translate, or
* May require involvement of other third parties, child welfare, parole

Report when:

* Need to manage maladaptive communication
* Caregiver emotions or behaviors interferes with caregivers ability to assist in implementation of treatment plan
* Evidence or disclosure of sentinel event and mandated report to third party (eg abuse or neglect) with initiation of discussion
* Use of play equipment, other physical devices, interpreter, translator
* Is not fluent in same language as health care professional
* Has not developed or has lost expressive communication skills or receptive communication skills

CMS cautions against using 90785 for language translation only:

Given this language, we would like to clarify that CPT code 90785 generally should not be billed solely for the purpose of translation or interpretation services. Federal laws prohibit discrimination, which in this case would take the form of higher beneficiary payments and copayments for the same service, based on disability or ethnicity. Billing for this service solely for translation or interpretation related to a beneficiary’s disability could implicate section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, and billing for this service solely for translation or interpretation related to foreign language could implicate Title VI of the Civil Rights Act of 1964.

For Medicare (Check with Medicaid)

Do not use 90785 for translation services only

Evaluation and Management Services

For use by Psychiatrists, Physician Assistants, Clinical Nurse Specialists, and Nurse Practitioners

Will be used in place of pharmacological management codes

New patient: A new patient is a patient who has not received a face-to-face service by the physician, or by another physician of the same specialty in the group in the past three years.

Established patient: An established patient is a patient who has received a professional service from the physician/qualified health care professional in the group in the past three years.

Consultation: A consultation is a type of evaluation and management service provided at the request of another physician or appropriate source to either recommend care for a specific condition or problem or to determine whether to accept responsibility for ongoing management of the patient’s entire care or for the care of a specific condition or problem.

Consultation codes should not be reported by a physician who has agreed to accept transfer of care before an initial evaluation.

*Need to check with payers about whether consult codes are recognized.*

E/M codes

Comprised of three components: history, exam and medical decision making

New patients and consults require all of the three components

Established patients require two of three key components

May be selected based on time if only an E/M service is billed.

May not be selected based on time if an add on psychotherapy code is billed: then the code must be selected based on history, exam and MDM.

For initial evaluations, use psychiatric initial diagnostic evaluations when possible, in preference to new patient visits.

Second diagnostic evaluation may not be reimbursed if therapist performed one recently.

Examples

Patient presents to a therapist who completes the Psychiatric Diagnostic Evaluation, and reports 90791. The therapist would like the patient evaluated for medication by the physician or Nurse Practitioner. The physician does not repeat the Psychiatric Diagnostic Evaluation, but does evaluate the patient for medication. The physician will bill report a new patient visit, 99201—99205.

Note: If the therapist service is billed under the physician’s NPI number, the physician will report an established patient visit: it will look to the payer like the physician saw the patient previously.

This same patient returns for medication management one month later. The physician is not doing psychotherapy for the patient. The physician would report an established patient visit code, 99211-99215.

