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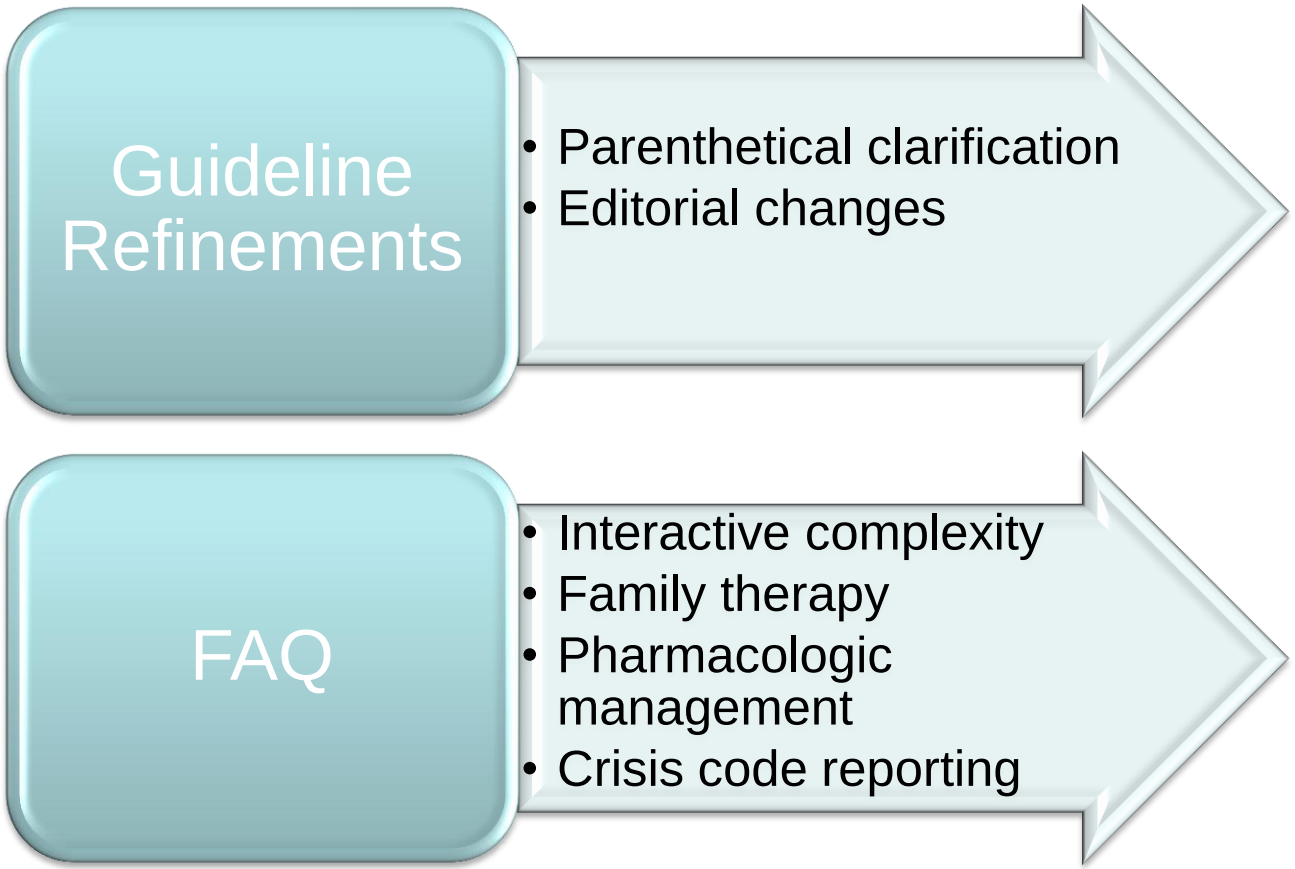
Psychiatry Changes 2014



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Parenthetical Clarifications

90837 Psychotherapy, 60 minutes with patient and/or family member

►(Use the appropriate prolonged services code [99354, 99355, 99356, 99357] for psychotherapy service s not performed with an E/M service of 90 minutes or longer face-to-face with patient)◄

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Psychotherapy

+90838Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

(Use 90838 in conjunction with 99201-99255,99304-99337, 99341-99350)

(~~Use the appropriate prolonged services code [99354-99357] for psychotherapy service s not performed with an E/M service of 68 minutes or longer face-to face with patient)~~

(Use 90785 in conjunction with 90832, 90833, 90834,90836, 90837, 90838 when psychotherapy includes interactive complexity services)

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Is This What You Mean by “Interactive Complexity”?

