Agenda

- 2013 Psychiatric Codes
  - Deleted Codes
  - New Codes
  - Changed Codes
- Add-on codes
- Documentation Requirements
- Modifiers
- OMH-Specific Requirements

Psychiatric Code Changes

- The psychiatric CPT codes have been restructured to "capture the dramatic changes in the way psychotherapy services are provided since the inception of these codes into the CPT code set in 1998" (CPT® Coder’s Inside View, 2013)
Deleted Codes

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
<th>Unit</th>
<th>CPT</th>
<th>APC</th>
<th>APC Rate</th>
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<tbody>
<tr>
<td>98720</td>
<td>Inpatient interview</td>
<td>hr</td>
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<tr>
<td>98721</td>
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New Codes

<table>
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<th>HCPCS Code</th>
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<th>Unit</th>
<th>CPT</th>
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<th>APC Rate</th>
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<tbody>
<tr>
<td>90785</td>
<td>Interactive Complexity</td>
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- Add-on code (+)
- **90785.** Interactive complexity (separate in addition to primary procedure) +
- Reported when the services are performed using interactive techniques
- Packaged under APCs
90785 – Interactive Complexity
- Reported with another code when at least one of the following is present:
  - Maladaptive communication (e.g., high anxiety, high reactivity, repeated questions or disagreement)
  - Emotional or behavioral conditions inhibiting implementation of treatment plan
  - Mandated reporting/event exists (e.g., abuse or neglect) or
  - Play equipment, devices, interpreter, or translator required due to inadequate language expression or different language spoken between patient and professional

Psychiatric Dx Interview
- Deleted Codes:
  - 90801, Psych Dx Eval, and
  - 90802, Interactive Psych Dx Eval
- Replacement/New Codes:
  - 90785, Psychiatric dx evaluation, and
  - 90792, Psychiatric dx evaluation with medical services
- Or, alternatively report clinic E/M codes (99201-99215)
- 90785 is designed for reporting by a psychiatrist
- There are limitations to the frequency in which these codes can be reported to both Medicare and Medicaid (LCD for Psychiatry and Psychology Services (L26895))
- To report interactive psych dx evaluation, add the code 90785, Interactive complexity (separate in addition to primary procedure) +, to either procedure

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<td>102.10</td>
<td>99215</td>
<td>50055, 50056</td>
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<td>90792</td>
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<td>50055, 50056</td>
<td>7.50</td>
<td>10.00</td>
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OP Psychotherapy
- **Time** now includes time with patient and/or family – patient must be present for at least part of the time
- Time calculated using “CPT time rule”
- Psychotherapy w/ E/M is an add-on code (+)
- It is reported w/ the standard E/M codes plus the psychotherapy code
  - For reporting by a psychiatrist
- Medicare E/M technical/facility level based on hospital technical E/M guidelines

Deleted Codes:
- 90804 – Psychotherapy office 20-30 min
- 90805 - Psychotherapy office 20-30 min w/ E/M
- 90806 - Psychotherapy office 45-50 min
- 90807 - Psychotherapy office 45-50 min w/ E/M
- 90808 - Psychotherapy office 75-80 min
- 90809 - Psychotherapy office 75-80 min w/ E/M

Replacement/New Codes:
- 90832, Psychotherapy, 30 min w/ patient and/or family member
- 90833, Psychotherapy, 30 min w/ patient and/or family member w/ E/M +
- 90834, Psychotherapy, 45 min w/ patient and/or family member
- 90835, Psychotherapy, 45 min w/ patient and/or family member w/ E/M +
- 90836, Psychotherapy, 60 min w/ patient and/or family member
- 90837, Psychotherapy, 60 min w/ patient and/or family member when performed with an E/M (separate in addition to primary procedure)

CPT Time
- Per CPT “A unit of time is attained when the midpoint is passed. For example, an hour is attained when 31 minutes have elapsed (more than midway between zero and sixty minutes). A second hour is attained when a total of 91 minutes have elapsed.” (source: Page xi, Introduction, CPT Professional Edition, 2013)
- 90832/90833 - 30 minutes is 16-37 minutes
- 90834/90836 - 45 minutes is 38-52 minutes
- 90837/90838 - 60 minutes is 53+ minutes
Psychotherapy with E/M Time

* Time associated with activities used to meet criteria for the E/M service is not included in the time used for reporting the psychotherapy services (i.e., time spent on history, examination and medical decision making when used for the E/M service is not psychotherapy time). Time may not be used as the basis of E/M code selection and prolonged services may not be reported when psychotherapy with E/M (90833, 90836, 90838) are reported* (source: Page 485, Introduction, CPT Professional Edition, 2013)

Updated 2013: 1/30/2013

OP Psychotherapy

Interactive Psychotherapy

Deleted Codes:
- 90810 – Interactive psychotherapy office 20-30 min
- 90811 - Psychotherapy office 20-30 min w/ E/M
- 90812 - Psychotherapy office 45-50 min
- 90813 - Psychotherapy office 45-50 min w/ E/M
- 90814 - Psychotherapy office 75-80 min
- 90815 - Psychotherapy office 75-80 min w/ E/M

Replacement/New Codes (same codes, same rules):
- 90832, Psychotherapy, 30 min w/ patient and/or family member
- 90833, Psychotherapy, 30 min w/ patient and/or family member w/ E/M
- 90834, Psychotherapy, 45 min w/ patient and/or family member
- 90835, Psychotherapy, 45 min w/ patient and/or family member w/ E/M
- 90836, Psychotherapy, 60 min w/ patient and/or family member
- 90837, Psychotherapy, 60 min w/ patient and/or family member w/ E/M
- 90838, Psychotherapy, 60 min w/ patient and/or family member when performed with an E/M (separate in addition to primary procedure)
- 90785, Interactive complexity (separate in addition to primary procedure)
Interactive OP Psychotherapy

