THE NEW PSYCHOTHERAPY CPT CODES

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Acknowledgments: Organizations

- North Carolina Psychological Association
- American Psychological Association (APA) Practice Directorate (PD)
- American Medical Association (AMA) CPT Staff
- National Academy of Neuropsychology (NAN)
- Division of Clinical Neuropsychology of APA (40)
- Center for Medicare & Medicaid Services (CMS) Medical Policy Staff- Medicare
- National Academies of Practice (NAP)

(presented in chronological order of engagement of support for the work outlined)

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- **NAN**: PAIC Former and Present Committee
- **NAP**: Marie DiCowden
- **National Psychologist**: Paula Hartman-Stein
- **Other**: ***James Georgoulakis, Neil Pliskin***, Pat DeLeon
  - *(highly instrumental in recent CPT activities)*

Support Provided

- **AMA = AMA pays travel and lodging for AMA CPT activities 2009-present (*no salary, stipend and/or honorarium; stringent conflict of interest and confidentiality guidelines*)**
- **APA = Expenses paid for travel (airfare & lodging) associated with *past* CPT activities (*no salary, stipend and/or honorarium historically nor at present*)**
- **NAN = (from PAIO budget) Supported UNCW activities (*no salary/ honorarium obtained from stipend/paid to the university directly; conflict of interest guidelines adhered to) from 2002-2009***
- **UNCW = University salary & time away from university duties (e.g., teaching) plus incidental support such as copying, mailing, telephone calls, and secretarial/limited work-study student assistance**

Summary = CPT activities, travel/lodging support but no salary/stipend. Any monies obtained, such as honoraria for presentations, are diverted to the UNCW Department of Psychology for graduate psychology student training. No funds are used to supplement the salary or income of AEP.

Personal Background (1988 – present)

- North Carolina Psychological Association (e)
- *NAN's Professional Affairs & Information Committee (a); Division 40 Practice Committee (a)*
- *National Academy of Practice (e)*
- APA's Policy & Planning Board; Div. 40; Committee for Psychological Tests & Assessments (e)
- *Consultant with the North Carolina Medicaid Office; North Carolina Blue Cross/Blue Shield (a)*
- Health Care Finance Administration's Working Group for Mental Health Policy (a)
- Center for Medicare/Medicaid Services' Medicare Coverage Advisory Committee (fa)
- American Medical Association's Current Procedural Terminology Committee Advisory Panel – HCPAC (IV/V) (a)
- *American Medical Association's Current Procedural Terminology – Editorial Panel (*e; rotating and permanent seat/second term*)*
- *Joint Committee for Standards for Educational and Psychological Tests* (a)

legend; a = appointment, fa = federal appointment, e = election; *italics implies current appointment/elected position*

Standards & Guidelines for the Practice of Psychology

- APA Ethics Code (2002)
- HIPAA and other federal regulations
- State or Province License Regulations
- Contractual Agreements with Third Parties
- Professional Standards (e.g., Standards for Educational and Psychological Tests, 1999; in revision)

Medicare: Local Review

- Medical Review Policy
  - National Policy Sets Overall Model
  - Local Coverage Determination (LCD) Sets Local/Regional Policy-
    - More restrictive than national policy
    - Over-rides national policy
    - Changes frequently without warning or publicity
    - Applies to Medicare and private payers
    - Information best found on respective web pages

CPT: Copyright

- CPT is Copyrighted by the American Medical Association
- CPT Manuals May be Ordered from the AMA at 1.800.621.8335

What Is a CPT Code?

- A Coding System Developed by AMA in Conjunction with CMS to Describe Professional Health Services
- Each Code has a Specific Five Digit Number and Description as well as a Reimbursable Value
- Professional Health Service Provided Across the Country at Multiple Locations
- Many “Physicians” or “Qualified Health Professional” Perform Services
- Clinical Efficacy is Established and Documented in Peer-Reviewed Scientific/Professional Literature
- Regulatory and Royalty Based

CPT: Background

- American Medical Association
  - Developed by Surgeons (& Physicians) in 1966 for Billing Purposes
  - 8,000+ Discrete Codes
  - CPT Meets a Minimum of 3 Times/Year
- Center for Medicare & Medicaid Services
  - AMA Under License by CMS
  - CMS Now Provides Active Input into CPT
  - It is Regulatory and Would Take Congressional Action to Change

CPT & Providers

(*Corrections Document- CPT 2012; front matter*)

- "It is important to recognize that the listing of a service or procedure of this book (i.e., CPT) does not restrict is use to a specific specialty".
- "A "physician or other qualified health professional" in an individual who is qualified by education, training, licensure/regulation(when applicable) and facility privileging (when applicable) who performs a professional service within his/her score of practice and independently reports that professional service."

CPT & Clinical Staff

(*Corrections Document- CPT 2012; front matter*)

- "A clinical staff member is a person who under the supervision of a physician or other qualified healthcare professional and who is allowed by law, regulation and facility to perform or asset in the performance of a specific professional service, but who does not individually report that professional service."

