


**2013 PSYCHIATRY CPT CODES**

Benjamin Shain, MD, PhD  
David Berland, MD  
Sherry Barron-Seabrook, MD



CPT®, five-digit codes, descriptions, and other data only are copyright 2012 by the American Medical Association (AMA). All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in CPT®. CPT® is a registered trademark of the American Medical Association (AMA).

---

---

---

---

---

---

---

---

**OVERVIEW**

2

---

---

---

---

---

---

---

---

**The “Old” Psychiatry Codes**

- Diagnostic
  - Psychiatric diagnostic interview examination (90801)
  - Examination using interactive techniques (90802)
- Therapeutic
  - Individual psychotherapy
  - Other psychotherapy
  - Other psychiatric services

3

---

---

---

---

---

---

---

---

### Individual Psychotherapy

- 24 codes (90804-90829)
- Time
  - 20-30 min
  - 45-50 min
  - 75-80 min
- Medical
  - Without E/M
  - With E/M
- Site of service
  - Outpatient or office
  - Facility
- Type of psychotherapy
  - Insight oriented, behavior modifying and/or supportive
  - Interactive

4

---

---

---

---

---

---

---

---

### Other Psychotherapy

- Psychoanalysis (90845)
- Family psychotherapy
  - Patient not present (90846)
  - Patient present (90847)
  - Multiple-family group (90849)
- Group psychotherapy (90853)
- Interactive group psychotherapy (90857)

5

---

---

---

---

---

---

---

---

### Other Psychiatric Services

- Pharmacologic management (90862)
- Narcosynthesis
- TMS
- ECT
- Biofeedback
- Hypnotherapy
- Environmental intervention
- Evaluation of records
- Interpretation or explanation
- Preparation of report
- Unlisted psychiatric service

6

---

---

---

---

---

---

---

---

### Pharmacologic Management (90862)

- Written over 20 years ago
  - At that time, medication management was typically 1 medication at a time
- One level of service
- Accounted for 60% of all billing by psychiatrists

7

---

---

---

---

---

---

---

---

### Evaluation and Management Codes

- Code starts with "99"
- Used to report a medical service rendered during a patient visit
- Used by all physicians and other qualified health care professionals (APN and PA)
- Commonly used for facility care
  - Inpatient
  - Partial hospital
- Most carriers aside from Medicare restricted psychiatrists from using these codes for outpatient care

8

---

---

---

---

---

---

---

---

### 2012 Codes: Limited Description of Medical Services

- The main problem with the 2012 psychiatry code set was the limited ability to describe the typical medical services required for current psychiatric patients
- Diagnostic codes
  - Same whether with medical services or not
- Individual psychotherapy
  - Low level medical service
  - Low level reimbursement
    - For example, Medicare payment for 90805 was only \$10.22 more than 90804
- Other psychotherapy
  - No medical services included at all

9

---

---

---

---

---

---

---

---

### Other Issues with the “Old” Codes

- Individual psychotherapy
  - In practice was not really “individual” as it often included various combinations of patient, parent(s), and other family members
- “Interactive” defined too narrowly
  - Difficulties with language not the only complicating communication challenge
- Evaluations
  - Typically require more than one visit
  - Interview(s) with the parent(s) in addition to the child

10

---

---

---

---

---

---

---

---

### 2013 Modified Psychiatry Code Categories

- Evaluation and management (E/M)
- Interactive complexity
- Diagnostic evaluation
- Psychotherapy
- Other psychotherapy
- Other psychiatric services

11

---

---

---

---

---

---

---

---

### E/M CODES

12

---

---

---

---

---

---

---

---



### “Old” Interactive Codes

- All deleted:
  - Interactive diagnostic interview examination
  - Interactive individual psychotherapy
  - Interactive group psychotherapy
- Meant to capture language difficulties
  - Typically for children
  - Use of physical aids and non-verbal communication

16

---

---

---

---

---

---

---

---

### Interactive Complexity

- Add-on code 90785
- Add-on code background
  - Designated with “+” prefix in the CPT Manual
    - However, the billing form should list the 5-digit number WITHOUT the “+”
  - May only be reported in conjunction with specified other codes (“primary procedure”)
  - Never reported alone
- 90785
  - Describes 4 types of communication factors
    - These factors complicate the primary procedure
  - Describes types of patients and situations most commonly associated

