

**CODING, BILLING & DOCUMENTING
PROFESSIONAL PSYCHOLOGICAL
SERVICES: PSYCHOTHERAPY
(MENTAL HEALTH)**

**ANTONIO E. PUENTE
UNIVERSITY OF NORTH CAROLINA WILMINGTON**

WEBINAR OF 06.19.14

Disclaimer

The information contained in this extended presentation is not intended to reflect AMA, APA, CMS (Medicare), any division of APA, NAN, NAP, NCPA (or any state psychological association), state Medicaid and/or any private third party carrier policy. Further, this information is intended to be informative and does not supersede APA or state/provincial licensing boards' ethical guidelines and/or local, state, provincial or national regulations and/or laws. Further, Local Coverage Determination and specific health care contracts supersede the information presented. The information contained herein is meant to provide practitioners as well as health care institutions (e.g., insurance companies) involved in psychological services with the latest information available to the author regarding the issues addressed. This is a living document that can and will be revised as additional information becomes available. The ultimate responsibility of the validity, utility and application of the information contained herein lies with the individual and/or institution using this information and not with any supporting organization and/or the author of this presentation. Suggestions or changes should be directly addressed to the author. Note that whenever possible, references are provided. Effective 01.01.10, NAN is not financially supporting the work of AEP. Finally, note that the CPT system is copyrighted and the information contained should be treated as such. CPT information is provided as a source of education to the readers of the materials contained. Thank you...aep

Acknowledgments: Organizations

- North Carolina Psychological Association (NCPA)**
- American Psychological Association (APA)
Practice Directorate (PD); Ethics Committee**
- 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)

Acknowledgments: Individuals

- **AMA:** Marie Mindenman, Tracy Gordy, Peter Hollman
- **APA:** *Randy Phelps*, Norman Anderson, Diane Pedulla, Katherine Nordal (APA Testing & Psychotherapy Groups)
- **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**
- **Stipends = 100% goes to the UNCW Department of Psychology to fund training of students in neuropsychology**

Summary = AMA CPT includes 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); Ethics Committee
- ❑ *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)*

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)

B. Current Procedural Terminology (CPT): Overview

- Background
- Codes & Coding
- Existing Codes
- Model System X Type of Problem

CPT: Copyright

- CPT is Copyrighted by the American Medical Association
- CPT Manuals May be Ordered from the AMA at 1.800.621.8335
- www.ama-assn.org/go/cpt

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: Applicable Codes

- Total Possible Codes = Approximately 8,000
- Possible Codes for Psychology = Approximately 60
- Sections = Five Primary Separate Sections
 - Psychiatry (e.g., mental health) *undergoing study & possible revision*
 - 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 (1970s?)
- Neuropsychological (added in 1990s)
- Health and Behavior (2000s)
- Miscellaneous
 - Preventative
 - Evaluation & Management (E & M)
 - Telehealth

Psychiatric Codes

- Neuropsychological
- Health and Behavior

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
- Due to changes in practice patterns and increasing co-morbidities
- Expect Extensive Changes to:
 - Psychiatric Interviewing (diagnosis)
 - Psychotherapy codes (intervention)
 - More granular
 - Sensitive to;
 - Time
 - Intensity
 - Type of service

New Psychotherapy Codes

- The codes described in this webinar and contained in slides starting with # 22 went into effect on 01.01.13

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 DeletionsTotal = 44
- Current Revision
 - 11 New Codes
 - 4 Code Revisions
 - 27 Code DeletionsTotal = 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 **90972** 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

- Includes examination of patient, exchange of information with (or in lieu of the patient other informants such as nurses or family members and preparation of report
- Re-assessments are permitted (on different days)
- Report more than once when separate interviews are conducted with the patient and informant(s)

Psychiatric Interviewing: VI

- History obtained includes;
 - Past psychiatric history
 - Chemical dependency history
 - Family history
 - Social history
 - Treatment history
 - Medical history

