OVERVIEW

The “Old” Psychiatry Codes

- Diagnostic
  - Psychiatric diagnostic interview examination (90801)
  - Examination using interactive techniques (90802)

- Therapeutic
  - Individual psychotherapy
  - Other psychotherapy
  - Other psychiatric services
### 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

### Other Psychotherapy

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

### 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
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

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

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
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

2013 Modified Psychiatry Code Categories

• Evaluation and management (E/M)
• Interactive complexity
• Diagnostic evaluation
• Psychotherapy
• Other psychotherapy
• Other psychiatric services
Prior to 2013, most payers eventually reimbursed psychiatrists for E/M services. Psychiatric services now may be reported with the same range of complexity and physician work as has long been available to all other medical specialties.

- In addition, E/M codes typically pay more for the same service.

**E/M Codes**

- Prior to 2013, most payers eventually reimbursed psychiatrists for E/M services.
- Psychiatric use of outpatient E/M codes, however, is perhaps that largest change for the 2013 psychiatry codes.

**Medical Decision Making**

- Data Points
  - Pertinent
  - Associated signs and symptoms
  - Risk

- Categories of Problems
  - Major
  - Significant
  - Limited or minor

**Categories of Data to be Reviewed**

- History of present illness
- Review of systems
- Physical examination
- Laboratory data
- Radiology

**Reasons for Need/Unusual Elements**

- Physical finding
- Medical diagnosis
- Impression
- Detailed history
- Physical examination

**Medical Updates**

- Physical examination
- Examination
- Laboratory data
- Radiology

**Additional workup does not include referring patient to another physician for future care.**

**Comprehensive**

- Straightforward
- Moderate
- High

**Problem Points Chart**

- Established Patient Office
- Initial Hospital/PHP
- Follow-up Hospital/PHP
- Initial Hospital/PHP
- Follow-up Hospital/PHP

**Problem Points**

- Established patient and/or discussion of case with another health care provider
- Review and/or order of tests in the medicine section of CPT
- Establishing problem (to examining physician); stable or improved

**Amount and/or Complexity of Data to be Reviewed**

- Number of diagnoses or management options
- Self
- Limited or minor problem
- Significant complications, morbidity, and/or mortality

**Self/Other**

- Physical examination
- Examination
- Laboratory data
- Radiology

**Coding by Key Components**

- History
- Chief complaint
- Comorbidities
- Performance status
- Functional status
- Diagnostic and management options selected
- Social history
- Physical examination
- Laboratory data
- Radiology

**ICD-10-CM**

- Diseases of the musculoskeletal system and connective tissue
- Diseases of the bone, joint, and soft tissue
- Diseases of the skin
- Diseases of the genitourinary system
- Diseases of the respiratory system
- Diseases of the cardiovascular system
- Diseases of the gastrointestinal system
- Diseases of the nervous system
- Diseases of the blood and blood-forming organs
- Toxicological effects of exogenous substances
- Neoplasms

**2013 Psychiatry CPT Codes**

- 99201
- 99202
- 99203
- 99204
- 99205

**AACAP Evaluation and Management Services Guide**

- Physical examination
- Examination
- Laboratory data
- Radiology

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**2013 Psychiatry CPT Codes**

- 99201
- 99202
- 99203
- 99204
- 99205
“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

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

4 Specific Communication Factors

- The difficulties
  1. Maladaptive family interaction among visit participants
  2. Interference from emotions or behavior
  3. Disclosure and discussion of a sentinel event
  4. Language difficulties

- Complicate the work of the primary psychiatric procedure
- These are communication factors during the psychiatric procedure
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)

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

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 members of the treatment team
  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
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.

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.

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.
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

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
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

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.

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
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

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

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
Psychotherapy

- All of the individual psychotherapy codes (90804-90829) are deleted
- A new series of psychotherapy codes replaces these codes
- Differences:
  - Site of service is no longer a criterion for code selection
  - Time specifications are changed to be consistent with CPT convention
  - "Individual" is eliminated from the code titles
  - Psychotherapy time may include face-to-face time with family members
  - Patient must be present for part of the session

More Differences

- Interactive psychotherapy codes are deleted
  - Interactive complexity is reported with the add-on code, 90785
- Psychotherapy (without medical evaluation and management services) are now reported with codes for E/M services plus a psychotherapy add-on code, 90833, 90836, 90838
- Psychotherapy with medical evaluation and management services are now reported with codes for E/M services plus a psychotherapy add-on code, 90832, 90834, 90837
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

