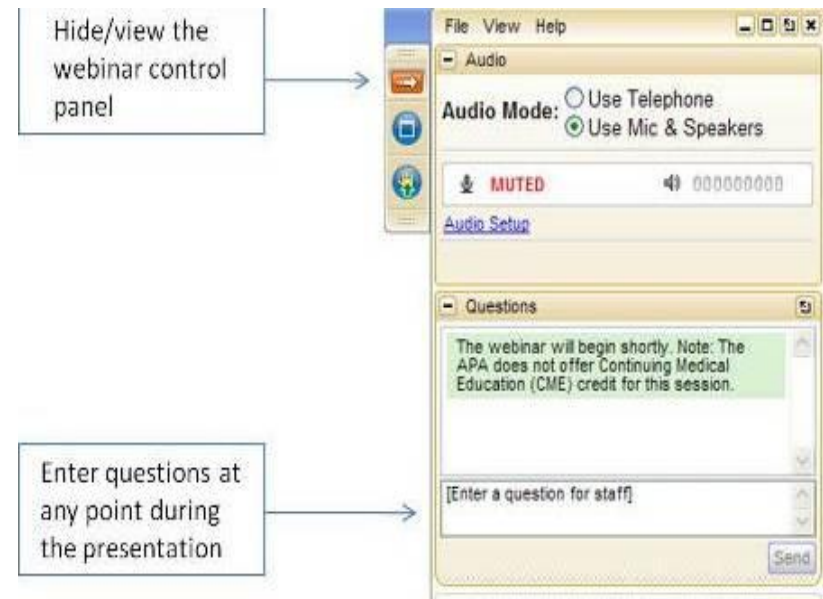


CPT Coding Changes for 2013

Getting Prepared

Webinar Housekeeping

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Presenter

Ronald Burd, MD

Psychiatrist, Stanford
Health, Fargo, ND

Chair, APA Committee on
Codes, RBRVS and
Reimbursements

APA Representative, AMA's
RBRVS Update Committee

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CPT coding and documentation – Whose job is it?

- ▶ Documentation and coding is part of physician work
- ▶ You are responsible for the clinical work and equally responsible for the documentation and coding
- ▶ This should not be the job of your staff!

Overview

- ▶ Timeline
- ▶ Overview of the changes to be implemented in 2013
- ▶ Explanation of key CPT definitions (Add-on, Time)
- ▶ Detailed explanation of the changes to the CPT framework
- ▶ Significance of E/M codes (99xxx) and documentation
- ▶ How to prepare
- ▶ Where to learn more

Timeline

- ▶ August 31, 2012
- ▶ CPT electronic files released; changes to CPT codes public
- ▶ November 2012
- ▶ CMS releases the Final Rule on the 2013 Physician Fee Schedule (includes relative values)
- ▶ January 1, 2013
- ▶ New code set goes in to effect – must bill using new CPT codes

Overview of changes implemented in 2013

- ▶ Key codes have been deleted, e.g. 90862 Pharmacologic Management
- ▶ Key services have been assigned new numbers and/or are described differently, and all new codes can be used in all settings
- ▶ There are now two codes for an initial evaluation; one with medical services and one without
- ▶ Psychotherapy is no longer distinguished by site of service
- ▶ Psychotherapy with E/M is now an E/M code with a Psychotherapy add-on
- ▶ There is a new crisis psychotherapy code
- ▶ Work previously described using the interactive codes is now done by using an add-on code

Detailed Explanation of Changes

Pharmacologic management

- ▶ 90862 has been DELETED
- ▶ Psychiatrists should use the appropriate E/M series code (99xxx) to report this service
- ▶ A new add-on code – 90863 – has been added to describe pharmacologic management when performed by a prescribing psychologist; **Physicians should NEVER use 90863**

Pharmacologic management

CPT Code	Total RVUs	Medicare Fee
Pharmacologic Management		
90862	1.72	\$58.54
Outpatient E/M codes for an established patient		
99212	1.25	\$42.55
99213	2.07	\$70.46
99214	3.06	\$104.16
99215	4.11	\$139.89

Psychiatric diagnostic evaluation - Overview

- ▶ A distinction has been made between diagnostic evaluations without medical services and evaluations with medical services
- ▶ Interactive services are captured using an add-on code
- ▶ These codes can be used in any setting
- ▶ These codes can be used more than once in those instances where the patient and other informants are included in the evaluation
- ▶ These codes can be used for reassessments
- ▶ Psychiatrists and other medical providers have the option of using the appropriate 99xxx series code in lieu of the 90792

Psychiatric diagnostic evaluation

2012

▶ 90801

▶ 90802

2013

▶ 90791, Psychiatric diagnostic evaluation

▶ 90792, Psychiatric diagnostic evaluation with medical services

▶ 90791 plus 90785, Psychiatric diagnostic evaluation with interactive complexity

▶ 90792 plus 90785, Psychiatric diagnostic evaluation with medical services and with interactive complexity