CPT: Rationale

- History
  - Outgrowth of the development of Medicare system in mid 1960s
- Purpose
  - Provide a uniform system for all health care procedures
  - Developed, approved and used by all health care professionals and third party carriers (including Medicare/Medicaid)

Anatomy of a CPT Code

- Number (5 digits)
- Inclusion Criteria
- Exclusion Criteria
- Reference
- Description (2-3 lines)

CPT: Composition

- AMA House of Delegates
  - 109 Medical Specialties
- HCPAC
  - 11 Allied Health Societies (e.g., APA)
- CPT Editorial Panel
  - 17 Voting Members
    - 11 Appointed by AMA Board
    - 1 each from BC/BS, AHA, HIAA, CMS
    - 2 Voted on by HCPAC
      - Physician's Assistant
      - Psychologist (AEP)

CPT: Theory

- Order of Value - Personnel
  - Surgeons, Physicians, Doctorate Level Allied Health, Non-Doctorate Level Allied Health
- Order of Value - Costs
  - Cognitive Work, Expense, Malpractice
  - X a Geographic Location Factor
  - X a Conversion Factor Set by Congress Yearly

CPT: Categories

- Current System = CPT 5; 2008 Version
- Categories
  - I= Standard Coding for Professional Services
    - Codes of interest
  - II = Performance Measurement
    - Emerging strongly; will be the future of CPT
  - III = Emerging Technology
    - New technology and procedures

CPT: Code Book

- Basic Information = Codes
- Appendices
  - A = Modifiers
  - B = Additions, Deletions and Revisions
  - C = Clinical Examples (Vignettes)
  - D = Add-on Codes
  - H = Performance Measures by Clinical Condition or Topic

CPT: Abbreviated Glossary

- **CPT**
  - Current Procedure Terminology = professional service code
- **Qualified Health Professional**
  - The person who has the contract with the insurance carrier
  - Defined by training (e.g., see Division 40, NAN % APA statements), state (e.g., licensing boards) and federal statutes/laws/regulations (e.g., Medicare)
  - May not include Master's level Associates
- **Technician**
  - Anybody else
- **Facility vs. Non-facility**
  - Non-facility = all settings other than a hospital or skilled nursing facility
- **Units**
  - Time based factor which is applied as a multiplier to the RVUs agreed to by AMA CPT and CMS
- **Face-to-face**
  - In front of the patient

CPT: Development of a Code

- Initial
  - Health Care Advisory Committee (non-MDs)
- Primary
  - CPT Work Group (selected organizations)
  - CPT Panel (all specialties)
- Likelihood
  - HCPAC = 72% of codes submitted are approved
- Time Frame
  - 2 to 12 years

CPT:

CNS Assessment Codes Timetable: An Example of Time from Idea to Reality

- Activity x Date
  - Codes Without Cognitive Work Obtained, 1994
  - Ongoing Discussions with CMS About Lack of Work Value, 1995-2000
  - Request by CMS/AMA to Obtain Work Value, approximately 2000
  - Initial Request for Practice Expense by APA, Summer, 2002
  - APA Appeared Before AMA RUC, September, 2003
  - Initial Decision by AMA CPT Panel, November 7, 2004
  - Call for Other Societies to Participate, November 19, 2004
  - Final Decision by AMA CPT Panel, December 1, 2004
  - Submission of CPT Codes to AMA RUC Committee immediately thereafter
  - Review by AMA RUC Research Subcommittee in January, 2005
  - Review by AMA RUC Panel in February 3-6, 2005
  - Survey of Codes, second & third week of February, 2005
  - Analysis of Surveys, March, 2005
  - Presentation to RUC Committee in April, 2005
  - Inclusion in the 2006 Physician Fee Schedule on January 1, 2006
  - Meeting with CMS, April 24, 2006
  - CMS Transmittal and NCCI Edits published September, 2006
  - AMA CPT Assistant articles published November, 2006
  - AMA CPT Assistant Q & A published December, 2007
  - Presentation to AMA CPT Panel February 9, 2007
  - Presentation to CMS a series of Q and As July, 2007
  - Acceptance and publication of new CPT testing code language, October, 2008
  - Initial acceptance of clarification of testing codes by CMS, October, 2008
  - Continued involvement in the explanation of their use (e.g., AMA CPT presentation, October, 2010)
  - Working on compliance officers interpretation of simultaneous use of professional and technical codes
  - Now contemplating on the possibility of a new code for interpretation

Category I Codes

- Clinical recognized
- Scientifically validated
- National in scope

Levels of Evidence

- Ia-Evidence obtained from meta-analysis of randomized controlled trials
- Ib- Evidence obtained from at least one randomized controlled trial
- IIa-Evidence obtained from at least one well-designed controlled study without randomization
- IIb-Evidence obtained from at least one other type of well-designed quasi-experimental study
- III- Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies and case control studies
- IV- Evidence obtained from expert committee reports or opinions and/or clinical experience of respected authorities
- V -Evidence obtained from case reports or case series

(based on AHCPR 1992)

Category II Codes: Introduction

- Performance Codes
- Pre-cursor to Pay for Performance/Quality
- Initially Starts with Documentation
- Will Evolve into Performance and not Service as the Determination of Payment
- At present- Depression is primary focus
- (COULD END WITH ELECTRONIC RECORDS)

Primarily developed by the Performance Measures Advisory Group (2001)

Category II: Information

- Developers

-National Committee for Quality Assurance

-Quality Improvement Organizations

-Physicians Quality Reporting Initiative (CMS)

-Physician Consortium for Performance Improvement (AMA)

(Note: US is last of 7 countries that use performance measures)

Category II: Direction

- Specialty Society Driven
- Defining the Work Group (due to some of the organizations have not continued)
- May End with Electronic Health Records

Elements for Category II Measures

- Denominator
  - Applicable population
- Numerator
  - Segment of population in compliance with measure
- Exclusions
  - Segment of population not in compliance with measure

Category III Codes
(CPT Assistant, May 2009)

- Temporary Codes for emerging technology, services and procedures
- Intended to eliminate local codes and get those codes to eventually become part of the CPT system (but may produce $)
- Conversion may be requested by a society or by CPT
- 10 year history of Category III

Shifting Codes

- When a significant disruption of service occurs, a new service is then coded.
- Assumption is that the professional would not return relatively soon to the original service that was started.
- A continuous service is then broadly defined as the total number of units completed during the provision of that service.