17

---

---

---

---


---

---

---

---

### 4 Specific Communication Factors



- The difficulties
  1. Maladaptive communication among participants
  2. Interference from excessive emotions or behavior
  3. Disclosure and discussion of a sensitive event
  4. Language difficulties
- Complicate the work of the primary psychiatric procedure
- These are communication factors **during** the psychiatric procedure

18

---

---

---

---

---

---

---

---

## The Primary Procedures

- **May** be reported in conjunction with
  - Psychiatric diagnostic evaluation (90791, 90792)
  - Psychotherapy (90832, 90834, 90837)
  - Psychotherapy add-on (90833, 90836, 90838) when reported with E/M
  - Group psychotherapy (90853)
- **May not** be reported in conjunction with
  - E/M alone
  - Family psychotherapy (90846, 90847, 90849)
  - Psychotherapy for crisis (90839, 90840)

19

---

---

---

---

---

---

---

---

## The Typical Patient

- Others legally responsible for patient's care
  - Minors or adults with guardians
- Others involved in patient's care *during the visit*
  - Adults accompanied by
    - Participating family members
    - Interpreter or language translator
- Required involvement of other third parties
  - Child welfare agencies
  - Parole or probation officers
  - Schools

20

---

---

---

---

---

---

---

---

## The Communication Factors

- Interactive complexity may be reported when at least one of the following communication factors is present:
  1. The need to manage maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care
  2. Caregiver emotions or behavior that interfere with 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 and other visit participants
  4. Use of play equipment, physical devices, interpreter or translator to overcome barriers to diagnostic or therapeutic interaction with a patient who is not fluent in the same language or who has not developed or lost expressive or receptive language skills to use or understand typical language

21

---

---

---

---

---

---

---

---

### Maladaptive Communication

- The need to manage maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care
- Vignette (reported with 90834, Psychotherapy 45 min)
  - Psychotherapy for an older elementary school-aged child accompanied by divorced parents, reporting declining grades, temper outbursts, and bedtime difficulties. Parents are extremely anxious and repeatedly ask questions about the treatment process. Each parent continually challenges the other's observations of the patient.

22

---

---

---

---

---

---

---

---

### Caregiver Emotions or Behavior

- Caregiver emotions or behavior that interfere with implementation of the treatment plan
- Vignette (reported with 90832, psychotherapy 30 min)
  - Psychotherapy for young elementary school-aged child. During the parent portion of the visit, mother has difficulty refocusing from verbalizing her own job stress to grasp the recommended behavioral interventions for her child.

23

---

---

---

---

---

---

---

---

### Sentinel Event

- Evidence/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 and other visit participants
- Vignette (reported with 90792, psychiatric diagnostic evaluation with medical services)
  - In the process of an evaluation, adolescent reports several episodes of sexual molestation by her older brother. The allegations are discussed with parents and report is made to state agency.

24

---

---

---

---

---

---

---

---



### Language Barriers

- Use of play equipment, physical devices, interpreter or translator to overcome barriers to diagnostic or therapeutic interaction with a patient who is not fluent in the same language or who has not developed or lost expressive or receptive language skills to use or understand typical language
- Vignette (reported with 90853, group psychotherapy)
  - Group psychotherapy for a young child who requires play equipment to participate in the group therapeutic interaction

25

---

---

---

---

---

---

---

---

### Psychotherapy Time with 90785

- When performed with psychotherapy
  - Interactive complexity component (90785) relates ONLY to the increased work intensity of the psychotherapy service
- 90785 does NOT change the time for the psychotherapy service

26

---

---

---

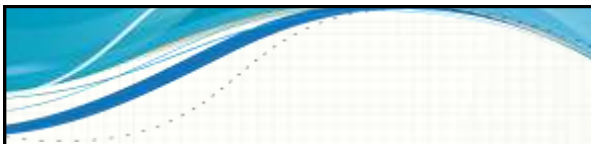
---

---

---

---

---



### PSYCHIATRIC DIAGNOSTIC EVALUATION

27

---

---

---

---

---

---

---

---

### Psychiatric Diagnostic Evaluation

- Psychiatric Diagnostic Interview Examination (90801) and Interactive Psychiatric Diagnostic Interview Examination (90802) are deleted
- The new codes differentiate
  - Diagnostic services done without medical services (90791)
  - Done with medical services (90792)
- Interactive component of the diagnostic evaluation
  - Formerly included in code 90802
  - Now captured by reporting 90785 in conjunction with 90791 or 90792

28

---

---

---

---

---

---

---

---

### 90791 and 90792

- 90791 (non medical)
  - Psychiatric diagnostic evaluation is 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.
- 90792 (medical)
  - Psychiatric diagnostic evaluation with medical services is an integrated biopsychosocial 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 studies.

