

2013 Psychiatry CPT / HCPCS Update

Effective January 1, 2013

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2013 ICD-9-CM UPDATE

Effective October 1, 2012 (For Year 2013)

ICD-9 EFFECTIVE 10.01.2012 (FY2013)

- There are no new or revised or deleted ICD-9-CM diagnosis codes effective for October 1, 2012.
- There are no revised or deleted ICD-9-PCS procedure codes effective for October 1, 2012.
- New ICD-9-PCS procedure codes effective October 1, 2012:
 - 00.95 Injection or infusion of glucarpidase
- Source: www.cms.hhs.gov/ICD9ProviderDiagnosticCodes

2013 MEDICARE PART B PREMIUM AND DEDUCTIBLE UPDATE

Effective January 1, 2013

Objectives:

- **2013 Part B Premium Rates**
- **2013 Part B Deductible**
- **2013 Psyche Reduction**

2013 MEDICARE PART B PREMIUM AND DEDUCTIBLE UPDATE

- 2013 Part B Premium:

If your yearly income in 2011 was		You pay (in 2013)
File <u>individual</u> tax return	File <u>joint</u> tax return	
\$85,000 or less	\$170,000 or less	\$104.90
above \$85,000 - \$107,000	above \$170,000 - \$214,000	\$146.90
above \$107,000- \$160,000	above \$214,000 - \$320,000	\$209.80
above \$160,000- \$214,000	above \$320,000 - \$428,000	\$272.70
above \$214,000	above \$428,000	\$335.70

- Source: www.Medicare.gov

2013 MEDICARE PART B PREMIUM AND DEDUCTIBLE UPDATE

- **2013 Part B Annual Deductible: \$147.00**
- **2013 Part D Medicare Prescription Drug Coverage monthly premium varies by plan chosen by the beneficiary.**
- **2013 Psyche Reduction:**
 - **Beneficiary pays 35% in 2013**

2013 CPT INTRODUCTION

Objectives:

- **Qualified Health Care Professional (QHCP)**
- **Place of Service (POS) and Facility Reporting**
- **CPT Time Measurement Reporting**

2013 CPT INTRODUCTION

NEUTRALITY EDITS

- **Neutrality edits replace “provider” with “professional” and replace “practitioners” with “individuals”**
 - **Physicians and other Qualified Health Care Professional (QHCP)**
 - **Created to better align CPT codes with the reporting and payment policies of CMS and/or private payers.**
- **Must comply with State scope of license.**

2013 CPT INTRODUCTION

PLACE OF SERVICE & FACILITY REPORTING

- **Facility** describes specific instructions as limited to professionals or limited to other entities (e.g., hospital or home health agency)
- **Nonfacility** describes service settings or circumstances in which no facility reporting may occur.

2013 CPT INTRODUCTION

PLACE OF SERVICE & FACILITY REPORTING

- **POS 18: A location, not described by any other POS code, owned or operated by a public or private entity where the patient is employed, and where a health professional provides on-going or episodic occupational medical, therapeutic or rehabilitative services to an individual.**
 - Just released, did not make the book
 - Not effective with CMS until 05/01/2013
 - Watch for CMS notification
 - Check with private payers
 - www.cms.gov/Medicare

2013 CPT INTRODUCTION

TIME MEASUREMENT REPORTING

CPT standards for codes with a time basis for code selection:

- **Time is the face-to-face time with the patient.**
- **“Interpretation and Report” does not indicate that report writing is part of the reported time.**
- **A unit of time is attained when the mid-point has passed**
- **When another service is performed concurrently with a time-based service, the time associated with the concurrent service should not be included in the time used for reporting the time-based service.**
- **Check with government and private payers.**

EVALUATION AND MANAGEMENT

Complex Chronic Care Coordination Services (CCCC)

- **New •99487** Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month
- **New •99488** ; first hour of clinical staff time directed by a physician or other qualified health care professional with face-to-face visit, per calendar month
- **New +•99489** each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional per calendar month (list separately in addition to code for primary procedure)