E/M with psychotherapy - Overview

- ▶ Psychotherapy with E/M is now reported by selecting the appropriate E/M service code (99xxx series) and the appropriate psychotherapy add-on code
- ▶ The E/M code is selected on the basis of the site of service and the key elements performed
- ▶ The psychotherapy add-on code is selected on the basis of the time spent providing psychotherapy and does not include any of the time spent providing E/M services
- ▶ If no E/M services are provided, use the appropriate psychotherapy code (90832, 90834, 90837)

Psychotherapy with E/M vs E/M with psychotherapy

2012

- ▶ 90805, 90817
- ▶ 90807, 90819
- ▶ 90809, 90821

2013

Appropriate 99xxx series code plus one of the following:

- ▶ 90833, Psychotherapy, 30 minutes when performed with an E/M
- ▶ 90836, Psychotherapy 45 minutes when performed with an E/M
- ▶ 90838, Psychotherapy 60 minutes when performed with an E/M

E/M codes

The psychotherapy add-on code can be billed with the following E/M codes:

Outpatient, established patient:

- ▶ 99212 – 99215

Subsequent hospital care

- ▶ 99231 – 99233

Subsequent nursing facility care

- ▶ 99307 – 99310

Psychotherapy

2012

- ▶ 90804, 90816
- ▶ 90806, 90818
- ▶ 90808, 90821

2013

- ▶ 90832, Psychotherapy, 30 minutes
- ▶ 90834, Psychotherapy, 45 minutes
- ▶ 90837, Psychotherapy, 60 minutes

Important concepts – CPT time rule

▶ CPT Time Rule

- ▶ “A unit of time is attained when the mid-point is passed”
- ▶ “When codes are ranked in sequential typical times and the actual time is between two typical times, the code with the typical time closest to the actual time is used.”
- ▶ As an example, codes of 30, 45, and 60 minutes are billed at 16-37 mins, 38-52 mins, and 53-67 mins.

(CPT 2013, p xii)

Important concepts – Add-on code

▶ Add-on Code

- ▶ It is a code(s) that describes work that is performed in addition to the primary service
- ▶ It is never reported alone
- ▶ Examples include Psychotherapy, Interactive Complexity and Crisis Services

(CPT 2013, p xi)

Important concepts – Interactive Complexity

▶ Interactive Complexity - 90785

- ▶ “Interactive” in previous codes was limited in use to times when physical aids, translators, interpreters, and play therapy was used
- ▶ “Interactive Complexity” extends the use to include other factors that complicate the delivery of a service to a patient. These include:
 - ▶ Arguing or emotional family members in a session that interfere with providing the service
 - ▶ Third party involvement with the patient, including parents, guardians, courts, schools
 - ▶ Need for mandatory reporting of a sentinel event

Psychotherapy with interactive complexity

2012

- ▶ 90810, 90823
- ▶ 90812, 90826
- ▶ 90814, 90828

2013

- ▶ 90832 plus 90785, Psychotherapy, 30 minutes with interactive complexity add-on
- ▶ 90834 plus 90785, Psychotherapy, 45 minutes with interactive complexity add-on
- ▶ 90836 plus 90785, Psychotherapy, 60 minutes with interactive complexity add-on

E/M with psychotherapy and interactive complexity

2012

- ▶ 90811, 90824
- ▶ 90813, 90827
- ▶ 90815, 90829

2013

- ▶ 99xxx plus 90833 and 90785, E/M with psychotherapy, 30 minutes with interactive complexity add-on
- ▶ 99xxx plus 90836 and 90785, E/M with psychotherapy, 45 minutes with interactive complexity add-on
- ▶ 99xxx plus 90838 and 90785, E/M with psychotherapy, 60 minutes with interactive complexity add-on

Psychotherapy - Overview

- ▶ Psychotherapy codes are no longer site specific
- ▶ Psychotherapy time includes face-to-face time spent with the patient and/or family member
- ▶ Time is chosen according to the CPT time rule
- ▶ Interactive psychotherapy is reported using the appropriate psychotherapy code along with the interactive complexity add-on code

Psychotherapy for crisis

A new code and an add-on code have been added to describe crisis psychotherapy (90839)

- ▶ 90839, Psychotherapy for crisis, first 60 minutes
 - ▶ (CPT Rule applies: 30-74 minutes)
- ▶ +90840, Psychotherapy for crisis each additional 30 minutes
- ▶ Crisis Psychotherapy:
 - ▶ “an urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources 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.”

Editorial changes to psychophysiological therapy

Editorial changes were made to the times assigned to CPT codes 90875 and 90876 (Individual psychophysiological therapy with biofeedback training)

- ▶ 90875 is now 30 minutes
- ▶ 90876 is now 45 minutes

Significance of E/M Codes (99xxx) and Documentation

Evaluation and management codes - Overview

- ▶ Medical providers use Evaluation and Management (E/M) codes when billing general office or facility-based visits.
- ▶ These codes have replaced 90862 and can be used when an E/M service is done in addition to psychotherapy
- ▶ The Centers for Medicare and Medicaid Services have established guidelines for selecting the appropriate E/M code
- ▶ Codes are divided by new and established patients, site of service, and level of complexity or amount of work required
- ▶ The amount of work required is driven by the nature of the presenting problem.
- ▶ If counseling and coordination of care accounts for more than 50% of the patient encounter, you can select the E/M code on the basis of time EXCEPT when done in conjunction with a psychotherapy visit.