A patient presents for monthly medication management to the NP and receives 40 minutes of psychotherapy by the NP after discussion of the medication, side effects and efficacy. The NP reports an established visit based on history, exam, and MDM for the visit, 99211—99215. Then, the NP reports 90836 for the psychotherapy. Document the time of the psychotherapy, and note it was separate from the E/M service.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2 of 3 required of Hx, Exam and MDM** | | | |
| **Estab pt** | **99212** | **99213** | **99214** | **99215** |
| **HPI** | 1-3 | 1-3 | 4 elements or status of 3 chronic diseases | 4 elements or status of 3 chronic diseases |
| **ROS** | 0 | 1 | 2-9 systems | ALL 10 |
| **Past family, medical social** | none | none | 1 | 2 |
| **EXAM-1997** | 1 bullet | 6 bullets | 9 bullets | Perform all elements. Document all elements in constitutional and psych exam. Document one element from musculoskeletal exam. |
| **MDM** | 1 stable problem | 1 worsening establ problem | New problem with Rx drug | New problem with w/u planned, and a new or chronic illness with severe exacerbation |
|  | or | or | or | or |
|  | 1 minor problem | Acute, uncomplicated illness or injury | 1 worsening and 1 stable problem | New problem with w/u planned, and acutely homicidal or suicidal |
|  |  |  | or | or |
|  |  | 2 stable problems | Undiagnosed new problem | One illness life threatening illness and two others |
|  |  |  | or | or |
|  |  |  |  | Drug therapy requiring intense monitoring and two worsening problems |
|  |  |  |  |  |
|  | Medical Decision Making--Examples Only | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Everything required in column** | | | | | |
| **New Pt**  **Consult** | **99201**  **99241** | | **99202**  **99242** | **99203**  **99243** | **99204**  **99244** | **99205**  **99245** |
| **HPI** | 1 | | 1 | 4 elements or status of 3 chronic diseases | 4 elements or status of 3 chronic diseases | 4 elements or status of 3 chronic diseases |
| **ROS** | 0 | | 1 | 2-9 systems | At least 10 | At least 10 |
| **Past medical, family and social hx** | none | | none | 2 | ALL | ALL |
| **EXAM-1997 Psychiatry specialty exam** | 1 element | | 6 elements | 9 elements | Perform all elements. Document all elements in constitutional and psych exam. Document one element from musculoskeletal exam. | Perform all elements. Document all elements in constitutional and psych exam. Document one element from musculoskeletal exam. |
| **MDM** | 1 stable problem | | 1 stable problem | 1 worsening establ problem | New problem with Rx drug | New problem with w/u planned, and a new or chronic illness with severe exacerbation |
|  | or | | or | or | or | or |
|  | 1 minor problem | | 1 minor problem | Acute, uncomplicated illness or injury | 1 worsening and 1 stable problem | New problem with w/u planned, and acutely homicidal or suicidal |
|  |  | |  | or | or | or |
|  |  | |  | 2 stable problems | Undiagnosed new problem | Acute/chronic illness life threatening |
|  |  | |  |  | or | or |
|  | MDM: examples only | |  |  |  | Acute change in mental status |
|  |  | |  |  | or | or |
|  |  | |  |  |  | Drug therapy requiring intense monitoring |
| EXAM ELEMENTS | | | | | | | |
|  | |  | | | | | |
| Psychiatry--single organ system exam, 1997 | | | | | | | |
|  | |  | | | | | |
| **Constitutional** | | | | | | | |
| \* | | Measurement of any three of the following seven vital signs: 1: sitting or standing blood pressure, 2) supine blood pressure, 3.) pulse rate and regularity 4.) respiration, 5.) temperature 6.) height, 7, weight (may be measured and recorded by ancillary staff) | | | | | |
| \* | | General appearance of patient, *e.g. development, nutrition, body habitus, deformities, attention to grooming* | | | | | |
|  | |  | | | | | |
| **Musculoskeletal** | | | | | | | |
| \* | | Assessment of muscle strength and tone e.g. *flaccid, cog wheel, spastic* with notation of any atrophy and abnormal movements. | | | | | |
| \* | | Examination of gait and station | | | | | |
|  | |  | | | | | |
| **Psychiatric** | |  | | | | | |
| \* | | Description of speech including: rate; volume; articulation; coherence; and spontaneity with notation of abnormalities, *e.g. perseveration, paucity of language.* | | | | | |
| \* | | Description of thought processes including: rate of thoughts; content of thoughts; *e.g. logical vs. illogical, tangential;* abstract reasoning; and computation | | | | | |
| \* | | Description of associations *e.g. loose, tangential, circumstantial, intact* | | | | | |
| \* | | Description of abnormal or psychotic thoughts including hallucinations; delusion; preoccupation with violence; homicidal or suicidal ideation; and obsessions | | | | | |
| \* | | Description of the patient's judgment *e.g. concerning everyday activities and social situations* and insight *e.g. concerning psychiatric disorder* | | | | | |
| Complete mental status examination including: | | | | | | | |
| \* | | Orientation to time, place and person | | | | | |
| \* | | Recent and remote memory | | | | | |
| \* | | Attention span and concentration | | | | | |
| \* | | Language *e.g .naming objects, repeating phrases* | | | | | |
| \* | | Fund of knowledge *e.g. awareness of current events, past history, vocabulary* | | | | | |
| \* | | Mood and affect *e.g. depression, anxiety, agitation, hypomania, lability* | | | | | |

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| --- | --- | --- | --- |
| 2013 |  |  |  |
| New patient visits | |  |  |
|  | Work RVUs | Total Facility RVUs | Total Non Facility RVUs |
| 99201 | 0.48 | 0.76 | 1.29 |
| 99202 | 0.93 | 1.44 | 2.19 |
| 99203 | 1.42 | 2.2 | 3.17 |
| 99204 | 2.43 | 3.76 | 4.84 |
| 99205 | 3.17 | 4.83 | 5.99 |
|  |  |  |  |
| Established patient visits | |  |  |
|  | Work RVUs | Total Facility RVUs | Total Non Facility RVUs |
| 99211 | 0.18 | 0.26 | 0.6 |
| 99212 | 0.48 | 0.72 | 1.29 |
| 99213 | 0.97 | 1.46 | 2.13 |
| 99214 | 1.5 | 2.25 | 3.13 |
| 99215 | 2.11 | 3.17 | 4.2 |
|  |  |  |  |
| Office/outpatient consults | |  |  |
|  | Work RVUs | Total Facility RVUs | Total Non Facility RVUs |
| 99241 | 0.64 | 0.95 | 1.37 |
| 99242 | 1.34 | 1.99 | 2.58 |
| 99243 | 1.88 | 2.77 | 3.52 |
| 99244 | 3.02 | 4.38 | 5.2 |
| 99245 | 3.77 | 5.44 | 6.36 |