EVALUATION AND MANAGEMENT

Complex Chronic Care Coordination Services (CCCC) 99487-99489

- **Patient centered management and support services**
- **Includes domiciliary, rest home, or assisted living facility**
- **Care plan**
- **Coordination of care**

EVALUATION AND MANAGEMENT

Complex Chronic Care Coordination Services (CCCC) 99487-99489

- Reporting individual provides or oversees management and/or coordination of services, as needed, for:
 - All medical conditions
 - Psychosocial needs
 - Activities of daily living (ADL)

EVALUATION AND MANAGEMENT

Complex Chronic Care Coordination Services (CCCC) 99487-99489

- **Reported once per calendar month**
- **Include all non face to face CCCC services**
- **Include “none” or “1” face to face office or other outpatient, home, or domiciliary visit**
- **May only be reported by the single physician or other QHCP who assumes care coordination role with a particular patient for the calendar month**

EVALUATION AND MANAGEMENT

Complex Chronic Care Coordination Services (CCCC) 99487-99489

- **Time of care coordination with the emergency department is reportable using CCCC 99487-99489.**
- **Time while the patient is inpatient or admitted as observation is not.**
- **Exclusionary parenthetical note**
- **CMS BUNDLES CCCC services!**
 - **Bundled into the services to which they are incident to and are not separately payable at this time.**
 - **CMS is considering adoption of the CCCC services, possibly 2014.**

EVALUATION AND MANAGEMENT

Transitional Care Management Services (TCM)

- **New •99495 Transitional Care Management Services with the following required elements:**
 - **Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge**
 - **Medical decision making of at least moderate complexity during the service period**
 - **Face to face visit, within 14 calendar days of discharge**

EVALUATION AND MANAGEMENT

Transitional Care Management Services (TCM)

- **New •99496 Transitional Care Management Services with the following required elements:**
 - **Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge**
 - **Medical decision making of high complexity during the service period**
 - **Face to face visit, within 7 calendar days of discharge**

EVALUATION AND MANAGEMENT

Transitional Care Management Services (TCM) 99495-99496

- **TCM require:**
 - **Established patient**
 - **Face to face**
 - **Interactive contact**
 - **Medication reconciliation and management**
- **Exclusionary parenthetical note**
- **Coding Tips**
 - **Review coding tips (2013 CPT Professional page 46)**
 - **Not included in the guidelines**

EVALUATION AND MANAGEMENT

- **CMS accepts the AMA TCM CPT 99495-99496 with some modifications regarding:**
 - **New patients**
 - **Clarified post discharge service period**
 - **Same physician may bill discharge day management and the TCM**
 - **CMS will monitor for overlap of time**
 - **E/M included in TCM**
- **Watch for LCD regarding TCM**

EVALUATION AND MANAGEMENT

CCCC and TCM codes include:

- **TCM when reporting CCCC**
- **CCCC when reporting TCM**
- **Care Plan Oversight Services**
- **Prolonged Service without Direct Patient Contact**
- **Anticoagulant Management**
- **Medical Team Conferences**
- **Education and Training**
- **Telephone Services**

EVALUATION AND MANAGEMENT

2013 CPT Corrections Document as of 10/19/2012:

- **Hospital Discharge Management 99238-99239**
 - **Correct revised parenthetical:**
 - **Remove reference to “by the physician”**
- **Nursing Facility Services Guidelines**
 - **Correct revised parenthetical:**
 - **Remove reference to the term “and other qualified health care professionals” as initial assessments in the nursing facility are only performed by physicians.**

2013 PSYCHIATRY

Objectives

- **Psychiatry Guidelines**
- **Psychiatry Revised and Deleted**
- **New Codes:**
- **Interactive Complexity CPT 90785**
- **Psychiatric Diagnostic Procedures CPT 90791-90792**
- **Psychotherapy CPT 90832-90838**
- **Psychotherapy for Crisis CPT 90839-90840**
- **Other Psychiatric Services or Procedures CPT 90863**
- **2013 CPT Corrections To Date**