Psychiatric Interviewing: VII

- Additional Information Obtained;
 - Review of systems
 - Safety
 - Lethality
 - Aggression
 - Competency

Psychiatric Interviewing: VIII

- Specialty Specific Examination
 - Mental status (see prior slides from pre-2013)
- Diagnosi(e)s;
 - Psychiatric diagnosi(e)s
 - Personality considerations
 - Contributing medical factors
 - Psychosocial stressors
 - Current level of functioning

Psychiatric Interviewing: IX

- Treatment Plan
 - Consideration of medications
 - Psychotherapy
 - Tests
 - Level of Care/Supervision
- Informed Consent for Treatment Plan
- Disposition of Patient (e.g., testing)

Psychiatric Interviewing: Basic Summary

Code Number	Code Descriptor
90791	Psychiatric interviewing
90792	Psychiatric interviewing with medication management

Psychotherapy Paradigm

TYPE of PSYCHOTHERAPY		TIME of PSYCHOTHERAPY	
	<i>Brief</i>	<i>Regular</i>	<i>Extended</i>
<i>Standard</i>	30'	45'	60'
<i>Interactive</i>	30'	45'	60'
<i>Crisis</i>	30-74'	add for every additional 30'	undefined

Psychotherapy: I

- “Psychotherapy is the treatment of mental illness and behavioral disturbances in which the physician or other qualified health professional, through definitive communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavioral and encourage personality growth and development.

Psychotherapy: II

- The new psychotherapy codes is 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: III

- 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: IV

- 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: V

- **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- VI

- 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: VII

- 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: VIII

- 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 *typically* reimbursable for non-physicians)

Psychotherapy: Basic Summary

Code Number	Code Descriptor
90832	Psychotherapy, 30' with patient and/or family member (other)
90833	Psychotherapy, 30' with patient and/or family member (other) with E & M
90834	Psychotherapy, 45' with patient and/or family member (other)
90836	Psychotherapy, 45' with patient and/or family member (other) with E & M
90837	Psychotherapy, 60' with patient and/or family member (other)
90838	Psychotherapy, 60' with patient and/or family member (other) with E & M

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

- “Interactive complexity refers to specific communication factors that complicate the delivery of a psychiatric procedure. Common factors include more difficult with communication with discordant or emotional family members and engagement of young and verbally undeveloped or impaired patients. Typical patients are those who have third parties such as parents, guardians, other family members, interpreters language translators, agencies court officers, schools...” (AMA CPT)

Psychotherapy: Interactive Complexity III

- To report **90785** at least one of the following factors must be present:
 1. The need to manage maladaptive maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates the delivery of care.
 2. Caregiver emotions or behavior that interferes with the caregiver's understanding and ability to assist in the implementation of the treatment plan
 3. Evidence or disclosure of a sentinel event and mandated report to a third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient or other visit participants
 4. Use of play equipment, other physical devices, interpreter or translator to communicate with the patient to overcome barriers to therapeutic or diagnostic interaction between the physician or other qualified health care professional and a patient who;
 1. Is not fluent in the same language as the physician or other qualified health care professional, or
 2. Has not developed, or has lost, either the expressive language communication skills to explain his/her symptoms and response to treatment or receptive skills to understand the physician or other qualified health care professional if he/she were to use typical language for communication

(tip = time is determined by original base code)

Psychotherapy: Interactive Complexity IV

- May involve family, guardians or significant others instead of pt.
- May be reported more than once if more than one diagnostic evaluation is conducted.
- The service is reported only once per day.