29

---

---

---

---

---

---

---

---

### What's the Difference?

- Medical activities
  - Other physical examination elements as indicated
  - Prescription of medications
  - Review and ordering of laboratory or other [medical] diagnostic studies
- Medical thinking
  - Note that this is not specified in the code description, but represents AACAP intent during the code development process

30

---

---

---

---

---

---

---

---

### Medical Thinking

- Medical thinking is likely the main component that differentiates an evaluation by a psychiatrist, APN, or PA from one by a non medical provider
- Includes *consideration* of
  - Medical history and comorbidities
  - Medications prescribed by others
  - Further medical work up
  - Medical treatments
  - Integration of signs and symptoms from a medical standpoint

31

---

---

---

---

---

---

---

---

### Documentation

- Presumably we all think medically by virtue of our training
  - That is not enough!
- We must
  - Actually do so for the service in question
  - **Document** what we do

32

---

---

---

---

---

---

---

---

### Additional Notes

- In certain circumstances one or more other informants (family members, guardians, or significant others) may be seen in lieu of the patient
- Codes 90791, 90792 may be reported **more than once** for the patient when separate diagnostic evaluations are conducted with the patient and other informants on **different** days
- Use the same codes, 90791 and 90792, for later reassessment, as indicated
- Do not report codes 90791 and 90792 on the same day as a psychotherapy or E/M service

33

---

---

---

---

---

---

---

---




---

---

---

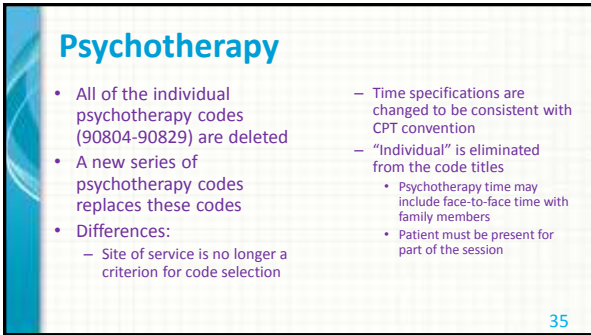
---

---

---

---

---




---

---

---

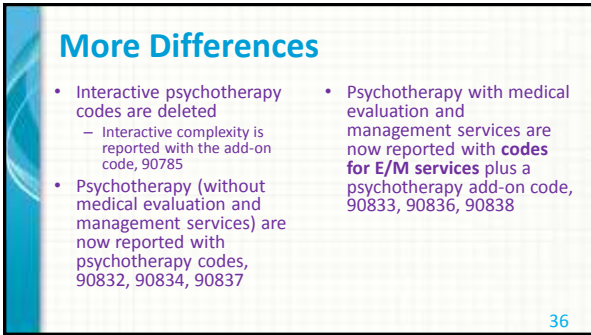
---

---

---

---

---




---

---

---

---

---

---

---

---

### CPT Time Convention

- Codes reported based on time are described by "exact" times
- Ranges are determined by the following
  - The "exact" time for a single code or the first code in a series is achieved once the actual time crosses the midpoint
    - E.g., 30 minute code requires actual time of at least 16 minutes
  - In a series, choose the code with the "exact" time closest to the actual time

37

---

---

---

---

---

---

---

---

### Psychotherapy Codes

Code	"Exact" Time (minutes)	Actual Time Range (minutes)
90832, 90833	30	16-37
90834, 90836	45	38-52
90837, 90838	60	53+

Psychotherapy for less than 16 minutes may not be reported

38

---

---

---

---

---

---

---

---

### 2 Types of Psychotherapy Codes

- Stand-alone codes, 90832, 90834, 90837
- Reported by themselves
- Describe a psychotherapy service with no medical services
- Add-on codes, 90833, 90836, 90838
- Medical services must be reported with appropriate E/M code
- Also describe a psychotherapy service with no medical services
  - The medical service is described by the E/M code

39

---

---

---

---

---

---

---

---

### Full Range of Medical Services

- Psychotherapy may be reported with the full range of E/M codes
- Report the appropriate E/M code
- Report the psychotherapy add-on code, 90833, 90836, 90838

