

Psychiatry Coding & Reimbursement Alert

CPT® 2013 Strategies: Advice Helps You Apply New Crisis Psychotherapy Codes

Look at individual payer policies to confirm reimbursement for these codes.

CPT® 2013 introduced two new codes for "psychotherapy for crisis," namely 90839 and +90840 □ focus on learning when to use these codes and on the time rules that govern them to accurately bill for crisis psych services.

Identify Degree of Patient's Distress

To reflect your psychiatrist's treatment for patients in severe distress, you'll turn to 90839 (Psychotherapy for crisis; first 60 minutes) for the first 60 minutes of face-to-face services provided to the patient. "The new psychotherapy for crisis code 90839 is used when the presenting problem is typically life-threatening or complex and requires immediate attention to a patient in high distress," confirms **David Swann, MA, LCAS, CCS, LPC, NCC**, Senior Healthcare Integration Consultant at MTM Services in Holly Springs, NC.

In addition to noting the face-to-face time spent, your physician may also provide the following services, so it's best to review the documentation for these:

- An urgent assessment and crisis history;
- Mental status examination;
- Disposition;
- Psychotherapy;
- Implementation of any psychotherapeutic interventions deemed necessary to reduce the potential for psychological trauma;
- Mobilization of resources to defuse the crisis and restore safety.

Counting extra time:When your clinician provides these services beyond the first hour, you will have to use the add-on code +90840 (Psychotherapy for crisis; each additional 30 minutes [List separately in addition to code for primary service]) for every additional 30 minutes of service. So, you will report +90840 for the first 30 minutes beyond the first hour of service and another unit of +90840 for the next 30 minutes and so on. "Providers need to be sure to document well in the medical record why the presenting problem was considered a risk to life or complex as to support medical necessity," says **Dreama Sloan-Kelly, MD, CCS**, President of Kelly, Sloan and Associates, LLC whose offices are in Shirley, MA and Dallas, TX.

Use CPT® Time Rules for Appropriate Reporting

When reporting 90839 and +90840 for services provided to a patient in crisis, you will have to follow the time rules for choosing the right code. As per these guidelines, you will have to report 90839 for the first 30-74 minutes of face-to-face service provided to the patient. "In order to bill 90839, there must be a minimum of 30 minutes," says Sloan-Kelly.

You should note that a minimum 30 minutes of services should be provided in order to report 90839. In situations when the time involved in providing these services did not meet the minimum 30 minute time criterion, then you will have to report either 90832 (Psychotherapy, 30 minutes with patient and/or family member) or +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]) for the psychotherapy part of the services.

If the total time in providing these services is less than 74 minutes, you will only have to report 90839 without using the

add-on code +90840 for the additional 14 minutes of services. If time involved is between 75 minutes to 104 minutes, you will use 90839 and one unit of +90840. When time crosses 105 minutes, you will use 90839 and +90840x2.

Caveat: The psychotherapy for crisis code 90839 can only be used once per day. For additional time beyond the first hour of service, you should use +90840. The face-to-face time spent providing services to the patient need not be continuous. However, your clinician cannot be providing services to any other patient during the same time period and should be involved in providing individual services to the particular patient.

Note That Interactive Complexity is Integral to Crisis Codes

When reporting psychotherapy for crisis codes 90839 and +90840, you are not allowed to report the add-on code for interactive complexity +90785 (Interactive complexity [List separately in addition to the code for primary procedure]) to address any communication difficulties that complicate the delivery of a psychiatric procedure. "Interactive complexity codes can be used with psychotherapy codes, but NOT with the crisis psychotherapy codes," reminds Swann. "The reason codes 90839 and 90840, like codes 90846, 90847, and 90849, are excluded from the use of this add on code is because the need for 3rd party involvement is inherent in the use of these codes and therefore should not be billed separately," says Sloan-Kelly.

Reminder: You also cannot report diagnostic evaluation codes 90791 (Psychiatric diagnostic evaluation) and 90792 (Psychiatric diagnostic evaluation with medical services) with crisis psychotherapy codes. You are not allowed to report any other psychotherapy codes (90832-+90838) with 90839 and +90840.

Observe That These Codes Have No Specified RVUs

If you look through the 2013 fee schedules, you will notice that there are no specific RVUs mentioned for reimbursement of 90839 or +90840. CMS has designated them as "carrier priced" for 2013.

Consequently, many Medicare Administrative Contractors (MACs) like NHIC, Palmetto GBA, Cigna Government Services and Novitas Solutions have not listed these codes in their fee schedules and have specified that they will edit and manually price the claims for these codes.

First Coast Service Options, Inc. lists its 2013 fee schedule amount for 90839 as \$121.35 and for 90840 as \$60.68 for services provided in a non-facility setting.

Best bet: When making claims for 90839 and +90840, it is best to check with the individual payers to help understand about payer policies towards reimbursement of these codes.