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Psychiatry Coding & Reimbursement Alert

CPT® 2013 Update: Add 90791, 90792 To Your Initial Interview Coding Arsenal

Note verbiage changes to E/M codes expanding scope for more qualified personnel.

As your psychiatry practice uses initial interview examination codes and evaluation and management (E/M) codes very regularly, you'll need to be up to speed on changes that will be in play for these codes, effective Jan.1, 2013.

Capture Initial Interview Based on Medical Services

Beginning Jan.1, you will no longer use 90801 (Psychiatric diagnostic interview examination) and 90802 (Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication) for the initial diagnostic psychiatry evaluation of a patient, since these codes are being deleted.

Instead, you will use the following two codes whenever your psychiatrist conducts a psychiatric diagnostic evaluation of a patient:

- 90791 (Psychiatric diagnostic evaluation)
- 90792 (Psychiatric diagnostic evaluation with medical services)

In addition to these two codes, you have a separate add-on code to cover the additional time spent due to communication difficulties in a patient with whom your psychiatrist will use interactive methods such as play equipment, physical devices or a language interpreter. You report this with the CPT® code +90785 (Interactive complexity [List in addition to the code for primary procedure]).

2 Key Questions : "Currently, the key question in choosing the correct code for a psychiatric diagnostic interview examination is, 'Was the interview interactive(90802) or not (90801)?'," states **Kent Moore**, Senior Strategist for Physician Payment with the American Academy of Family Physicians. "With the new codes, you have to ask yourself two questions:

Were medical services provided in addition to the psychiatric evaluation? If so, choose 90792; if not, choose 90791.

Was the psychiatric diagnostic evaluation 'interactive?' If so, add 90785 to the primary service code.

"In this context, 'interactive' means the same as it does with 90802 in 2012. That is, the psychiatrist had to use play equipment, physical devices, a language interpreter, or some other mechanisms of communication to conduct the psychiatric diagnostic evaluation of the patient," Moore states.

Example: A patient is referred by his family physician to your psychiatrist for depression. The family physician sends the entire patient's relevant documentation to your psychiatrist for reference. Your psychiatrist undertakes a thorough review of the patient's previous history and mental status, does a review of systems, and has a discussion with the patient's family. You report this interview and examination conducted by your psychiatrist with 90791.

Eliminate 'Physician' Limitations From Your E/M Thinking

Whereas most E/M codes previously referred to "physicians" and "providers" in their descriptors, this will change effective Jan.1 when the descriptors will instead say "qualified health care professionals."

Using 99214 as an example, the code changes are indicated with the strikethroughs (indicating deleted text) and

underlining (indicating new text) as follows: Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other providers qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend Typically, 25 minutes are spent face-to-face with the patient and/or family.

This really isn't a change per se, as much as it is a clarification, says **Maggie M. Mac, CPC, CEMC, CHC, CMM, ICCE,** President of Maggie Mac-Medical Practice Consulting in Clearwater, Fla.

What this means: "They are clarifying that all E/M codes can be reported by physicians or other qualified health care providers and changed the wording with regard to time in each of the codes "which really has no bearing on how the codes are used, just that the typical time is spent by all qualified providers who bill these codes," says **Melanie Witt, RN, COBGC, MA,** an independent coding consultant in Guadalupita, N.M. "In other words, if a payer allows someone other than a physician to provide and bill for a service, the CPT® E/M codes are used by all providers who qualify."

"I believe that there are a lot of physician extenders out there," says **Christy Shanley, CPC,** department administrator for the University of California, Irvine department of urology. "This further clarifies what they can and or cannot perform on their own."

This change clarifies things in two ways, Mac says: First, the change makes it clear that you can use E/M codes for non-physician providers (NPPs). Second, it clarifies that "you have to have that counseling with someone who is certified or technically licensed to provide that type of service; it can't be your office administrator, so to speak," she explains. "It is just a clarification, and I think it was understood before, but it could have been abused in some way."

Apply the Change to Your NPP Billing

The E/M service changes reinforce that NPPs, including PAs and NPs, can provide E/M services on their own, can bill on time alone (when appropriate), and can do counseling and coordination of care on their own, experts say.

Impact: "The description changes I feel are a benefit if RVUs do not go down," says **Chandra L Hines,** practice supervisor of Wake Specialty Physicians in Raleigh, NC. "Allowing PAs to bill these E/M services on their own and bill for services based on time including the counseling and coordination of care services is a positive move. It is important to recognize that these changes will mean that you will need to train your PAs and NPs to document properly if they are not used to doing this. It is always a good idea to review E/M coding each year with your physicians/NPPS and staff."