2013 CPT Changes

New Psychotherapy Codes
Effective January 1, 2013

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Objectives

- Identify the pertinent changes to the Psychiatric section of the 2013 CPT manual
- Properly select the appropriate 2013 CPT for psychiatric services
- Review compliant coding when applying the new code set to clinical practice
- Review the new CPT Manager in OT 11

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Current Commonly Used Codes

Service	CPT Code	2013 Status
Diagnostic interview	90801	DELETED
Interactive diagnostic interview	90802	DELETED
Individual psychotherapy	90804, 90806, 90808, 90816, 90818, 90821	DELETED
Interactive individual psychotherapy	90810, 90812, 90814, 90823, 90826, 90828	DELETED
Individual psychotherapy with E/M	90805, 90807, 90809, 90817, 90819, 90822	DELETED
Interactive psychotherapy with E/M	90811, 90813, 90815, 90824, 90827, 90829	DELETED
Family psychotherapy	90846, 90847, 90849	**ACTIVE**
Group psychotherapy	90853	**ACTIVE**
Interactive group psychotherapy	90857	DELETED
Pharmacological Management	90862	DELETED

New Code Set Structure

- Psychiatric Diagnostic Procedures
  - Two new evaluation codes, with and w/o medical services
- Psychotherapy
  - New stand alone codes
  - New add-on codes when used with E/M services
- New add-on code for interactive complexity

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New Code Set Structure

- New add-on code for med management to be reported with stand alone psychotherapy codes
- Two new Psychotherapy for Crisis codes
- New Psychotherapy codes can be reported for ***all locations***
- New CPT time rulings for psychotherapy codes

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Psychiatric Diagnostic Procedures 90791-90792

- 90791 Psychiatric diagnostic evaluation
  - Integrated biopsychosocial assessment including
    - History
    - Mental status
    - Recommendations
  - May include communication with family or other sources and review and ordering of diagnostic studies

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Psychiatric Diagnostic Procedures 90791-90792

- 90792 Psychiatric diagnostic evaluation with medical services
  - Includes service in 90791 ***plus***
    - Medical assessment
    - Physical exam beyond mental status as appropriate
  - May include communication with family and others, ***prescription medications*** and review and ordering of laboratory or other diagnostic studies

New Patient E/M codes, 99201-99205 may be used in lieu of 90792 for EP (Eligible Professionals)

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Psychiatric Diagnostic Procedures 90791-90792

- 90791 Psychiatric diagnostic evaluation

- 90792 Psychiatric diagnostic evaluation with medical management

CPT rules for diagnostic codes:
- ***Cannot*** be reported with an E/M code on the same day by same Provider
- ***Cannot*** be reported with a psychotherapy service code on same day
- Codes may be reported ***once per day***
- May be reported ***more than once*** for a patient *when separate diagnostic evaluations are conducted with the patient and other informants (family members, guardians, significant others)*
- Services should always be reported using patient's name

Psychotherapy 90832-90838

- Psychotherapy services include ongoing assessment and adjustment of psychotherapeutic interventions, and may include involvement of family member (s) or others in the treatment process
- Psychotherapy times are for face-to-face services with patient and/or family member
- Patient must be present for all or some of the service

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Psychotherapy 90832-90838

- 90832 Psychotherapy, 30 minutes with patient and/or family member
- 90834 Psychotherapy, 45 minutes with patient and/or family member
- 90837 Psychotherapy, 60 minutes with patient/and or family member

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Psychotherapy 90832-90838

- + 90833 Psychotherapy, 30 minutes with patient and/or family member ***when performed with an evaluation and management service***

- + 90836 Psychotherapy, 45 minutes with patient and/or family member ***when performed with an evaluation and management service***

- + 90838 Psychotherapy, 60 minutes with patient and/or family member ***when performed with an evaluation and management service***

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Psychotherapy 90832-90838

- To report both E/M and psychotherapy codes
  - The type and level of E/M service is selected first based on the key components of history, examination, and medical decision-making
  - Time **may not be used as the basis** of E/M code selection
- Time associated with activities used to meet criteria for the E/M service is not included in the time used for reporting the psychotherapy service

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Psychotherapy 90832-90833

- If patient receives medical E/M service and psychotherapy service on the same day by the same Provider, report:
  - Appropriate E/M level code
  - *AND* Psychotherapy add-on code (90833, 90836, 90838)
- To report both E/M and psychotherapy, the two services must be significant and separately identifiable
- Separate diagnosis is not required

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Psychotherapy 90832-90838

- CPT time rules
  - 90832, 90833 (30 min) for 16-37 minutes
  - 90834,90836 (45 min) for 38-52 minutes
  - 90837, 90838 (60 min) for 53 and more minutes

- Psychotherapy of less than 16 minutes is not reported

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Psychotherapy for Crisis

Per 2013 CPT manual:

"Psychotherapy for crisis is an urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and 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."