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Frequently Asked Questions

What is interactive complexity, and when is it reported?

When psychiatric services are made more complex, interactive complexity may be reported. Complexity must be due to one of four specific communication factors:

- maladaptive communication among visit participants,
- interference from caregiver emotions or behavior,
- disclosure and discussion of a sentinel event, or
- language difficulties.

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Frequently Asked Questions

When is the crisis code used?

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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Frequently Asked Questions

What is counted toward the time spent during psychotherapy for crisis?

Codes 90839, *Psychotherapy for crisis; first 60 minutes*, 90840, *Psychotherapy for crisis; each additional 30minutes (list separately in addition to code for primary service)* are used to report the total duration of time face-to-face with the patient and/or family spent by the physician or other qualified health care professional providing psychotherapy for crisis, even if the time spent on that date is not continuous.

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Frequently Asked Questions

For any given period of time spent providing psychotherapy for crisis state, the physician or other qualified health care professional must devote his or her full attention to the patient and, therefore, cannot provide services to any other patient during the same time period. The patient must be present for all or some of the service. Do not report with 90791 or 90792.

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Frequently Asked Questions

Who can report add-on code 90863?

Add-on code 90863, *Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure),* was created for medication management when provided on the same day as psychotherapy by qualified health care professionals who may not report E/M codes (ie, psychologists licensed to prescribe).

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Frequently Asked Questions

What is the difference between psychotherapy with patient and/or family and family therapy?

Each psychotherapy code describes time as time spent with the patient and/or family. This allows for the participation of others in the psychotherapy session for the patient as long as the patient remains the focus of the intervention. The patient must be present for a significant portion of the session.

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Frequently Asked Questions

Psychotherapy differs from family psychotherapy (90846, 90847), which uses family psychotherapy techniques to benefit the patient (eg, attempting to improve family communication or alter family interactions that negatively affect the patient, or encouraging interactions to improve family functioning). Family psychotherapy includes sessions with the entire family as well as sessions that may not include the patient.

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Frequently Asked Questions

When would codes 90791 and 90792 be reported more than once?

Codes 90791, *Psychiatric diagnostic evaluation*, and 90792, *Psychiatric diagnostic evaluation with medical services*, may be reported again on subsequent days if separate diagnostic evaluations are done with the patient and other informants (eg, family members, caregivers) but not on the same day when an evaluation and management service is performed by the same individual for the same patient.

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New Coder Enforcement Tools

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Is it Time to Play “E/M + Psychotherapy”

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Frequently Asked Questions

How is an E/M and Psychotherapy reported when performed on the same day?

When psychotherapy is provided on the same day as an E/M service, report add-on codes 90833 (30 minutes), 90836 (45 minutes), or 90838 (60 minutes) for psychotherapy to indicate that both services were provided. In those instances, the appropriate E/M code is selected on the basis of the level of work (ie, “key components,” which include history, examination, and medical decision making) and not on the basis of time. The time spent providing the medical E/M service should not be included when selecting the timed psychotherapy code.