CPT: Applicable Codes

- Total Possible Codes = Approximately 7,500
- Possible Codes for Psychology = Approximately 60
- Sections = Five Primary Separate Sections
  - ***Psychiatry (e.g., mental health)***
  - Biofeedback
  - Central Nervous System Assessment (testing)
  - Physical Medicine & Rehabilitation
  - Health & Behavior Assessment & Management
  - Team Conference
  - Evaluation and Management

Three Types of Codes

- ***Psychiatric/Mental Health***
- Neuropsychological
- Health and Behavior
- Miscellaneous

Which Code to Use

- Use the code that reflects mostly (over 50% of the time) the activity that has been completed
- Do not use a code that is most highly reimbursed if that is not what was done
- Match the code to the diagnosis(es)

Changes in Psychiatric Codes

- Codes described in large set #48-62 are in effect until 12.31.12
- New codes described in slides go into effect on 01.01.13
- No grace period for this change
- Note that some companies (e.g., BCBS of RI) did not make those changes early on

Psychiatry: Interviewing (no longer use)

- Psychiatry Interviewing
  - ***90801***
  - ***One time per illness incident or bout***
  - ***Un-timed (est. @ approximately 1.5 hours but assumes a nurse completing a 45' interview)***
  - ***Comprehensive analysis of records, observations as well as structured and/or unstructured clinical interview***
  - ***Includes mental status, history, presenting complaints, impression, disposition***

Psychiatry: Interactive Interviewing

- Interviewing
  - 90802
  - As 90801 but could be used with;
    - ***Children***
    - ***Difficult to communicate patients***
      - ***Professional may us physical aids and/or interpreter***

Psychiatry: Interview Information

- ***Mental Health History***
  - ***Chief Complaint***
  - ***History of Present Illness***
- ***General History***
  - ***Family***
  - ***Personal***
  - ***Sexual***
  - ***Medical***

Interview Information/Materials

- General Appearance
- Attitude Towards Examiner
- Speech and Stream of Talk
- Emotional Reaction and mood
- Perception
- Thought Content
- Cognition

Psychiatric Interviewing (***CPT Assistant***, March 2010, Volume *20*, #3, 6-8)

- ***Basic Aspects***
  - ***Medical History***
  - ***Psychiatric History***
  - ***Mental Status***
    - ***Appearance***
    - ***Attitude***
    - ***Mental state***
    - ***Overall behavior***
  - ***Disposition***

Psychiatric Interviewing (***CPT Assistant***, March 2010, Volume *20*, #3, 6-8)

- Additional Information
  - May include collateral communication
  - May include information in lieu of patient
  - Extend of mental status depends on condition
- Interactive Interviewing
  - May include physical aids
  - Non-verbal aids
  - Language or sign interpreter

Psychiatric: Intervention

- Outpatient Therapy
  - 20 minutes = ***90804***
  - 45-50 minutes = ***90806****
  - 80-90 minutes = ***90808***

** = most typical service*

Psychiatry: Intervention

- Inpatient Intervention
  - 20 minutes = ***90816***
  - 45-50 minutes = ***90818****
  - 80-90 minutes = ***90820***

** Most typical service*

Psychiatry: Interactive Intervention

- ***90810-90815***
- ***90823-90829***
- Similar Principles as Interactive Interviewing Apply

Psychiatry: Intervention Information

AMA CPT Workbook, 2007

- "Psychotherapy is the treatment for mental illness and behavioral disturbances in which the clinician establishes a professional contact with the patient related to the resolving of the dynamics of the patient's problems and, through the definitive therapeutic communication, attempts to alleviate, the emotional disturbance, reverse or change maladaptive patterns of behavior and encourage e personality growth an development."

Psychiatry: Intervention Variables

- Location of Service
- ***Time Spent (face to face)***
- ***Specific Time are Included Indicating the "Approximate" Time Spent***

Psychiatry: Group Psychotherapy

- Family Psychotherapy- ***90846-49***
- Multiple Family Psychotherapy – ***90849*** (once per family)
- Non-Family Group Psychotherapy – ***90853*** (per patient in group)
- Interactive – ***90857***

(NOTE: each individual is billed individually and separate notes are formulated)

Psychiatric Therapeutic Procedures (***CPT Assistant***, 03.10, *20*, #3, 6-8)

- "Psychotherapy is the treatment for mental illness and behavioral disturbances in which the clinician establishes a professional contract with the patient, and through definitive therapeutic communication, attempts to alleviate emotional disturbances, reverse or change maladaptive patterns of behavior and encourage personality growth and development."

Psychotherapy- Incident to

- Incident to may be feasible assuming the psychologist provides direction and is regularly (undefined) involved in the care of the patient.
- Medicare Administrative Contractors have placed limitations on who can provide these services but the prior ban appears to have been lifted.
- Should check specific MAC guidelines as well as state licensing guidelines (e.g., Georgia).

