MEDICAL ISSUES BRIEF:
Behavioral Health Coding Changes for 2013

As of Jan. 1, 2013, there are significant changes to the codes in the Psychiatry section of CPT. The following information identifies the new codes and how they differ from current coding guidelines.

Psychiatric Diagnostic Interview

When patients are first seen, behavioral health specialists, depending on scope of practice, have the choice of reporting from the Evaluation and Management (E/M) codes, or the Psychiatric Diagnostic Interview codes (90801-90802) located in the Medicine section, subsection Psychiatry of CPT. Most providers prefer to use 90801 and 90802 because they don’t have the stringent documentation guidelines of the E/M codes.

As of Jan. 1, 2013, the codes 90801 and 90802 are being deleted. Coding from the E/M codes is still a viable option, for those providers who use E/M codes. In the Psychiatry section, three new codes have been developed to take the place of 90801 and 90802.

90791  Psychiatric diagnostic evaluation
90792  Psychiatric diagnostic evaluation with medical services
+90785  Interactive complexity

By definition, the psychiatric diagnostic evaluation is “an integrated biophysical assessment, including history, mental status, and recommendations. The evaluation may include communication with family or other sources and review and ordering of diagnostic studies.”

The psychiatric diagnostic evaluation with medical services is an “integrated biophysical and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic tests.”

Interactive complexity, previously reported with the diagnostic evaluation code 90802, now becomes an “add-on” code. When interactive complexity occurs as part of the psychiatric diagnostic evaluation, it is added to the 90791/90792 codes rather than being reported separately.

Use of this add-on code is not limited to the initial diagnostic evaluation. When guidelines for use have been met, it may also be reported with psychotherapy codes, E/M codes, and group psychotherapy.

CPT indicates that interactive complexity typically occurs in patients who:

- “Have other individuals legally responsible for their care, such as minors or adults with guardians, or
- Request others to be involved in their care during the visit, such as adults accompanied by one or more participating family members or interpreter or language translator, or
- Require involvement of other third parties, such as child welfare agencies, parole or probation officers, or schools.”

Per CPT, the interactive complexity component may be reported when at least one of the following is present:

- “The need to manage maladaptive communication (related to e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates the delivery of care.
- Caregiver emotions or behavior that interferes with the caregiver’s understanding and ability to assist in the implementation of the treatment plan.”
Evidence or disclosure of a sentinel event and mandated report to 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 and other participants.

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:

- Is not fluent in the same language as the provider, or
- Has not developed, or has lost, either the expressive language communication skills to explain his/her symptoms and response to treatment, or the receptive communication skills to understand the provider if he/she were to use typical language for communication.

Psychotherapy Codes

Psychotherapy codes are reported based on time. Up through 2012, there have been different categories for psychotherapy based on location (office/other outpatient or inpatient/partial hospital/residential setting), and type of psychotherapy (with/without E/M services or interactive).

All current psychotherapy codes are being deleted. As of 2013, there will be only two sets of psychotherapy codes:

- Psychotherapy, and
- Psychotherapy performed with E/M services

For providers who report psychotherapy alone (no E/M component) there are three new codes:

90832 psychotherapy, 30 minutes (covering from 16-37 minutes)
90834 psychotherapy, 45 minutes (covering from 38-52 minutes)
90837 psychotherapy, 60 minutes (covering 53 minutes or more)

These codes are used whether the site of service is office/outpatient or inpatient/partial inpatient/residential setting.

If interactive complexity occurs at the time of these services, the interactive therapy code 90785 is added to the psychotherapy code.

The more dramatic change is for services involving psychotherapy with E/M services. Up until 2013, these services have been reported with a code for psychotherapy with E/M services. As of Jan. 1 2013, these codes are being deleted.

In their place are three new add-on codes:

+ 90833 psychotherapy when performed with an E/M service, 30 minutes (covering from 16-37 minutes)
+90836 psychotherapy when performed with an E/M service, 45 minutes (covering from 38-52 minutes)
+90838 psychotherapy when performed with an E/M service, 60 minutes (covering 53 minutes or more)

These codes cannot be reported alone – they can only be reported when added to an Evaluation and Management code. This means that the physician will first have to identify the level of E/M service involved in the encounter (99201-99215) and then add the appropriate psychotherapy code based on the length of the psychotherapy.
For example, if the physician spends 30 minutes in psychotherapy with the patient, reviews meds and makes no changes in the ongoing medical management (i.e. straightforward E/M decision making), the service would be reported as 99212 + 90833.

The level of the E/M code is based on key components (history, exam, medical decision making) and on whether the patient is office/outpatient new (99201-99205) or established (99212-99215), inpatient (99221-99233), or other locations specified by E/M levels of service.

The encounter must include documentation supportive of the level of service.

For example, if 99213 is reported in addition to the psychotherapy code, then documentation requirements for 99213 as follows must also be met:

*Low complexity decision making + either an expanded problem focused history (chief complaint, 1-3 HPI, 1 system review of systems) or an expanded problem focused exam (per CMS1997 single system Psychiatric exam guidelines, 6-8 bullet point exam).*

Time may not be used as the basis of the E/M service when the E/M service is reported in addition to psychotherapy. The psychotherapy code is reported based on the amount of time spent in psychotherapy; it does not include the amount of time spent in the E/M service.

For example, if the physician reports 99213 + 90833, then, in addition to the E/M service, between 16-37 minutes must have been spent in psychotherapy.

If interactive psychotherapy is also provided, this code would also be added (i.e., 99213 + 90833 + 90785).

The difficulty in this transition is that many psychiatrists are not familiar with the documentation requirements of each E/M level of service code. Now, if psychotherapy and an E/M service occur in the same encounter, the psychiatrist will need to understand E/M level of service coding.

In order to report psychotherapy, the length of time spent in psychotherapy must be documented. The Procedure Coding Handbook for Psychiatry published by the APA has recommended in the past other documentation inclusions such as the type of intervention, target symptoms, progress towards achievement of treatment goals, and diagnoses.

**Psychotherapy for Crisis**

Two new time-driven codes are being added to describe psychotherapy for crisis:

- 90839 psychotherapy for crisis, first 60 minutes
- + 90840 psychotherapy for crisis, each addition 30 minutes

CPT defines this service as an “urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to date 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.”

The psychotherapy for crisis codes cannot be reported in the same encounter as 90791 or 90792 or with other psychotherapy codes.
90862

This code has traditionally been reported when the encounter is primarily medication management with minimal psychotherapy, or when the psychotherapy has been less than 20 minutes. In 2013, this code is deleted. If the psychiatrist performs medication management only, then an E/M level of service would be reported to support that service. If less than 16 minutes of psychotherapy is performed, then this would be included as part of the E/M service. No separate psychotherapy code would be reported.

90863

This is a new code. The definition is “Pharmacologic management, including prescription and review of medication when performed with psychotherapy services.” This code is intended for behavioral health providers who, based on scope of practice, may prescribe, but who do not report E/M services (i.e., psychologists in states where psychologists have prescriptive privileges). This code would not be reported by a psychiatrist or other qualified provider whose scope includes reporting E/M codes.