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Frequently Asked Questions

The CPT Add On Rule applies:

- 30 minute psychotherapy codes (90832 and +90833) can be used starting at **16 minutes**
- 45 minute psychotherapy codes (90834 and +90836) can be used starting at **38 minutes**
- 60 minute psychotherapy codes (90837 and +90838) can start to be used at **53 minutes**

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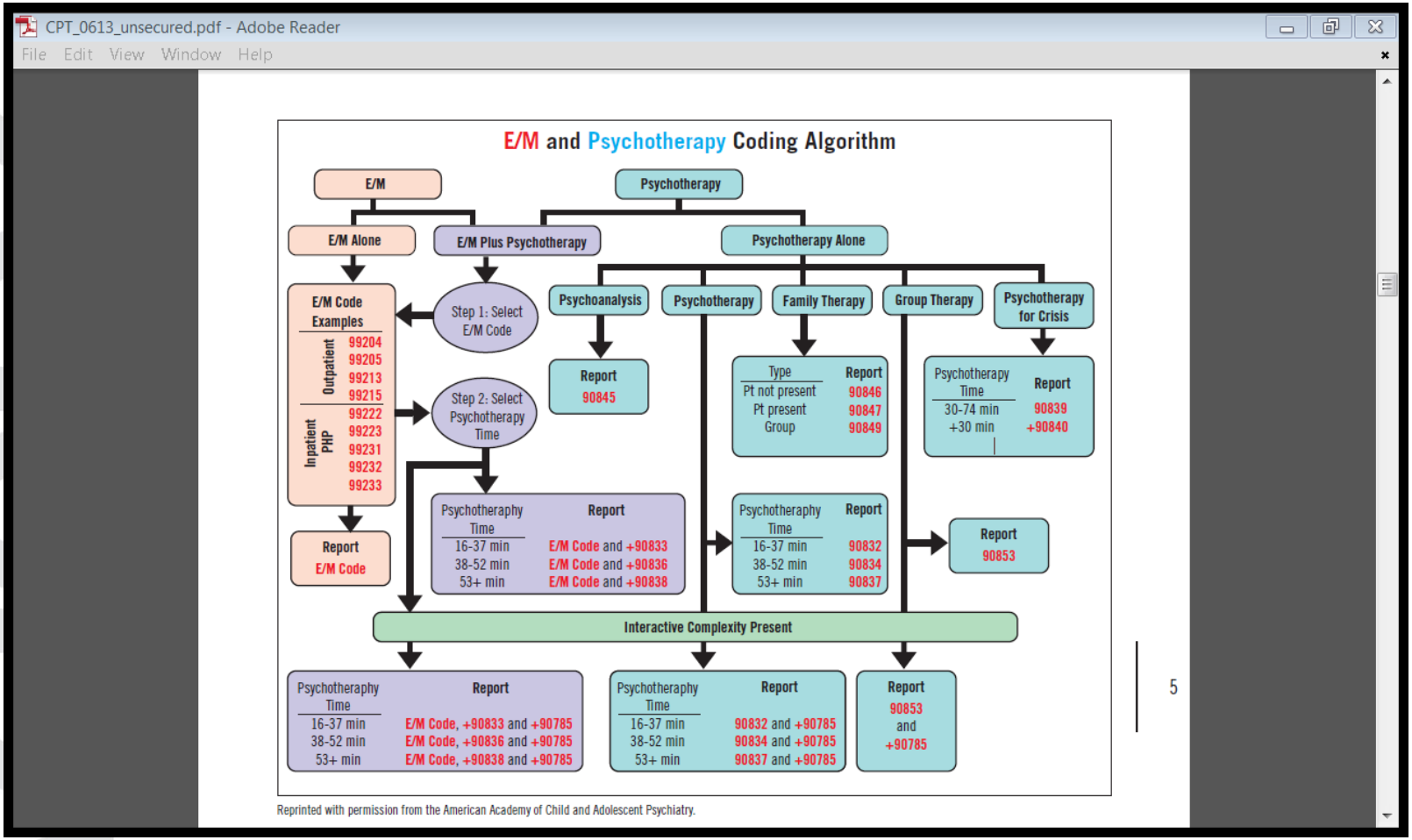
E/M and Psychotherapy Coding Algorithm



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Let’s Dive Deep into Some Examples

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All Examples Taken From CPT Appendix C

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99213 Example

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Patient: Sally Jones **MR:** 00098765

Date: November 12, 2013

Time: 12:30pm

CC: 27-year old female seen for follow up visit for depression and anxiety. Visit attended by patient.