Psychotherapy

- Effective 01.01.2013
- Expect Extensive Changes to:
  - Psychiatric Interviewing (diagnosis)
  - Psychotherapy codes (intervention)
  - More granular
  - Sensitive to;
    - Time
    - Intensity
    - Type of service

Psychotherapy: History of Current Codes

- Mandated by CMS Five Year Review
- Developed by;
  - *CPT Panel* Planning Psychological and Psychiatric Services (Psychotherapy) Workgroup 2010-11; Puente as one of five members
  - CPT Advisor Workgroup Psychological and Psychiatric Services (Psychotherapy) Workgroup; 2011-12; Neil Pliskin and APA Representatives as members; Puente as an observer (consensus based)

    Included;

    Nursing
    Psychiatrists
    Psychologists
    Social Workers
  - APA Internal Psychotherapy Workgroup; 2011-2012 (led by Randy Phelps)

(note: some overlap between the planning and actual workgroup)

Difference In CPT Process

- RUC Recommendations and Input Received
- CPT Editorial Panel Planning & Workgroup Created
- Increased Viability and Accountability
- Unbiased (No Practice Affiliations or Outside Interests) CPT Editorial Workgroup Chairs Appointed
- Consensus Process including Workgroup Surveys
- Workgroup Members Representative from all key Medical Specialty and Professional Groups-Inclusive Vs. Exclusive

Representative Societies in Psychotherapy Workgroup

- American Academy of Child and Adolescent Psychiatry
- American Academy of Pediatrics
- American Nurses Association
- American Psychiatric Association
- American Psychiatric Nurses Association
- American Psychological Association
- National Association of Social Workers

(led by a podiatrist and physician's assistant)

Psychotherapy: History (cont.)

- Last Major Revision
  - 27 New Codes
  - 9 Code Revisions
  - 8 Code Deletions Total = 44
- Current Revision
  - 11 New Codes
  - 4 Code Revisions
  - 27 Code Deletions Total = 42

Psychotherapy: CPT Panel Action

- CPT Panel accepted in 02.2012:

  1)establishment of code for pharmacologic management with concurrent deletion of code 90862;

  2) revision of Psychiatry guidelines;

  3) addition of code ***90785*** for interactive complexity;

  4) deletion of codes ***90804-90809, 90810-90815, 90816-90822, 90823-90829, 90857***;

  5) addition of codes ***90832, 90833, 90834, 90836, 90837, 90838, 90839,*** and ***90840*** for psychotherapy; and,

  6) revision of codes ***90875, 90876***

Brief Summary of Changes in Psychotherapy Codes

- Psychiatric Diagnostic Interviewing Changed
- Most Frequently Used Psychotherapy Codes Changed
- Two Major Changes
  - Time
  - Intensity

(documentation suggestions in the psychiatric interviewing and psychotherapy codes are in italics)

Time & Intensity in Psychotherapy

- Time
  - 30 Minutes
  - 45 Minutes
  - 60 Minutes
  - TBD- 90 Minutes
- Intensity
  - Standard
  - Interactive
  - Crisis

Psychiatric Diagnostic Interviewing Paradigm

Intensity
Standard Complexity
Interactive Complexity

Psychiatric Interviewing I

- Use ***90791*** to report psychiatric diagnostic evaluation, 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.
- Replaces 90801.

Psychiatric Interviewing II

90791

- *History and Mental Status*
- *Review and Order of Diagnostic Studies as needed*
- *Recommendations (including communication with family or other sources)*

90792

- Examination (CMS psychiatric specialty examination)
- Prescription of Medications when appropriate
- Ordering of Laboratory Tests as needed

Psychiatric Interviewing III

- Codes ***90791*** and ***90992*** are used for diagnostic assessment(s) or reassessment(s), if required, and do not include psychotherapy services.

- Psychotherapy services (***90832 - 90838***), including for crisis (***90839, 90840***), may not be reported on the same day as ***90791*** or ***90792*** .

Psychiatric Interviewing: IV

- Re-assessments are permitted
- Report more than once when separate interviews are conducted with the patient and informant(s)
- Do not report with psychotherapy (and crisis codes)

Psychotherapy Paradigm

TYPE of PSYCHOTHERAPY		TIME of PSYCHOTHERAPY	
	Brief	*Regular*	*Extended*
Standard	30’	45’	60’
Interactive	30’	45’	60’
Crisis	30-74’	add for every additional 30’	undefined

Psychotherapy: Defined I

- The new psychotherapy codes will be used in all settings
  - There will no longer be separate inpatient and outpatient codes
- There will no longer be codes for interactive psychotherapy
  - Instead there is a new add-on code for interactive complexity ***90785***

Psychotherapy: Defined II

- The psychotherapy service codes ***90832-90837*** include ongoing assessment and adjustment of psychotherapeutic interventions, and may include involvement of family member(s) or others in the treatment process. The patient must be present for all or some of the service.
- For family psychotherapy without the patient present, use code ***90846*** (this code did not change).

Psychotherapy Codes: Time I

- Codes ***90832-90838***describe time-based face-to-face services with the family ***and/or*** patient, with times of 30, 45, and 60 minutes.
- The choice of code is based on the one that is closest to the actual time. In the case of the 30 minute codes, the actual time must have at least crossed the midpoint (16 minutes).
- Psychotherapy is never less than 16 minutes.

Psychotherapy: Time II

- **90832** or **90833- e/m** (30 minutes) for actual psychotherapy time of 16-37 minutes
- **90834** or **90836- e/m** (45 minutes) for actual time of 38-52 minutes
- **90837** or **90838- e/m** (60 minutes) for actual time of 53 minutes or more.

