

Internal Medicine Coding Alert

Reader Question: Counseling and Psychosis

Question: If I use a psychosis code as a second or third diagnosis, will the reimbursement still fall under the counseling payments?

Wisconsin Subscriber

Answer: When reporting an E/M service (99201-99205 or 99212-99215) and psychosis is a contributing coexisting condition, it should be listed as a second, third or fourth diagnosis. For instance, if the patient is being treated for hypertension, diabetes and depression, you would use these diagnosis codes in that order. If psychosis is a coexisting medical condition that did not require more than 50 percent of counseling time, it should be included into the total history, exam and medical decision-making key elements of the E/M service rendered.

If the patient, new or established, was seen strictly for counseling and/or risk factor intervention, use 99401-99404 for individual counseling and 99411-99412 for group counseling. These codes should be used to report services provided to individuals at a separate encounter for the purpose of promoting health and preventing illness or injury. These codes are not used to report counseling and risk-factor reduction intervention provided to patients with symptoms or established illness. For counseling individual patients and symptoms or established illness, use appropriate office, hospital, consultation or other E/M service codes.

Codes 90804-90809 are for reporting psychiatric therapeutic procedures. These codes treat mental illness and behavioral disturbances in which the clinic establishes a professional contract with the patient and, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior and encourage personality growth and development.

You Be the Coder and Reader Questions were reviewed by **Kathy Pride, CPC**, coding supervisor for the Martin Memorial Group, a 57-physician group practice in Stuart, Fla.