2013 PSYCHIATRY

Reason for Change

- Increased intensity of services
- Inadequate Psychotherapy code structure
- Interactive Psychotherapy/Diagnostic interview examination codes
- Need to accurately reflect work
- Account for dramatic changes

2013 PSYCHIATRY

The update process today:

- **Increased viability and accountability**
- **RUC recommendations and input received**
- **CPT Editorial Panel Workgroup**
- **Unbiased CPT Editorial Workgroup Chairs**
- **Consensus process including workgroup surveys**
- **Workgroup members representative from all key Medical Specialty and professional groups**

2013 PSYCHIATRY

The New Codes:

Interactive Complexity

+●90785 Interactive complexity (list separately in addition to the code for primary procedure)

Psychiatric Diagnostic Procedures

- 90791 Psychiatric diagnostic evaluation
- 90792 Psychiatric diagnostic evaluation with medical services

2013 PSYCHIATRY

The New Codes:

Psychotherapy

- 90832** Psychotherapy, 30 minutes with patient and/or family member
- +•**90833** Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

2013 PSYCHIATRY

The New Codes:

Psychotherapy

- 90834** Psychotherapy, 45 minutes with patient and/or family member

- +•**90836** Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

2013 PSYCHIATRY

The New Codes:

Psychotherapy

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

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

2013 PSYCHIATRY

The New Codes:

Psychotherapy for Crisis

- 90839 Psychotherapy for crisis; first 60 minutes

- +●90840 each additional 30 minutes (List separately in addition to code for primary procedure)

2013 PSYCHIATRY

The New Codes:

Other Psychiatric Services or Procedures

+•90863 Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for the primary procedure)

2013 PSYCHIATRY

Add-On codes:

- **Concept of Add-On codes**
- **Add-On codes are identified with a plus sign +**
- **Instructions for use of Add-On code**
 - **2013 CPT Professional Edition page xi**
- **Complete list of all Add-On codes in Appendix D**
 - **2013 CPT Professional Edition page 646**

2013 PSYCHIATRY

Psychiatric Diagnostic Evaluation

- Deleted 90801 Diagnostic Interview Examination
 - Replaced with 2 codes to differentiate between diagnostic evaluation (90792) and diagnostic evaluation with medical services (90791)
- Deleted 90802 Interactive Diagnostic Interview Examination
 - Replaced with add-on code concept of “Interactive Complexity” (+•90785)

2013 PSYCHIATRY

Interactive Complexity

- **New +90785 Interactive complexity (list separately in addition to the code for primary procedure)**

**Use Interactive Complexity Code +90785 when:
(1 of the following must exist)**

- **Maladaptive communication**
- **Emotional or behavioral conditions**
- **Mandated reporting/event exists**
- **Play equipment, devices, interpreter or translator**

2013 PSYCHIATRY

**Interactive Complexity
+90785**

**Psyche Diag. Eval.
90791, 90792**

**Psychotherapy
90832, 90834, 90837**

**Psychotherapy w/ E/M
+90833, +90836,
+90838**

**Group Psychotherapy
90853**

2013 PSYCHIATRY

Psychiatric Diagnostic Evaluation

- **New •90791 Psychiatric diagnostic evaluation**
- **New •90792 Psychiatric diagnostic evaluation with medical services**
- **Coding tips:**
 - **Use for reassessment(s) if required**
 - **Report more than once for the patient when separate diagnostic evaluations are conducted with the patient and other informants**
 - **Do NOT report on the same day:**
 - **as psychotherapy or crisis psychotherapy**
 - **As an E.M service performed by the same individual for the same patient**

2013 PSYCHIATRY

Psychotherapy with Patient or Family

- Site of service
- Time specifications
- “Individual” is not in the code titles
- Psychotherapy with medical evaluation services replaced with psychotherapy add-on codes
 - Reported in conjunction with E/M services
- Intra-service work