Psychotherapy- Time II

- 30 minutes = 16-37 mins.
- 45 minutes = 38-52 mins.
- 60 minutes = 53 + mins.
- 90 minutes =
  - to be determined for code and time
  - For now, use 60 minute code plus 22 modifier
  - Note that one carrier has accepted prolonged E & M service

Psychotherapy: III

- Site of Service is No Longer Recorded
- May Include Face-to-Face Time with Family Members as Long as Patient is Present for ***Part*** of the Session
- Intra-service Time includes;
  - *Objective Information*
  - *Interval History*
  - *Examination of Symptoms, Feelings, Thoughts and Behaviors*
  - *Mental Status Changes*
  - *Current Stressors*
  - *Coping Style*
  - *Application of a Range of Psychotherapies*

Psychotherapy: IV

- Use 90837 in Conjunction with the Appropriate Prolonged Service Code (99354-99357) for face-to-face Psychotherapy Services with the Patient of 90 minutes or longer)

(tip = current prolonged services codes are E & M and thus not *typicallly* reimbursable for non-physicians)

Psychotherapy: Interactive Complexity I

- Interactive complexity, reported with add-on code ***90785***, refers to specific communication factors that complicate the delivery of certain psychiatric procedures (***90791, 90792, 90832 - 90838, 90853***).

(tip= significant complicating factor)

Psychotherapy: Interactive Complexity II

- To report ***90785*** at least one of the following factors must be present:
  - Maladaptive communication that interfere with the ability to assist in the treatment plan (e.g., high anxiety)
  - The need to manage maladaptive communication among participants that complicates delivery of care (e.g., translator, interpreter, play equipment, device)
  - Evidence or disclosure of a sentinel event and mandated 3rd party report with discussion of event/report with patient, other participants (e.g., abuse/neglect)
  - The use of play equipment, devices, interpreters and/or translators to assist with inadequate communication abilities on part of the patient

(tip = time is determined by original base code)

Psychotherapy: Crisis (I)

- Psychotherapy provided to a patient in a crisis state is reported using codes ***90839*** and ***90840***
- Codes ***90839*** and ***90840*** may not be reported in addition to a psychotherapy code (***90832 – 90838***) nor with psychiatric diagnostic, interactive complexity or any other code in the psychiatry section

Psychotherapy: Crisis (II)

- The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, with implementation of psychotherapeutic interventions to minimize the potential for psychological trauma.
- The service may be reported even if the time spent on that date is not continuous.
- However, for the time reported providing psychotherapy for crisis, 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 that time period.
- The patient must be present for all or some of the service.
- Time does not have continuous within a date of service.

Psychotherapy: Crisis (III)

- Codes ***90839*** and ***90840*** are used to report the total duration of time spent face-to-face with the patient and/or family by the physician or other qualified healthcare professional providing psychotherapy related to crisis.
- The presenting problem is typically life threatening or complex and requires immediate attention to a patient in high distress.
- Psychotherapy for crisis involves an urgent assessment involving;
  - *a history of a crisis state,*
  - *mental status examination,*
  - *and disposition*.

Psychotherapy: Crisis (IV)

- Codes ***90839*** and ***90840*** are time-based codes.
- Code ***90839*** is reported only once for the first 30-74 minutes of psychotherapy for crisis on a given date, even if the time spent by the physician or other health care professional is not continuous.
- Add-on code ***90840*** is used to report additional block(s) of time of up to 30 minutes each beyond the first 74 minutes reported by ***90839*** (i.e., total of 75-104 minutes, 105-134 minutes, etc.).
- Crisis coding (90839) must be at least 30 minutes in duration. Otherwise code standard psychotherapy.

Psychotherapy: Family I

- The codes for family psychotherapy (***90846, 90847 and 90849***) are not changing in 2013.

- The focus of family psychotherapy is the family or subsystems within the family, e.g., the parental couple or the children, although the service is always provided for the benefit of the patient.

Psychotherapy: Family II

- Use code ***90846*** to report a service when the patient is not physically present.
- Use code ***90847*** to report a service that includes the patient some or all of the time. Couples therapy is reported with code 90847.
- Use code ***90849*** to report multiple-family group psychotherapy.

Psychotherapy: Family III

- Unchanged from 2012
- 90846- when patient is not present
- 90847- when patient is present (partial or otherwise)
- 90849- Multiple Family group
- 90853- Group Psychotherapy

Psychotherapy: Group I

- Code ***90785***, in conjunction with code ***90853***, is used to report group psychotherapy for a service that includes interactive complexity (e.g., use of play equipment or other physical aids necessary for therapeutic interaction).

- Interactive complexity services may be for all or just one or more patients in the group, and is only reported for the specific patient(s).

Psychotherapy: Group II

- Use code **90853** to report group psychotherapy. The interactive complexity add-on code **90785**, in conjunction with code **90853**, is used to report group psychotherapy for a service that includes interactive complexity (e.g., use of play equipment or other physical aids necessary for therapeutic interaction). In a particular group, interactive complexity services may be for all or just one or more specific patients, and is only reported for the appropriate patient(s).
- For multi family group psychotherapy, use code **90849** – see above.

Psychotherapy:
Psychopharmacologic Management I

- Code **90863** add on captures pharmacologic management, including prescription and review of medication, when performed with a psychotherapy service (physicians do not report this code)

- Based on the length of the psychotherapy session, report code **90832, 90834, or 90837** along with the **90863** add-on code

Psychotherapy:
Psychopharmacologic Management II

- For pharmacologic management with psychotherapy services performed by a physician or other qualified health care professional who may report Evaluation and Management codes, use the appropriate E/M codes (***99201-99255, 99281-99285, 99304-99337, 99341-99350***) with a psychotherapy add-on code (***90833, 90836, 90838***).