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Psychotherapy for Crisis 90839-90840

- Presenting problem typically life-threatening or complex and requires immediate attention to a patient in high distress

- Codes includes
  - Urgent assessment and history of crisis state
  - Mental status exam
  - Disposition

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Psychotherapy for Crisis 90839-90840

- Treatment includes
  - Psychotherapy
  - Mobilization of resources to diffuse crisis and restore safety
  - Implementation of psychotherapeutic interventions to minimize potential for psychological trauma

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Psychotherapy for Crisis 90839-90840

- 90839 Psychotherapy for crisis; first 60 minutes
- +90840 Each additional 30 minutes
  - Used to report total duration of face-to-face time with the patient and/or family providing psychotherapy for crisis
  - Time does not have to be continuous
  - Provider must devote full attention to patient and cannot provide services to other patients during time period

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Psychotherapy for Crisis 90839-90840

- 90839 (60 min) is used for the first 30-74 min
- Can only be reported **_once per day_**
- +90840 (each additional 30 min block of time) beyond the first 74 min
- Example: 120 min of crisis therapy reported
  - 90839 X 1
  - 90840 X 2
- Less than 30 min reported with codes 90832 or 90833 (when provided with E/M services)

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Psychotherapy for Crisis 90839-90840

- Codes cannot be reported in addition to:
  - 90791, 90792 (diagnostic services)
  - 90832-90838 (psychotherapy)
  - 90785 (interactive complexity)

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Interactive Complexity +90785

- Refers to specific communication factors complicating delivery of psychiatric service
- Common factors:
  - Discordant or emotional family members
  - Young and verbally undeveloped
  - Impaired patients

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Interactive Complexity 90785

- Factors typically present with patients who:
  - Have others legally responsible for their care
  - Request others to be involved in care during visit
  - Require the involvement of other third parties

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Interactive Complexity Requirements

- Code can be reported when at least **_one_** of the following is present:
  - Need to manage maladaptive communication that complicates care delivery
  - Caregiver's emotions or behaviors interferes with ability to assist in treatment plan
  - Evidence or disclosure of sentinel event and mandated report to state agency with initiation of discussion of event and/or report

Interactive Complexity Requirements

- Reporting requirements continued…
  - Use of play equipment, or other physical devices, interpreter, or translator for communication with patient who:
    - Is not fluent in same language as provider
    - Has not developed, or has lost, expressive or receptive communication skills necessary for treatment

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Interactive Complexity 90785

- Time spent on Interactive Complexity service ***is to be*** reflected in time of psychotherapy code

- Interactive Complexity service is ***not*** a factor for selecting E/M code except as it affects key components

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Interactive Complexity 90785

- +90785 Interactive complexity
- Add-on code to be reported with:
  - Diagnostic Evaluations (90791-90792)
  - Psychotherapy (90832-90838)
  - E/M codes (99201-99255, 99304-99377, 99341-99350)
  - Group Psychotherapy (90853)
  - ***Cannot use with E/M codes unless also reporting the psychotherapy component***

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Pharmacological Management 90863

- Add-on code reported ***only with*** psychotherapy codes 90832, 90834, 90837
- +90863 Pharmacological management, including prescription and review of medication, when performed with psychotherapy services

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Pharmacological Management using E/M levels

- If reporting psychotherapy and E/M, pharmacologic management is considered ***part of E/M service***
- Do not count time of pharmacologic management in psychotherapy codes
- When providing ***only*** pharmacologic management report E/M service codes only
- M0064 (HCPCS) may still be used when appropriate by EP
- M0064-Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders

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Evaluation and Management codes- Overview

- These are the codes that will replace 90862 for Eligible Providers
- CMS have established guidelines for selecting the appropriate E/M level
- E/M codes are divided into broad categories and then further subdivided…..for example
  - Office/Out patient services
    - New Patient 99201-99205
    - Established Patient 99211-99215

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E/M documentation

- Key components for level selection
  - History
  - Exam
  - Medical Decision Making (MDM)
- Contributory Factors
  - Counseling
  - Coordination
  - Nature of presenting problem
- Time (please review the in-depth discussion of how time is factored in the 2013 CPT book)

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Complexity of MDM

Complexity of Medical Decision Making			
Number of Diagnoses or Management Options	Amount and/or Complexity of Data to be Reviewed	Risk of Complications and/or Morbidity or Mortality	Type of Decision Making
minimal	minimal or none	minimal	**straightforward**
limited	limited	low	**low complexity**
multiple	moderate	moderate	**moderate complexity**
extensive	extensive	high	**high complexity**

Coding Terminology

- **<u>Up coding</u>**

- **<u>Down coding</u>**

Reminders to Avoid Non Payment

- Contact your Payers between now and January 1, 2013!!!!
  - Review contracts with commercial Payers and Medicaid
    - Verify status of new codes….
    - Ask if new authorizations will be needed or will there be a crosswalk in place
  - Learn how to select and properly document E/M codes if now reporting
  - Purchase a 2013 edition of the AMA CPT manual
    - www.amabookstore.com

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Resources

- Evaluation and Management Center

https://www.novitas-solutions.com/em/index.html

- FAQs

https://www.novitas-solutions.com/faq/partb/pet/lpet-evaluation_management_services.html

- Evaluation and Management Reimbursement Information

http://www.aacap.org/cs/business_of_practice/reimbursement_for_practitioners

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