Medication Management

- Deleted Code:
  - 90862 – Pharmacologic management, including prescription, use, and review of medication with minimal psychotherapy

- Retained Code:
  - M0064 – Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders

- Replacement/New Codes:
  - 99201-99215, Clinic E/M Visit Codes
  - 99281-99285, ER E/M Visit Codes
  - 99304-99337, Other E/M Visit Codes
  - 99341-99350, Other E/M Visit Codes

Medication Management

- New Challenges:
  - 90862 was a common service reported for psychiatrists
  - Now they will need to report an E/M code
  - This will require they understand E/M professional coding guidelines, likely the 1997 since there is a psychiatric – specific exam guideline
  - This will also require technical E/M guidelines for reporting to Medicare in hospital-based clinics
  - The reporting requirements for OMH vary from Medicare and other Commercials, thereby creating other fun challenges
Other Codes

- 90845-90853 remained unchanged
- 90857 – interactive group therapy, is now the standard group therapy code (90853) plus the add-on for interactive therapy (90785)

<table>
<thead>
<tr>
<th>Code</th>
<th>Short Description</th>
<th>National APC</th>
<th>Rare Code</th>
<th>Supplement Code</th>
<th>Alternative Code</th>
<th>Rare Description</th>
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<td>Psychotherapy for crisis; first 60 min (note CPT time starts at 31 minutes)</td>
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<td>Y</td>
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<td>90840</td>
<td>Psychotherapy for crisis; each add'l 30 min (separate in addition to primary procedure)</td>
<td>120</td>
<td>Y</td>
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</tbody>
</table>

Psychiatric Crisis

- Two new codes for psychiatric crisis treatment
- Urgent assessment and history in a crisis state
- Not reported in addition to other codes, time includes the total duration of face-to-face with patient and/or family
- Provider must devote full attention to the patient
- Patient must be present for some or all of the service
- 90839 - Psychotherapy for crisis; first 60 min (note CPT time starts at 31 minutes)
- 90840 - Psychotherapy for crisis; each add'l 30 min (separate in addition to primary procedure) +

Modifiers

- The following modifiers may be required for these services (does not include OMH-specific modifiers)
  - -25 – significant, separately identifiable medical visit
  - -27 – multiple outpatient hospital E/M encounters on the same date of service
  - -59 – distinct procedure
  - -FB – Injectable drug provided at no cost to the hospital
OMH Specific Requirements / Differences

Modifiers

- Modifiers reportable to OMH
- OMH does not split bill like other Medicaid services performed by physicians in hospital-based clinics
- There are a series of three modifiers reported with certain codes to indicate the services are eligible for the physician add-on payment
  - AF - Psychiatrist
  - AG – Physician, non psychiatrist
  - SA – Psychiatric nurse practitioner

Language other than English

- Modifier U4
  - "The use of language assistance services and the method of providing the service should be documented in a progress note"
  - Adds an additional 10% to the APG portion of the payment
  - Replaces the 90785 add-on code
  - 90785 is not used by OMH

Source: NEW YORK STATE OFFICE OF MENTAL HEALTH, 14 NYCRR Part 599, "Clinic Treatment Programs: Interpretive/Implementation Guidance, 01-04-2012"
### Psychotherapy

- Psychotherapy codes that OMH accepts:
  - 90832, Psychotherapy, 30 min w/patient and/or family member
  - 90833, Psychotherapy, 30 min w/patient and/or family member w/E/M +
  - 90834, Psychotherapy, 45 min w/patient and/or family member
  - 90836, Psychotherapy, 45 min w/patient and/or family member w/E/M +

- Psychotherapy codes that OMH does not accept:
  - 90837, Psychotherapy, 60 min w/patient and/or family member
  - 90838, Psychotherapy, 60 min w/patient and/or family member when performed with an E/M (separate in addition to primary procedure) +

### Crisis

- Crisis codes that OMH accepts:
  - H2011, Crisis Intervention, brief, per 15 min
  - S9484, Crisis Intervention, complex, one hour minimum
  - S9485, Crisis intervention, per diem, three hour minimum

- Crisis codes that OMH does not accept:
  - 90839 - Psychotherapy for crisis; first 60 min
  - 90840 - Psychotherapy for crisis; each add'l 30 min (separate in addition to primary procedure) +
Medication Injection Codes

- Codes that OMH accepts:
  - 96372, SQ/IM injection
    - Billed as referred amb, no rate code, not paid on APGs
  - H2010, Injectable Psychotropic Medication Administration with Education and Monitoring, 15 minute minimum
    - Billed with a rate code, paid on APGs

Medication Management

- 90862 is no longer valid
  - Replacement codes are E/M codes
  - Except, OMH will accept E/M codes or 90863 – Psychotropic medication treatment
    - APC status E for Medicare (not reportable)
    - APG relative weight varies from that for the E/M diagnosis APGs
    - Will need to decide which code to report to OMH, but must be mapped to an E/M for Medicare and other payers

Other Codes to Keep in Mind

- 99051 – After Hours
  - Applicable when services are provided weekdays before 8 AM, weekdays 6 PM or later, or all day on weekends, must begin before 8:00 a.m. or 6:00 p.m. or later
- 99401-99404 – Health monitoring
- 99406 and 99407 – Smoking cessation counseling
- 99407-HQ – Group smoking cessation counseling
- H0049/H0050 – Alcohol / drug screening
- 90882 – Complex care management