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 presenting problem is typically life threatening or complex and requires immediate attention.
- 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 to be 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)

Other Psychotherapy: Basic Summary

Code Number	Code Descriptor
90839	Psychotherapy for crisis, first 60'
90840	...crisis for each additional 30'
90845	Psychoanalysis
90846	Family psychotherapy (without patient)
90847	Family psychotherapy (with patient)
90849	Multiple family psychotherapy
90853	Group psychotherapy
90863	Pharmacologic management when performed with psychotherapy

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

- 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:

Initial Payment Estimates to Actual

- Individual Therapy
 - Estimated 1-5% reduction (increased)
- RVU for Psychopharm Code
 - .48 (not accepted)
- Group/Family
 - 10-20+ % reduction (changed)

TAKE AWAY: RVUs recommendation are a starting but not ending points

Psychotherapy: Summary

Interview

90791/90792

Psychotherapy

90832-90838

Crisis Therapy

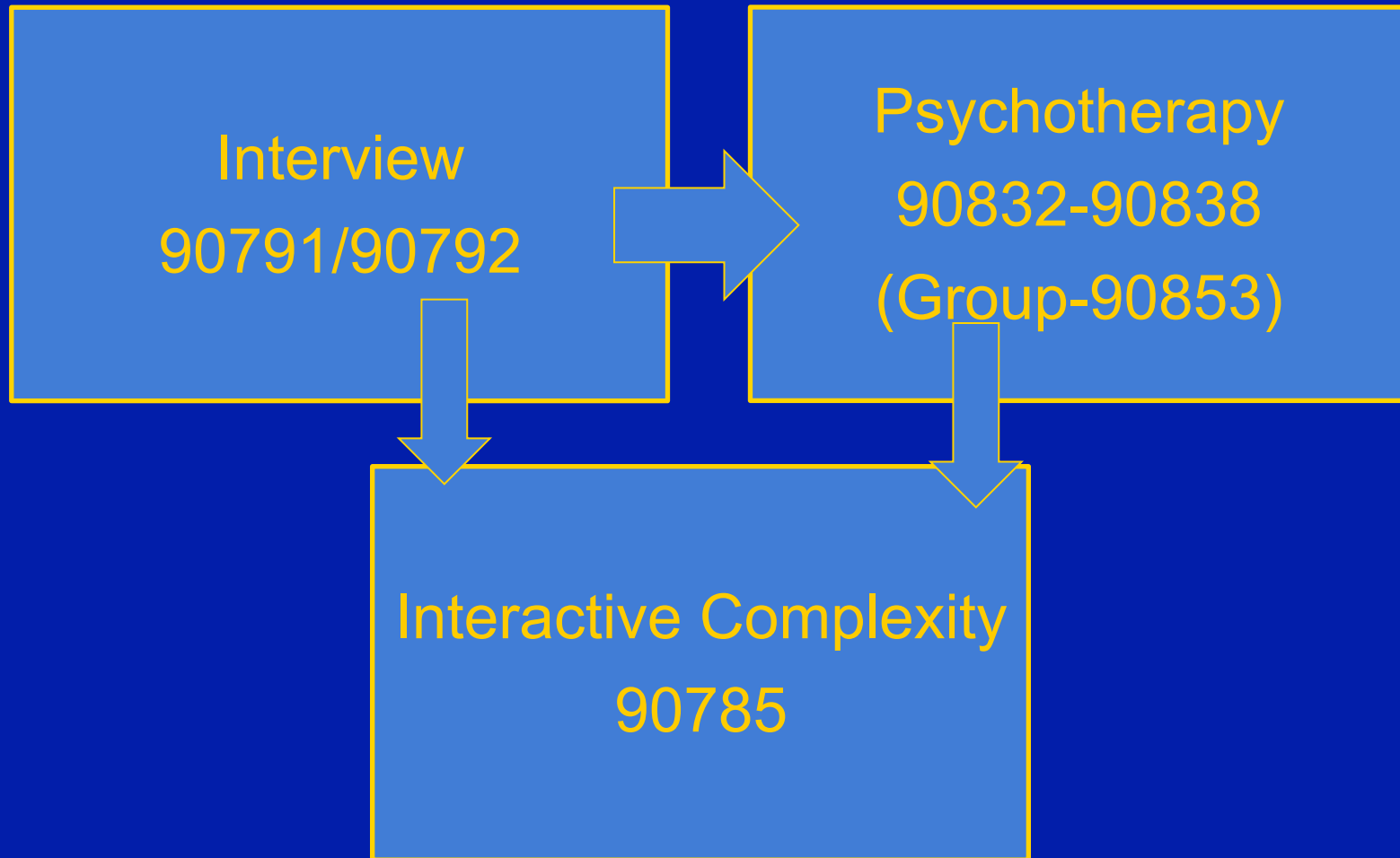
90839-90840

Interactive
Complexity

90785

Psychopharm
Management

Dx X Rx x Complexity



New Interventions

Crisis Therapy
90839-90840

Psychopharm
Management

Psychotherapy: Reporting I

<i>Service</i>	<i>Interactive Complexity</i>	<i>Psychiatric Diagnostic Evaluation</i>	<i>Psychotherapy</i>
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

<i>Service</i>	<i>Psychotherapy for Crisis</i>	<i>Family Psychotherapy</i>	<i>Group Psychotherapy</i>	<i>Pharmacologic Management (same day psychotherapy)</i>	<i>Other Psychiatric Services</i>
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				

Emerging Issues with New Psychotherapy Codes

- 60 Minutes
 - Pre-authorization required by some companies
 - Does not equal previous 45' code
- 90 Minutes
 - In E & M section, hence CMS is not covering
 - Other carriers may

Telehealth “Medicine”

(from American Telemedicine Association)

- Foundation
 - Remote patient face-to-face via live video conferencing
 - Non face-to-face via live video conferencing or related services
 - Home telehealth services

Telehealth (continued)

- Location
 - Office, hospital, clinic, ...
- Services
 - See related slides
- Fee
 - May be eligible for facility fee (2013 = \$24.43)
- Providers
 - Clinical psychologists included

Telehealth Requirements

(www.cms.hhs.gov/telephealth)

- Must Use both Audio and Video at both Sites