Psychotherapy: Non-Patient

- CPT codes describe time spent with the patient and/or family member (significant other).
- Medicare only pays for services provided to diagnose or treat a Medicare beneficiary.
- Obtaining information from relatives or significant others is appropriate in some circumstances, but *should not substitute for direct treatment of the beneficiary*.

(See Chapter 1, section 70.1 of the *Medicare National Coverage Determinations Manual*, Pub. 100-03 for discussion on caregivers; K. Bryant, CMS, undated)

Psychotherapy: RVUs

Code	Descriptor	RVU
90785	Interactive Complexity	0.11
90791	Psychiatric Diagnostic Int.	2.80
90832	Psychotherapy; 30 minutes	1.25
90834	Psychotherapy; 45 minutes	1.60
90838	Psychotherapy; 60 minutes	2.56
90839	Crisis Psy Rx; first 60 mins.	Carrier Priced (for now)
90840	Crisis Psy Rx: each 30 mins.	Carrier Priced (for now)
90863	Pharmacologic Mngmt.	CMS based (tbd)

Psychotherapy: Payment I

- page 69090 of the CY 2013 Medicare Physician Fee Schedule Final Rule with Comment Period (77 Fed. Reg. 68892 (Nov. 16, 2012)). http://www.gpo.gov/fdsys/pkg/FR-2012-11-16/pdf/2012-26900.pdf

Psychotherapy: Payment II

- CMS will not change the fees for the short term
- CMS will use a cross-walk for payment, 45 mins. = 45 mins.
- Unclear when they will use the RUC values (probably late 2013)
- Rough estimate – sometime in 2013

Psychotherapy: Payment IV
(from K. Bryant, AMA CPT Symposium, 11.2012)

- CMS needed to establish CY 2013 values for these new codes.
- Received recommendations on some of these new codes, but not all.
- General approach to valuing the new CPT codes was to maintain the current CPT code values, or adopt values that approximate the values for the current CPT codes after adjusting for differences in code structure between CY 2012 and 2013
- Assigned interim status pending a final review of the values for the entire family of CPT codes.

Psychotherapy: Payment III

- Individual Therapy
  - Estimated 1-5% reduction
- Group/Family
  - 10-20+ % reduction

Psychotherapy: Payment IV

- Responsibility for development of codes
  - CPT Advisory Panel
  - CPT Voting Panel
- Responsibility for development of payment for codes
  - Psychologists
    - Survey process
  - RUC Committee
    - Acceptance of survey results
  - Conversion Factor
    - Multiply the two proceeding times CF

