

Psychiatry Coding & Reimbursement Alert

CPT® 2013 Update: Base Psychotherapy Services Reporting on Time

Use add-on code to report an E/M service provided with psychotherapy.

Beginning Jan.1, when the new set of codes for psychotherapy services comes into effect, you will have to orient your reporting for these services on the time spent in providing these services.

Unlike the old set of codes, you will no longer have to worry about the facility (office or hospital) in which the services are being provided, nor will you have to delve deep to find the type of psychotherapy (behavioral or interactive) that is being performed.

The new set of codes is based on time without regard to the location (i.e. site of service), psychotherapy type, and whether the service is with the patient and/or a family member. Under CPT® 2013, you will now need to report psychotherapy services using these codes:

- 90832 -- Psychotherapy, 30 minutes with patient and/or family member
- 90834 -- Psychotherapy, 45 minutes with patient and/or family member
- 90837 --Psychotherapy, 60 minutes with patient and/or family member
- 90839 --Psychotherapy for crisis; first 60 minutes
- +90840 --Psychotherapy for crisis; each additional 30 minutes [List separately in addition to code for primary service]

Use Add-on Codes For Psychotherapy With E/M Services

A big challenge that coders often faced was when psychotherapy was provided with E/M services. The 2013 code set has also introduced a new set of codes to report psychotherapy services with E/M services.

Keep in mind: These codes are add-on codes to the primary services provided. So, you will have to report the time based psychotherapy code (above) and then report the E/M services provided at the same encounter as an add-on code (below).

Like the earlier mentioned set of base codes for psychotherapy services, these add-on codes are time based and remain the same, irrespective of the facility in which the services are provided and the type of psychotherapy services performed. The add-on codes that have been introduced to report psychotherapy services performed along with E/M services include:

- +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]
- +90836 -- Psychotherapy, 45 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]
- +90838 -- Psychotherapy, 60 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]

"In essence, these changes simplify and reduce the number of codes you must consider when coding psychotherapy," notes **Kent Moore**, Senior Strategist for Physician Payment at the American Academy of Family Physicians. "Currently, there are 24 codes that you can use to report psychotherapy, and you have to know time, place of service, type of therapy, and whether or not any medical evaluation and management was involved.

"In 2013, it appears you will only have to choose from among eight codes, and you don't have to worry about site of service or type of psychotherapy in choosing among them," Moore points out.

Example: An 18-year-old female patient who had been previously diagnosed with anorexia arrives at your psychiatrist's office for her scheduled bi-monthly psychotherapy session. Your psychiatrist performs the behavioral psychotherapy session for 30 minutes. The patient is accompanied by her mother for the session. If the date of service is after Jan.1, 2013, you will report the psychotherapy session performed by your psychiatrist using 90832.

Add 90863 to Your Coding Arsenal

You may have been confused about reporting pharmacological management as a separate service using 90862. This was because 90862 could not be reported separately when concurrent psychotherapy services were performed as the descriptor states "with no more than minimal medical psychotherapy."

Good news: CPT® code 90862 has been eliminated for 2013 and a new code has been created in its stead. You will now report pharmacological management services using +90863 (Pharmacological management, including prescription and review of medication, when performed with psychotherapy services [List separately in addition to the code for primary procedure]).

Benefit: As you can see from the descriptor for 90863, you will no longer have to worry about the extent of psychotherapy services provided to the patient. "It's another example of simplifying the coding for psychiatric services," Moore observed. This is an add-on code and has to be reported in addition to the code that you are reporting for the psychotherapy services provided.

Example: A 25-year-old male patient previously diagnosed with schizotypal disorder presents to your psychiatrist for his scheduled appointment. Your psychiatrist reviews the effects of the anti-psychotic medications prescribed to him. He makes note that the patient is having no untoward effects of significance and asks him to continue the medication in the current dosage till the next scheduled visit.

In the same session, your psychiatrist also performs 30 minutes of behavioral psychotherapy. The entire session lasts for 45 minutes. You report the session with 90832 and +90863.

Note: There still may be minor revisions to the CPT® 2013 data until the annual publication of the official code set.