- Must Have a Site that Has Professional Shortage or outside of Metropolitan Area
- Could Originate from Practitioner's Office, Hospital, Clinic, etc.
- Assumption is that it is the same service as if it was “face-to-face”

Telehealth Services

- Individual Psychotherapy
- Psychiatric Diagnostic Interviewing

Telehealth Services: Resources

- APA's "Guidelines for the Practice of Telepsychology"
- Luxton, D., D., (2013) Considerations for planning and evaluating economic analyses of telemental health, *Psychological Services, 10*, 276-282.

A Coding Model

Psychiatric	Neuropsych	Health Psych
DSM	ICD	ICD
Interview 90791	Interview 96116	Interview 96150
Testing 96101	Testing 96118	Testing 96150
Therapy e.g., 90834	Rehab e.g., 96152 <small>psychologycoding.com</small>	Rehab e.g., 96152

CPT: Psychiatric Model (Children & Adult)

- Interview
 - **90791**
- Testing
 - **96101-03**
 - Also, **96111** for children
- Intervention
 - e.g., **90834**

CPT: Modifiers

(from Appendix A in CPT book; see OIG reports)

- Examples

- 22 = unusual service
- 25 = additional payment for an E & M code as a specific procedure code (problematic)
- 51 = multiple procedures
- 52 = reduced services
- **59 = when two procedures occur on same day**
 - CANNOT USE ANOTHER MODIFIER WITH # 59*
- 76 = repeated service by same provider
- 77 = repeated service by other provider
- GN, GO, AH, etc. = local carrier specific

- Problems

- Incomplete support for modifier from 15 to 35% of documentation results in paybacks

Documentation: CPT X Report

- Each CPT Code Should Generate a Separate Report (or at least a separate section)
- If Separate Sections Within One Report, Clearly Label/Title Sections of the Report to Match Code Used (e.g., Interview)

Time: Conceptual

- Defining
- Professional (not patient) Time Including:
 - pre, intra & post-clinical service activities
- Interview & Assessment Codes
 - Use 15 or 60 minute increments, as applicable
- Intervention Codes
 - Use 15, 30, 60 or 90 minute increments, as applicable

Time (continued)

- Communicating Further With Others
- Follow-up With Patient, Family, and/or Others
- Arranging for Ancillary and/or Other Services

Recent Interpretations of Time

- Non face-to-face time (pre and post) sometimes is not included in the measurement of billed time but it has been included in calculating total work of the service during the survey process.
- A unit of time is obtained when the mid-point has passed.
- When a time service is reported along with a non-timed service, the two are not added.