HPI: Difficulty at work but coping has been good. Minimal situational sadness and anxiety when stressed.

ROS: Psychiatric: no sadness, anxiety, irritability

Exam: Appearance: appropriate dress, appears stated age; Speech: normal rate and tone; Thought Content: No SI/HI or psychotic symptoms; Associations: intact; Orientation: X3; Mood and Affect: euthymic and full and appropriate; Judgment and Insight: good

Assessment and Plan:

Problem #1: Depression

Comment: Stable
Plan: Renew SSRI script at same dose;
Return visit in 3 months

Problem #2: Anxiety
Comment: Stable
Plan: Same dose of SSRI

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99213	***Office visit for a 27-year-old female, established patient, with stable depression and anxiety. Intermittent moderate stress.***	
HISTORY	CC: 27-year-old female seen for follow up visit for depression and anxiety. Visit attended by patient. HPI: Difficulty at work but coping has been good. Minimal (severity) situational sadness (quality) and anxiety when stressed (context). **HPI scoring**: 3 elements = *Brief* PFSH: N/A ROS: Psychiatric: no sadness, anxiety, irritability **ROS scoring**: 1 system = *Problem-pertinent*	**HISTORY:** *Expanded Problem Focused*
EXAM	Const: Appearance: appropriate dress, appears stated age MS: N/A Psych: Speech: normal rate and tone; Thought content: no SI/HI or psychotic symptoms; Associations: intact; Orientation: x 3; Mood and affect: euthymic and full and appropriate; Judgment and insight: good **Examination scoring**: 7 elements = *Expanded problem-focused*	**EXAM:** *Exp. Problem Focused*
MEDICAL DECISION MAKING	**Problem 1**: Depression **Comment**: Stable **Plan**: Renew SSRI script at the same dose; Return visit in 3 months **Problem 2**: Anxiety **Comment**: Stable **Plan**: Same dose of SSRI Prob: **Problem scoring**: 2 established problems, stable (1 for each = 2); total of 2 = *Limited* Data: **Data scoring**: None = *Minimal* Risk: **Risk scoring**: Two stable chronic illnesses; and Prescription drug management = *Moderate*	**MEDICAL DECISION MAKING:** *Low Complexity*

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99214 Example

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Patient: Robert Smith MR: 00023456

Date: November 12, 2013 Time: 1:45pm

CC: 13-year old male seen for follow up visit for mood and behavior problems. Visit attended by patient and father; history obtained from both.

HPI: Patient and father report increasing, moderate sadness that seems to be present only at home and tends to be associated with yelling and punching the walls at greater frequency, at least once per week, when patient frustrated. Anxiety has been improving and intermittent, with no evident trigger.

SH: Attending eighth grade without problem; fair grades

ROS: Psychiatric: no problems with sleep or attention ;Neurological: no headaches

Exam: Appearance: appropriate dress, appears stated age; Speech: normal rate and tone; Thought Process: logical; Associations: intact; Thought Content: no SI/HI or psychotic symptoms; Orientation: x3; Attention and Concentration: good; Mood and affect: euthymic and full and appropriate; Judgment and Insight: good

Assessment and Plan:

Problem #1: depression
Comment: worsening; appears associated with lack of structure
Plan: increase dose of SSRIs; write script; CBT therapy; return visit in two weeks

Problem #2: anxiety
Comment: improving
Plan: patient to work on identifying context in therapy

Problem #3: anger outbursts
Comment: worsening; related to depression but may represent new dysregulation
Plan: consider a mood stabilizing medication if no improvement in 1-2 months