2013 PSYCHIATRY

Psychotherapy with Patient and Family

Coding Tips:

- **When reporting both an E/M service and a psychotherapy add-on code:**
 - **The two services must be significant and separately identifiable**
- **Type and level of E/M service is selected based upon the key components of history, examination, and medical decision making**
 - **See 1997 Documentation Guidelines Psychiatric**

2013 PSYCHIATRY

Psychotherapy with Patient and Family

Coding Tips:

- **Psychotherapy must be 16 minutes or more face to face with patient and/or family**
- **Watch Over-lapping time between E/M and Psychotherapy!**
- **Time (Counseling and Coordination of Care) may not be used as the basis of E/M code selection**
- **The E/M service and the psychotherapy service may be for the same diagnosis.**

2013 PSYCHIATRY

Psychotherapy with Patient and Family

Coding Tips:

- A unit of time is attained when the mid-point is passed
- The code with the typical time closest to the actual time is used:
 - With Psychotherapy Codes
 - 30 minutes = 16-37 minutes
 - 45 minutes = 38-52 minutes
 - 60 minutes = 53+ minutes
- Psychotherapy NEVER less than 16 minutes.
- Watch for LCD coming from Medicare prior to 01/01/2013

2013 PSYCHIATRY

Family Psychotherapy

90846, 90847, 90849

- **Unchanged from CPT 2012**
- **These services are strictly related to family dynamics**
- **90846 when the patient is not physically present**
- **90847 includes the patient some or all of the time**
 - **Couples therapy is reported with 90847**
- **90849 multiple-family group psychotherapy**
 - **Do not use Interactive Complexity (90785) in multi Family Group Psychotherapy (90849) setting**
- **90853 group psychotherapy**

2013 PSYCHIATRY

Group Psychotherapy

90853

- Use interactive Complexity add-on codes +90785 with 90853 to report for 1 or more group members
- Deleted 90857 Interactive Group Psychotherapy

2013 PSYCHIATRY

Psychotherapy for Crisis

- **New •90839 Psychotherapy for crisis; first 60 minutes**
 - **Stand-alone code**
- **New +•90840 each additional 30 minutes (List separately in addition to code for primary procedure)**
- **High Distress**
- **Complex or life threatening circumstances**
- **Urgent and immediate attention**

2013 PSYCHIATRY

Psychotherapy for Crisis

Coding Tips:

- Report 90839 for the first 30-74 minutes of psychotherapy for a crisis on a given date
- Psychotherapy for crisis of less than 30 minutes total should be reported with 90832 or 90833
- Report 90839 only once per date even if time spent by the physician/QHCP is not continuous on that date
- Additional time: report +90840 with 90839 for every 30 minutes of time beyond 74 minutes

2013 PSYCHIATRY

Other Psychiatric Services or Procedures

- **New +•90863 Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for the primary procedure)**
- **Observe State scope of practice/license**
- **Watch for LCD coming from CMS 01/01/2013**
- **Watch over-lapping of time**
 - **Time spent providing pharmacologic management services cannot be used in the time used for selection of psychotherapy service.**

2013 PSYCHIATRY

12/01/2012 Some after thoughts:

- **CMS has not yet surveyed these new codes.**
- **Expect changes after CMS surveys**
- **CMS is anti-rounding up.**
 - **Watch for CMS LCD for instruction regarding time**
- **Only 2 states allow prescribing psychologist to use 90863**
 - **Check State Scope of License/Practice**
- **This specialty will need focused training in the Documentation Guidelines for Evaluation and Management Services.**
 - **See 1997 Psychiatric Exam**

Resources

- **2013 AMA CPT Professional Edition**
- **2013 AMA CPT Changes-An Insider's View**
- **2013 AMA CPT and RBRVS Annual Symposium**
- **Centers for Medicare and Medicaid Services (CMS)**
- **www.ama-assn.org**

Questions & Discussion

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