Psychotherapy: Summary

Interview
90791/90792

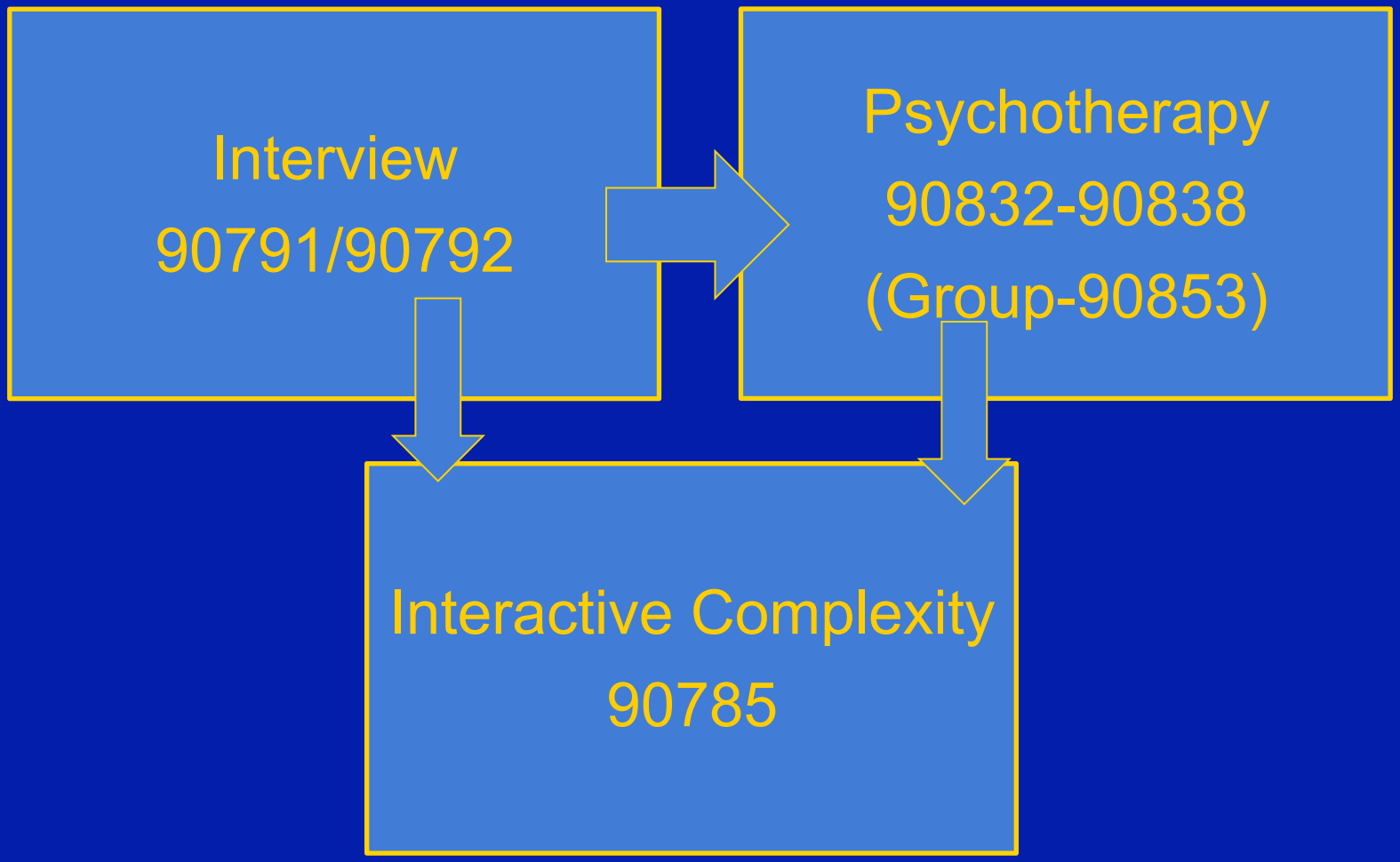
Psychotherapy
90832-90838

Crisis Therapy
90839-90840

Interactive Complexity
90785

Psychopharm Management

Dx X Rx x Complexity



New Interventions

Crisis Therapy
90839-90840

Psychopharm
Management

Psychotherapy: Reporting I

Service	*Interactive Complexity*	*Psychiatric Diagnostic Evaluation*	*Psychotherapy*
Codes	90785	90791, 90792	90832, 90834, 90837
Explanation	Add-on code in conjunction with select psychiatric service	With or without medical services; in certain circumstances one or more other informants may be seen in lieu of the patient; codes 9080D1, 9080D2 may be reported more than once for the patient when separate diagnostic evaluations are conducted with the patient and other informants; codes 9080D1, 9080D2 may be reported once per day	The choice of code is based on the one that is closest to the actual psychotherapy time face-to-face with patient and/or family member
Reportable on same day	Primary procedure: 90791, 90792, 90832-90838, or 90853	90785	90785, 90863, prolonged services (99354-99357)
NOT reportable on same day	90791, 90792; E/M when no psychotherapy code reported	E/M, 90832 90834, 90837, 90839, 90840	90839, 90840

Psychotherapy: Reporting II

Service	*Psychotherapy for Crisis*	*Family Psychotherapy*	*Group Psychotherapy*	*Pharmacologic Management (same day psychotherapy)*	*Other Psychiatric Services*
Codes	90839, 90840	90846, 90847	90853	90863	90845, 90849, 90865-90899
Explanation		With or without patient present	Does not include a multiple-family group	Add-on code in conjunction with psychotherapy service; may report ONLY by physicians or other qualified healthcare professionals who may NOT report E/M	Psychoanalysis, multiple-family group psychotherapy, narcosynthesis, TMS, ECT, biofeedback with psychotherapy, hypnotherapy, environmental intervention, evaluation of records, interpretation or results, preparation of report, unlisted psychiatric procedure
Reportable same day			90785	Primary procedure: 90832, 90834, or 90837	
NOT reportable on same day	90832, 90834, 90837, 90785, 90791, 90792				

Documentation Suggestion: Interview (non-interactive)

Identifying Information

- Reason for Service
- Evaluation Procedure
- Review of Records
- History
  - Family
  - Personal
  - Sexual
  - Medical
- Mental Status
  - General Appearance
  - Attitude Towards Examiner
  - Speech and Stream of Talk
  - Emotional Reaction and mood
  - Perception
  - Thought Content
  - Cognition
- Presenting Complaints
- Activities of Daily Living
- Collateral Information
- Overall Summary
- Diagnosis
- Disposition
- Observer

Documentation Suggestions: Psychotherapy (non-interactive)

- Identifying Information
- Interval History
- Examination of Symptoms, Feelings, Thoughts and Behaviors
- Mental Status Changes
- Current Stressors
- Coping Style
- Application of a Range of Psychotherapies
- Actual Time
- Disposition
- Professional

Documentation Suggestion: Interactive Complexity

- Maladaptive communication that interfere with the ability to assist in the treatment plan (e.g., high anxiety)
- The need to manage maladaptive communication among participants that complicates delivery of care (e.g., translator, interpreter, play equipment, device)
- Evidence or disclosure of a sentinel event and mandated 3rd party report with discussion of event/report with patient, other participants (e.g., abuse/neglect)
- The use of play equipment, devices, interpreters and/or translators to assist with inadequate communication abilities on part of the patient

Emerging Issues with New Psychotherapy Codes

- 60 Minutes
  - Pre-authorization required by some companies
- 90 Minutes
  - In E & M section, hence CMS is not covering
  - Other carriers may

Current Puente Activities

- Focus on the Implementation of Health Care Bill
- Conversion Factors Problems/SGR
- Continue working on Psychiatric Interviewing, Psychotherapy Practice Expense & New Psychotherapy Codes
  - 90 Minutes
  - Surveying of psychopharmacology code
- Working with Randy Phelps and new APA Office of Health Care Economics
- Working with Neil Pliskin in New Role with AMA CPT
- Continue to Serve on:
  - AMA CPT Panel (voting member; permanent seat)
  - Joint Committee for Standards for Educational and Psychological Tests (representing neuropsychology as well as non-majority groups)
  - APA Ethics Panel (Technical)