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99214	***Office visit for a 13-year-old male, established patient, with depression, anxiety, and anger outbursts.***	
HISTORY	CC: 13-year-old male seen for follow up visit for mood and behavior problems. Visit attended by patient and father; history obtained from both. HPI: Patient and father report increasing (timing), moderate (severity) sadness (quality) that seems to be present only at home (context) and tends to be associated with yelling and punching the walls (associated signs and symptoms) at greater frequency, at least once per week when patient frustrated. Anxiety has been improving and intermittent, with no evident trigger (modifying factors). **HPI scoring**: 6 elements = *Extended* PFSH: Attending 8th grade without problem; fair grades **PFSH scoring**: 1 element: social = *Pertinent* ROS: Psychiatric: no problems with sleep or attention; Neurological: no headaches **ROS scoring**: 2 systems = *Extended*	**HISTORY:** *Detailed*
EXAM	Const: Appearance: appropriate dress, appears stated age MS: N/A Psych: Speech: normal rate and tone; Thought process: logical; Associations: intact; Thought content: no SI/HI or psychotic symptoms; Orientation: x 3; Attention and concentration: good; Mood and affect: euthymic and full and appropriate ; Judgment and insight: good **Examination scoring**: 9 elements = *Detailed*	**EXAM:** *Detailed*
MEDICAL DECISION MAKING	**Problem 1**: Depression **Comment**: Worsening; appears associated with lack of structure **Plan**: Increase dose of SSRI; write script; CBT therapist; Return visit in 2 weeks **Problem 2**: Anxiety **Comment**: Improving **Plan**: Patient to work with therapist on identifying context **Problem 3**: Anger outbursts **Comment**: Worsening; related to depression but may represent , mood dysregulation **Plan**: Call therapist to obtain additional history; consider a mood stabilizing medication if no improvement in 1-2 months Prob: **Problem scoring**: 2 established problems, worsening (2 for each problem = 4); 1 established problem, improving (1); total of 5 = *Extensive* Data: **Data scoring**: Obtain history from other (2); Decision to obtain history from other (1); total of 3 = *Multiple* Risk: **Risk scoring**: One or more chronic illnesses with mild exacerbation, progression; and Prescription drug management = *Moderate*	**MEDICAL DECISION MAKING:** *Moderate Complexity*

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99214 Example: E/M + Psychotherapy Add On

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Patient: Robert Smith MR: 00023456

Date: November 12, 2013 Time: 1:45pm

CC: 13-year old male seen for follow up visit for mood and behavior problems. Visit attended by patient and father; history obtained from both.

HPI: Patient and father report increasing, moderate sadness that seems to be present only at home and tends to be associated with yelling and punching the walls at greater frequency, at least once per week, when patient frustrated. Anxiety has been improving and intermittent, with no evident trigger.

SH: Attending eighth grade without problem; fair grades

ROS: Psychiatric: no problems with sleep or attention ;Neurological: no headaches

Exam: Appearance: appropriate dress, appears stated age; Speech: normal rate and tone; Thought Process: logical; Associations: intact; Thought Content: no SI/HI or psychotic symptoms; Orientation: x3; Attention and Concentration: good; Mood and affect: euthymic and full and appropriate; Judgment and Insight: good

Assessment and Plan:
Problem #1: depression
Comment: worsening; appears associated with lack of structure
Plan: increase dose of SSRIs; write script; CBT therapy; return visit in two weeks

Problem #2: anxiety
Comment: improving
Plan: patient to work on identifying context in therapy

Problem #3: anger outbursts
Comment: worsening; related to depression but may represent new dysregulation
Plan: consider a mood stabilizing medication if no improvement in 1-2 months

Psychotherapy – approx.. 20 minutes
Type: CBT
Focus: reviewed prior plan and walked through steps to take when he first notices mood getting worse. Identified context for anxiety and developed plan. Provided workbook to complete and bring to next session.

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Telepsychiatry

- Inpatient –
  - Can't use E/M Inpatient Subsequent (99231-99233) more than once every 3 days, New code replaces 90862 – HCPCS Code **G0459** - "Inpatient telehealth, pharmacologic management, including prescription use and review of medication with no more than minimal psychotherapy"
  - For initial evaluations can use 90791, 90792

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Wishing You “Fair Winds and Smooth Sailing”

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