Psychotherapy Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>&quot;Exact&quot; Time (minutes)</th>
<th>Actual Time Range (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>90832, 90833</td>
<td>30</td>
<td>16-37</td>
</tr>
<tr>
<td>90834, 90836</td>
<td>45</td>
<td>38-52</td>
</tr>
<tr>
<td>90837, 90838</td>
<td>60</td>
<td>53+</td>
</tr>
</tbody>
</table>

Psychotherapy for less than 16 minutes may not be reported

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
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

Combined Service

- Recognized by CPT
  - Medical symptoms and disorders inform treatment choices, 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)

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
“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

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

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
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

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

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
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

Established Outpatient

Best 2/3 components:

<table>
<thead>
<tr>
<th>Code</th>
<th>History</th>
<th>Examination</th>
<th>Medical Decision Making</th>
</tr>
</thead>
<tbody>
<tr>
<td>99211</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>99212</td>
<td>Problem-focused</td>
<td>Problem-focused</td>
<td>Straightforward</td>
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<tr>
<td>99213</td>
<td>Expanded Problem-focused</td>
<td>Expanded Problem-focused</td>
<td>Low</td>
</tr>
<tr>
<td>99214</td>
<td>Detailed</td>
<td>Detailed</td>
<td>Moderate</td>
</tr>
<tr>
<td>99215</td>
<td>Comprehensive</td>
<td>Comprehensive</td>
<td>High</td>
</tr>
</tbody>
</table>

Medical Decision Making

2/3 elements must be met or exceeded:

<table>
<thead>
<tr>
<th>Number of diagnoses or management options</th>
<th>Amount and/or complexity of data</th>
<th>Risk</th>
<th>Complexity of decision making</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal</td>
<td>Minimal or None</td>
<td>Minimal</td>
<td>Straightforward</td>
</tr>
<tr>
<td>Limited</td>
<td>Limited</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Multiple</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>Extensive</td>
<td>Extensive</td>
<td>High</td>
<td>High</td>
</tr>
</tbody>
</table>
### History Type

<table>
<thead>
<tr>
<th>HPI</th>
<th>PFSH</th>
<th>ROS</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief</td>
<td>N/A</td>
<td>N/A</td>
<td>Problem focused</td>
</tr>
<tr>
<td>Brief</td>
<td>N/A</td>
<td>Problem pertinent</td>
<td>Expanded problem focused</td>
</tr>
<tr>
<td>Extended</td>
<td>Pertinent*</td>
<td>Extended</td>
<td>Detailed</td>
</tr>
<tr>
<td>Extended</td>
<td>Complete</td>
<td>Complete</td>
<td>Comprehensive</td>
</tr>
</tbody>
</table>

*No PFSH required with subsequent hospital visits

### Psychiatric Examination

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

### 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”
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

OTHER PSYCHOTHERAPY

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.
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

Psychoanalysis

- Unchanged
- Report with 90845

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)
**Family Psychotherapy**

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

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**E/M and Psychotherapy Coding Algorithm**

- E/M
- Psychotherapy
- Time
- Report
- E/M Code

**Examples**

- Outpatient
  - 99204
  - 99205
  - 99213
  - 99214
  - 99215

- Inpatient
  - PHP
  - 99222
  - 99223
  - 99231
  - 99232
  - 99233

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**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

The Rest of the Codes

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<th>Description</th>
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<tbody>
<tr>
<td>90865</td>
<td>Narcosynthesis</td>
<td>90880</td>
<td>Hypnotherapy</td>
</tr>
<tr>
<td>90867</td>
<td>rTMS</td>
<td>90882</td>
<td>Environmental intervention</td>
</tr>
<tr>
<td>90868</td>
<td>rTMS</td>
<td>90885</td>
<td>Evaluation of records</td>
</tr>
<tr>
<td>90869</td>
<td>rTMS</td>
<td>90887</td>
<td>Explanation of results</td>
</tr>
<tr>
<td>90870</td>
<td>ECT</td>
<td>90889</td>
<td>Preparation of report</td>
</tr>
<tr>
<td>90875</td>
<td>Biofeedback</td>
<td>90899</td>
<td>Unlisted psychiatric service</td>
</tr>
<tr>
<td>90876</td>
<td>Biofeedback</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

That's It for Now!

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