Upcoming Activities

- Surveying of Existing Codes (spring 2013)
  - Crisis
  - Interactive Complexity
  - Psychopharmacologic Management
- Development of New Codes (2013)
  - Prolonged Psychotherapy (one)
  - Testing Feedback (one); or resolve the use of 96118 for feedback for some carriers
  - Coordination of Care for Integrated Care (several)
- Revision of Existing Codes (2013)
  - Health and Behavior
    - Possibly addressing non-face-to-face
    - Definitely re-surveying the existing codes

Emerging Patterns

- Performance Based Reimbursement
- Shift from Pre to Post "Authorizations"
  (i.e., Audit)
- Documentation is Support for Medical Necessity
- Medical Necessity is the Basis for the Service
- Integrative (virtual and/or geographic) Health Care Delivery
- Shift of Focus from Federal to State
- Accuracy, Transparency and Utility
- Fast Moving, Major Paradigm Shifting

Economic Outlook

- Estimated
  - For 2013, generally no change
  - Subsequently, probably 5-25% decrease in psychotherapy and "90801" reimbursement plus SGR
  - Probably 2% for testing due to refinement of practice expense in codes surveyed in 2012
  - SGR of 2% + (overall)
  - Affordable Care Act = Medicaid "light"

Personal Involvement

- Professional Membership
  - Join NAN, APA/40, SPA and your state association
  - Start a local/state specialty association (e.g., North Carolina NP Society)
  - Think nationally; act locally (e.g., state wide)
- Professional Participation
  - Join a organization committee, listserv
  - Join an insurance committee
  - Track insurance patterns in your state/area
  - Keep others informed and engaged
  - Take proactive and positive perspective
  - *Note: Listserv information may be incorrect*

Final Comments

- Last Year's Theme =

End of the World as We Know It

(REM; Athens, Georgia)

- This Year's Theme =

It is Indeed a New World

And “I feel fine”

http://www.apamonitor-digital.org/apamonitor/201212/?pg=70&pm=2&u1=friend

Part IV: Resources

- General Web Sites
  - www.apa.org (apa practice directorate tool box)
  - www.nanonline.org/paio (practice patterns & information)
  - www.cms.org (medicare/medicaid)
  - www.hhs.org (health & human services)
  - www.oig.hhs.gov (inspector general)
  - www.apa.org/practice/cpt (apa's cpt information)
  - www.ahrq.gov (agency for healthcare research)
  - www.medpac.gov (medical payment advisory comm.)
  - www.whitehouse.gov/fsbr/health (statistics)
  - www.div40.org (clinical neuropsychology div of apa)
  - www.napnet.org (national association of psychometrists)
  - www.psychometristscertification.org (board of psychometrists)
  - www.access.gpo.gov (federal statutes and regulations)
  - www.healthcare.group.com (staff salaries)
  - www.psychometritscertification.org (certification)

Resources (continued)

- Payment/Coverage
  - www.myhealthscore.com/consumer/phyoutcptsearch.htm
  - www.cms.hhs.gov/statistics/feeforservice/defailt.asp (covered services)
  - www.cms.hhs.gov/mcd/viewtrackingsheet.asp?id=167 (non-covered)
  - www.apa.org/pi/aging/lmrp/toolkit/homepage.html (apa lcd)
  - www.cms.hhs.gov/providers/mr/lmrp/asp (medicare lmrp)
  - www.quickfacts.census.gov/qfd (census x type of procedure data)
  - www.usqualitymeasures.org (payment for performance)
- LMRP Reconsideration Process
  - www.cms.gov/manuals/pm_trans/R28PIM.pdf
- PQRS
  - www.centerforhealthyaging.com
- Compliance Web Sites
  - www.oig.hhs.gov (office of inspector general)
  - www.cms.hhs.gov/manuals (medicare)
  - www.uscode.house.gov/usc.htm (united states codes)
  - www.apa.org (psychologists & hipaa)
  - www.cms.hhs.gov/hipaa. (hipaa)
  - www.hcca-info.org (health care compliance assoc.)
  - www.cms.gov/oas/cms.asp

Resources (continued)

- ICD
  - www.who.int/icd/vol1htm2003/fr-icd.htm (who)
  - www.cdc.gov/nchas/about/otheract/icd9/abticd9.htm (ccd)
- PQRS
  - www.centerforhealthyaging.com
- Coding Web Sites
  - www.catalog.ama-assn.org/Catalog/cpt/cpt_search.jsp (ama cpt)
  - www.aapcnatl.org (academy of coders)
  - www.ntis.gov/product/correct-coding (coding edits)

AMA Contact Information

- Website
  - www.amabookstore.com
  - Link to;
    - catalog.ama-assn.org/Catalog/cpt/issue_search.jsp
- Telephone
  - 312.464.5116

APA Contact Information

- American Psychological Association
  - Katherine Nordal, Ph.D.
    Practice Directorate, Director
    American Psychological Association
    750 First Street, N.W.
    Washington, D.C. 2002
- Association for the Advancement of Psychology
  - www.aapnet.org
  - P.O.Box 38129
  - Colorado Springs, Colorado 38129

Puente Contact Information

- Websites
  - Coding= www.psychologycoding.com
  - Univ = www.uncw.edu/people/puente
  - Practice = www.clinicalneuropsychology.us
  - NAN = www.nanonline.org/paic
  - Div 40 = www.div40.org
- E-mail
  - University = puente@uncw.edu
  - Practice = clinicalneuropsychology@gmail.com
- Telephone
  - University = 910.962.3812
  - Practice = 910.509.9371