40

---

---

---

---

---

---

---

---

### Combined Service

- Recognized by CPT
  - “Medical symptoms and disorders inform treatment choices of psychotherapeutic interventions, and data from therapeutic communication are used to evaluate the presence, type, and severity of medical symptoms and disorders.”
- The typical psychotherapy with E/M session is not the provider doing psychotherapy and then doing E/M (or vice versa)

41

---

---

---

---

---

---

---

---

### So, How Do You Tell What is What?

- The two services must be “significant and separately identifiable”
- CPT gives a roadmap for separately identifying the medical and psychotherapeutic components of the service

42

---

---

---

---

---

---

---

---

### “Separately Identifiable”

- Steps
  - Type and level of E/M service is selected **first** based upon the key components
    - History
    - Examination
    - Medical decision making
  - A separate diagnosis is not required for the reporting of E/M and psychotherapy on the same date of service
- Time associated with activities used to meet criteria for the E/M service is **not** included in the time used for reporting the psychotherapy service
  - 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 to determine E/M code selection

43

---

---

---

---

---

---

---

---

### English, Please

- For most E/M services, the code level may be determined in 1 of 2 ways
  1. Key components
    - Levels of history, examination, medical decision making
  2. Time
    - When counseling and/or coordination of care are greater than 50% of the time of the visit
- When used in conjunction with a psychotherapy add-on code, the level of E/M may **only** be determined by key components

44

---

---

---

---

---

---

---

---

### Back to the Code Selection

- Look back on the entirety of the visit
- Code the level of E/M based on key components
- The psychotherapy time **not** devoted to meeting criteria for the key components used to determine the E/M level is now the time used in selecting the psychotherapy code
  - Yes, please estimate

45

---

---

---

---

---

---

---

---

### Documentation

- Key components of the selected E/M code
- Additional time for the psychotherapy service
  - Total time for the encounter is **not** needed
- Who participated in the visit
- The psychotherapy issues and activities
- If interactive complexity is part of the psychotherapy service
  - Report 90785 in addition
  - Document the interactive complexity communication factor

46

---

---

---

---

---

---

---

---

### What about “Significant”?

- Remember, the 2 services (E/M and psychotherapy) must be “significant and separately identifiable”
- For psychotherapy, that means at least 16 minutes of psychotherapy time
- For E/M, “significant” is left undefined

47

---

---

---

---

---

---

---

---

### AACAP Recommendations for “Significant”

- E/M is medical and psychotherapy is non medical
- Any medical activity is “significant,” for example,
  - Monitoring medication
  - Reviewing or ordering labs
  - Examination other than mental status
  - Writing orders
- Medical thinking, if documented, could be “significant,” as well
  - Includes *consideration* of
    - Medical history and comorbidities
    - Medications prescribed by others
    - Further medical work up
    - Medical treatments
    - Integration of signs and symptoms from a medical standpoint

48

---

---

---

---

---

---

---

---



### 99212 Caution

- Vignette
  - Patient seen for weekly psychotherapy
    - No medications
    - No or stable medical comorbidities
- The temptation might be to code 99212 (lowest level E/M outpatient visit with required physician contact) plus a psychotherapy add-on code

49

---

---

---

---

---

---

---

---

### Established Outpatient

Best 2/3 components:

Code	History	Examination	Medical Decision Making
99211	N/A	N/A	N/A
99212	Problem-focused	Problem-focused	Straightforward
99213	Expanded Problem-focused	Expanded Problem-focused	Low
99214	Detailed	Detailed	Moderate
99215	Comprehensive	Comprehensive	High

50

---

---

---

---

---

---

---

---

### Medical Decision Making

2/3 elements must be met or exceeded:

Number of diagnoses or management options	Amount and/or complexity of data	Risk	Complexity of decision making
Minimal	Minimal or None	Minimal	<i>Straightforward</i>
Limited	Limited	Low	<i>Low</i>
Multiple	Moderate	Moderate	<i>Moderate</i>
Extensive	Extensive	High	<i>High</i>

51

---

---

---

---

---

---

---

---

### History Type

HPI	PFSH	ROS	Type
Brief	N/A	N/A	<i>Problem focused</i>
Brief	N/A	Problem pertinent	<i>Expanded problem focused</i>
Extended	Pertinent*	Extended	<i>Detailed</i>
Extended	Complete	Complete	<i>Comprehensive</i>