Time Interpreted

(*AMA CPT Assistant*, October, 2011, Vol. 21, Issue 10, pgs. 3-4, 11).

- Time refers to “face-to-face” unless otherwise stated.
- Unit of time = “when the midpoint has been passed”
- Do not count time twice
- When multiple days are involved, time is not reset with each and create a new hour.

Time Across Days

- “If a continuous service was provided, report all units as performed on the date that the service was started”
- However, a disruption in service creates a new initial service.

Time: Defining Non-Face-to-Face Time

- Communication (with patient, family members, guardian or caretaker, surrogate decision makers, and/or other professionals) regarding aspects of care,
- Communication with home health agencies and other community services utilized by the patient,
- medication management,
- Patient and/or family/caretaker education to support self-management, independent living, and activities of daily living,,
- Assessment and support for treatment regimen adherence,
- Identification of available community and health resources,
- Facilitating access to care and services needed by the patient and/or family,
- Advocating for services to meet patient' s needs, and/or

- Development and maintenance of a comprehensive care plan.

Time: Defining 60 Minutes

“The Rounding Rule”

- 1 unit \geq or equal to 31 minutes to $<$ 91 minutes
- 2 units \geq or equal to 91 minutes to $<$ 151 mns.
- 3 units \geq or equal to 151 minutes to $<$ 211s mns.
- 4 units \geq or equal to 271 minutes to $<$ 331 mns.
- And so on...

Time: Suggestions for Documentation

- Therapy
 - Minimum: Date(s) Total Time Elapsed
 - Maximum: Date(s) Start and Stop Times
- Backup
 - Scheduling System (e.g., schedule book; agenda, etc.)
 - Testing Sheet with Lists of Tests with Start/Stop Times
 - Keep Time Information as Long as Records Are Kept

Time: Potential Limitations

Therapy

- Individual = 1
- Group = 8

Interview: 1-3 units

Summary & Questions

- Summary
 - Psychotherapy's New Paradigms
- Questions

Part IV: Resources

- General Web Sites
 - www.ama-assn.org/go/cpt (cpt)
 - www.apa.org (general apa website)
 - www.apapracticecentral.org (resources for practicing psychologists)
 - www.nanonline.org/paio (practice patterns & information)
 - www.apa.org/practice/cpt (apa's cpt information)
 - www.cms.org (medicare/medicaid)
 - www.hhs.org (health & human services)
 - www.oig.hhs.gov (inspector general)
 - 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 certified psychometrists)
 - www.access.gpo.gov (federal statutes and regulations)
 - www.healthcare.group.com (staff salaries)
 - www.commonweath.com (health care policy)

Resources (continued)

- **Payment/Coverage**
 - www.myhealthscore.com/consumer/phyoutcptsearch.htm
 - www.cms.hhs.gov/statistics/feeforservice/default.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/abtcd9.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)

Additional Sample Forms

- Office Forms
 - CPT Routing
 - PQRS
- Clinical Forms
 - Psychiatric Interviewing
 - Psychotherapy
 - Neurobehavioral Status Exam
 - Neuropsychological Testing (prof & technical)

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
 - Vita/Academic= www.antonioepuente.com
- E-mail
 - University = puente@uncw.edu
 - Practice = clinicalneuropsychology@gmail.com
- Telephone
 - University = 910.962.3812
 - Practice = 910.509.9371