Most frequently used E/M codes

Category/Subcategory	Code Numbers
▶ Office or outpatient services	
New patient	99201–99205
Established patient	99211–99215
▶ Hospital observational services	
Observation care discharge serv.	99217
Initial observation care	99218–99220
Subsequent observation care	99224–99226
▶ Hospital inpatient services	
Initial hospital care	99221–99223
Subsequent hospital care	99231–99233
Hospital discharge services	99238–99239

Most frequently used E/M codes

Category/Subcategory	Code Numbers
▶ Consultations (<i>Medicare – non-covered service</i>)	
Office consultations	99241–99245
Inpatient consultations	99251–99255
▶ Emergency department services	99281–99288
▶ Nursing facility services	
Initial Nursing Facility Care	99304–99306
Subsequent nursing facility care	99307-99310
Nursing facility discharge services	99315-99316

Most frequently used E/M codes

Category/Subcategory	Code Numbers
▶ Domiciliary, rest home, or custodial care services	
New patient	99324–99328
Established patient	99334–99337
▶ Home services	
New patient	99341–99345
Established patient	99347–99350

E/M Services – By the “bullets” or key components

- ▶ **Nature of presenting problem/chief complaint: Drives the amount of work performed**

Nature of the presenting problem

There are 5 types of presenting problems:

- ▶ **Minimal:** May not require the presence of a physician but service is provided under physician's supervision
- ▶ **Self-limited or minor:** Has a definite and prescribed course, is transient or not likely to permanently change a person's health status; or it has a good prognosis with management and compliance

Nature of the presenting problem

- ▶ **Low severity:** Risk of morbidity/mortality without treatment is low; full recovery without functional impairment is expected
- ▶ **Moderate severity:** Risk of morbidity/mortality without treatment is moderate or uncertain prognosis; or increased probability of prolonged functional impairment
- ▶ **High severity:** Risk of morbidity is high to extreme/risk of mortality is moderate to high without treatment; or there is a high probability of severe, prolonged functional impairment.

E/M Services – “Bullets” or key components

- ▶ History
- ▶ Exam
- ▶ Medical Decision Making

History

- ▶ **There are 4 levels of history:**
 - ▶ Problem focused
 - ▶ Expanded problem focused
 - ▶ Detailed
 - ▶ Comprehensive

- ▶ **These are based on:**
 - ▶ History of the present illness (HPI)
 - ▶ Review of systems (ROS)
 - ▶ Past/family and/or social history

Exam

- ▶ **There are 4 levels of examination:**
 - ▶ Problem focused
 - ▶ Expanded problem focused
 - ▶ Detailed
 - ▶ Comprehensive

- ▶ **A psychiatric exam includes:**
 - ▶ Constitutional (vital signs, general appearance)
 - ▶ Musculoskeletal (muscle strength and tone, gait and station)
 - ▶ Psychiatric (Speech, thought processes, associations, abnormal or psychotic thoughts, judgment and insight, orientation, memory, attention span and concentration, language, fund of knowledge, mood and affect)

Medical decision making

- ▶ **There are three levels of medical decision making (MDM):**
 - ▶ Straightforward
 - ▶ Low complexity
 - ▶ Moderate complexity
 - ▶ High complexity

- ▶ **These are based on the:**
 - ▶ Number of diagnosis or management options
 - ▶ Amount or complexity of data to be reviewed
 - ▶ Risk of complications

E/M code selection

- ▶ When selecting the code on the basis of the “bullets” or key components, first determine the level of work performed for each components (history, exam, medical decision making)
- ▶ For all new patients: The work must meet or exceed the stated level for all 3 key components
- ▶ For all established patients: The work must meet or exceed the stated level for 2 of the 3 key components

E/M services

By counseling and coordination of care

- ▶ In those instances when more than 50% of the face-to-face-encounter is spent providing counseling and coordination of care, the E/M code can be determined on the basis of time rather than on the key components.
- ▶ You **CAN NOT** use this method of code selection when psychotherapy is provided for the patient on the same day.

How to Prepare

How to prepare

- ▶ Purchase a 2013 edition of the AMA CPT manual at www.amabookstore.com
- ▶ Learn how to select and document E/M codes (99xxx series)
- ▶ Locate and review any contracts with commercial payers and Medicaid
- ▶ Watch the APA website for more information

Where to Learn More

Where to learn more

- ▶ APA has developed educational materials and opportunities for APA members that can be found on the APA website at www.psychiatry.org/practice

Things such as:

- ▶ An CPT coding crosswalk
- ▶ On-line course on E/M coding and documentation
- ▶ Live and recorded Webinars on E/M coding
- ▶ Live Q&A conference calls
- ▶ Face-to-face courses on CPT coding and documentation
- ▶ APA CPT Coding Network (for questions by email)

Contact APA for additional help

You can reach CPT coding staff in the APA's Office of Healthcare Systems and Financing by:

- ▶ Telephone – 1-800-343-4672, or
- ▶ Email – hsf@psych.org