\*No PFSH required with subsequent hospital visits

52

---

---

---

---

---

---

---

---

### Psychiatric Examination

Level of Exam	Perform and Document
Problem Focused	<b>1-5</b> elements identified by a bullet
Expanded Problem Focused	<b>At least 6</b> elements identified by a bullet
Detailed	<b>At least 9</b> elements identified by a bullet
Comprehensive	Perform <b>all</b> elements in each box with a shaded border and at least one element in each box with an unshaded border

53

---

---

---

---

---

---

---

---

### 99212 Significant?

- Medical decision making is at the level needed for a minor or self-limited problem
- Need history or examination, each requiring just 1 element
- If 99212 is the best you can do for documenting something medical, it might be hard to call the E/M service “significant”

54

---

---

---

---

---

---

---

---

### AACAP Recommendation

- Lowest level E/M service for established, outpatient E/M with psychotherapy is 99213
- The bar for meeting criteria for 99213 is not minimal, as is 99212, but is still low
  - If you are truly thinking as a physician during the psychotherapy session, it should not be hard to document a 99213 level service

55

---

---

---

---

---

---

---

---

### OTHER PSYCHOTHERAPY

56

---

---

---

---

---

---

---

---

### Psychotherapy for Crisis

- New concept
- Patient in high distress
  - Complex or life-threatening issues
  - Requires immediate attention
- Psychotherapy time computed by face-to-face time with patient and/or family member
  - Patient must be present for at least part of the service
- Code 90839
  - First 60 minutes of psychotherapy for crisis
    - This means actual time of 30-74 minutes by CPT time rules
- Code 90840
  - Add-on code for each additional 30 minutes
    - For 75-104 minutes, report both 90839 and 90840
    - For 105-134 minutes report 90839 and 2 units of 90840, etc.

57

---

---

---

---

---

---

---

---

### Psychotherapy for Crisis

- May not be reported with any other psychiatric service
- These codes do not include medical services
  - In a crisis situation, psychiatrists may prefer the appropriate E/M service
- Non-medical mental health professionals are likely the largest group of providers for these codes

58

---

---

---

---

---

---

---

---

### Psychoanalysis

- Unchanged
- Report with 90845

59

---

---

---

---

---

---

---

---

### Group Psychotherapy

- Group psychotherapy (90853) is unchanged
- Interactive group psychotherapy (90857) is deleted
  - This service is reported with 90853 in conjunction with 90785 (interactive complexity)

60

---

---

---

---

---

---

---

---

## Family Psychotherapy

- Unchanged
- Report with
  - 90846
    - Patient not present
  - 90847
    - Patient present
  - 90849
    - Multiple-family group

---

---

---

---

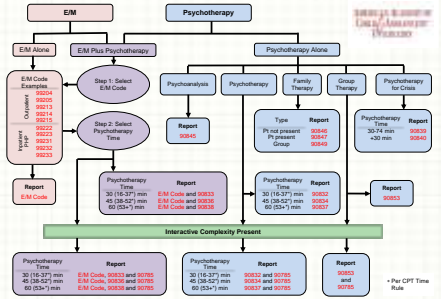
---

---

---

---

### E/M and Psychotherapy Coding Algorithm




---

---

---

---

---

---

---

---

## OTHER PSYCHIATRIC SERVICES

---

---

---

---

---

---

---

---

### Pharmacologic Management

- Code 90862, pharmacologic management, has been deleted
  - Instructions are to report those services with the appropriate E/M code
- New add-on code 90863
  - Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services
  - May **only** be reported by providers who may not use E/M codes
    - Designed for use by prescribing psychologists
    - Physicians should **not** report this code

64

---

---

---

---

---

---

---

---

### The Rest of the Codes

Code	Description	Code	Description
90865	Narcosynthesis	90880	Hypnotherapy
90867	rTMS	90882	Environmental intervention
90868	rTMS	90885	Evaluation of records
90869	rTMS	90887	Explanation of results
90870	ECT	90889	Preparation of report
90875	Biofeedback	90899	Unlisted psychiatric service
90876	Biofeedback		

All of the above codes are unchanged with the exception of biofeedback times, to put them in adherence with CPT time conventions

65

---

---

---

---

---

---

---

---

### That's It for Now!

- Please view other AACAP presentations for other CPT coding topics
- Questions sent to Jennifer Medicus at [jmedicus@aacap.org](mailto:jmedicus@aacap.org) will be passed on to the AACAP CPT Coding Subcommittee.

66

---

---

---

---

---

---

---

---